

Comparative study of Mongolian and Bhutanese Traditional Medical Services

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Abstract

This cross-sectional descriptive study was conducted in Bhutan and Mongolia in order to compare and evaluate the Mongolian and Bhutanese Traditional medical services. A structured questionnaire was administered to 202 patients from both the countries, aged 18 years and above. Furthermore, observation method was also applied in order to determine the facilities and the services in the hospitals.

The study found out that although Bhutan and Mongolia are two distinct countries, the traditional medicine policies are quite similar because both are formulated keeping in mind the requirements of the World Health Organization (WHO). The human resource was found to be consisting of mostly qualified physicians who have graduated from the government recognized institutes in both the countries. However, the services provided by the hospitals show a considerable difference between the two countries. Further, this study also found that physicians and patients in both Mongolia and Bhutan are satisfied with the services provided but they aspire for improvement in the facilities that are available. Although the services and facilities in both Mongolia and Bhutan are quite similar, Mongolia exceeds in the number of services provided compared to Bhutan due to much more advancement in economic development.

Introduction

People in many countries are now more prepared to look for alternative approaches to maintain their health. (S.Narayan, et al 2012) WHO's traditional medicine program was developed focusing on the health for all strategy and the primary health care approach; with the goal of bringing traditional medicine into the mainstream of the health service system wherever such an approach seemed to be appropriate. Traditional medicine consists of promotive, preventive, curative and rehabilitative roles. It can be the main form of health care or a component integrated into mainstream health care, or an alternative or complement to the main form of health care. (WHO, 2012) Traditional medicine is an ancient medical practice which existed in human societies before the modern science came into the health care system. Although modern medicine is widespread today, traditional medicine still exists in many countries. Interest in traditional medicine has increased over the last decades and seems likely to continue. (WHO, 2005, 2012)

Traditional medicine is believed to be safe to use. It is also believed to cure the root cause of diseases over time. In countries like Africa, 80% of the populations depend on traditional medicine for primary health care. It is widely practiced in many other countries too. (WHO, 2008)

In Mongolia and Bhutan, the practice of traditional medicine is still widely spread. Although there exists vast difference in the culture, language, weather and environment, these two countries base the origin of their traditional Medicine practice on the four medical tantras prophesized by the Buddha of Medicine (Tibetan medicine). (WHO, MoH, Mongolia 2012, P, Molor, 2012, ITMS,

2010) This somehow makes one curious about whether the services and other related things are similar too between these two countries.

Objectives of the study

Thus, the main aim of this study is to compare and evaluate the Mongolian and Bhutanese Traditional medical services to investigate the current traditional medicine policy, regulation and human resource capacity, to find out the similarities and differences in the type of traditional medicine services and to determine the perspective and satisfaction of both the traditional medicine professionals and the traditional medicine consumers. Since such studies have not been carried out before, this study is aimed to help both the countries in understanding the effectiveness of the services they provide and also to help in improving the satisfaction that the users and the providers derive from the health services. Further, such studies will strengthen the relationship between the two universities of Bhutan and Mongolia.

Study methods

To achieve the objectives of this study, a cross-sectional descriptive study was undertaken in two traditional medicine hospitals of Bhutan and Mongolia. This study included patients aged 18 years and above with the exclusion of patients with serious condition and mental health problems. A sampling size of 101 patients has been taken along with all the health professionals working in the study hospitals. Three different methods of data collection were used in order to collect information on the different objectives.

The data obtained has been analyzed using SWOT and SPSS analysis method. This analysis approach has been used to display the difference in the situation of traditional medicine services, satisfaction and policies of the two countries along with coding frames devised for the questionnaire.

Result and discussion

While comparing the traditional medicine services in Mongolia and Bhutan, in general, the difference seen between these countries are not very huge, although slight differences can be seen when analyzed in detail. Firstly, the policies pertaining to the traditional medicine of the two countries, were found to be similar. This similarity is mainly because the traditional medicine policies have been formulated keeping in mind the requirements of the World Health Organization (WHO) and the policies of the two countries also include the plans and programs of the WHO. Thus due to the similar basis on which the traditional medicine policies have been formulated, the difference seen between these policies are also very minimal.

The human capacity on the other hand, consists qualified people from the government recognized institute in both the countries. The duration for the training of the human capacity however differs between the two countries. While the human capacity in Bhutan is trained for five years, in Mongolia, the training lasts up to 6 years. Although the training in both the countries includes the teachings of the four medical tantras, the mode of communication or language used and the different courses included to be covered during their training is quite different in Mongolia and Bhutan.

In terms of the services provided to the patients, a considerable difference has been found between the two countries. Services certain health found in Mongolia were missing in Bhutan such as the exclusive in-patient services available in Mongolia. Adding to it, more out-patients were found visiting the hospital in Bhutan compared to Mongolia. On the other hand, more pharmaceuticals were found in Mongolia including the private owned pharmaceuticals in contrast to

Bhutan where there is only one pharmaceutical which is attached with the hospital. However, a common threat was found between all the pharmaceuticals which are the Good Manufacturing Practices (GMP) guidelines set by the World Health Organization for safety purpose.

Furthermore, thirteen different types of therapy were found to be provided in Mongolia whereas in Bhutan only ten therapies were found to be provided. This study revealed that in Mongolia all the therapies available in Bhutan are provided, except for the nasal irrigation which is missing in Mongolia. In contrast, around four therapies which are available in Mongolia are not available in Bhutan of which mud therapy has been found to be non-existent ever in Bhutan. This study further revealed that acupuncture therapy was the most prevalent therapy in Mongolia while in Bhutan; the golden needle therapy was predominant among other therapies.

Within the hospitals in both the countries, it has been found that although the services provided are efficient, there is still need for improvement in case of facilities. Majority of the physicians in both the countries gave their opinion that the facilities are still not up to the mark and leaves much more to be desired. 78.6% of the physicians in Mongolia and 60% of the physicians in Bhutan shared this opinion along with 45.5% of the patients in Bhutan who thinks that the facilities need to be improved.

When it came to the opportunities for the development of hospital services in the future, around 85.4 % of the physicians in Mongolia were of the opinion that there were many opportunities to establish ties and relationship with other hospitals, introducing new facilities and to carry out researches in the field of traditional medicine. On the other hand 70% of the opinions of the Bhutanese

Physicians however revolved around the idea that a huge opportunity was there to establish new facilities in the field of Traditional Medicine.

In Mongolia, according to the patients, the general environment of the hospital is well established of which 23.7% of the patients said that they are more appreciable of the knowledgeable staffs and 30.9% expressed appreciation regarding the infrastructure of the hospital. This however is not the case in Bhutan. In Bhutan, majority of the patients stated that they appreciate the easy accessibility and not having to wait in long queue consisting. (Table 1) On the other hand, when patients were asked about the loopholes of the hospital, in both the countries, majority of the patients were of the view that the hospitals lacked good information and communication system. The patients who gave this view comprises of 23.7% in Mongolia and 42.6% in Bhutan. (Table 1)

Many services have been found to be provided to the patients in the hospitals of Mongolia and Bhutan by many qualified physicians. Majority of the physicians in both the countries were found to be satisfied with the service they provided which has been complemented by the view of many patients who were satisfied with the services provided and stated that the services were efficient and effective.

Although opinions of satisfaction regarding the services were shared by both the physicians and the patients, they however feel that there is still need to improve the facilities that are currently present in the hospital which in turn will contribute to the productivity and efficiency of the hospital.

Table 1 Number and percentage of patient satisfaction levels with the components of the Traditional Medicine services

Variables	Agree				Uncertain				Disagree			
	Bhutan		Mongolia		Bhutan		Mongolia		Bhutan		Mongolia	
	n	%	n	%	n	%	n	%	n	%	n	%
I am satisfied with the medical care I received	10	100%	9	97%	0	0.0%	2	2.0%	0	0.0%	1	1.0%
I am satisfied with the behaviour of doctors and staffs	97	96%	8	91.2%	2	2.0%	8	8.8%	2	2.0%	0	0.0%
Careful to checkup and treating me	97	96%	8	85.7%	4	4.0%	1	14.3%	0	0.0%	4	4.0%
I am satisfied with the ease of accessing	89	88%	8	88.7%	8	7.9%	1	11.3%	4	4.0%	0	0.0%
I am satisfied with the hospital location	97	96%	7	72.2%	2	2.0%	1	15.5%	2	2.0%	1	12.4%
TM facilities are neat and clean	94	94%	8	93.5%	2	2.0%	3	3.2%	4	4.0%	3	3.2%
TM services given by this hospital is perfect	94	94%	8	88.2%	4	4.0%	9	9.7%	2	2.0%	2	2.2%
Doctors are good about explaining the diseases	97	96%	8	81.6%	2	2.0%	1	17.3%	2	2.0%	1	1.0%
Doctors are sometimes ignore what I told them	93	94%	4	50.6%	2	2.0%	2	24.1%	4	4.0%	2	25.3%
Able to get medical care whenever I need it	97	98%	6	67.4%	0	0.0%	1	15.8%	2	2.0%	1	16.8%
I can get medical care without being setback financially	89	88.1%	6	66.0%	8	7.9%	2	27.8%	4	4.0%	6	6.2%
Average percentage	94.5%		80.2%		3.1%		13.6%		2.4%		6.6%	

Conclusion

Though Bhutan and Mongolia are two distinct countries with different cultures, religions, values, development stage, etc., the origin of the traditional medicine practice is the same for both the countries. Although the origin is same, this study reveals the similarities and the differences regarding the traditional medicine policies, regulations, human capacity, services and the satisfaction level of the native people of the two respective countries.

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