

OPEN ACCESS

Manuscript ID:
ECO-2020-08032440

Volume: 8

Issue: 3

Month: June

Year: 2020

P-ISSN: 2319-961X

E-ISSN: 2582-0192

Received: 02.04.2020

Accepted: 20.05.2020

Published: 01.06.2020

Citation:
Kulasekhar, M., and
Dasaratharamaih, K.
“Health Problems of
Slum Dwelling Women:
An Empirical Analysis.”
*Shanlax International
Journal of Economics*,
vol. 8, no. 3, 2020,
pp. 25–37.

DOI:
<https://doi.org/10.34293/economics.v8i3.2440>




This work is licensed
under a Creative Commons
Attribution-ShareAlike 4.0
International License

Health Problems of Slum Dwelling Women: An Empirical Analysis

M. Kulasekhar

*Ph.D. Scholar, Department of Economics
Sri Krishnadevaraya University, Anantapur, Andhra Pradesh, India*

K. Dasaratharamaih

*Professor, Department of Economics and Applied Economics
Sri Krishnadevaraya University, Anantapur, Andhra Pradesh, India
 <https://orcid.org/0000-0002-5447-1153>*

Abstract

The slum dwellers are generally suffering from various diseases with a high rate comparatively non-slum population in urban India. The women living in slum areas are mainly suffering from seasonal viral fevers, cough and cold, asthma, and other infectious diseases. The study shows that 39 % of slum women have poor health status. The reasons for poor health among slum women are malnutrition, unhygienic condition, lack of precautionary measures, and bad habits among them. About 37% of SC women, 30% each of ST and BC slum women, and 20% of OC women are frequently falling sick with various diseases. It is observed that 31% of the slum-dwelling women are getting treatment from RMP doctors, followed by 30% of slum women from private allopathy doctors, and only 18% of slum women are visiting Govt. hospital for their medical treatment. Only 29% of slum women are regularly visiting hospitals for their medical checkups. A majority of 62% of slum women have a habit of consuming alcohol and tobacco-related products, and out of them, 79% of women are facing health problems due to a habit of consuming alcohol and tobacco.

Keywords: Slum Dwelling Women, Medical Treatment, Hospitals, Health, Habits, Reproductive Health, Pre and Post-Natal Periods

Introduction

The slum people are generally treated as third rate citizens in developing countries like India though they became citizens of India. The slum dwellers are not enjoying the basic amenities like jobs, food, water, housing, and sanitation, etc., on par with other urban communities (Kumar, 2014). According to census 2011, 31 percent of the Indians are living in urban areas, and around 17.4 percent of them are living in slums. As there is an increase in an urban population in the country as a whole, the areas of slums became common from the 18th century to the present day (Gurumurthy, KT 2000). The slums are predominantly found in the urban localities of developing countries as well as in developed nations like the USA and Europe. According to the Oxford English Dictionary, the word “Slum” may be a “cant” word of Roma (Gypsy) origin. In short, slum means a community of low-class homeless population (MHUPA, 2013). However, due to rural-urban migration, all sections of people are living in slum areas as they are houseless.

Slum Dwellers in India

The slum dwellers are the most substantial but overlooked section of the Indian community. The slum dwellers represent 26% of India’s population as the poorest of the urban poor. The existence of slums in every major Indian city is due to the imbalanced urban economy (Haarrington Michael, 1976).

Table 1: State Wise Male and Female Slum Dwellers in India (2011 Census)

S. No.	State/UT	Total Population	% of Urban Population	% of Slum Population	% of Male Slum Population	% of Female Slum Population
1.	A&N Islands	380581	37.70	3.72	52.12	47.88
2.	Andhra Pradesh	84580777	34.18	12.04	50.10	49.90
3.	Arunachal Pradesh	1383727	22.94	1.12	51.59	48.41
4.	Assam	31205576	14.10	0.63	51.42	48.58
5.	Bihar	104099452	11.29	1.19	56.11	43.89
6.	Chandigarh	1055450	97.25	9.01	56.07	49.10
7.	Chhattisgarh	25545198	23.24	7.43	50.90	45.43
8.	Delhi	16787941	97.50	10.63	54.57	47.32
9.	Goa	1458545	62.17	1.80	52.68	45.68
10.	Gujarat	60439692	42.60	2.78	54.32	46.58
11.	Haryana	25351462	34.88	6.56	53.42	46.90
12.	Himachal Pradesh	6864602	10.03	0.89	53.10	48.28
13.	Jammu& Kashmir	12267032	26.11	5.28	51.72	48.28
14.	Jharkhand	32988134	24.05	1.13	51.72	48.28
15.	Karnataka	61095297	38.67	5.39	50.15	49.85
16.	Kerala	33406061	47.70	0.60	48.22	51.78
17.	Madhya Pradesh	72626809	27.63	7.83	51.99	48.01
18.	Maharashtra	112374333	45.22	10.54	53.41	46.59
19.	Meghalaya	2966889	20.07	1.94	51.68	48.32
20.	Mizoram	1097206	52.11	7.16	49.47	50.53
21.	Nagaland	1978502	28.86	4.16	51.81	48.19
22.	Odisha	41974218	16.69	3.72	51.33	48.67
23.	Puducherry	1247953	68.33	11.58	48.76	51.24
24.	Punjab	27743338	37.48	5.26	53.16	46.84
25.	Rajasthan	68548437	24.87	3.02	52.18	47.82
26.	Tamil Nadu	72147030	48.40	8.04	49.79	50.21
27.	Tripura	3673917	26.17	3.80	50.18	49.82
28.	Uttar Pradesh	199812341	22.27	3.12	52.86	47.14
29.	Uttarakhand	10086292	30.23	4.84	52.82	47.18
30.	West Bengal	91276115	31.87	7.03	51.75	48.25
31.	India	1210854977	31.16	5.41	51.86	48.14

Source: Census of India 2011 data

Its inhabitants are mostly uneducated in many slum areas in India in general and in Andhra Pradesh in particular. Table 1 presents the state-wise male and female slum population of India. It reveals that the highest urban populated city is Delhi, with 97.50%, followed by Chandigarh with 97.25%. Among the Indian states, the percentage of the urban population varied between 52.1% in Mizoram and 10.03 % in Himachal Pradesh. The percentage of an urban

population of Andhra Pradesh is 34.18 %, as per the 2011 census. The percentage of slum population is more in Andhra Pradesh with 12.04%, followed by Maharashtra with 10.54%. The slum population is low in Kerala, with only 0.60%. The percentage of male slum populations in the Indian states varied from 56.11% in Bihar to 48.22% in Kerala. Regarding Union territories, it varied between 56.07% in Chandigarh to 48.76% in Puducherry.

The percentage of female slum population is high in Kerala with 51.78% and low in 43.89% in Bihar. The percentage of female slum population of India is 48.14% as per the 2011 census.

Characteristics of Slum Dwellers

The major characteristics of slum dwellers in India and Andhra Pradesh are high rate of poverty, high incidence of unemployment, huge extent of urban decay, having a social problem like drug addiction, alcoholism and crime, mental illness and suicidal commitments, low level of economic status, inadequate infrastructural facilities, malnutrition, lack of safe drinking water, poor health care facilities, poor sanitary environment and low standard of living, etc., (Bandopadhyay A and Agarwal V, 2013).

Medical and Health Problems of Slum Dwellers

The slum dwellers are generally suffering from various diseases with a high rate comparatively non-slum population in urban India. The common diseases reported in slum areas are viral fevers like malaria, diarrhea, dengue, typhoid, and other epidemics (Avishek Benerjee, 2012). The diarrhea is a common disease among children living in slum areas. The reasons for suffering various diseases in slum areas are mainly high density of population, poor living conditions, low vaccination rates, negligence of their health care, and insufficient health services.

The women living in slum areas are mainly suffering from seasonal viral fevers, cough and cold, asthma, and other infectious diseases along with genetic problems. Mainly the slum women are not concentrating on their health care as they are spending more time on wage employment and are living in poor sanitary conditions (Goswami S, 2014). Many of them have a lack of education, and this leads to poor knowledge of food nutrition of their children. The present study focused on the health problems of women living in slum areas.

Review of Literature

Various studies have been conducted by different authors to analyze the numerous issues on slum dwellers living in urban areas. Few studies observed that there is a low impact of government schemes in reducing urban slums and in improving the health

and health-related issues among slum dwellers in general and slum women in particular.

The socio-economic conditions of slum dwellers and their consumption pattern was observed by Akter T (2008). The study analyzed the living conditions, physical environment, and health status of the respondent households in Dhaka city. The study found that the majority of the respondents can't afford nutritious food, which was expensive to them, and the socio-economic factors like income, expenditure, and education were influencing food security in slums.

The socio-economic conditions of Faisalabad city were examined by Akter R, Aslam KS, and Akthar M (1992) and found that the living conditions of the slum dwellers were poor. Chandrasekhar S (2005) presented a clear picture of the difference in the condition of slums in India and compared the condition in the non-slum areas. The socio-cultural and behavioral barriers like female illiteracy, poor economic status of women, which affect the nutritional status of children in slum areas, were observed by Haketar Neeraj and Rode Sanjay (2003). The empirical study proved that the incidence of malnutrition among the children of the slum was very similar to the Jawahar tribes.

The epidemiological study was conducted by Amirul Hasan and Vandana Shukla (2013) and calculated that malnutrition and nutritional anemia are the major health problems of slum women along with dental care. As per the study of Pawar and Mane (2013), poverty is an inseparable part of slum dwellers. Due to their poverty, they are lower educated unskilled and have poor economic conditions.

According to Thimmanna (2014), older women in slum areas of Bellary in Karnataka are overcrowded with poverty-stricken areas having a lack of amenities, open spaces and poor sanitary, etc., Abhik Sinha et al. (2012) stated that domestic violence has a serious impact on women's health and well-being. The author recommended social support, awareness, and income generation for women in slum areas under study.

Thejashri Kambli et al. (2013) has remarked that violence against women could be physical, mental, or sexual. The study was carried out at the Urban

Health Centre. It included all married women in the reproductive age to study different aspects associated with violence and the decision making power of the women. In light of the above studies, the present study has been focused on the health issues of women living in slum areas of Ananthapuramu Municipal Corporation of Andhra Pradesh.

Objectives of the study

- To examine the health status of slum women in Ananthapuramu town of Andhra Pradesh
- To explore the frequent health problems of slum women
- To assess the awareness of various health precautions among slum women
- To understand the frequent visits to hospitals to meet the medical treatment for slum women
- To suggest possible measures to improve the health status among slum women in the slum areas under study.

Methodology and Sample Design

For the study, Ananthapuramu Municipal Corporation of Andhra Pradesh has been selected on a purposive sampling basis. There are 50 Divisions /Wards in the town, and five divisions have been selected for the study, and 100 sample respondent women have been selected covering 30 SC women, 20 ST women, 30 BC women, and 20 other category women living in the slum areas.

Urban Poor of Ananthapuramu Municipal Corporation

Out of the total population of 2, 63,898 of Ananthapuramu town, 74,964 are living in notified and non-notified slum and poor areas. The majority of them leading their life as daily wage laborers, under employed laborers, seasonal laborers, etc. At present, there are 64 slums and poor settlements in the town, out of which 43 are notified, and 12 are non-notified slums. The condition of living environment like roads, drainage facilities, housing, electricity, basic education, health is not at a satisfactory level. It needs improvement for better health and hygienic conditions of slum poor.

Age and Category of Respondent Slum Dwelling Women

It reveals that 27% of sample slum women are in the age group of fewer than 25 years, 31% are between 25 to 40 years of age, another 27% are in the age group of 40 to 60 years and only 15% are above 60 years of age as shown in table 2. It shows that 26.67% of SC women, 25% of ST women, 33.33% of BC women, and 20% of OC women are in the age group of fewer than 25 years. 40% of OC women, about 33% of SC women, 30% of ST women, and around 23% of BC slum women are in the age group of 25 to 40 years.

Table 2: Age-Wise and Category-Wise Sample Women Living in Slum Areas of Ananthapuramu Municipal Corporation of Andhra Pradesh

Category of Slum Women/ Age	< 25 Years	25-40 Years	40-60 Years	>60 Years	Total
S.C.	08 (26.67)	10 (33.33)	08 (26.67)	04 (13.33)	30 (100)
S.T.	05 (25.00)	06 (30.00)	04 (20.00)	05 (25.00)	20 (100)
B.C.	10 (33.33)	07 (23.33)	11 (36.67)	02 (6.67)	30 (100)
O.C.	04 (20.00)	08 (40.00)	04 (20.00)	04 (20.00)	20 (100)
Total	27 (27.00)	31 (31.00)	27 (27.00)	15 (15.00)	100 (100)

Source: Field Survey Data; **Note:** Figures in parentheses indicate percentages to their total.

Health Status of Slum Dwelling Women

Health is a basic necessity for human being to discharge their activities in everyday life. The women living in slums are facing many health issues due to environmental conditions prevailing in slum areas, as well as their socio-economic backwardness and lack of education among slum dwellers. The health of the slum women influenced by demographic characteristics, type of health care services available, quality, and type of health care providers, and availability of health amenities in their areas.

Table 3: Health Status of Respondent Slum Dwelling Women

Category of Slum Women/ Reasons	Malnutrition	Unhygienic Condition	Lack of Precaution	Bad Habits	Total
S.C.	10 (33.33)	08 (26.67)	07 (23.33)	05 (16.67)	30 (100)
S.T.	05 (25.00)	06 (30.00)	04 (20.00)	05 (25.00)	20 (100)
B.C.	08 (26.67)	10 (33.33)	05 (16.67)	07 (23.33)	30 (100)
O.C.	03 (15.00)	05 (25.00)	08 (40.00)	04 (20.00)	20 (100)
Total	26 (26.00)	39 (39.00)	24 (24.00)	21 (21.00)	100 (100)

Source: Field Survey Data; **Note:** Figures in parentheses indicate percentages to their total.

The study shows that 39% of respondent slum women have poor health status (Table 3). Among them, 46.66% are SC women, 50% are ST, 30% each belong to BC and OC category. The health status of the other 25% of slum women is average, with 26.67% of SC women, 25% of ST women, 30% of BC women, and 15% of other community slum women. The health condition of remaining 36% of the respondent slum women is in good condition, and out of them, 26.67% of SC, 25% of ST, 40% of BC, and 55% of OC slum women are maintaining good health.

Reasons for Poor Health Status of Slum Dwelling Women

As shown in table 4, malnutrition, unhygienic condition, lack of precautionary measures, and bad habits are the major reasons for the poor health status of women living in slum areas. It reveals that 26% of the women informed that malnutrition is the reason for poor health conditions among slum women. Out of this 26 sample women, 33.33% are SCs, 25% are STs, 26.67% are BCs, and 15% are other community slum women.

Table 4: Reasons for Poor Health Condition of Respondent Slum Dwelling Women

Category of Slum Women / Reasons	Malnutrition	Unhygienic Condition	Lack of Precaution	Bad Habits	Total
S.C.	10 (33.33)	08 (26.67)	07 (23.33)	05 (16.67)	30 (100)
S.T.	05 (25.00)	06 (30.00)	04 (20.00)	05 (25.00)	20 (100)
B.C.	08 (26.67)	10 (33.33)	05 (16.67)	07 (23.33)	30 (100)
O.C.	03 (15.00)	05 (25.00)	08 (40.00)	04 (20.00)	20 (100)
Total	26 (26.00)	39 (39.00)	24 (24.00)	21 (21.00)	100 (100)

Source: Field Survey Data; **Note:** Figures in parentheses indicate percentages to their total.

It may be observed that 26.67% of SC women, 30% of ST women, 33.33% of BC women, and 25% of OC women are opined that unhygienic conditions in and around their residential area are the cause for ill health among slum women. Lack of precautionary measures on their health is the reason for poor health, as expressed by 23.33% of SC, 20% of ST, 16.67% of BC, and 40% of OC women living in slum areas. The bad habits like consuming alcohol/tobacco products by women are one of the reasons for the poor health status of them as expressed by 16.67% of SC, 25% of ST, 23.33% of BC, and 20% of OC slum women under review.

Frequency of Falling Sick by Respondent Slum Dwelling Women

It may be noticed that 36.67% of SC women, 30% each of ST and BC slum women, and 20% of OC women are frequently falling sick with various diseases.

Table 5: Frequency of Falling Sick by Respondent Slum Dwelling Women

Category of Slum Women	Frequently	Once in a month	Occasionally	Total
S.C.	11 (36.67)	12 (40.00)	07 (23.33)	30 (100)
S.T.	06 (30.00)	11 (55.00)	03 (15.00)	20 (100)

B.C.	09 (30.00)	14 (70.00)	07 (35.00)	30 (100)
O.C.	04 (20.00)	07 (35.00)	09 (45.00)	20 (100)
Total	30 (30.00)	44 (43.00)	26 (26.00)	100 (100)

Source: Field Survey Data, **Note:** Figures in parentheses indicate percentages to their total.

It may also be noticed that 40% of SC women, 55% of ST women, 70% of BC women, and 35% of OC women are falling sick for once in a month. As shown in table 5, 26 respondent slum women are occasionally falling sick, and out of them, 23.33% are SC women, 15% are ST, 35% are BC, and 45% are OC slum women.

Place of Getting Medical Treatment by Slum Dwelling Women

To promote the health of the poor, especially women living in slum areas, proper health care services are necessary, such as CHCs, Govt. hospitals, etc., The table 6 reveals that 73% of slum women are approaching private health centers run by RMPs and allopathy doctors. It shows that they are not utilizing the Govt. health care services to meet their health problems. It may be observed that 33% of SC women, 40% of ST women, 30% of BC, and 20% of OC slum women are getting treatment from RMP doctors as they have easy access to approach them with less expenditure.

Table 6: Place of Getting Medical Treatment by Respondent Slum Dwelling Women

Category of Slum Women	RMP Doctor	Private Allopathy Doctor	Govt. Hospital	Homeopathy	Home Medicines	Total
S.C.	10 (33.33)	08 (26.67)	05 (16.67)	03 (10.00)	04 (13.33)	30 (100)
S.T.	08 (40.00)	06 (30.00)	02 (10.00)	01 (05.00)	03 (15.00)	20 (100)
B.C.	09 (30.00)	08 (26.67)	07 (23.33)	03 (10.00)	03 (10.00)	30 (100)
O.C.	04 (20.00)	08 (40.00)	04 (20.00)	02 (10.00)	02 (10.00)	20 (100)
Total	31 (31.00)	30 (30.00)	18 (17.00)	09 (09.00)	12 (11.00)	100 (100)

Source: Field Survey Data, **Note:** Figures in parentheses indicate percentages to their total.

Other 26.67% each from SC and BC women, 30% of ST and 40% of OC women are getting treatment from private allopathy doctors (Table 6). About 17% of SC, 10% of ST, around 23% of BC, and 20% of OC women living in slums are getting treatment in Govt. hospitals. Out of the total sample slum women, only 9% are approaching homeopathy doctors to meet their medical treatment. Another 11% of slum women are not approaching any doctors, and they are following traditional methods at their homes.

Frequent Health Problems of Slum Dwelling Women

It may be noticed that cold and cough is the frequent health problem among 26.67% each of SC and BC slum women, 25% of OC, and 20% of

ST slum women (Table 7). Viral fevers are another health problem of 25% each of ST and OC slum women, 23.33% of BC and 20% of SC slum-dwelling women are also facing the same. It reveals that 20% of OC, 16.67% of SC, 15% of ST, and 13.33% of BC women are suffering from Asthma as they are living in bad environmental conditions in the slums.

Out of the total sample slum women, only 3% are facing cardiac problems among BC and SC women. Another 16% of slum women are suffering from B.P. and diabetic problems with a variation of 13.33% of BC and 20% of ST women. Infectious disease is the health problem for 10% of SC, BC, and OC women. It is noticed that around 7% each of SC and BC and 5% each of ST and other category slum-dwelling women are suffering from Diarrhea.

Table 7: Frequent Health Problems of Slum Dwelling Women

Category of Slum Women	Cold & Cough	Viral Fevers	Asthma	Cardiac	BP/ Diabetic	Infection	Diarrhea	Total
S.C.	08 (26.67)	06 (20.00)	05 (16.67)	01 (3.33)	05 (16.67)	03 (3.33)	02 (6.67)	30 (100)
S.T.	04 (20.00)	05 (25.00)	03 (15.00)	00 (0.00)	04 (20.00)	03 (15.00)	01 (05.00)	20 (100)

B.C.	08 (26.67)	07 (23.33)	04 (13.33)	02 (6.67)	04 (13.33)	03 (10.00)	02 (6.67)	30 (100)
O.C.	05 (25.00)	05 (25.00)	04 (20.00)	00 (0.00)	03 (15.00)	02 (10.00)	01 (05.00)	20 (100)
Total	25 (25.00)	23 (23.00)	16 (16.00)	03 (3.00)	16 (16.00)	11 (11.00)	06 (6.00)	100(100)

Source: Field Survey Data, **Note:** Figures in parentheses indicate percentages to their total.

Dental Problems of Slum Dwelling Women

Lack of dental care can become visually apparent overtime. Tooth decay and gum disease can lead to the yellowing of the teeth, bad breath, and tooth damage. Maintaining good dental hygiene is vital to living a positive, healthy life. But, due to poor awareness of dental care and with a busy life of slum-dwelling women, they are not concentrating on dental care.

Table 8: Dental Problems of Slum Dwelling Women

Category of Slum Women	Yes	No	Total
S.C.	18 (60.00)	12 (40.00)	30 (100)
S.T.	11 (55.00)	09 (45.00)	20 (100)
B.C.	17 (56.67)	13 (43.33)	30 (100)
O.C.	08 (40.00)	12 (60.00)	20 (100)
Total	54 (54.00)	46 (46.00)	100 (100)

Source: Field Survey Data, **Note:** Figures in parentheses indicate percentages to their total.

As shown in Table 8, out of the total respondent's slum women, 54% are suffering from dental

problems, and of them, 60% are SC, 55% are ST, 56.67% is BC, and 40% are OC slum women facing with dental problems. However, many of them are not approaching dental doctors for treatment and are following home remedies for temporary relief.

Reproductive Health Treatment of Slum Dwelling Women

It may be noticed that 50% of the respondent slum women are availing reproductive health treatment facilities from Govt. hospitals. It may also be revealed that 53.34% of SC, 50% each of ST and OC, and 46.67% of BC slum women are getting reproductive health treatment from Govt. hospitals (Table 9). It reveals that 40% of OC, 26.67% of BC, 20% of SC, and 15% of ST slum-dwelling women are approaching private nursing homes for reproductive health treatment. About 16.67% each from SC and BC women, 20% of ST and 10% of OC slum women are getting treatment from CHCs, and only 9% of the respondent slum women are following traditional methods without the approach of any doctors.

Table 9: Reproductive Health Treatment Places of Slum Dwelling Women

Category of Slum Women	Govt. Hospital	Private Nursing Home	CHC	Traditional Methods at Home	Total
S.C.	16 (53.34)	06 (20)	05 (16.67)	03 (10.00)	30 (100)
S.T.	10 (50.00)	03 (15.00)	04 (20.00)	03 (15.00)	20 (100)
B.C.	14 (46.67)	08 (26.67)	05 (16.67)	03 (10.00)	30 (100)
O.C.	10 (50.00)	08 (40.00)	02 (10.00)	00 (0.00)	20 (100)
Total	50 (50.00)	25 (25.00)	16 (16.00)	09 (9.00)	100 (100)

Source: Field Survey Data, **Note:** Figures in parentheses indicate percentages to their total.

Frequency of Visit to Hospitals during Pre and Post-Natal Periods

Many of the slum women are not frequently visiting health centers during Pre-Natal and Post-Natal periods due to a lack of education and awareness of health care. Table 10 reveals that 23% of BC, 5% of ST, and 10% each of SC and OC category of slum-dwelling women are weekly visiting health centers during Pre and Post-Natal periods. It may

also be noticed that 25% of OC, 20% of BC, 15% of ST, and around 13% of SC respondent women are monthly visiting health centers for checkup and treatment. About 27% of SC, 20% of BC, and 30% each from ST and OC slum women are visiting hospitals once in two months, and around 45% of the total respondent women are occasionally visiting hospitals during their Pre and Post-Natal periods.

Table 10: Frequency of Visit to Hospitals during Pre and Post- Natal Periods by Slum Dwelling Women

Category of Slum Women	Weekly	Monthly	Once in Two Months	Occasionally	Total
S.C.	03 (10.00)	04 (13.33)	08 (26.67)	15 (50.00)	30 (100)
S.T.	01 (05.00)	03 (15.00)	06 (30.00)	10 (50.00)	20 (100)
B.C.	07 (23.33)	06 (20.00)	06 (20.00)	10 (50.00)	30 (100)
O.C.	02 (10.00)	05 (25.00)	06 (30.00)	07 (35.00)	20 (100)
Total	16 (16.00)	21 (21.00)	28 (28.00)	45 (45.00)	100 (100)

Source: Field Survey Data, **Note:** Figures in parentheses indicate percentages to their total.

Age at Marriage of Slum Dwelling Women

In many traditional societies, women's age at marriage acts simultaneously as a gateway to new family roles and the likelihood of producing offspring. Marriage before 18 years is considered to be harmful practice because it denies girls the right to the highest attainable standard of general,

sexual and reproductive health, and a life free from violence. Under age, marriage also constrains evolving physical, emotional, and personal maturity. It also restricts women's ability to fully participate in family, socio-cultural and civic activities. All these consequences lead to their health status.

Table 11: Age at Marriage of Slum Dwelling Women

Category of Slum Women	Below 18 Years	18-22 Years	22-25 Years	25-30 Years	Above 30 Years	Total
S.C.	14 (46.67)	07 (23.33)	05 (16.67)	04 (13.33)	00 (0.00)	30 (100)
S.T.	11 (55.00)	07 (35.00)	01 (05.00)	01 (05.00)	00 (0.00)	20 (100)
B.C.	10 (33.33)	08 (26.67)	05 (16.67)	04 (13.33)	03 (10.00)	30 (100)
O.C.	03 (15.00)	06 (30.00)	08 (40.00)	01 (05.00)	02 (10.00)	20 (100)
Total	38 (38.00)	28 (28.00)	19 (19.00)	10 (10.00)	05 (05.00)	100 (100)

Source: Field Survey Data, **Note:** Figures in parentheses indicate percentages to their total.

Table 11 shows that out of 100 sample respondent slum women, 38% were married at below 18 years of age, and 28% were married at the age of 18 to 22 years. It also noticed that 46.67% of SC, 55% ST category women's age at marriage was below 18 years. About 40% of OC women, 16.67% each of SC and BC, and only 5% of ST slum women are married at the age of 22 to 25 years, which is an ideal marriage age of women. About 13% each of SC and BC and 5% each of ST and OC slum-dwelling women were married at the age of 25 to 30 years. Only 10% of BC and OC women were married after 30 years of age due to socio-economic reasons for their families.

Age of Slum Dwelling Women at their First Pregnancy

The average women's reproductive years are between 12 and 51. Women are more fertile and

have the best chance of getting pregnant in their 20's. One of the most common risk factors for a high-risk pregnancy is the age of the mother to be under the age of 17 or over the age of 35 years.

Table 12 shows that 30% of the respondent's slum women's age at their first pregnancy is less than 18 years. Out of this, 40% of each category of SC and ST, about 27% of BC and 10% of OC slum-dwelling women are at the age of fewer than 18 years at their first pregnancy. It may also be noticed that 35% of ST, 30% of BC, 26.67% of SC, and 25% of OC women living in slum areas are in the age group of 18-22 years at their first pregnancy. About 50% of OC women, 20% of BC women, 10% of ST women, and nearly 17% of SC slum-dwelling women are in the age group of 22-25 years. It reveals that out of total respondent women, 9% each are in the age group of 25-30 years and above 30 years, respectively.

Table 12: Age of Slum Dwelling Women at their First Pregnancy

Category of Slum Women	< 18 Years	18-22 Years	22-25 Years	25-30 Years	> 30 Years	Total
S.C.	12 (40.00)	08 (26.67)	05 (16.67)	04 (13.33)	01 (3.33)	30 (100)
S.T.	08 (40.00)	07 (35.00)	02 (10.00)	02 (10.00)	01 (05.00)	20 (100)
B.C.	08 (26.67)	09 (30.00)	06 (20.00)	02 (6.67)	05 (16.66)	30 (100)
O.C.	02 (10.00)	05 (25.00)	10 (50.00)	01 (05.00)	02 (10.00)	20 (100)
Total	30 (30.000)	29 (29.00)	23 (23.00)	09 (09.00)	09 (09.00)	100 (100)

Source: Field Survey Data, **Note:** Figures in parentheses indicate percentages to their total.

Frequency of Medical Checkup of Slum Dwelling Women

Regular health checkups can help to find potential health issues before they become a problem. When a person visits the doctor regularly, they can detect health conditions or diseases at an early stage. By taking a correct health services, screenings, and treatment of the men or women and urban or slum or rural leads to take an important step towards a longer living and healthier life. Table 13 analyses that 40% each of SC and ST category, 46.67% of BC, and 20% of OC slum women are rarely attending hospitals for medical checkups. It may also be noticed that 35% of ST women, about 33% of BC women, 30% of OC, and 13% of SC respondent women are going to hospitals for medical checkups. About 27% of SC, 25% of ST, 20% of BC, and 50% of other community slum-dwelling women are regularly getting medical checkups. It may be noticed that only 29% of the total respondent slum women are regularly visiting hospitals for medical checkup.

Table 13: Frequency of Medical Checkup of Slum Dwelling Women

Category of Slum Women	Rarely	Occasionally	Regularly	Total
S.C.	12 (40.00)	10 (33.33)	08 (26.67)	30 (100)
S.T.	08 (40.00)	07 (35.00)	05 (25.00)	20 (100)
B.C.	14 (46.67)	10 (33.33)	06 (20.00)	30 (100)
O.C.	04 (20.00)	06 (30.00)	10 (50.00)	20 (100)
Total	38 (38.00)	33 (34.00)	29 (28.00)	100 (100)

Source: Field Survey Data, **Note:** Figures in parentheses indicate percentages to their total.

A Habit of Consuming Alcohol and Tobacco-related Products

Consuming alcohol or tobacco products during pregnancy can cause miscarriage, stillbirth, and a range of lifelong physical, behavioral, and intellectual disabilities. Similarly, it may lead to other health problems in women. Consuming alcohol or tobacco products by men and women is common in slum areas. It reveals that 62% of slum-dwelling women have a habit of consuming alcohol and tobacco (Table 14). Out of these 62 respondents, who are consuming alcohol or tobacco, 75% belong to ST women followed by 66.67% of SC women, 63.33% of BC women, and 40% of other category women in the slums under study. It shows that majority of slum dwellers are addicted to consuming alcohol and tobacco, which leads to chronic diseases among them.

Tale 14: Habit of Consuming Alcohol/Tobacco by Slum Women

Category of Slum Women	Yes	No	Total
S.C.	20 (66.67)	10 (33.33)	30 (100)
S.T.	15 (75.00)	05 (25.00)	20 (100)
B.C.	19 (63.33)	11 (36.67)	30 (100)
O.C.	08 (40.00)	12 (60.00)	20 (100)
Total	62 (62.00)	38 (38.00)	100 (100)

Source: Field Survey Data, **Note:** Figures in parentheses indicate percentages to their total.

Facing Health Problem due to Consuming Alcohol / Tobacco

As shown in tale 15, 65% of ST women, 53.33% of SC, 50% of BC, and 25% of OC slum women are facing health problems. Out of the total respondent's slum women, 49% of slum-dwelling women are facing health problems due to consuming alcohol.

On the other side, out of 62 alcohol/tobacco habitual, 79% are suffering from various health issues. It is necessary to educate the slum dwellers to avoid using alcohol or tobacco related products.

Table 15: Facing Health Problems Due to Consuming Alcohol/Tobacco

Category of Slum Women	Yes	No	Total
S.C.	16 (53.33)	14 (46.67)	30 (100)
S.T.	13 (65.00)	07 (35.00)	20 (100)
B.C.	15 (50.00)	15 (50.00)	30 (100)
O.C.	05 (25.00)	15 (75.00)	20 (100)
Total	49 (49.00)	51 (51.00)	100 (100)

Source: Field Survey Data, **Note:** Figures in parentheses indicate percentages to their total.

Medical and Health Expenditure incurred by Women Slum Dwellers

As the many slum dwellers are living with high

density, low sanitation, and poor environmental conditions along with their bad habits, they are suffering from different diseases and spending more money on health from their low-income sources. Tale 16 reveals that 39% of the total respondent women households living in slum areas are spending up to Rs. 10,000 per annum on medical and health. Among them, 43.33% are SC, 40% are ST, 46.67% is BC, and 20% are OC women slum-dwelling households.

It may also be noticed that 30% of SC, ST and BC slum women and 20% of other community slum women are sending an amount of Rs. 10,001 to Rs. 20,000 per annum on health. About 17% of SC, 15% of ST, 13.33% of BC, and 25% of OC slum women are spending an amount of Rs. 20,001 to Rs. 30,000 per annum on medical and health. Out of the total respondent women, only 16% of respondent slum women households are sending more than Rs. 30,000 per annum on their medical needs.

Table 16: Amount Spent on Medical and Health by Respondent Slum Dwelling Women Per Annum (in Rs.)

Category of Slum Women	< 10,000	10,001 - 20,000	20,001 -30,000	>30,000	Total
S.C.	13 (43.33)	09 (30.00)	05 (16.67)	03 (10.00)	30 (100)
S.T.	08 (40.00)	06 (30.00)	03 (15.00)	03 (15.00)	20 (100)
B.C.	14 (46.67)	09 (30.00)	04 (13.33)	03 (10.00)	30 (100)
O.C.	04 (20.00)	04 (20.00)	05 (25.00)	07 (35.00)	20 (100)
Total	39 (39.00)	28 (28.00)	17 (17.00)	16 (16.00)	100 (100)

Source: Field Survey Data, **Note:** Figures in parentheses indicate percentages to their total.

Person-days of Employment lost by Slum Dwelling Women due to Health Problems

The women in slum areas are engaging in productive activities of wage employment to earn

money to meet their family expenditure along with their male partners. Due to the ill health of women, many of the slum-dwelling women are lasting wage employment opportunities.

Table 17: Man-Days of Employment Lasting Due to Ill Health per Annum

Category of Slum Women	< 30 days	31-60 days	61-90 days	>90 days	Total
S.C.	04 (13.33)	08 (26.67)	10 (33.33)	08 (26.67)	30 (100)
S.T.	03 (15.00)	06 (30.00)	06 (30.00)	05 (25.00)	20 (100)
B.C.	06 (20.00)	10 (33.33)	08 (26.67)	06 (20.00)	30 (100)
O.C.	05 (25.00)	04 (20.00)	07 (35.00)	04 (20.00)	20 (100)
Total	18 (18.00)	28 (28.00)	31 (31.00)	23 (23.00)	100 (100)

Source: Field Survey Data, **Note:** Figures in parentheses indicate percentages to their total.

It shows that (Table 17) 18% of the total respondent slum women are lasting less than 30 days of employment. Another 28% of respondent women are lasting 31 to 60 person-days of employment per annum due to their health problems. For 61 to 90 days

of wage employment, opportunities were missed by 31% of the total respondents slum women. About 23% of slum-dwelling women are lasting above 90 days of employment due to their ill-health.

Preference of Ailments of Slum Dwelling Women

The women generally not preferred to visit the hospitals for medical treatment. The slum-dwelling women under study do not prefer to visit hospitals

due to their poor economic conditions and lack of awareness of health. It may be noticed that 56% of the total respondents slum women prefer to visit hospitals for major ailments only.

Table 18: Preference of Ailments of Respondent Slum Women to go to Hospitals

Category of Slum Women	Minor Ailments	Major Ailments	Surgeries	Other	Total
S.C.	03 (10.00)	17 (56.67)	08 (26.67)	02 (6.67)	30 (100)
S.T.	03 (15.00)	13 (65.00)	03 (15.00)	01 (05.00)	20 (100)
B.C.	07 (23.34)	18 (60.00)	04 (13.33)	01 (3.33)	30 (100)
O.C.	04 (20.00)	08 (40.00)	06 (30.00)	02 (10.00)	20 (100)
Total	17 (17.00)	56 (56.00)	21 (21.00)	06 (6.00)	100 (100)

Source: Field Survey Data, **Note:** Figures in parentheses indicate percentages to their total.

Out of 56 respondent women visiting for major ailments, 65% are ST, 60% are BC, and 56.67% are SC, and 40% are OC slum women, as shown in table 18. It shows that 17% of total slum women are visiting hospitals for minor ailments, and the other 21% are going to hospitals for surgeries and operations. Only 6% of slum women are visiting hospitals for other health issues.

households have medical insurance facilities. Lack of awareness on medical insurance facility is the major reason for not having medical insurance by 80% of sample women living in slum areas. It causes them to spend more money from their pockets on frequent health issues.

Medical Insurance Facility Availied by Slum Dwelling Women

Accessibility of health insurance is necessary for rich and poor and for males and females in several ways. Uninsured persons receive less medical care, they have worse health outcomes, and lack of insurance leads to a fiscal burden for them and their families. However, the study reveals that fewer slum women households have medical insurance facilities.

Support of the Family Members during Ill Health

Physical and mental support of family members is necessary during the ill health of women in the family, and it leads to a speedy recovery from any diseases. Table noticed that 76% of the slum women are receiving physical, moral, and financial support from their male partners and other family members. Though the slum dwellers are mostly illiterates, they are supporting their women partners during ill health or at the time of pregnancy and child birth. 80% of OC slum women, 76.67% of BC, 75% of ST, and 73.33% of SC women living in slum areas have support from their male partners during ill health.

Table 19: Medical Insurance Facility for the Respondent Slum Dwelling Women

Category of Slum Women	Yes	No	Total
S.C.	05 (16.67)	25 (83.33)	30 (100)
S.T.	03 (15.00)	17 (85.00)	20 (100)
B.C.	07 (23.33)	23 (76.67)	30 (100)
O.C.	05 (25.00)	15 (75.00)	20 (100)
Total	20 (20.00)	80 (80.00)	100 (100)

Source: Field Survey Data, **Note:** Figures in parentheses indicate percentages to their total.

Table 20: Support of the Family Members during Ill Health of Slum Women

Category of Slum Women	Yes	No	Total
S.C.	22 (73.33)	08 (26.67)	30 (100)
S.T.	15 (75.00)	05 (25.00)	20 (100)
B.C.	23 (76.67))	07 (23.33)	30 (100)
O.C.	16 (80.00)	04 (20.00)	20 (100)
Total	76 (76.00)	24 (24.00)	100 (100)

Source: Field Survey Data, **Note:** Figures in parentheses indicates percentage to their total

It shows that out of 100 slum-dwelling women, only 20% have medical insurance facility (Table 19). It reveals that 25% of other community women, 23% of BC, 16.67% of SC, and 15% of ST slum women

Conclusions

It reveals that 39% of slum women have poor health status, and 25% have an average health conditions. The major reason for poor health status among Slum dwelling women is hygienic conditions (39%), malnutrition (24%), and having bad habits (21%). It shows that 43% of slum women are falling sick for once in a month, and 30% are frequently falling sick with different diseases.

It is observed that 31% of the slum-dwelling women are getting treatment from RMP doctors, followed by 30% of women slum dwellers from private allopathy doctors, and only 18% of slum women are visiting Govt. hospital for their medical treatment. The major health problems of slum women in the study area are cold, and cough (25%), viral fevers (23%), Asthma (16%), BP/diabetic (16%), infectious diseases (11%) and other diseases account for 9% of slum women.

Out of 100 sample slum-dwelling women, 54% are suffering from dental problems, but many of them are not getting treatment from hospitals and are following home remedies. About 50% of the slum-dwelling women are visiting hospitals for reproductive health treatment. However, 45% of slum women are occasionally visiting hospitals during their Pre-Natal and Post-Natal periods.

It reveals that 38% of slum women are getting married at the age of fewer than 18 years, and of them, about 79% have less than 18 years of age at their first pregnancy. Only 29% of slum women are regularly visiting hospitals for their medical checkups. A majority of 62% of slum women have a habit of consuming alcohol and tobacco-related products, and out of them, 79% of women living in slum areas are facing health problems due to a habit of consuming alcohol and tobacco in their regular life.

References

- Agarwal, Siddharth, et al. "Birth Preparedness and Compilation Readiness among Slum Women in Indore City, India." *Journal of Health, Population and Nutrition*, vol. 28, no. 4, 2010, pp. 383-391.
- Amirul Hasan, Md and Vandana Shukla. "Nutritional Status of Women Living in Slums in Allahabad City, Uttar Pradesh, India." *International Journal of Food and Nutritional Sciences*, vol. 2, no.1, 2013, pp. 84-88.
- Banerjee, Avishe. "Status of Health among Slum Dwelling Women: A Case Study on Dankuni Municipality, Hooghly." *International Journal of Current Research*, vol. 4, no.11, 2012, pp. 49-53.
- Donta, Balaiah. et al. "Awareness of Cervical Cancer among Couples in a Slum Area of Mumbai." *Asian Pacific Journal of Cancer Prevention*, vol. 13, 2012, pp. 4901-4903.
- Gangadharan, K. *Utilization of Health Services in Urban Kerala: A Socio-Economic Study*, Serials publications, 2005.
- Goswami, Sribas. "A Study on Women's Healthcare Practice in Urban Slums: Indian Scenario." *Evidence Based Women's Health Journal*, vol. 4, no. 4, 2014, pp. 201-207.
- Gurumurthy, KT. "Slum Related Policies and programmes." *Shelter*, vol. 3. no. 3, 2000.
- Haarrington, Michael. "Old Slums and New Slums." *Slums and Urbanisation*, edited by A.R. Desai and Pillai, Popular Prakashan, 1976.
- Harada, Hideki. "Living Environment and Health of Urban Poor: A Study in Mumbai." *Economic and Political Weekly*, vol. 38, no.34, 2003.
- Joshi, Seema. "Marriage, Migration and Labour Market in Slum Areas." *Nagarlok*, vol. 37, no. 3, 2005, pp. 34-39.
- Kadam, A.M. "Female Health in Slum Areas: A Review." *International Journal of Advanced Research*, vol. 3, no. 2, 2015, pp. 48-51.
- Kaplan, G.A. et al. "The Health of Poor Women under Welfare Reform." *American Journal of Public Health*, vol. 95, no.7, 2005, pp. 1252-1258.
- Kaviarasu, John and Xavier, Geylson. "Status of Women's Health in Urban Sub-Standard Settlements of Chennai, Tamilnadu state, India." *European Academic Research*, vol. 2, no. 2, 2015, pp. 14473-14483.
- Kiranmai, K, et al. "Assessment of Health Status of Women in Urban Slum." *Indian Journal of Innovations Development*, vol. 1, no. 4, 2012, pp. 220-224.

- Kumar, Jitendra. *Million Cities in India: A Geographical Analysis of Population Characteristics*, Maharshi Dayanand University, 2013.
- Mony, P.K. et al. "Demography, Environmental Status and Maternal Health Care in Slums of Vellore Town, South India." *Indian Journal of Community Medicine*, vol. 31, no. 4, 2006, pp. 230-233.
- Mukesh, Shukla, et al. "Utilization of Maternal Health Care Services in Slums of Lucknow, Capital of Uttar Pradesh." *International Journal of Interdisciplinary and Multidisciplinary Studies*, vol. 2, no. 11, 2015, pp. 23-27.
- Mulgaonkar, V.B. "Reproductive Health of Women in Urban Slums of Bombay." *Social Change*, vol. 26, no. 3 & 4, 1996, pp. 137-156.
- Navaneetham, K. and Jose, Sunny. "Social Infrastructure and Women's Undernutrition." *Economic and Political Weekly*, vol. 45, no.13, 2010, pp. 83-90.
- Pawar, D.H. and Mane, V.D. "Socio-Economic Status of Slum Dwellers with Special Reference to Women: Geographical Investigation of Kolhapur Slums." *Research Front*, vol.1, no.1, 2013, pp. 61-64.
- Sajjad, Haroon. "Living Standards and Health Problems of Lesser Fortunate Slum Dwellers: Evidence from an Indian City." *International Journal of Environmental Protection and Policy*, vol. 2, no.2, 2014, pp. 54-63.
- Sangita, et al. "Social Dynamics of Institutional Delivery Services in the Urban Slums of Delhi." *International Journal of Development Research*, vol. 5, no. 9, 2015, pp. 5600-5604.
- Sarode, V.M. "Does Illiteracy Influence Pregnancy Complications among Women in the Slums of Greater Mumbai." *International Journal of Sociology and Anthropology*, vol. 2, no. 5, 2010, pp. 82-93.
- State of Slums in India, A Statistical Compendium*, Ministry of Housing and Urban Poverty Alleviation, National House Building Organisation, 2013.
- Thimmanna. "Elderly Women in Slum Area of Bellary District: Problems and Challenges." *Reviews of Literature*, vol. 1, no. 12, 2014, pp. 1-9.

Author Details

M. Kulasekhar, Ph.D. Scholar, Department of Economics, Sri Krishnadevaraya University, Anantapur, Andhra Pradesh, India.

Dr. K. Dasaratharamaih, Professor, Department of Economics and Applied Economics, Sri Krishnadevaraya University, Anantapur, Andhra Pradesh, India. **Email ID:** dasarath_91@yahoo.com.