

## Health-Seeking Behaviour of Two Squatter Groups of Calcutta City : A "Case Study" Approach

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**KEY WORDS** Health-seeking Behaviour. Squatter Groups. Working Status. Case Study.

**ABSTRACT** In the present article an attempt has been made to understand the health-seeking behaviour of two squatter groups of Calcutta. The nature of health-seeking behaviour and the sources of information have been evaluated by adopting the "case study" approach. It has been observed that the nature of most of the information on health-seeking behaviour is similar in both the groups, though for one group middle class household is an additional source of information. Our empirical data on health-related traits also show similar patterns in both the groups.

### INTRODUCTION

Social scientists in general and anthropologists in particular have highlighted the importance of case study approach. This approach is useful in probing into many facets of the respondents' life, adjusting the wording of questions to fit the unique experience of the respondents, sharing experiences with the individuals being studied, collecting life histories, gathering data over the life time of the individual, etc. (Goode and Hatt, 1981). It is a way to organize social data so as to preserve the unitary character of the social object, be it a person, a family, institution, cultural group or even entire community (ibid: 1981). The subjective information on life histories can sometimes give insights that may enhance the understanding provided by objective measures (Ala'ilima and Stover, 1986).

In this paper the "case study" approach has been adopted to understand the health-seeking behaviour of two populations. Further, an attempt has also been made to understand the influence of middle class knowledge, attitude and

practices (KAP), if any, on health-related traits in the study group exposed to such influence.

Dwelling in squatters' settlements is a common phenomenon in all the Third World cities of the world (Marshall, 1966). Squatter settlers are generally rural migrants who come to the city and unofficially occupy a particular place. Mostly these people migrate to major cities in search of job, and those who fail to afford accommodation in satisfactory houses live in slum and squatter settlements (Ghosh, 1991). The general features of squatter dwellers are: overcrowding of houses, poor economic condition, unsatisfactory dwelling, poor water supply, etc. So, these groups have to face the largest environment-related health burdens (Hardoy et al., 1982; Tewari, 1991). In spite of all these hazards, there are some advantages that the squatter-dwellers could avail of compared to their rural counterparts. Some of those are: job opportunities, health and educational facilities provided by the governmental and non-governmental organizations and exposure to the city life.

In view of this, some case studies were undertaken to investigate into (a) the different sources of learning health-seeking behaviour; (b) the differential nature of information people receive from different sources; and (c) whether exposure to the middle class household acts as an additional source of information.

### MATERIALS AND METHODS

There is a big squatter settlement that covers portion of Ward nos. 28, 29 and 36 of the Calcutta Municipal Corporation. Both Hindus and Muslims reside here. Majority of the people of both the communities has migrated to this settlement from the South 24-Parganas district of West Bengal.

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The study has been conducted among women who are between 20 and 40 years of age. Among the Hindus, a section of the women work in nearby middle class households as maid servants, in addition to performing their own domestic work. However, the rest of the Hindu women are only engaged in their own household work. For the purpose of convenience, women of this group who are engaged as maid servants are designated as the Hindu working group (hereafter HW) and those not working in that capacity are referred to as Hindu non-working group (hereafter HNW).

On an average, each HW individual works in four middle class households as maid servant. The type of work includes washing utensils, cleaning clothes, fetching water, cleaning floors and grinding spices.

Case studies were made on 22 individuals (12 HW and 10 HNW) who seemed to be knowledgeable about the norms and practices regarding health care. These individuals were asked about different sources of learning health care.

Data on some health-related traits were also collected on mothers of the same age group (mentioned above) and on children between 3 and 7 years of age following standard methods.

## RESULTS

### CASE STUDIES

Extracts from the case reports collected are presented here.

The common sources of information of HW and HNW are as follows:

- (a) Media: Television and radio
- (b) Others: Parents, relatives, neighbours, local clubs, volunteers of non-governmental organizations (NGO), medical practitioners (private and hospital-based), etc.

(c) In addition to these two sources, the middle class household (hereafter MCH) is a source of information for a section of the HW, which works as maid servants in MCH. The receipt of information may be in the form of observation on health care practices by MCH members, or advises from MCH members to them.

In the cases described below, some respondents were able to express their reaction to the information received from each source in terms

of (a) the importance of the information received, and (b) the feasibility of using it.

For each case, the age of the respondent, number of children she has and her literacy status, are mentioned in that order against the case number. The literacy status is coded as follows: Non-literate (NL); Below Primary (BP); Primary (P); Secondary (S).

#### HW

*Case 1.* 26; 4; NL.

*MCH:* Use of oral rehydration solution (ORS); gargling with warm water during throat ailment; serving boiled drinking water to children; use of garlic oil for massaging a baby; educating children; saving money in banks, post offices, etc. for future; keeping household and surroundings clean to keep away germs; serving less-spicy food to children.

*Media:* Use of tooth powder, antiseptic creams and ORS.

*Others:* Immunization of mother and child; legation.

*Reaction:* Need for serving boiled drinking water, massaging babies with garlic oil, etc. are well appreciated, but could not be done due to time and financial constraints.

*Case 2.* 33; 4; NL.

*MCH:* Timely feeding and bathing children; advice for taking fresh food, whether cooked or raw; immunization of mother and children; use of vitamins and analgesics; advice during ailments of family members; advice not to administer medicine without consulting a doctor; and not to take cooked food kept overnight, especially during summer.

*Media:* Use of tooth powder; use of body soap; use of detergent; use of ORS and use of health drinks for children.

*Others:* Use of loop (a family planning device); and immunization of mother and child.

*Reaction:* Need for maintenance of good maternal and child health is well appreciated; could immunize the last two children; failed to provide time for adequate child care; in spite of suitable media exposure, was unable to procure appropriate facilities due to financial constraint.

*Case 3.* 35; 5; NL.

*MCH:* Use of analgesics; sponging the body with warm water during fever and/or cough and cold; consumption of diet like rice mixed with



curd and boiled food during gastric disorder; not to administer medicines, especially to children, without consulting a doctor; advice for wearing of clean clothes, especially for babies; education for children.

*Media:* Use of shampoo and use of ORS.

*Others:* Ligation.

*Reaction:* Need for special diet during gastric disorder is well appreciated, but it is not always possible due to financial constraint.

**Case 4.** 29; 4; NL

*MCH:* Use of dental powder; use of ORS; advice for taking light food during gastric disorder; use of glycerine soap during winter to remove dryness of skin; and advice for not taking tea frequently.

*Media:* Use of body soap and use of anti-septic cream.

*Others:* Ligation.

*Reaction:* No specific reaction.

**Case 5.** 32; 3; NL

*MCH:* Timely feeding and bathing of children; use of ORS; use of an ayurvedic preparation to reduce cough and cold; use of health drinks; changing of clothes regularly during summer to avoid skin diseases; use of tooth paste; preserving food in refrigerator; use of antacids; washing of hands and feet before handling food, especially before serving food to children; saving money in banks.

*Media:* Use of body soap and use of tooth powder.

*Others:* Nil.

*Reaction:* Not possible to maintain time (regularity) regarding feeding and giving bath to children due to time constraint.

**Case 6.** 34; 3; NL

*MCH:* Intake of green vegetables and pulses as nutritive diet; use of ORS; advice for washing of clothes of babies with dettol; advice for applying vitamin-rich oil to babies, keeping babies clean all the time, use of body soap specially in case of babies; advice for using glycerine mixed with lime for keeping skin soft and smooth during winter.

*Media:* Use of tooth paste; use of two categories of detergents - one for cleaning ordinary clothes and the other for cleaning comparatively costly clothes.

*Others:* Nil.

*Reaction:* Need for using vitamin-rich oil for children, washing clothes of children with dettol, though well appreciated, could not be practised due to financial constraint.

**Case 7.** 25; 2; NL

*MCH:* Observation regarding timely feeding and bathing children; frequent changing of clothes of babies; providing fruits and health drinks to children; idea of immunization of mothers and children; washing of hands before handling food; paring of nails; covering of food and water; and advice for not taking cooked food kept overnight, especially during summer.

*Media:* Use of tooth powder for dental care; use of antiseptic cream; and use of ORS.

*Others:* Ligation; keeping food and water covered all the time; use of ORS; and vaccination after cuts and injuries.

*Reaction:* Though sometimes fruits are provided to children, health drinks cannot be provided due to financial constraint; washing of hands before handling of food, paring of nails, and vaccination after any cuts and injuries though well appreciated, are not always practised.

**Case 8.** 32; 3; NL

*MCH:* Administration of tetanus-toxoid during cuts and injuries; use of purgative to avoid constipation; advice about giving fresh foods to children, wearing of clean clothes; use of tooth powder; washing of hands before handling foods; and consultation with doctor during ailments of children.

*Media:* Nil.

*Others:* Use of ORS; use of contraceptive; immunization of mother and child; covering of food and drinking water; paring of nails and clipping of hairs, especially of children.

*Reaction:* Need for administration of tetanus-toxoid, washing of hands, are well appreciated but not strictly followed; immunization of mother and child was practised only in case of the last two children.

**Case 9.** 26; 2; NL

*MCH:* Advice for not administering allopathic medicine, especially to children, without consulting a doctor; intake of fresh foods; observation regarding use of clean clothes; taking care of children, like timely feeding and bathing of children; use of tooth paste; covering of food and drinking water; education for children; and saving money in post office.

*Media:* Immunization of mother and child; use of body soap and antiseptic cream; use of ORS; and education for children.

*Others:* Ligation.

*Reaction:* No remarkable reaction.

**Case 10.** 25; 2; NL.

*MCH:* Use of contraceptive; use of mosquito net at night during sleeping; keeping drinking water covered; serving boiled drinking water to children, especially during monsoon; use of tooth paste, use of soap for cleaning clothes; timely feeding of children; consultation with doctors before administering medicine to children; keeping households and surroundings clean to keep out germs; saving in bank and post office; and education for children.

*Media:* Use of smokeless oven; providing nutritive drinks to children; use of body soap; and immunization of mother and child.

*Others:* Nil.

*Reaction:* Due to high cost of fuel it is not possible to boil drinking water; timely feeding of children is not possible due to time constraint.

**Case 11.** 30; 2; NL.

*MCH:* Advice about using of mosquito net to avoid malaria, keeping the household and the surroundings clean, wearing of clean clothes; intake of fresh food and drinking water, use of ORS; not to pare nails with teeth, head hair should be kept clean to avoid cold; saving of money for future; use of analgesics; and health drinks for children.

*Media:* Use of antiseptic cream; use of tooth paste; use of detergent soap; and immunization of mother and child.

*Others:* Ligation; immunization of mother and child; administration of tetanus-toxoid in case of cuts and injuries.

*Reaction:* Need for use of health drinks is well appreciated, but cannot be provided due to financial constraint; tetanus-toxoid is not always administered as it is not so important; immunization of mother and child - only in case of last two issues it was done.

**Case 12.** 20; 1; BP.

*MCH:* Use of ORS ; serving health drinks to children; use of medicated soap during skin diseases, use of vitamin tablets for developing the resistance of the body, use of analgesic syrup for children, taking dettol water bath when suf-

fering from sores; maintaining a savings account for future; boiling of feeding bottles and nipples, application of vitamin oil on the body of children; serving of boiled vegetables to the children; use of tooth paste; use of detergents and body soap; and sponging of body with warm water during fever.

*Media:* Nil.

*Others:* Use of contraceptives; and immunization of mother and child.

*Reaction:* Need for providing health drinks to children is not possible due to financial constraint; taking dettol water bath is not feasible; taking vitamin tablets is not always possible due to financial constraint.

**HNW**

**Case 1.** 22; 3; NL.

*Media:* Use of tooth paste, body soap, and antiseptic cream; use of medicines like analgesics; use of health drinks for children; immunization of mother and child.

*Others:* Practice of ligation; use of ORS; intake of boiled and less-spicy food during stomach problems; consultation with doctor before administering medicine, especially to children; use of mosquito net at night while sleeping to avoid malaria; washing of hands before handling of food; and immunization of mother and child.

*Reaction:* Nil.

**Case 2.** 21; 2; NL.

*Media:* Use of tooth powder, body soap and antiseptic cream; use of contraceptives; use of analgesics and cough syrups; education for all.

*Others:* Timely feeding of children; immunization of mother and child; keeping households and surroundings clean to keep away germs; wearing of clean clothes; paring of nails; washing of hands before handling of foods; use of ORS; sponging of body with warm water during fever; use of body soap.

*Reaction:* Need for timely feeding of children is well appreciated, but not possible due to time constraint; could immunize the last child; need for maintaining the clothes and households clean all the time though appreciated, but not feasible.

**Case 3.** 33; 3; NL.

*Media:* Use of glycerine soap during winter, antiseptic cream and tooth powder; use of health drinks for children.



*Others:* Practice of ligation; immunization of mother and child; use of health tonic, antacid and cough syrups; consultation with doctor during any ailments; covering of food and drinking water containers.

*Reaction:* Could provide health drinks occasionally; consultation with doctor during ailment - only in case of major ailments.

*Case 4.* 23; 3; P

*Media:* Use of tooth paste, glycerine soap (during winter), detergents and body powder; use of ORS; immunization of mother and child.

*Others:* Use of warm garments and restricted use of water when children suffer from cough and cold; keeping households and surroundings clean to keep away germs; regular changing of clothes during summer to avoid skin disease; washing of hands before handling of food; consultation with doctor during ailment of child; immunization of mother and child; use of contraceptives; education for children.

*Reaction:* Nil.

*Case 5.* 26; 3; NL

*Media:* Use of ORS; use of antiseptic cream.

*Others:* Use of vitamin oils for massaging babies; washing of clothes of neonates with dettol; sponging of body with warm water during fever; immunization of mother and child; practice of ligation; use of medicines like cough syrup and antacids; covering of food and drinking water containers; regular washing of drinking water containers; washing of dishes and glasses before serving food or drinks.

*Reaction:* Need for the use of vitamin oil is well appreciated, but it is expensive; washing of dishes and glasses immediately before serving food though well appreciated is not feasible.

*Case 6.* 24; 2; P.

*Media:* Nil.

*Others:* Use of tooth paste, antiseptic creams and body soaps; immunization of mother and child; use of contraceptives; consultation with doctor during ailment of child; covering of food and drinking water container; paring of nails; washing of hands with soap after eating; use of ORS; intake of less-spicy food during stomach problem; washing of food stuffs properly when consumed in uncooked form.

*Reaction:* Nil.

*Case 7.* 25; 2; NL

*Media:* Use of body soap, detergent and antiseptic cream; use of liver tonic.

*Others:* Use of ORS; use of contraceptives; use of medicines for amoebiosis, cough syrup and analgesics; immunization of mother and child; administration of tetanus-toxoid during cuts and injury; consumption of fresh green vegetables.

*Reaction:* Nil.

*Case 8.* 34; 2; P.

*Media:* Use of tooth paste, cold cream, antiseptic cream and body soap; use of nutritive drinks for children; use of medicines like analgesics and antacids.

*Others:* Use of ORS; practice of ligation; wearing of clean clothes especially during summer to avoid skin diseases; immunization of mother and child; keeping households and the surroundings clean to stop spreading of germs; washing of hands with soap after eating; brushing of teeth regularly and grooming of hairs.

*Reaction:* Nil.

*Case 9.* 23; 1; S.

*Media:* Nil.

*Others:* Use of body soap, tooth powder and antiseptic cream; sponging of body of children with warm water during fever; paring of nails; washing of hands before handling food; intake of fresh food; covering of food and drinking water container; consumption of green vegetables; use of health drinks; regular brushing of teeth; use of ORS; consultation with doctor during child's ailment; use of mosquito net at night during sleeping to avoid malaria; immunization of mother and child; practice of ligation; use of analgesics and antacids; regular changing of clothes of children.

*Reaction:* Need for regular changing of clothes of children is well appreciated, but not feasible.

*Case 10.* 24; 3; BP.

*Media:* Use of ORS; use of analgesics.

*Others:* Immunization of mother and child; use of contraceptives; use of dental powder and body soap; use of ORS; use of antiseptic cream; regular changing of clothes of babies; disposal of wastes outside the household use of separate space for cooking; washing of food stuff before cooking or when consumed uncooked; wearing of slippers at home, as the floor is moist.

**Table 1: Objective data on some health-related traits**

<i>Health-related traits</i>	<i>HW</i>	<i>n</i>	<i>HNW</i>	<i>n</i>
Infant mortality (%)	11.50	539 *	8.56	257*
Presence of at least one vitamin deficiency symptom (%)				
(a) Mothers	74.19	62	68.85	35
(b) Children	56.36	31	58.33	21
Family planning practices (% of women belonging to the ever-practising group)	50.00	62	42.86	35
Prevalence of intestinal parasitic infestations (%)				
(a) Mothers	79.07	43	85.29	35
(b) Children	87.07	54	75.68	37
Percentage of mothers who serve boiled drinking water to babies	16.67	42	22.22	27
Percentage of mothers who were administered tetanus-toxoid during their last pregnancy	78.57	42	88.89	27
Percentage of mothers who are aware about child immunization	92.86	42	100.00	27
Percentage of mothers who	84.33	42	89.89	27

\*Number of live births

### **Objective Measures of Health**

In the context of the cognitive data presented above, table 1 shows objective data on some selected health related traits of HW and HNW. It appears that the occurrence of these traits is similar in both the groups.

### **DISCUSSION**

Extracts from the case studies reveal that the sources of information of HW and HNW about norms and practices regarding health care are "Media" and "Others". In addition, the HW has another source of information, i.e. middle class household (M.C.H.) It has been found that information, like use of ORS, immunization of mother and child, adoption of family planning practices, etc. are obtained from one or more sources. Further, most of the information which HW obtains from M.C.H. are obtained by HNW from sources like "Media" and "Others". However, except for a few, the nature of information obtained about health care practices are similar in both the subgroups. The only additional health care practice which HW learned exclusively from M.C.H. is the timely feeding and bathing of children. In addition, the HW learned from M.C.H. about saving money in banks.

The pattern of reaction to some of these information related to health care practices by a number of individuals of both the groups are similar. In most of the cases, the need for such practices are well appreciated, but could not be followed due to time and/or financial constraints.

Comparing the groups, HW has M.C.H. as an additional source of information compared to HNW. However, this additional source does not seem to offer much additional information, or advantage, to HW. The similarity between the two groups in respect of the objective data on health-related traits substantiate the above findings.

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