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RESEARCH ARTICLE

HEALTH CARE SEEKING BEHAVIOR AND UTILIZATION PATTERN IN AN URBAN SLUM OF MUMBAI: A CROSS SECTIONAL STUDY

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ABSTRACT

Background: The rising problem of triple burden of diseases among the urban poor in the absence of affordable health care services is a big public health challenge in India. This paper explores the health care seeking behavior and utilization pattern among families residing in the slum areas of Mumbai, India.

Methods: Simple random sampling was used to decide the sampling frame of six plots consisted of 1000 households. Data were collected from 15% of these households by choosing the household by systemic random sampling.

Results: Apart from the proximate factors such as quality of health care services, distance from home, behavior of the staff; socio-economic factors such as educational status of individual, per capita income has an influence over health seeking behavior of individual.

Conclusion: There is a need to focus beyond the factors that are more closely related to health, the distal factors; social determinants of health, which are more closely influencing the health care utilization behavior.

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INTRODUCTION

Urbanization, characterized by more and more people living in the urban area, is one of the most important transformations, which is observed in countries across the world, including India. In 2010, India accounted for 11 percent of world's urban population, which is projected to increase by 15 percent in 2030 (UNDESA 2012). Out of 121 crore Indians, 83.3 crores (68.84%) live in rural areas while 37.7 crores (31.16%) live in urban areas (Census 2011). Accompanying this rapid pace of urbanization, there has been a faster growth in the population residing in unorganized habitats i.e. slums. It is estimated that the slums represent the fastest growing segments of the urban population (Yadav *et al*., 2011). With rapid urbanization, as in most developing countries, public health problems are on an increase, particularly in the urban slum. In spite of large number of service providers in urban area all those living in urban area do not have equal chance to access these health care services (More *et al*., 2009) (Yesudian 1988). Despite the supposed proximity of the urban poor to urban health facilities their access to them is severely restricted due to ineffective outreach, weak referral system, social exclusion, lack of information and assistance at the secondary, tertiary hospitals that restricts their access to the public health care facilities. Further, the lack of standards and norms for the urban health delivery system when contrasted with the rural network makes the urban poor more vulnerable and worse off than their rural counterpart (NHM 2013) (WHO- SEARO 2010) (Agarwal *et al*. 2007) Urban areas have large public health facilities, but opportunity cost incurred indirectly by an individual on diagnostic tests, medicines, waiting time is much more than direct consultative fees of doctors (Jha & Yesudian n.d.). The urban centric distribution of doctors, which is observed in most of the cities is also predominant in Mumbai with 60% of doctors are available for 11% of the state population(Ravi 2012). This creates a question on actual utilization pattern of health care services available in these urban slums. Many factors are accountable for this differential pattern of health care utilization pattern in urban area for instance age, gender, waiting time, trust, distance from home, education status, and size of the family (Muriithi, 2013) (Shaikh and Hatcher 2005) (Kloos *et al*., 1987). Three aspects, which are identified to be closely linked to health utilization, are illness identification, health care seeking and health care delivery(Patel & Burke 2009). The present study is an attempt to study the health care utilization pattern in one of the urban slums in Mumbai and to understand the determining factors related to the health care utilization pattern of an individual. Shivaji Nagar is an urban slum located in the suburban area of Mumbai. Shops,

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educational institutions, religious structures have developed in the area and several parts of the neighborhood are full of commercial activity. While some parts are well developed with "pucca" houses, others are still in bad shape, especially near the dumping ground. The area is diverse and includes migrant communities from other parts of Maharashtra, Uttar Pradesh, Bengal and Gujarat (both Hindus and Muslims). The area selected for the study, aninhabitants of migrants in unorganized slum, Shivaji Nagar has both the private and the government health care providers as well as practitioners of different system of medicines such as Ayurveda, Allopathic, Homeopathy and Unani. Perceptions of the recipients of health care services can be valuable to revise the policies related to effective utilization of health care services in urban area (Khan *et al*., 2012). In order to have a pragmatic understanding of health care service utilization behavior and review the relationship of factors affecting health-seeking behavior among the people of urban slum of Mumbai.

MATERIALS AND METHODS

A study was conducted with the aim to understand the health care utilization among the slum dwellers in the urban slum of Mumbai. The study was a community based, cross sectional survey carried out over a period of two months between February and March 2011 in Shivaji Nagar slum located in Chembur, suburban area of Mumbai, which is the urban field practicum area for Center of Public Health, Tata Institute of Social Sciences. The requisite permission and ethical clearance was obtained from the Institution.

Sampling technique

Simple random sampling was used to decide the sampling frame of six plots consisted of 1000 households. As representative of these households 15% of households included in this study by using systematic random sampling i.e. every 6^{th} household was visited in case of unavailability / rejection by household to take part in the study next household (7^{th}) was included in the study. Data was collected using a pre-designed, pre-tested, structured, close-ended, interview schedule by the principal investigators of the study through house-to-house visits. The purpose of the study was explained and verbal informed consent was obtained from each respondent before the interview. The questions of the schedule were formulated in such a way to examine the objectives of the study. Data was analyzed using Statistical Package for Social Scientist (SPSS) 20 software. Descriptive analysis was used to elaborate demographic information; further chi-square test is applied to test independence of variables with type of health care facility chosen.

RESULTS

As the study carried out in the slum so all the respondents were slum-dweller, among them almost two-third (68.6%) were males, more than two-third respondents were married (71%), living in joint families (65.3%). Most (86%) of the respondents were literate out of which half (53.3%) of the respondents was educated till high school. More than half (53%) of the respondents were employed with an average monthly income of 6000 to 10000 per month. The detailed demographic characteristics of the respondents are displayed in the table 1 below.

Table 1. Socio-demographic profile of the respondents

Variables	Respondents (n)	(%)
Age (Number of completed years)		
21-30	52	34.6
31-40	37	24.6
41-50	32	21.3
51-60	12	7.9
61 and above	17	11.4
Gender		
Male	103	68.6
Female	47	31.3
Number of House Hold members		
>/=4	52	34.6
1-3	98	65.3
Educational Status		
Illiterate	21	14.0
Primary	27	18.0
High school	77	51.3
Higher Secondary	16	10.7
Graduation	05	3.3
Post graduation	03	2.0
Household Income monthly		
1000-5000	48	32.0
5001-10000	74	49.3
10001-150000	21	14.0
15001-20000	02	1.3
>20000	04	2.7
Employment status		
Unemployed	11	7.3
Self-employed	43	28.7
Employed in Govt.	10	6.7
Employed in private	27	18.0
Housewife	47	31.3
Retired	11	7.3

Health seeking behavior

Allopathic medicine is the first choice of the treatment regimen as most (96.6%) of the respondent's availed allopathic treatment, followed by (2.8%) Ayurveda and (0.6%) homeopathic services during illness episodes. An important factor that contributed to increase uptake of allopathic treatment by the slum inhabitants is due to the fact that most of the health service providers available in the study area are allopathic practitioners and also other service providers in this area despite holding degrees of other pathy's for example, Ayurveda and Homeopathy, dispense allopathic medicines. Both Government and private health care providers are available in the slum, so the factors, which influenced health care seeking behavior of individuals were quality of services (44%), convenient timing (35.3%) cost of services (7.3%) followed by distance from home (4.7%) and staff behavior (8.5%).

Seeking medical care

Time of seeking medical care has a direct influence on the level of awareness of an individual as well as ease of accessibility of medical care in the vicinity. It has two components in it- 1) time of seeking medical care and 2) Decision making authority in the family. Majority(80%) of the respondents sought medical care immediately for minor ailments clearly indicates that most of the respondents were well aware of their illness and health care needs and accordingly do not delay in seeking treatment immediately.

Health care service utilization pattern

Among 150 respondents, three-fourth (74.8%) of the respondents seek medical care from a private health care

Table 2. Decision regarding to seeking medical care

Decision seeking medical care taken by	Number (n)	%
Head of the family	56	37.3
Family decision	94	62.7
Time of seeking treatment		
Immediately	99	66.0
Try home remedy	46	30.7
After 10-15 days	04	2.7

Table 3. Cross tabulation of variables and health care providers

Background characteristics	Government health care provider n (%)	Private health care provider n (%)	Chi-square value	P value
Caste				
Hindu	16 (19.0%)	68 (81.0%)	1.9382	0.74712
Muslim	11 (22.4%)	38 (77.5%)		
Others	4 (33.3%)	8 (66.6%)		
Educational status				
Illiterate	7 (33.3%)	13 (66.6%)	2.8491	0.2406
Middle School	19 (22.2%)	82 (77.8%)		
Higher secondary and above	4 (19.5%)	19 (80.5%)		
Monthly Income				
1000-5999	15 (31.2%)	32 (68.8%)	5.1952	0.074453
6000-9999	11 (14.7%)	60 (80.0%)		
10000 and above	04 (4.8%)	22 (95.2%)		
Reasons for opting service provider				
Quality of service	16 (25.3%)	47 (74.7%)		0.0004**
Convenience of time	02 (3.7%)	52 (96.3%)	15.63	
Other*(behavior of the staff at health facilities, distance from home etc.)*	12 (36.3%)	21 (63.7%)		

*Note: ** significant at the level of (p<0.01) & * significant at the level of (p<0.05)*

provider and 20% of them avail health care services from the Government health care provider. Most important factor affecting the decision making for the health seeking behavior of the respondents were quality of the medical care services (76%), followed by cost of the services (13.1%), convenient timing (6.5%) and distance from residence (4.4%). As per the result from bivariate analysis to determine the factors influencing the health-seeking behavior of the individual in choosing government or private health care provider displayed in table 3, the quality of care is very significant as a determinant for selecting services between private and Government health system. In addition to this, educational level, per capita income and behavior of the staff at health facilities is closely related to pattern of utilization of health care services from private health care providers.

DISCUSSION

This study was done in urban settings of Mumbai slum, which found that choice of health care provider associates with proximate factors such as quality of service and cost of service which is in line with the study conducted in Nairobi slum of Kenya by *Moses K. Muriithi in 2013* (Moses K. Muriithi, 2013). Study findings also suggest that other factors such as distance from home, convenient timing and behavior of the staff were closely associated with health-seeking behavior which are similar to findings of another study conducted in Mumbai slums determining the utilization pattern for NCD's (Deshmukh *et al*., 2017). Other important socio-demographic factors such educational status, economical condition (per capita income) also have a major influence on health seeking behavior of Individuals. Slums being characterized by open drains, lack of adequate sewerage, civic amenities, unsafe drinking water and overall poor living conditions, combined with a high density of people; all these conditions are likely to favor a greater incidence of illness episodes among slum population (Arya, 2012). The health seeking behavior of an individual has an impact on nature of health services and consequently on the health outcomes (Musoke *et al*., 2014). The evidence of social determinants on various aspects of health care utilization has been ascertained in literatures, policy documents besides can be traced historically in recommendation of various health committees and commissions (Braveman and Gottlieb 2014) (Andersen and Newman, 1973). However, when it comes to program implementation, a huge policy practice gap exists. Hence, as new programs and policies are being designed dedicatedly to urban health, the dynamic social determinants of health need to be factored in not only health policy but also in practices. Inter-sectoral coordination should be the working theme and should be put in practices to utilize wherever appropriate. Further in policy formulation for health care services only improving direct factors will improve the accessibility of services but not utilization of health care services so policies need to concentrate on enhancement of social factors which, are affecting health care utilization of an individual.

Conclusion

As India increasingly becomes more urbanized issues related to effective health care accessibility and utilization will be on the rise. In response to this Ministry of Health and Family welfare has launched National Urban Health Mission to cater to health needs of the population living in urban areas. The most vulnerable section of society in urban area is the slum dwellers so more focused and evidence based policies and programs could be formulated to ensure equity in the health care utilization from Government health facilities. Findings from the study will be beneficial in developing and adapting policies focused on health care utilization inequities among the large proportion of people living in urban slums. The differential manner in which urban context affects the effective utilization of health care should be taken into consideration. Findings provide rich insights on the context in which slum

dwellers live, their educational and economic status interacts with health issues over the life course. Consequently, policies and programs aimed at improving the wellbeing of slum dwellers should address comprehensively the underlying structural, economic, behavioral, and service-oriented barriers to good health and productive lives among slum residents.

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