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General article

Dissociated reality *vis-a-vis* integrative planning of AYUSH in Maternal Health Program: A situational analysis in Jaleswar block of Balasore district of Odisha, India

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A R T I C L E I N F O

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A B S T R A C T

Mainstreaming of AYUSH and revitalization of local health traditions is one of the innovative components of the National Rural Health Mission (NRHM) in the state of Odisha, India. In this study, an attempt was made to assess the potential of collocating AYUSH to improve maternal health services in tribal dominated Jaleswar block of the Balasore district. In addition, the study aimed at unearthing the underlying challenges and constraints in mainstreaming AYUSH and linking it with the Maternal Health Program.

Review of the policy documents and guidelines, both central and state government, was made to assess the implementation of AYUSH in Odisha. Primary data were collected through interviews with AYUSH doctors, district and block level health administrators, and tribal women.

The study revealed the inadequacy of basic amenities, infrastructure, drugs, and consumables in the health centers for integrating AYUSH in the delivery of maternal health services. Analysis of the job chart and work pattern of AYUSH doctors showed underutilization of their specialized knowledge to treat patients. Lack of continued medical education, standard operating procedures for treatment and spatial marginalization made suboptimal utilization of AYUSH services. This is unfortunate given the fact that such regions are economically underdeveloped and already have a distinct orientation toward indigenous health systems. AYUSH, on account of its holistic approach and proven cost-effectiveness, could be a viable option for improving maternal health in the region.

The study concluded that although there is huge scope for integrating AYUSH in Maternal Health Program under the ongoing NRHM, the full potential is yet to be exploited.

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1. Introduction

The Government of India has from time to time set up several committees – Bhore (1946), Mudaliar (1961), and Srivastava Committee (1975) for improvement of the health care system and has emphasized greater provision of Traditional Complementary and Alternative Medicine [1–3]. The National Health Policy (1983) suggested phased integration of indigenous medicine with biomedicine [4]. As a result of such concerted efforts, the Department of Indian System of Medicine and Homeopathy (ISM&H) was established in 1995. Successive review of National Health Policy in 2002 put still greater emphasis on indigenous health systems, and the department was renamed as AYUSH in 2005 with new administrative structures and improved functioning. The same year, the National Rural Health Mission (NRHM) came up with strategies for mainstreaming AYUSH for the rural health sector [5–7]. Further, in 2014 the Government of India carved out a full-fledged ministry to stress on various components of AYUSH – medical education, quality control, drug standardization, research and development, and greater awareness of its potential, both within India and abroad [8].

In compliance with the Government of India guidelines and with technical and financial support from the Government of India,

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the state of Odisha implemented AYUSH in both Primary Health and Community Health Centers (PHCs and CHCs). Many strategies were adopted by the state government to improve delivery of AYUSH services in rural areas. The state government also took steps to facilitate and improve the quality of laboratories, drug standardization procedures, research, and advocacy [9]. So far, it has successfully collocated 796 Homeopathy and 680 Ayurveda clinics in the PHCs and CHCs. Seventy-eight of these dispensaries are in Balasore district and have been commissioned in 2005 with an initial grant of INR 4,978,000 for improvement of rural health, particularly maternal health [10].

The improved focus on AYUSH by the state government is especially important in the context of prevailing poor health indicators in the state which has prompted the planning commission to consider it as one of the Empowered Action Group states. One-quarter of the population of Odisha consists of tribal community, who has historical inclination toward AYUSH system of medicine. In addition, it is one among the eighteen high focus states for program implementation of the government's NRHM, especially maternal health. The state has a high maternal mortality ratio (MMR) that hinders the realization of millennium development goal of reducing MMR to 119 by the end of the 11th plan period (2007–2012). Following the central government guidelines, the Odisha government has therefore made an attempt to provide an integrative treatment plan having plural medical choices for women [10]. Initially, it established one of the three systems of AYUSH medicine – Homeopathy, Ayurveda, and Unani in the CHCs, which are used as referral centers to the PHCs. Later, every PHC was equipped with at least one of the AYUSH systems of medicine. This provided a greater coverage and option of AYUSH services for the community. The collocation of AYUSH unit was driven by medical plurality and revitalization of traditional therapies. In rural and tribal communities, the women found an opportunity to come across AYUSH system in a government facility which is very similar to local health traditions (LHT) and home remedies provided by local healers, *hakims*, and private practitioners. Unless emergency conditions arise, the tribal women were in the habit of using LHT and home remedy rather than biomedicines. This helps them to figure out AYUSH system of medicine perceiving less adverse effect with better accessibility. Existing health workers such as the Accredited Social Health Activists (ASHAs), Auxiliary Nurses and Midwifes (ANMs), and Anganwadi Workers were thought to further improve the potential of AYUSH medicine.

Some districts in the state of Odisha such as Balasore have done fairly well in the Maternal Health Program. Unfortunately within these high performing districts, there are vulnerable tribal blocks which pose special challenges [11]. Jaleswar block is one such area in Balasore district of Odisha with a very high concentration of poor tribal population. Indigenous tribes – the *Santhal*, *Bhumija*, *Kolha*, and *Bhuiju* reside here. The block is one among the 46 Modified Area Development Approach pockets of Odisha where specialized development programs for tribal improvement are monitored by the Ministry of Tribal affairs [12]. The situation is also made difficult by the marked inaccessibility of this region due to its riverine geographical structure, and frequent floods interrupt the referral network to deliver optimal maternal care. Many of the health centers of Jaleswar were declared as "difficult" by the National Health Systems Resources Centre for such reasons [13]. Further, the tribal communities have marked dependence on ethnomedicine in comparison to modern biomedicine, making it difficult for the government to promote Western methods of maternal care.

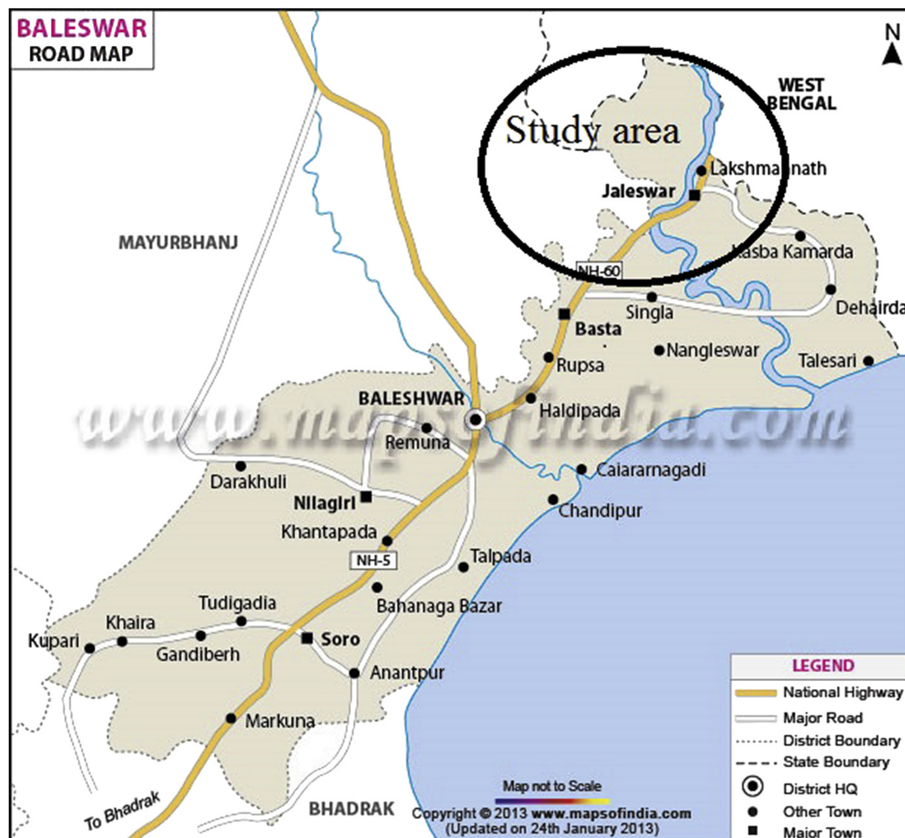

Fig. 1. Map of Jaleswar as study area.

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