

Situation of Advertising Practices among Private Ayurveda Centers of Nepal - A Cross Sectional Study

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ABSTRACT

Background: Advertisement plays a vital role in seeking health care services among the people. After the free market policy, advertising has been used by different private institutions for the promotion of their businesses.

Methods: A descriptive cross-sectional study was done among the 40 private Ayurveda centers registered in the province registry of Nepal using convenience sampling. Semi-structured Interview and Key Informant interviews techniques were undertaken for quantitative and qualitative data collection. Data collected was edited, cleaned, and entered in MS-Excel, followed by analysis in the SPSS 22 version.

Results: Correlation between investment in advertisement and patient flow was found to be highly significant with a relation of 0.89 at 99% confidence level (p-value 0.01). Linear regression analysis shows 77.8 percent variability in the patient flow was explained by advertising. A one-unit increase advertisement investment was found to bring about 0.744 unit increase in patient flow. Unregulated advertising was done through Television, Radio, magazines, social media, and pamphlets. Free health camps conducted by the centers, and patient-to-patient referrals were found to be emerging ways. The phrases in ads like “100% cure” were replaced by the phrases such as “successful treatment” and “without operation treatment”.

Conclusions: This study shows unregulated, haphazard, and unethical advertising predominant among the private centres. There is a need for proper enforcement of the regulating act, formulation of proper guidelines about advertising, social media advertising, its content and censorship before broadcasting.

Keywords: Advertisement; ayurveda; private centers; satisfaction

INTRODUCTION

Ayurveda is the oldest traditional system of medicine, defined in the National Health Care System of Nepal.¹⁻⁴ One-third of youths in Nepal and 85% of the rural population rely upon traditional care.⁵ However, Ayurveda was facing barriers in its expansion, particularly after the privatization, and advertising was only after the free-market.⁶

Advertisement plays a vital role in seeking health care services among the people. The competition in health care between the modern and traditional system has created various milieu through advertisements. Particularly, Nepalese markets were using advertising as a tool to safeguard the monopoly of products and increasing unhealthy competition; thereby motivating consumers for forceful buying.⁶

The promotion of Ayurveda has been linked with business motive advertisement to create a definite creed towards such products.^{6,7} This study aims to explore the status of advertising practices in private Ayurveda centers and satisfaction of practitioners and clients towards Ayurveda in Nepal.

METHODS

Study undertook both analytical and descriptive cross-sectional design using a mixed method (qualitative and quantitative). From the seven provinces of Nepal, Private Ayurveda centers, those registered in the provincial Ministry of Social Development, were selected as per the convenience. Research was conducted among the private Ayurveda centers of Nepal, for the duration of 6 months. The selection biases were dealt through multiple time involvement of enumerators in coding

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of data; letting the participants review the results and verify it with other data sources; and check for alternative explanations and discuss them with peers and literatures. Along with the prior informed consent, the permission of the Ethical Review Board (ERB) Reg. No. 343/2020P, Ref. No. 2703 dated 24 June 2020 from the Nepal Health Research Council (NHRC) was taken for the study.

40 Ayurveda centers were selected, excluding pharmacies, using non-probability sampling techniques, particularly convenience sampling. Semi-structured interview and Key Informant Interviews (KII) as techniques were used. Qualitative and Quantitative data thus collected were edited, cleaned, and entered in MS-Excel, followed by analysis in the SPSS 22 version. Diagrammatic and graphical presentations of the findings were performed through mean, mode median, standard deviation, etc. as a part of descriptive statistics. The qualitative data were analysed by coding, decoding, and transcribing followed by content and narrative analysis. The quantitative data were analysed through frequency percentage, correlation, and linear regression. The idea of correlation and regression modelling was to pursue a causality model for variables analysed in the result section. The research hypothesize that increase in the spending in advertising increases the patience flow in the centers.

RESULTS

Out of 40 private Ayurveda centers, 13 (32.5%) were found to have provisions for Nepal Ayurveda Medical Council (NAMC) owned clinics and pharmacies, 9 centers having pharmacies by others and clinics by NAMC or Kabiraj or Baidhya visits. Ayurveda centers were found to have an average history of 8.77 years long, with a minimum of 2 years and a maximum of 37 years (Table 1). The average investment was found to be 2.82 million (SD ±35.91). Likewise, centers were found employing 5.7 i.e. -6 staffs on an average (SD ±5.6). The average number of patients visited in Ayurveda centers was found to be 7,364 per year.

60 percent of respondents reported having some kind of issues during their practice. Common major problems found in the centers were: trouble making registration and renewal process of centers, property transfer after death of center owners, perceived dominance of allopathic-medicine, inadequate Ayurveda human resources, inadequate information about Ayurvedic treatments to the public, patients seeking Ayurveda services at late stages of chronic diseases, low adherence of patients to the complete dose of treatment as per Ayurveda protocols, lack of quality drugs mainly

rasaushadhi (herbo-mineral preparations)—due to restrictions by Department of Drug Administration (DDA) on their import from India.

This research hypothesized that spending in advertising increases the patient flow among private Ayurveda centers in Nepal. Data from the 21 respondents showed that advertising had significantly influenced the patients flow in private Ayurveda centers. Taking investment in advertising as an independent variable and patient flow as a dependent, the correlation between investment in ads and patient flow was found highly significant with a strong relation of 0.89 at 99% confidence level (Table 2). The regression analysis shows that 77.8 percent variability in patient flow was explained by the investment in advertising in Ayurveda centers of Nepal (Table 3). A one-unit increase in investment in advertising was found to bring about a 0.744 times increase in patient flow. With a constant slope of -0.579 at 0.01 level of significance. (Table 4) The regression equation from the findings was found as: $\ln(\text{patient flow}) = -0.579 + 0.768 \ln(\text{investment in ads})$.

Table 1. Frequency distribution of General characteristics of private centers.

	Mean	Standard Deviation	Minimum value	Maximum value
History of operation of a center (in years)	8.77	9.1	2	37
Total Investment in centers (In NRs. million)	2.82	35.91	0.05	15
Average number of Staffs	5.7	5.6	1	25
Client's Visited so far	7463.18	7310.04	130	210000

Table 2. Correlations between the investment in advertising and patient flow.

		Investment in ads	Patient Flow
Investment in ads	Pearson Correlation	1	.888**
	Sig. (2-tailed)		.000
	N	21	21
Patient visit countn	Pearson Correlation	.888**	1
	Sig. (2-tailed)	.000	
	N	21	21

Table 3. Regression coefficients for investment in Ads and patient flow and summary.

Model B	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	Std. Error	Beta			
(Constant)	-.579	.466		-1.243	.229
Investment in ads	.768	.091	.888	8.425	.000

R= 0.888^a
 R square= 0.789
 Adjusted R square= 0.778

Std. Error of the estimate= 0.31624

a. Dependent Variable: Patient visit count

Out of 40 centers sampled, about 52.5 percent of the centers interviewed were found to have advertised. The driving forces to advertise mostly were: to attract patients, newly established centers, profit making, and promote their firms in the competing markets. Centers were found consulting the practitioners about the ad content before publishing the ads. It was found that centers advertised mostly disease-wise treatment services, therapies, and laboratory facilities. Of 21 centers having ads, most of the centers reported person-to-person communication and referral by previous clients being the major factor that brought patients to their centers. However, centers in major cities were found to advertise mostly on TV, newspapers, social media and even websites. While those in rural areas relied mostly on Radio, Miking and Newspapers. Similarly, “free health camps” conducted by the centers were also found to be an emerging way of advertising. With the increasing popularity of social media, preference for social media as advertising platforms was found increasing among the centers. However, a big gap between the preference of media for advertising and actual choice of media was found (Figure 1).

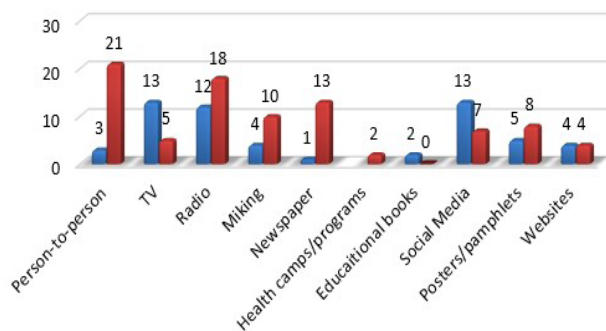


Figure 1. Media preference and practices by private centers with relation to advertisement by numbers.

Almost all centers responded that they had not used phrases like “100% cure”, “guaranteed treatment”.

However, on triangulation, some centers were found to have used such phrases in advertisements. In recent advertising scenarios, such phrases were replaced by phrases such as “successful treatment”, “without operation”. Most centers, in their information boards, were found using the names of many doctors/specialists who do not provide service in that center. Some centers were also found to have advertised to non-professionals as an Ayurveda specialist.

Almost all of the centers shared a necessity of proper law and its enforcement for proper advertisement practices. Some even shared the necessity for proper guidelines, training for conducting ethical advertising. Main cause for patients to seek Ayurveda treatment was found to be treatment from root and with minimal side effects of drugs compared to Allopathic drugs. Though ads helped people to know about Ayurvedic treatment and the centers, the quality of service as claimed in the ads declined with the increasing patient flow due to ads.

Agross assessment of the satisfaction level of Practitioners and Clients from Ayurveda Treatments was done (Figure 2). Most of the practitioners were found to be satisfied because of positive feedback, name and fame earned from profession, fulfilment of the fundamental needs for living, technical and respectable profession, quality and effective services being provided to the most needy people. Whereas, high competition and irregular income, unavailability of good quality medicines (as disturbed by import ban of some Indian medicines), lack of effective regulations of malpractices, patients visiting Ayurveda centers as last treatment hope after testing different treatment systems were found to be some reasons for dissatisfaction side of the coin.

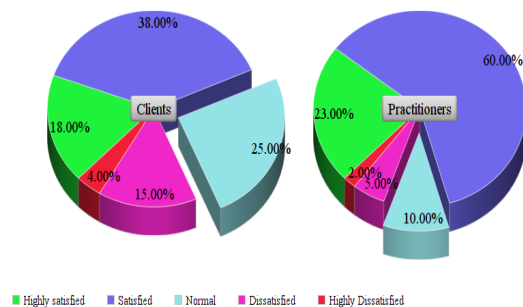


Figure 2. Satisfaction among practitioners and clients with Ayurveda services provided by private centers.

From the patients’ perspective, getting positive results despite seeking Ayurveda as last medicinal visit and hope, no to little side effects, treated from root of diseases, seeing many successful cases, less trouble in

treatment resulted satisfaction while lack of emergency treatment available, slow action of Ayurvedic drugs, some centers having business motive were the reasons for dissatisfaction.

Most of the Key Informants stated inadequate research activities in Ayurveda as a most important reason for the lack of development of Ayurveda. Most of them said that the current development of Ayurveda in Nepal was the outcome of private effort in its expansion, despite a few problems. Ads helped in the expansion of the Ayurveda services. People even are so habituated that they themselves demand for ads. Ads are necessary, in fact mandatory. Even informants disclosed that the government also should advertise its health services. However, ads about unauthorized drugs, in an unprofessional way, were the main problems in the Ayurveda market. Indian origin people were found selling herbs, oils, etc. in the name of Ayurveda at Nepalese street markets, even in rikshaw, carts, and vehicles. In the earlier days, most ads were taking place on walls, through public transportation, and pamphlet distribution in public areas; however, this has managed somehow, and new tools of ads such as through doctors, through camps, through referral services. Firstly, misleading advertising was found through private centers via Radio, TV, newspaper, etc. stating no side effects of medicines; advertising BAMS doctors as the specialized ones and with many rumours about such physicians. Secondly, malpractices in advertising were found through the health camp types of programs, through retailing of medicine, where one medicine is advertised for remedy to all diseases. Thirdly, the defamation of Ayurveda field was found through the street market, where Ayurveda medicines were being sold through quack vendors, and on mobile carts. Ayurveda medicine can be found at most general shops and even in supermarkets. Informants viewed that such practice of having Ayurveda products sold at general shops is a big insult to Ayurveda which needed to be managed properly.

Each of the informants stated a need for definitive laws and bodies for investigation in each province and even censorship of ads before being published. An informant said that in Far-western province, the Public Health Act was drafted and presented to the cabinet to guide and control such misleading ads.

DISCUSSION

Marketing through the advertising establishes the connections between centers, consumers, and government, through a common sharing of health information.⁸ Ayurveda medicine is practiced as

alternative medicine in most of the countries.⁹ The year after 1990 was often quoted for the expansion of private hospitals and clinics because of privatization and liberalization; thereby their advertisement.^{8,10} Similar to this research, literature disclosed about advertising returns in terms of: gaining competitive advantages, increasing their sales revenues, promoting services, and influencing customers.⁸

In the sample of 358 Ayurveda and Alternative Medicinal institutes, research suggested 43 percent had some issues while operating;¹¹ however, this study shows 60 percent having issues of problematic registration, lack of guidance from authorities, low drug quality, etc.

Despite the controlling activities (through seminar, protocols, and directives) by the Department of Ayurveda and Alternative Medicine (DOAA), advertising in Ayurveda was becoming popular and emerging in new forms: client's referral, camps programming and promoting, promotion via market representatives, etc.

Researches have shown the prevalence of Ayurveda services, along with the CAM, among people with chronic diseases as 17 percent to 72.8 percent.⁹ Such an increase in adherence with services was cited- advertising of services and dissatisfaction with Modern Medicines (MM)- particularly, because of their side effects and high costs. Respondents from this research also revealed the adherence of the clients towards Ayurveda services as their last hope to be cured.

Out of 40 samples, this research found advertising practices among 52 percent of the Ayurveda centers. The purpose of creating advertisements in the healthcare setting was to create demand for the services, products, and medicines.⁸ Literature talked about good or bad about the advertisement practices in Nepal. Gopal Thapa stated in his paper that no one can escape from death, tax, and advertising, which means advertising is an unavoidable act in present profit making institutions.⁶ This research reveals it is unethical to have advertising of medicines, rather one can have regulated advertisement for genuine services. Advertisement differs among the organizations.⁶ Looking at the purpose of advertising, mainly for promoting health as communication tools, flow of healthcare information, awareness about the health concerns, and the opportunity to prove centers for their unique properties.⁸

On the one hand, Ayurveda has provided the medical system with less regulations, and without holistic approach in research.⁹ On the other, its advertisement has been linked with the profit-making business. Hence,

such motives have fear of fairness and urging for the regulative means to frame them.

Advertising may result in unnecessary services for patients,¹² damage the image of the medical profession, promote fraud, and hucksterism,⁸ thereby decreasing the quality of medical care.¹³ Findings from this study also favours ethical advertising, regulated by government authorities. It has been noted that the results of advertising at longer run leads to the excessive drug use and creation of artificial demand for health services.^{8,12,14}

In healthcare, advertising needs to be informative rather than persuasive.¹⁵ Ads exerts stimuli in the psychology of the clients, and thus creating the medical shopping behaviour among them. Often ads are for profit-making businesses,⁶ the findings of this study also suggest the expenditure in the ads is compensated with the expensive care through centers.

Almost all participants called for DOAA to take an initiative towards the advertisement regulation in the Ayurveda field. However, literature shows the provision of the Board of Health Advertising under The Health Ministry in Turkey, and provision of fines as well as ads bans.⁸ Banning is common among the private health institutions in Turkey. Likewise, an article by Candice Delmas, argued on the ethical aspects of advertising. It stated the ban in advertising in health care for three reasons: ads threaten the fiduciary relationship on which health care depends; ads creates sufficient externalities on physicians, and the public at large; and ads corrupt the virtuousness of health care.¹⁶ Legal tools like Drug Act, 1978, Consumer Protection Act, 2018, The Public Health Service Act, 2018 clearly made provision for prohibiting misleading medicinal ads and punishment in case of negligence. It is now very important for the consumers where to get valid and reliable information.⁸

CONCLUSIONS

Investment in the advertisement has increased the patient flow in Ayurveda Private Centers of Nepal. The patient-to-patient flow of information was an important medium for getting information about Centers. There is unregulated, haphazard, unethical advertisement predominant in Ayurveda Private centres. This study recommends proper guidelines about advertising, social media advertising, its content and its censorship by regulating bodies before their broadcasting.

CONFLICT OF INTEREST

None.

SOURCE OF FUNDING

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