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A STUDY ON ATTITUDE AND SATISFACTION OF PATIENTS TOWARDS UNANI AND AYURVEDIC HEALTH CARE SERVICE WITHIN MEDICAL PLURALISM IN THE CONTEXT OF BANGLADESH

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ABSTRACT: Unani and Ayurvedic heath care system is considerable areas of medical treatment in Bangladesh where patient can avail it from different Govt. or private hospital. This cross-sectional study was undertaken to find out the satisfaction of patients attending in this health care system from January to April 2014. A total of 240 respondents were interviewed with an interviewer administered semi-structured questionnaire. Among the respondents majority (54.2%) of them was aged ranging from 21- 40 years. The study revealed that more than 71% respondents were married and majority of them (55.4%) have history of use of Unani/Ayurvedic medicine before. The study found that majority (79.6%) of the respondent has found satisfactory and good quality behavior from the doctor of these systems and it was also found that a good number of respondents (more than 80%) commented doctor's service as satisfactory and good. It was found that more than 80% respondent got satisfactory and good behavior from pharmacist and concerned stuff of the hospital. Regarding health service delivery system of the hospital, majority (77.9%) of the respondents gave opinion as satisfactory and good. It was found that maximum (42.1%) respondents said they will come again for health services here in the hospital if necessity arises and 35.4% were not sure. Although this study did not depict the national scenario, findings will help to formulate comprehensive health programs.

INTRODUCTION: The use of Traditional or Unani and Herbal medicines continues to expand globally, in parallel to an increasing acceptance of herbal remedies by consumers. Despite the fact that herbal remedies are not classified as drugs by the US Food and Drug Administration, the 1994 Dietary supplement health and education act allows manufacturers to make claims regarding the benefits on the use of these products [1].

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Complementary and alternative medicine (CAM) has been defined by the Cochrane Collaboration as "a broad domain of healing resources that encompasses all health systems, modalities and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period" [2].

Complementary and alternative medicine (CAM) is a group of diverse medical and health care systems, therapies, and products that are not presently considered to be part of conventional medicine. The U.S. public's use of CAM increased substantially during the 1990s. This high rate of use translates into large out-of-pocket expenditures on

CAM. It has been estimated that the U.S. public spent between $36 billion and $47 billion on CAM therapies in 1997. Of this amount, between $12.2 billion and $19.6 billion was paid out-of-pocket for the services of professional CAM health care providers such as chiropractors, acupuncturists, and massage therapists. These fees are more than the U.S. public paid out-of-pocket for all hospitalizations in 1997 and about half that paid for all out-of-pocket physician services [3].

There has been a substantial increase in the popularity of complementary and alternative medicine (CAM), although different studies have reported a variety of usage rates. Surveys suggest that between 30 and 90% of the adult population in industrialized nations use some form of CAM to prevent or treat a variety of health problems. A recent UK survey of CAM use estimated that 48% of the population had used some form of CAM and that over 10% had consulted a CAM practitioner in the last year. Approximately, 95% of CAM users and 75% of the public support access to CAM via the NHS. Similar CAM use has been reported in Europe, Australia and the USA; a recent USA survey found that more visits are made to providers of CAM than to all US primary care physicians.

The most frequently cited reason for consumer use of CAM is dissatisfaction with the ability of conventional medicine to adequately treat chronic illness—i.e. with the outcome achieved by conventional medicine. However, in a study using multivariate analysis, dissatisfaction with conventional medicine failed to predict the use of CAM. The study found that having more education, poorer health status and a holistic philosophical orientation to health and life (i.e. belief in the importance of mind, body and spirit in health) were all predictive of CAM use.

A second reason for choosing CAM arises over dissatisfaction with the medical encounter, which is often brief and disempowering. The concept of patient perceived control appears to be particularly important in relation to choosing CAM treatment. An internal belief in health control indicates a sense of self-empowerment, the ability to take responsibility for personal health and consequently modify lifestyle. An external belief in health control suggests that an individual's health is subject to forces beyond their personal control.

A third reason for consumer use of CAM is the dislike of the reductionist, mechanical model of medicine and the preference for a holistic, integrative model of health. The holistic model includes the view that health reflects some kind of 'balance' within the body and so is characterized as a model of distributed health. One study shows that holistic health (HH) beliefs are an important factor in the decision to choose CAM.

A mental model of HH is consistent with a desire to avoid iatrogenic effects of conventional medicine and the belief that nutritional, emotional and lifestyle factors affect health. The adoption of a holistic mental model of health suggests that CAM users are not so much dissatisfied with conventional medicine but find CAM to be more congruent with their own values, beliefs and philosophical orientation [4].

The study on Satisfaction of Patients in Unani & Ayurvedic Health Care Services will find out the satisfaction of patients in Herbal/Traditional Medicine. It will also find out the knowledge, awareness and acceptance of the patients about the Unani and Ayurvedic Health Services. The findings of the study will provide information that will lead toward a comprehensive strategy for the betterment of ailing people of Bangladesh.

Research Question:

What is the level of satisfaction of patients in Unani and Ayurvedic health care service?

Operational definition:

1. **Family size –** Member of persons currently present in the family**.**

2. **Monthly family income –** The total money earned by all the members of family from all available sources in one month.

3. **Use of Unani and Ayurvedic Medicine -** All medical treatment regarding complementary and alternative medicine or herbal medicine or beyond the conventional treatment.

4. **Knowledge on patient cure –** Information about incidence or patient cure who have taken treatment from the hospital.

5. **Visit frequency** - How many time the patients come here for treatment.

6. **Behavior** - The health personnel of the hospital who give medical treatment to the patients at this hospital and behavior of pharmacist and stuffs of the hospital.

7. **Clinical Examination** - All investigations need to diagnose diseases.

8. **Oral advice** – The advices given by the health personnel of the hospital.

9. **Opinion** – The opinions given by the respondents on services provided by the doctor of the hospital and health service delivery system of the hospital.

10. **Medicines** – The medicines advised by the doctor for the patients at hospital.

Research Methodology:

Socio-demographic variables:
Age, Sex, Religion, Marital Status

Socio-economic and cultural variables:
Monthly family income, Occupation, Family Size, Education, Housing Condition.

Knowledge & Awareness related variables:
Knowledge about Unani & Ayurvedic Treatment, Awareness about Unani & Ayurvedic Treatment.

Health Service related variables:
Behavior and attention of the Doctors, Physical examinations and verbal advices by the Doctors, Availability of prescribed medicines, Service provided by the Doctors, Patient's satisfaction.

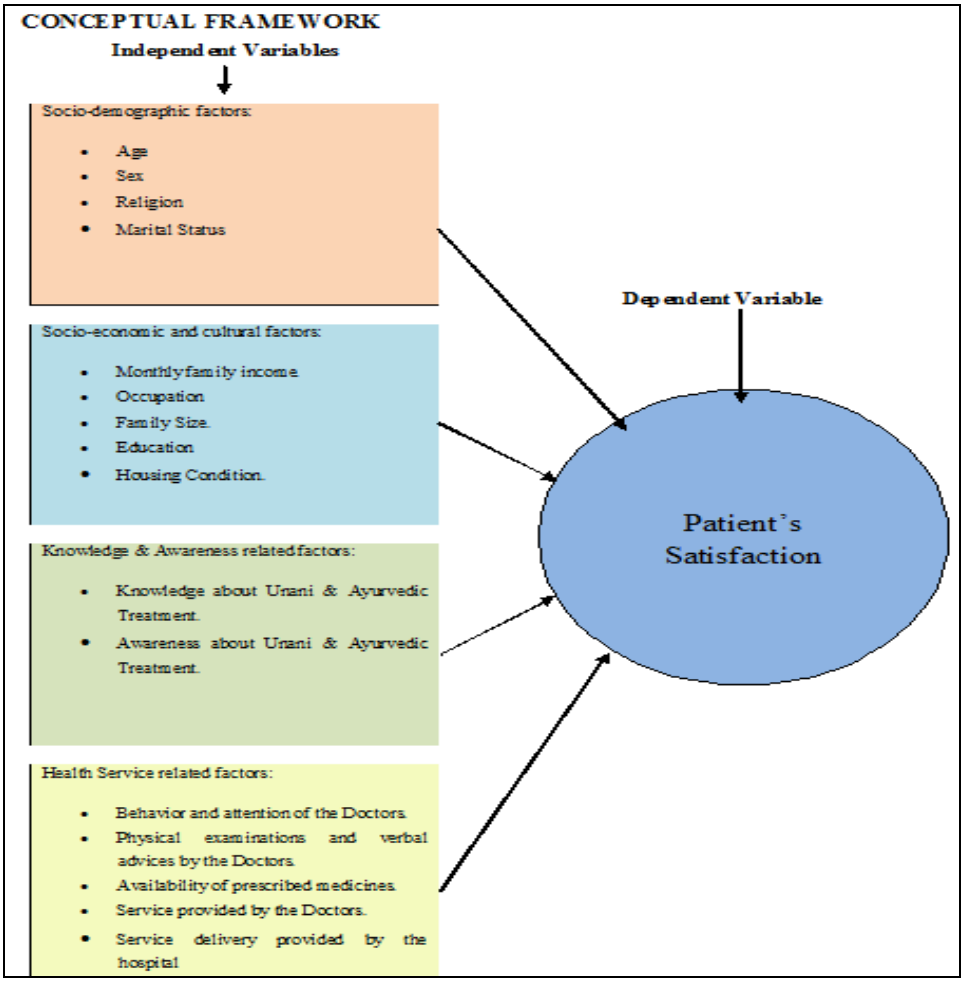

FIG.1: CONCEPTUAL FRAME WORK

Objectives of the study:
To assess the level of satisfaction of patients of Unani and Ayurvedic Health Care Service.

1. To identify the socio-demographic, socio-economic and socio-cultural characteristics of patients of Unani and Ayurvedic Health Care Service.

2. To find out the knowledge and awareness of the patients about the Unani and Ayurvedic Health Care Service.

3. To explore patient's acceptance of the Unani and Ayurvedic Health Care Service.

Study Design: It was a cross-sectional study.

Study Population: Patients attending in Out Patient Department (OPD) at Govt. Unani and Ayurvedic Medical College Hospital.

Study Area:
This study was conducted at OPD of Govt. Unani and Ayurvedic Medical College Hospital at Mirpur-13, Dhaka which lies about 6 kilometers away from ZERO point of Dhaka.

Study Period:
The duration of the study was four months and conducted from January to April, 2010.

Inclusion Criteria:
Informed consent and voluntary participant for interview. Patient attending at OPD of Hospital

Exclusion Criteria:
Patients below 16 years of age**,** Patient who are mentally disturbed**,** Patients not cooperating.

RESULTS:

TABLE: 1: DISTRIBUTION OF THE RESPONDENTS BY AGE AND SEX

Variables	Frequency (n=240)	Percentage (%)
Age distribution		
16 to 20 years	36	15.0
21-25 years	31	12.9
26-30 years	45	18.8
31-35 years	23	9.6
36-40 years	31	12.9
41-45 years	29	12.1
46 -50 years	26	10.8
51 years and above	19	7.9
Sex distribution		
Male	102	42.5
Female	138	57.5

Table 1 shows that the respondents were divided in to 8 groups. Among them 45 (18.8%) was in 26-30 years group, showing the highest percentage. Followed by 36 (15%) was in up to 20 years group, 31 (12.9%) was in both 21-25 and 36-40 years group, 29 (12.1%) was in 41-45 years group, 26 (10.8%) wan in 46-50 years group, 23 (9.6%) was in 31-35 years group and 19 (7.9%) was in 51 years above group showing the lowest percentage.

It was found that 138 (57.5%) respondents were female and 102 (42.5%) was male.

TABLE 2: DISTRIBUTION OF THE RESPONDENTS BY RELIGION, MARITAL STATUS AND EDUCATIONAL QUALIFICATION

Variables	Frequency (n=240)	Percentage (%)
Religion distribution		
Islam	220	91.7
Hindu	17	7.1
Others	3	1.3
Marital status distribution		
Married	171	71.3

Unmarried	69	28.8
Education distribution		
Illiterate	70	29.2
Primary	80	33.3
Secondary	42	17.5
Higher Secondary	30	12.5
Graduate/ above	18	7.5

Table 2 shows that most (91.7%) of the respondents were Islam by religion. 17 (7.1%) and 3 (1.3%) were Hindu and other religion respectively. Regarding marital status, majority (71.3%) of the respondents were married and 69 (28.8%) were unmarried.

According to educational qualification, 80 (33.3%) respondents were primary by education, showing the highest percentage. Followed by 70 (29.2%), 42 (17.5%), 30 (12.5%) and 18(7.5%) were illiterate, secondary, higher secondary and graduate/above respectively.

TABLE: 3 DISTRIBUTION OF THE RESPONDENTS BY OCCUPATION AND HOUSING CONDITION

Variables	Frequency (n=240)	Percentage (%)
Occupation distribution		
Cultivator	15	6.3
Labor	105	43.8
Businessman	42	17.5
Service holder	36	15.0
Others	42	17.5
Housing condition distribution		
Kancha	27	11.3
Tin- Shed	63	26.3
Building	50	20.8
Slum	99	41.3
Others	1	.4

Table 3 show that 105 (43.8%) respondents were labor by occupation, showing the highest percentage. Followed by 42 (17.5%) were both businessman and others occupation, 36 (15%) were service holder and 15 (6.3%) respondents were cultivator, showing the lowest percentage.

Regarding housing condition, 99 (41.3%) respondents were slum dweller, showing the highest percentage. Followed by 63 (26.3%) respondents had Tin-shed house, 50 (20.8%) had building, 27 (11.3%) had kancha house and only 1 (0.4%) respondent had other kind of housing condition, showing the lowest percentage.

TABLE 4: DISTRIBUTION OF THE RESPONDENTS BY FAMILY MEMBER AND MONTHLY FAMILY INCOME

Variables	Frequency (n=240)	Percentage (%)
Family member distribution		
Up to 4 persons	174	72.5
5 persons and above	66	27.5
Family income distribution		
Up to Tk. 5000	23	9.6
Tk. 50001-10000	81	33.8
Tk. 10001-15000	56	23.3
Tk. 15001-20000	45	18.8
Tk. 20001 and above	35	14.6

Table 4 shows that majority (72.2%) of the respondents had a family consisting up to 4 persons, showing the highest percentage and 66 (27.5%) had a family consisting 5 persons and above. According to monthly family income, the respondents were divided into 5 income level group. Among the respondents 81 (33.8%) were in Tk. 5001-10000 income level group, showing the highest percentage. Followed by 56 (23.3%) were in Tk. 10001-15000, 45 (18.8%) were in Tk. 15001-20000, 35 (14.6%) were in Tk. 20001 and

above and 23 (9.6%) respondents were in Tk. Up to 5000, showing the lowest percentage.

TABLE 5: DISTRIBUTION OF THE RESPONDENTS BY USE OF UNANI AND AYURVEDIC MEDICINE, KNOWLEDGE ON PATIENT CURE AND MODE OF HOSPITAL VISIT

Variables	Frequency (n=240)	Percentage (%)
Use of U/A Medicine distribution		
Yes	133	55.4
No	107	44.6
Knowledge on patient cure distribution		
Yes	206	85.8
No	34	14.2
Mode of hospital visit distribution		
1st time	111	46.3
2nd time	57	23.8
3rd time or above	72	30.0

Table 5 shows that majority (55.4%) of the respondents were user of Unani and Ayurvedic Medicine and 107 (44.6%) were not user of such medicine. Regarding patient cure incidents of Unani and Ayurvedic Medicine, most (85.8%) of the respondents said they are informed about patients cure incident and 107 (14.2%) respondents were not informed about such patients care incident.

It was found that 111 (46.8%) respondents visited the hospital as 1st time, showing the highest percentage. Followed by 72 (30.0%) visited as 3rd time and above and 57 (23.8%) respondents visited the hospital as 2nd time, showing the lowest percentage.

TABLE: 6 DISTRIBUTION OF THE RESPONDENTS BY DOCTOR BEHAVIOR, CLINICAL EXAMINATION AND VERBAL ADVICE DISTRIBUTION

Variables	Frequency (n=240)	Percentage (%)
Doctor behavior distribution		
Very good	1	.4
Good	99	41.3
Satisfactory	92	38.3
Not Satisfactory	39	16.3
Not good	9	3.8
Clinical examination distribution		
Yes	29	12.1
No	211	87.9
Oral advice distribution		
Yes	95	39.6
No	145	60.4

Table 6 shows that 99 (41.3%) respondent commented doctor behavior as good, showing the highest percentage. Followed by 92 (38.3%) commented as satisfactory, 39 (16.3%) commented as not satisfactory, 9 (3.8%) commented as not good and only 0.4% commented as very good, showing the lowest percentage.

Regarding clinical examination, most (87.9%) of the respondents did not have any clinical examination during their treatment and 29 (12.1%) respondent had clinical examination. It was found that majority (60.4%) of the respondent got oral advice during their treatment and 95 (39.6%) did not get any oral advice.

TABLE 7: DISTRIBUTION OF THE RESPONDENTS BY OPINION ON DOCTOR'S SERVICE AND AVAILABILITY OF ADVISED MEDICINE.

Variables	Frequency (n=240)	Percentage (%)
Opinion on doctor's service distribution		
Very good	3	1.3

Good	94	39.2
Satisfactory	100	41.7
Not Satisfactory	36	15.0
Not good	7	2.9
Availability of advised medicine distribution		
Yes	25	10.4
Partially Available	150	62.5
No	65	27.1

Table 7 shows that100 (41.7%) respondents commented doctor advice as satisfactory, showing the highest percentage. Followed by 94 (39.2%) commented as good, 36 (15.0%) commented as not satisfactory, 7 (2.9%) commented as not good and only 3 (1.3%) respondents commented doctor advice as very good , showing the lowest percentage.

Regarding availability of advised medicine in the hospital, majority (62.5%) of the respondents said advised medicine was partially available, showing the highest percentage. Followed by 65 (27.1%) said not available and 25 (10.4%) respondent said advised medicine was available at hospital during their treatment.

TABLE 8: DISTRIBUTION OF THE RESPONDENTS BY BEHAVIOR OF PHARMACIST AND BEHAVIOR OF OTHER STUFFS

Variables	Frequency (n=240)	Percentage (%)
Behavior of pharmacist distribution		
Very good	3	1.3
Good	70	29.2
Satisfactory	121	50.4
Not Satisfactory	40	16.7
Not good	6	2.5
Behavior of other stuffs distribution		
Very good	5	2.1
Good	114	47.5
Satisfactory	83	34.6
Not Satisfactory	32	13.3
Not good	6	2.5

Table 8 shows that more than fifty percent (50.4%) respondents commented pharmacist behavior as satisfactory, showing the highest percentage. Followed by 70 (29.2%) commented as good, 40 (16.7%) commented as not satisfactory, 6 (2.5%) commented as not good and only 3 (1.3%) respondents commented pharmacist behavior as very good , showing the lowest percentage.

It was found that114 (47.5%) respondents commented behavior of others stuffs as good, showing the highest percentage. Followed by 83 (34.6%) commented as satisfactory, 32 (13.3%) commented as not satisfactory, 6 (2.5%) commented as not good and only 5 (2.1%) respondents commented behavior of others stuffs as very good , showing the lowest percentage.

TABLE 9: DISTRIBUTION OF THE RESPONDENTS BY OPINION ON HEALTH SERVICE DELIVERY, PERCEPTION ABOUT PRIVATE TREATMENT WOULD BE BETTER AND COME AGAIN HERE IF NECESSARY

Variables	Frequency (n=240)	Percentage (%)
Opinion on heath service delivery distribution		
Very good	5	2.1
Good	86	35.8
Satisfactory	101	42.1
Not Satisfactory	40	16.7
Not good	8	3.3
Perception about private treatment would be better distribution		
Yes	101	42.1
No	50	20.8

Not sure	89	37.1
Come again for health services if necessary distribution		
Yes	101	42.1
No	54	22.5
Not sure	85	35.4

Table 9 shows that 101 (42.1%) respondents commented health service delivery of the hospital as satisfactory, showing the highest percentage. Followed by 86 (35.8%) commented as good, 40 (16.7%) commented as not satisfactory, 8 (3.3%) commented as not good and only 5 (2.1%) respondents commented health service delivery of the hospital as very good , showing the lowest percentage. It was found that maximum (42.1%) respondents said private medical treatment would be better than government hospital. Among them 89 (37.1%) were not sure and 50 (20.8%) did not agree with the statement It was also found that maximum (42.1%) respondents said they will come again for health services if necessary. Among them 85 (35.4%) were not sure and 54 (22.5%) said they will not agree with the statement come again for health services if necessary.

TABLE: 10 ASSOCIATION BETWEEN SEX AND USE OF UNANI AND AYURVEDIC MEDICINE

Variables	Use of Unani and Ayurvedic Medicine						p-value*
	Yes		No		Total		
	No.	%	No.	%	No.	%**	
	Sex						**0.354**
Male	53	39.8	49	45.8	102	42.5	
Female	80	60.2	58	54.2	138	57.5	

*p value from Chi square test
**Percentage shows the column percent

Table 10 shows that 'use of Unani and Ayurvedic medicine' was found high among female respondents and it was 60.2% and 39.8% respondents were male. The p value was found 0.354 and it was not statistically significant.

TABLE 11: ASSOCIATION BETWEEN EDUCATION AND USE OF UNANI AND AYURVEDIC MEDICINE

Variables	Use of Unani and Ayurvedic Medicine						p-value*
	Yes		No		Total		
	No.	%	No.	%	No.	%**	
	Education						0.000
Illiterate	63	47.4	7	6.5	70	29.2	
Educated	70	52.6	100	93.5	170	70.8	

*p value from Chi square test
**Percentage shows the column percent

Table15 shows that 'use of Unani and Ayurvedic medicine' was found high among educated respondents and it was 52.6% and 47.4% respondents were illiterate. The p value was found 0.00 and it was statistically significant.

TABLE: 12: ASSOCIATION BETWEEN EDUCATION AND FREQUENCY OF HOSPITAL VISIT

Variables	Frequency of hospital visit						p-value*
	1st time		More than one time		Total		
	No.	%	No.	%	No.	%**	
Education							**0.000**
Illiterate	9	8.1	61	47.3	70	29.2	
Educated	102	91.9	68	52.7	170	70.8	

*p value from Chi square test
**Percentage shows the column percent

Table 16 shows that 'frequency of hospital visit' was found high among educated respondents and it was 91.9% and 8.1% respondents were illiterate. The p value was found 0.00 and it was statistically significant.

TABLE 13: ASSOCIATION BETWEEN EDUCATION AND OPINION ON HEALTH SERVICES

Variables	Opinion on health services						p-value*
	Satisfactory		Not satisfactory		Total		
	No.	%	No.	%	No.	%**	
Education							**0.033**
Illiterate	62	32.3	8	16.7	70	29.2	
Educated	130	67.7	41	83.3	170	70.8	

*p value from Chi square test
**Percentage shows the column percent

Table18 shows that 'satisfactory opinion on health services' was found high among educated respondents and it was 67.7% and 32.3% respondents were illiterate. The p value was found 0.033 and it was statistically significant.

TABLE 14: ASSOCIATION BETWEEN EDUCATION AND COME AGAIN FOR HEALTH SERVICES IF NECESSARY

Variables	Come again for health services if necessary						p-value*
	Yes		No		Total		
	No.	%	No.	%	No.	%**	
	Education						**0.000**
Illiterate	48	47.5	22	15.8	70	29.2	
Educated	53	52.5	117	84.2	170	70.8	

*p value from Chi square test
**Percentage shows the column percent

Table19 shows that 'come again for health services if necessary' was found high among educated respondents and it was 52.5% and 47.5% respondents were illiterate. The p value was found 0.000 and it was statistically significant.

TABLE 15: ASSOCIATION BETWEEN CLINICAL EXAMINATION AND COME AGAIN FOR HEALTH SERVICES IF NECESSARY

Variables	Come again for health services if necessary						p-value*
	Yes		No		Total		
	No.	%	No.	%	No.	%**	
	Clinical Examination						0.002
Yes	20	19.8	9	6.5	29	12.1	
No	81	80.2	130	93.5	211	87.9	

*p value from Chi square test
**Percentage shows the column percent

Table 21 shows that 'come again for health services if necessary' was found high among the respondents who did not face any clinical examination and it was 80.2% and 19.8% respondents faced clinical examination. The p value was found 0.002 and it was statistically significant.

TABLE: 16 ASSOCIATION BETWEEN VERBAL ADVICE AND COME AGAIN FOR HEALTH SERVICES IF NECESSARY

Variables	Come again for health services if necessary						p-value*
	Yes		No		Total		
	No.	%	No.	%	No.	%**	
Oral advice							**0.000**
Yes	55	54.5	40	28.8	95	39.6	
No	46	45.5	71	71.2	145	60.4	

*p value from Chi square test
**Percentage shows the column percent

Table 23 shows that 'come again for health services if necessary' was found high among the respondents who got oral advice and it was 54.5% and 45.5% respondents din not get oral advice. The p value was found 0.000 and it was statistically significant.

DISCUSSION: Regarding age of the respondents, present study found that the majority of them (18.8%) were between 26-30 years old. On the other hand 9.6% were between 31-35 years and 12.9% were between 36-40 years old. It seems that more than 20% respondents of present study belong to age limit 31-40 years and more than 18% were 46 years and above (**Table 1**). Al-Faris et al [5] found that the mean (±) age of the respondents was 35.5 (±13.9) years and Chan et al [6] found that 24% of the sample was noted for being older which is consistent with the present study.

Present study revealed that 42.5% respondent were men (**Table 1**). Al-Faris et al [5] found that 39% were men which is consistent with the present study.

Regarding use of Unani/Ayurvedic/Complementary and Alternative Medicine, present study revealed that 55.4% respondent has used such type of medicine in the past (Table 5). Evans et al [7] found that 91% had used herbal medicine, Lam et al [8] found that 57.1% used Chinese medicine/herbal medicine, Kessler et al [9] found that 67.6% of respondents had used Complementary and Alternative Medicine, Hanssen et al [10] found that 49% had used herbal medicine, Araz et al [11] found that 58.6% had used alternative medicine, Langlois et al [12] found that 63.5% of AIDS patients had used herbal medicine after HIV diagnosis, Lim et al[13] found that 76% had used alternative Medicine, Joos et al[14] found that 52 % patients use complementary and alternative medicine, Hooper et al [15] found that 82.5% respondents had use herbal medicine, Oldendic et al [16] found that 44% had used complementary and alternative medicine, Bames et al[17] found that 69% respondents had use alternative medicine, which are consistent with the present study.

The present study found that 85.8% respondent knew that patients get rid of disease after receiving treatment from the hospital where study took place (**Table 5).** A Population-Based Survey of Complementary and Alternative Medicine Usage, Patient Satisfaction, and Physician Involvement [18] found that more than 60% perceived alternative medicine therapy as very effective, and 89% said they would recommend it to others which are consistent with present study.

Regarding significant association ($p<0.05$) between education and use of herbal medicine, present study found that educated respondents are found as bigger user of herbal medicine than illiterate respondents (**Table 15).** A Population-Based Survey of Complementary and Alternative Medicine Usage, Patient Satisfaction, and Physician Involvement[18] found that higher education were significantly associated with complementary and alternative medicine use which is consistent with the present study.

It was found that more than 45% respondents visited the hospital as 1st time (**Table 5**). It indicates that people are feeling interest and moving towards alternative medicine or Unani and Ayurvedic health care services.

Regarding doctor behavior, more than 40% respondent commented as good behavior and 38.3% commented as satisfactory. It shows a positive sign towards heath care providers of our country.

Regarding clinical examination, most (87.9%) of the respondents did not have any clinical examination during their treatment (**Table 6**). It indicates that doctors of alternative medicine try to avoid clinical examination.

Present study found that more than 40% respondents were satisfied with doctor service and 39.2% commented service as good advice (**Table 7**). It indicates that doctors of the hospital try to give optimum service to all patients which lead sick people towards satisfaction.

Regarding availability of advised medicine in the hospital, more than 62% respondents got partially (**Table 8**) which indicates that govt. hospital can't supply all item of advised medicine to patients.

Present study revealed that more than 42% respondents found satisfactory health service delivery system and 35.8% commented as good health service delivery system (**Table 9**). It indicates disciplined management prevails here in the hospital. It was found that maximum respondents answered that private medical treatment would be better than government hospital (**Table 9**). It indicates that doctor gives more attention to patient at their private chamber.

It was also found that maximum (42.1%) respondents said they will come again for health care services here in the hospital if necessary arises and 35.4% were not sure (**Table 9**). It indicates that majority of the respondents confirmed to have repeated treatment from the hospital and showing interest to alternative medicine as well. It also indicates the increased level of satisfaction of the patients.

CONCLUSION AND RECOMMENDATIONS:

On the basis of significant findings in the study, an array of concluding remarks is attempted. It was found that most of them (>70%: Table 2) were educated and majority of them (55.4%: Table 5) used the Unani and Ayurvedic/Alternative/ Complimentary/ Herbal system of medicines before. The study revealed that majority of the respondents has found satisfactory (38.3%: Table 6) and good (41.3%: Table 6) quality of behavior from the doctors and it was also revealed that majority of them commented the doctors service as satisfactory (41.7%: Table 7) and 39.2% (Table 7) as good. Majority of the respondents commented the behavior of the pharmacists as good (50.4%: Table 8) and other stuffs as good (47.5%: Table 8).

Regarding the health service delivery system of the hospital, majority of the respondents gave opinion as satisfactory (42.1%: Table 9) and as good (35.8%: Table 9). It was revealed that the majority of the respondents (42.1%: Table 9) said that they will come again for health services here in the hospital if necessity arises and 35.4% (Table 9) were not sure. It is expected that information provided by this study will help health policy makers and planners to formulate proper plan for the improvement of Unani and Ayurvedic Health care in Bangladesh.

RECOMMENDATIONS: This study suggests the following recommendations for the betterment of Alternative/Herbal Medicine. Unani and Ayurvedic/Alternative/Herbal Medicine should be available at every govt. hospital as the present study reveals that the majority of the respondents are satisfied with such Health Care Services.

A nation-wide study should be conducted to collect specified data on patient satisfaction in Traditional/Herbal medicine on the basis of which necessary health and welfare programs can be prepared. Necessary development program should be taken to maximize service delivery system as majority respondents found satisfactory services.

Sufficient in-depth study should be organized to provide a real insight into the Traditional/Herbal medicine to allow a meaningful program development.

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