

ASSESSMENT OF KNOWLEDGE ABOUT THE AYURVEDIC RECOMMENDATIONS ON LIFESTYLE (VIHAAR) AMONG URBAN AND RURAL COMMUNITY

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ABSTRACT
Ayurveda aims at creating optimal health and well-being through a comprehensive approach that addresses mind, body, behavior and environment. Ayurveda has many simple lifestyle recommendations for maintaining one's health. With the aim to assess knowledge about such Ayurvedic recommendations on lifestyle, a cross sectional study was conducted using questionnaire containing 14 questions in rural and urban areas of District Gurdaspur, Punjab, India. 188 persons responded to questionnaire. Statistical analysis was done by using the SPSS. Independent sample t test and one way ANOVA were used to compare means. After analysis of data, the mean knowledge score was found to be 9.1 with Standard Deviation of 1.76. Knowledge about Ayurvedic dietary recommendations differs significantly as per residential status and age of respondents. A large rural area in India is treasure of traditional Ayurvedic knowledge. This knowledge can improve nation's health indicators quickly if channelized in appropriate way.

Key words: Ayurveda; lifestyle; Vihaar; Ayurvedic lifestyle recommendations; Knowledge

INTRODUCTION

Ayurveda is one of the most ancient health sciences of the world having evolved in India almost 5000 BC and practiced thereon. It is not only a system to provide treatment for diseases but a detailed prescription for a way of life emphasizing the preventive aspect of health. It takes the integrated view of physical, mental, spiritual and social aspect of individual^{1, 2}. Its objective is to create optimal health and well-being through a comprehensive approach that addresses mind, body, behavior and environment³. This comprehensive natural health care system has been utilized for prevention, health promotion and treatment of diseases⁴.

Ayurveda has many simple lifestyle recommendations for maintaining one's health. Dinacharya is the section of Ayurveda that addresses daily routine. According to Ayurveda, the three pillars of health are diet, elimination and sleep. One's daily routine can have a profound effect in these areas. Ritucharya is the section of Ayurveda that covers seasonal routines. Changes in the environment during the various seasons cause physiologic changes in the body¹. Specific lifestyle interventions had also been mentioned in context of pregnancy and various diseases. A person whose lifestyle is based on these principles and is truthful, liberal, forgiving and serves noble persons will never be sick. On the other hand, violation of these principles is the root cause of disease.

These tenets of Ayurveda are deeply rooted in traditions and daily life of Indian people. Ayurveda recommendations are integral to the lifestyle of community as these are time tested and can be practiced irrespective of one's socio economic conditions.

In India since the Ayurvedic recommendations have been practiced for thousands of years several such prescriptions have merge into folk repository of old age wisdom and are used as home remedies and pointers of do's and don'ts of life. WHO estimate the utilization of indigenous systems of medicine in India to be 70%⁵. Many other studies also verify the high utilization of Ayurveda by Indian community^{6,7,8}.

Ayurveda did suffer a setback during medieval colonial periods of Indian history and modern allopathic branch of medicine pushed Ayurveda away from mainstream. Presently Government of India is working to integrate Indian Systems of Medicine into mainstream health system. This effort plans to make Ayurveda more accessible and popular in community. For the revival of Ayurveda which is an

indigenous system and more significantly prescribe preventive strategies, it is necessary that knowledge of the community regarding Ayurveda and its various recommendations should be quantified and understood. In the background of this scenario a study was undertaken to assess knowledge and awareness of recommendations of Ayurveda about lifestyle among urban and rural community.

MATERIALS AND METHODS

Study design

A cross-sectional study was conducted in rural and urban areas of District Gurdaspur in Punjab, India during November 2010 to March 2011. The present study was undertaken in district Gurdaspur of Punjab (India). The technique of simple random sampling was used to obtain cross-sectional data for this study. 100 persons were selected, from each of urban area and rural area. Total sample size was 200 persons.

Survey instrument

A questionnaire of fourteen items was prepared on the basis of comprehensive review of Ayurvedic literature. Of these 14 statements, 11 were worded positively and 3 were worded negatively. The questionnaire was also adapted to the local language i.e. Punjabi. The questionnaire was tested for content validity. It was written in two pages including the cover page that contains purpose of study and researchers' name. Questionnaire was in two sections: the demographic profile and statements on Ayurvedic lifestyle related recommendations. In the first section demographic information about gender, age, education and residence was obtained. The second section was presented in a series of statements on a three point scale of (correct, incorrect and can't say). For illiterate respondents, questionnaires were filled by researchers on the basis of information provided by respondents.

Analysis

The data entry was done using the software 'Statistical Package for Social Sciences (SPSS); version 16'. For the purpose of scoring of responses score of 1 was given for the correct answer and 0 for other answers (wrong, missing or "can't say" answers). Each blank space was considered a missing value. The maximum score that any respondent could obtain, if all the responses were correct, was 14.

Descriptive statistics were used to run for frequencies, mean, median and standard deviation. Independent sample t-test and one way

ANOVA were used to determine whether there is a significant difference between sets of scores. A p value of <0.05 was considered significant.

RESULTS AND DISCUSSION

Response rate

188 persons responded to questionnaire out of 200 persons to whom questionnaires were distributed. So response rate was 94%.

Profile

The results showed that males made up 48.4% and females made up 51.6% of sample. All the respondents were within the age range of 21 to 70 years. 51.1% of respondents belong to villages and 48.9% belong to city. Most of the respondents (31.9%) were within the age groups of 41-50 years. Most of respondents (48.9%) have completed high school education while 10.6% have completed graduation or higher. Socio-personal characteristics has been shown in Table 1.

Scores

The overall knowledge score that was obtained by the respondents ranged between 4 and 13 with a mean of 9.1, median 9, mode 9 and Standard Deviation of 1.76. This shows a good knowledge about Ayurvedic recommendations on lifestyle among respondents. Good awareness about Ayurveda was also found by Satow et al (2008)⁹. This study was done among Asian Indians living in America and observed that 95% of participants were aware of Ayurveda, 78% had knowledge of Ayurvedic products or treatments and 59% had used or currently using Ayurveda. Similarly, Dutta (2000)¹⁰ in his study found that 53% respondents agreed with the statement that Ayurveda is good for everybody.

In present study, mean score of females was 0.15 higher than males. Respondents belonging to rural area have 0.24 higher scores than respondents belonging to urban areas. Mean score of respondents of age group 51-60 years was highest (9.4) while of age group 21-30 was lowest (8.7). As far the impact of education is concerned, on average, a person who has completed high school education scored highest (9.54). Mean score of Respondents by various socio-personal characteristics is shown in Table 1.

Relation between knowledge and demographic characteristics

Independent sample t test was applied to compare mean knowledge scores of males and females as well as respondents of rural and urban areas. This revealed that there is a significant difference in knowledge about Ayurvedic recommendations on lifestyle among residents of rural area and residents of urban area ($p < 0.05$). Respondents belonging to rural area have higher scores than respondents belonging to urban areas. On the other hand, significant difference in knowledge scores was not found gender wise ($p > 0.05$). Similarly one way ANOVA was used to compare mean knowledge scores age wise as well as qualification wise. Difference in knowledge about Ayurvedic recommendations on lifestyle was found significant in various age groups as p value was equal to zero. On the other other hand, difference in mean knowledge scores was not found to be significant among respondents according to various level of education ($p > 0.05$). Table 2 highlights the statistical operations used.

Most correct and least correct responses

The most common forms of knowledge were to use tongue cleaner (93.6%) followed by to use datun i.e. chewing stick (80.8%) for good oral health. 86.2% of respondents also knew that heavy exercise by pregnant mother can lead to abortion. More than 60% of respondents knew that heavy exercise should be avoided in summer and regular body massage should be done in winters. 44.1% and 47.7% respondents were not aware of two statements regarding Adhaarniya vega (motions which one should not stop). On the other

hand, 46% of respondents argued that one should not sleep during day times except in summer. 52% of respondents were not aware about the concept of Pratimarsh Nasya (drop of oil applied in nostrils). Knowledge statements with correct response rates are given in Table 3.

CONCLUSION

Rural inhabitants in our sample had significantly better knowledge about Ayurvedic recommendations on lifestyle than urban inhabitants. The knowledge also depends upon age of respondents. A large rural area in India is treasure of traditional health knowledge which should be utilized in productive way. It is however very important to note that this study did not take into consideration of more complex aspects of utilization of this ancient knowledge. The study is intended to serve as a starting point to facilitate a detailed and more encompassing evaluation of knowledge about various prescriptions of Ayurveda which has been providing complete health to man from millennia.

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Table 1: Demographic characteristics of sample and Mean score by various demographic characteristics

Characteristics	Number (N)	Percentage of N	Knowledge Score
Sex			
Male	91	48.4	9.03
Female	97	51.6	9.18
Age			
21-30	20	10.6	8.70
31-40	42	22.3	8.80
41-50	60	31.9	9.28
51-60	52	27.7	9.42
61-70	14	7.4	8.71
Educational level			
None	31	16.5	8.12
Primary	45	23.9	9.27
High	92	48.9	9.54
Graduation	20	10.6	8.30
Residence			
Rural	96	51.1	9.22
Urban	92	48.9	8.98

Table 2: Statistical operations: Independent sample t test and One way ANOVA

Statistical operations		P value	Significance
Independent Sample t test			
Knowledge Score*Gender	t=-0.590	0.556	Non-significant
Knowledge Score*Training	t=-2.783	0.006	Significant
One way ANOVA			
Knowledge Score*Age	F=7.190	0.00	Significant
Knowledge Score*Educational level	F=1.308	0.26	Non-significant

Table 3: knowledge test items with correct response rate

Statements	% of correct responses (N)
Tongue cleaning is good for oral health	93.6% (176)
Heavy exercise by pregnant woman can lead to abortion	86.2% (162)
Datun is good for teeth	80.8% (152)
Diabetic person should go for regular walk	72.9% (137)
Exercise should be avoided in summer	69.1% (130)
Anjan is not good for eyes*	67.0% (126)
It is not good to have body massage in winters*	64.4% (121)
Obese person should avoid excess sleep	60.6% (114)
Quarrelsome talking with pregnant woman does not affect health of mother and foetus*	57.9% (109)
Forceful stopping of sneezing is injurious to health	55.9% (105)
In post natal period, regular stomach massage of mother should be done (after normal delivery)	54.2% (102)
One must go to evacuate as soon as s/he feel desire for urine or feceas	52.3% (99)
Drop of oil should be applied in nostrils in morning daily	47.8% (90)
One should not sleep in day time except for summers	46.8% (88)

All statements has been taken from Ayurvedic literature

*Correct answer is 'False'; for all other statements correct answer is 'True'

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