



SATHI: An experimental model of urban primary healthcare

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ABSTRACT

The health conditions of the urban poor are highly linked to their living conditions. Living conditions in the slums create conducive climate for ill health. While this problem is severe and widespread, there is hardly any effort to examine its root causes. The medical model approach does not address the social determinants of health. Hence, an innovative model of primary healthcare was tested in an urban slum of Navi Mumbai. This paper discusses the efficacy of this model in addressing the primary healthcare needs among the urban slum population in Navi Mumbai.

GJMEDPH 2014; Vol. 3, issue 3

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Conflict of Interest—none

Funding—none

Keywords: urban slum; primary healthcare; social determinants; experimental model

INTRODUCTION

Healthcare is unique because of its impact on opportunity. Protecting normal functioning of healthcare contributes to protecting opportunity. Our health is affected by not only our access to healthcare but also our social position and underlying societal inequality. Health is produced by the cumulative experience of social conditions over a lifetime.¹

Health problems of the low-income groups in urban areas are very different from their counterparts in rural areas. The urban poor often suffer from both communicable and non-communicable diseases, which are linked to their living conditions. Poor living conditions in the slums of highly populated cities like Mumbai facilitate ill health. However, very little efforts have been made so far to understand the underlying causes and tackle this problem. The extensive presence of public and private medical facilities in major cities makes people seek medical interventions for their health issues, which addresses the symptoms but does not resolve any underlying causes. A more holistic approach would be to address the social determinants of health. After recognizing the role of social determinants of health, a model of primary healthcare was initiated in an urban slum as a Field Action Project (FAP) by the School of Health Systems Studies (SHSS) at the Tata Institute of

Social Sciences (TISS), Mumbai. The objective of this paper is to discuss the efficacy of this experimental model in addressing the primary healthcare needs among the urban slum population in Navi Mumbai.

The FAP was one of the integral components when the Department of Health Services Studies was established in 1989 (now known as SHSS) at TISS, Mumbai. The goal was achieved in 1995 by the establishment of the Turbhe Health and Development Project (THDP).² The FAP was registered as a charitable trust and society by the name of SATHI in 2003.

Majority of the slums in Navi Mumbai are located in Turbhe, which is also a highly polluted area, because of its proximity to large chemical industries and a major highway. People living in this slum suffered not only from health problems but social and environmental problems, such as tobacco usage, drug addiction, poor solid waste disposal, etc. Hence, this area was chosen for initiating the experimental model. There has been emerging evidence in the last 20 years about the social determinants of health.³ Education and income serve as predictors of health. Rawls principles of justice are known to regulate the key social determinants of health.^{1,4} In convergence with the opportunity-based view, Sen emphasizes the



importance of education and democratic culture.⁵

Approach of SATHI

The SATHI experiment included the components of interventions, documentation, training and research.² Unlike the medical model, SATHI links social development with health development in the community by relying on the human resource within the community to identify, initiate and find solutions to various health problems i.e. a community development approach through community organization. In this approach, the contribution of various developmental activities to the health of the community was emphasized through an inter-sectoral strategy. The strategies involved developing the human resources of the community and empowering the grassroots workers operating in the community (both government and non-government workers) and organizing and mobilizing the community to solve its own problems related to health. Further, the new interventions linking developmental activities with health was documented to develop various training modules for urban community workers and leaders to work within the community to improve the health status. Various research projects were undertaken to plan and evaluate different interventions in the community.

RESULTS AND DISCUSSION

In the following sections, the experience of several SATHI initiatives is discussed. In addition to these, several short-term interventions were performed based on different needs identified by the community and availability of funds and donor interests in specific issues. The root cause of health problems in the community is highly linked with poor living conditions, lack of basic amenities and low economic status of the poor households. The degree of relative deprivation in a society is important. Hence, it is important to address these causes of ill health in a society in order to ensure good health.¹

Road Accidents as a Priority Issue

The most active women's group in the community perceived that road accidents were the main health issue in the community. Community members defecated in the open space across the main road. Several children were knocked down by speeding trucks causing fatality and injuries, while they were crossing the road in the mornings for defecation. Though the incidence of road accidents was much less than other health problems, the community

perceived it as important and hence, this issue became a priority for SATHI. During the SATHI meeting with the women's group, the women suggested creating speed breakers or road bumps on the road at the starting and the ending points of the slum and the SATHI staff informed them that this could be done only by the traffic police department. The women leaders met the Chief Inspector who accepted their petition. The traffic police acted quickly and set up road bumps on either side of the road encompassing the slum area.² The incidence of road accidents in India suggests that it is a serious problem. Fatality rates have increased over the years and trucks and buses are the vehicles most responsible for road traffic accidents.⁶ During 2012, a total of 490383 road accidents were reported in all States/Union Territories across India. Of these, about 25.1% (123093) were fatal accidents. Maharashtra tops the list in terms of the total number of road accidents. The proportion of fatalities among the total road accidents has consistently increased from 18.1% in 2003 to 25.1% in 2012.⁷ Although the community members were unaware of these statistics, this intervention of SATHI based on a community need would contribute towards bringing this statistic down.

Solid Waste Disposal

After successfully overcoming the issue of road accidents, the women's group embarked on dealing with the issue of sanitation. Solid waste disposal was a major issue in the community as there were no dustbins inside the slum. The women's group members met the SATHI staff and discussed the issue of solid waste disposal. They met the Municipal Ward Officer and discussed about installing dustbins within the slum area. With the help of the ward officer and municipal surveyor, locations were identified and dustbins were installed. In addition, the women's group spread awareness about benefits of good sanitation practices through street plays. The community responded positively and started throwing waste in the designated dustbins, which were regularly emptied by the municipal workers.² Solid waste management is one of the most important municipal services and is a prerequisite for other municipal actions. The amount of municipal solid waste, one of the most important by-products of an urban lifestyle, is growing even faster than the rate



of urbanization. Today it is estimated that about three billion residents generate 1.2 kg/person/day (1.3 billion tonnes per year). By 2025, this will likely increase to 4.3 billion urban residents generating about 1.42 kg/capita/day of municipal solid waste, totaling to 2.2 billion tonnes/year.⁸ Hence, this intervention by SATHI helped the local municipality in fulfilling one of its most important services.

Education

After several meetings with the SATHI staff, the women's group identified four major educational concerns in the community. The first concern was to engage children below five years of age through pre-school facilities. The second concern was to enroll older children of school-going age in the school. Third, was to address the educational needs of the school dropouts through non-formal educational facilities. Finally, the group wanted to tackle the issue of adult illiteracy through an adult education programme.²

Pre-school or Balwadi

Since there was a major need and demand for balwadis or pre-schools, SATHI decided to start balwadis in the community. The space for running the balwadi was provided by a community member. The response was overwhelming and the staff had to open two balwadis to cope up with the demand. As a result, there was a tangible improvement in the health status of the children attending these balwadis. However, the need for pre-school education was not completely met and SATHI staff decided to guide and support the groups that were willing to conduct balwadis themselves. The two existing balwadis were used as models to establish newer ones.² Thus, SATHI ensured community capacity development to sustain and expand this activity. SATHI staff is continuing to successfully run the balwadis for children below five years of age with significant enrollment from within the community and approximately 1000 children have been enrolled in the past five years. Studies have shown that childcare provision by balwadi relieve the mothers of one of their multiple burdens, and create time, space and work opportunities for women to facilitate their empowerment.⁹ Hence, this ongoing balwadi activity of SATHI has a positive effect on not only children but also their mothers.

School Enrolment

Several children above the age of five years in Turbhe Stores did not attend schools due to various reasons, the most important being non-availability of birth certificate of child. Realizing the link between education and health, SATHI staff decided to address this problem. Youth group members worked with SATHI staff to identify the children who needed school admission. SATHI staff, on the suggestion of an Education Officer, requested a qualified medical practitioner from Navi Mumbai Municipal Corporation (NMMC) to assess the approximate age of these children and issue an age certificate after conducting a medical examination and X-ray of these children. After obtaining the age certificate from the doctor, the students were enrolled in the local school.² According to the eighth All India school education survey, at primary stage total school enrolment in Maharashtra is 2061318, of which urban areas contribute 43%. However, there is no separate data available for school enrolment in slum and non-slum urban areas.

Non-formal Education

The problem of students discontinuing studies and repeating grades before completing elementary level is a major impediment in achieving universalization of elementary education. Maharashtra had a primary school dropout rate of around 5% in 2009-10.¹² Similarly, in Turbhe stores the number of children dropping out of school was growing steadily. These children were unable to gain knowledge and employment and became targets of anti-social elements. Therefore, the women's group felt the need to address the educational needs of these children. There is a provision in the educational system to enter the school in between without previously attending school, if a child learnt the lessons independently, appeared for the school exams and cleared them.² Therefore, non-formal education was introduced with school lessons intermingled with other entertaining programs and those who passed the school examination were admitted back to the school.

Adult Education

Adult illiteracy among women, in particular, is very high in the country and Turbhe Stores is no exception. While the number of illiterate persons



has fallen over the past decade, 775 million adults of which 64% are women, still lack basic reading and writing skills. Also, out of world's total illiterates, 37% live in India.¹¹ In today's knowledge driven societies, illiteracy is associated with exclusion and marginalization and this was evident in Turbhe stores slums. However, when an adult education class was started, there were few takers. Therefore, the focus of the class was shifted to discuss community and health issues through interactive discussions, songs and plays.² Literacy, the foundation of all education and lifelong learning, is an essential component of the right to education. However, according to the latest Education For All (EFA) Global Monitoring Report 2012, adult literacy remains an elusive goal. The world will miss the target of halving adult illiteracy between 2000 and 2015.¹³

Economic Development

There is evidence to suggest that better income distribution and social capital lead to better health status.¹⁴⁻¹⁵ Economic development is linked with health development in the household and the community. However, the community of the Turbhe stores suffered from poor income leading to poverty in many households. To address this, an attempt was made to train the community women for self-employment.² However, this initiative was only partially successful due to inadequate quality and poor marketing of the products.

CONCLUSIONS

Studies on social determinants of health have shown evidence of a link between education, income and health. The health issues identified by the community groups clearly brought to focus the intricate link between health and development issues of the community. Social issues such as education, economic issues such as household expenditure, and infrastructure issues such as solid waste disposal, all contributed to the various health problems in the community.

The above-mentioned description and discussion of community development activities of SATHI revealed the health implications of socio-economic issues. In urban areas, especially the slums, socio-economic environment majorly impacts the health of low-income groups. Under these circumstances, health service delivery has little role to play in improving the health status and the social

development of the community is vital to tackle the health problems. Therefore, SATHI did not have a health delivery center. From the beginning, development of the community was considered as key to health development. Firstly, key development areas such as basic amenities; environment, economic status, nutrition and education were identified as factors affecting the health of the community. But development in these areas cannot be achieved without the involvement of the community. Capacity development of the community is the most important aspect of community development. SATHI staff mainly focused their intervention in developing the capacity of community leadership. Once the active members of the community were identified and awareness and confidence were created, development activities were initiated under the community leadership. The community was able to understand the health implications of development issues and took action to deal with the issues.

SATHI enabled the community to diagnose their social and health problems and to initiate actions to solve the problems. The experiment gave them in-depth understanding of health issues in the community. It empowered especially women to undertake community health activities. At the level of the local government, SATHI demonstrated various approaches and strategies that can be adopted by the NMMC. SATHI staff worked very closely with the municipal health workers and demonstrated the effectiveness of their approach and strategies. In addition to its educational activities, SATHI has now diversified to directly tackle health-related issues. An ongoing project is examining the determinants and prevalence of malnutrition in children below five years of age to understand the complexity of this problem in an urban slum. This malnutrition project is also an experiment in training community members for doing research. This would ensure ownership of data by the community. The findings of the research would then be more acceptable to the community and would act as a motivator for intervention.

During its two decades of functioning in the Turbhe community, SATHI has enabled the community to deal with the social, environmental and economic determinants of health. By doing so, it has



addressed the root causes of health issues and has successfully worked as a model for urban primary

healthcare.

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