

IX - FINDINGS AND CONCLUSIONS

CHAPTER IX

FINDINGS AND CONCLUSION

Inferences drawn in the body of the thesis are provided in the form of summary, findings and conclusion in this chapter.

Summary

In the first chapter an attempt has been made to explain the different systems of medicine in our society. These are the system of Ayurved, Homeopathy, Unani and Allopathy. In the State of Tamilnadu elsewhere present in an organized manner. There are Government hospitals and clinics prevailing in the urban areas.

In the second chapter the scholar has reviewed some of the literatures on the different systems of medicine in our society under the headings literatures relating to the use of the different systems in the day- to -day life of the people and Ayurveda siddha, homeopathy, Allopathy, home medicine, doctor and patient relationship, general epidemiology and health, health and family planning, and preventive medicine and self medication.

In the third chapter an attempt has been made to explain the statement of the problem, objective of the study and research methodology. The researcher interviewed the 300 respondents from a Corporation 21 ward of Madurai City. On the basis of this study the researcher has drawn certain inferences on the interaction pattern of people in relation to sickness in general. This study has also thrown light on the use of the different systems of medicine in society. It has revealed the opinion of the people regarding the use of the systems of Ayurved, Homeopathy, Unani and Allopathy. It has also gathered information regarding the use of these different systems in relation to the diseases, the respondents are considered to cure. This study has enabled us to gauge the awareness of the people of various government hospitals and clinics of all systems of medicine

mentioned earlier. It has, in addition, seen, whether the people use the government hospitals. If they do so the reasons for their use and if they do not use, why they do not use them.

This study has also attempted to analyze the following aspects of behaviour:-

- 1) Sickness and its sociological aspects,
- 2) The patient practitioner relationship and role of the family doctor in society,
- 3) Self-medication practice and the media.

In addition the study as covered the socio-economic aspects of the respondents in relation to their age, sex, caste, income, family income, their different forms of wealth, their occupation, occupation of the children or preoccupation of the children, the means of transport used and the means of cooking used.

In the fifth chapter an attempt has been made to analyze the symptoms of sickness, sickness behavior of the respondents, satisfy the cures for their consultation of a doctor, nature of communicable diseases are still present in the city. In the sixth chapter an attempt has been made to examine the awareness and utilization the system of a popular medical system like Ayurveda, Homeopathy and Unani Allopathic medicine. The number of Government Hospitals must be increased, and the quality of treatment provided to the people must be improved.

In the seventh chapter an attempt has been made to examine the doctor–patient relationship is central to the practice of health care and is essential for the delivery of high-quality health care in the diagnosis and treatment of disease. From this analysis the research study makes some observations that this form of practice of having a family doctor is a common one. Besides this it is a successful way of treating illness family and from this basic relationship the individual may be referred for further specialist treatment if necessary. The researcher clear that about the respondents opinion are fully satisfied with their family doctor.

In the eighth chapter an attempt has been made to examine the practice of self-medication, opinion about the self-medication , Utilizations of self medication.

Findings of the Study

The personal particulars of the respondents reveal that most of the respondents belonged to the age group of 15 to 30 years. 47 Percentage of the respondents were of this category and only 1 Percentage of the respondents belonged to the age group of 76 to 90 years. 64 Percentage of the respondents were female whereas 36 Percentage of the respondents were male. It was seen that the majority of the respondents were high caste that is 54 Percentage of the respondents whereas only 17 Percentage of the respondents were scheduled caste.

Regarding the religious composition it may be said that 77 Percentage of the respondents of the respondents are Hindus, 78 Percentage of the respondents lived in concrete houses, Majority of the respondents that is 69 Percentage of the respondents live in houses having 1 to 3 rooms and 58 Percentage of the respondents have stated that their household consists of 1.3 members whereas only 32 have 4to 5members. 56 Percentage of the respondents are residents of Madurai whereas 44 Percentage of the respondents are not residence of Madurai. It was seen that 56 Percentage of the respondents are residents of Madurai district . Regarding the educational qualifications it was seen that 45 Percentage of the respondents, are secondary education pass and only 8 are professional regarding the occupation of the respondents 63 Percentage of the respondents were daily wages and 2 Percentage of the respondents were central government and 24 Percentage of the respondents were manual workers.

Most of the respondents that are 67 Percentage of the respondents stated they do not need any conveyance as they do not work. 2 Percentage of the respondents go by foot to work and 2 Percentage of the respondents by Office vehicle.

66 Percentage of the respondents did not own land and 34 Percentage of the respondents owned land. 11 Percentage of the respondents owned 1 acre 1 percent owned 8 to 10 acres of land. 74 of the respondents own land worth not mentioned the value 2 Percentage of the respondents own land worth 300000. 54 Percentage of the respondents

do not own any house and 46 Percentage of the respondents own house. 78 Percentage of the respondents of the respondents were married and 5 Percentage of the respondents were widowed. All the married respondents had a single spouse only.

Majority of the respondents i.e. 28 Percentage of the respondents spouses use the bike to the work spot whereas 2 Percentage of the respondents use the office vehicle.

Regarding the total income of the family, states that majority are having income below Rs.2,00,000 per year, a minority of the respondents in the range of income Rs.3,00,001 and above per year.

Majority of the 47 respondents use the gas a fuel for cooking and minority 4 Percentage of the respondents use coal and firewood.

A majority of the respondents stated that they use steel and aluminum whereas minority stated they use Aluminums for cooking.

One of the prime concerns of this study was to discuss the sociological factors of illness. It was not so much concerned with the physical ailments as with the social reactions to the illness. Information was elicited as what they considered as illness at the type of illness situations present in their family and course of action taken.

49 percentage of the respondents stated that stomach pain and diarrhea are the illness symptoms for their where as only. It stated bad mental condition to be an illness symptom for thee. The major illness problem cited by 35 Percentage of the respondents of them was diarrhoea and stomach pain and only 4 Percentage of the respondents stated there is no worth mentioning illness in the family. The course of action taken when ill was also seen, 53 percentage of the respondents of the majority people consulted a doctor or took the right course of action whereas 22 Percentage of the respondents seemed to consult neither a doctor after nor 3 days of illness symptoms and after self-medication. It was seen that 91 Percentage of the respondents stayed away from work and only 94 Percentage of the respondents attended their daily work. The care of the sick in the family was left to women. In this study 55 Percentage of the respondents were cared for by women of the household and only 5 Percentage of the respondents by servants in

the house. Apart from staying away from work, the study also attempted to look into the functioning of the ill-member in the household. It was seen that only 39 Percentage of the respondents were in isolation during illness period. They did not perform daily chores along with other members of family and 61 Percentage of the respondents stated they did not boom isolation. 53 Percentage of the respondents stated that they isolate the ill In case of contagious diseases and 47 Percentage of the respondents stated that do isolate the ill fox, all illness. The analysis of the illness behaviour of the despondence gave us an understanding of illness behaviour and. sick role. The sick role analysis of this study re-enforces chronic sick role behaviour. As mostly the respondents were high caste and having mostly an income of the rs.1500/- per month they were able to consult the doctor on being ill. They were also able to abstain from this is a typical illness behaviour pattern of those in good socio-economic positions. This may not have been possible with the deprived sections in society. From this study we may state that the illness deviance perspective applies to the high income group positively.

As this study was primarily concerned with the use of the different medicinal systems in the society, it was concerned in drawing ample information about them. The opinions of the respondents on the systems of Ayurveda, homeopathy, Unani and Allopathy were collected, 67 Percentage of the respondents, of the respondents stated that Ayurveda was not used by them and not known to them. Only 2 Percentage of the respondents stated that Ayurveda had too many diet restrictions. 64, Percentage of the respondents stated that homeopathy was not used by them and only 1 Percentage of the respondents stated that both homeopathy and Ayurveda were alike. Regarding unani 87 Percentage of the respondents do not know much about it and only 1 Percentage of the respondents state it is easily available and 1 state it is used in extreme illness only. Regarding allopathy 7 Percentage of the respondents of the respondent's state it is easily available and only 1 Percentage of the respondents state they use it as a last resort.

Regarding the systems of medicine that are used by them, 60 Percentage of the respondents state they use allopathy and 34 Percentage of the respondents state they use Urani, Ayurveda and Allopathy.

The majority or 81 Percentage of the respondents of the respondent's do not use Ayurveda and only 3 Percentage of the respondents they use it for general health and toning of the system. In case of homeopathy 67 Percentage of the respondents are not using it and only 3 Percentage of the respondents use it for children to avoid strong anti-biotic drugs of allopathy. 87 Percentage of the respondents are not using Unani and only 4 Percentage of the respondents use it for digestive ailments. 91 Percentage of the respondents state they use allopathy for all ailments 9 Percentage of the respondents only for acute ailments.

Regarding the awareness of the hospitals the researcher see that 59 Percentage of the respondents are aware of Ayurvedic government hospitals and clinics and 41 Percentage of the respondents are not aware of the same. 57 Percentage of the respondents are aware of government home clinics and hospitals and 43 Percentage of the respondents are not aware. 84percentage of the respondents are aware of the government clinics and hospitals and 16 Percentage of the respondents are aware of them. 96 Percentage of the respondents of the respondents are aware of government allopathic hospitals and clinics; whereas 4 Percentage of the respondents are not aware.

The awareness pattern nowhere indicated the usage of pattern. The researcher need 54 Percentage of the respondent's state they do not use government hospitals or clinics only 46 Percentage of the respondents use them. The common reasons for using them were given by 72 Percentage of the respondents as used only in acute emergencies. 9 Percentage of the respondents used as they got compensation or free treatment. Reasons for not using seemed to be too much rush and too for placement of government hospitals and clinics for 43 Percentage of the respondents of the respondents. 29 Percentage of the respondents steted proper attention is not there, so they do not use.

The present study clearly state that the respondents did not have any consolidated opinion regarding the systems of Ayurveda, Homeopathy and Unani. They were ignorant of this system. Therefore they did not seem to use then except in chronic conditions, where they were not happy with allopathy. Allopathy seemed to be the desirable end to all inners and the other systems were the last resort.

In case of awareness of the government clinics and hospitals over 50 Percentage of the respondents were aware of Ayurvedic and homeo-clinics and hospitals. But this awareness in no way led to usage of them as indicated by them. Regarding Unani, the study showed that it was lagging behind the other to Ayurveda and Homeopathy. This was in the case of usage and awareness as well. It was also being used for chronic ailments.

From this study it was revealed that government hospitals were not that much liked by the people. They were mostly used only in acute emergencies. People were unhappy with the pressure of patients in the government hospitals and with the poor treatment. Those who used them also did so in acute emergencies.

This study revealed that homeopathy was ranking second to alopathy, followed by Ayurveda and Unani.

This study also threw light on the patient-practitioner relationship. An analysis was made on the expectations of the respondents regarding a family doctor, the norms operating in the choice of a family doctor, the extent of this practice of having a family doctor and the referral system operating in the consultation of the family doctor. This was undertaken because there is a belief that specialization has led to frustration and confusion for the patient. The practice of having a family doctor seems to have increased because of this world of specializations; as the family doctor decreases the gap between the patient and other specialists of the medical world. 81 Percentage of the respondents are had a family doctor and only 19 Percentage of the respondents did not have one. 42 Percentage of the respondents revealed that qualifications and good diagnosis signify a good doctor and only .5 Percentage of the respondents stated that a good doctor should rot charge too high. 45 Percentage of the respondents of the respondents in the star had M.B.B.S. doctors as their family doctors against 1 Percentage of the respondents who did not quote a medical degree.

The most common factor operating in selection of family doctor seems to be closeness to the respondents' houses. This was so in the case of 39 Percentage of the

respondents and only 7 Percentage of the respondents stated that a friend was their family doctor.

Caste was not an important factor in choice of doctor. 49 Percentage of the respondents stated their family doctor as not of their caste and only 11 Percentage of the respondents stated that he belonged to the same caste as theirs. 71 Percentage of the respondents stated that the family doctor was of their reason only whereas 29 Percentage of the respondents stated belongs to another religion.

The family doctor does not seem to participate in family functions as in the case of 56 Percentage of the respondents and 44 Percentage of the respondents state the family doctor participates in social functions. 63 Percentage of the respondents of the respondents state that their family doctor refresh them to other specialists against 37 Percentage of the respondents who state that they are not referred to any doctor.

From this study it is seen that the practice of having a family doctor is prevalent among a majority of them. The respondent's opinion of a good doctor seemed to be one who was qualified and diagnosed well. The respondents were rational in their choice of family doctor. The norms operating seem to be qualifications and good diagnoses. 7 Percentage of the respondents of the respondents were having qualified doctors only as family doctors. Caste did not seem to play an important role in choice of doctor. Earlier studies showed that the family doctor was one belonging to same area, same socio-economic and ethnic our as far as area was concerned it was true but not so with the caste factor. On the other hand religion of the family doctor was the same as that of the respondents in majority. This is not much significant as most of the respondents are Hindus and the practitioner may also be Hindus. In this study it was revealed that the role of the family doctor was limited to treatment only in majority oases. The researcher did not play a social role by participating in social gatherings of the respondents; it was observed that the practice of having a family doctor was a common one and a satisfactory one too. It seemed to be the ideal relationship from their sickness was treated at this step only or further referred to specialists as in majority of the cases.

Data was also collected on the practice of medication this was to see the medicinal system used and the stage of formal medical care besides seeing the extent of self-medication. The study revealed that 53 Percentage of the respondents do not keep any drugs at home for the purpose of self-medication and 10 Percentage of the respondents use leftover drugs. 51 Percentage of the respondents do not practice self-medication and 49 Percentage of the respondents say they practice it.

Regarding the treatment of certain common ailments certain conclusions were drawn. In case of chicken pox and measles 47 Percentage of the respondents followed traditional treatment and 12 Percentage of the respondents combined doctors treatment with traditional. For cold, fever and headache 48 Percentage of the respondents consulted a doctor and 15 Percentage of the respondents used homeopathy on their own. The media operating in self-medication was not suggestion by friends as 85 Percentage of the respondents did not take friends suggestion and only 15 Percentage of the respondents did. Mass media did not play a significant role in self-medication as 68 Percentage of the respondents stated only 32 Percentage of the respondents state that 70 Percentage of the respondents use allopathic in self-medication and 30 Percentage of the respondents use homeopathy. The common reasons for this practice seem to be provision of relief as in the case of 47 Percentage of the respondents. Only 16 Percentage of the respondents state that it is helpful as well as not harmful. The opinion on self-medication was taken. Majority or 51 Percentage of the respondents say it is harmful and 7 Percentage of the respondents say it saves money and time.

Regarding the stage in consultation of a doctor, majority or 47 Percentage of the respondents state that when self-medication does not work then doctor should be consulted. 17 Percentage of the respondents state that doctor should be consulted after for 2 days of rest, if symptoms persist.

This study revealed that self-medication is present among 49 Percentage of the respondents of the respondents. The present study clearly to say about the ailments the people practiced self-medication as they resorted to traditional treatment in chicken pox and met the doctor mostly for cold, fever and head-ache.

Conclusion

The responses of the respondents about the use of systems of medicine in Madurai district in the study area reveal that they are satisfied with the different systems of medical facilities available in Health care institutions to fulfill their the health needs. Most of the respondents were aware of the dangerous implications of self-medication but the reason for its practice was relief from pain with some medicine of their own knowledge. Hence the present study states that knowledge and utilization of medicinal system and the easy availability of drugs lead to self-medication. In the present study the researcher clear that allopathic followed by homeopathy the people practiced the self-medication process. As a result the poor people have not made use of the all health care systems available to them. The Government should take steps to create awareness about various systems of medicine implemented through various programmes so that all the people could get the benefit of the utilization of the various systems of medicine