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Health Seeking Behaviour Of Urban Slum Dwellers In Mumbai - A Qualitative Study

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Abstract:
Background*: Urban Slums In India Which Have Complex Socio- Cultural Structure, Are Characterized By Over Crowding, Inadequate Living Space And Barriers In Accessing Health Care. Understanding The Health Seeking Behaviour Of The Slum Community In A City Like Mumbai Using A Qualitative Approach Is Crucial To Improving The Health Care Utilization And Making Progress Towards Attainment Of Universal Health Coverage*
Materials And Methods*: : This Qualitative Study Was Conducted Among 15 Slum Dwellers Of Ghodapdeo Community , Byculla, Mumbai Selected By Convenient Sampling Method From March To April 2023. Data Was Collected Through Individual Face To Face In- Depth Interviews Using An Interview Guide After Obtaining Informed Consent*
Results*: 5 Main Themes Emerged In The Study On Data Analysis Which Are Knowledge Regarding Health Care Providers, Treatment For Acute And Chronic Illnesses, Decision Making Regarding Health Seeking, Quality Of Health Care Services And Barriers To Health Seeking .It Was Found That There Was A Lack Of Awareness To Distinguish Between The Allopathic And AYUSH Providers , Though The Quality Of Health Care Services Was Perceived To Be Good. The Proximity With The Health Care Facility, Duration And Severity Of Illness And Trust In The Physician Were Found To Be Important Determinants Of Decision Making Regarding Health Seeking*.
Conclusion**:** *Health Seeking Behaviour Is A Dynamic Process Which Involves The Interplay Of Multiple Factors.A Comprehensive Understanding Of Its Determinants In A Community, Especially In An Urban Slum Is Important In The Planning Of National Health Policies And Delivering Socially Accountable Health Care*
Key Word*: Health Seeking, Urban Slum,Ghodapdeo*

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I. Introduction

Rapid population growth which has led to urbanization has resulted in 55% of the global population residing in urban settlements. [1].India made up 11% of the world's urban population in 2010 and is expected to grow by 15% by 2030. With rapid urbanization, there is also a faster growth in the people who reside in the slums and an increase in acute and chronic illnesses often accompanied by disproportionate access to health care services.[2]Urban slums in India differ from other communities due to the complexity of their socio- cultural structure caused by cultural heterogeneity [3.] Urban slum dwellers face different barriers and restricted access to health care due to increased cost of care, poor referral system, dearth of adequate information as well as a perceived lack of respectful care & effective management . Health seeking behaviour has been defined as "any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy".[4] Utilisation of a health care system is significantly influenced by the availability of a wide range of treatment options, including the allopathic system, AYUSH, traditional herbal medicine, faith healers, as well as the interaction of socioeconomic status, educational attainment, cultural beliefs and practices. More than 50% of the population in Mumbai lives in slum areas[5]. The studies conducted to identify the health seeking behaviours in slum dwellers in Mumbai are largely quantitative.Hence, little in-depth information is available to have a conclusive idea regarding why and how different health seeking choices are made . The study aims to understand the health seeking behaviour among slum dwellers in Ghodapdeo which is a neighbourhood in Byculla, Mumbai. Thorough understanding regarding the health seeking behaviour of the population can be valuable in revising policies targeted at improving the efficiency of health care utilization

II. Material And Methods

This qualitative study was conducted among the adult slum dwellers of Ghodapdeo, neighbourhood in Byculla Mumbai which was allotted as the field practicum for urban internship of Masters in Public Health in Social Epidemiology at Tata Institute of Social Sciences,Mumbai, Maharashtra in collaboration with the Health Outreach Department of H.N.Reliance Foundation Hospital and Research Centre, Mumbai,Maharashtra . A total of 15 adult slum dwellers (above 18 yrs) were included in the study which was conducted for a period of 1 month (March – April 2023).

Study design : Qualitative descriptive study

Study location : This was a community based study conducted in the sub – localities of Ghodapdeo, neighbourhood in Byculla Mumbai, Maharashtra. . The main sub localities included in the study were– Dhaku Prabuchi Wadi, Daudi Gali and Bikiwadi . A preliminary community profiling and mapping was conducted to identify the boundaries of the sublocalities and the demographic details of the community .

Sample size : 15 adult slum dwellers who have been residing in the sub localities atleast since the last 6 months were selected by convenient sampling. The sample was not intended to be representative. The aim was to discover different themes related to health seeking behaviour to the point of saturation.

Data collection Method : A purely qualitative approach was used to achieve the objectives of the study. In- depth interviews were undertaken and audio- taped as it helped to capture the perceptions of the adult slum dwellers in their initial search for health care, determinants of health seeking behaviour and the challenges faced in accessing health care. Informed consent was obtained after briefing about the purpose of the study and potential outcomes. Confidentiality and anonymity of the participants were maintained.

Data collection tool : An interview guide was developed which was semi- structured and contained both open and closed end questions pertaining to the objectives. It was prepared in English, administered in Hindi and questions were explained in detail whenever required.

Data Analysis : The audio taped interviews were transcribed into English and the repeated observations were categorized into broad themes. The thematic analysis was done manually.

III. Results

Individual face to face in-depth interviews were conducted and recorded for 15 participants

Table no.1 :Socio – economic and demographic characteristics of participants:

Characteristic	Number of participants
Age Group	
18 - 28	2
29 – 39	5
40 - 49	5
50 - 60	3
Gender	
Male	3
Female	12
Education level	
No formal education	1
Below 10th Std	6
Matric pass	4
Higher Secondary	2
Graduate	2
Employment	
Unemployed	7
Informal worker	4
Temporary job- private sector	3
Self - employed	1
Religion	
Hindu	15
Marital Status	

Married Unmarried Widow	12 2 1
Family income (monthly) Up to 10,000 10,000- 19,999 20,000-40,000	 8 4 3

Table no.2 Illness profile of participants

Illness in past 6 months	No. of participants
Acute Fever Comon cold Cough	 13 15 12
Chronic Joint pain Diabetes Hypertension	 10 5 5

Thematic Analysis:
5 main themes emerged in the study

a) Knowledge regarding health care providers in the community
b) Treatment for acute and chronic illnesses
c) Decision making regarding health seeking
d) Quality of health care services
e) Barriers to health seeking

a) Knowledge regarding health care providers in the community:

As a community which has a mix of allopathic and AYUSH practitioners , private and public health care facilities the in- depth interviews with the participants sought to understand their knowledge regarding the different choices available to them which play an important role in their health seeking behaviour.

Majority of the participants identified that there are allopathic and AYUSH practitioners in the community and both private clinics and government clinics within 1km area.

The allopathic practitioners who had private clinics in the community which they were referring to, were infact AYUSH practitioners who were prescribing allopathic medicines instead of AYUSH medicines for both minor and major illnesses. Only 2 participants could describe correctly that there are no allopathic clinics in the community with MBBS doctors other than the Bombay Municipal Corporation Clinic. They were availing the services from the AYUSH practitioners under the presumption that they are MBBS doctors and seemed quite satisfied with the treatment being received. It was also mentioned that they trust the treating physician and consider him/ her competent enough to manage both acute and chronic illness . This clearly shows there was a lack of awareness and ability to distinguish between the health care providers in the Bombay Municipal Corporation Clinic and the private clinics as the medicines which were being provided by both health care facilities were the same . Also, since the AYUSH practitioners have been providing services in the community for quite a long time, many participants even considered them as the " family doctor " and the first point of contact in case of an illness, from where any referral can be done , except at night hours in case of an emergency. Also, it was inferred that AYUSH practitioners haven't made any efforts to enlighten the residents that they are not formally trained in allopathic system of medicine.

The quotes which summarise the responses include :

".....Dr is our family doctor and he gives medicines for all illnesses , we don't use Ayurveda or Homeo even for children even though there are doctors"

BMC clinic is 5 min from our home and there is long queue since its government ,but do free blood tests "

We have both private clinics and BMC clinics here, and ....hospital (which is a big hospital) is 20 min from here and they do operations and not just medicines "

b) Treatment for acute and chronic illnesses

Majority of the participants denied having any major illnesses – other than acute illnesses like upper respiratory tract infections (fever, cough, common cold), chronic diseases like joint pain and non communicable diseases mainly diabetes and hypertension in the past 6 months. There hasn't been any history of hospitalization for any illnesses.

For the acute illnesses like upper respiratory tract infections, they used home remedies, waited for the disease to resolve on its own and if it prolonged for more than 3-4 days, visited the private clinics mainly and took allopathic medication. Some also mentioned that they go to the Bombay Municipal Corporation Clinic as they do free blood investigations as well. A few of them used to go to the nearby pharmacies directly and buy medications as advised by the pharmacists. Interestingly, there were only allopathic pharmacies and no AYUSH pharmacies in the community. In general, there was a preference for private clinics than government facility , regardless of the consultation fee . This is attributed to the long waiting queues at the BMC clinic as most of them either work in the nearby factories or have other responsibilities at home and cannot afford to spend long hours at the treatment facility.

For chronic illnesses they were availing facilities from the Mobile Medical Unit of H.N.Reliance Foundation Hospital and Research Centre and resorted to the family physicians in the community when the services got disrupted.There was also a strong belief system that they haven't contracted any major illnesses because of the temple in the community. Some participants, who didn't have any illnesses were even apprehensive when the question was asked as they felt it might be a reason for contracting any illnesses in future

For both acute and chronic illnesses, the preferred treatment was allopathic medicines as it was believed that it provides quicker relief and is more effective when compared with AYUSH medicines. The participants also believed in the need for routine monitoring of blood pressure, blood sugar along with the dietary restrictions for the management of diabetes and hypertension.

The quotes which summarise the responses include:

"Because of the blessings of Kapreshwar Maharaj, my family and I don't have any major illnesses . Even Covid-19 affected people in the big flats, but not any of us or our neighbours in the community "

Reliance ka gadi (vehicle) used to come and I used to get free medicines for B.P . Now I go to the .....Dr , who gives me medicines for the same "

The pharmacist gives me fever tablets whenever I go there to get medicines. I don't know the name of the tablet, but I think it's the same tablet which ……Dr also gives, because I get better when I take it for 2 days.

c) Decision making regarding health seeking

All the participants answered that it's the head of the household (irrespective of the gender) who makes the final decision as to where they should go in case of an illness. The decisions were taken in consultation with all the family members. We didn't receive any response which hinted to any exclusion of women from the decision making process. The main determinants of decision making regarding health seeking in the households as reported by the participants were the proximity with the health care facility , the duration and severity of illness and the trust the family had in the treating physician. When it came to the different health care providers which are equidistant from home, private clinics were preferred more than the Bombay Municipal Corporation Clinic , as there was a general perception in some households that private facilities provide better quality care and it is less time consuming. For acute illnesses like fever and cough, in the initial 3- 4 days, they mostly preferred to wait for the disease to resolve on its own and the decision as to whether they should seek health care or not was according to the relief/ worsening of the symptoms with the home remedies , left over drugs from a similar previous episode or the effectiveness of the medications purchased over- the counter. For chronic illnesses like Diabetes and Hypertension , most of them were already on regular medications from a particular treatment facility and the initial consultation / screening was done as per the advice of the family members . For conditions like joint pain ,the decision as to whether to seek health care or not was based on how the other members in the household perceived the severity of the illness more than the participant's personal choices. None of the them had any members in their family who was a health care professional .

The quotes which summarise the responses include :

"I discuss with my husband and he tells me its better we go to .....Dr for my joint pain as that doctor is really good "

"My mother- in – law suggested that I go to ….hospital as its only 20 min from here and its night and my cough is not stopping with pepper coffee "

d) Quality of health care services

The participants in the study described quality with expressions like " best", "fast"," good staff behaviour". Majority of the participants answered that they are satisfied with the health care facilities available for them in the community and have no problems accessing health care and consulting care providers for seeking

treatment. Most of them preferred private clinics over the public hospitals as they perceived them to be of best quality and are given treatment with less waiting time . The services which were being given to them were perceived to be of high standard. The health care providers were also considered to be caring and sensitive as was reflected in the lack of hesitancy to visit the clinic more than once. Even at the tertiary care hospital, which was within 5km area , the participants didn't report having faced any discrimination or biased / disrespectful attitude from the staff and considered it to be of equally good , except the costs of treatment involved. The infrastructure at the treatment facilities – both private and public was also perceived to be of good quality. The premises were also clean and hygienic with proper waste disposal. Participants mentioned that the health care providers showed respect for privacy and allotted sufficient time for the patients. The facilities were reported to have adequate availability of medicines and the quality of the medications provided were perceived to be good.There weren't any difficulties in obtaining the prescribed medicines in case it was not available in the clinic. The physician also gave adequate information regarding the need for routine check -up and follow up especially in case of Non-Communicable Diseases and made timely referrals to tertiary care facilities when needed. A few participants pointed out the need for specialist doctors especially surgery and dermatology as there are only general practitioners in the community.

The quotes summarizing the responses include:
" I am happy with the care provided by …. Dr and believe he is giving the best treatment always when I had to go to him. He opened the clinic every day even during the corona pandemic "
I don't get any illnesses other than mild fever and cough due to weather changes and I dont go to doctor often , we have pharmacies here nearby so I get paracetamol easily if I need that. So I think its good quality services we have here

e) Barriers to health seeking

Most of the participants answered that they don't face any major challenges in seeking health care whenever needed. The attitude of the health care providers was also considered to be friendly , respectful and approachable. A few pointed out the financial barriers involved in treatment seeking as they were unemployed and the earning members in the family were either informal workers/ doing temporary jobs in the private sector . Some had lost jobs and were unable to find a stable source of income since Covid -19. None of them were aware of any health insurance schemes or the earning members were not receiving any from their employers and the health care expenses were being paid out- of -pocket. Some mentioned an element of distrust in the public hospitals due to perceived lack of quality of care, responsibility and interest of the staff when compared with the private providers. They also pointed out that the staff seemed to be less interested in the well being of the patients as compared to the staff in the private clinics and had an element of uncertainty regarding receiving the best available treatment. . These views were based on both personal experiences as well as the experiences shared by other members in the neighbourhood.The diagnostic services in the community were limited and the only available services which were provided free of cost was at the Bombay Municipal Corporation Clinic but it did not include any imaging modalities. The consultation charges at the private clinic varied from Rs.60 to Rs.300-400 depending on the age of the patient.. Though it mostly included the cost of medicines, it wasn't always affordable especially when it involved illnesses that required multiple visits to the facility. The total expenses for treatment of illnesses since the past 6 months varied between Rs. 5,000 to Rs.15000. The long waiting time to see the doctor in the public clinic was also mentioned as one of the barriers for availing the free services available from the government clinic.

The quotes which summarise the responses include:
" *My husband is unemployed since Covid, we don't have enough money to meet daily expenses. Its difficult to pay ….Dr every time for my B.P and Diabetes medicines*
I work in a factory and I have to take care of kids , husband and mother in law. I don't get time to go to BMC clinic and stand in long queue to see doctor
Health insurance ?? I have studied only till 6th std

IV. Discussion

As a country striving to achieve Universal Health Coverage and committed to ensure that all sections of the population receive health care without any financial hardships , it is necessary to focus attention on the urban slums and the marginalized communities residing there who are prone to several acute and chronic illnesses and face challenges in accessing health care. Understanding the health seeking behaviour of the slum dwellers gives a lucid picture of the preferences of the population and the major reasons behind the choices.Several studies have pointed out that as compared to the public facilities which are provided free of cost, people prefer to seek health care from the private facilities . As pointed out by Naydenova etal in a study conducted in 13 slums in Mumbai ,

private care providers have a dominance over the public health care services despite the cost of treatment involved [6]. An in-depth qualitative approach has helped to delve deeper into the health seeking behaviour of the population. The findings from our study are consistent with the observations by Jain etal regarding the reasons for choosing private care facilities over public facilities which included good behaviour of the staff , the sureity that the treatment being received is the best and proper availability of basic physical facilities[7]. Patel et al found out that the availability of quick services was also one reason why people are inclined towards private care facilities. Also, allopathic system was the most preferred modality of treatment and cultural beliefs have played a major role in the health seeking behaviour of the community[8] . A study conducted by Gupta and Das gupta also found that regardless of the socio economic status, allopathic system was the most preferred modality of treatment[9]. We were also able to identify the fact that there is dearth of knowledge regarding the different systems of medicine which was reflected in the treatment seeking of the community as many were availing services from the AYUSH doctors under the presumption that they are allopathic practitioners . There was also dependence on home remedies and no felt need for seeking treatment which was a reason for non -utilisation of health care services .Overall, the study has been able to give an insight into the qualitative aspect of the health seeking behaviour of a small section of slum dwellers in one of the urban slums in Mumbai which had been an unexplored arena .

V. Conclusion

Health seeking behaviour is a dynamic process which involves the interplay of multiple factors. . A comprehensive understanding of its determinants in a community, especially in an urban slum is important in the planning of National health policies and delivering socially accountable health care .The present study gives insight into the health seeking behaviour of the Ghodapdeo urban slum which enables the health care providers especially in the public sector to understand the barriers involved in accessing the services which need to be addressed . The knowledge regarding the type of health care providers was also sub –optimal which necessitates the need for awareness campaigns in the community .

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