

Title : Integration of Modern and Indian Traditional System of Medicine for the improving RCH services in Rural areas of India.

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The population of India has increased 3 times after independence and has crossed one billion at the end of 20th century. The infrastructure of modern and Indian system of medicine has also increased. But both the systems are working in isolation to each other. The net result is that the existing health infrastructure has not been successful in meeting the required needs and aspirations of Reproductive and Child Health (RCH) care needs of the people of India. In the recent years an urgent need has been felt to synthesize both the systems in the form of one holistic system for RCH care. So a study was carried out in the Morena District of Madhya Pradesh to test the syntheses of two health system for RCH care.

Objectives : Involving ISM practitioners along with modern medicine for improving RCH care services in rural areas of India in the existing infrastructure at PHC/CHC and District level.

Methods: A baseline survey of ISMPs was done in 4 PHCs of Rural blocks and 2 Urban wards, dividing them in equal numbers of Experimental and Control areas. In the Experimental area 64 ISMPS were registered for the study. Out of these 50 ISMPs were willing to participate in the study. These ISMPS were given training for various components of RCH care for three days in batches of about 15 practitioners in each batch. A contact of these practitioners was made with the PHC medical officers from where they could receive free supply of condoms. OCs and Iron Folic Acid tablets to be given free to the needy persons in their operation areas. A baseline and post-evaluation survey of population was also carried out to see the impact of intervention of the combined effect of the health system for RCH care services. The process of selection and monitoring of ISMPs was done as shown below

1. Selection of states.
2. Selection of study area/Blocks.
3. Identification of ISMPs.
4. Selection of ISMPs.
5. Training of ISMPs.
6. Monitoring of ISMPs.
7. Pre and post. Community surveys.

Training Components

1. Pre-training assessment
2. Sensitisation of rural practitioners.
3. Population problem.
4. Impact of development on quality of life.
5. Family welfare.
6. Small family norms.
7. Gender bias.
8. Existing health set-up.
9. Reproductive health.
10. Antenatal care.
11. Immunization
12. F. P. methods and their availability.
13. Advantages and disadvantages of F.P. methods.
14. Informed choice.
15. Balanced counselling.
16. Motivational skills.
17. Use of audio-visual material for education and motivation.
18. Referral.
19. Minimum follow-up requirements.
20. Supply line
21. Record keeping and reporting.
22. Post training assessment.

Monthly Monitoring Indications

1. Number of women referred for IUD insertion.
2. Number of women availed IUD insertion.
3. Number of OC packets distributed.
4. Number of Condoms distributed.
5. Number of subjects referred for sterilization
6. Number of person actually availed sterilization services
7. Number of women referred for MTP insertion.
8. Number of women availed MTP insertion.
9. Number of women provided with iron/folic acid tablets.
10. Number of women referred for ANC services.

- 11.Number of children referred for immunization.
- 12.Number of children actually immunized.
- 13.Number of person actually availed sterilization services.

Results : After one year's combined efforts of these two type of practitioners the use of condoms, OCs, IUDs, IFA tablets and Immunization services etc. increased, thus showing an improvement in basic RCH care services as shown below

Survey of ISM Practitioners

Variable	Experiment	Control
No. of ISMP identified	72	64
Mean experience of Practice (Yrs.)	11.9 ± 7.5	14.5 ± 4.1
Average area covered(kms.)	12.4 ± 9.1	15.3 ± 7.8
No. of villages covered	3.6 ± 2.4	4.0 ± 1.0

Identification of type of services provided by ISMPs during last one year

No. of ISMPs trained 50

Average no. of cases in a year

Birth control/Birth spacing	16.3
Deliveries	0.0
Pediatrics	387.5
Infertility	1.2
RTI/ STDs	3.3
Others	721.5

IMPROVEMENT MADE IN RCH SERVICES

S.No.	Impact Evaluation	Baseline	After one year of Intervention
1.	No. of women ref. for IUD	77	111
2.	No. of OC packets distributed	794	1180
3.	No. of condoms distributed	3399	4954
4.	No. of male ref. for sterilization	Nil	04
5.	No. of female ref. for sterilization	43	104
6.	No. of women ref. for MTP service	49	222
7.	No. of women provided IFA tablets	616	834
8.	No. of women referred for ANC	196	358
9.	No. of children referred for Immun	505	2849
10.	No. of delivery cases referred	132	272
11.	No. of preg. Women given T.T.	50	25
12.	No. of ORS packets distributed	Nil	10

P< 0.001, d.f. = 12 Highly significant

CONCLUSION : In a nutshell the involvement of ISM practitioners along with Allopathic Practitioners for RCH care can help in sorting out the problems of persistent gaps in health manpower without any major changes in the existing infrastructure at PHC/CHC/ District level.

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