

Migration, poverty & health of urban populations

OP-13 MIGRATION AND ACCESS TO HEALTH CARE AMONG NORTHEAST MIGRANTS IN DELHI

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Introduction Migrant health is emerging as an important public health issue. There has been an upsurge in northeast migration to Delhi. The literature brings out racial discrimination and harassment faced by northeast migrants, however, none of the studies scrutinises the issue of healthcare access. The present study aims to understand the access to health care among northeast migrants in Delhi.

Methods A cross-sectional, quantitative study was carried for a period of two months in Delhi. Cluster sampling with complete coverage was used. The sample size of the study was 250. Data were collected by face-to-face interviews using a pilot-tested structured interview schedule. Informed consent was obtained from the respondents and data were accessible to the researcher only. Data were analysed using SPSS version 20. Some of the terms used in the study and their definitions had to be operationalised to meet the requirements of the study. 'Migrants' we consider those people who have moved from any of the seven northeast states to Delhi and have been living in Delhi for at least six months. 'Recent migrants' are those who have migrated in the last five years. 'Older migrants' are those who have migrated before five years. 'Access to health care' is understood as the ability to utilise health services.

Findings A higher proportion (71.3%) of recent migrants suffered from illness over the last six months as compared to 64.5% of old migrants. Most of them approach private health-care facilities. Older migrants use public health facilities in significantly higher proportion than recent migrants. Among recent migrants, 44.1% of respondents used pharmacy regularly for medical services. About 54% of the migrants in the sample population had never used government health facilities. Lack of knowledge regarding public health services (34.6%) was the commonest reason for not availing them. Majority of the respondents (72.6%) faced problem while obtaining health services from a public health facility. The most common problem was long waiting times (91.2%).

About 31% of the respondents reported about being disrespected by doctors or other healthcare staff because of their physical appearance. Disrespect because of language barriers was faced by 30.4% of the respondents. Migrant status was the reason for disrespect for 24.4% of the respondents. About 20% of the respondents said that they were disrespected by the doctor and staff because of their place of origin.

Discussion Duration of migration plays an important role in health status and treatment-seeking behaviour. Recent migrants are more vulnerable to illnesses than older migrants. Private healthcare facilities are approached in large numbers by the migrants. Neighbourhood pharmacies have their own role to play in the dynamics of treatment-seeking by the migrants. A series of barriers such as lack of knowledge about public health services, long waiting times at the health facility, the health facility being far away from the locality, inconvenient opening hours and unavailability of medicines hinder the northeast migrants to approach public health facilities. Moreover, northeast migrants felt they are disrespected at healthcare facilities, both public and private. The reasons reported for such disrespect were physical appearance, migrant status and place of origin. They also reported to have language barriers that made availing healthcare services cumbersome.

Recommendations Based on our findings we have the following suggestion to make for improving healthcare access among northeast migrants in Delhi. National Urban Health Mission (NUHM) is the need of the hour, and health of the migrants has to be included under its umbrella. The government should focus on strengthening the existing healthcare infrastructure and make it more user-friendly for migrants. Public healthcare staff should be sensitised towards the health needs of migrants and their socio-cultural barriers. Government must come up with stringent laws against racial discrimination against northeast migrants that help not only to improve their access to health care, but ultimately also their wellbeing.

No competing interest.