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A Study To Assess Knowledge and Attitude Regarding Complementary and Alternative Medicine Among Community People (20-60 Years) in Selected Rural Area of Kolar District With A View To Develop Information Booklet

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ABSTRACT

Background: Traditional Indian Systems of Medicine, including Ayurveda, Siddha, Unani, Yoga, Naturopathy, and Homoeopathy, have played a significant role in global healthcare. This study provides general information on these systems, focusing on their historical background, conceptual basis, and different disciplines studied. It aims to understand the importance and uses of these systems in evolving material medica and their future role in healthcare.

Aim: The primary objective was to assess knowledge and attitude regarding complementary and alternative medicine and to find the co relation and association between knowledge and attitude.

Methods: A descriptive design was used to study 75 study participants who fulfilled the inclusion criteria from a selected Rural Area of Kolar District. The instruments were prepared by the investigator to assess the knowledge and attitude related to complementary and alternative medicine. Information booklet was provided to all study participants after the data collection.

Results: The current study findings show that 70% (SD 3.524) had inadequate knowledge and 68% (SD 4.534) had moderately favorable attitude towards complementary and alternative medicine.

Conclusion: The findings of the study indicate that Complementary medicine is an increasing feature of healthcare practice, but considerable confusion remains still the same about what exactly it is henceforth information booklet was provided to the study participants to increase their knowledge on its importance and uses.

Keyword: Complementary and alternative medicine (CAM), Community people, knowledge and attitude (KA)

1. Introduction

For many millions of people, herbal medicines, traditional treatments, and traditional practitioners are the main source of health care, and sometimes the only source of care. This is the care that is close to homes, accessible and affordable. It is also culturally acceptable and trusted by large numbers of people. The

affordability of most traditional medicines makes them all the more attractive at a time of soaring health-care costs and nearly universal austerity. Traditional medicine also stands out as a way of coping with the relentless rise of chronic non-communicable diseases (1). Awareness of medicinal plants usage is a result of the many years of struggles against illnesses due to which man learned to pursue drugs in barks, seeds, fruit bodies, and other parts of the plants. The Indian holy books Vedas mention treatment with plants, which are abundant in that country. Numerous spice plants used even today originate from India: nutmeg, pepper, clove, etc (2). From 1999 to 2018, the number of Member States with a national policy on complementary and alternative medicine nearly doubled, reaching 98 countries, with over 50% of 194 having such policies by 2018 (3)

Complementary and alternative medicine is the primary healthcare source in developing nations, with 60% of French, German, and UK residents using homeopathic or herbal products. However, only 1-2% of Americans use homeopathy, and use is higher among chronic conditions (4).

A descriptive study was done in Gazari Bangladesh among 300 adult population with the objective to assess the level of knowledge regarding CAM. Data was collected by semi structured interview method. The result showed that 50% had Average knowledge, 25% had good knowledge ,15% had poor knowledge 5% had very poor knowledge, 5% had excellent knowledge and 30% has positive attitude towards CAM 5). A cross sectional online survey was conducted on attitude regarding complementary and alternative medicine in Berline Charite University. Among 1256 medical students the study resulted in 349 (27.8% students). Use complementary and alternative medicine (Mean age 23.7± 4.3years), 69.0% female participated the attitude towards complementary and alternative medicine was rather neutral (mean = 44.2 ± 10.7) and more positive attitude among females than males. Hence finding indicate the students need to promote research and teaching in complementary and alternative medicine. (6)

Thus, the study will reveal the present status of knowledge and attitude regarding complementary and alternative medicine; Co relation between knowledge and attitude and the association of Knowledge score and attitude score of community people (25- 60years) with selected demographic variables.

2. METHODS & MATERIALS

2.1 Study design, participants, and study setting

A descriptive design was used to conduct the study in selected rural areas of Kolar District. The study was conducted over a period of one month in June 2023. Community people (25-60years), those who were able to read and speak English or Kannada and those who were available at the time of data collection, were included in the study.

2.2 Sample size

The sample size was calculated with the primary objective to check the Knowledge and attitude of CAM. According to the pilot study, the mean percentage knowledge score was found to be 58.6%, showing moderate knowledge and mean percentage attitude was found to be 72.8% which shows moderately favorable attitude. Using this information. A sample size of 75 was calculated

2.2 Study instrument

The study instruments were prepared by the investigator after systematically reviewing the literature and with the guidance of experts in the field. The questionnaire consisted of demographic characteristics, knowledge and attitude regarding CAM. The reliability of the tool was computed using split half Karl Pearson's co relation formula, the reliability co efficient on knowledge found to be 0.8 and validity found to be 0.75 revealing the tool was found to be reliable and feasible

2.3 Data Collection Procedure

Data collection was carried out in a rural area of Kolar district, where the investigator successfully surveyed the village and developed a comprehensive sampling framework. The primary goal was to identify knowledge and attitude level of community people meeting specific inclusion criteria. The participants were given an information sheet, and their questions were clarified in their native language. Participants in the study gave their consent and willingness to participate in the study. The initial visit involved a pre-test interview, lasting between 10 to 15 minutes, covering aspects of knowledge, attitude on CAM.

Furthermore, an information booklet was provided to all the study participants, enlightening participants about the importance and uses of complementary and alternative medicine.

2.4 Statistical Analysis:

Descriptive statistics was reported using Frequency and Percentage for categorical variables. Continuous variables were reported using Mean ± SD / Median (IQR). Chi-square/Fisher's exact test was used to assess the association between two categorical variables. The Pearson and Spearman rank correlation coefficient was used to find the relationship between continuous variables. p-value >0.005 was considered to be statistically non-significant. Data analysis was done using SPSS 21.0.

2.5 Ethical Considerations

The research proposal was presented to the institutional ethical committee, after filling up the required application form for the study. Approval from the institutional ethical committee was obtained before conducting the study. The study adhered to ethical principles such as autonomy, nonmaleficence, beneficence, and justice.

2.6 RESULTS

A study involving 75 community people (25-60years) was found that most participants 22(29.3%) were aged between 46-55 years, with majority 43 (57.3%) of them being Male. About 33(44%) of participants had no formal education and majority 26(34.7%) were farmers. It was evident that majority 40(53.3) has income between Rs.15000-20000 and about 50(66.7%) were Hindus. 58(77.3) belong to Nuclear family. Most 48(36%) of them were Non-vegetarian. Majority 35(46.7) were married and Majority 35(46.7) of community people's source of information about CAM was from family members/friends.

Figure 1 depicts the knowledge scores community people (25-60years) such as majority 60(70.0%) had inadequate knowledge, 5(7%) having adequate knowledge, 10(23. %) having moderately adequate knowledge.

Figure 2 depicts the attitude score, which increased to 51(68%) of them having moderately favorable attitude, with 24(32.0%) having favorable attitude and no one was having an unfavorable attitude.

The study findings revealed that the obtained x^2 value is less than the table value at 0.05 levels of significance. Therefore, there is no significant association between selected demographic variables such as age, Gender, Occupation, education, family income, religion, type of family, type of diet, marital status, Source of information with knowledge and attitude scores of Community people (25-60Years).

The findings revealed that the overall mean of knowledge score was 18.49 (SD 3.564) and the overall mean of attitude score were found to be 58.35 (SD 4.534). The Correlation of knowledge and attitude regarding CAM showed that there is very low negative correlation ($r = -0.012$; $p > 0.005$)

2.7 DISCUSSION

The present study confirms that the overall knowledge was 54.38%, which is less. **Ameneh barikani, akram, maryam javadi, marzieh (2022)** regarding Knowledge on complementary and alternative medicine among General practitioners (2015). A total of 150 Practitioners were selected were (60%) were male. (11%) had good knowledge, (36.3%) had average knowledge and majority 52.7 had Inadequate (less) knowledge. They concluded that there was little knowledge among practitioners about traditional medicine, indicating the need of providing knowledge regarding importance of complementary and alternative medicine (7).

The present study confirms that the majority (68%) had Moderate favorable attitude and (24%) had average attitude. The overall attitude score was (72.93%) with standard deviation 4.534 of community people towards complementary and alternative medicine.The present study is supported by the study conducted by **isha aryal, sarita adhikari** (2021) regarding awareness and attitude on complementary md alternative medicine among Middle aged Adults. The highest proportion (36.5%) of respondents was aged from 41- 45 years. And majority adult poses Favorable attitude (93.7%) regarding on complementary and alternative medicine, with negligible relationship between awareness and attitude [r=0.171] (8)

The study confirms that the demographic variable such as age, sex, occupation, educational qualification, Income, religion, type of family, type of diet, Marital status and Source of information regarding complementary and alternative medicine are not significantly associated with knowledge scores. The present study confirms that demographic variable such as age, sex occupation, educational qualification, Income, religion, type of family, type of diet, Marital status and Source of information regarding complementary and alternative medicine are not significantly associated with attitude scores.

The present study is supported by the study conducted by **corjena k cheung, linda l halcon (2017)** in which demographic variables were not significantly different between CAM users and non-users. Another study conducted by Corjena K Cheung, Linda L Halcon in which demographic variables were not significantly different between CAM users and non-users (9).

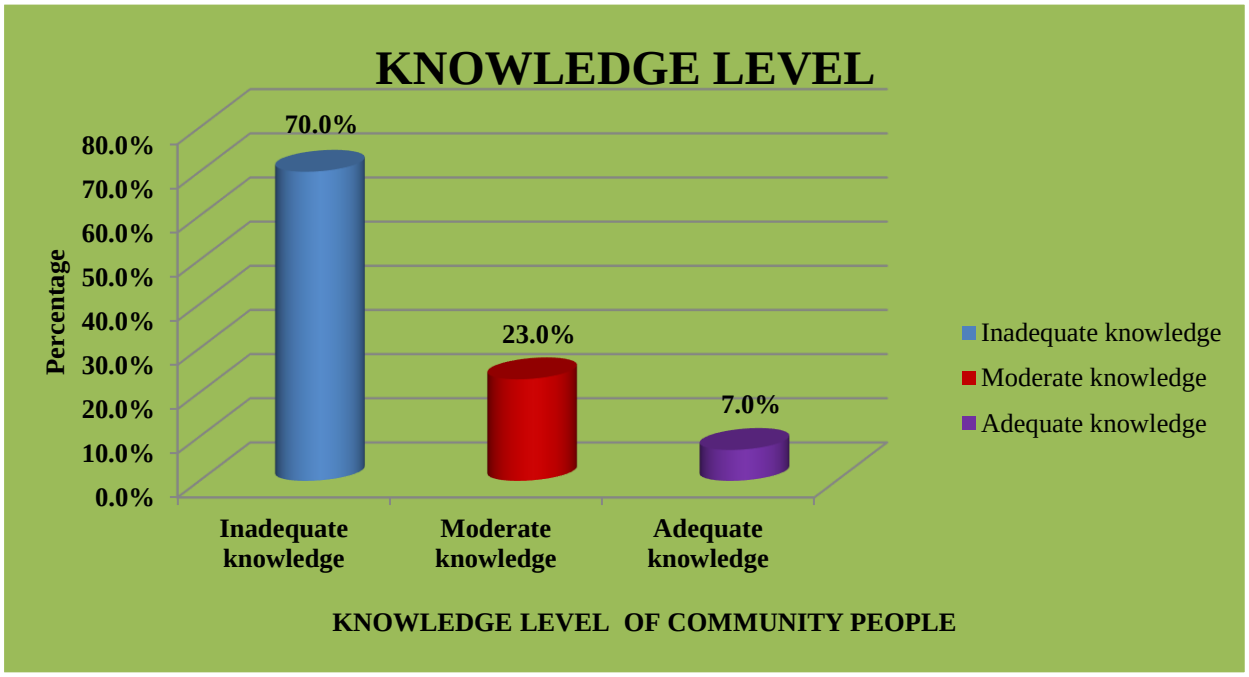
CONCLUSION

CAM is of greater important not least because a large proportion of people around the world turn towards it. The widespread use of CAM therapies has implications not only for the research but also for the education of conventional health care professionals. Health care professionals need to be informed amount CAM and knowledgeable enough to discuss with their patients. The finding of the study indicates the need to increase the community people knowledge and improve their attitude on the importance and uses of CAM. We the health care team members can be of greater help in providing and creating awareness among community people on complementary and alternative medicine.

CONFLICT OF INTEREST

Authors and organization have no conflict of interest.

Result:



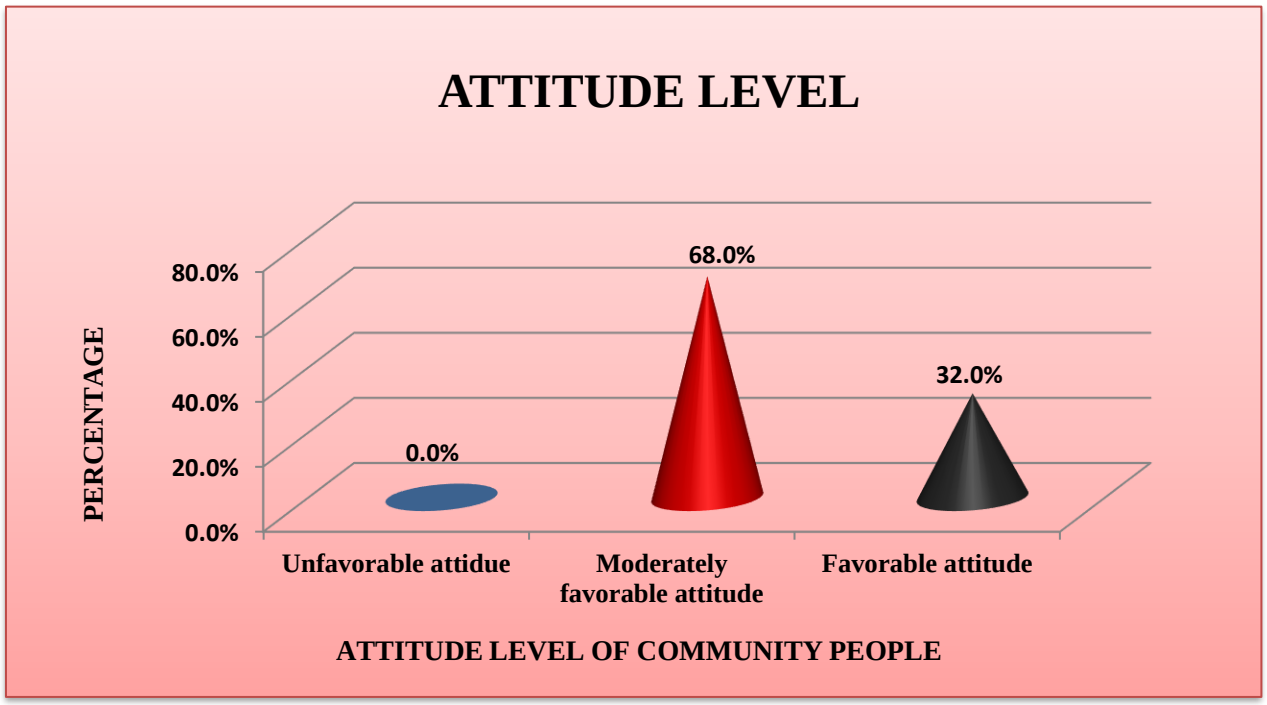


Table 1: Description of knowledge level of community people (n=75)

KNOWLEDGE LEVEL	FREQUENCY	PERCENTAGE
a. Inadequate knowledge	**55**	70.0
b. Moderate knowledge	13	23.0
c. Adequate knowledge	7	7.0
Total	**75**	**100**

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Table 2: Description of Attitude level of community people. (n=75)

ATTITUDE LEVEL	FREQUENCY	PERCENT
a. Unfavorable attitude	0	0.0
b. Moderately favorable attitude	51	68.0
c. Favorable attitude	24	32.0
Total	**75**	**100**

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