

Split Health System for Diabetes Care in Urban Area: Experience from an Action Research Project in an Urban Poor Neighborhood in Bengaluru

Authors : T. S. Beerenahally, S. Amruthavalli, C. M. Munegowda, Leelavathi, Nagarathna

Abstract : Introduction: In majority of urban India, the health system is split between different authorities being responsible for the health care of urban population. We believe that, apart from poor awareness and financial barriers to care, there are other health system barriers which affect quality and access to care for people with diabetes. In this paper, we attempted to identify health system complexity that determines access to public health system for diabetes care in KG Halli, a poor urban neighborhood in Bengaluru. The KG Halli has been a locus of a health systems research from 2009 to 2015. Methodology: The source of data is from the observational field-notes written by research team as part of urban health action research project (UHARP). Field notes included data from the community and the public primary care center. The data was generated by the community health assistants and the other research team members during regular home visits and interaction with individuals who self-reported to be diabetic over four years as part of UHARP. Results: It emerged during data analysis that the patients were not keen on utilizing primary public health center for many reasons. Patient has felt that the service provided at the center was not integrated. There was lack of availability of medicines, with a regular stock out of medicines in a year and laboratory service for investigation was limited. Many of them said that the time given by the providers was not sufficient and there was also a feeling of providers not listening to them attentively. The power dynamics played a huge role in communication. Only the consultation was available for free of cost at the public primary care center. The patient had to spend for the investigations and the major portion for medicine. Conclusion: Diabetes is a chronic disease that poses an important emerging public health concern. Most of the financial burden is borne by the family as the public facilities have failed to provide free care in India. Our study indicated various factors including individual beliefs, stigma and financial constraints affecting compliance to diabetes care.

Keywords : diabetes care, disintegrated health system, quality of care, urban health

Conference Title : ICUH 2018 : International Conference on Urban Health

Conference Location : Vienna, Austria

Conference Dates : June 14-15, 2018