



A study on the Health Seeking Behavior among Migrant Populations in the Slums of Guwahati

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Abstract

The main objective of the study was to understand the healthcare status among the migrants living in the slum areas of Guwahati and to understand their health seeking behavior. The article presents findings from primary data collected from two slums in Guwahati. The primary research tool used were an interview schedule and an interview guide designed to collect data on socio-economic profile of the respondents, access to basic amenities, consumption of harmful substances health status and health seeking behaviour. Results show that the migrants mostly belonged to the working age group and were engaged in the unorganized sector or informal work in an organized sector. The reasons for migrating showed that they were forced to move to the new place due to low wages or had to evacuate due to flood. The locality lacked proper hygienic environment. There were problem of water logging, overflowing of drains. The findings also showed a significant number of respondents consuming harmful substances. There was low adherence to completion of course of medicine and high reliance on pharmacies in seeking treatment. Most respondents also delayed treatment seeking until it was severe and only visited doctors when the symptoms worsened after taking medicines from pharmacies

Keywords: Migrant, Migrant's health, Health seeking behaviour, health vulnerabilities

1. Introduction

Migration is the movement of a person or a group of people across international borders or within the national borders. It refers to any type of human movement, regardless of its duration, content, or motivation (WHO). Therefore migration can be both internal and international. Aside from this classification, migration can be classified as both voluntary and forced. In this world of globalization and interconnectedness, migration is inevitable. Migration has a substantial contribution on both the destination and origin locations, and as a result, it is seen as a development driver (IOM, 2017). It provides remittances in the origin country

and fills labor shortfalls in the destination country. However, migration should not be viewed or explained solely in economic terms (income, employment, unemployment, remittances). Various societal problems such as food access, education, health, equal opportunity, being stereotyped, and being a victim of xenophobia on specific migrants must also be addressed

Migrant population may include various groups of people such as students, refuge seekers, irregular or illegal migrants, displaced population etc. (Mladovski 2007 as cited in Davies et. al. 2006). The presence of institutional and structural obstacles leads to different kinds of health inequities and challenges in accessing health care by this section of population (Davies et. al. 2006). Longer working hours, poor and risky living and working circumstances, social ealienation, and limited access to essential amenities are often associated with migrant population (Srivastava, Sasikumar 2003). This is mostly common among the ones who belong to the lower socio-economic position and or those who lack proper documents (Davies et. al. 2006).

Vulnerability in health may be characterized as the degree to which a person cannot predict, deal with, resist and recover from disease or epidemic impacts (Grabovschi, Loignon, and Fortin, 2013) Individuals or households with insufficient resources to establish defences against prospective threats or dangers become vulnerable to those hazards or risks, which may put them in a worse situation than before.

Migrants with no or little resources are thus prone to a variety of health hazards, putting them at risk in comparison to the native population because they lack the resources to prevent or cure them. This does not imply that migrants are already a population group at risk of poor health outcomes. They may be put in a vulnerable position as a result of the situations they experience during the migration process.

This does not imply that migrants are already a population group at risk of poor health. They may be vulnerable as a result of the conditions they confront during the migratory process. As Chandrima Chatterjee writes, "health environment in the place of origin, transit and destination (including disease prevalence), they include patterns of mobility (regular, circular, seasonal, etc) that define the conditions of journey and their impact on health" (Chatterjee. 2006). In case of a highly skilled and socioeconomically advantaged group of people deciding to migrate willingly, they can make an informed decision. When a poor, unskilled person or group decides or is forced to do so, however, s/he or they have a restricted number of options. They can't afford to have a lot of options for transportation or lodging.

International migrants face a more difficult situation when restrictive migration policies are in place or when they are perceived to be problematic in the destination areas, which leads to marginalization, atrocities, and human rights violations, particularly for those who are illegally entering or illegally living in a country (Bartram, Poros and Monforte, 2014). They don't really have personal assets or political rights. They must make do with the meagre resources they have while living in overcrowded conditions such as slums, where basic sanitation and drinking water are in short supply. They have reduced access to their basic rights such as education, proper healthcare and protection as suggested by the literature. The transmission of infectious diseases is accelerated in slums due to overcrowding. They do not have access to government subsidies due

to lack of proper documents and thus need to spend more money on food or other goods compared to the natives. This leads to the issue of accessing and affording proper food which leads to low nutritional status among them. They are trapped in a vicious cycle of poverty due to their poor income and lack of safety nets. They are marginalized and a heavily compromised section of the population. Even if they are not permanent residents of a region or are new and distinct from the indigenous population, they are first and foremost humans and because every human being has a right to life, we must provide them with the resources and facilities they need to live a decent and dignified life.

This paper thus focuses on the people who have migrated to Guwahati and are living in the slums; how accessible, available and affordable quality health care is to them and what barriers they face while utilizing the services. To have a holistic view of health and health seeking behavior, it is critical to focus on the social aspect of the bio psychosocial approach (Ingleby, D 2006). Disease susceptibility can be influenced by social factors, therefore, we must also recognize and acknowledge these interconnections. As Ingleby puts up understanding the social context in which a person seeks care is critical to understanding and treating the illness (Ibid.). The choices that the migrant population are making in terms of health care not only affects the ones seeking care but can be a medium of disease transmission to the wider population. This does not mean people who are migrating have different, severe health problems because that portrays migrants as threatening which is not the case. Migrants may have common problems, but differs with the native population in ways like they may face challenges when approaching a healthcare practitioner or seeking assistance, like physical hurdles such as location, transportation, and opening hours, as well as social barriers such as stigma and discrimination. Removal of these hurdles is important for overall health of the migrant people as well as the native population.

Migrant population make up a large portion of Guwahati's urban population, thus it's critical to understand their healthcare status and health-seeking behavior so that appropriate interventions can be developed to address the demand and needs of the study population. The data gathered for this study will further help others better understand the situations in which migrant slum dwellers in Guwahati seek health.

2. Materials and Methods

This study was carried out in the city of Guwahati in Assam. The study reveals the socio-economic and living conditions as well as state of health and health seeking behaviour of the migrants living in the two slums Milan Path, Dhirenpara and ISBT Slum. The list of the slums of Guwahati city was sourced from Guwahati Municipal Corporation office. Two slums were selected based on proximity and information by a known migrant construction worker. The respondents were migrants living in these two slums of Guwahati which were selected with a purposive sampling. A mixed method research approach was used as it allowed the researcher to collect both types of data (quantitative and qualitative data) to best understand the context of migrants and their health seeking behavior. Total 40 respondents (20 males and 20 females) participated in the study for the quantitative data collection and 8 respondents (4 male and 4 female) for the qualitative

part. Some key informants were required to find study subjects who were interviewed using a face to face method with structured interview schedule and an interview guide.

For the quantitative part, data was collected and put into excel sheets for analysis. Tables and Figures of findings were made to study the results. In case of qualitative part, data was collected through an interview guide. It was audio recorded and transcribed into written form. Then the researcher went through the written transcription for a preliminary understanding. It was followed by coding and then grouping together of same instances into categories

3. Results

The results of this study are in consistent with what previous studies have found.

Socio Economic Profile of the respondents

The age of the respondents ranged from 21 to 51. The respondents all belonged to Muslim religion. Out of those who were employed, they worked in the informal economy. In terms of education, over half of the respondents (19) were illiterate. This indicates that the respondents were socially vulnerable (due to their lack of education). The workers' monthly earnings ranged between Rs. 4000 to Rs. 13000. Low income, according to the studies, makes people more vulnerable to health risks. (IOM, 2020). The respondents said they pushed off treatment because of the high cost of treatment. The inability to pay raises the health risks of migrants, since the situation can quickly deteriorate and become fatal.

Migration: From where and why?

Five districts namely Barpeta District, Bongaingaon District, Dhuburi District, Goalpara District, and Nalbari District were among the respondents' last places of residence in Assam. 17 people, or 42.5 percent of all those interviewed, said they or their parents were from outside of India. The reason for migration revealed that they were compelled to relocate owing to low pay or were forced to flee due to flooding. The most common cause for migration among female respondents was marriage.

The jobs they were employed in were in the unorganised or in the informal sector, which means that the workers did not have access to benefits or social security. This result is consistent with previous findings of studies that have demonstrated that migrants in low-income households work in unregulated, dangerous conditions. (Chatterjee. 2006)

Living environment

The migrants lived in a one room house with no access to running water. They used common toilets, which were shared by five to twelve households. Houses near the roadside had access to drainage, but a considerable number of households did not. The water from the toilet was flowing by the houses, and people

had built walkways out of bricks and wooden planks because the water had left the area muddy and treacherous.

The tube-well was the main supply of drinking water, but the majority of people did little to make the water safe to drink. The majority of studies on slums found that the environment in the slum was more harmful to one's health than in other parts of the city (Schultz, 2014). Migrant slum residents may be exposed to health risks as a result of these circumstances.

According to several research such as the by Fry, Cousins and Olivola (2002) and Choudhury and Parathasarathy, (2009) showed that prevalence of diseases in the slums as well under nutrition was high among the residents were high. The congested, dangerous, and bad environment in the slums leads to poor health outcomes.

Consumption of substances

Except for three, all of the respondents consumed various substances. Gutka intake was highest among those who consumed it, and females consumed it at a higher rate than men. After moving to Guwahati, a large number of them began consuming new substances, some as a result of peer pressure or influence, and others as a stress reliever.

Health Status

More than half of the respondents rated their health as poor, and many said they had trouble conducting everyday tasks. The most common complaint the respondents said to have was of common cold, followed by chicken pox, diarrhoeal disorders, and skin allergies.. Males were the only ones who had skin allergies, especially among those who said to have worked in the construction industry or as sweepers. It reveals how exposure to building materials can cause skin problems, and even sweepers are being subjected to contaminants. Half of the respondents admitted to not following or completing doctors' prescribed treatment course. They follow it till they can fill it better. It's concerning since an insufficient treatment regimen could lead to drug resistance in the future.

Health Seeking Behavior

There is a heavy reliance on pharmacies, and they are the first option sought for any ailment. The pharmacy is preferred because of its proximity to their residence as well as the fact that it is easily accessible and not time consuming. The allopathic system of medicine is preferred by a large proportion of responders. Few people even go to a private doctor's clinic because it is close by and easy to get to. They cited long wait times, poor quality, and a lack of required services as reasons for not visiting government-run institutions right away. A few also said that the health facilities did not treat them well and were discriminatory towards

them. The respondents mentioned that the first referral unit of the government healthcare system was lacking essential medicines and diagnostic services. This leads to the migrants to rely on private sector. The fear of the expenses incurred by the private system led to delay in getting cure

.In Assam, the interaction between migrants and host populations is tense. If we use the 'othering' framework proposed by Grove and Zwi here, we can see how the host communities see the migrant population as other which is mirrored in certain health personnel' unwillingness to embrace migrants. The study also reveals that the majority of respondents postponed or desired to postpone treatment until it became severe. As a result, the patients reach a critical stage while deciding to seek care, which may result in death. In addition, if the sickness was contagious, it could infect additional persons if treatment was delayed. The difficulties in accessing health care like fear of losing wages, long queues in government sector, lack of access to primary care, lack of safety nets etc shows how as a State we need to make changes in bringing the migrant population and their health concerns in our policies and systems. There were also mentions about discrimination faced due to their low socio-economic background and ethnicity.

4. Discussion

This study shows that how the migrant population is vulnerable in terms of residentially, socially and occupationally. Residentially they live in slums which lack safe and clean environment, socially they face discrimination and exclusion because of their ethnicity and occupationally they are engaged in unorganized sector which pays them very low despite making them work in unsafe work environments with little or no benefits. The ones traveling from outside the country have additional stress of legalities. Moreover, because they lack sufficient education, their employment opportunities are generally limited to the informal sector, which is distinguished by poor working conditions, putting them in situations that may put their health at danger. If we overlook this group of people from the lens of public health, they can become a breeding ground for diseases that threaten both the native and migratory populations. From a human rights standpoint, the government should ensure that migrant workers receive basic amenities for a healthy life. The Ministry of Labour and the Departments of Labour, at state levels should work in convergence with other ministries (Health and Family Welfare, Human Resource Development, Food and Consumer Affairs, Urban Affairs, Social Justice) to track them down and understand their health seeking behaviour to ensure that their concerns are heard and no one is left behind.

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