CHAPTER IV
Chapter-IV

Some Trends on Health Care Utilisation in Tirunelveli

The data on utilisation of health care services among different social classes brings out some of the indicators that would help in understanding the use of health care services. The choice of the people is not polarised just between public and private sectors, there is also a choice of seeking mixed care in both public-private sectors or indeed seeking no care at all. An understanding of this phenomenon is not quite easy since the choice of health care is a multi-variable entity. The choice of health care depends upon both tangible aspects such as affordability, availability and accessibility and intangible aspects of priority, preference and faith. There have been many studies to find and understand the significant determinants in the choice of health care services since it informs and enables necessary policy measures in health care sector.

People seek health care from different players and the pattern is not simple but very complex. The choice of the people differs among the options with the nature of care required. The players in providing health care services are the public and private sectors but these sectors are not completely delineated from one another in most cases and this gives rise to the third option of a health care provision where the public and private sectors are well entangled. There is also the unfortunate scenario in certain cases when people fall ill they choose no care at all.

The whole scenario could be further described first in terms of the care required. Modern health care is divided among primary, secondary and tertiary levels of care. They form a pyramidal structure, with three tiers representing increasing degrees of specialization and technical sophistication. The first level represents primary health care, or first contact care, at which patients have their initial contact with the health-care system. The vast majority of patients can be fully dealt with at the primary level. Those who cannot are referred to the second
tier (secondary health care, or the referral services) for the opinion of a consultant with specialized knowledge or technology. Secondary health care is offered in a hospital where the necessary manpower and infrastructure attends to the needs of the referrals that exceed the scope of primary level care. The third tier of health care, employing specialist services, is offered by institutions such as teaching hospitals and units devoted to the care of particular groups (women, children and old) and disorders (cancer, mental illness). There are dramatic differences in the cost of treatment incurred at the various levels, where the cost of treatment for patients at the primary health-care level is usually only a small fraction of that at the third level.

The health care services in both public and private sectors are organised and function along this division. In the public sector there is an established hierarchy of primary health care centres that are then linked with district hospitals that offer secondary health care services and finally there are specialised institutions for tertiary care services which are mostly constituted of medical education and research institutes. Similarly in the case of the private sector there is a hierarchy. There are private clinics with ambulatory services and then the second tier of services offered by hospitals where multi-speciality care with inpatient services is offered. Finally there are big multi-speciality care hospitals with advanced technology and specialised manpower, where specialised health care such as major surgeries or complicated diagnostic and curative process take place, nevertheless these hospitals require heavy capital investment.

In the city of Tirunelveli there are both public and private sectors at all levels with certain exceptions in tertiary health care. In this chapter, an attempt is made to understand why people choose a specific health care provider for their treatment. Since people cannot be looked as a homogenous category, they have been classified along class variables. The population is broadly classified into upper, middle and lower income groups. The classification of the population along class lines is done using their residential localities as proxy indicators.
There has been a very rich tradition of studies using area indicators as surrogate measures for understanding and explaining behaviour of different social classes. Social class is understood to be a group of people within a society who possess the same socio-economic status. Since the concept of social class represents a collection of individuals sharing similar economic circumstances, it has been widely used in public health studies.

The data for this study is quantitative in nature drawn from forty-five households in urban areas of the Tirunelveli city. The forty-five households are put into three class categories with fifteen households belonging to the upper, middle and lower income groups respectively. The selection of the households was done after a broad baseline study on the respective three areas. Initially three localities representing different social classes were selected and that was based on two criteria. The first criterion for selection was the location of the respective areas. All the three localities are located within a radius of two kilometres since any comparison between far off localities could pose methodological difficulties. Hence the three localities were selected within a radius of two kilometres from the Tirunelveli Government Medical College and Hospital. And naturally these areas are located on the same highway with the Government medical facility in the centre and the upper income locality lies within five hundred metres on one side and the middle as well as lower income localities lay within five hundred to seven hundred and fifty metres on the other side. Some of the common features shared by the three localities were the equal geographical access to all the medical facilities in the region, and all the three localities are well connected and facilitated with the public transport system making the geographical access in the region an unchanging variable. All the three localities come under a single constituency and hence share similar legislative and assembly members. However, they have different local body representatives.

The area selected for the upper-income group of households is Maharajanagar and it is also known as "High ground", an old English
term to indicate the area since the land is on an elevated position in
the city. This area is the most expensive residential locality in the city.
It has been named after the late Shri Maharaja Pillai, former
Chairman of Palayamkottai Municipality and it has developed in the
last thirty years even though some residences and buildings represent
late colonial era. The area is well planned with good intersecting roads
and every house in this region has a separate compound wall and
occupies a plot of minimum area of five cents but most of the houses
are located in area of more than ten cents. Almost every house has
gardens and the locality has a good green cover. This area not only
contains city’s rich and elite but also official residences of many senior
administrative authorities of the district such as district Collector and
his deputies, the city Commissioner and his deputies, the entire
Judicial fraternity, the Mayor and deputy Mayor of the city.
Maharajanagar has its own overhead water tank, which collects water
from the corporation and distributes to all the houses both in the
morning and in the evening everyday. However every household has
its own bore well facility since most of the houses maintain their own
gardens. The public utilities in the region are very generous and
prompt because of the status the region enjoys. Apart from the class
element that signifies Maharajanagar, the region also has a caste
factor and it is mostly populated by upper caste Vellalas and
Brahmins. And most of the population who live here have apart from
their respective houses good property back either in the surrounding
villages or in the city itself. The region also includes many landlords
and businessmen.

The medical institutions in the region include the public sector
tertiary hospital and a recently established private multi-speciality
hospital. This private hospital was established in 1999 with forty-five
beds. Apart from this, there is no other medical institution in the
region. However doctors who live in Maharajanagar offer consultancy
services from their residences and this is done in a very discrete
fashion accessible mostly to people living in the neighbourhood. Also
these services consist of consultancies mostly in all specialities that do not require sophisticated clinical infrastructure. This is a privileged status for the neighbourhood population to have access to minor consultancies from reputed doctors without actually going to any medical establishment. And in certain residences of doctors small clinics are attached with minimum equipments and in one such residence-cum-clinic of a leading dermatologist there is also an additional facility during every second Saturday of the month when the senior dermatologist’s son-in-law visits from Chennai where he teaches and practices dermatology in leading public as well as private sector institutions. Every second Saturday the clinic is visited by at least hundred patients from the neighbourhood. The young dermatologist is obviously very popular since he has specialised in latest advancements in the field of cosmetology. His fee is five times higher than his father-in-law but still the rich neighbourhood population throngs him and most of the patients go for cosmetology related problems. This clearly shows the expanding health needs of a population particularly among rich social class where life style needs become part of their health needs.

The recent establishment of a private nursing home with forty-five beds also mostly caters to the people from Maharajanagar. This nursing home is well equipped and has most of the leading doctors in the city as visiting doctors. This hospital is highly popular with the people of Maharajanagar since it has fulfilled their long wished multi-speciality hospital within their locality. It has become very convenient both for emergencies as well as for the other comfort level in the geographical access.

The area selected for the middle-income area is Koripalam in Palayamkottai. Koripalam is a small residential locality placed with around two hundred houses placed very much at the centre of the town. On the one side is the Jesuit-run seventy-five year old St.Xavier’s college and the other side is the district sports stadium and across the main road of Koripalam are the large residential
quarters for the state reserve police. Koripalam derives its name from stone quarries that had existed in that area before it became a residential area. The ancestors of the present local population quarried the earlier rocky land and subsequently the high lands became low lands. The present name Koripalam is a mere description of the landscape in Tamil (the English word quarry is retained in Tamil as “kori” and also “palam” means low land, kori + palam = koripalam). Nearly one hundred and sixty five years ago people settled from the two Christian villages, Meerankulam and Saveriarapuram both near the town of Sathankulam, of the same district. Both the villages are in the dry zone of the district with members of the caste group “Nadars” constituting the majority of the population. The members of this caste group were mostly toddy tappers from the Palmyra trees, a major flora of the region. In the early colonial era many members of Nadar community got converted into Christians and these two villages were concentrated with the Christian Nadar population. Many members of the village migrated to the city looking for better opportunities and were engaged in stone quarries. Since the city was expanding under the colonial administration, the new construction required levelling of high lands and stones for further construction. These migrant quarry labourers settled with their families in the same area once the high lands got levelled and they formed their own colony. Later this population being Christians and oppressed people was helped by both the protestant and catholic missionaries respectively with various welfare activities. The population benefited from good missionary education, health care and job opportunities in the surrounding administrative and missionary institutions. This population do not own any agricultural land and had to depend upon their education and entrepreneurial skills for their economic uplift. The hardworking nature and the entrepreneurial abilities of the Nadar community have also helped them to rise from a subjugated past to a dominant present both in public and private spheres of life.

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Unlike Maharajanagar, Koripalam is not quiet and there is the bustling college crowd and sportsmen on one side with the hectic activity of day-to-day routine surrounding the place and on the other side the police camp with their daily parades and rehearsals. The residences in Koripalam are mixed of both old and new houses. The old houses are mostly tile roofed and do not have separate compound walls but most of the houses are new ones which are constructed upon the old ones with all modern facilities and separate compound walls. Most of the houses have an area ranging between three to five cents. The new houses have good toilet and sanitation facilities unlike in the old houses. Public utilities ranging from drinking water to electricity and sanitation are well facilitated in the locality. In spite of the fact there are only two hundred houses, the households residing in the area could be three hundred as most houses sublet a portion for rent. Thus, the locality has a very good demand for its rented houses because of its location and facilities.

Koripalam is geographically well positioned for access to both the public and private sectors of health care. There is the Tirunelveli government medical college and hospital on the one side and a good number of private services nearby. They range from two Christian missionary hospitals to a large private maternity hospital and a multi-speciality hospital. Among the two missionary hospitals one is run by the Catholics and the other by Protestants. Apart from the missionary hospitals and the private hospitals, there are at least ten small ambulatory clinics around the locality offering outpatient care in the mornings and evenings. A few of these clinics are attached with the chemist shops. There are two houses in Koripalam where the residents are allopathic doctors who also provide care to the population during emergencies and even make home visit mostly because of the neighbourhood bonds. People from Koripalam have very good geographic access to a range of health care services including public, private and private charitable health care institutions. Apart from these formal institutions, trained health
workers under various national and state level health programmes regularly visit the locality. Further more traditional medical practitioners also regularly visit the place and they also have a small clientele.

Then there is Rajendra Nagar, the third locality that represents the lower income group of the city. The Palayamkottai municipality has a big water body adjacent to its bus stand and Rajendra Nagar is a residential locality that is located in between the bus stand and the Illanthankullam Lake. There are around one hundred and fifty mud houses on the banks of the lake that forms part of the middle class residential locality Rajendra nagar. Rajendra nagar except for these one hundred and fifty houses is a colony with around three hundred houses all concrete houses with separate compound walls and availing all public utilities. It very much represents a middle class locality, however the one hundred and fifty houses that are on the fringes are largely occupied by poor dalit households and these specific households fall under the city administration's classification of 'below poverty line'.

In the last ten years the children in some households started going to the neighbouring missionary schools for higher education but most of them admit it to be a difficult dream to pursue. Most of the population are sceptical about any future developments in their lives with a vast experience of non-materialising political promises. Many of the households have been living here for the past two generations roughly about fifty years but not able to grasp better lives. The men travel all over the city for any daily wage job and most of the women prefer to take a housemaid's job in the neighbouring residential areas. The noon meal scheme in schools is considered a boon for the young children to go to schools at least up to primary and middle levels.

Members of the one hundred and fifty households are all migrants from various parts of the district and most of them are illiterates and their occupations consist mainly of unskilled labour for earning daily wages. In spite of the fact that these houses have door
numbers not all of them do have their ration cards or any voting rights. None of the houses do have either proper electricity connection or drinking water connection. Once in five years these houses get terribly damaged either by floods in the lake or due to fire that gets caught mostly through the unsafe electric connections they take from main lines that pass nearby. It then takes considerable energy and money to rebuild all their houses and meanwhile during every other general election the local population is promised of various improvements in the locality however according to them nothing has materialised. Quite recently a row of fifty small single room houses have been built along the same stretch and have been allotted to existing mud house residents on a priority basis with electricity for a zero watt bulb. None of the new residents have been given proper documents hence ownership and inheritance has become a very contentious issue. All those households in the new houses find these too small for a family to live and hence they have extended it with mud constructions. The lake even though is polluted serves multiple purposes for the population and as a result there is an impact on their public health particularly of malarial and diarrhoeal disorders. Apart from the availability of tertiary level government medical facility, this area is also geographically accessible to many other services both in public and private.

Apart from this baseline study, primary data is collected from fifteen households from each locality representing all the three social classes. The primary data collected gives some basic information about the household and the crux of the data is in the form of narratives of the health seeking process for a recall period of six months. These narratives are used to understand some of the reasons why people from various social classes choose certain health care services for treatment and also to understand the implications of such choices. The narratives are used to grasp the larger picture with a public health approach rather than narrowing it for certain specific health needs. Secondly it also reveals about the people's experience
and perception about public and private sectors. This exercise is important in a country like India for two reasons; firstly, health care in India is driven by mixed economy and secondly, there is a policy thrust towards tilting the balance for private sector in health care. Health care is considered to be a public good and characterised by imperfect market behaviour with asymmetrical quality; hence there is hardly any role for a rational consumer. Therefore such narratives is expected to help in identifying and analysing specific factors that determine access to and choice of specific health care for treatment, which inform policy decisions, enable policy interventions and finally regulation of health care sector. All narratives described in this chapter have been included after obtaining informed consent from the respective respondents. The researcher described the nature of the study to every respondent and has taken prior permission to use their experiences as case studies.

Narratives of middle class households:

Narrative 1:

The head of the household is Samuel Raj, thirty-four years old, and his occupation is a private contractor for building constructions. He has education only up to seventh standard. He earns around three thousand rupees per month. His wife Selvi is thirty-two years old. She is educated up to SSLC and she is a housewife. They have four daughters with ages twelve, ten, eight and six respectively. All the daughters go to school. The family has been living in Koripalam for the last ten years. They live in a rented house in 8/4, St. Mathew Street in Koripalam paying a rent of four hundred rupees. The family belongs to Christian Nadar community.

The household belongs to the lower middle-income group and they do not have any health insurance policies. They have not met with any major illness episode in the recent past however they have to visit doctors for a number of minor ailments for the sake of their
young daughters. They go to private clinic run by Dr. Ratnavel for minor ailments. Dr. Ratnavel is a general physician having a small clinic in the neighbourhood for the past ten years. They came to know about Dr. Ratnavel through their neighbours and most of them visit him for minor ailments and also as their first referral.

Episode 1: The six-year-old daughter of the couple suffered from severe fever a few months ago and the fever did not subsidize even after taking paracetamol. The couple has the habit administering common drugs for common ailments purchased from chemist shops without a physician's prescription. They believe that most of the minor ailments are cured by such simple medications getting over the counter without going to any physician because they perceive physicians too most of the times give the same prescriptions. However this time the fever did not subside hence they went to the doctor.

Dr. Ratnavel takes twenty rupees per consultancy and that includes medicines and injections for treatment. He is very pleasant and cordial in his engagement with both the patient and caretakers. He spends around five minutes with the patient. The doctor does certain physical examinations and then referred the patient to a laboratory for a blood test since he doubted the patient was having Typhoid fever. Meanwhile he gave some medicines and an injection along with advising a simple diet so that the fever might subside until the arrival of results for blood test. Immediately after coming from the clinic they went to the pathological lab for doing the blood tests. The address of the lab was advertised in the prescription slip of the physician. The lab assistant received the referral note and wrote a new case sheet after charging fifty rupees for the test. He then took the blood samples and asked to come the next day morning for the results. The next day they took their daughter to the doctor along with results of the blood tests. The doctor saw the results and once again examined the patient and confirmed his diagnosis. He asked the patient to take leave from school for a week and to take rest. He also assured for no need to be panic. He then prescribed a new regimen of
medicines and asked them to strictly follow the course and to come back after three days. This time he neither took any fees nor gave medicines. They purchased medicine from a neighbouring chemist shop. The patient got well in the next four days though she was very weak. They once again went to the doctor and this time the doctor was very cheerful with the patient and declared her cured and healthy. The meeting was around five minutes and the doctor took his fees this time. The doctor removed the restrictions on diet and asked to get back to school after two days adequate rest. He suggested everyone in the home to drink safe and boiled water. The treatment was felt to be highly satisfactory by the parents. Apart from the fine interaction with the doctor in the clinic was totally different from the government hospital where it is always overcrowded. The private clinic is conveniently open both in the morning and evening, and even whenever there is a queue the waiting patients are organised properly with good seating arrangements. Furthermore the physician clearly explains about the disease and gives clear instructions about the medications.

Episode 2: Selvi gave birth to all her children in the government hospital. The primary reason for going to the government hospital is guided by three reasons. First, the facilities in the government hospital are highly advanced to cater to any emergency. Many of their family friends and relatives have also pointed out this fact and have advised to go to the government hospital. Second, the government hospital is less expensive on comparison with the private hospitals and some out of the pocket payment to attending staff would also help in getting better services. And third reason was the geographic proximity of the government hospital to their home, which would facilitate the caretakers to travel home and forth for getting food and washing clothes.

She started going to the government hospital right from the third month for regular visits. She received regular medicines and other health instructions important for a pregnant woman. The
outpatient department for the pregnant women was always crowded however since all of them were there for the same reason, there was not much of any inconvenience. The problems were mostly of physical infrastructure – no good drinking water, chairs to sit and a very few fans. The doctors during the initial visits were mostly the medical college students and they were getting changed every other visit. Even though they were very cordial, kind and helpful, they did not look reassuring, probably because they were students. However when pregnancy got advanced regular physicians attended her. The senior doctors did not spend much time but they were confident in the process of attending her. There were also some basic physical examinations, mostly done by the resident students helped by staff nurses. Meanwhile there were also visits from the female health worker as part of the family welfare programme to the house and she also maintained a separate card where records were maintained. She apart from her medical advice and guidance also delivered supplementary medicine for improving the nutrition of pregnant woman.

During her deliveries she got admitted in the labour ward of the maternity department as soon as she got labour pain. The date of admission for all the three deliveries almost coincided with dates speculated by the doctor.

All the three deliveries were normal deliveries and the total stay in the hospital was for three days. Selvi’s mother was the primary caretaker in the hospital. Her husband paid extra money to the tune of three hundred rupees to the attendants to get better care and more comforts. The doctors hardly spent more than two minutes in the ward each time except telling once everything had been fine as expected. The nursing matron of the ward was absolutely in control of the ward.

Since the discharge from the hospital each time her mother stayed with her for three months and gave care. She had all the children vaccinated from the government hospital and each time the
health visitor periodically informs her about the vaccination. It has become almost a routine affair with minimum communication with the health staff. Recently when she went to government hospital for vaccinating the youngest daughter the doctor enquired her about any interest in family planning procedure since she already had three children. Selvi has remained non-committal ever since but there had not been any coercion. The health worker regularly visits the house from various national and state level programmes and have also mentioned about the family planning procedure.

The household also spends money on a Muslim man who reads from Koran in the mosque and consecrates with holy water from the mosque. He performs this simple routine to the ill people approaching him. The people who take medical care also visit him to wade off the evil eye cast on their health. This has been a traditional belief found in that locality irrespective of one’s caste and religion. He also attends to minor muscular and bone injuries. He applies balm and ties slings for these minor injuries but asks the patients to approach a doctor if it looked serious enough. He takes five rupees to sprinkle holy water and ten rupees for treating minor muscular or bone injuries. The treatment given by the Muslim cleric is very popular in the neighbourhood. Likewise many of the neighbours of the family in most episodes of their illnesses complement bio-medical treatment with his sprinkling of holy water and thereby believe the treatment process is complete. This process is now customary and has become quite natural.

Narrative 2:

The head of the household is Illyaraja, thirty-six years old, and he works in a private company as a driver for their load van. He earns a minimum of one thousand and five hundred rupees per month. He is educated up to S.S.L.C. and lives with his wife and two children. His marriage has been an inter-caste marriage. His wife Indira is twenty-six years old and she is educated up to eighth standard. She is
a housewife. Their first son is five years old attending kindergarten and the other son is just one and half years old. Her mother also lives with them. They live in a rented house in No: 5, St. Mathews street.

The household belongs to the lower middle-income group and they do not have any form of health insurance. They have utilised both public and private sectors in health care at various points.

Episode 1: His wife, Indira, had both her deliveries in the government hospital. They chose the government hospital for the reason that it would be both safe with all emergency provisions and at the same time does not incur a high expenditure. Further it was similarly advised by the neighbours and well-wishers. However she confirmed her pregnancies and went for regular check-ups to the nearby CSI missionary hospital. There were obvious reasons for going to the missionary hospital for pregnancy care. The missionary hospital had a good reputation for delivering good treatment at affordable costs and apart from the issue of affordability it was the pleasant atmosphere from both the medical and non-medical staff that made Indira to choose this over the government hospital. The government hospital is mostly crowded and the patients are given not even attention by the staff. Moreover there hardly there is seating arrangement for the waiting patients nor could one get either potable water to drink or any clean toilets for emergency purposes.

She paid a fee of twenty rupees for her regular check-ups by the lady gynaecologist in the CSI missionary hospital. There were records properly maintained by the hospital and Indira had also informed her doctor that for delivery she would be availing the services of the government hospital. The doctor did not have any problems and even advised on the necessary dates that she should be prepared to get herself admitted in the government hospital. All the necessary treatment such as the vaccinations and other complementary medicines were received from the Missionary hospital. Meanwhile the government health worker of the locality also visited Indira. She also was helping, advising and crosschecking the treatment procedures the
pregnant lady was undergoing. The health worker though did not demand any money for her services but she was always treated hospitably providing her food or other refreshments that was available at home. The health worker also promised to arrange for better care and facilities once Indira gets admitted in the government hospital.

Indira following similar patterns of care both in public and private sectors had both her deliveries safely in the government hospital. However she was not pleased with the government set up though it was the safe option the family had in terms of their economic conditions in order to handle any emergency. Indira had to face doctors who hardly interacted; the paramedical staffs were demanding money for any basic service such as getting a good bed or even good drinking water. Secondly the long tiresome queues without even any proper seating arrangements made her think the missionary hospital to be far better place. As soon as she got discharged she began her post-natal care in the missionary hospital. But she went back to the government hospital only to get both her children vaccinated since the doctor in the missionary hospital advised her instead of paying for it in the private sector. The local health visitor helped her with exact dates, timing and location in government hospital. Later when the local health visitor advised her to practise any family planning procedure she refused to under go any family planning procedure in government hospital instead she had a temporary contraceptive popularly known as “Copper T” inserted from the missionary hospital. She arrived at this decision after talking to her husband and mother and felt the missionary hospital was far better place for such a procedure. It was a minor process done by a lady gynaecologist and it took very less time after certain preliminary examinations and doctor had asked her to return and report if any physical discomfort arose. But there has not been any discomfort though she has visited hospital at scheduled dates for routine check-ups.
Episode 2: Off late the family has started going to Dr. Ratnavel for minor ailments like fever, cold and they started going to Dr. Ratnavel from the advice received from the neighbours. They find the treatment received is satisfactory. Recently both Illyaraja and his mother-in-law received treatment from Dr. Ratnavel for their persistent fevers. Initially they got some medicine from a popular chemist store located in the Palayamkottai bus stand. However when the fever did not abate they went to Dr. Ratnavel. The physician also subscribed similar medicines and when the fever did not go down even after two days, they went back to the physician and he then asked to undergo blood tests since the condition was suspected of typhoid. The physician suggested to do the tests in a pathological lab that was located nearby and come back with the results the next day.

The patients were very weak and tired. Indira then decided on her own that it would be in the best interests of the patients to have them admitted in a hospital since she alone found it difficult to handle the scenario. The patients were taken to the missionary hospital. Both were admitted for three days, they were indeed diagnosed of typhoid and they had to incur an expenditure of two thousand rupees in total. In spite of the expenditure the care was prompt and satisfactory. A neighbour took care of the children in the night while she spent time with her mother and husband in the hospital. All the necessary tests, medicine could be availed with in the hospital premises. Since Indira had prior experience with the services of the hospital it made things easier and comfortable during the stay. The doctor and the paramedical staff were very cordial during the stay and the doctor spent enough time to explain problem, the prognosis process and the necessary steps to regain good health.

Apart from the modern treatment they have also spent some money for a Hindu temple when two of the family members suffered from typhoid. Once in a while out of counter purchase of medicines as the first option for perceived minor ailments also takes place and it is quite often complemented by the household’s knowledge of traditional
medicine. The role of traditional medicine is limited to the knowledge of the household and it is always secondary to the allopathic care.

**Narrative 3:**

The head of the house is Mariappan, thirty-six years old and he owns a hair-cutting saloon in the Palayamkottai market place. He has been in this trade for more than three years and he earns around five to six thousand rupees per month. He lives with his wife Gomathi and three male children. His wife is thirty-three years old and his children are eleven years, nine years, and six month respectively. His wife Gomathi is a housewife and she is educated up to fifth standard. They have been living in this locality for the last one-decade in a rented house. The household belongs to barber caste, which is a most backward class.

The household belongs to lower middle class status in the city of Tirunelveli. The head of the household indulges in a traditional profession that is mostly practiced by the members of the same caste group. It has been mobility for Mariappan to have his own shop in the market place and hence with a steady inflow of regular customers he is able to earn a decent amount. Apart from this shop he does not own any other property and it took more than five years to pay off the debts he incurred in putting up the shop. The household members do not have any insurance covering their medical expenses. For any medical care they have to make out of pocket expenditure.

**Episode 1:** Gomathi had her third son delivered in the corporation urban health post six months ago. This hospital is in the neighbourhood, which could be reached by twenty minutes of walk. She had her earlier two deliveries in the government hospital and both the deliveries were normal. Hence Gomathi chose the urban health post that was quite nearby and her mother was the primary care taker during this delivery as she had been for the earlier two deliveries. Gomathi has been regularly visiting the health post for her pregnancy care. The health post was usually very crowded but Gomathi with
prior experiences of having two normal deliveries found the routine to be quite easy. Moreover the health post being in neighbourhood always gave a comparative advantage because of the known and familiar faces.

She got labour pain as per the scheduled dates given by the lady doctor. Her mother took her to the health post and got admitted. The delivery was normal and she had to stay for four days. The delivery and the stay in the health post did not cost more than three hundred rupees. The interaction with the doctor and other paramedical staff was very cordial. However the time spent by the doctor was very less and the health post in terms of its infrastructure was much below normal standards. The only advantage that Gomathi had was her prior experience with normal deliveries. She found the health post not advisable to any women for her first delivery and if complications in delivery arise, the patient has to be rushed to the government hospital. Her mother could sleep with her in the health post for all the four days but beddings for both of them were brought from home. When they got discharged they had to spend two hundred rupees on the paramedical staff for whatever help they have received from them. The discharging doctor mentioned about the vaccinations to be taken for both mother and child and asked to come back to the health post on respective days when they are administrated.

Episode 2: Recently their newborn son became very ill. He was suffering from very high temperature and the child was refusing to take any milk and crying the whole day. The family decided to take him to a private clinic. They did not choose to go to the urban health post because they were sceptical with the nature of treatment they would receive for the young child and did not want to take any risk. They had prior experience with another physician who is specialized in childcare and he runs a small private clinic. Earlier they had taken the other two sons to his clinic whenever they fell ill but this time they took advice from the neighbourhood and went to a new paediatrician. They did not go to earlier physician in spite of his good care because
his clinic was always overcrowded. Doctor Ibrahim was the new paediatrician and he had his own clinic in the market place apart from being a visiting doctor in many hospitals. Dr. Ibrahim charged rupees twenty per visit. During each visit he spent from fifteen to twenty minutes with the patient, doing a thorough physical examination and enquiring comprehensively the case history from the parents. The child was diagnosed of gastrointestinal infection and the doctor advised the patient to be admitted in any of the hospital where he regularly visits. After considering the options they choose Annai Velankanni hospital since it was closer to their house. The child along with the parents had to stay in the hospital for two days. The treatment including the rent for the room cost them rupees one thousand two hundred fifty. They received very good care from the hospital; the paediatrician visited the patient twice a day. The child was administrated medicine through Intravenous fluids. Apart from Dr. Ibrahim the patient was regularly visited once in three hours by the duty doctor and they very kindly reassured about the speedy recovery of the patient. The infrastructure in the hospital was of very high standards and the paramedical staffs were very cooperative and helpful at all times. The child recovered well from the illness and ever since the household has completely turned their loyalty to Dr. Ibrahim whenever their children fall ill. During their stay in the private hospital the neighbours were taking care of their other two children.

Episode 3: The household has also visited a catholic missionary hospital in the neighbourhood for vaccinating their children. They went to this charitable hospital on advice from the learned government officer who is their neighbour. They found the services offered in the missionary hospital were of very nominal charges and at the same time offering very kind and warm services. The interaction with the staff of the hospital was very cordial and pleasant and it was quite a surprising revelation for them since they had long known but have never visited it. This experience made them to rethink about their visits to Dr. Ratnavel. Dr. Ratnavel is a general physician in the
neighbourhood, who was regularly visited by both husband and wife whenever they had any minor health problem.

They do not have trust with indigenous system of medicine though the household belonged to a specific caste whose members also practised traditional medical profession. They have arrived at this conclusion because they believe modern health problems are effectively cured by only allopathic medicine. For ailments such as headache, cold and cough, they buy medicine directly from the chemist shop.

**Narrative 4:**

The head of the household is Joseph Dhanaraj, thirty-four years old and he is a self-employed tailor running his own shop along with his own elder brother. He lives with his mother, wife and a three-year-old daughter. His wife, Mary, is twenty-six year old and she is a graduate. She after getting some technical training on computers is now working in a private enterprise as a desktop operator. Joseph Dhanaraj, and his wife together earn more than five thousand rupees. The family lives in their own house, number 18, St. Mathew’s street. The household belongs to Christian Nadar community. The household is one among the earliest inhabitants of this locality and they command considerable power and influence in the neighbourhood.

Joseph Dhanaraj and his household are not entitled to any social security schemes since they are either self-employed or in informal sector.

**Episode 1:** Five months ago their three years old daughter suffered from severe breathing problem. As usual and normal practise in the neighbourhood, they first took the child to Dr. Ratnavel, but after two visits they shifted to a catholic missionary hospital. Though the household has earlier taken treatment with Dr. Ratnavel, this time they felt rather uneasy in taking their child to him. They could not exactly explain the reason behind the decision but they felt the child required advanced care that was quite missing. As the family
themselves belong to the Roman Catholic community they always knew about the missionary hospital but there was always a criticism that the missionary hospital mostly attended to only minor ailments and preventive care. However this time they went to the missionary hospital and the child was attended with good care. But in spite of the regular visits the problem had not subsided mean while a staff nurse in the missionary hospital volunteered in advising them to go another paediatrician who practices privately in his clinic. More over in the missionary hospital the physician attending the child was too tentative and did not offer any assurances hence there was some disappointment among the parents.

The new paediatrician had his clinic at the other end of the city; therefore it was advised to do a telephone booking before the visit. The interaction with the paediatrician, Dr. Thirumalai, was highly satisfactory. Even though there was a good crowd in the clinic, there were proper seating arrangements for the waiting people. The doctor was very pleasant and patient with the child and her parents. He went through the earlier records, did his own physical examination and finally diagnosed it to be of chronic asthmatic problem. He prescribed certain medicines that could be administered to the patient with the help of Nebulizer. He also suggested that they could avail the help of Nebulizer from any neighbouring care centre since his clinic was too far away. Further he gave his telephone number so that he can be contacted during any emergency situation. The doctor further explained the nature of the illness, the limitation the patient would have in the future and various ways to handle the problem. The doctor charged twenty-five rupees per visit and whenever they use the nebulizer they pay an extra charge of twenty-five rupees. Since the paediatrician's clinic is far off they take the help of the nebulizer provision from the neighbouring missionary hospital, where also they pay around twenty rupees per visit apart from purchasing the medicine. Dr. Thriumalai also advised for the child to undergo a
thyroid test, but the parents could not do it since it is available only in Chennai.

Episode 2: Mary had her delivery in the government hospital and it was a caesarean delivery. She had all her pre-delivery tests and care from neighbourhood C.S.I. missionary hospital as it has been the usual practice of the neighbourhood. This has been indeed illustrated in the earlier case studies and this scenario practised among the lower middle class population demonstrates the mix of public and private sectors in seeking health care. Mary did not have to spend much for her surgical delivery in the government hospital but apart from the delivery all other medical services were once again availed from the missionary hospital. The government hospital was the only choice when the cost of the care was perceived to be high in the private. Mary experienced very poor care and services in the government hospital. Though she underwent surgery there the doctors and the paramedical staff were not very empathetic and she felt totally lost in the whole set up. The only consoling aspect was the money spent on the process to be far less than what would have cost in a missionary hospital. She stayed there for five days and had to spend not more than one thousand rupees. She loathed her stay there and she does not prefer any future visit there. Recently during the summer vacations she went to her mother’s home which is just one kilometre away and it is in the same city. She had a contraceptive, copper-T, fixed in a private hospital by a female gynaecologist and it had cost her two hundred rupees. She could have done it in the government hospital as been recommended by the visiting government health worker. But she declined and chose a private clinic because she believed it would be more hygienic and comfortable since she paid for the service.

Joseph Dhanaraj’s mother who is more than seventy years old does not share the same sentiment about her daughter in law’s perception of the government hospital and she is quite positive about it and for any of her minor ailments visits the government hospital,
she also goes to the missionary hospital these days because she has become weak and find it difficult to walk a longer distance to the government hospital. She recently had an infection in her ear and since she could not go to the government hospital she went to the missionary hospital. She spent twenty-five rupees for the consultation and thirty rupees on medicines such as eardrops. She is quite upset about the fact that more than fifty rupees has been spent on care that he would have received free of cost in the government set up.

They also go to a traditional healer for external health problems such as skin, muscular and bone problems. The healer is an old man who runs a petty shop in the locality and he has been treating patients for many years and takes very less money mostly five rupees for the care he offers. He is not professionally qualified but the local population treat him with high regard and respect for the service he renders. They also have a neighbour and she is a young allopathic doctor. Though she does not run any private clinic they took help from her during emergencies and nights whenever some one falls ill. Since these are rare instances she also does not charge them any fees. These services apart the household also get over the counter medical prescriptions for minor ailments. Joseph Dhanaraj has some knowledge on health insurance and related schemes, which he has learned from his elder brother and other friends in the neighbourhood. He is eager to know more about such schemes and he feels that he should have medical insurance schemes for his family. He finds the private health care to be very expensive considerably cutting into his monthly budgets but since it becomes indispensable a decent insurance scheme could reduce his financial burden.

**Narrative 5:**

The head of the household is Thankamani, forty-eight years old, and he works as fireman in the government fire services department. He is educated and has done his studies up to graduation. His wife Nirmala is forty-three years old. She is also educated up to SSLC and
they have three daughters. The eldest daughter attends college and the two younger daughters go to school. The family has been living in Koripalam for more than two decades. They belong to Christian Nadar community.

The head of the household being a Government servant can avail employee state insurance for himself and his family. They are entitled to have complete medical care in the government hospital. They will be completely refunded for whatever expenditure incurred in private either for purchase of medicines or for doing any other diagnostic tests if they are not available in the government hospital but have been prescribed by the government doctors. However, they go to the neighbouring missionary hospital for minor ailments. The protestant missionary runs the hospital and since the household ascribes to the same faith they are well acquainted with the hospital. They have very good relationship with the staff of the hospital because most of the members belong to the same church and many of them belong to the same community.

Episode 1: Last year when Thankamani got severe pain in stomach on duty he was admitted in government hospital since he is an ESI holder as well as a government servant. His station colleagues accompanied him and there he was diagnosed of stone in his kidney in the emergency ward. The doctors advised him to get admitted and he was admitted for three days. A close friend and colleague were his primary caretakers when he stayed in the hospital. He found the hospital lacking in cleanliness and hygiene however he received good care and reassurance from the doctors. His station superintendent visited him in the hospital and spoke to the doctors, which he believes to be a good reason for the diligent care. His wife and his colleague paid ten or twenty rupees to the attending staff and they provided him a bed with fresh bed linen and put his bed under the fan. During his stay the doctors explained him his condition, of having 0.4 calcification that can easily get dissolved with medicine. The stone was dissolved after three days of medication. He was asked to come next
week for a regular check-up. His wife gave one hundred rupees to the attendant to share among others for the service rendered. She had seen the similar practice done by the patient next bed who vacated the hospital one day before.

Ever since, he made two follow up visits in the government hospital. In the first visit he went alone and the doctors did some physical examination in the OP department, it was crowded and the doctors spent very less time with him. They asked him to take an X-ray and bring it in the next visit. The technician in X-ray department asked him to come the next day without having his breakfast. The next day morning he had to spend almost two hours to get his X-ray done, everything went fine except he had the apprehension on seeing the poor documentation whether it would be properly filed or mixed with some other’s X-ray. The next week he went directly to the department and in a few minutes could receive his X-ray sheet. When he went to the OP department the doctors examined the X-ray sheet and declared him cured. The visit did not last more than two minutes and he did not have much time to either thank the doctors or to ask about any future visits. He though being happy with his health condition was disappointed that the doctors did not talk to him properly and were in such haste.

Episode 2: Nirmala had recurrent and persistent headaches and after frequent visits to the missionary hospital the doctor suspected some neurological problems. Since the missionary hospital is medium sized secondary care hospital the head doctor suggested Nirmala to visit the Neurological department in the government hospital, since he felt it to be cheap and good. She went to government hospital along with a neighbour and in the OP department after seeing the reference letter from the doctor in the missionary hospital and doing some preliminary examinations she was asked to get a scan done. The government hospital had scan facilities for payment and she got it done the same day. The scan cost her five hundred and ten rupees and she was given proper bills. She went the next day to collect the
reports and went to the neurological department. Her scan was examined and the neurologist who is a female doctor advised the patient to come to her own private clinic in the evening where she could receive a thorough examination and more time could be afforded. The neurologist also promised that the illness could be cured within two-three visits. After discussing with her husband she decided to visit the clinic and went along with her neighbour the next day. The neurologist was very cordial and examined her after taking a detailed case history and the meeting lasted for around forty minutes. The doctor diagnosed her of having some variant of migraine and suggested to have four injections once in fifteen days. She paid two hundred rupees fee and purchased the injection from the in-house pharmacy for another three hundred rupees and had her injected. She paid another visit after fifteen days and had another injection and during this visit the doctor did not take any money. The doctor enquired about the improvements and the patient reported of not having headaches but the doctor asked to complete the course of treatment with another two injections in the next visits. The meeting lasted around five minutes however the doctor was very warm and enquired about her family.

Meanwhile a schoolteacher who is from the neighbourhood met her a week later in a neighbour’s house. The schoolteacher is well-revered man in the neighbourhood because he is a traditional healer who practises Siddha medicine only among friends and relatives. When Nirmala had a chance meeting with him, she told him about her case. He admonished her for not coming to him in the first hand and for taking injections which he speculated of very high dosages that might be of having serious side effects in the longer run. Ever since she got scared and has stopped going to the neurologist and now takes regular medicine from the teacher. She has not suffered from any headaches and she is very happy with the new treatment and it is almost free of cost except for purchasing certain chemicals and herbs from a specific shop that sells these things which is then prepared
into a medicine by the teacher. The teacher however takes no fee. These days the teacher who regularly visits their home once in a week have started treating her husband from any future problems of calcification in the kidney and also for any further minor ailments in the household. The teacher does these activities as a service to the neighbourhood, which he had inherited from his father and hence takes no money. Most of his treatment is procedures that involve very simple herbal medication and following certain food regimens. The teacher is very patient, explains the problems as well as the treatment processes.

**Narrative 6:**

The head of the household is Anthony Raj, forty-one years old and works as an office assistant in a government aided Christian missionary college. He lives along with his wife and seven years old daughter. His wife, Arulmala, is thirty-six years old and is a secondary grade teacher in a government-aided school. They both earn five thousand and eight thousand rupees respectively. Their daughter goes to the neighbouring missionary school for her second standard. They live in their own house and they are some of the earliest inhabitant of locality living there for two generations. They belong to Christian Nadar community.

Both the members of the household are government servants and hence they can avail state insurance. They are entitled to have complete medical care in the government hospital. They will be completely refunded for whatever expenditure incurred in private sector either for purchase of medicines or for doing any other diagnostic tests if they are not available in the government hospital but have been prescribed by the government doctors. However they have not completely depended upon the government hospital for their medical care. The family has resorted to multiple options in seeking health care.
Episode 1: Last one and half years Anthony Raj has been suffering from stone formation in kidney. He started getting pain in the lower part of the abdomen. He through the help of his friend got to know about a private clinic, K.J. clinic, two kilometres away and he has not been availing his ESI provision of either going to government hospital or other accredited one. Recently he got to know about another physician, Dr. Bernard Thyagrajan through another friend. Luckily for him Dr. Bernard was also a visiting doctor to the missionary hospital in the neighbourhood. He got an appointment and met Dr. Bernard. Dr. Bernard impressed the patient in the first visit itself. He was very patient, went through all previous records and even commented the earlier treatment itself was absolutely perfect. But then since coming to this missionary hospital would save plenty of time and even money, the patient preferred to take medication under Dr. Bernard’s supervision. The doctor advised to get a scan done to determine the current status. He did his diagnostic test from a leading private diagnostic centre even though he was entitled to do it in a government hospital. He perceived that taking a CT scan test in a government set-up would be time consuming and more over he was not sure of the quality of the service provided in the government hospital. Dr. Bernard has mildly altered the earlier doses of medicine but more or less the treatment remained the same. The only difference in the missionary hospital is the consultation fee of twenty rupees per visit and the proximity to the locality. He is so very satisfied with Dr. Bernard that he takes his family for all minor ailments to that clinic.

He also takes advice from Mr. Amalraj, a schoolteacher who has knowledge about traditional medicine. Amalraj is a well-respected local man, well known for his helping nature, especially for ill people. He does not take any money for his services. People in the neighbourhood have the usual habit of taking advice from him whenever they fall ill and even at instances when they have been already taking allopathic care. He provides Siddha medicine as a supplement along with allopathic care. He believes while allopathic
care might give temporary relief, Siddha medicine would help with the result in the long run. Anthony Raj also buys medicine directly from the chemist shop for minor ailments such as headache, cold and coughs.

Episode 2: Anthony Raj's wife Arulmala is a diabetic and because of that problem she got her first pregnancy aborted in five months and the next time it got aborted in two months. The whole family became very sad and started consulting friends and neighbours. They visited Mother hospital, a Roman Catholic missionary hospital, and the Mother Superior of the hospital advised them to go to Agnes hospital in the city. Dr. Agnes is a leading female gynaecologist in the city with a very good reputation. She has indeed specialized in various problems related to fertility, pregnancy and childbirth. The hospital has more than hundred beds and is also considered one of the expensive private medical institutions. Taking reference from the Mother Superior, Arulmala along with her husband made an appointment with Dr. Agnes. During the consultation Dr. Agnes rarely spoke a word. The couple were the only speaker during the brief ten minutes encounter. She just prescribed a series of tests to be done. The hospital itself had a diagnostic centre where these tests could be undertaken. The couple already disappointed with the detached behaviour of the doctor was indeed overwhelmed by the number of expensive tests to be done. The couple had to return home without doing any tests and to arrange money so that it could be done in one or two days. Meanwhile they met a staff nurse from the same locality who works in the government hospital. The nurse is indeed an old time friend of the family. She advised as well as offered help in arranging for an appointment with a senior gynaecologist in the government hospital. She further narrated certain similar examples where the doctor was very successful.

Already frustrated by the meeting with Dr. Agnes the couple decided that they would take a final chance in the government hospital. The next day they went to the senior gynaecologist in the
government hospital. The helpful nurse already informed their case to the senior gynaecologist, who was also a professor in the medical college. She did a thorough check up and also asked to get some tests done. The doctor gave a very patient hearing and then assured the couple that with good care and necessary medication she can have a safe pregnancy and delivery. The couple in order to save time got the tests done at private diagnostic centre. Once again they met her the next day with the reports, the doctor after patiently examining the reports prescribed some medicine and asked to regularly visit her once the pregnancy got confirmed.

Arulmala became pregnant after two months and she started regularly visiting the doctor in the government hospital. The doctor advised her to take a medical leave till delivery because her medical condition did not suit her to have any physical strain. The prolonged care helped the pregnancy and Arulmala delivered her daughter in the government hospital. The senior gynaecologist after providing such an excellent care refused to take any cash or gift from the couple. She stated that it was merely her job. The only expenditure or hardship the family underwent was during the stay at the hospital for the delivery. But this particular experience in the government hospital has transformed their opinion on government hospital. They have been indeed suggesting many of their friends and relatives to go to the government hospital, most specifically for complex health problems rather than wasting money in the private health sector.

**Narrative 7:**

The head of the household F.X. Xavier, thirty-six years old is a plumber. He lives along with his wife Maria Jeeva and two children. Both the children are male with ages nine and three years respectively. His wife is thirty years old and works as a casual labourer for a beedi company. However she can roll beedis from her home and she is paid on contract basis. Xavier works as a plumber and he earns around three thousand rupees per month. Xavier was
earlier working in Saudi Arabia and now he is self-employed. They live in a rented house in Koripallam for a rent of three hundred rupees per month. The members of the household belong to Christian Nadar community. The family also belongs to lower income category within the middleclass.

Episode 1: Maria gave birth to both her sons in the government hospital. Her second son, Robin, was a normal delivery in the government hospital. During her first delivery she was staying at her mother's home and got admitted in the government hospital when she got the pain. However during her second child she stayed at her own home since it was closer to the government hospital. Her mother stayed along with her as a primary caretaker for three months. She regularly visited the government hospital along with her mother for checkups and getting vaccinations. The health worker also regularly visited her home during the whole period providing her nutrient supplements. She also further helped Maria with the important dates during which one could receive vaccination from the government hospital.

Maria got admitted in the government hospital a day before the delivery. Her mother stayed along with her in the hospital. The neighbourhood family took care of her elder son. Her husband brought the food given by the neighbours to the hospital. They had to arrange for their own bedding in the hospital since it was overcrowded. Maria indeed did not have a cot and she like many other pregnant ladies had to sleep on floor. The duty doctor went through her records and suggested that she might get her labour pain with in a day.

During late night Maria got her labour pain and her mother informed the duty nurse. The duty nurse after attending the patient informed the doctor who was on night duty. The doctor on duty was young, probably an intern. She instructed the nurse to wait for another half an hour and if the pain persists then the patient should be admitted in the labour ward. Since the pain persisted the patient
was moved to the labour ward where she had normal delivery in the early morning. During the whole period the young doctor and the staff nurse handled her. The doctor was very kind to Maria and as this was her second child in the same hospital she did not panic. But she could not help notice the difference between a senior doctor who had conducted the delivery for her first son and the present one. The young doctor was reassuring and kind during the whole process. The next day morning since it was a normal delivery after the early morning rounds by the senior doctors asked the mother and child to be shifted to the general ward. They did certain physical examinations for both mother and child and declared everything normal. In the evening her mother and husband decided that they can go back to their home the next morning. Meanwhile during the day her neighbours and relatives visited the hospital to greet. Later in the day the staff nurse called her husband aside when he came for giving the food to pay money the nurses and attendants who helped during the stay. He paid her three hundred rupees and asked her to take care of the attendants. In the morning before getting discharged the doctor informed her about the vaccinations and other important medical care in handling the infant. She was also informed and advised about the family planning procedures since she already had two children. She however refused any family planning procedure during that time. Maria thus had her both children delivered from the government hospital and she got a satisfied stay during both the times with some nominal payment to the attendants. She in fact thought whatever lacunae in the physical infrastructure to be of less significance and found the government hospital suited best for childbirth because it is best suited for any emergency or complexity in childbirth could be best handled with less expenditure.

Episode 2: The family visits Dr.Ratnavel for minor ailments. They chose Dr.Ratnavel since he is very popular in the neighbourhood having very convenient timings of twice a day and is located closer to the locality. Further he does not charge more than twenty rupees per
episode and that includes some medicine. However when Maria had a fever recently and she went to Dr. Ratnavel, he prescribed her an injection and some medicine. He promised her that she would get well in a day however she had to go back the next day since the illness aggravated along with the symptoms of high fever, cold and vomiting. This time she was accompanied by her husband, the doctor after attending to her referred her to the Dr. Rajesh Sampath in the C.S.I. missionary hospital. The doctor did not take any fee for the consultancy. Her husband took her to the missionary hospital and the duty doctor immediately admitted her in the hospital. She spent her next five days in the CSI missionary hospital. Dr. Rajesh Sampath was a senior consultant with the hospital and he visited the patient after an hour. He enquired the case history both from the patient and her husband. After listening patiently he did his medical examination and instructed the nurse to administer the patient intravenous fluids so that she might gain energy. He also informed the patient to undergo certain pathological tests in order to determine the exact nature of the illness. He however speculated the illness as an outcome of food poisoning. The hospital had a pathological lab attached to it and hence the samples were collected from the ward instead of the patient going there. The results of the tests would be directly sent to the doctor. In the evening, the patient was feeling a little better and asked her husband to bring her mother to take care of the young children at home. When the doctor visited the patient late in the evening revealed that the tests could not indicate the exact problem and hence now concluded to be of viral infection. She would be admitted in the hospital for a few days since the illness will take a minimum of one week to get cured.

She stayed in the hospital for next five days and her mother and husband were taking care of her in turns. Since the hospital was close to the house even the children could visit her once in a day. The stay in the hospital was very pleasant. The doctor and the paramedical staff were very kind and enough time was spent with each patient.
every time the doctor came on rounds. And the treatment cost them three thousand rupees. They could manage only two thousand five hundred rupees and the doctor sympathetically heard their financial position and after consulting with the hospital superintendent the balanced amount was waived. Even though the expenditure was high they believed that getting admitted to any other private hospital would be more expensive. They also did not chose the government hospital even though she had her deliveries there since she felt getting admitted in the government hospital apart from child births was a tough process and moreover her health did not permit her for any further delays. The medical personnel behaviour, the care she received and good physical infrastructure in the hospital made her highly satisfied with the treatment received.

The members of the household also purchase medicine directly from the chemist stores for certain minor ailments. Once in while they have spent some money for magico-religious treatment complementing the medical care already been taken. The household usually prefers government hospital for any treatment as their first choice however the long wait, inconvenient timings, the need to have friends from the staff of the hospital have always been deterrents in seeking health care from government hospital. The private sector experiences have cost the household a financial burden and even sometimes that had incur debts from either friends or relatives. Recently some women in the neighbourhood had invited Maria to join a self-help group and she is thinking of joining them since the group promises better income, new friends and empowerment. Maria hopes the new association would help her at various crises including on health.

**Narrative 8:**

Daniel, thirty-six years old, is the head of the household. He is a lecturer at St. John's College and his wife, Pushpa, is a schoolteacher. They have two school going daughters and Pushpa's father a retired clerk constitutes the whole family. Pushpa is thirty-two years old and
her daughters are nine and five years respectively. They live in their own house, which they have purchased in 1998. They chose to live in this locality because it is located very centrally and close to their respective work places. Puspha's father is a widower and since he was alone the family requested him to stay along with them. His stay also helps to take care of the children since both the parents go to work. The family belongs to the Christian Nadar community. All the family members are well educated and within the middle class they are in the upper strata.

The members of the household have never visited a government hospital for any of their ailments. The family feels that government hospitals are very crowded, unclean, unhygienic and poor quality of services been offered. They do have employee state insurance scheme but they have never claimed any of the privilege or facility since they feel it curbs their freedom to choose among better options in health care. The family has indeed a vast experience with the private health sector and they have a specific choice of health care facility with respective ailments.

Episode 1: Pushpa had both her deliveries in one of the cities leading maternity homes. The maternity home is just hundred metres away from her home. Dr.Maragathavalli is a very senior female gynaecologist in the city who has her own hospital run along with her husband who is a general physician for the last thirty years. She is very popular and even considered to be a very lucky by many of the people who recommend this hospital willingly. Puspha was confirmed of her second pregnancy in the same hospital and she started going for regular medication and checkups to the hospital. Since she had received similar care from the same hospital in the past for her first delivery she was very comfortable this time. During the first delivery she travelled from her mother's home, which was far away but within the city. Her accompanied her during those days. Since her mother was no more alive a friend in the neighbourhood accompanied her to the hospital and on certain occasions either her father or her husband.
came. The doctor and other senior paramedical staff of the hospital could recognise her and relationship was very warm and cordial. The delivery took place in the hospital on the day she got admitted, she waited until she started experiencing since her house was very close to the hospital. The stay there for three days was very good and her father and husband were the primary caretakers. A poor lady who is of distant relation was requested to help the family for a month.

Apart from having her child birth Pushpa had her child vaccinated in the same hospital. Now both the children are nine and five years old respectively and for all their minor ailments they visit the same hospital. Dr. Mohammed Thamby who is well known paediatrician of the city is also a regular doctor of the hospital and both the daughters receive treatment from him when they fall ill. Apart from being very close too their home, the hospital has become indispensable for Pushpa and her children. Since her first child’s birth there for the last ten years regularly visiting the hospital for ailments has enabled to built a personal bond and trust with medical and paramedical staff of the hospital. Pushpa has indeed invited the doctor and the staff of the hospital for some of the important functions in the family.

Episode 2: Recently during late in the night Daniel had severe pain in the abdomen. His wife and father-in-law got panicked and rushed to a multi-speciality hospital, Venkateswara hospital, which is about a kilometre away from their home. This hospital is a new hospital and it is located just opposite to the government hospital. This hospital attends patients round the clock and it has almost all advanced diagnostic facilities. As soon as Daniel reached the hospital the duty doctor attended him and gave an injection to arrest the pain. The doctor told them not to worry since it was bearable pain and during the physical examination he could not find any external injury or any swelling. Daniel was asked to go home and return the next day morning for elaborate tests.
The next day morning when Daniel came to the hospital along with his wife, they were referred to a specialist, Dr. Sridhar Jeyapaul. Dr. Sridhar asked for the symptoms and then followed with a physical examination. He then asked the patient to have ultrasound test and CT scan test in abdominal region. The doctor took more than fifteen minutes in the whole process, and recorded the case history of the patient. Daniel had his diagnostic test done in the same hospital and the report was forwarded to the doctor with in an hour. After seeing the report the doctor diagnosed Daniel of having stone formation in the kidney. The doctor then prescribed medication and informed the patient that problem could be easily handled with medicines since the stone formation did not warrant advanced laser treatment. The doctor also advised the patient about his diet and asked him to drink large quantities of water. He asked the patient to take the medicines for forty-five days and comeback for reviewing the progress with the treatment. The doctor reassured the patient that the problem was very common in the region and proper medication could easily cure the problem. The patient and his family are very satisfied with the hospital and the care received. The hospital is closer to their house, functions round the clock, has advanced treatment facilities in all specialities, both pathological and diagnostic services are within the hospital. Moreover the hospital is very clean and hygienic. The paramedical staff and attendants are very helpful with the patient and almost all leading specialist of the city visit this hospital. Further more according to Daniel and his family the medical expenses incurred are quite nominal. All this factors combined have made a very positive impression with Daniel and his family.

Daniel does also take some traditional medicine and follows the diet regiment advised by Mr.Amalraj, a freelance traditional practitioner. Amalraj has been a close friend of the family and he has committed himself in promising Daniel that his herbal medicine would alleviate the problem completely. Even though Daniel is in allopathic
medication also takes traditional medications since he completely trusts Siddha medicine and his friend's ability to cure. On several instances, they have done over the counter medical purchases for minor ailments. Puspha has been also persuaded by the neighbours to take her children to a very old Muslim clergyman in the neighbourhood mosque to get sprinkled by holy water. It has been a very normal practice among the people of the locality in seeking such religious treatment in spite of the different religious orientation.

Narrative 9:

Ponraj is fifty years old and the head of the household. He is an ex-service man and after his retirement from military joined the state government service as bus driver. His household has seven members and he lives with his elderly mother, wife, three sons and a daughter. His eldest two sons are in military service and live in north India with their respective regiments; his youngest son and only daughter are studying at college in the city. His mother and wife take care of the domestic activities. They own the house in which they live and their family is one of the earliest inhabitants of the locality. They belong to Christian Nadar community.

Episode 1: Ponraj is a government servant and therefore he and his dependent family members can avail employee state insurance scheme. But Ponraj has never availed any facility under the scheme. His family had been visiting the C.S.I. missionary hospital in the neighbourhood for their ailments and his mother visits the government hospital for her health problems. Ponraj has been detected of having hypertension three years ago. He had been suffering from fever one day and still went to work. The illness made him very uncomfortable and he along with his colleague went to a private physician near the central bus station. The doctor during routine physical examination for signs took his blood pressure and was detected of having a high blood pressure. He took advice from his friends who suggested him to get care from the C.S.I. missionary
hospital in the neighbourhood. Ponraj went along with his wife to the hospital. The receptionist after registering his card referred to Dr. Rajesh Prabhu. The doctor checked his blood pressure and found him to have high pressure. He then wrote for a blood test that could be done in the hospital's pathological laboratory to ascertain the exact health condition. The doctor asked the patient to come the next day so that the blood test report could be consulted for further developments. He also reassured the patient not to get panicked since the patient was having only moderate level of blood pressure that can be easily controlled. The nurse then guided Ponraj to the pathological lab where two samples of his blood were taken. He paid a fee of fifty rupees for the tests and got the receipt.

The next day the patient and his wife went to the hospital. They were immediately given appointment and it was told to them by the nurse that the results of the blood test have already reached the doctor. The doctor greeted them and told there was nothing to fear since the blood tests also showed that the problem was at an early stage and it could be easily arrested. The doctor prescribed the medicine that needs to be taken regularly every day and once in three months the patient needs to come to hospital for medical check-up and to satisfy that the problem is safely under control. Then the doctor gave advice on the diet regime that needs to be followed, the necessary changes in the life style and the physical exercises that could help the patient to be fit and healthy in the long run. The patient needed to be extra careful since he is a bus driver that required long hours of concentration driving in busy roads of the city. The doctor strictly advised the patient to reduce or quit smoking and drinking alcohol since these habits aggravated one's heart condition. The doctor also explained to Ponraj's wife the role of the family in helping the patient to cope with his problem. The consultation took around thirty minutes. Ponraj and his wife were highly satisfied with the interaction. The doctor has been friendly, had given ample time, and had explained the problem in simplest terms one can easily
understand. Ever since, Ponraj has been strictly following the doctor’s advice in both the medication and changes in the life style. Ponraj is an ex-service man who has undergone hardships in his professional life and whenever he had fallen ill he rarely went to a hospital. He does not have any strong opinion on either public or private sector health care. He has even accompanied many times his mother to the government hospital when she fell ill. But with the present experience he has received in the missionary hospital he believes that the doctors in the government hospital though provide the same treatment to the patients do not spend adequate time to explain the exact nature of the problem nor talk about the non-medical ways in promoting one’s health. He believes that lack of personalised and empathetic care in government hospital to be of a major shortcoming.

Episode 2: Ponraj’s mother is an elderly lady of seventy-eight year’s age and whenever she fell ill goes to the government hospital. She mostly goes of her own to the hospital even though it is on rare occasions. She most often depends upon traditional home remedies and only when the fever or cold persist she does go for the government hospital. She has been living in this locality for more than fifty years knows plenty of people in the locality and even some senior paramedical staff of the hospital that she feels very comfortable and satisfied. And moreover she does not prefer spending out of pocket for health care and feels the private sector is very expensive.

They also take care from Mr. Amalraj very much alike his neighbours since he is also a friend of him and especially for skin disorders they immediately take his help. They have in fact benefited for some skin problems using the traditional medicine prepared by Amalraj. The family has also spent on magico-religious treatment on more than one instance both in a mosque and temple following the local customs though they are Christians. The neighbours and Ponraj’s mother have always persuaded in going for magico-religious treatment though allopathic medical care is been undergone. Similarly home remedies are all provided to the ill family member often
prepared by Ponraj's mother to complement the allopathic care and such medical syncretism is very much evident among many households.

**Narrative 10:**

The head of the household is Mohan Moses, thirty-three years old, and he works for a Tamil Newspaper as a news reporter. He lives with his wife Shobana, twenty-seven years old, and three years old daughter and ten months old son in Koripallam. Shobana is a police constable with the Tamil Nadu State Police. They have been living in the locality for past three years and they live in a rented house. They decided to live in this area because it is one of the good middle class localities of the city and its vantage location that is very convenient for both husband and wife to reach their respective work places. The physical conveniences apart the neighbourhood mostly belong to the Christian Nadar community, which was also an important criterion to select this locality. The members of the household belong to Christian Nadar community.

Episode 1: Shobana had both her deliveries at her mother's place and it is three kilometres away from her house. It is a normal practice among pregnant woman to have their childbirth at her parents' home. Usually during the seventh month of the pregnancy a small function would be held at her husband's place and after the function her parents take her to their home. The delivery takes place under her parents care and she returns back to home after the six months or in certain cases it could be after a year. This custom helps the pregnant women to a great deal. She feels more comfortable both physically and emotionally with her mother during the period rather than anyone else since a pregnant woman has to be completely dependent upon others.

Shobana had her complete pregnancy care in a leading maternity home near her parents' home from the beginning. Since she would be having her delivery in the same home she preferred to have
continuity in the care and therefore in spite of the distance she took her medical consultation from the hospital, Lakshmi Hospital. The hospital is one of the leading maternity and childcare hospitals in the whole district. The hospital has a long tradition and reputation in the city. The hospital is also considered to be less expensive and has never promoted caesarean delivery unless found necessary. The hospital is complete with the entire infrastructure necessary to handle any emergency situation. Ramalakshmi is the senior gynaecologist of the hospital and her husband is general physician who manages the day-to-day affairs of the hospital. The couple has two sons both of them doctors and are married to woman both of them gynaecologists respectively. The whole family is into the medical profession and hospital has generated a great deal of good will in the city. Shobana herself was born in the hospital and she is of second-generation seeking maternity care from the same hospital. Dr. Ramalakshmi remembers most of her family who regularly seek medical care from the hospital and similarly with the case of Shobana. Most of the patients still prefer Dr. Ramalakshmi to attend them even though both her daughter-in-laws are professionally more qualified. Shobana also preferred to have the delivery under the care of Dr. Ramalakshmi. Both her deliveries had been normal and she stayed in the hospital for three days respectively. She was highly satisfied with the care she received from the hospital. The cost of the medical care including the stay in the hospital for three days cost her three thousand rupees for the first delivery and three thousand five hundred rupees for the second delivery. Though there has been an increase in the expenditure for the second delivery, Shobana and her husband feels it to be very cheap and far less expensive than any of the private maternity home. Even though Shobana has employee state insurance coverage, she did not avail any of those facilities. She felt that the government hospital or the private hospitals that are covered under the scheme are not good enough. She was suggested by Dr. Ramalakshmi to undergo any of the family planning procedure
according to her choice since she had already two children. Shobana has not yet decided upon this issue. Apart from the maternity care she received from Lakshmi Hospital, she also takes both her children for vaccinations and treatment of other minor ailments from the same hospital. Dr. Manikavasakam is son of Dr. Ramalakshmi and he is a qualified paediatrician. The last three years he has been the family paediatrician for Shobana’s children. She is very satisfied with the treatment. These days she need not travel to Lakshmi hospital when any of her children fall ill since Dr. Manikavasakam comes as visiting doctor to a private poly-clinic near their home and his appointment can be fixed through telephone.

Episode-2: Mohan has taken treatment from both a missionary hospital in the neighbourhood and also from a private nursing home for a minor accident. Since the accident took place near the missionary hospital he was taken there for first aid. But once he got discharged he went to a private hospital, Venkateswara Hospital, for further care. He was referred to Venkateswara Hospital when the pain still persisted in his arm even after the injury got cured. Moreover he was not completely satisfied with the missionary hospital because he felt the hospital to be more suited for basic health care facilities. His friends and neighbours suggested him about the Venkateswara Hospital. He and his wife went to the hospital where Dr. Damotharan, a leading orthopaedic surgeon, attended him. The doctor also practices in the government hospital and attends his private patients in this private hospital in the evenings. Dr. Damotharan asked him to do some diagnostic test in order to ascertain that his arm has not sustained any internal injury during the accident. When Mohan Moses inquired about the charges that would cost the diagnostic test, the doctor suggested him to come to the government hospital the next day morning where arrangements for diagnostic test could be done.

Mohan did not have very high regard for the government hospital. He considered government hospitals to be crowded, unclean and offering inefficient and poor quality of services. However now on
the suggestion of Dr. Damotharan he decided to have his diagnostic
test done there to cut down the expenses. The next day, he went to
the outpatient department where he met Dr. Damotharan who
referred him for the test. The government hospital has recently
invested and built a new block with the advanced diagnostic facilities
and they have started charging nominal user fees. Mohan was
surprised to see the development and got his test done there. He was
asked to collect his report the next day. The next day after receiving
his report, Mohan went to the private hospital where Dr. Damotharan
checked his report. After going through his medical report the doctor
deducted minor ligament tear in his right arm and the whole region
had been inflicted with inflammation that has caused the pain in
Mohan's arm. Mohan had his arm completely bandaged since any
movement of the arm might further aggravate the situation. He was
also given medication for fifteen days and was asked to return to
check on the improvements in his arm. The treatment cost Mohan two
thousand rupees including the diagnostic test that has been done in
the government hospital. He could recover part of the money he had
spent on the government hospital since he had ESI coverage. He
revisited the hospital after fifteen days and an X-Ray was taken to see
the progress in his arm. The doctor found that the tear has completely
cured and the inflammation has been also cured. He did not charge
any consultation fee this time. Mohan was highly satisfied with the
treatment he has received and moreover pleased with the doctor who
has helped him in cutting down the expenditure by suggesting getting
the diagnostic test in the government hospital.

Mohan's family as per the prevailing local custom has twice
visited the local Muslim man in the mosque to get both their children
sprinkled with holy water when they were suffering from fever. Mohan
was also having persistent headaches and cold for almost a month. He
was trying various medicines purchased out of counters from medical
store but nothing could alleviate his problem. Later one of his
neighbours suggested him to Mr. Amal Raj since he has cured a
similar problem for a member of his family. Mr. Amal Raj diagnosed Mohan of having sinus problem and that has been the cause for cold as well as headache. He then gave certain traditional medicines as well as certain new methods to be observed while taking bath. Incidentally Amal Raj did not charge any money for treatment and his treatment was less invasive and consisted of simple medical practices to be observed routinely. Mohan after following the treatment has now been completely relieved of his problem. The treatment he has received from Amal Raj has made him a big fan of Siddha medicine in recent times and he never fails to take advice from Amal Raj when any of his family members falls ill.

**Narrative 11:**

The head of the household is Navislugard, thirty-two years old, and he is a bookbinder in a printing press. He earns around two thousand rupees per month. His wife Sulachana is twenty-seven years old and she also works as computer operator in the same press. She earns three thousand rupees per month. They both belong to different caste group even though the religion is same. They both belong to the same locality and since they both are Christians they could marry without much resistance from the respective families. They both live in a small rented house along with their two years old son.

Episode 1: Sulachana had her son delivered in the government hospital. She chose the government hospital since they came from a lower middle-income group. However she got her pregnancy test and all pre-delivery care from a catholic missionary hospital, Mother Hospital, which is near to her home. Mother Hospital is a very old missionary hospital in the city and it has been offering primary and limited secondary health care services to the local population. Mostly the Christian population in the locality make use of the services in the hospital. Sulachana is also a Roman Catholic Christian and goes for her Sunday masses to the church attached to the hospital. Hence she
is well acquainted with the services of the hospital and chose to get her pre-delivery care from there. Her mother accompanied her every time she visited the hospital either for getting vaccination or for routine check-ups. Since they belong to the same religious denomination they were offered the health services totally free of cost. However the visiting gynaecologist of the hospital referred Sulachana to the government hospital for her delivery. The Mother Hospital did not have the infrastructure for emergency care and hence they refer all their patients to the government hospital.

Sulachana was admitted in the government hospital as soon as she started getting labour pain. Even though she was admitted to the labour ward she could not have a normal delivery in spite of the pain. There was a breach in the uterus and hence normal delivery became impossible. A surgery was performed immediately and childbirth was safe. Her mother and her husband were the primary care takers in the hospital but the stay in the hospital was only for three days. She was directly admitted to the labour ward and the surgery was performed in another six hours. She was then kept in the special ward for the next two days. And the doctors discharged her since both mother and child were healthy. She was asked to return to the hospital after fifteen days for a routine check-up. Since the patient has undergone surgery the doctors advised complete bed-rest at home. The stay in the government hospital was satisfactory but Sulachana could not elaborate more on the services of the hospital since she was completely bed-ridden all the three days. The doctors did come for their routine check up twice a day both mornings and evenings. They usually described the progress to the duty nurse and she in turn explained later to the primary care taker. The family had to spend thousand rupees for the entire stay, five hundred rupees would be shared among the nurses and the attendants and the remaining five hundred was shared by the staff in the operation theatre. Those thousand rupees apart five hundred rupees were more spent on medicines and food during the stay. The primary caretakers
had to arrange for their own beddings. There was very minimum interaction between the patient and the doctor.

Sulachana went back to the hospital after fifteen days along with her mother. She had a thorough physical examination in the OPD and she was declared to have completely recovered from the surgical wounds. Still she was advised by the doctor to take maximum rest for another three months to get the entire body back to the normal condition. The intern doctor then took over from the senior doctor and she informed the patient about the necessary vaccinations to be given for both mother and child in coming days. She also advised the patient to undergo family planning procedure and suggested 'Copper T' procedure but Sulachana has not yet decided upon the matter. Sulachana and her son had all their vaccinations and other medical care since then in Mother Hospital. She started resuming to go to Mother Hospital though she had her delivery in the government hospital because the Mother Hospital was closer to her home, more efficient and equally inexpensive. Moreover she felt that she might be pressurized in the government hospital to undergo some family planning procedure. She has also not utilized public facilities such as Balvadi or Anganvadi even though it is closer to home because the neighbours have warned that sending children to those places or receiving any type of food supplements was not advisable. The whole place is considered unhygienic, crowded with slum children and therefore any communicable disease might infect.

Episode 2: Navislugard has been suffering from asthma for the last one year. Earlier he used to suffer from dust allergy and off late it has aggravated into asthmatic problem. During summers the problem is very acute and he suffers out of breathlessness. The owner of the printing press has provided him with a mask and it has been very helpful in avoiding dust in the work place. He has also been to the Mother Hospital and it was here that he was diagnosed of asthma. Dr. Jude is a retired army doctor who is associated with the Mother Hospital after his retirement. He takes a small honorarium for the
service he offers. Navislugard is a patient of Dr. Jude and he is completely satisfied with the care and treatment he has received in the hospital. Dr. Jude has prescribed an inhaler to the patient so that whenever he suffers from breathlessness it would help him. Every visit to the missionary hospital cost him thirty rupees as consultation fee. The owner of the printing press has offered Navislugard to take care of his medical expenditure. Nsvislugard has also taken certain traditional medicine that has been prepared by his own mother in order to combat his health problem. He has been advised by Dr. Jude to avoid buying medicines directly from the chemist’s store without consulting a doctor and he and his family has stopped this habit.

**Narrative 12:**

The head of the household is Victor Perinba Durairaj, thirty-four years old, and he works as a small level building contractor. He lives along with his mother, wife and three children. His wife, Jayanthi, is a housewife and all his three sons are school going children. His family is one of the earliest inhabitants of the locality. They live in their own house in Korripallam. The members of the household belong to the Christian-Nadar community. The family belongs to lower-middle income class category.

Episode 1: Last year Jayanthi became very weak and ill during the menstrual cycle. Jayanthi felt that arrival of her mother might help her condition. Her parents who were living in the neighbourhood immediately came to take care of her. Jayanthi refused to go for any health care facility along with her mother but her bleeding continued causing much alarm to the family members. Finally she was admonished and taken to the protestant missionary hospital. The duty doctor in the hospital after examining her condition immediately admitted her in the inpatient ward. A senior gynaecologist was immediately contacted over phone and informed about the patient. She visited the patient within two hours. The patient was administrated with intravenous fluids so that she might be stable and
strong enough to undergo further medications. The doctor informed the caretakers of the patient about the problem describing it an abnormal cycle further aggravated by infections. The patient stayed in the hospital for four days and her parents stayed along with her in the hospital. The treatment and the care received in the hospital were very satisfactory and the patient recovered when she got discharged. The hospital expenditure came out three thousand five hundred rupees and they had already paid an advance of thousand rupees. Since the family members did not have enough money at hand, Victor had to borrow the money from a local moneylender and the interest rate was very high. The family did not go to the government hospital since they had no trust over the nature of the care offered there. Further they believed that unless they posses necessary connection within the hospital getting good treatment is very difficult. Sometimes the negligence in the government hospital, according to their knowledge, could be fatal to patients. Even though they had to incur debt for the treatment received in the private hospital they felt it was indispensable to avoid it. The finances were one important reason for Jayanthi to refuse any medical care in the first instance.

Episode 2: Three months ago Victor had a muscle pull in his back when he was trying to remove a heavy material in his construction site. He had a severe pain in his back but he tolerated the whole day and carried on with his work. Later in the evening after reaching home, he then went to a traditional healer in the neighbourhood. The old man actually runs a petty shop but he also treats patients with small sprains and pulls. The old man charges not more than five rupees per patient and usually attends them in the evenings. The old man massaged Victor’s shoulder and asked him to come every evening for the same treatment until it gets well. After two days continuous treatment Victor did not have any improvement and his pain had increased. His father-in-law advised him to go to a popular traditional healer who regularly treats patients of similar condition. The next day Victor went along with his father-in-law to
the popular healer. There was a long queue waiting in his house. Victor during his consultation told about the incident that caused him the problem and the earlier treatment that he has received. He also received similar massage from the healer and medicinal oil was given to him. The healer advised to have bath in warm water for the next two weeks and similar massage once in a day with the oil. He also gave some allopathic medicine, those were painkillers to be taken during night so that the patient will have good sleep. He paid the traditional healer thirty rupees. His pain subsided completely after a week and he is very satisfied with the treatment. He believes that similar treatment in an allopathic private clinic would have cost much more.

He takes his children to Dr. Ratnavel, a local private physician for minor ailments. Dr. Ratnavel is a popular doctor in the neighbourhood and it makes Victor comfortable with the clinic since the clinic is in the same locality and most of the other patients are also from the neighbourhood. His children also have health card issued by the school authorities and once in six months they are given regular medical check-up. Most of the vaccinations for the children for various communicable diseases are administered to the children by the school health services. Victor is very happy with this arrangement and appreciates this care by the school health services since it relieves poor parents from unnecessary burden. The household members also purchase medicine over the counter at many instances for minor ailments.

**Narrative 13:**

Venkata Balakrishnaraj is thirty-five years old and his profession is driving auto-rickshaw. He is the head of the household. He earns around two thousand per month. He lives along with his wife Thankamani and two sons. Thankamani is a housewife and both their sons go to school and they are studying in eight and seventh standard respectively. Venkat belongs to Hindu Chettiyar community
and his wife is a Hindu Nadar. Their marriage is a love marriage and they both have resisted their family objections and live independently. They both belong to a village in the district and since their marriage they have migrated to the city. They have settled in this locality for the last ten years and the live in a rented house. They belong to a lower-middle income class category.

Episode 1: Thankamani had a urinal infection and she was suffering from the problem. Her neighbour took her to a lady who is a pharmacist in the Government Siddha hospital. The pharmacist, Caroline, calls herself as a doctor and treat patients in the evenings in a small room enclosed to a big chemist shop. Thankamani explained her problem and Caroline administered her injection and gave some medicine for three days. Thankamani paid thirty rupees for the treatment. Neither the medicine neither cured her nor got the pain subsidised. Another neighbour chided Thankamani for taking medicine from a quack and asked her go to the government hospital the next day. Thankamani along with her eldest son visited the government hospital, and it took her almost two hours to see the doctor because of the long queue. The senior doctor took her to an observation table behind the screen blinds at the end of the room. There she was asked remove the dress in front of two other medical interns and a staff nurse. There was total lack of privacy and the patient felt too uncomfortable and the whole scene undignified. She ran out of the room with her son without telling anyone. She felt very angry about the attitude of the doctors and care offered in the government hospital.

Later in the evening she along with her husband went to a private polyclinic, Krishna Hospital. The hospital is a big private hospital close to their home but the hospital is considered expensive for ordinary households. Dr.Krishna, paediatrician, and his wife, gynaecologist owns the hospital. The hospital functions twenty-four hours and has good number of patients seeking care everyday. After paying hundred rupees registration was made and a case-sheet was
made for the patient. She could see the doctor only after an hour since there were a few patients waiting before her. The doctor spent around twenty minutes with the patients, got an elaborate case history and then did a physical examination. The doctor also asked her to give urine samples for some tests and after prescribing medicines for one day asked her to come the next day so that with the results obtained from urine tests the problem can be accurately understood for prescribing better medication. The doctor also asked her to make certain dietary and life style changes since those habits might have caused the problem. After the consultation a nurse to the pathological lab hosted her where she was provided the equipment and a private room for getting the sample. She paid another fifty rupees in the laboratory for the test. She could purchase the medicine from the medical store attached in the hospital premises. Thankamani started feeling relieved and happy after the entire process. She was now under the confidence that her problem would be cured. The next day she came alone to the hospital and as soon as the nurse saw her card immediately allowed her to meet the doctor. The doctor called for the reports and after going through the reports made some modification in the earlier prescriptions and asked her to continue the medication for six days and come back if the problem persisted but she assured that it would be cured. Thankamani had already started feeling better with the initial dose of medicine. She thanked the doctor, bought the medicine and left the hospital. She bought the prescribed medicine spending another two hundred rupees. She got completely cured as assured by the doctor. She feels the private sector though being expensive delivers the patient an assured relief with all the dignity intact.

Episode 2: In the last two years both her sons have visited the government hospital along with their classmates led by their teachers from school to undergo mass vaccinations and other routine checkups. The eldest son was found to have short sight vision. He was asked to come alone to the ophthalmology department by the doctor to
come the next day for further tests. The next he along with his younger brother went to the hospital, the doctor who had referred him could be consulted after waiting for ten minutes. He received both the brothers and did more advanced tests on him. The whole process took more than an hour and finally after ascertaining the exact status of the power problem in his eyes, the doctor prescribed spectacles with necessary power to manage the problem. The doctor also advised him to take good diet with vitamin contents that would naturally improve the eyesight without any medication.

The government hospital has provision for making spectacles for patients at a nominal cost. But the patient decided to go home and take advice from his parents for further steps. His parents decided that the quality of the glasses supplied in the government might be short of choice and quality. Then taking advice from the owner of his auto-rickshaw he took his son to the Aravind Eye hospital, a reputed charitable hospital for advanced eye care. The hospital had an optical store attached and run by the same management. Meera optical centre is considered to be one of the good shops catering to many customers and also less expensive. The manager of the shop received the prescription slip and then helped the boy to make a choice for the design of the spectacles and it took one day to receive the delivery of the spectacles costing one hundred and fifty rupees. The manager explained the patient on measures to take care of the spectacles from getting scratched or damaged on its smooth surface. The whole process had a mix of public and private sectors. The parents of the boy believe that their son could receive good care in the government hospital because it was part of different scheme. In spite of the good care received they did not trust the hospital regarding the spectacles and hence they went to reliable and less expensive private sector.

The family have also visited a traditional healer for Siddha medicine for many health problems. The traditional healer runs a medicinal shop in the city's central vegetable and provisional market. He sells raw and processed herbs, shrubs and various medicinal
goods that are used to prepare traditional medicine. He offers free consultation for patients approaching him with various health problems. They buy the traditional medicines suggested by him from his own shop. The whole scenario looks similar to the over the counter purchase of medicines in allopathic chemist shops with the help of the pharmacist. This shop attracts an impressive number of customers since the medicines are traditional perceived to have no side effects, very less time consuming and the expenses mostly do not exceed ten rupees. The household has a good relationship and trust over this healer since they have experienced relief from many of their minor health problems such as digestive disorders and skin allergies.

**Narrative 14**

Dharmaraj, forty-one years old, is the head of the household and he works as an office assistant in a government aided Christian missionary school. He lives along with his wife Rajila and two young children live in their own house at St. Michael's street in Koripallam. His wife is a secondary grade teacher in a similar aided school for girls. Their son is eight years old studying in third standard and the four-year daughter attends kindergarten. The couple earns around twelve thousand rupees per month. They belong to Christian Nadar community and they are natives of the locality.

**Episode 1:** Rajila had both her deliveries from her parent's place in the neighbouring town of Tuticorin. She regularly visits her parent's place in Tuticorin during weekends since it took hardly an hour of travel to reach it. She has been receiving treatment for her children for vaccinations and other minor ailments from a paediatrician in Tuticorin. Dr. Senthil is a well-known paediatrician in Tuticorin visiting many private hospitals and he also has his own private clinic near Rajila's home in Tuticorin. He has been a family doctor to her children and whenever they fell ill she waited till weekends because she was particular in having her children treated by Dr. Senthil.
Sometimes she would make a phone call to him explaining the symptoms and she received his advice.

In the last one year the scenario has completely changed because of workload in the school and she has stopped visiting Tuticorin regularly. Six months ago their daughter got fits while she was attending her class and later became unconscious. The parents were immediately informed; the child was given first aid. Rajila contacted Dr. Senthil over phone and he advised their daughter to be taken to Krishna Hospital, a private polyclinic. The parents took their daughter to the hospital and they were given appointment immediately since it was an emergency case. Dr. Krishna attended the patient; he got the case history for the patient and enquired in a detailed manner about the family history, any head injury or any other medicine she has taken recently. The doctor also asked the patient to undertake an electroencephalogram or EEG as commonly known. The test could be done within the hospital premises since the hospital had necessary facilities. The patient underwent the tests and after checking the report he wrote the prescription for the patient after telling that the patient might be suffering from epilepsy. He also advised the parents on how to handle the attack in future and various other precautionary measures. The parents bought the medicine in the hospital medical store but they were too much bothered and worried both by the child's condition and for the doctor not able to precisely define the cause of problem.

The patient underwent the medication for a few weeks and everything seemed normal until one day there was a relapse and she had fits. The patient was in the home since it was Saturday and her parents rushed her to Maragathavalli hospital because it was close to their home. Dr. Mohammed Thamby, a paediatrician who is a visiting doctor to the Maragathavalli hospital, attended the patient. The patient's caretakers explained the doctor about the earlier history and the treatment received in Krishna hospital. The doctor went through the medical reports and found the treatment taken appropriate to the
existing condition. He then explained the parents the nature of the problem, its chronic condition and the methods taken both medically and non-medically to combat the problem. Since the medical history of the patient did not point head injury or meningitis, the doctor suspected genetic reasons for the illness. He did not modify the earlier prescription and asked the patient to continuously take the drug 'epitone' lifelong to prevent further attacks. The parents were very satisfied with Dr. Thamby's care and the manner in which he patiently explained about the nature, causes and treatment process for the illness. Moreover Maragathavalli hospital was less expensive and the whole environment was very informal and friendly. Since then the family take their children to Dr. Thamby for any illness.

Episode 2: Dharmaraj was suffering from severe cold and cough for more than three days. He went to the government hospital to take treatment. After waiting for more than an hour in the outpatient department he was medically examined by the doctor and prescribed medicines for three days and asked him to come after three days if the problem persisted. The whole interaction with very less communication between the doctor and patient took two minutes. He received the medicine and did not have any improvement even after three days. Meanwhile he met Mr. Amalraj and he has prescribed certain traditional medicine that can be easily home made using medicinal herbs that grow in the backyard of most houses. After continuously taking those medicines, Dharmaraj was completely relieved of his illness and felt rejuvenated with the medicine. He feels that at most instances traditional medicine is more effective than allopathic medicine and moreover he was very disappointed with the type of care he received in the government hospital.

The family has never used employee state insurance scheme since it entitles them to seek medical care from the government hospital, which they do not prefer. Recently Rajila has spent around thousand rupees for some magico religious treatment for their daughter who is suffering from epilepsy. She was persuaded by a
friend in the neighbourhood to first go to an astrologer and then followed by very elaborate and expensive rituals in a temple. Dharmaraj was not kept informed about this and when he came to know about it later perceived it to be futile expenditure and also blasphemous since it went against their religion. In spite of his differences on the whole event he understands his wife’s desperation on their daughter’s health.

Narrative 15:

The head of the household is Iruthaya Bonhoure, sixty-five years old, and he is an ex-service man. He lives along with his wife, Gnanasundari. His two sons and one daughter are in government service and are all married having their own neutral family. Both his sons are Tamil Nadu state government police officers. Bonhoure and his family belong to Christian Scheduled tribe. They live in their own house and they settled in this locality twenty years ago when Bonhoure got retired from military and took up a security officer job in a cement industry in Tirunelveli. Two years ago, all his children moved out of the joint family system since their jobs were in other parts of Tamil Nadu.

Episode 1: Bonhoure’s wife Gnanasundari has been suffering from severe pain in her joints for the last six years. The pain usually aggravates during the nights especially during the winter. Gnanasundari has been taking medical care for this problem from various hospitals, traditional healers and has even tried magico-religious treatment. Gnanasundari initially went to the government hospital but she was very much unsatisfied with the care that she received. Moreover the medicines provided in the hospital did not help her much. Meanwhile she started going for traditional healers taking advise from relatives and neighbours. After spending plenty of money all she received from the traditional healers are different types of oil to be massaged regularly. There was no improvement in her condition, later she even went to the government Siddha hospital to receive
another type of oil but the outcome was the same. Recently she consulted a leading orthopaedist who is a visiting doctor from the Apollo Hospital in Chennai. The orthopaedist, Dr. Rajan, visits Shifa Polyclinic twice in a month and attends to patients who require specialized care in orthopaedics. Gnanasundari came to know about the doctor through the advertisement in a local newspaper. She took prior appointment for her consultation, when he visited the hospital next time. After a week she went to the hospital and paid two hundred rupees for the registration and she waited for half an hour since there was another patient before her. She and her husband explained the doctor about the persistent painful condition and the doctor asked her to have x-rays done on her knee joints. Gnanasundari had taken X-rays earlier and she brought the X-ray sheets along with her and gave to the doctor. The doctor after examining the sheets explained that she was suffering from a chronic condition known as rheumatic arthritics. He promised to alleviate her problem but warned that the treatment would be prolonged one since the condition is of chronic nature. He prescribed medicines for her and asked her to wear knee band especially during the winters. He also told them about certain advanced surgical procedures that could be performed on the knees to completely cure the problem. The couple did not appreciate the idea of a surgery since it was a very expensive surgery that could be performed only in the cities. Gnanasundari though satisfied with the interaction she had in the hospital, she was very sceptical with the future outcome of the treatment received. She has been ever since regularly taking those medicines and wears a knee band during the winter. She has a very good improvement and she is very satisfied. The medicines that she regularly takes for the pain is very expensive and it costs around ten rupees per day. She has however not abandoned regularly massaging her knees with medicinal oil with the hope that traditional medicine might help in the longer run and she can get rid of consuming expensive allopathic medicine.
Bonhoure considers himself to be a very healthy man and he has very rarely fallen ill. He goes to the government hospital for his ailments that persists even after taking traditional home remedies. He is very satisfied with the care he receives from the government hospital even though he acknowledges the poor quality of care usually meted out in the government hospital.

Narratives of lower class households:

Narrative 1:

Murugan is forty-five years old and he is the head of the household in Rajendra nagar with house number 7/60. His family consist of his wife, Papathy, who is thirty-five years old and three children, two male and one female. The male children are aged seventeen and five years respectively, and his daughter is eleven years old. Murugan's mother Mariamma, seventy years old, also lives with him. Murugan goes for woodcutter's job on daily wage basis; his wife does a maid's job in five houses in the nearby colony. Their elder son has migrated to Kerala for working in rubber plantation. The younger son and daughter go to school. The household belongs to Hindu Pallar community and it is categorized into a scheduled caste. They have migrated to the city from a village in the district because of the continued agricultural distress. They settled in this locality twenty-five years ago and now they do not have links or any property back in their village.

Murugan and his family most of the time depend upon the over the counter purchase of medicines for any minor ailments. Whenever the illness persist for more than a week and become severe they go to the urban health post. The urban health post is preferred to the government hospital even though the latter is closer because they feel intimidated in a big set up and also feel that very high bribes are sought there for good treatment. However Murugan's wife had all her deliveries in the government hospital but she went for regular
checkups till delivery to the urban health post. They have benefited from balwadi and aaganwadi services when their children were ill.

Episode 1: Murugan's wife was recently (within 3 months) taken to government hospital for family planning. A regular health visitor of that area persuaded her for family planning. She after consulting her husband decided for family planning. The health worker convinced her that she has crossed the prime age for child bearing and there would be no cause for concern to undergo the family planning procedure. She also further assured on the safe nature of the procedure. The health worker fixed a day and she went along with Papathy to the government hospital where she went the family planning procedure. The health worker guided her throughout the process. The female doctor in the ward took her case history and asked if she voluntarily and whole-heartedly agreed for the procedure. She was then hosted to the operation theatre where she underwent the procedure of tubal ligation. She was then later shifted to a ward where she stayed until evening and the health worker got her lunch and refreshments. Later in the evening the health worker got her into a prepaid auto rickshaw and she reached her home. The health worker also provided her with certain gifts provided under the scheme that included some money, a sari, five kilograms of sugar and rice. She was very healthy but decided not to go to work the next day in order to get more rest. Her experience in the government hospital was completely mediated and guided by the health worker that she had hardly any interaction with the medical staff except for their assurances on the safety of the family planning method.

The family has never visited a private medical practitioner and money was the issue they reasoned out. Whenever they fall ill, apart from going to the urban health post they also visit an old Muslim man in a nearby mosque. They pay around five or ten rupees and he wards off the bad spirit affecting health, on other occasions they have done similar things in a temple, folk deity, also. During rainy season the lake behind their house gets filled with water and soon mosquitoes
start breeding and soon the menace makes them difficult to live and sleep in their homes. The only remedy is when the corporation authorities cloud the area with D.D.T to get rid of mosquitoes.

**Narrative 2:**

Bhaskar is the head of the household living in house number 10/60. He is thirty years old and he lives along with his wife and her family. Bhaskar and his wife have two children one male and female of age six and one year respectively. The other members are his wife, Anthonyamma, parents and an unmarried brother. Bhaskar and his wife are literate but are not educated above middle school. Bhaskar and his father-in-law work as labourers in building construction earning around fifty rupees each per day and the job is seasonal and the remaining days they do any odd manual job to earn some money. They belong to Hindu Pallar community but they also practice Christianity.

Bhaskar's wife gave birth to both their children in the government hospital and both deliveries were normal. She also had vaccinations done for her children in government hospital. Recently she is persuaded by the health visitor to have some family planning measure done at government hospital but she has not decided to undergo the procedure. Her interaction with the government hospital is very typical of what is usually perceived of by the public sector. But at the same time since she has only on a very few occasions visited the private sector find it difficult to compare but believes that public sector is more affordable. She both in the public and private sector had hardly spoken to the doctor except for answering their questions and they have also not elaborated her about the respective health problems. She has to depend mostly on the nursing staff and the attendants to gain any information on managing the whole process of treatment seeking and in the process some out of pocket expenditure takes place.
Episode 1: Bhaskhar's eldest son had severe fever and he was rushed to the C.S.I. missionary hospital in the nearby vicinity since the patient was too ill to wait until next day morning to be taken to the government hospital. Bhaskhar spent thirty rupees for the consultation fee and the doctor asked his blood to be tested, he once again spent fifty rupees for the test. His son got an injection and the doctor prescribed some medicines. Bhaskar bought medicine after getting a loan of hundred rupees from the neighbour. The next day they went again to the hospital to for receiving the blood test report. The doctor diagnosed the patient suffering from malaria and prescribed more medicines. The whole treatment process crossed five hundred rupees and he had to incur more debt from the usual moneylender for very high interest rates. The reasons that made Bhaskar rush to the missionary hospital is because it is his eldest son and the patient was too ill already to wait until next day morning to seek treatment from the government hospital.

Episode 2: One month ago Bhaskar’s wife, Anthonyamma was very ill. She was down with fever and weakness of body prevented from doing any physical activity. There were many cases of jaundice in the neighbourhood and people were getting treated in the government hospital. Her neighbour told her seeing the symptoms of yellow eyes that she is suffering from jaundice. The next day she went along with her husband to the government hospital. After a long wait in the outpatient department they could meet the doctor. He seeing the symptoms and signs confirmed the disease and he asked her to undergo blood test and prescribed her medicine for a day. He asked her two come the next day along with the report of the blood test. They reached the pathological lab with the prescription and once again had to wait for another hour to give the samples. The next day early morning they collected the report and could meet the doctor without waiting for long. The doctor went through the report and asked her to continue the same medicines for one more week and to see him the next week. The doctor also advised to follow strict diet restrictions for
at least three months to get the illness cured. Though she was satisfied with the medicine received she did not get any relief from tiredness and weakness for a few days.

The neighbours advised her to go to a traditional healer in the city who is specialised in curing jaundice. She went along with a neighbour to the traditional healer who practices his medicine on the banks of the river in a small old temple where he is also the priest. He asked to donate hundred rupees for the temple and then he performed some rituals to the deity. Finally he mixed some herbal medicine with buttermilk and asked her to consume and he asked her to come everyday at the same time for next twenty-one days. Anthonyamma found it to be difficult ordeal for going continuously for twenty-one days but she managed to go and she spent another hundred rupees. She meanwhile discontinued her allopathic medicine. She recovered and believes that it happened as a result of the treatment from the traditional healer.

They also have frequented the Mosque for warding of ill spirits by the clergyman. Once in a month the government health visitor visits their home. They also go to a traditional healer in the same locality for skin ailments. They pay him five rupees per visit. Apart from the traditional healer and the Missionary hospital, none of the family members have ever visited a for profit private hospital.

**Narrative 3:**

Chappani, thirty-five years old, is the head of the household and he lives along with his family in house number 17/60. He works as a casual labourer with the city corporation in cleaning streets everyday. His wife, Velatha, is twenty-seven years old and she works as a housemaid in three houses. They have four children and all are male, their eldest son is twelve years old and the youngest is five years old. They have been living in the locality for the past thirteen years. They moved to this locality after their marriage because it is close to the
bus stand and respective work places. Their family falls under the below poverty line category.

Episode 1: Chappani has been suffering from severe backache for the last three years. He has gone to the government hospital many times but was neither treated properly nor did the medicines give any improvement. He had plenty of his relatives working in the government hospital as ward boys, sweepers and cleaners. He took their help in seeking health care in the government hospital but the outcome of the treatment did not have any positive impact. And he feels that in spite of the links the doctors did not treat him properly. He then went to the government Siddha hospital where he was asked to take complete rest for at least a month along with oil massages taken regularly. This would be totally impossible for his job since he was a casual labourer. Any long absence from his job would put an end to his hopes that the job would come permanent in the future. He continues to have oil massages with the help of any family member in the evenings. He buys painkillers from the medical store without any prescription and takes it whenever the pain becomes unbearable. He believes that any proper treatment will be possible only when his job becomes permanent.

Episode 2: Velatha has recently undergone family planning from the government hospital. She was inserted Intrauterine Device (IUD), small device inserted by a health care professional into the uterus. The health worker who regularly visits the locality persuaded Velatha for family planning. The whole procedure underwent without any problem with good care in the government hospital. But she started getting excessive bleeding in the next month during the routine menstrual cycle. There was also severe pain in her private parts. She was taken to private hospital, Maragathavalli Hospital, near the locality. The gynaecologist of the hospital on physical examination and also learning the insertion of IUD a month ago concluded that the device inserted caused the problem. The patient was admitted in the hospital and the device was safely removed. The patient stayed in the
hospital for two days and she was in the general ward. The care she received in the hospital from the doctor as well as the paramedical staffs was extremely cordial, they explained her problem and they were polite. Her neighbour was their primary caretaker in the hospital. The hospital bill came more than thousand rupees and in order to pay the bills her husband had to take a loan from the local moneylender mortgaging his wife's jewellery. Velatha felt the whole situation was due to her own mistake of having an IUD inserted in the government hospital. The debt incurred has not been repaid.

She has purchased out of counter medicine for minor ailments like cold, fever, cough and headache. She has recently spent hundred rupees on a temple priest who did some rituals for curing of her husband's backache.

**Narrative 4:**

Moses, thirty-eight years old, lives in house number 11/60. He is the head of the household and he works as an agricultural coolie. His wife, Latha, is twenty-seven years old and she takes care of their daughter. Latha does not go for any job since the last two years because their daughter is just one and half years old. Moses has been living in this locality for the past twenty years; he has migrated then from his village along with his parents since agricultural job became scarce. He got married three years ago and his wife is from his native village. His wife has an experience of working in the agricultural field but she has discontinued after the marriage. They live in a new house constructed by the government for the homeless residents of the locality. The members of the household belong to the Pallar community and they practice Christian faith.

Episode 1: Latha had her child delivery from a private hospital in her native village. Since it became difficult for her to have a normal delivery, caesarean surgery was performed. The surgery and their stay in the hospital caused an expenditure of two thousand rupees. The expenditure was very high for them since they did not expect a
surgery. Her husband helped her parents by giving thousand rupees even though the expenditure is traditionally borne by her parents. Her husband had taken a loan of thousand rupees from his elder brother and he has not repaid the amount.

The household has very few times visited the government hospital because of the timings being inconvenient. Moses has to leave for his job in the early morning and comes back only late in the evening. His wife cannot go to the government hospital carrying alone their young daughter. They usually go to a medical store in the market area whenever they face any minor ailments. Caroline is a pharmacist in the government hospital and she regularly sits in a private medical store where she attends the patients and prescribes medicine that can be purchased in the same premises. Most of the patients are from lower income household and they think her as a doctor. She charges nominally fifteen rupees per patient usually she administers an injection and does not charge separately. Moses takes his wife and daughter to Caroline for treatment and he is very satisfied with the treatment received. He takes his family to the government hospital for getting the mother and child vaccinated. He prefers the treatment received from Caroline not only because of the convenient timings but she patiently listens to their health problems and her prescriptions have always been very effective.

They also have the habit of purchasing medicine out of counters and of magico religious treatment. They have also visited traditional healers and most of them were for minor ailments. Moses considers private health care services provide better treatment than the public sector but he believes that it is very costly. Good drinking water facility and sanitation are considered to be the most important requirements for their home.

Narrative 5:

Yusuf, forty years, and his wife, thirty-eight years, are both agricultural labourers and live in house number 14/60 along with
their nineteen-year-old son. Their son had studied up to SSLC and he after gaining licence now drives auto rickshaw. They have below poverty line ration card for their family and they belong to schedule caste, Gounda Nayakkas. Their community had long time ago migrated from present day Andhra Pradesh during the Vijayanagara period. His family has migrated from Sencottah, a small town in the same district.

The members of the household usually do not prefer government hospital for two reasons. First, they find the timings very inconvenient since they cannot spare mornings from going to respective jobs. Second, they believe that the medicines provided in the government hospital for treatment of different ailments are all mostly the same medicine and it is often ineffective. Therefore for minor ailments they visit Murugan medicals, a chemist shop. The shop has a small clinic attached to it and a doctor attends the patients throughout the day. This is very popular among the villagers and small tradesman who travels to the city since it is located in the main market place of the city. The doctor usually takes a fee of twenty rupees and for minor ailments he also gives injection for immediate relief. His wife prefers to go to Caroline, who also practices in a medical store, for her ailments and she is very satisfied with the treatment received.

The family has a tradition of preparing home remedies for minor ailments and they regularly practice it. Most of their problems get cured with home remedies and on only few occasions they resort to modern medicine. They have also spent on some magico religious treatment last year when their son suffered chickenpox. They believed that since they have not visited their family deity back in village, they had to face the wrath of god. They travelled to their village once their son got cured and performed rituals, spending around five hundred rupees, to please the deity.
Narrative 6:

Chandran forty-two years old and his wife Jayarani, thirty-five years live with their three children in Rajendra Nagar. Chandran and his wife are self employed, he and his wife make traditional baskets and sell it in the market place. They belong to scheduled tribes and making baskets are their traditional skills. All their children are getting educated. His house has neither electricity nor water connection. They have been recently allotted a government constructed single room house. They will get a proper address and a below poverty line ration card once they move into the new house. The family belongs to a tribal community who were until recently leading a nomadic life but now most of the community members have settled in respective localities. However, they move all over the city to sell their products. They stay in their homes three days a week for weaving the baskets and then they sell those baskets in various part of the city the remaining four days.

Chandran and his family go to either Murugan medicals or to private clinic for minor ailments. They can afford up to thirty-five rupees in private health care for an episode of illness. However when Chandran suffered from typhoid three weeks ago he got his treatment from government hospital. But he had to spend plenty of time waiting to get treatment and medicine.

Episode 1: Chandran has been suffering from fever combined with chills in the night. He was also experiencing headache, cough, vomiting, and diarrhoea. He had already gone to Murugan medicals twice in the week for treatment where the illness was diagnosed as seasonal viral attack but the treatment did not help him. The illness got subsided for two days but the problems resurfaced and it completely debilitated him from doing any physical activity. His wife also stayed at home to take care of him. They eventually decided to go to the government hospital. After a long wait in the outpatient department along with his wife for two days he was diagnosed of
suffering from typhoid fever. He had to undergo a blood test and stool test to confirm the illness. The whole process was very tedious and the hospital staffs were very unhelpful. But the treatment he received was very satisfactory because his condition started improving and he became normal within a week to resume his weaving. He went the next time to hospital alone in his bicycle to get second dosage for the next week. The doctor advised him to drink boiled water and not to eat food sold on the streets. The whole two weeks the family had to go through a rough patch. They had to borrow money from neighbours to sustain themselves.

Chandran and his family prefer government hospital since it is cheaper than any private sector and unless it is a minor ailment that can be easily treated by home remedies or in private sector with a small payment where timings are also very convenient. They have also sought religious treatment from a clergyman in a mosque for a token offering.

Narrative 7:

Arumugakani, thirty-three years old female is the head of the household in house number 33/60 along with her eight-year-old daughter. Her daughter studies in second standard in the Corporation Middle school and she takes her lunch under the noon meal scheme. Her husband lives separately abandoning his marriage. Arumagakani works as a housemaid in a few houses in the neighbouring residential colony and earns rupees five hundred per month. She has a below poverty line ration card and she lives in the house constructed and given to poor people by the government. She spends around fifteen rupees every month for getting good drinking water. She has migrated to this locality after her marriage and she did not return back her native place since livelihood would have become tougher for her in the village. She belongs to a scheduled caste, Hindu Pallar.

She for her minor ailments visits directly to the medical store in the Palayamkottai bus stand and the shop assistant gives her the
medicine when she describes the symptoms and twice she has gone to a private clinic when her daughter fell ill. Both the times she spent around twenty rupees for the treatment that included the consultation fees, injection and some medicine. She had delivery of her daughter in government hospital, eight years ago and had all further vaccinations for her daughter. Her husband was living along with her and took care at that time hence she did not know expenditure incurred but she was very satisfied with the care given. Her mother was the primary caretaker in the government and had travelled from the village for this purpose. Since she believes in the efficacy of modern allopathic medicine she does not go for any traditional medicine or magico religious cure. She does not have any experience with the private hospitals. Any further advice on health she usually seeks it from the members of the household she works.

**Narrative 8:**

Subramanian, forty-six years old, is the head of the household. He and his wife Mallika, thirty-seven years old, live with their three children in house number 51/60 in Rajendra nagar. All his three children, two daughters and a son, are attending school. He and his wife both go for either agricultural work or construction work depending upon the season and availability of the work. The government constructed their house in which they presently reside and earlier they were living in the same locality in a mud house. They also have a below poverty line ration card. The income of the household is a maximum of three thousand rupees if both the couple get construction jobs for the whole month but very rarely do they get such opportunities. The members of the household belong to scheduled caste, Hindu Pallar.

They visit chemist shop for minor ailments and certain times when the illness becomes severe they visit private clinics. They incur the expenditure of thirty to hundred rupees per visit. For pregnancy and delivery Mallika has visited government hospital. She also had all
her children vaccinated from the government hospital. However the family do not prefer government hospital, because of the time factor and perceived poor quality of care. They also feel difficult to move from one department to the other.

Episode 1: Their only and youngest son was suffering from persistent cold and cough. On certain occasions this problem led to fever. He was taken to the doctor who offers consultancy in Murugan medical store. The patient's condition did not improve even after taking the prescribed medicines. The patient was very weak and he was coughing throughout the night. His parents were very concerned since he was their only son. They took him to a private hospital, Krishna hospital, on advice from a neighbour who is considered to be well educated and informed. The patient underwent intensive treatment for forty-five days in the private hospital and got completely cured. The patient had to undergo many diagnostic tests and finally he was found suffering from a variant of Tuberculosis that affects young people. The parents of the patient are very happy with the treatment received in the private hospital and in fact believed that the life of their son was saved only because of the treatment received. The total expenditure incurred was two thousand rupees. Subramanian had to mortgage his wife's jewellery and the ration card with the local moneylender for borrowing two thousand rupees. They had to pay a very high interest for the debt and they have only partially repaid the debt. In spite of this high expenditure they are very satisfied with private sector. Except for the financial constrain the family has more trust in private sector.

Mallika had severe back ache problem few days ago, and she was advised by her neighbour to visit government Sidha hospital for treatment. Her neighbour had a similar experience when she received treatment from the Sidha hospital and got relief. Her neighbour went along with her to the Government Siddha hospital, but Mallika is not happy with the treatment since there was no improvement. She believes that the traditional medicines are not suitable for modern day
health problems. She has been postponing taking medical care anywhere else since she will not be able to afford in the present scenario.

**Narrative 9:**

Madhialzhagan, thirty-eight years, and his wife Thilai, thirty years, live along with their three sons in house number 50/60. They live in a government-constructed house and they possess below poverty line ration card. Both husband and wife are construction labourers, and they during off seasons work as agricultural labourers. All their three children go to school and they avail the noon meal scheme facility. The household has a monthly income of two thousand rupees per month. They belong to scheduled caste, Hindu Pallar.

For minor ailments they go to medical shops for out of counter purchase of medicine. Several times they have gone to private clinics for treatment. They have also taken treatment from Government Siddha Hospital for certain ailments. When Madhiazhlagan suffered from severe backache he was advised by his neighbours to visit Government Siddha Hospital and he has found the treatment very helpful. The household also spends money for seeking blessings from a Muslim clergyman in neighbouring mosque.

Episode 1: Madhialzhlagan has taken treatment for both his younger sons suffering from typhoid. Before they were taken to government hospital for treatment, they were receiving treatment from the doctor in Murugan medical store but the treatment did not help. The health worker who regularly frequents the locality advised them to the government hospital. In spite of the hardships they had to face in the government hospital, they found the service very good. They find very difficult to move from one department to the other since the paramedical staffs are not helpful. The other problem was the doctors hardly talk or explain the health problem that has been diagnosed and this makes them very tensed and uncertain. They have taken treatment both in public and private sectors but they believe for all
major health problems the government hospital is better choice to get cure with very less expenditure.

Narrative 10:

Muthu kumar, sixty-two years, and his wife, fifty-six years, live in house number 35/60. The house they live is a rented one, and they pay two hundred and fifty rupees per month. He goes for catering jobs for functions like marriages under a contractor. On off-season period he works in any of the hotel nearby for daily wages. He earns around one thousand and five hundred rupees per month. The family has migrated to this place from a village in the same district ten years ago because of the job opportunities. They do not have any children. The family belongs to Chettiyar community, which is a backward caste group in Tamil Nadu.

The family for most of the minor ailments take traditional self-treatment. And whenever the illness persist they either go to Government Siddha Hospital or to a neighbourhood private clinic. Time and money are the deciding factor in choosing between public and private sectors. They prefer not to visit government hospital as they have experienced too much loss of time and very poor quality of care offered.

Episode 1: Muthu kumar had severe stomachache and persistent diarrhoea for three days that could not be controlled by either home remedies prepared by his wife or the medicine he got from the private clinic. He had visited a private clinic near to the hotel he worked on off-season days. The doctor charged him thirty rupees and prescribed medicine for three days. The private doctor assured him of relief within a day but the problem continued. Muthu kumar could not go to work because of the problem and he finally decided to go to the government hospital. The increasing expenditure and getting no relief persuaded him to visit government hospital. Meanwhile the contractor who employs Muthu kumar also advised him to seek care in the government hospital.
Muthu kumar had to visit the hospital early in the morning in order to avoid waiting in the long queue. He was disappointed to find that the doctors who are undergoing training attended most of the patients. The doctor spent five minutes with him asking his problem and Muthu kumar even showed them the medication he had already undertaken in the private hospital. The doctor prescribed him medicines and asked him to avoid for some days eating any spicy food and to drink boiled water. He was satisfied with the treatment he received, especially the young doctor spoke to him very well and got the whole case history of the illness. This experience was very much unlike the past experiences in the government hospital. After taking the medicine the health became normal though he had become very weak because of the problem. He could go back to his work only after a week. His wife managed the household expenditure with the meagre savings.

**Narrative 11:**

Chandrashekar, age twenty-seven, lives along with his elderly parents and two sisters. He and his father go for daily wage jobs mostly for construction work. One of his sisters goes for tailoring job. They live in their own house but the house has not been given any electricity connection since the corporation authorities have not approved the construction since it is on government land. The household has a below poverty line ration card. The income of the household is around two thousand rupees per month if they get regular job throughout the month. They have been living in this locality for more than thirty years and are one of the earliest settlers of this locality. The members of the household belong to scheduled caste, Hindu Pallar. Their family is considered very important in the locality and the local people approach them for any of their problems.

Chandrashekar and his family most often depend upon home remedies for minor ailments and on certain occasions they buy medicines from the medical shops describing the symptoms. When
two of their family members had jaundice they travelled forty kilometres to a village where traditional treatment is provided, they spent around two hundred rupees for travel and fees. It is very common in the city among all sections of people to go to the traditional healer who lives in a village in the nearby hills. The treatment he provides is combination of both traditional medicine and certain religious rituals. The fee the healer receives is in the name of offerings for the temple that is managed by him. There are patients who temporarily stay in the village for one or two weeks to get cured.

Chandrasekhar has a personal experience of a doctor in government hospital suggesting him to go to a private clinic for better treatment. But because of lack of money he had stuck with government hospital. He was however not satisfied with the treatment he received for his persistent cough. The doctor referred him to the thoracic department and it took him plenty of inquiries to reach the department. The department was is in a completely different locality of the premises totally isolated from other departments. He came back from the hospital when he found out that the department was meant exclusively for tuberculosis and HIV/AIDS patients. He feels it’s comfortable in urban health post than in government hospital. His mother and sister whenever they fell ill visit the urban health post. He also went to the urban health post and received treatment that he found satisfactory. He has experienced that the doctor in the urban health post started taking good care only after he visited the centre regularly in the same week for his problem. Chandrasekhar believes that public sector health care should be improved because private sector is too expensive for the poor people.

Narrative 12:

Muthiah, and his family live in house number 44/60 in Rajendra Nagar. He is forty-seven years old and he works as a coolie for daily wages. Muthiah also has a small pig farm where he rears pigs and sells the pigs to a wholesale dealer. His wife sells wigs, which are
made by traditional methods at home, in the market. They have below poverty line ration card and they live in the house constructed and allotted by the government. Muthiah has two male children and both of them go to agricultural work in the nearby fields. Muthiah’s children could not go to school because of their poverty. They belong to Kattu Nayakkas, a scheduled tribe.

The members of the household for minor ailments either take self-treatment through various home remedies or sometimes go to any medical store for getting medicine. The expenditure they usually incur is not more than six rupees. Whenever the illness persists he goes to the neighbourhood private clinic, and often with an injection they get cured. They spend twenty rupees for this treatment. Muthiah and his family do not prefer government hospital because they have to spend lot of time hence they would lose their income of the day. Other than that Muthiah believe unless one has an insider, getting proper treatment in government hospital is very difficult. They go for magico religious treatment for chicken pox.

Narrative 13:

Baburaj, age twenty-three, lives along with his wife Puspha, age twenty, in their own house. Baburaj sells fish in the market and in the afternoon he sells fish on his bicycle in the residential areas. Baburaj and his family have been engaged in this business since this is their traditional occupation. His parents live in the same neighbourhood and he constructed this house when he got married and started his own family. He and his wife do not have children. Baburaj has a below poverty line ration card. He belongs to scheduled caste, Hindu Pallar.

Baburaj whenever falls ill he buys medicine from the medical store. His wife has the problem of getting stomachaches regularly and he takes her to a private clinic whenever possible in the evenings. He incurs an expenditure of twenty rupees for the treatment. He does not go to the government hospital in the mornings since it is impossible
because of the nature of his job. Sometimes his mother takes his wife to government hospital in the morning. According to him, the care in government hospital in spite of the time and money involve is better than private sector. He will take his wife to government hospital, when she gets pregnant. They also take magico religious treatment every once in a while and a priest in the locality performs some rituals and it is very popular in the neighbourhood. There are regular visitations for chicken pox in the locality once in two or three years and they do not take any treatment but go for offerings to please the deity in the temple they have recently built in the locality.

The experiences of his friend and relatives have proved private sector to be very expensive. He believes that he cannot afford such costs and he has decided to take his wife to a government hospital when she becomes pregnant. The problem he faces with the government hospital is the inconvenient timings and the long waiting hours.

**Narrative 14:**

Murugan, sixty-five years old, lives in house number C/21, along with his family. He has two wives and six children. He and his family rears pig and sell pork to the dealer, they are also involved in making wigs, purchasing scrap metal from households and selling them to the large dealer. His house is a mud house and he has applied to the government for the new concrete house. The household has below poverty line ration card and they belong to Kattu Nayakkas, a scheduled tribe community.

He and his family members go to the medical store to get medicine whenever they fell ill. For major ailments like typhoid and cholera they go to the government hospital. He believes that the government hospital is not accessible for poor people like him when they suffer from major illnesses. He now goes to a traditional healer in the market place because his relative and neighbours have advised him of the efficacy and good care.
Episode 1: Last year one of his grandsons became very ill and was admitted in a private hospital. His grandson was in the hospital for ten days undergoing treatment. He and his wife were taking care of their grandson when his parents went to work. He and his other family members were not explained about the illness of the grandson except for the fact they explained it is a major health problem. He had to incur an expenditure of six thousand rupees. He had to borrow money for the expenditure. He went to the private sector because it was his first grandson and they did not want to take any risk. Recently he had sold some of his pigs to repay the debt he incurred.

His grandson got similar health problems of persistent fever and convulsions recently but the elders of the household have decided not to go for allopathic medicine and go to the traditional healer for care. The traditional healer has assured that the illness could be cured with continuous medication but it might take more time since traditional medicine works slowly. They have full trust and satisfaction with the present medication.

Narrative 15:

Arumugam, is thirty-seven years old and he lives along with his wife Indira and their two children, in house number 1/60, Rajendra nagar. He and his wife prepare fruit juices and he sells it at the market place. They earn around hundred rupees per day. Both his children go to school. His house has been constructed under the government scheme for which he had to bribe around twenty-five thousand rupees. He sold his wife's jewellery and some property back in the village to get the amount. The members of the household belong to Hindu Konar caste, a backward caste group who have been traditionally grazing cows and goats.

They take traditional self-treatment for most of the minor ailments, sometimes they supplement with getting medicine from medical store also. If the illness persists they go to the urban health post and in most instances they get cured there. However at certain
instances they had to once again go to the neighbourhood private clinic for better treatment, like injection. Recently his wife had a severe asthmatic attack and ended up in a private hospital after not getting proper treatment in the government hospital. She had to undergo various allergy tests and spent around thousand rupees. She had to borrow money at a high interest to meet the expenditure. Neither in government sector nor in private sector have they felt any information is shared about the nature of illness. The treatment she has been receiving for her asthma has to be discontinued once in a while when there is no money. She took her children to government hospital for vaccinations. The household’s first preference is government hospital but when they feel let down on specific instances then they go to the private sector after taking advice from the neighbours. They feel private sector is very expensive. Several times they had to discontinue the medication midway since they could not afford the cost of the medicines.

The narratives of fifteen lower class households and fifteen middle class households are presented in a condensed manner so that it would synoptically reveal the choice of health care sector and the various determinants affecting that choice. In the same breath the narratives of the upper class households have not been used here because they represent altogether a different category in their choice of health care however some necessary points that would be useful for the overall analyses. The upper income households represented in the fifteen households has never been to the government hospital except for two households. The two households went to the government hospital since their close relatives were senior doctors in the hospital and hence they have received highly preferential treatment. However they have also gone to the government hospital only on specific occasions like undergoing expensive diagnostic tests and for a surgery to remove stones in the kidney.
Concluding Observations

Geographic and time factors

The narratives have clearly shown that geographic access plays a very important role in the choice of specific health sector. The middle-income households choose private general practitioners for treatment instead of the government sector even though they are closer by because the long queue consumes their time and unless one can miss his/her morning hours to his job. For the same reason the poor households also do not choose the government sector and delay the health seeking process or go to purchase medicine through out of counter prescriptions. Only when the illness persists and becomes a destabilising factor they choose between a private practitioner and government sector. The middle-income households even for major health problems do not prefer the health care sector that is far off from their households and they like it around their immediate access so the primary care takers can conveniently move between the home and the hospital. Even though this is not an important determinant in the choice of health sector it however remains to be an important indicator probably prompting private health sector to establishing hospitals near the residential localities to attract more in-patients. And this has exactly happened in Tirunelveli with the new private hospitals in residential areas becoming immediately popular with in rest of the private sector.

Quality of care

Quality is a very subjective character, which is either, difficult to measure or quantify nevertheless it becomes an important feature in the choice of health care. The poor households most often perceive quality in terms of efficacy of the treatment received. Hence they are happy with injections by private general practitioners or getting a cocktail of heavy doses of medicine purchased over the counter. But for major health problems they are left only with the choice of
government sector. The middle-income households have a clear choice towards private health care sector regarding the aspect of quality. The private sector is clean and hygienic, need not wait for too long, the doctor spends more time with the patient and shares more information. The middle-income households choose the private sector for minor illnesses and when they experience major health problems the choice becomes complex. The privileged in the middle-income households choose the private sector but the less privileged choose the government hospital but they either use out of pocket payments or use other connections to receive better quality of health care. Information is a very important factor in the choice of health care. The poor households are very much unaware of the health services available hence even they have under utilised the charitable hospitals in the city that offers far better quality of services than the for-profit sector and government sector. There are also several instances whereby a combination of both public and the middle class uses private sectors in order to fulfil the quality requirements and here the role of information plays a vital role.

**Cost factors**

Cost is an important factor in the choice of health care sector. The poor households choose the government sector for their major health problems and they had to incur debts to make out of pocket expenditure demanded in the government hospital. The poor go without any care or less care for minor illnesses is due to the cost factor. A visit to the government sector for any acute illness burdens them with loss of job due to long waiting hours hence they neglect their health care. They sometimes try to manage the problem by over the counter purchase of medicines or going to a private practitioner that does not cost them much. Cost is equally an important factor for the middle class households. They for acute illness go to a private general practitioner and for prolonged illness they access the moderate private sector like the missionary hospital to keep a tab on
the costs and at the same time to receive good care. The choice of public and private sector mix in seeking care is indeed an attempt of the middle-income group to keep the costs down and receive the best possible health care. This pattern of paying out of the pockets to jump the queue and receive better care in the public sector by the rich and middle income groups have a negative impact on the poor households. The poor are denied of good care due to their inability to pay from their pockets and advanced care in public sector has become out of their reach and become monopolised by the people who can afford to pay. Hence the services have become inequitable. The upper class people also feel about that rising expenditure for seeking health care in the private sector unlike in the past especially with the arrival of numerous diagnostic techniques.

Types of health services utilised

There is a marked difference among the social classes in utilization of health services. The data on utilization of maternal health services show that the low and very low-income households use public sector health care services. Within the public sector services these households prefer prenatal care in the urban health post and for their deliveries go to the government hospital. They also prefer to get their postnatal care and the immunization methods such as vaccinations and inoculations in the urban health post. The upper income households completely seek care in the private sector. The middle class households can be further classified in to lower and upper middle class groups. The lower middle class groups have utilised a mix of both public and private health sectors in maternal health services. They utilised the services offered by the charitable hospitals, especially the Christian missionary hospitals that offer good quality of health care at affordable costs. The upper income group with in the middle class utilise private sector facilities for maternal care.
Communicable diseases like malaria, cholera and chicken pox often plague the lower income households. Most of the patients went for allopathic medical system and they availed of the treatment from over the counter purchase of medicines or receiving treatment in a private clinic. Very few patients suffering from communicable diseases go to the public sector since the timings are very inconvenient. However a good number of patients opt for traditional medicines, mostly Siddha medicine. Most of the patients who underwent allopathic care in the private sector had to discontinue their medicines once there is symptomatic relief in order to cut down the expenditure. The patients when feel that illness is severe they seek treatment in the government hospital. The middle classes households for most their minor ailments utilise private sector medical care. The middle class also purchase over the counter purchase of medicines for treating minor ailments. On certain cases traditional medicine is also taken mostly to compliment the allopathic care. Within the middle class even though the households prefer the private sector for major illness, certain households selectively utilise the public sector for cost reasons. However they do not mind using their connections or bribing the staff in the government hospital for receiving good quality of care. The middle class to receive preferential treatment mostly uses the rent seeking behaviour among the staff in the government hospital. It is surprising to know that most of the households both in middle income and upper income groups do not use their employee state insurance scheme nor do they utilize the facility under the scheme. They believe that the scheme limits their choice in choosing their health care options. But among the rich households many members have taken health and life insurance policies.

**Other factors**

It is well known factor that health-seeking behaviour is not a well-patterned or simple process. There are certain important variables that shape the whole process but there are numerous small invisible and intangible factors that play vital roles in the choice of
health care. The narratives have brought some of those factors, which are not usually grasped, in large-scale studies.

There is a high incidence of patients from all class groups in using traditional medicine. They prefer traditional healers rather than traditional medicine in the formal sector. Irrespective of the developments in modern allopathic medicine traditional medicine still holds its charm for the ailing population. Traditional medical care is characterised by culturally close, ready to access, involves less cost, and is very personalised and perceived to be devoid of any side effects. Similarly is the approach to the magico-religious treatment, which is also practised by almost all reveals the importance of local culture that transcends all elements of modernity.

Then there are multiple choices and preferences within every household. The first childbirth is considered important and hence people go to private sector for better care. There is also a high preference for the government doctors who practice privately since they are considered to be well experienced and talented. Hence the public sector is not preferred at various times because of the unclean physical environment and the reputation problem the middle and upper class faces if they choose public sector. There is a general prejudice over the public sector except in the case of elderly people almost in all class groups who see private sector to be expensive. There has been no impact of literacy among the population in their choice of private sector. The upper class people generally see the public sector as free inefficient services meant for the poor. The poor households are comfortable with smaller decentralised units of public sector provision within their localities rather than big hospital that look very alien and intimidating. This once again brings the importance of a decentralised primary health care unit.

The analysis of the data arising out of the narrative technique clearly brings out various issues in the choice of health care and some of the differences within public and private sectors of health care. Once again neither the public sector nor the private sector is
homogenous and they have within them multiple variations. There has been a concern whether the public and private sectors are at cross roads but the narratives do not agree on this point. The public and private sectors are not totally at divergent positions especially for the poor and the middle class groups. The important policy implications are there for both public and private sectors. The poor households should have some sort of state funded health insurance to protect them from neglect of any health care or incurring huge debts. The government sector should improve in the quality of care and harassment of poor patients should be prevented. Primary health care units are important institutions that need to be strengthened. The demand for public sector doctors in private sector should be tackled through regulations so that self-referrals of government doctors do not affect the quality of health care. A large population accesses the private sector but it has become a major profit making business except for a few charitable hospitals and hence there needs a strict regulation to protect the consumers from unwanted and unethical practices. The private sector should not be allowed to promote their services through the public sector since this has become an important destabilising element for the public sector. Out of counter medical prescriptions has become a major menace that needs to be tackled.