Chapter - 1

INTRODUCTION

Health care services, the availability of which is not only a major determinant in the level of well-being of the people but also essential for their survival. Health being accepted as the fundamental entitlement of every human being, the question which arises is how far the health care facilities are equitably available to the various segments of the population? The study seeks to examine the inequalities in the provision of health care facilities in urban Delhi, both public and private sectors.

The ideal situation portrays a picture of equitable distribution of facilities according to the population. The basic question lies in the fact that how are the facilities spatially distributed? The aspect of spatial distribution should be visualised from the perspective of the population in that area.

The next question to be pondered over is that do these available facilities have a proper access to the population. An attempt has been made to analyse the concept of accessibility which is one of the crucial aspects apart from spatial distribution. Accessibility could be locational which means proximity or many a times the socio-economic reasons also govern the factor of accessibility.

One important factor is the physical ability to attend while the other is the financial ability to utilize it by paying. In what way can the provision of health care facilities be made accessible to the population? It is a fact that it is accessible to every body whoever stays nearby the facility or is it accessible only when you have the capacity to pay.

The third important aspect is utilization. How are the facilities being provided and utilized by the population? This perspective includes the difference in the location of private and government institutes cum agencies which, as a whole, goes a long way to affect the utilization pattern. This present study concentrates upon the aspect of accessibility and utilization pattern of the health care facilities which, in various ways, as an indispensable aspect takes the 'distance' criterion into consideration.
Do proximity and accessibility, play any significant role in the health care facilities? To be detailed, the areas having the dominance of private institutes leads the person would go in for the private health care facilities than the government ones. As a distant corollary, areas having a larger number of government institutes will show a better inclination towards government than private. This clear cut distinction may not be experienced in the reality. The degree of deviation, therefore, would be a significant observation in this regard. To be precise, despite the proximity of the two different groups that is private and government facilities. Why and how the pattern of accessibility vary over urban Delhi - therefore, encourages this present researcher to carry out a detailed study taking the relevant inter and intra relationships among different socio-economic issues pertaining to this study.

SAMPLE AREA - STUDY AREA

The sample areas were selected on the basis of purposive sampling within the urban Delhi. From the central point Connaught place, three concentric circles were drawn at a distance of 5kms as it has been represented in the map. From the first concentric circle Rajinder Nagar and Fatehpuri (old Delhi) were the two sample areas. Fatehpuri has its own unique characteristics as it is in the walled city and has its historical importance which is totally different from the rest of the sample areas.

From the second concentric zone 2 two sample areas were Ashokvihar, comprising of middle income group population and Safdarjung Enclave which mainly is occupied by very affluent section of society.

From the third which incorporates the periphery areas of Janakpuri a new colony and Shahadra occupied by middle class population. The slum areas adjacent to the residential areas were the sample areas. The sample area divided into non-slum and slum areas as they represent two different segments of the population. From each sample area 70 households were selected 35 from slum and 35 from non-slum. Altogether 400 households were surveyed from the 6 different sample areas.
The sample areas were chosen on the basis of geographic distance from the heart of the city and then selecting one affluent area and one middle class area considering the socio-economic aspect.

OBJECTIVES OF THE STUDY

(1) The present study attempts to achieve the following objectives to examine the organisational setup of health care facilities and examine the patterns of spatial distribution in urban areas in the availability of private and public health care facilities.

(2) To examine the way the health needs are perceived by different segments of the urban population and how such needs are met by them, and

(3) To study the nature of differential use of health facilities across various socio-economic categories of population, and examine as to how socio-economic, and geographical factors tend to influence utilizing different kinds of health care facilities.

HYPOTHESIS

(1) Utilisation tends to increase towards preventive health care facilities in the non-slum areas and decrease in the slum areas.

(2) Utilization of government health care facilities higher in the slum areas than the non-slum areas where as utilisation of private health care facilities is more pronounced in non-slum areas while decreases in the slum areas.

(3) The rate of utilization of health care of facilities increases with the increase in the level of education and vice versa.

DATA BASE

The study is based on secondary as well as primary sources of information. The main secondary sources are:

(1) Medical Directory 1992, State Health Intelligence Bureau, Directorate of Health Services, Saraswati Bhavan.
METHODOLOGY

The methodology described below could first of all involve the methods applied to compute the secondary data which involves the three major mapping of Delhi.

The location wise maps of Delhi have been prepared upon which three major health care facilities have been located. The first map shows the major hospitals in Delhi, the second map portrays the major primary health care facilities (Government) for eg. dispensary, primary health centre, MCWC etc. and the third map shows the Private Nursing Homes.

Apart from this percentage figures have been calculated showing the distribution of facilities.

There was another very important exercise carried out to find out the socio-economic states (SES) of each household. The three main indicators which were selected to measure the socio-economic status caste, Education and Occupation. These were the three main indicators which were selected to construct a socio-economic status groups for the households, the underlying reason being that no single indicator could be able to capture the socio-economic status unbiasedly.

In the following section the methodology involved in formulating the socio-economic status would be discussed.
The first indicator being caste where ranks are assigned to the four caste groups as

High Caste = 4
Medium Caste = 3
Low Caste = 2
Very low Caste = 1

The second indicator being Education where the years of schooling of each household numbers has been calculated and average year of schooling of household was calculated by dividing the sum - total by the number of household members.

The third indicator being occupation where rank are assigned according to the occupation as shown in the section occupational ranking in the next page. According to the rank of the working number an average has been calculated in each household.

So the next step is we get a separate figure for each of these indicators. The next step involved is assigning weight age to the three indicators.

Caste = .20
Education = .40
Occupation = .40
Total = 1.00

The next step involved is these weightages are to be multiplied by the figure we receive from indicator according to the rank.

The next step is addition of all the three figures for each household. Thus a socio-economic status for each household emerges.

The third methodology is chi Square test which is calculated for the illnesses and the utilization pattern.

CHAPTER SCHEME

The first chapter introduces the study, its nature objectives and the aim of the study. It introduces the study area, the sample design and methodology involved while computing the data, and literature survey.
The second chapter provides with the theoretical base of the study in which various studies pertaining to health care have been discussed incorporating the social, economic, political and environmental aspects. The discussion continues with a critical analyses.

The fourth chapter provides birth information of the distribution of health care facilities and the various measurement involved in representing the distribution and it examines the organisational setup of health care facilities in urban Delhi.

The third chapter describes the 400 sample household surveyed representing its demographic characteristics, and socio-economic characteristics.

The fifth chapter looks into the morbidity pattern and distribution of diseases and the occurrence of various kinds of diseases, people are being affected belonging to different socio-economic background as an attempt has been made to study the disease pattern among different age-groups, male/female and area wise for eg. non-slum and slum areas.

The sixth chapter looks into the aggregate utilization pattern in the non-slum and slum areas and an attempt has been made to analyse the concept of accessibility.

The seventh chapter looks into the utilization pattern of the facilities in the non-slum areas occupation and socio-economic status.

The eighth chapter looks into the utilization pattern of the facilities in the non-slum areas in relation to education, occupation and socio-economic state.

The ninth chapter revolves around the findings and its implication.

**AN OVERVIEW OF THE STUDY AREAS**

**RAJINDER NAGAR**

Located in the central part of Delhi, Rajinder Nagar has become very important area as it is surrounded by Karol Bagh, Patel Nagar, Dev Nagar and Connaught Place is also near by the famous Pusa Institute (Agricultural) is very near by and thus location wise it becomes a very important area. The famous Ganga Ram hospital, B. L. Kapoor Memorial hospital is in Rajinder Nagar.
The residential areas was surveyed which represented 75 per cent Punjabi families who came to Delhi after partition presently involved in business or engaged in the jobs of the corporate sector.

While doing the survey it was understood that they were very well to do families. In the von slum area the average family size is 4.24. There were 76 per cent high caste and 12 per cent medium and low caste population.

Out of the total population of Rajinder Nagar non - slum surveyed 35 per cent were graduates, 6 per cent were master degree holders but nobody was involved in research.

The occupational distribution revealed that 55 per cent of the population surveyed were white collar I workers and they were mostly businessman. The socio - economic status show that 26 per cent of the households belonged to SESI category while 65 per cent in SES II category.

Located to the non - slum areas were the slum areas of Rajinder Nagar where most of the residents were migrants specially from the rural areas of Bihar. The living condition was very unhygienic as these were open drainage system and only one tap for the whole slum where people mainly used it for drinking water. All the huts had thatched roofs and every family stayed in one room. This slum was in worst condition as there were 13 households leaving [6-8] family members, they managed electricity from the main road. 71 per cent of the households in Rajinder nagar slum belong to very low caste. There were no single family and there are 22 households with [2-5] family members, 13 households with [6-8] family members. The slum area has 65 per cent illiterate population. Among them 68 per cent of the workers are involved in Blue I jobs while 20 per cent in Blue collar III jobs. Almost 60 per cent of the household belong to the SES IV category.

FATEHPURI

Location wise Fatehpuri belongs to the old city which is also known as the walled city. This area is totally different from the rest of the other sample areas. Jama Masjid, Red Fort is nearby and this area was the old city with its historical importance. The area
was very crowded and mostly the houses were located in the by lanes. The area is well connected with all the government hospitals as these hospitals are nearby and the location of the hospitals were mainly because of the historical reason as New Delhi started to grow later.

In non-slum areas 32 households were from high caste groups, 3 from the medium caste. The average family size is 4.26. Almost 22 per cent of the population surveyed were graduates while almost 11 per cent completed their master degree.

Almost 60 per cent of the non-slum population surveyed were involved in white collar I occupation while 22 per cent were working as white collar II workers.

Among the socio-economic status groups 40 per cent of the households were SESI, 40 per cent, SES II.

Adjacent to the non-slum areas was the slum areas of Fatepuri where the occupants were staying for nearly 70-80 years. They paid Rs 5/- rent or Rs 25/- rent which were in small by lanes and low lying area. There were 5 households in which the family members were from [9-16]. The average family size is 5.93 that is almost 6. The surveyed samples household had 41 per cent illiterate population, and surprisingly 36 per cent of the households were engaged as white collar II workers. Maximum households belong to SES III group 41 per cent.

ASHOK VIHAR

Ashok Vihar located in the North of Delhi is in between the centre and the periphery areas. Almost 82 per cent households in the non-slum areas were occupied by High caste and 18 per cent medium Caste. The average family size is 4.52 per cent. There are around 32 per cent graduates, 13 per cent completed masters and 4 per cent are in Research. Almost 81 per cent of the population surveyed were engaged as white collar I workers, while the socio-economic status households were; either from SESI 52 per cent and SES II 48 per cent. Apart from this there were further none lower status group.

The slum area had 57 per cent very low caste population mainly were Balnike. Among the 34 per cent low caste most of them were Boonkars and involved in this particular occupation and containing with it for two three generation. There were 5
families with family member from (9-16). The average family size is 5.69. and 10 per cent of the population surveyed were illiterates excluding the infants below 7 yrs. 82 per cent workers were (skilled) Blue collared workers among which many were Boonkars. 71 per cent of the population belong to SES III group.

SAFDARJUNG ENCLAVE

Located in South Delhi surrounded by Hauz Khas, I.I.T., R.K. puram safdarjung. Enclave has developed its own importance. The Ring road has added the importance with location of two most important hospitals in Delhi like Safdarjung Enclave and AIIMS. The area is mainly occupied by very rich and affluent section of the society. In the non - slum area 29 HH’s very surveyed among which 55 per cent were high caste households and the average family size was 65.83 25 per cent graduates, 3.55 per cent Master degree holders and 1.78 per cent research scholars.

Most of the households belonged to business family and 74 per cent were in white collar I jobs Regarding the socio - economic status SES I is 31 per cent, SES II is 52 per cent.

The slum areas surveyed in Safdarjung Enclave was in the back of Kamal Cinema which was mostly occupied by very low caste households 46 per cent, specially Balmiki. The average family size is 4.6 and the population surveyed 70 per cent were illiterates while 54 per cent were in Blue Collar I skilled jobs and 30 per cent were in Blue collar II unskilled jobs. 54 per cent of the households belonged to SES IV.

JANAKPURI

Located in the western part of Delhi comes under the periphery region is surrounded by Vikaspuri, and Harinagar. Rarely in government hospital is located in this place excepting Din Dayal Upadhayay hospital which is near Hari nagar. The non - slum area surveyed was occupied LIC (life Insurance Corporation) workers and other two. There was 88 per cent of high caste households, with an average family size of 4.56 among which 38 per cent were graduates, 9.59 per cent ever master degree holders and 1.37 per cent were into the research work. There were 52 per cent white I workers and
34 per cent white II workers where as 53 per cent of the households belong is SES I category.

The area adjacent to it was slum are where most of the people had migrated and settled in this slum from Rajasthan. The low caste were reported from this slum as 92 per cent, with average family size 4.5 and with 77 per cent of illiterates, 59 per cent of the Blue collar II unskilled workers were residing and 58 per cent of the households belong to SES V.

**SHAHADRA**

Shahadra situated in the eastern part of Delhi belongs to the periphery region. It is beyond the river Yamuna and not very developed area. A few government hospitals are located in this area. The non-slum area has 88 per cent of the high-caste households with an average family size of 5.21 per cent. There were 19 per cent graduates 6 per cent master degree holders and 0.56 per cent in the research work. There were 49 per cent each white collar I worker and white collar II workers, and 88 per cent that is maximum households belonged to SES II group.

In the slum areas the living condition was better than the other slums as there were very houses with concrete walls through the woofs were thatched. The 97 per cent of the households were very low caste and 3 per cent were low. Among all these 97 per cent were Balmiki and they were working as Safai Karam Chari in MCD. The slum area of Shahadra had highest family size of 6.03 with 58 per cent illiterate population and 84 per cent skilled Blue collar workers. The majority of the households belonged to the lowest SES groups SES IV 55 per cent and SES V 25 per cent.