CHAPTER 10

Summary & Conclusions
(Recommendations)
Inception:

Mounting pressure on the management of civic amenities on account of population explosion, increasing health hazards due to the insensitivity of the society and social welfare bodies, high magnitude of unawareness and environmental pollution due to poor rate of literacy and ineffective healthcare communication are some of the critical problems necessitating an overriding priority to medicare and healthcare management. The government policymakers, social reformists and activists and NGOs bear the responsibility for making available to the society quality services so that physically sound human resources contribute significantly to the process of human capital formation. It is really amazing that even after over half a century, the policy planners have not been successful in ensuring even basic medical aid to the poorest of the poor. In the Indian villages, we find the efficiency level of rural health centres almost dismal. The neglected women and children need due attention to activate the process of social transformation.

Unawareness leads to multi-pronged degeneration. In the Indian context, we find even the educated segment of the society not well aware of the health care devices; then, what to talk of illiterate and insensitive segments. The public even now fail to understand the instrumentality of food habits, nutritional awareness, potable water, sanitation services, Yoga and Pranayam in keeping a sound physique. This reduces their resistance power and they are prone to a number of diseases. We often talk about accelerating the rate of human capital formation but the task will remain unfulfilled unless the masses get healthy environment to make themselves stronger. The government exchequer finds it difficult to meet the increasing financial requirements of hospitals and health centres. They are not even allowed to mobilize finance from the internal sources by rationalizing the fee structure. The task of mobilizing donors and exploring possibilities of donations from different segments of the society have virtually stopped. These negative developments have aggravated the problem of financial crunch. It is because of this we find a majority of the hospitals and healthcare centres almost dying.
GOALS OF THE STUDY:

The following are the main Goals of the study:

1. To make analytical study of the advantages derived by the hospitals in creating awareness to prospects and customers regarding the medicare services i.e. quality services at a justifiable price structure.

2. To understand that the social marketing principle focuses on making available the services even to those sections of society who are not in a position to pay for the services.

3. To see to it that there is a mass awareness, so that prospects and customers change their living conditions, life-styles, food habits.

4. To know the broader perspective of promoting medicare services.

5. To use sophisticated communication technologies for medicare services.

6. To study the difficulties coming in the way of medicare services and to offer better services to the clients.

DOMAIN OF THE STUDY:

1. To find out the awareness level amongst Prospects and Customers with regard to medicare Services in selected Hospitals in and around Pune Region during the period 1999-2003.

2. To find out about the advantages derived by the hospitals in providing quality services at an justifiable price structure.

3. To find out whether social- marketing principle is being followed in Hospitals.

This Study is mostly related to the following aspects with regards to its scope:

1. To keep users satisfied: We are well aware of the fact that the main purpose in the process of offering quality services is to satisfy the users and to go ahead with the process without gap.

Like other non-profit making organisations, the hospitals are also required to satisfy the
customers and the principles of marketing may help them substantially in the process. If the doctors and the nurses are soft, sympathetic, decent and show empathy, the users would be satisfied. Of course, the quality of medical aid made available to them is actually significant but we cannot devalue the instrumentality of behavioural dimension in activating the process of satisfying the users. In the Indian perspective, the hospitals and healthcare organisations plan and act with this realization that core services are the only thing that they need to offer; but, this is not the only thing the users expect from them. By conceptualising marketing in a right fashion, they should build a strong foundation for both, viz., they offer quality medical aid and show personal-touch in service. Thus with the fulfillment of their expectations, the users feel satisfied with the hospital personnel in general.

2. **Time-honoured services**: In the hospitals and healthcare organizations particularly, we find time management much more impact generating as this influences the success rate of treatment-plans. With the passage of time, a number of developments have taken place in the medical sciences based on the contributions of new generation of bio-medical equipment and apparatus. Sophisticated equipment and machines have virtually transformed the whole process on medicare management. The diagnostic and treatment devices have completely changed. We call them inputs which play a contributory role in the process of qualitative transformation. Generally, the hospitals find it difficult to install new generation of expensive bio-medical equipment due mainly to financial constraint. In the government hospitals, the results are very disappointing because they have not only failed in replacing technology but also in maintaining and managing the new generation of sophisticated technologies. No one can expect quality services mix from the poor, substandard, traditional equipment and apparatus.
This makes it clear that hospitals have to give due weightage to the time-bound development plans to cater to the changing requirements and expectations of users.

The principles of hospital marketing focus on setting the fee structure in such a way that hospitals are in a position to improve the quality of inputs. Not only this, the principles of Social marketing make it essential that different profit-making organizations help hospitals in solving the financial problem so that they rationalize the fee structure and open new vistas for the generation and mobilization of financial resources from different sources till now partially tapped or even untapped. All these developments, help hospitals in improving their services profile. It is also against this background that it is essential to practice the modern principles of marketing techniques in the hospitals and healthcare organizations.

3. Inculcating mass awareness: The hospitals and healthcare organizations should play a positive role in creating mass awareness since the Indian society has a low rate of literacy that complicates the task. A majority of the population are unaware of the food-borne, water-borne, pollution-borne, vector-borne and communicable diseases. To be more specific, the masses living in the rural areas are innocent, illiterate, taking least interest in the healthcare devices. The principles of social marketing are needed to make hospitals and healthcare organizations accept the responsibility of making the healthcare education or communications more creative with the support of audio-visuals and creative advertisement and publicity measures. The hospitals are not only responsible to offer the curative services but they also have to give an overriding priority to the preventive services. They should enlighten potential users or users about the impact of food, water and healthy living conditions on the disease profile.

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hospitals with the support of professionally sound managers, can succeed in inculcating mass awareness which would minimise the pressure on the hospitals. Then, there will be a sharp fall in the number of patients coming to the hospitals. Unlike other profit making organisations, the success rate of hospitals depends upon their contributions to bring down the number of its users.

4. Identifying the thrust areas: When marketing principles assign due weightage to the innovative measures in tune with the changing requirements, the identification of vulnerable areas is possible. In context of medical services, viral diseases, communicable diseases, child care, women care, drug addiction are to influence the disease profile. In the Indian perspective, it is pertinent that we have a special task force to resolve the sensitive issues. We need to activate child immunisation, vaccination, pre and post-maternity care, immunization, a crash programme for eradication of malaria, cholera, leprosy, typhoid and so on.

The marketing principles accord an overriding priority to the thrust areas so that the possibilities of breaking out of disease are minimized. The principles of social marketing advocate in favour of a transcendental priority to this segment of the catchment area which would simplify the process of making the services effective. An indepth study of catchment areas, a survey and research into different diseases profile will make it possible to learn about the thrust areas, and vulnerable regions. This also supports the application of marketing principles in the hospitals. It is important to implement effectively disease control programme in the thrust areas.

5. Identifying the vulnerable segment: From the point of health-care services, we find some of the segments of vulnerable nature necessitating special medical aid and care. The backward villages, urban slums, rural women and children, population close to the industrial towns and
cities are considered to be the vulnerable zone. To make available the best possible medical aid to them, it is essential that we have detailed information regarding the nature and character of the problems. This draws our attention to the development of an information network so that hospitals get the news related to the required medical care. Earlier we have talked about the management of information system and we find marketing information system an essential part of marketing activities in the healthcare organizations. The societal marketing principles favour a transcendental priority to this segment of the population and the modern hospitals assign due weightage to the development of information technology.

6. **Behavioural dimension would be given due weightage** : There are justifications for conceptualizing marketing in the healthcare services because the behavioural dimension is an essential part of marketing management. To be more specific in a majority of the government hospitals, there is no place for behavioural dimension. In the syllabi for medical education, the behavioural dimension is neglected. The application of marketing principle opens avenues for behavioural studies even in the healthcare sectors. The hospital personnel are required to understand the changing behavioural profile of patients and attendants and they should be held responsible for decent, polite sweet, sympathetic treatment.

10 **Cost-effectiveness is made possible** : Of late, we find almost all the organizations assigning Weightage to cost economy which is based on making the process of managing the services cost-effective so that the services are pocket-friendly or affordable. The Marketing principles explore avenues for bringing down the costs on generating and distributing the services to the end users. The management of hospital materials, stores, human resources and finance became significant.
for cost economy. Here, we find almost all the hospitals making sincere and honest efforts to maintain cost-effectiveness. It is essential that a hospital manager is able to get the right quality of hospital inputs, bought at a reasonable price and generating right quality of outputs. Therefore hospital marketing is being practiced.

8. A Rational fee structure is possible: With the application of marketing principles, it is possible to make the fee structure rational. The principles of societal marketing show’s that the benefits of scientific developments and advancements should also be harnessed by weaker sections of the society. It is essential that the hospitals or healthcare organizations resort to a fee strategy that is acceptable to the masses. When we talk about pocket-friendly fee strategy, our focus is on subserving the interests of weaker sections on a priority basis. Income-wise, setting of a fee structure can be a judicious approach to improve the financial health of hospitals. It is an important managerial problem requiring due attention of the hospitals policy makers. Shrinking financial avenues stressed that the hospital personnel make innovative efforts to generate and mobilize necessary finance.

9. Motivating Personnel: The slogan of quality in totality cannot be translated into meaningful purposes unless the hospital personnel offer world-class services. Promotion in the services is an important factor of motivation instrumental in influencing the different echelons of management. Showing empathy, personal touch in service, decency in behaviour etc, are substantially based on the motivational plans or schemes. The marketing principles argue for a plan which is linked to efficiency. When para medical or medical personnel setup a camp in the rural areas in case of epidemics the hospital manager is required to set up a camp with necessary precautions as per the required norms.
In view of this, it is right to mention that the process of application of marketing principles in the hospitals and healthcare organizations should be simplified, if the policy makers of government and private hospitals are really interested. We consider a hospital as a social institution. The hospital capable of personnel should be made aware of the organizational goals to make sincere efforts to succeed. Besides the question of survival is a major problem of growth and prosperity. Hence, hospitals and healthcare organizations are a social institution, it is important to give due weightage to public interests. Marketing principles help in professionalizing the services in tune with the defined goals and targets. Thus the hospitals can generate their own financial resources. In the Indian perspective, the public are not in a position to afford the expensive services of private hospitals. Unless we allow the government hospitals to mobilize financial resources from the internal sources, the problem of financial crunch will not be solved.

The marketing principles can help a manager in understanding the changing behavioural profile of the patients and attendants. A study of the behavioural profile is an essential part of marketing. Satisfying the customers/users/patients is the main objective of management of marketing.

The hospitals and healthcare organizations thus need to give due weightage to the application of marketing principles. By conceptualising modern marketing and analysing the problem in the face of societal or social marketing, a hospital manager succeeds in solving a number of problems. It is against this background that we strongly advocate the application of marketing principles in the healthcare organizations. Even in private hospitals, marketing is essential as in the case of the government hospitals.

By conceptualizing marketing, we normally mean charging more or abnormal fees and earning profits but our focus in a true sense is on improving the quality of services, understanding the expectations of patients and attendants and thus processing the services in such a fashion that
makes the task of satisfying the users easier. We find some of the leading private hospitals practicing the same and hope that others would also promote such efforts. We do feel that even the government hospitals should implement and thus there needs to be an attitudinal change in the policy makers.

TECHNIQUE OF THE STUDY :

(a) Sampling Method and Selection of Hospitals : The Sampling method used was Stratified Random Sampling and under this Proportionately Stratified Sampling method was used. The representatives of Private as well Public Hospitals were selected from the areas of Kothrud, Shivaji Nagar, Chinchwad, Thergaon, Akurdi. Initially Public Hospitals were approached. In all 150 Questionnaires were prepared. 125 Questionnaires were circulated. 90 Hospitals have responded. 35 Hospitals have not responded for one or the other reason. In the case of 4 Public Hospitals Questionnaires filled in were incomplete. In few Hospitals the management had not allowed to make any survey. Some of them refused to provide Information regarding the Hospital Management. Near about 84 Hospitals were selected which had provided complete and full information about their Hospital Management.

(b) Interview of Doctors/ Administrative Heads of Hospitals : The Doctors of the Hospital were interviewed for collecting information and filling in the Questionnaires prepared for the study. In few Hospitals where the Doctors were not available in such cases, Administrative Heads of the Hospital had provided the information for the purpose of the study. The Administrative Heads of the Hospitals were very helpful in all ways while collecting the data. They provided full co-operation in providing useful information regarding the Hospital Administration and Management.
(c) Interview of the Patients/Customers of the Hospitals: Some Patients/Customers of the Hospitals were interviewed for getting information about their awareness level of the Services of the Hospitals. These Patients were interviewed with the help of a Questionnaire to find out their satisfaction level.

(d) Interview of the Prospects of the Hospitals:
Some Prospects of the Hospitals were interviewed for getting information about their awareness level of the Services of the Hospitals. These Prospects were interviewed with the help of a Questionnaire to find out their satisfaction level.

Duration of the Investigation: The selection of the period of the study mostly depends upon the objective of the study. The objective and aim of the study is to make the analysis proper hospital administration system and the awareness level amongst patients/customers and prospects of the hospital. I have selected the period of 5 years for my study which is the year 1999-2003 in consultation with my guide Dr.(Mrs) V.S. Devdhar. The reason being that recently the healthcare industry was at the crossroads, still unsure which way to go. Today, it is in for exciting times. Low costs, combined with excellent facilities, have provided the perfect formula for India to become a major player in the $2.8 trillion worldwide healthcare industry.

Today the cost of healthcare in India is only one-tenth the cost in the US in cases of major surgeries. With costs of providing healthcare low, and with global standards available, the world can not compete with us. The cost of a heart surgery at Apollo is $2,500 as compared to $30,000 in the US. Bone marrow transplants costs $50,000 in India as against $400,000 in US.

India’s attraction as a low cost, high-quality center for healthcare may be new but the signs are visible. In 1998-99, Apollo Hospitals conducted heart surgeries on 91 patients from Tanzania. In Chennai, Apollo treats around 30 Sri Lankans a day. As many as 40 patients from Muscat are registered in Apollo hospitals and clinics in Delhi, Chennai and Hyderabad. Healthcare not only brings in direct purchase of healthcare, but it also encourages a lot of expenditure, on travel, lodging and boarding. Which, translated, means foreign exchange”. And India has enough embassies and tourism development corporations to spread the message.
However government policies, as they stand, are not conducive to more private participation in the healthcare, when compared to neighbouring countries. “Sri Lanka, offers a 100 per cent customs duty exemption on all equipment for the hospital, medical or otherwise. And if the project cost were to exceed Rs. 100 crore, the hospital would be eligible for a 12 year tax holiday”. However such elaborate incentives are not necessary, though some basic incentives need to be provided.

The Government does not provide any money to this sector, and it should not, it should act as a facilitator. “Lots of foreign investors are keen on investing here, but are shying away due to the lack of tax and other incentives”.

Simultaneously, there is a need to look into the financing of individual needs. In the US, around 72% of the people are covered by medical insurance, right from basic check-ups to major surgeries. “Insurance reforms, back on the burner due to political upheavals, have to be implemented in order to enable people to obtain the benefits of high-quality healthcare”. Apollo Hospitals has already come out with a scheme, insurance for which is currently provided by General Insurance Company and its subsidiaries.

Looking at Pune being a cosmopolitan hub of the country. And with the I.T sector and I.T enabled Services Sector’s mushrooming very fast. There is a need for sophistication of the Medicare Services, and also that these services should reach every strata of society. And that is the reason why this period of 1999-2003 I have taken into consideration, as during this period these sectors had progressed drastically and contributed to the Indian economy and our still continuing doing the same. The impact of this sector on the Medicare sector was also very powerful. Hospitals will soon go hi-tech, not so much in terms of sophisticated medical equipment, but in that a patient’s kith and kin can virtually visit him/her from any part of the world and the patient too can communicate with them and relieve their undue anxiety.

Bangalore has emerged as a pioneer in the design of an interactive website used in making virtual visits to hospitals, thus introducing a human element hitherto unthought of. This breakthrough in the usage of information technology for patients, was achieved by the Bangalore-based ‘Think Ahead’ incorporated, designing the website for a hospital here.

The primary advantage of this technology is the mitigation of undue anxiety of relatives particularly sons.
and daughters, children of patients who settled abroad – who cannot be at the side of the patients undergoing treatment for a heart ailment or a major surgery. The ‘Virtual Family Visit’ allows relatives to see real time images of patients through audio video files which can be downloaded on their computer by entering the hospital website through the internet. These files of the patient are shot by the hospital using Webcam to show the convalescing patient and his message for his family members.

The files are then unloaded in the hospital website. The family members can also communicate with the patient by way of sending on-line get well cards to patients. Besides, they can also get reports of the patient’s condition from the doctor-in-charge, if the relative so desires. Wockhardt Hospital, where the Virtual family visit is in use, the relatives are physically able to see their near and dear ones recuperating from the treatment which avoid emotional trauma. This facility in hospitals is particularly useful, when a relative, is unable to rush to the hospital to be physically present due to various reasons. Besides, the patient himself is to be on the road to faster recovery when he communicates with his loved ones.

The use of web technology for virtual hospital visit here is said to be the first of its kind in the world. The claim may be true considering that family bonds in the country are very strong and even extends to close relatives. It may also be one of the reasons, why such a facility had not been thought of in other parts of the world. Besides, scaled-down joint families are still prevalent, where this technology would come in handy. The success of this facility is revealed by the fact that there were as many as 8,000 hits within two months after its introduction some time in May 2000.

**Sources of Information:**

A) **Primary Source:**

The data pertaining to this study has been collected in the following manner:

1. Interviews of Doctors of Hospitals/ Administrative Heads of the Hospitals.
2. Interviews of Patients/ Customers of Hospitals.
3. Interviews of Prospects of Hospitals.
4. Written Questionnaires used for the Interview purpose of Doctors of Hospitals/ Administrative Staff.
5. Written Questionnaire used for the Interview purpose of Patients/Prospects of Hospitals.
(B) Secondary Source:
1. Standard books on Hospital Administration and Management.
2. Important Journals, Magazines, Survey Materials, Periodicals, Reports, Booklets, Newspapers Published in India and Abroad.

Coverage of the Study:
As mentioned earlier, in this study, 150 Questionnaires were prepared, 125 were circulated out of which 90 were properly filled in by the Hospital Administration Heads/Doctors, 6 were incomplete hence 84 questionnaires were selected. The total Patients/Customers, Prospects that were interviewed for the study is about 240-250. The Hospitals included Private/Government/Semi-Government, these I have studied carefully according to the purpose and objects of the study.

Drawbacks of the Study:
This Study is mainly concerned with awareness amongst prospects and customers with regard to medicare services in selected hospitals in and around Pune Region.

Following are the main Drawbacks of the Study:
1. This study of awareness amongst prospects and customers was mainly confined to hospitals in and around Pune Region, i.e mainly the urban areas so the findings of the study are related mainly with the urban areas.
2. There are several government hospitals in and around Pune region. 125 Questionnaires were circulated. But I could select only 84 companies for the purpose of the study.

3. The term awareness includes knowledge about certain things. Thus awareness in this context refers to the knowledge about multifarious facilities offered by a wide spectrum of hospitals to various beneficiaries, and here these include prospects and patients of the hospitals.

4. Most of the Government Hospitals were reluctant in giving vital information. As they felt this information would be misused.

5. The focus of this study is to know whether social marketing principles are being practiced in hospitals for the benefit of the beneficiaries.
6. This study mainly depends upon the primary data as well as information collected through the books, periodicals, newspapers, magazines, and reports published i.e Secondary data.

**Layout of the Thesis:**

The study has been arranged as under:

**Chapter 1:**

*Introduction:* This chapter begins with the introductory aspect such as meaning, scope, significance of the topic, objectives of study, sources of data, methodology and chapter design.

**Chapter 2:**

*Medical and Health Services an Overview:* This chapter focuses on the number of factors to justify the application of Social marketing principles in the hospitals, such as satisfying the users, providing quality services, inculcating mass awareness, imparting behavioural knowledge, cost effectiveness in the services, a rational fee structure to protect the interests of all. And also the overview of Organisational Structure of Hospital’s is projected.

**Chapter 3:**

*Creating Awareness about the Medical care Services:* This chapter will throw light on the sophisticated communication technologies and the hospitals and other healthcare centres are required to promote in such a way that in addition to informing the prospects and the customers they also succeed in inculcating mass awareness.

The difficulties faced by the customers will be studied. However optimization of the promotion budget needs to be done.
Chapter 4:
Marketing Communication: This chapter will present more details about the combination strategy of using Advertising, Personal Selling, Public Relations etc.

Chapter 5:
Strategic Marketing: This chapter presents the significance of strategic marketing and the formulation of strategic marketing.

Chapter 6:
(A) Other Dimensions of Marketing-Mix:
This chapter presents other dimensions of Marketing-Mix like Product-Mix, Price-Mix, Place-Mix. This chapter also throws light on the concept of People-Mix and Physical Attractions.

(B) Overview of Diversified Services in Hospital Management:
This Chapter throws light on the diversified Services in Hospital Management like Administrative Services, Medical Services, Nursing Services, Support Services, Public and Staff Affairs, Engineering Services, Telecommunication System, Environmental Control, Solid Waste Management, Drainage System, Safety & Security, Transportation.

Chapter 7:
This chapter presents the Research Methodology used in this thesis.

Chapter 8:
Analysis of Questionnaires:
This chapter incorporates analysis of questionnaires i.e. Results and discussions which were made. It highlights the result of the data collected and the analysis of the study is presented.
Chapter 9:
Findings of the study is presented.

Chapter 10:
Summary & Conclusions(Recommendations) - This chapter will include the Recommendations made by the Researcher. The application of marketing principles in the hospital services becomes significant as with their help there is a fine fusion of providers and users interests is possible. The users naturally expect world class services and the providers judiciously want at least a reasonable return on the invested capital. Particularly in the developing countries and to be more specific in the Indian environment where weaker sections of the society are not in a position to reap the benefits of latest developments in the field of medical sciences, it is essential that the government hospitals, by reformulating their functional management, attempt to satisfy the users.

The Promotional decisions are also required to be made rational. This necessitates strengthening of the personal promotion measures by motivating doctors, para-medical officers, nurses and other window staff. In addition to the development of professional excellence, they also need behavioural training to satisfy the users of the services. Further the advertising and publicity measures divert a close attention of the policy makers.

The Thesis also contains:
(i) List of Hospitals where - Survey and Interviews were conducted.
(ii) Questionnaire for Hospitals, Prospects and Customers. (iii) Bibliography.
The and foremost task before the hospitals is that they should satisfy the Prospects and Customers by making available to them the quality services. We cannot deny the fact that in the medicare services in addition to the medical aid, a number of other factors also play a significant role. If the doctors and nurses are found soft, sympathetic, decent to the patients; the time lag for curing a patient is minimised fantastically. Of course, the medical aid play a pivotal role but the supportive services also play an incremental role without which the duration of treatment is increased considerably. In the Indian perspective, the core medical personnel lack this dimension. By the marketing of medicare services, there can be a strong foundation for both, e.g. the best possible medical aid and a personal touch in the service.

With the passage of time, it has been observed that the developments in the medical sciences based on scientific inventions and innovations. Sophisticated equipment and technologies have now virtually transformed the whole process of treatment. This can be identified as inputs which play a decisive role in improving the quality of services. Of course, the sophisticated equipment are found expensive and therefore in normal course, the hospitals find it difficult to install them. In case of government hospitals, the financial bankruptcy stands as a major barrier. Since the quality inputs are not available, the quality outputs cannot be possible. Ultimately, the patients suffer, therefore the quality inputs should be there inorder to get quality outputs or else the patients suffer. The marketing principles should be followed in most of the private hospitals so that the fee structure should be set in such a way that it helps these private hospitals in having quality inputs so a discriminating pricing policy is instrumental, specially to serve the poorer sections of the society. Thus these private hospitals can rationalise the fee structure and charge from different users fees according to their income proportions. And in this way it will pave avenues for the generation of
funds from internal sources and enable private hospitals in formulating a sound service mix for making available to the users the time honoured services. And thus in this way it will imply the application of societal marketing principles.

Most of the private hospitals should make the prospects aware of the diseases borne by water, sanitation, food, family planning and environmental conditions, in order to reduce the cases of ailment. In our Indian environment, the prospects living in the rural areas are not aware of sensitive issues influencing their health conditions which increases the cases of ailments. So these private hospitals should take the initiative in making them aware of these ailments which could occur and how to take preventive measures, and these private hospitals should have implication of marketing – mix in order to promote health care services. These private hospitals with the help of through professionals can innovate advertisements which would inculcate mass awareness vis-à-vis would minimise pressure on these private hospitals. Thus to create mass awareness the application of societal marketing principle is a must.

Thrust areas should be identified by both the private as well as the Government hospitals, because unless these thrust areas are identified the service programming cannot be effective. In the context of medicare services, the viral diseases, communicable diseases, child care, women care are found sensitive areas to be assigned due weightage by most of private as well as the government hospitals. Vulnerable segments should be identified by most of the Private as well the Government hospitals. The vulnerable segments such as backward villages where infrastructural facilities are not available, rural illiterate segment found less receptive, women segment mostly found weak and very receptive to diseases, child segment not immunised and very weak, there should be efforts to make available the best possible medical aid to them, it is essential that detailed information regarding vulnerable segments should be possessed by these hospitals.
In most of Government Hospitals the Behavioural dimension is missing and no due weightage is given to this aspect, and hence weightage should be given to this concept by these government hospitals. The medical personnel in general and the front-line personnel in particular need an indepth knowledge of ‘behavioural management ’ this helps in minimising the duration of treatment . If the doctors, nurses and other staff are found behaving decently the users or patients recover very fastly. While marketing medicare services it is important that the behavioural profile of different segments of society should be studied these government hospitals.

Most of the private hospitals should minimise the cost of the services. These private hospitals should have a action plan, a set goal and a well thought strategy, the duration of treatment can be minimised substantially and thus naturally the service costs would be reduced.

Private hospitals should inculcate societal marketing principles in order to have a rational fee structure, which provides an opportunity even to the poorest of the poor to avail the services. Emphasis should be laid on a rational fee structure. A fee structure on the basis of income can be set. This enables the private hospitals to generate finance for initiating qualitative-cum-quantitative improvements in the medicare services.

It is very important that both the private and the government hospitals have ‘Universal Immunisation’. Vaccines are the most cost effective agents for the control of communicable diseases. A revolution is needed on the vaccinology front. The immunisation programme can benefit the society in many ways. A reduction in the infant mortality rate is the result of child immunisation. Aggressive marketing is needed and Pulse Polio Programme is a part of this strategy which has, of course received a positive response in the urban areas but in the rural areas, the result is not the same, as it is gradually picking up. Aggressive door to door marketing is the need of the hour i.e personal selling should be focused more.
➢ The spread of Vector-borne diseases should be reduced drastically by the initiative of both the private as well as the government hospitals. The tribal area is found most vulnerable since more than 60 per cent of the more dangerous P.Falciparum malaria are in the tribal areas. The private as well as most of the government hospitals their research centers need to promote research to devise an appropriate solution to this problem.

➢ The Unicef Report on Progress of Nations 1997 states that the developing countries in general are in the grip of several deadly diseases among which the Acquired Immuno-Deficiency Syndrome(AIDS) occupies a prominent place. In addition, the United Nations Programme on AIDS(UNAIDS) reports that a mix of poverty, inefficient public health service, boom trend in population other like factors make a region vulnerable to this dreaded disease. It is a undoubted fact that India is a country with the single largest number of HIV infected cases in the world and undoubtedly this number is increasing rapidly. As per the survey conducted by the National AIDS Control Organisation and its surveillance centers in the country till May 1997 out of the total 3.03 million samples screened from high risk groups and clinically suspected cases of AIDS, 56,409 were found HIV positive. India has around 5 million HIV positive cases and over 0.1 million cases of AIDS. The private and the government hospitals should try their level best to inculcate mass awareness. A serious action is required to prevent the spread of the disease either by legislating laws or by creating mass awareness. For this the private as well as government hospitals should have a combination of planned strategy and adequate financial and technical resources are required. The government should target its efforts more on high risk groups. Motivating them to change their sexual behaviour and distributing condoms is a primary step to curb the disease, following it up with speedier action plans for early treatment of sexually transmitted diseases. These measures would be more effective as they would target relatively few people in the core groups(such as sex workers
and their clients) Another step is to subsidise the high charge for clinical services rendered by testing STD as a measure to help the AIDS control programme.

Most of the Government as well the private hospitals are ignoring the fact of Drug addiction amongst the teens and youth of today. The root cause of drug addiction is that these teens are neglected by their family members and parents, they need love and affection, the crying need of the hour is to bring them on rail. Due treatment and counseling should be made available to the patient on time. The Hospitals should accept this responsibility and they are supposed to play an outstanding role. This is the most sensitive area for medicare services and the hospitals have to take it on priority basis. In addition to proper medical aid, the patients need love and affection which would be a right course of treatment. The doctors, nurses, sisters, and other personnel are required to play an important role in order that addicted persons make a goodbye to their habits and start a new life and a new chapter. The main thing is to bring the drug-addicted persons to the hospitals. The voluntary social organisations should accept the responsibility of identifying the cases, contacting the related parents and motivating both of them to cooperate with the hospitals. The patients are required to be given due medical aid and so the para-medical personnel need a task force for the same but at the same time it is also impact generating that they instrumentalise the process of inculcating mass awareness. The media should extend to them the best possible cooperation by advertising, producing subjective TV serials and motivating parents to spare time for their children. Of course, the advertisement and publicity measures should be creative to sensitise all. Government regulations are required to be made more rigid. The increasing cases of drug trafficking is a matter of great concern for state administration and they should attempt to regulate it. The sensitive areas are educational institutions and so the identification process would not be so difficult, if we are really interested in solving the problem. Thus, there is a need for multi-cornered
attempts to bring things on the rail. It is a challenging task and a great social evil and when there is a talk of social marketing an overriding priority to the same cannot be overlooked. While treating the patients the medical and paramedical personnel need to show personal-touch-in service. Behavioural dimension plays an incremental role to minimise the duration of treatment.