



**HEALTH SEEKING
BEHAVIOUR OF URBAN POOR
IN INDIA**

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Characteristics of Urban Poor

- Rural poverty and urban poor – push factor
 - Not a homogeneous group
 - Different income groups.
 - Different geographical locations in the city
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Health Seeking Behaviour

- Health seeking behaviour of urban poor is no more depend on perception of illness and health services.
 - Health seeking behaviour is taking pragmatic decision to deal with health problems within the available resources.
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Mumbai and Bhopal

- 12 million population
 - Economically vibrant
 - Periphery of the city is inhabited by the very poor
 - Strong private health sector
- 1.5 million population.
 - Economically not vibrant
 - Centre of the city is inhabited by the very poor
 - Strong public health sector
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Health Seeking – Informal Sources

- Minimal consultation outside the household
 - Very few resorted to home remedies
 - Consulted local chemist for medicines before seeking formal health seeking.
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Health Problems Mumbai and Bhopal

- Reported communicable diseases more in suburbs
 - City centre slums reporting more chronic diseases
 - 7% home deliveries
 - Acute health problems including communicable diseases in the centre city (gas affected)
 - Suburb has better health status
 - 42% home deliveries
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Health Seeking Behaviour Mumbai and Bhopal

- More than 70% used private health services for outpatient services
- For chronic ailments, used private health services
- A majority used public hospitals for hospitalization
- A majority used public sector health services for outpatient services
- Went to public facilities for chronic diseases
- All of them used public hospitals for hospitalization

Factors Affecting Health Seeking Behaviour

- Income level
 - Location of facilities
 - Perceived quality of services
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Factors Affecting Health Seeking Behaviour

Mumbai and Bhopal

- Large number of private clinics inside slums
 - Public facilities are away from slums – need to commute
 - Public facilities involves user fee and other indirect costs
 - Very few private facilities in the vicinity of slums
 - Public facilities are closer to slums
 - Public facilities are free and very little indirect cost involved
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Utilization Pattern

- Higher income groups looked for quality of healthcare
 - Lower income group looked for free or subsidized healthcare
 - Distance from facility means higher medical expenditure in Mumbai
 - Distance was not a major factor in Bhopal
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In Summary.....

- Health seeking behaviour of urban poor in India is a product of morbidity pattern, income level, type of health system and location of the facility (distance)
 - Cultural factors, illness and health service perception and informal consultation played a lesser role
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Thank You

