CONCLUSIONS

From the above findings of the study, it is understood that the medical care seeking behaviour of the people in village is characterized by the following aspects.

1. Preventive care receives a scanty attention and curative care is given greater importance.

2. Only the involuntary immunizations find place in their medicare system. Voluntary immunizations remain out of picture, even though they are equally important and necessary.

3. Self-medication, though unadvisable, is resorted to without any reservation. When a need for medication arises for relief from ailments, the first course of action the people take recourse to is self-medication.

4. It is only when self-medication flops or fails to deliver the expected result, and when the illness caused by ailments prolongs or occurs intermittently without any let up, or when the illness incapacitates the patients to do any work, the people turn to medical sources for relief.

5. Among the medical sources the people seek for medical care / treatment, private sector (private physician / private hospital) enjoys a greater patronage.
The public sector (i.e., government hospital) receives a scanty regard.

6. Physician's spell of influence over the people is remarkable. His / her advice is sincerely and loyally adhered to in every aspect of medicare behaviour.

7. Even if the professional sources dominate the medicare system, the traditional, non-professional sources have not gone out of the system. The presence of folk medicine man, nattu vaithiyar along with professional sources in the medicare system bears a testimony to the parochial character still lingering on in the community.

8. The traditional folk practice of taking diet besides use of medicines indicates that both traditional and modern features co-exist in the medicare system of the rural society.

9. People turn to seek medical care / treatment for ailments / diseases only when they suffer physically from them and experience hardships in their movements. If the infections remain for long and if the people are accustomed to them, they do not take them serious so as to seek medical treatment. Remaining indifferent is their reaction to such condition.
RECOMMENDATIONS

Based on the findings and conclusions, the following recommendations are advanced towards the improvement of the medicare system in the village under study in particular and in village in general.

1. The government must take strenuous efforts to strengthen the health care system by paying greater attention to the preventive care. While vaccination against chickenpox / smallpox / measles has been made compulsory and adequate facilities and arrangements have been provided towards it, active immunization against cholera, typhoid, and jaundice is yet to see the light of the day in the country. As such immunizations are equally important, the government must take steps to expand facilities and institutional arrangements towards the control of diseases like cholera, typhoid, and jaundice through active immunization.

2. An intensive campaign for medical check-up must be launched. Besides enlightening the people on the importance of medical check-up, the government must institute arrangements for free medical check-up. In this direction, free medical check-up - cum - relief camps may be organized periodically. Medical
screening of children in the schools may be undertaken. Just as vaccination against chickenpox / smallpox / measles has been made a mandatory requirement for admission and appointment, production of medical check-up certificates also may be insisted upon for admission and appointment. Also for disbursement of old age pension, widowhood pension and financial aid for marriage, education, and business, and social welfare provisions, this condition may be stressed.

3. Infrastructural facilities must be improved and developed at government hospitals in order to turn the people to patronise them.

4. As far as the village under study (Thoothoor) is concerned, serious attention must be paid towards the environmental cleansing. For this, the cleansing of the AVM Canal that flows through the village may be thought of. But whether this suggestion will become practical or fructuous is a moot question if considered in the light of the experience relating to the Ganga Action Plan (Uttar Pradesh) and Cooum Improvement Scheme (Tamil Nadu) which have miserably flopped. Anyhow steps may be made to prevent the use of the canal for coconut husk retting and the discharge of
sewage into the canal. Further, an intensive educational campaign may be launched to instruct the people not to use the banks of the canal for defecation purpose, enlightening them on the environmental and health hazards caused by such practice. In order that they desist from using the banks of the canal for defecation purpose, the government must put up adequate lavatories in the village. The government’s business should not end with the mere construction of lavatories. It must see that the lavatories are cleaned and maintained properly every day, and side by side must educate the people on the proper use and upkeep of the lavatories.