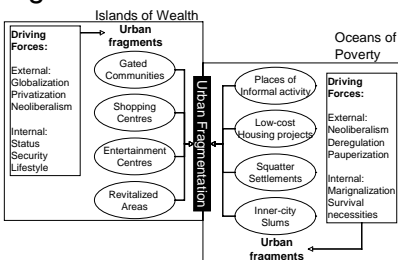




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Access to Healthcare in the fragmented setting of India's fast growing agglomerations

The fast growing cities of India can best be described as a fragmented setting. They do not show medium scaled quarters consisting of homogenous neighbourhoods. At the same time the urban environment in most cases is synonymous with unhealthy living conditions, especially for the poor. The ability to cope with ill health varies grossly between socio-economic groups, as financial restrictions are an important limiting factor for accessing health care. A combination of the concept of access and the theory of the fragmented development will help to identify the most vulnerable groups within emerging megacities and might help to improve public health strategies.



Source: Coy 2005 (slightly changed)

Graph 1: Urban Fragmentation



Source: Own Draft based on Penchansky, R. and Thomas, J. 1984

Graph 2: Dimensions of Access

	Spatial	Aspatial
High potential	Ib Costs Ia Opportunities	Iib Costs Iia Opportunities
Low potential	IIib Costs IIia Opportunities	IVb Costs IVa Opportunities

Source: Khan and Bhardwaj 1994, slightly changed

Graph 3: Matrix for analysing Access

Fragmentation

The fast urban growth in India's megacities leads to an also visible disconnection of lifestyles and different groups (social, cultural, 'winners' and 'losers' of the globalization) within one city on a small scale level. As graph 1 illustrates this results in different, parallel existing realities. Contacts between the groups are few and mostly restricted to employment relationships.

Access to Healthcare

Parker defined access to healthcare in 1974 as „the ability to reach, obtain, or afford entrance to services“. This early definition shows, that access is not only related to travelling but includes also social and spatial barriers and facilitators. Penchansky and Thomas defined five dimensions of access (cf. Graph 2). Khan and Bhardwaj suggested the matrix shown in graph 3 for the analysis of access. The categories introduced by Penchansky and Thomas are translated into this framework as Accommodation and Acceptability are the aspatial factors in the matrix, Accessibility is the spatial component, Affordability is represented by the costs and the Availability is reflected by the opportunities.

Research Question

Why and how does the access to health care vary within the emerging megacity of Pune. How do the both sides of the market, demand and supply, perceive and react to these differences?

Methods/ Research Areas

Mapping will be used to assess the potential spatial access (cf. Graph 3: Ib), a representative household survey will provide information on the treatment seeking behaviour (IIIa, IIIb, IVa, IVb). In depth interviews (Ib,IIa, Iib) with participants of this survey will reveal about the individual costs of access as well as personal barriers and facilitators for accessing certain facilities. Also expert interviews will be applied on these questions.

Six areas (cf. graph 4) reflect on the one hand different stages of Pune's growth and on the other hand different income and lifestyle groups. Two areas are situated, next to each other in the old city centre, A third area is situated in the former British cantonment housing today upper-middle class residents. The fourth and the fifth area of a middle class are and three slum plots surrounding it. The sixth area is a gated community, which is not only used for housing but also for business purposes, mostly IT.



Graph 4: Research Areas