

Access to Health Care Service: A Case Study on Ejjipura EWS Urban Slum, Bengaluru

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Abstract: The opening of Indian Economy to Globalization enhanced the process of urbanization and a large number of people from rural areas and small villages migrated to towns and big cities in search of new employment opportunities, and for enhancing their livelihoods. Rapid growth of population has simultaneously increased poverty in India. Poverty has led to a poor quality of health care services among the urban poor. The existence of unhealthy environment in slums across India has diminished the health status. One of the foremost difficulties of health care service providers is identifying the needs of people in different communities. This is a descriptive study that attempts to understand the factors influencing demand for medical care, its implications, and recommend measures for the protection of health of the slum population in India.

Keywords: Health care service, Unhealthy environment.

1.1 Introduction

Health is very important to every individual irrespective of their socio-economic conditions. Due to lack of facilities and infrastructure in small villages, people started migrating to big cities and towns. This have increased the urban population and prompt the growth of urban slums. High in equality exists amongst slum dwellers and other inhabitants of Ejjipura in respect to access to health care. Access to health care facilities in urban areas is significantly skewed, people living in rural areas not able to access medical care when necessary due to the lack of infrastructure. So, people start migrating to urban towns and cities for accessing these facilities, these poor people add to the growth of the slum population across urban cities. These slum populations need special care as they suffer from unequal access to medical care and also produce low health outcomes in the country. This is mainly because these urban slum populations have been habitually excluded, hence suffer from high incidences of poverty and low levels of education. Low level of education among the slum dwellers affects in their socio-economic status and leads to inadequate awareness of medical care (Thorat, 2015).

The Health Care Policy also noted that accesses to better care services from public institutions are uneven among the vulnerable section of society. Socio economic factors inhibit slum dwellers from accessing public facilities. Health of a population is determined by the health conditions of the community. If the entire community is healthy, it means the people live in a clean and healthy environment. A healthy environment contributes to good health for every individual in a community. Slums dwellers do need to be provided a chance to improve their living status, thereby helping them contribute to the society. This can

only be done by improving their health profile so that the labor force participation rate of the economy increases, which leads to growth.

1.2 Theoretical Framework

The Health Belief Model

The Health Belief Model developed by cognitive behavioral theory which helps to understand people's behavior while participating in public health care services. The Health Belief Model was developed in the year 1950 by the social psychologists at the U.S Public Health Services, and has remained the best known theory in health behavior research. The Health Belief Model has been used to predict a wide variety of health related behaviors such as awareness of diseases, life style behavior, and people's behavior in demanding health. The Health Belief Model takes into account four important aspects:

1. **Perceived Severity-** Perceived severity refers to the degree of people's knowledge about a health problem and its consequences. It predicts the individual's seriousness about the health problem and how their behavior changes when it comes to diagnosing or treating their health related problems.
2. **Perceived Susceptibility-** Perceived susceptibility refers to the vulnerable state while assessing the health related problems. The health belief model predicts those communities who are susceptible to health problems. This has an impact on their behavior with regard to reducing damage to their health. People who believe they are at a low risk of health problems are more likely to be unhealthy compared to those who believe they are at a high risk of being affected by a particular health problem.
3. **Perceived Benefits-** Individuals' behavior is influenced by the benefits they receive during the assessment of health care services. If people believe the medical care they are assessed with will reduce their susceptibility to a health problem, they will engage in a healthy behavior irrespective of the effectiveness or outcome of the action of the health care service.
4. **Perceived Barriers-** Health behavior is also determined by perceived barriers in assessing as action. Perceived barriers refers to the problems that the population faces during a behavior change. These barriers include the side effects of the action taken, lack of access to, or awareness of viral infections and vaccines for treating these discomforts.

1.3 Statement of Problem

The paper focuses on the problems faced by the slum dwellers in Ejipura EWS slum while accessing the medical care services. This paper will research the following:

Is government of Karnataka providing enough information about the health care facilities that are

available to the weaker section of the society, information about the free treatments, and information about the new diseases and vaccinations?

1.4 Objectives

The research objectives are twofold:

1. To assess the Health seeking behavior of urban slum population of Ejipura EWS slum.
2. To assess the awareness of Health Care Benefits provided by the state government.

The research also aims to identify government action on slum upgradation for the same. The study will be revealing various aspects that were explored during the course of research that can be used to understand the current scenario in Ejipura EWS slum. It will be an endeavor to make recommendations for government policies and also to slum dwellers in improving their situation.

1.5 Methodology

The primary purpose of the study was to conduct a comprehensive cross section analysis. The study was based on primary data collected through survey and secondary data collected from Karnataka Slum Development Board.

1.6 Tools of Analysis

The primary data was collected through a questionnaire of 34 questions, the study used non- probabilistic technique of sampling (convenience sampling). The questionnaire has been designed to understand their perception, opinions, beliefs and their attitude towards health services. Descriptive statistical analysis has been employed to draw inferences from the data collected which is being presented graphically and in a tabular form.

1.7 Profile of the Study Area

The study has been conducted in the Ejipura EWS slum, near Koramangala in South Bengaluru. Ejipura EWS slum was notified on 29.06.2004 by the government of Karnataka (Notification number: KSA/.CR-137/94-95). The total population living in Ejipura slum are 740.

1.8 Limitation of the Study

1. Some of the respondent refused to give information based on questionnaire.
2. The time available for the study was limited
3. The study was conducted only in the Ejipura EWS slum, a larger study covering slums in other parts of Bangalore and India can be done in future.

In spite of all these limitations, an earnest attempt has been made to analyze the available data and arrive at meaningful conclusions.

Health Seeking Behavior of Ejipura EWS Slum

Before we understand the health seeking behavior of slum dwellers, it is necessary to have an understanding of the nature of slums in Karnataka and then the Ejipura EWS slum which is the study area of this research. Therefore let us first understand the current scenario of slums and their population. Taking into consideration all the factors, like environmental condition, life style of the slum dwellers and other factors that affects the slum population in accessing the needed services.

2.1 Introduction to Slums in Karnataka

The total slum population in Karnataka is almost 40.50 lakhs, where 25% are located in urban areas. It has been noticed that there are 2397 slums in Karnataka while 387 slums have been notified by the Karnataka Slum Development Board. In Karnataka, Bengaluru has the maximum number of urban slum dwellers. Hubli, Gulbarga, and Bijapur come next. There are 31 slums in Bengaluru Rural, and there are a total of 253 slums in Bengaluru Urban, in which 56 slums are owned by state government. The state government has notified 214 slums across Bengaluru urban.

2.2 Characteristics of Slum-Dwellers in Karnataka

The population of slum-dwellers in Bengaluru is rising overall, mainly due to migration. Migration and Urban poverty are closely related to each other. People migrate from all over the country in search of work, which leads to the increase in slum population in the state. Slum-dwellers end up working as rag pickers, beedi workers, footpath vendors, sweepers, painters and maidservants. Most of these professionals belong to scheduled castes, schedule tribe and other backward classes.

2.3 Problems faced by the Slum-Dwellers in Karnataka

Due to increase in urbanization, the problems in urban slum populations are becoming more difficult to tackle. Since they are poor they are forced to live in slums which are highly unhygienic in condition. This leads to the growth of problems in urban slums.

The people in slums live in the most awful conditions, with little access to social and health care services. The sanitation facilities in urban slums are still bad which contribute to an increase in bad health. The socio-economic status, the low level of education, and high

mortality all indicate that they need special attention in terms of education, health and family planning.

1. Poor Housing Condition- Generally the houses in slums are clustered, located in the inner part of the city. Due to lack of knowledge about family planning, the mortality rate among slums population is high. Households end up living in small dark rooms with no ventilation, which adds to unhealthy living conditions for residents.
2. Crowding- The slum areas have high density of population, with many people squeezed in

small patches of land. There are multiple occupants in each room.

3. Concentration of socio-economically weaker sections of society- These slum populations are low on level of education, standard of living etc.
4. Internal Mobility- Slum populations move or migrate from one slum to another slum in search of works near that area. This are widely seen in every metropolitan city
5. Health Problems- Slum population live in unhygienic environment which increase prevalence of diseases among them.
6. Problems faced by the Children in slums- The children in slums are put in a complex environment where they end up working in factories, hotels and construction areas. The children are force to work, rather than study because of their parent's low socio- economic status.

In Bengaluru most of the slums are located in low lying areas along storm water drains, sewage channel and railway tracks. The slums located in these areas encounter serious hygiene issues as the drains flow in front of people's houses.

2.1 Characteristics of Ejipura EWS Slum

Ejipura EWS slum is located in Koramangala South Bengaluru, Ejipura EWS slum was notified on 29.06.2004 by the state government (Notification Number KSA/. CR- 137/94-95). The total population living in Ejipura EWS slum is 740, where 400 are male and 340 are female. Consisting 250 each of schedule tribe and schedule caste and 240 of other communities.

Table 1: Particulars of Ejipura EWS Slum, Bangalore

	Particulars of Slum	
1	Ownership of land	Government
2	Type of the land	Notified
3	Type of area surrounding Ejipura EWS slum	Buildings, apartments, mall
4	Availability of Light	Yes, Electricity
5	Source of Drinking water	Common hand up and water tankers
6	Does the slum remain water logged during Monsoon	Yes, open drainage lines
7	Latrine facility used by most of the residents	Common Bathroom for 20 households
8	Frequency of garbage collection	Once in a week
9	Number of government school near Ejipura EWS Slum	3 Primary schools
10	Number of government hospital near Ejipura	2 Primary Health Care

EWS slum	Centers
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From the above table we can understand that the environmental conditions inside Ejipura EWS slum are worse compared to its surroundings. The Ejipura EWS slum is located in a modern part of town where there are apartments, hotels and malls nearby. The Ejipura population is able to access many facilities for the purpose of serving their daily needs and livelihoods. Whereas the slum dwellers in Ejipura are not able to access these facilities because of their low economic status. Due to lack of environmental concern the slum dwellers encounter an unhygienic environment where they face water logging during monsoon when drainage lines overflow and people suffer from various health problems. The slum does not have proper roads with covered drainage lines. Plastic and garbage is frequently dumped in the open and can be seen all over the Ejipura EWS slum. The researcher also noted that the roads of the slum are too narrow for an ambulance, firetruck or police vehicle to drive into the inner areas in case of an incident or emergency.

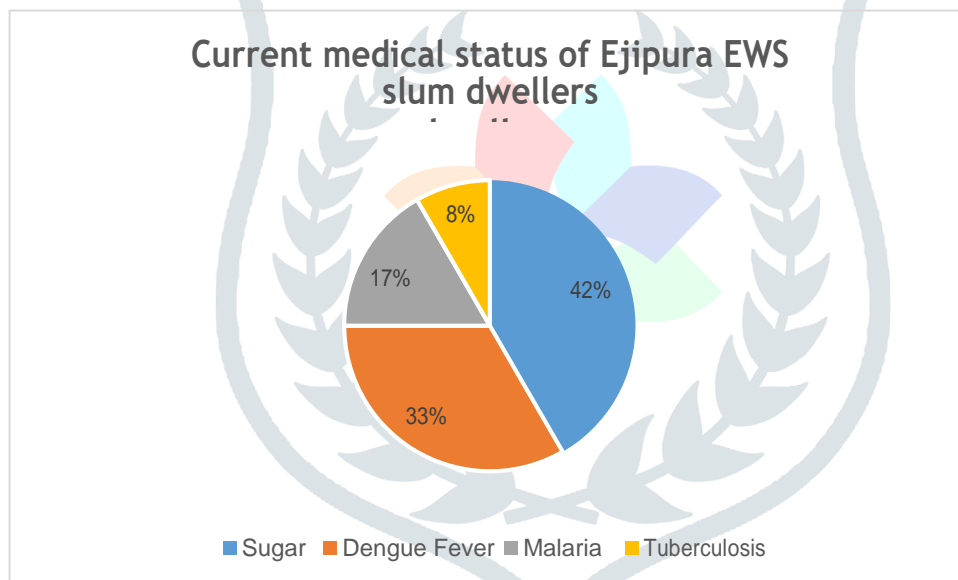


Figure 1: Current medical status of Ejipura EWS slum dwellers

Due to unhygienic environment conditions, slum dwellers face many health related problems. Almost 33% of Ejipura EWS slum population is affected by dengue fever, the main reason for this is that the open drain lines during monsoon become breeding grounds for mosquitoes. The unhygienic environment is also responsible for malaria (spread by mosquitoes), and also for tuberculosis. India is a large country facing a huge burden of Tuberculosis infection. There are separate TB centers in government health care service, TB patients must start their diagnosis at the earliest in order to stop the spread of infection in their body. The slum dwellers must be educated on the benefits of a clean environment to help improve their own life style and welfare.

Most of the residences in Ejipura EWS slum are owned by the landlords. Majority of the slum dwellers

live in one room houses and few live in a two room house. People usually live in a pukka houses, with brick walls and CI sheets. People fetch water from a common water tap, this water is used for cooking, drinking and bathing. Slum dwellers cannot fetch water whenever they need it, because water is supplied only once in a day, and that too for a few minutes. There are three separate bathrooms for boys and girls, which are shared between ten to twenty households.

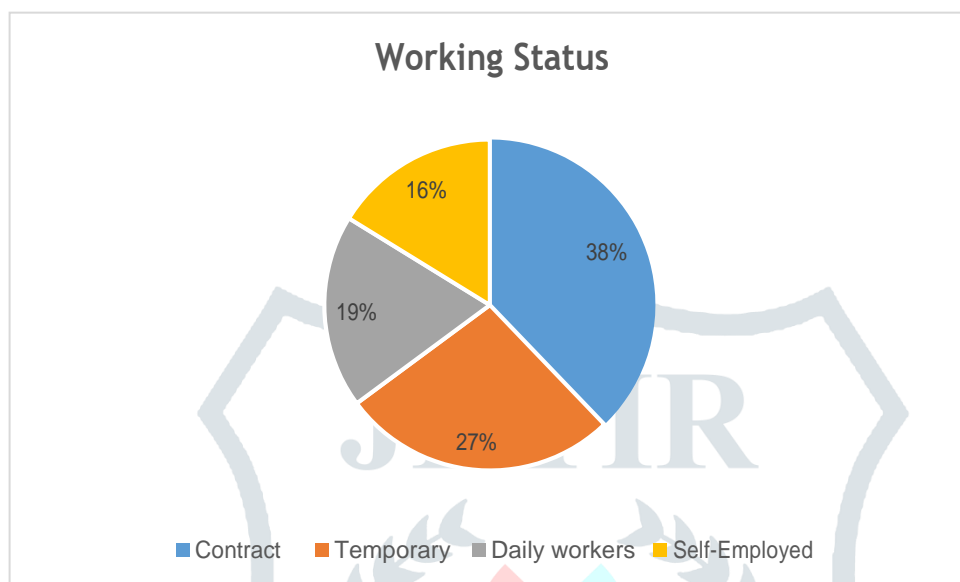


Figure 2: Working status of the Ejipura EWS slum dwellers

People live in Ejipura EWS slum are mostly from different villages of different districts in Karnataka. They migrated in search of new jobs in a big city like Bengaluru. The slum dwellers are mostly engaged in informal jobs because of lack of education and the dearth of opportunities in formal organizations. The male workers are employed as painters, carpenters, mechanics, sweepers and the like, whereas females work as maid servants, sweepers, run small eateries and tea shop. Children are sent to collect plastic water bottles, they also work on construction sites. Almost 19% of the total population are daily wage workers and 16% are self-employed among slum dwellers in Ejipura, which result in very low income to fulfil their basic needs. These are the kind of jobs that slum dwellers usually get for earning their living.

2.1 Demand for Health Care Services

Demand for health care of the slum population depends on the socio-economic status of the households. The demand for the health care service among poor population is relatively low. Slum dwellers do not demand health care services on a frequent bases or in a situation of emergency due to their low income and poor socio-economic conditions. Even though the government takes some initiative to help poor populations, they still lag behind in development. The main reason for this is lack of awareness among slum dwellers about the programs that are implemented in order to save and improve the poor population of the country.

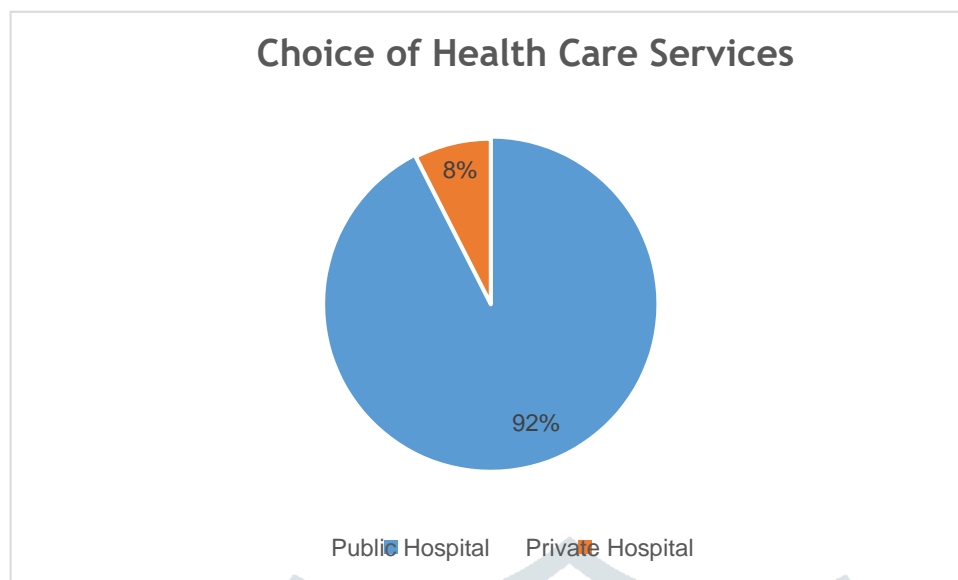


Figure 3: Choice of Health Care Service

By the above graph it is evident that a large share of population demand or prefer public health care services because of their low income status. Poor population hardly prefer private health institution has the health expenditure in these private health care centers are high which are unaffordable to these communities.

2.5 Lack of Awareness

Overcrowding is rampant in the area of the study. It's been observed that almost 16% of the households consist of four members each. Lack of ventilation, natural lighting and space create an unhealthy living environment. Further it is noticed that slum dwellers lack awareness about preventive healthcare. Most of the slum population is not even aware of the common illnesses like rabies and mad cow disease. For a hygienic environment there needs to be supply of clean water, but the current scenario prevailing in the urban slum is that there is no supply of clean water. Therefore people in the slum depend on the tap water or hand pump tube well which is not sufficient for the large number of people living there. Almost 35 respondent in the study population use private water tankers. The drainage condition of the slum is quite bad. Slum dwellers are not aware the impact that the open drains and sewers might have on their health. The open drains may be a ground for breeding mosquitoes, this may increase various diseases among the population and also spread to the surrounding residents.

In the country there are different radio stations and television broadcasts provide awareness about both the preventive and curative healthcare programs. Usually radio stations provide information on polio vaccination, family planning etc. So that people become aware about these Important things. But the infrastructure facilities in the slums are poor and hence they are not able to access much of this information. Hence there is lack of awareness about the health programs which could benefit them in case of a need. Therefore, learning the benefits of health programs through media becomes

insignificant among poor population. This is why we can see lack of cleanliness among slum dwellers leading to poor health.

The health of the slum dwellers is hence largely affected by lack of awareness of health programs. Slum populations are not aware of the healthy food habits, clean and safe environment. Slum dwellers engage in smoking without even knowing that smoking is the cause of poor health. Many of the people pick up bad habits which worsens their lifestyle and health. This is all because of lack of awareness of the impact of their action, especially on their health.

People in big cities and towns who are able to access all the available resources and information have a better life style and health compared to the poor community. Slum dwellers need help and attention to improve their lot.

Karnataka Public Health Policy

3.1 The Current Health Status in Karnataka

Karnataka is the eighth largest state in India in terms of geographical area consisting of 6.11 crore people according to Census 2011. The State's population has grown by 15.7% in the last decade, the density of population has increased to 319 people per square kilometer. The Karnataka government has significantly progressed in improving the health status of its people. However the government has to work harder in implementing the health policies in an efficient way so that everyone in the state could access these services.

The Karnataka state government has to make changes in the health care system and should work on upgrading medical tools and equipment to meet the upcoming challenges relating to health and epidemics diseases. This has to be properly addressed by all the health care services in the state.

Table 2: Comparison of Karnataka's socio-demographic indicators between 2001 and 2011 census with national figures

	Karnataka 2001	Karnataka 2011	India 2011
Total Population	5,28,50,562	6,10,95,297	1,210,854,977
Total fertility rate	2.4	1.9	2.4
Sex ratio(Female per 1000 male)	965	973	940
Child sex ratio (Female per 1000 male)	946	948	914

Crude Death Rate (per 1000)	7	7	7
Crude Birth Rate (per 1000mid-year population)	19.3	18.3	21.4
Total Literacy rate (in percent)	66.64	75.60	74.04
Female Literacy rate (In percent)	56.87	68.13	65.46

Source: Economic Survey of Karnataka 2015-16

By the above table it is evident that Karnataka state government has achieved some of the public health indicators in their recent years. There is a fall in infant mortality rate from 47 to 31 per 1000 birth during 2007- 2015. A positive sign is noticed in the fertility rate of the state, where the fertility rate has reduced to the replacement rate of two children per couple. There is increase in adoption of the institutional delivery system all over the state.

Table 3: Current Status of Availability of Hospitals and Health Centers

SL.NO	Health Care Service Providers	Numbers
1	Primary Health Centers	2479
2	Community Health Centers	204
3	Taluk Hospitals	146
4	District Hospitals	21
5	No of Government medical colleges	10
6	No of Private medical institutions	28
7	Autonomous and Teaching Hospitals	31
8	Ayush Health Centers	0

Source: Karnataka State Health System Resource Centre

The above table lists the number of health care services available in the state at a sub-taluk, taluk, district and state level. However the public health service providers lack in infrastructure, advanced medical equipment and availability of doctors and nursing staff. The state government is progressing in improving the public health system in order to protect the interests of the low income population of the state.

3.2 Karnataka Health Care System

According to World Health Organization, to achieve a strong health system every country should focus on the following Health Services, Human Resources, Health Financing, Medicines and Technologies, Health Information and Governance.

3.2.1 Karnataka Health Care Service Delivery

Health care service provider should deliver the service effectively, safely maintaining the quality of life of the population. Karnataka has a mix of health care service providers-they are private health care institutions and public health care institutions who focus on improving the welfare of poor population of the state, AYUSH and local practitioners.

There are disparities in infrastructure and services, however there still continues urban and rural inequality within the state. The quality of care is a matter of concern in public hospitals, where the doctors do not provided sufficient time in addressing individual health concerns, some of the government doctors run their own private clinic even though they take a government salary.

The private health institutions have been increasing rapidly in the state from the last decade. People choose to go to private health care services for effective and efficient care due to the inadequacy of advanced medical instruments, and specialized doctors in government sector. According to District Level Household and Facility Survey -4 for illness, more than 50% of the state's population prefers to go to a private hospital. Karnataka in among the states where the utilization of public health services has declined in the last decades, from 34 % to 26 % (71st National Sample Survey Organization, 2014)

3.2.2 Human Resource for Health

Karnataka ranks the highest in the number of medical colleges and specialized doctors in the country. Despite this increased number of doctors in the state, how many are actually willing to participate in public health care? Many prefer to go aboard and many others run their own private hospitals and clinics.

According to Rural Health Statistics, there is a high demand for specialized doctors in small villages and towns. Most of the village hospitals lack in modern medical tools and equipment's along with specialized doctors. The government has to focus on these aspects in order to improve health status of the state.

3.2.3 Health Information System

Health information system is one that will ensure the state or health institution track their own progress in providing better health care services. Lack of data available in public hospital, because the information are recorded manually in books, hence there might be a loss of data.

Therefore the data available is not enough to track the current socio-economic status of the population.

The health management system of the state should progress in improving the data availability and security. The data on new diseases, new methods of treating illnesses should be recorded continuous by the service provider for the purpose of making it available for the policy makers to make change in upcoming health policies.

3.2.4 Technological change in Health Care Service System

Every health system ensures a change in their methods due to change in technological, with an expectation of an efficient outcome. The state government started Karnataka Drug Logistics and Warehousing Society in 2002, from where all the medicines are supplied to the government health care institutions. The main objective of this is to make available all required drugs in public hospitals without any delay. It made the government hospitals store some drugs within the premises. However the efficiency has been reduced at the primary health care level given the frequent stock out of drugs, resulting from insufficient provisioning of drugs from the warehouse.

3.2.5 Health Financing

Health expenditure of the state has been increasing for the last 15 years. Even then, the health status of the population remains the same. A large part of expenditure is from out of pocket which takes time to cure illness, thus there is a huge burden on the families. People below the poverty line struggle a lot in accessing health care services because of their low incomes.

3.3 Health Schemes and Programmes in Karnataka

The State Government of Karnataka implemented various schemes to provide health benefits to the residents of the state. Some of the schemes are Rajiv Arogya Bhaya Scheme, Jothi Sanjeevini Scheme, and Arogya Karnataka Program.

3.3.1 Yeshasvini Scheme

Yeshasvini scheme was been introduced by the state government to provide health insurance cover over 2.2 million farmers for an annual premium of Rs.60, the scheme also covers all the informal workers who enroll in the scheme. This scheme covers all surgical cost, for SC/ST the government offers a subsidy of Rs.600, and the scheme is fully on cashless bases from admission of patient to discharge in any listed government hospitals. The state also started the Rashtriya Swasthya Bima Yojana together with the central government for covering health

Insurance to all BPL (Below Poverty Line) category of the population. These scheme increase the utilization of health services and reduce the burden on the general population for their out of pocket expenditure (Kuruvilla, 2005).

3.3.2 Vajpayee Arogya Shree

This scheme was designed to provide access to quality of health care services for those below the poverty line. The scheme covers all the facilities like hospitalization, surgery etc. from admission to discharge of patients. It covers five members of a family up to an amount of Rs

1.5lakh. There is no need of any registration to be done to access this benefit, the patient should just carry their BPL card while visiting the hospital for verification of Arogya Mithra.

3.3.3 Janani Suraksha Yojana

Janani Suraksha Yojana was introduced in 2005, for protecting the mothers in the country. The main aim of this scheme was to reduce infant mortality rates among the poor women of the country. The scheme integrates cash assistance before and after delivery. A woman undergoing normal delivery will be offered Rs.700 whereas women undergoing a cesarean delivery will get Rs.1500 as compensation.

3.3.4 Rastriya Bala Swasthya Karyakrama

Rastriya Bala Swasthya Karyakrama was introduced with an objective of managing defects of birth deficiency, and disease in children. Children studying in classes 1 to 12 in any government schools can avail this scheme. This scheme is part of National Health Mission.

3.3.5 Karnataka Arogya Bhagya Scheme

The state government of Karnataka started a universal health scheme to provide affordable access of health care services for all living in the state. The Arogya scheme is implemented to improve the overall medical status of the state. Population falling below poverty level can access free health care services in public hospitals. People applying for Universal Health Care Card must pay Rs.10 to get the original health card. Hence by getting this card any individual can access health care services in the state.

3.3.6 Madilu Prasuti Aaraike

This scheme was started by the Karnataka government for the benefit of pregnant women below poverty line SC and ST families who are resident of Karnataka. The scheme provided financial assistance during pregnancy and is limited to first two deliveries. The pregnant

women will get Rs.1000 for the first six check-ups and between 7th and 9th month the women will get Rs.2000. This scheme motivates the pregnant women to access government hospitals for ANC (Ante Natal Care) and immunization in government hospitals.

3.3.7 National Tuberculosis Control Programme

The National TB Control Program is based on the international recommendation directly Observed Treatment Short-course (DOTS) was launched to support the TB patients in the country. Under this

program all the diagnostic and treatment facilities are provided free for the TB patients. The government also deposits Rs.500 monthly for every TB patient registered, to decrease mortality and morbidity due to TB transmission (Revised National Tuberculosis Control Programme)

Through the above policies and schemes, the Karnataka government is placing health high on the agenda. However not everyone is benefiting from these programmes because of lack of awareness and information around these policies and programmes. The state government should take a step forward in providing information about how to enroll in the program, from where, how to register, who all the beneficiaries are etc. to the poor population, so that the overall health status of the state can improve.

Results and Discussions

Bengaluru is one of the fastest growing cities in India. But its growth is disfigured by social inequalities. The access to health care services by the poor is inadequate in the state. Despite the improvement and availability of health care institutions, including free services provided by the public institutions, many people still lack the ability to receive quality health care. This is the biggest concern around the world, but especially with the poor population. In this chapter we discuss various reasons that prevent access to quality health care services among Ejipura EWS slum dwellers.

In the primary study it has been observed that there is no constant work for the slum-dwellers in Ejipura EWS slum which results in unstable income status of the population. This is the major reason of inadequate access of health care services. Slum dwellers are not able to manage the health care service expenditure in private health care and diagnostic centers. There is a burden on slum dwellers of paying out of pocket, even though there are availability of access to public health care people do not seem like taking any step toward it. The state government of Karnataka should focus first at stabilizing the employment status of the slum dwellers by providing opportunities of work in other sectors.

An important aspect to be noticed by the study was that the majority of the slum population reached secondary education and most of them reached 10th grade in their schooling, but the ways in which they dispose their garbage was shocking. Almost 80% of the slum dwellers in Ejipura EWS Slum dispose their garbage in the open. They are not educated on the impact of their action. One of the major outcomes of overflowing garbage in open land is air pollution which increases various respiratory diseases among slum dwellers and in the surrounding areas. The toxic substances in air contaminated by wastes include carbon dioxide, methane and nitrous oxide which are harmful to the human health of living beings. There is lack of education about a keeping the environment clean and pollution free.

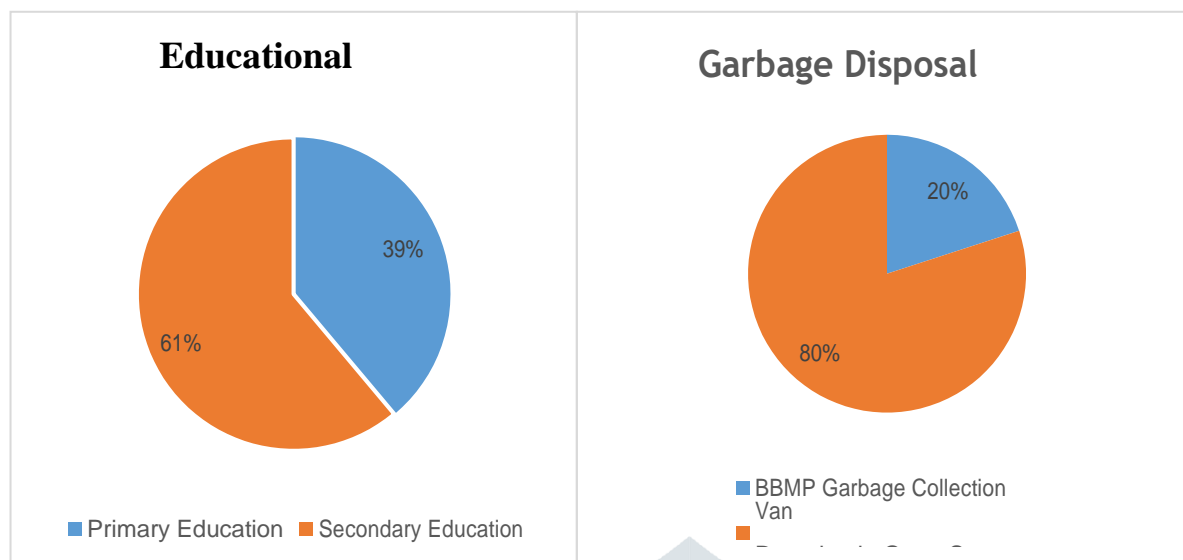


Figure 5: Educational level of slum dwellers Figure 6: Ways of Garbage Disposal

The Health seeking behavior of the slum dwellers are not supported by their financial status. Hence their health status lags behind in comparison to other people in the state. People in slums hardly earn enough to satisfy their hungry and basic needs. Large share of population with a decent standard of income access health care services provider without any difficulties, as they have the knowledge of health insurance claim, and information about their diseases and the like. Whereas slum dwellers are not aware of their own diseases, why they have been affected, information about the benefits they should get etc. To put it simply, they are sacred of out of pocket expenditure that they would encounter if they go to seek any health care service in the private sector. They are totally unaware of the benefits provided by the government to protect their interests and health.

Slum-Dwellers access public health care services only knowing there is a provision of free medicines and treatment is done free of cost. In addition to this the government also provides many monetary benefits for the population below poverty line. These poor people are unaware of the state policies and programmes which have been implemented in order to provide better health care services.

Most of the respondents seemed to have given in to a fate of helplessness, and blamed the government and its policies. They are not aware about how to register for a scheme that might monetarily benefit them, and from where to register. The slum dwellers have to rise to meet their demand for access to health and seek alternatives.

Summary and Conclusions

This study has enabled one to understand the behavior of slum dwellers in accessing health care services. It is noticed that people below poverty lined prefer or demand private health care services because of the burden of high expenditure. However, even when they end up going to public health care services, they are unaware of their rights in public hospitals. There is lack of infrastructure in slums hence they are not

getting information about the new diseases, vaccination and new schemes in which they could get monetary benefits. This needs a policy response. The state government of Karnataka must be pro-active in order to provide efficient services to the poor population of the state. It's the state's duty to improve the access of public health care services among people by providing efficient services at minimum cost.

5.1 Suggestion

It can be said that no matter how adverse the situation is, steps can be taken to prevent any further worsening of the situation, few steps are discussed below:

5.1.1 Awareness about the schemes and programmes

Various government reports have pointed out towards the fact that programme have intended helped people in that state, however the benefits of these health schemes and policies have not reached the actual population, it is necessary that the people themselves be aware of whether or not they are eligible for any kind of provision or exemptions under the policies and avail of any such benefits.

There is lack of willingness to understand and exploit policies to their benefit. This was observed from their responses. It is up to them to stand up to the challenge, and not to be totally dependent on government. The new generation has to educate themselves and share the values of life and clean environment with their community.

5.1.2 Health Camps

The state government of Karnataka must take up health camps around slums. So that people in slums who are unaware of the policies will become educated about the policies and avail benefits, if they are eligible for the programmes. These camps would also educate people on new diseases and can provide information about the ways to get treated.

5.1.3 Health check-up

The state government can identify newly graduated doctors and nurses, enroll them in government health care services and appoint them to conduct health check-up in slums. This might help the government as well as slum dwellers to keep track of their health status and improve it in future.

Thus, various steps can be taken to tackle the awareness problem and lack of ability of the slum population in accessing public healthcare.

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