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
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.
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
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.
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
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 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
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 involve 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
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
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
Thank You