CHAPTER SIX

SUMMARY, CONCLUSIONS
AND RECOMMENDATIONS
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SUMMARY

From the findings of the study, it is understood that the people in the village under study do not pay adequate attention to the preventive care. Health care does not imply curative care alone. It implies preventive care as well. But the people in the village give importance to the curative aspects rather than to the preventive aspects of health care.

VACCINATION

Even though they all have taken active immunization (i.e., vaccination) against chickenpox / smallpox, the people have not taken active immunization against the diseases like cholera, typhoid, and jaundice (hepatitis B) in spite of the fact that now facilities are available for the same. Even the vaccination against chickenpox / smallpox they have taken not because they have realized the importance of such preventive measure, but probably because of the involuntary administration of vaccination by the government against such diseases.

MEDICAL CHECK-UP

Even though medical check-up is an expedient step towards the promotion of health care, the villagers are not even aware of such medical
item, not to speak of its importance. Even those who somewhat know about it, have not gone in for its practice.

SELF-MEDICATION

The only aspect of health care the people is seeking medicare. Even this action is taken up only when they feel ill and uneasy due to such ailments as cold, head-ache, and fever. Again, even in this matter, they do not go in initially for the use of sources of medical care / treatment. They take recourse to self-medication. The self-medication they practise consists in taking the pills and ointments without consultation with physician, use of what is called kashayam, a kind of decoction having medicinal properties and application of jeba enney (oil blessed in prayer).

Of these three components of self-medication, taking pills and ointments without consultation with physician finds an exceedingly greater frequency than other courses of action. The people just approach the pharmacy shopkeepers and ask for the pills and ointments, which to the shopkeepers’ best of knowledge, will provide quick and satisfactory relief from the ailments they suffer from. Sometimes they demand from the shopkeepers the drugs they have known about through their personal experience or through the suggestion furnished by media advertisements, and obtain the same for relief.
VISIT TO PRIVATE PHYSICIAN

But at one stage the people turn to the outside sources of medical treatment. This they do when the circumstances become so compelling as to force them to turn to the reliable and trustworthy sources of medical treatment. When the illness caused by ailments prolongs or occurs intermittently, or when the illness incapacitates them to do any work, they seek medical treatment from the ‘medical’ sources.

Among the medical sources they seek for medical care / treatment, private physician, hospital, and nattu vaithiyar (folk medicine man) figure. Of these three sources, private physician comes ahead of hospital and nattu vaithiyar, with a greater frequency. The patients’ priority first goes to private physician.

With respect to private physician, the people do not discriminate between local and outstation physicians. They have customer-physicians and also non-customer physicians among both local and outstation physicians. Likewise, they do not discriminate between male and female physicians. No gender-selectivity is shown towards the physicians.

When the patients go to the physician’s clinic, they tend to take somebody as company. For company, their choice primarily falls on relatives - particularly spouse. Neighbours also find place in the company, but only next to the relatives. They give company only to an insignificant percentage of visitors.
Even if the patients have to wait for an hour at the physician’s clinic for visiting the physician, they do not mind it. The data show that the patients wait for a time span ranging from half an hour to two hours to have a meeting with the physician. Having to wait for nearly one hour does not dampen their resolve to visit the physician.

When the physician advises then to take clinical tests like x-ray, blood test and urine test, the patients readily oblige and undergo the prescribed tests. It is to be noted that they are inclined to take the prescribed clinical tests at the laboratories suggested by the physicians, even though the clinical tests may be taken at any laboratory.

Further, the patients tend to buy prescribed medicines from the pharmacy stores hinted by physicians. This they do in spite of the fact that prescribed medicines may be available at any pharmacy store.

Likewise, the patients tend to buy medicines to the quantity prescribed by physician. Even if relief comes about in the middle of the course, most of the respondents (N=59.09%) continue the use of medicines till the end of the prescribed period.

It is also found that the people do not turn their attention to additional drugs apart from the medicines prescribed by physician. Even if additional drugs may complement the medicines in use and speed up the process of recovery of health, the people adhere only to the physician’s advice and ignore additional drugs.
However, though not prescribed, the people practise dieting while on medicine. As the practice of dieting does not militate against medical advice given by the physician for medicare nor does it undermine the effect of the medicines in use - in short, as such practice does not interfere in the medical treatment undergone, people practise dieting, believing that diet will complement medicines.

HOSPITAL

Next to private physician comes hospital in the order of priority when the people seek medical care/treatment. Even in the case of hospital, private sector comes ahead of the public sector; people’s preference goes to the private hospital. Government hospital receives their attention only in the event of emergence of need for hospitalisation.

Also for visit to the hospital, the people take company and as usual, relatives give company to the patients. The role of relatives does not end merely with accompanying the patients. They render necessary help to the patients during their stay on bed. Even in the matter of meeting hospital bill, their service extends.

NATTU VAITHIYAR

Apart from the professional medical sources like private physician and hospital, the non-professional medical agents also find place in the
medicare system of the villagers. The folk medicine man, *nattu vaithiyar* also figures among the medical sources sought by the people. Technically speaking, *nattu vaithiyar* is a quack. Yet he manages to find a place in the medicare system.

**SPECIFIC INFECTIONS**

When the people happen to get afflicted with diseases like chickenpox and jaundice (hepatitis B), they go in for both hospital treatment and indigenous treatment. The main ingredient of indigenous treatment is the observance of restrictions on food.

But it seems that the people are not bothered about the infections to which they are accustomed for long. Skin disease (scabies / fungus) is widespread in the village. The people, it seems, do not take it serious. No attempt is made towards its cure. Even those who take some treatment; they just use ointment or take pills without any consultation with physician.

**VARIABLES**

In every aspect of medical care seeking behaviour, no significant difference is found at the levels of gender, age, education and income among the respondents. This indicates that these variables remain powerless in the matter concerned.