Research Article

Migration and healthcare: access to healthcare services by migrants settled in Shivaji Nagar Slum of Mumbai, India

Mili D
School of Health System Studies, Tata Institute of Social Sciences, Mumbai, India

Correspondence
Deepak Mili
Research Scholar, School of Health System Studies, Tata Institute of Social Sciences, Deonar, Mumbai, Maharashtra, India 400088

E-mail:
deepakmili@gmail.com

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Abstract

Background: Mumbai has a long history of migration. Migration has remained the major force behind the city's very rapid population growth since its inception. This study assess the access to health services by the migrant population settled in Shivaji Nagar Slum of Mumbai.

Methods: A cross-sectional study was conducted in 50 households in Padma Nagar and Shanti Nagar, the slums in Mumbai in March 2011. Purposive sampling was used to select the households. Pre-tested questionnaire was dispensed in a personal interview to the household head (19-49 years) regardless of gender, who were staying in the community for more than two years.

Results: The findings reveals that families with low income (less than INR 4000 per month) preferred to go to Brihanmumbai Municipal Corporation (BMC) hospitals where as families with more than INR 4000 income per month preferred to go to general practitioners. Respondents who had education up to secondary level preferred to go to the general practitioner where as those with education level higher than secondary preferred to go to BMC or private hospitals.

Conclusion: From the issues that emerged from the study and recognizing the paramount importance of health in the well-being of the people, it is crucial that policy action be taken to improve health services for migrant populations who live in the unauthorized slums.

Introduction

Migration to Mumbai has always remained a matter of serious concern to researchers, planners and policy makers. Mumbai has a long history of migration and migration has remained the major force behind the city's very rapid population growth since its inception. It was the first Indian city to experience the economical, technological, and social changes associated with the growth of capitalism in India. During the first few decades of 20th century, due to distressed situations and natural calamities many migrated to the city from far off states. Economic diversification and development of city resulted in steady growth of employment opportunities in the city which in turn attracted heavy influx of migrants and consequently a very rapid population growth in the city and in the nearby urban areas. Migration, then, was the main force that led to the sudden spurt of the city's population. [1]

It is estimated that 100 to 300 new families come to Mumbai every day and most land up in a slum colony or just erect a shanty on the nearest available footpath. [2] The Shivaji Nagar slum in Govandi houses about 26,000 families. [3] Shivaji Nagar is comprised of slums namely Padma Nagar, Shanti Nagar, Chikhalwadi, Azad Nagar and Rafi Nagar; and has a combined population of about 300,000 people. This slum is located very near to the Deonar dumping ground. The surroundings are polluted since a large part of the waste generated in the city is dumped in this area. Many migrant families from Bihar and Uttar Pradesh live in these slums. Most of them earn a living by collecting, sorting and recycling the garbage dumped by the Municipal Corporation. Rag pickers are mainly women and children; around 5000 in number who lives in shanty slums situated around the dumping grounds itself. [4] Their economic condition is as poor as is their living condition. Other people living in these slums are *balwadi* (Play School) teachers, barbers, mechanics, tailors, carpenters, painters, health workers etc. and their families. Some women are single mothers and working while most of the other women are housewives.

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Migration and Health

Migration is emerging as an important phenomenon from economic, political and public health point of view. [5] The processes of migration and health are inextricably linked in complex ways, with migration having an impact on mental and physical health of individuals and communities. Health itself can be a motivation for moving or a reason for staying, and migration can have implications on the health of those who move, those who are left behind and the communities that receive migrants. [6] Thus, at the macro-scale, migration may influence population health, although the effects may be quite difficult to disentangle. [7]

Community Profile

The slums of Padma Nagar and Shanti Nagar have a combined population of about 3500- 4000. Most of the people are migrants from drought prone areas of Maharashtra, like Latur, Sholapur and Ahmednagar and from the states of Bihar and Uttar Pradesh. Most of them follow Islam as a religion and few are Hindus. Each community has around 700 to 800 households. About 5000 people who live near the dumping ground survive and eke out a living by separating anything that can be recycled, like plastic, glass, tin, iron, wood etc. Majority of such workers are women and children. The men seek contract labour at the *nakas* in the nearby area.

Health care resources available in the community

The areas of study selected are unauthorised slums and people living here have minimal access to facilities provided by the Brihanmumbai Municipal Corporation (BMC). The nearest urban health centre is in Shivaji Nagar, which is approximately 3-4 km away. There are also three health posts in Shivaji Nagar.

There are many private practitioners inside these slums who cater to most people. Their fee ranges from INR 20 to INR 50. Many of these private practitioners do not hold legitimate degrees. Most are practitioners of ayurveda medicine while some practice allopathic medicine. Various degrees like Bachelor of Siddha Medicine and Surgery (BSMS), Diploma in Homeopathic Medicine and Surgery (DHMS), Bachelor of Homeopathy Medical Science (BHMS) and holders of Bachelor of Ayurvedic Medicine & Surgery (BAMS), Bachelor of Unani Medicine & Surgery (BUMS) and some Bachelor of Medicine & Bachelor of Surgery (MBBS) degree holders practice in these slums. About 10 to 15 private practitioners are present in Padma Nagar and Shanti Nagar. Many people in the community visit these practitioners because they are at close proximity to the residence of the people. A visit to the government hospitals is avoided since the waiting period is long and travelling costs are high. Some people go to Shatabdi and Rajawadi hospitals which are close to Shivaji Nagar and others go to places like Chembur and Sion. Non Governmental Organisation (NGOs) namely Apnalaya, Lok Seva Sangam run clinics in these areas.

The dwelling places of the people are utterly congested and ventilation is minimal. Most of the houses are single roomed and overcrowded. People live in very unhygienic conditions with no potable drinking water.

Methods

A survey of 50 households was conducted in Padma Nagar and Shanti Nagar in March 2011. Purposive sampling was used to select the households in the study. Household heads (either male or female) who have been staying in these areas for the last two years were primary respondents. With the help of a pre-tested structured questionnaire, data was collected focusing on the level of awareness about health, socio-economic status of families and the health problems prevalent in the community. The instrument was in in English and self-administered by the principal investigator.

The respondents were thoroughly informed of the purpose, procedures and need of the research that may affect his/her willingness to participate in the research. The respondents were given complete freedom to choose to participate or not as well as to choose to discontinue their participation at any time and utmost care was taken to maintain confidentiality of the respondents. The respondents assured that the data gathered would not be used for purposes other than that of the research's mentioned scope. Since the respondents were not very keen on giving written consent verbal consent was taken after briefing theme about the study.

Data entry and analysis were done through Statistical Package for Social Sciences (SPSS) software version 16.0. The analysis includes frequency distribution and cross tabulation of the selected variables. In addition, chi square test was carried out.

Results

Of the total study participants 30% of the respondents were male. Half of the participants (52%) belongs to the age group between 29 and 39 years followed by 34% in the age group of 19 and 29 years. However, 10% of respondents were in the age group of 40 and above and 4% of the respondents were in the age group of up to 18 years.

Education: 32% of respondents were illiterate, 44% primary, 16% secondary, and 8% had higher education.

Income: 28% had 2001-4000, 50% had 4001 to 6000, 16% had 6001-8000, 2% had 8000 to 10,000 whereas, 4% of the respondents had monthly family income of INR +10001 respectively.

Family size: 30% of respondents responded that they had a family size of 5 followed by 24% of respondents with family size of 6.

Occupation: 48% of the respondents were labourers followed by rag picker (22%). As these two slums are located adjacent to the Deonar dumping ground, which is one of the largest dumping grounds of Mumbai, rag picking is common here.

Common health problems: Most common health problem reported by the respondents were respiratory disorders, followed by cold, cough, fever, skin and gastro-intestinal infection. Cases of tuberculosis and hypertension was also found.

Health seeking behaviour: Most of the respondents (86%) availed allopathic treatment when they were ill. One of the main reason for this is that most of the general practitioners in this area, despite holding various degrees for example, Ayurvedic and Homeopathy, dispense allopathic medicine.

Regarding the health care facilities from which the respondents received treatment; it was found that 44% sought treatment from general practitioners when they were ill followed by visit to BMC Hospital (28%). Most of the respondents in the community visit these general practitioners because their clinics are close to their residence and they charge between INR 20 and 50. As most of the respondents were daily wage earners so going to BMC hospitals is a loss of half of day's wage for them. They go to the BMC hospitals only when the general practitioner is unable to cure them or when the general practitioner refers them to BMC hospitals in certain serious cases. 16% of the respondents preferred to go to clinics run by Non-Governmental Organisation namely Apnalaya, Lok Seva Sangam and 10% to private hospitals.

Families with income between INR 2001 to 4000 responded that they go to BMC Hospitals for treatment when they were ill. On the contrary families with income in slightly high range (4001 to 6000) preferred private practitioners (60%). Half of the families with income ranging between INR 6001 to 8000 also went to private practitioner when needed. Those with higher income (>10000 INR) went to both BMC hospitals and private hospitals (Table 1).

It was found that respondents who had education up to secondary level preferred to go to general practitioner when they were ill where as respondents with education level higher than secondary or more preferred to go to hospital.

Cross tabulation between total family income and type of places they go for treatment and an additional layer variable i.e. control variable level of education was added to see if it reveals how the relation between family income and types of places they go for treatment is controlled by the level of education. The chi-square result which is less than 0.05 at 5% level of significance does not indicate any relationship between family income and the type of places where treatment is sought. This suggests that the apparent relationship between total family income and type of places the respondents go for treatment is merely an artefact of the underlying relationship between level of education and type of place they go for treatment. Since income tends to rise as education rises, apparent relationships between income and other variables may actually be the result of differences in education.

Discussion

Purposive sampling was used to select the households. The reason being that, the slums that were selected for the study comprised of people living for more than 10 to 15 years and also families who have shifted recently. As the purpose of the study was to throw light on the level of awareness about health, socioeconomic status of families, and the health problems prevalent among the migrant population, only those families who have been settled in this area for the last two years were taken into account.

The study revealed that the respondents of these two slums which does not have proper basic facilities like water, toilet, electricity, drainage as it does not come under the jurisdiction of BMC, lack congenial environment for health. The dumping ground nearby is the main cause of poor health in this area. As most of the settlers in these slums have recently settled so they are not eligible for slum rehabilitation programme under the State Government under which those who have settled before the year 2000 are eligible. A greater percentage of families with low income (less than INR 4000 per month) preferred to go to BMC hospitals and a greater percentage of families with income more than INR 4000 per month preferred to go to general practitioners. Contrary to this, in the study conducted by Gupta I et al, in the slums of Delhi it was found that the government hospitals was mainly used by high and middle income households whereas lower income households used private clinics followed by middle and high- income households. [8]

In a study conducted by Baker J, et al the respondents were asked about choices regarding the healthcare facilities and it was found that 35% of the poor household's earnings less than INR 5000 per month in Mumbai use a Municipal hospital.

Table 1: Family income and places from where treatment received

Family Income (INR)	Healthcare Provider					
	BMC Hospital	NGO Run Clinics	General Practitioner	Private Hospital	Traditional Healer	Total
2001-4000	5 (35.7)	3 (21.4)	3 (21.4)	2 (14.3)	1 (7)	14 (100)
4001-6000	5 (20)	5 (20)	15 (60)	0 (0)	0 (0)	25 (100)
6001-8000	2 (25)	0 (0)	4 (50)	2 (25)	0 (0)	8 (100)
8001-10000	1 (100)	0 (0)	0 (0)	0 (0)	0 (0)	1 (100)
>10000	1 (50)	0 (0)	0 (0)	1 (50)	0 (0)	2 (100)

Data is mentioned as number (%)

This percentage is negligible among those who earn INR 10,000 – 20,000 and it further goes down in those who earn INR20,000 per month. [9]

Migrants health extend to the underlying determinants including adequate nutrition, housing, healthy environment and occupational conditions, access to health-related education and information as well as access to health care and education. [10] Providing health facilities to migrants is a very complex matter, often lacking priority in a government's hierarchy of concerns. Effective policy requires a better understanding of the issues and the will to do something about them. Different levels of government have a role to play, from the international community through national governments to regional and local government. The migrants and their left-behind households are typically of low status, lacking a voice in elite politics, and also relatively invisible. In this situation of powerlessness they need advocates, and this is why NGO activism appears to be particularly important for migrant health and well- being. The more publicity that can be given to the problem, the more likely it is that effective responses will be seriously sought. [11]

From the issues that emerged from the study and recognizing the paramount importance of health in the well-being of the people, it is crucial that policy action be taken to improve health services of these migrant populations who live in these unauthorized slums. As few NGOs are already working in these areas to improve the health facilities with whatever resources available an effective Public Private Partnership programme can be designed to provide to better health care facilities to this population.

Limitations of the study

The main limitation of the study is the small sample size. A larger sample size could help to get clear idea about access of health care services by the migrated population settled down in slums. This study was conducted only in two slums of Shivaji Nagar, so it is not sufficient enough to draw any generalize concrete conclusion to from the information collected. This study mainly focused on the user's perspective. Information from provider's perspective would have been useful which could not be captured in this study.

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