

# Healthcare Seeking Behavior Among Urban Slum Dwellers in Bhubaneswar, India

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## **Abstract:**

Urban slum dwellers in India face significant health challenges due to inadequate access to healthcare services. This study examines the healthcare seeking behavior among urban slum dwellers in Bhubaneswar, India. A household survey was conducted among 503 families living in 22 slums. The results show that while most slum dwellers (78.5%) visited a health facility during illness, a significant proportion (32.1%) preferred private facilities over government facilities. The main reasons cited for preferring private facilities were proximity, better services, and shorter waiting times. The study highlights the need to improve the accessibility, affordability, and quality of government health services to increase utilization among urban slum dwellers. The findings have implications for healthcare policy and planning, particularly in the context of urban health in India.

**Keywords:** healthcare seeking behavior, urban slum dwellers, Bhubaneswar, India, healthcare access, healthcare quality.

## **Introduction**

Urbanization has led to a significant increase in the population of urban slums, posing a substantial challenge to healthcare systems worldwide. Bhubaneswar, the capital city of Odisha, India, is no exception. The urban slum dwellers of Bhubaneswar city face numerous health challenges, including limited access to healthcare services, poor sanitation, and inadequate living conditions.

Understanding the healthcare-seeking behavior of urban slum dwellers is crucial for developing effective healthcare strategies. Healthcare-seeking behavior refers to the actions taken by individuals or households to address their health needs. It is influenced by various factors, including socioeconomic status, education, cultural beliefs, and access to healthcare services.

## **Objective of the study**

This study aims to explore the healthcare-seeking behavior of urban slum dwellers in Bhubaneswar city. The primary objectives of the study are:

1. To understand the healthcare-seeking behavior of urban slum dwellers in Bhubaneswar city.
2. To provide insights for healthcare providers, program managers, and policymakers to develop strategies to increase demand for healthcare services in urban areas.

By examining the healthcare-seeking behavior of urban slum dwellers, this study seeks to contribute to the existing literature on healthcare access and utilization in urban areas. The findings of this study will be useful for policymakers, program managers, and healthcare providers to design and implement effective healthcare interventions tailored to the needs of urban slum dwellers.

## Methodology

### Study Design

This study employed a cross-sectional design, utilizing a mixed-methods approach that combined both quantitative and qualitative data collection and analysis methods.

### Quantitative Method

A door-to-door household survey was conducted to collect quantitative data. A systematic sampling method was used to select the households.

### Qualitative Method

To gather qualitative data, Focus Group Discussions (FGDs) were conducted at the slum level, involving separate groups of women and men. Additionally, Key Informant Interviews (KIIs) were conducted with healthcare providers.

### Sampling

The study was conducted in 22 authorized and unauthorized slums out of a total of 377 slums in Bhubaneswar city. These slums were selected using a systematic sampling method.

### Data Collection

- Household-level data was collected from 503 households, which is approximately 10% of the total households living in slums in Bhubaneswar city.
- FGDs were conducted with women and men groups separately in the selected slums.
- KIIs were conducted with 10 key informants, including healthcare providers.

### Limitations of the Study

This study has several limitations that should be acknowledged:

1. Temporal limitations: The study was conducted within a specific time period, which may not accurately reflect the dynamic nature of the slum population. The constant changes in policies, land rights, and migration patterns can significantly impact the health-seeking behavior of slum dwellers.
2. Rapidly changing population demographics: The number of slums and their population can change rapidly, even within a short period of six months. This made it challenging to obtain accurate population estimates.
3. Crude population estimation: Due to the limitations mentioned above, crude population estimation was done based on focus group discussions and actual household surveys during the study period. This may not provide an exact representation of the population.
4. Potential biases: The study's findings may be influenced by biases arising from the sampling method, data collection tools, and the subjective nature of the focus group discussions and key informant interviews.

These limitations highlight the need for further research to validate the findings and provide more accurate insights into the health-seeking behavior of urban slum dwellers.

### Tools used

To gather data on health-seeking behaviour, the following tools were employed:

1. **Focus Group Discussions (FGDs):** Conducted in 22 authorised and unauthorised slums, with a mixed group of men and women participants. The FGDs aimed to capture the perceptions, experiences, and opinions of slum dwellers regarding their health-seeking behaviour.

2. **Household Surveys:** Conducted in 503 households, representing approximately 10% of the total families living in slums of Bhubaneswar city. The surveys gathered quantitative data on demographic characteristics, health-seeking behaviour, and other relevant factors.
3. **Key Informant Interviews (KIIs):** Conducted with 10 officials working in the State Health Mission and Bhubaneswar Municipal Corporation. The KIIs aimed to gather insights from stakeholders involved in healthcare policy, planning, and implementation.

### **Findings of the qualitative study**

These tools enabled the collection of both qualitative and quantitative data, providing a comprehensive understanding of health-seeking behaviour among urban slum dwellers in Bhubaneswar city.

The qualitative study reveals significant insights into the healthcare-seeking behavior of urban slum dwellers in Bhubaneswar city.

### **Demographics and Healthcare Services**

The study found that people residing in these slums range from 10 to 60 years. The slum dwellers receive various services, including immunization, free medicines, ICDS services, mid-day meals, and services from the Public Distribution System (PDS). However, the availability and regularity of these services vary.

### **Major Health Challenges**

The slum dwellers face numerous health challenges, including:

- Environmental issues: No drainage, no water supply, and poor sanitation
- Access to healthcare: No government health facility nearby
- Common illnesses: Fever, cold, cough, diabetes, heart disease, hypertension, cancer, dysentery, and viral fever

### **Healthcare Preferences**

The study found that:

- People from 8 slums prefer private doctors or clinics due to better treatment and proximity
- People from 13 slums prefer government facilities due to affordability and nearby location

### **Challenges in Accessing Healthcare**

The slum dwellers face significant challenges in accessing healthcare, including:

- Long distances to government health facilities (1-10 km)
- High transportation costs (Rs 50-200)
- Limited availability of free transportation services
- Poor services and long waiting times at government facilities

### **Out-of-Pocket Expenses:**

Most slum dwellers prefer private facilities despite the high costs. They often borrow money or sell assets to cover expenses, as they are not covered by any health insurance scheme.

### **Key Recommendations**

The study highlights the need for:

- Nearby hospitals with free medicines
- Proper water supply and drainage
- Affordable healthcare services

- Improved government health facilities with better services and reduced waiting times
- Overall, the study emphasizes the importance of addressing the healthcare needs of urban poor by providing accessible, affordable, and quality healthcare services.

### **Data analysis of the household survey:**

#### **Socio-Demographic Particulars**

##### **Household Survey**

- Conducted in 22 slums across the city
- 503 respondents interviewed (503 families)
- 100 men and 403 women participated

##### **Demographic Characteristics**

- General: 218
- Scheduled Caste (SC): 86
- Scheduled Tribe (ST): 7
- Other Backward Class (OBC): 192
- Hindu: 491
- Muslim: 12

##### **Education Status**

- Primary: 82
- Secondary: 122
- High school and above: 131
- Illiterate: 76
- Literate: 92

##### **Income Level**

- Less than Rs. 5001: 80
- Between Rs. 5000-10000: 277
- Between Rs. 10000-20000: 142
- Rs. 20000 and above: 4

##### **BPL Status**

- BPL: 226
- Non-BPL: 277

##### **Health-Seeking Behavior**

- 398 families visited health facilities during illness
- 162 families visited government hospitals
- 74 families visited private hospitals
- 162 families visited chemist shops

##### **Reasons for Choosing Private Facilities**

- Nearby: 190 families
- Better service: 41 families
- Government facility is far off: 5 families

##### **Money Spent on Treatment**

- Up to Rs. 100: 194 families
- Rs. 100-1000: 166 families
- Rs. 1000-5000: 19 families
- More than Rs. 5000: 12 families

#### **Accessibility to Government Primary Health Care Facility**

- All 503 families reported having a primary health care facility available in their locality
- 185 families reported having a facility within 2 km
- 199 families reported having a facility within 3-5 km
- 119 families reported having a facility more than 5 km away

#### **Satisfaction with Government Primary Health Care Facility**

- 302 families reported waiting a long time for treatment
- 7 families reported that the doctor was not present
- 38 families reported poor quality of service
- 73 families reported being treated differently (not well)

#### **Availability of Primary Health Care Services**

- 492 families reported receiving medicine from government facilities
- 100 families reported receiving free medicine
- 392 families reported buying medicine from outside

#### **Affordability of Health Care Services**

- 21 families reported that the cost of health care was not affordable
- 480 families reported that the cost was affordable
- 27 families reported borrowing money for treatment
- 9 families reported using savings or insurance schemes
- 4 families reported selling assets to manage health expenses

#### **Understanding Health**

- 49 families reported that health means "ability to work"
- 452 families reported that health means "no disease/fever/illness"

#### **Expectations from the Government**

- Free health care
- Food
- Shelter for destitute and widows
- Safe drinking water
- Drainage system in the slum
- Electricity
- Health facility close to their house
- Free medicine
- Pucca road
- School

### Findings of the quantitative study

#### Health-Seeking Behavior

- 398 out of 509 families visited a health facility during illness, reflecting a positive behavior among urban slum dwellers.
- 162 families preferred private hospitals, citing proximity and better services.
- 162 families visited chemist shops for minor ailments, citing convenience and cost-effectiveness.

#### Accessibility and Affordability of Govt Health Services

- Distance to govt primary health care facilities ranged from 2-5 km, taking 15-45 minutes to reach.
- Long waiting times (302 families), unavailability of doctors (7 families), poor quality services (38 families), and rough behavior of staff (9 families) were cited as reasons for not accessing govt facilities.

#### Quality of Govt Health Services

- 38 families reported poor quality services, highlighting concerns about the management of Urban Primary Health Centers (UPHCs).
- Unavailability of doctors, especially in the evening, was a significant issue.

#### Private Health Facilities

- Despite higher costs (Rs 100-Rs 5000), people preferred private facilities for better services, behavior of staff, and cure rates.

#### Key Challenges

- Improving the quality of govt health services, particularly in UPHCs.
- Addressing long waiting times, unavailability of doctors, and poor behavior of staff.
- Enhancing awareness about govt health services and their benefits.

#### Recommendations

To enhance health-seeking behavior among slum dwellers, several recommendations have been proposed:

- Mapping and Relocation of Public Health Facilities: Mapping all public health facilities and relocating them if necessary can increase access and enhance health-seeking behavior <sup>1</sup>.
- Facility Assessment: Conducting a facility assessment can help identify quality and coverage gaps in services, allowing for corrective actions to attract more people to government health facilities.
- Effective IEC/BCC Activities: Implementing effective Information, Education, and Communication (IEC) and Behavior Change Communication (BCC) activities can raise awareness about health services among slum dwellers.
- Intensive Health Awareness: Planning and implementing more intensive health awareness programs can enhance health-seeking behavior among people living in slums.
- Regular Public Dialogue: Conducting regular public dialogue can help build trust in the government health system.
- Availability of Doctors: Ensuring the availability of doctors in primary health care facilities during the day and evening hours is crucial.
- Grievance Redress Mechanism: Establishing a grievance redress mechanism can ensure good behavior by facility staff and provide quality health care services.
- Involvement of Slum Dwellers: Involving slum dwellers in city health plan preparation can help enhance health-seeking behavior.

These recommendations can contribute to improving the health and well-being of slum dwellers by addressing the specific challenges they face in accessing health care services.

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