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HEALTH ISSUES OF WOMEN LIVING IN URBAN SLUMS - A STUDY IN VISAKHAPATNAM CITY OF ANDHRA PRADESH

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ABSTRACT

Health is a major issue that draws everybody's attention, particularly that of women dwelling in slums. Slum, a synonym for unhealthy environment presents a distinct set of health problems. High population density and the poor environmental condition make the slums a major reservoir for a wide spectrum of adverse health conditions; communicable, non-communicable and chronic diseases. Women's health in urban slums calls for immediate attention in Urban slums because the constricted lifestyle and responsibilities makes them neglect their general and reproductive health. In this context on attempt as need to examine the health status of women living Visakhapatnam slum areas. The present work is a cross-sectional study designed to examine the perceived and the actual health status and health practices of women in Visakhapatnam slums. The major findings while assessing comprehensive women's health outcomes include lack of education, financial constraints, conventional religious beliefs, and lack of awareness about government schemes. With the rapid increase in urban population, the government's challenge is provision of safe sanitation facility, proper medical facilities in slums, conduct awareness programmes to educate women how to monitor their health and publicity of government schemes.

Key Words: Slum, general health, reproductive, and chronic health, awareness

1. Introduction

'Health' is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity WHO (World Health Organisation, 2010). Governments all over the world have become health conscious, prioritizing health as public responsibility. One of the indices of good health of a country is its developed socio-economy. Access to adequate hygiene is a fundamental human right under Article 21 of Indian constitution. Proper awareness and hygienic facilities crucial for public health is a great investment for any country. Half of India's population lives in urban areas, a synonym of greater economic development and prosperity; however, poor sanitation and lack of awareness about hygiene, lack of awareness about general,

chronic, and reproductive health issues, lack of education have a greater impact on the health of women living in slums.

The present study focuses on how physical health condition of a woman can affect family well-being which affects their economic conditions. The slum dwellers face environmental, socio-economical and psychological problems, apart from worst health conditions and inequality whereas the reasons for poor health among slum women are malnutrition, unhygienic condition, lack of precautionary measures, and bad habits (WHO). Despite government hospitals and other health care facilities in the urban areas, various health issues plague slum areas. The urban health concerns have been scarcely addressed. Further, there is slackening from the government side has no proper implementation plans for the urban health and lack of evidence-based policies continues to be a main feature of urban health. Many research studies found that lack of education, non-accessibility to private clinics are some of the factors that affect the slum women. Hence, women health awareness in urban slum is the need of the hour.

2. Significance & Need for the study

Andhra Pradesh has the highest proportion (36.1%) of slum population. Women's health in urban slums demands attention in Visakhapatnam because the constricted lifestyle, demand for money, responsibilities of children and the aged in their families apart from various forms of domestic violence or other kinds of abuse makes them neglect their general and reproductive health. The awareness of slum women on Government health schemes is essential in order to get the benefits o schemes. There is need to identifying the lapses of health schemes or the equitable urban health soloutions. In this content, the present study focuses in this direction.

3. Objectives of the study:

1. To investigate the socio-economic conditions and health of women in Visakhapatnam urban slums
2. To examine general, chronic, and reproductive health issues of women
3. To assess awareness of slum women about their health problems
4. To assess awareness about the government health schemes initiated for their well-being of women.

4. Tools and Materials

Researcher has retrieved data and literature from secondary sources like published and unpublished literature in the form of books and articles in the journals. The study was organized in Visakhapatnam urban slums in select areas. The study involved a field-based empirical quantitative analysis. The slums were selected on the basis of random sampling and purposive sampling. The respondents were selected by adopting simple random sampling methodology. Both primary and secondary data was collected for the study, of which, the primary data was collected through a well structured schedule with interview method.

The primary source of data was interviews conducted with the respondents, to elicit their opinions and experiences in slum life, with the help of an interview schedule. This interview schedule includes well-structured questions to provide comprehensive information.

(i) Sampling:

The study is a descriptive analysis - purposive sampling method for data collection. A well structured schedule was administered to the respondents. The proposed study covered select slum areas. The data was collected from 205 respondents dwelling in slum areas of urban Visakhapatnam. These include direct interview with the respondents, observation, survey and schedule. The slums were selected on the basis of random sampling and purposive sampling. The respondents were selected by adopting simple random sampling methodology. The study is a descriptive analysis - purposive sampling method for data collection initiated to choose respondents from Visakhapatnam urban slums. The collected data has been analyzed by using advanced computer techniques with SPSS package.

(ii) Selection of Slums:

The study was conducted in ten areas in Visakhapatnam from localities; Old Post Office, Durgalamma Gudi (Purna Market), Jalaripeta (PeddaWaltair), Fishing harbour, Adharsh Nagar, Muralinagar, Reddi Kancherapalem, Chaitanyanagar, Baji Junction (Gopalapatnam), B C Road (Old Gajuwaka) are largely occupied by labourers. The study has been conducted to assess general health, reproductive health, chronic diseases, womens' awareness about diseases and their symptoms, Government health schemes and State government health schemes initiated for their benefit, the awareness of women about these schemes.

(iii) Computation of Data

Information on this study, as already stated is obtained in two forms information from questionnaire and informal interviews. Each type of information has been carefully analyzed and tabulated according to the need of the study. Simple percentages are thus mostly used. Interpretation and generalization of data were made on the basis of empirical analysis. Tables and graphs present the univariate frequency and percentage distribution.

5. Review Literature

Slum women are affected with high incidences of wide spectrum of diseases in comparison to population of urban India. The women living in slum areas suffer from typhoid, malaria, dengue, chicken Guinea besides chronic and metabolic diseases such as coronary heart diseases, hypertension, and diabetes mellitus, high LDL cholesterol, thyroid, vertigo, arthritis, migraine, headache, other than cancers of different types. The main reason being low profile life, unhygienic and polluted environment, undernourishment, psychological pressure and the like. The following research articles would provide sufficient information to delve into the health issues of the target groups: Nandraj, S., et al. (1998) in his work on "Women and Healthcare in Mumbai: A Study of Morbidity, Utilization, and Expenditure on Health care in the Household of the Metropolis." observed that unhealthy and polluted environment result in sickness, demanding medical treatment that subsequently economic loss. Slums usually provide distinct set of health problems, and thus becomes a reservoir for adverse health conditions. Ramesh Bhat, et.al (2007) in his study on the "Provision of Reproductive Health Services to Urban Poor through Public –Private Partnership; The Cast of Andhra Pradesh Urban Health Care." opined that the despite establishing 192 Urban Health Centres (UHCs) in 74 municipalities of the state initiated by Andhra Pradesh Government in 2002; there are several gaps in its implementation. Urban Slum Health Care provides basic primary healthcare and family welfare services to urban poor living in slums. Despite implementation all of various health provisions there still exists some troublesome areas such as providing better service to the health of the population, efficiency in disbursement; motivating NGOs for active participation; effective partnership between the state and non-state actors. Riley, L.W, et al. (2007) in his study Slum health: Diseases of neglected populations highlights some urban slums hosting refugee communities show variety of health problems. Health of these people poses a challenge to the formal health sector about the variety and disease morbidity. However, unavailability data about the diseases pertaining to slums hampers allocation of funds and appropriate disease prevention services. Most times formal health sectors receive information after the disease gets chronic. Therefore, the author calls for intensive effort is the need of the hour to assess health and determinants of disease morbidity. Khan Z., et al. (2012) in his work on "All slums are not equal: maternal health conditions among two urban slum dwellers found that Pregnant women - a "high risk" group mostly inhabit urban slums which have limited access to health facilities. The study shows that the low utilization of maternal health services provided by the public health system just because of "tradition," financial constraints, and uncourteous behavior of the health staff apart from social and cultural barriers that are much prevalent in slums where health services are not reachable. The study pointed out that Policy makers or researchers have given almost no attention towards minimizing their effect. Accessibility to health services of slum population must therefore be taken into account in District Health Planning. Increasing awareness about benefits of using modern maternity care at nearby health centers for better pregnancy may not be possible to establish a health facility staffed with a doctor or a nurse in every slum area. The study recommends that urban local bodies should promote proper network of community health workers/volunteers to facilitate health activity which eventually bring changes in attitude in the health delivery system. Indrani Gupta and Pradeep Guin (2015) in their study Health Status and Access to Health Services in Indian Slums found that a significant number of slum dwellers have actually increased over the years. The author cites a report from UN-HABITAT that the urban poor who form the slum dwellers in developing countries often live under conditions worse than those of their rural counterparts. Such living conditions also mean that the slum dwellers are likely to die earlier than the rest of the population of the city, and have fewer opportunities to improve their human development parameters. Mberu, U et.al (2016), in his study on "Health and health-related indicators in slum, rural, and urban communities: a comparative analysis." Glob Health Action stated that urban slum residents have worse health status when compared with non-urban populations, but is not recorded as they have better health status when compared to those in rural areas. It could be a belief probably because of their better access to health care services in urban areas. The study concluded that a systematic comparative analysis is lacking. The slum populations have better access to care but worse health outcomes as compared to rural populations. Akash

Gajanan Prabhune, et.al, (2020) in his work on A Literature Review on Perceptions and Practices Related to Health care and Nutrition Amongst the Residents of Urban Slums across India Cureus. collate the findings regarding perceptions, knowledge, attitude, and practices across the urban slums in India thereby relating to healthcare and nutrition. The literature shows that inadequate knowledge about nutrition and healthcare, and the barriers towards transitioning knowledge to practice were related to lack of resources, priorities around employment and income, and the attitudes towards change-making were usually based on convenience to access cost of service and availability of the services. The review recommends further investment in research to understand the perceptions, patterns of nutrition, and health-seeking behaviours. There is a pressing need to use the evidence for developing policies in line with the expectations of poor urban communities. Moumita Das, et.al, (2020) in his study on "Understanding self-construction of health among the slum dwellers of India: a culture-centred approach, Socioloy of Healh & Illness opines that a traditional approach in understanding urban slums' health problems should be relinquished instead new approach has to be necessarily be followed to understand health in disadvantaged settings. The author conducted in-depth semi-structured interviews with disadvantaged groups in Kolkata and in Bangalore slums explored how people of these areas use their knowledge to understand health, and feel illnesses could be managed. The study helps to understand that ordinary members of the urban slums can also articulate critical linkages between their everyday sociocultural realities and health conditions. This knowledge would be of great help for the policy makers to design and promote wellbeing. Jansi Rani, et.al (2022) in her work "Condition of Women Living in Slums: A Cross-Sectional Study" explores the prevalence of communicable disease, non-communicable/metabolic disorders, reproductive diseases, and the occurrence of minor health disorders among the slum dwelling women in selected districts of Tamil Nadu. The study focused that Women between 19-55 years from the slums of four major districts of Tamil Nadu, namely Chennai, Coimbatore, Madurai and Tiruchirappalli were deprived of education and lack proper housing. They were suffering from infectious diseases, from non-communicable/metabolic disorders, reproductive health issues, and specific minor ailments and deficiency diseases. The authors are hopeful that their findings would encourage governmental and non-governmental agencie Moumita s to chart new policies. Parikh, I., et.al (1997) in her study on "Gynecological Morbidity Among Women in a Bombay Slum" highlights high prevalence of gynaecological morbidity in Mumbai urban slum community. The study focused that there were several cases of vaginitis, cervicitis, prolapse or PID; STD or an endogenous infection or suffer from one or more sexually transmitted diseases. Findings suggest wide differences in the net determinants of reported, clinically diagnosed and laboratory-detected morbidity. Reported morbidity is significantly influenced by socio-economic factors and contraceptive status, with sterilized women and those using IUDs reporting significantly higher levels of morbidity, than other women. In contrast, significant determinants of clinically diagnosed morbidity include age and parity; now, while contraceptive status is unrelated to RTIs, sterilized women experience significantly higher levels of prolapse than other women. Older women appear to have a reduced risk of STDs, and generally, of any laboratory detected morbidity. Also, contraceptive-users appear, in general, to be mildly but insignificantly less likely to experience. Gynecological conditions are rarely taken seriously by either women themselves or local care-providers and are hence perceived as worthy, of medical attention only if extreme. Instead, there is a wide reliance on home remedies-herbs, pastes and roots-for the most common gynecological conditions including leucorrhoea and menstrual disorders. These results stress the fact that gynecological morbidity is unacceptably high and constitutes a major public health problem, one that has remained larger unaddressed within current programmes. Results underscore the need to broaden the scope of family, welfare to incorporate among its reproductive health services, the screening and treatment of STDs and other gynaecological infections. High rates of sexually transmitted diseases and other infections highlight the urgent need to focus on responsible sexual behaviour among men. In short, results present a forceful plea for greater attention to and investment in the reproductive health needs of poor Indian women.

To sum up, the slum dwellers face environmental, socio-economical and psychological problems, apart from worst health conditions and inequality (World Health Organisation) Although better access to health care is provided to urban slums but worse health outcomes have been observed in populations due to lack of systematic comparative analysis of the slum populations (Mberu, U et.al) Policy makers have to identify the lapses and advocates equitable urban health solutions (Saleha Waseem). Ordinary members of the urban slums can also articulate critical linkages between their everyday socio-cultural realities and health conditions

(Moumita Das, et.al) Promotion of proper network of community health workers/volunteers to facilitate health activity to change attitude in the health delivery system (Khan Z; et.al,). Higher rates of sexually transmitted diseases calls for urgent attention and investment in the reproductive health needs of poor Indian women. (Parikh, I., et.al,) limited efforts have been made to study the health of women living in slums in India. (Nandraj,S et.al) There still exist some gaps in providing better service to the health of the slum population (Ramesh Bhat, et.al)

The earlier studies were conducted in Tamilnadu and other states. Whereas the studies relating to Andhra Pradesh especially in Visakhapatnam city are limited . Hence the present study was conducted in urban slums of Visakhapatnam.

6. STUDY

A. General Health Issues

Accumulation of garbage and sewage in slum areas is a major cause for mosquito breeding place which causes many types of fevers like dengue etc. The study areas have reported dengue, typhoid, malaria, viral fever, chicken guinea. The respondents also reported general health conditions like hypertension, diabetes, vertigo, migraine, and headache.

B. Chronic Health Issues

Women in the study area reported of having Asthma which is shortness of breath, tightness or pain in the chest, coughing or wheezing which gets worsened during cold or flu. Arthritis is another major health issue among slum women. They complained of having pain, stiffness in the joints, swelling or redness in the affected area this condition results in decreased mobility. Some women reported of having lung Cancer. They revealed that they had no idea about the screening tests being performed to identify the type of cancer. Some women who had lung cancer got to know after they visited the hospital for worst cough, Chest pain, Shortness of breath, tired feeling, sudden weight loss whereas some went to hospital when they had thickening or swelling of part of the breast, and lumps in the breast, severe pain on touch while some women suffering from cervical cancer said that they had increased vaginal discharge, and severe bleeding after menopause.

C. Reproductive Health Issues

In the study area, women reported of vaginal discharge. The symptoms they had were itching, burning or irritation in the vaginal area followed by bad odour, and pain in the lower abdomen. Some had menstrual issues resulting in painful cramps in the abdomen, irregular periods, and mood swings, heavy bleeding. Some had complications during pregnancy such as induced abortion because of pregnancy induced hypertension or pregnancy induced diabetes. Therefore, the doctors had to give them medication to terminate the pregnancy. Some reported of having spontaneous abortion because of stress and other marital issues.

Result & Discussion

Table-1

Percentage distribution of respondents by their age

S.No	Age group	Frequency	Percentage (%)
1	21 - 30 years	28	13.66
2	31 - 40 years	89	43.41
3	41-60 years	88	42.93
	Total	**205**	**100.0**

Source: Field Data

Table 1 gives the data on age –wise distribution of the respondents. The data reveals that out of 205 select women respondents 43.41% of the respondents are in 31-40 age group followed by 42.93% in 41-60, 13.66% in 21-30 in selected study area belong to disadvantaged groups are married at tender age, thus, have no scope of attaining proper education which in turn affects their financial status.

Table-2

Percentage distribution of respondents' educational status

S No	Educational status	Frequency	Percentage (%)
1	Illiterate	77	37.56
2	Literate (Up to 5th class	119	58.05
3	Up to 10th class	9	4.39
	Total	205	100.0

Source: Field Data

Table - 2 Presents the data on respondents' educational status. Variables such as health, education are the deciding factors for the socio-economic conditions and vice-versa. Among all these women 58.05% respondents are literate (Up to 5th class), 37.56% are illiterates whereas for 4.39% of women are educated up to 10th class which is a minimal education with which they cannot get a decent job anywhere. Since quality education is a deciding factor for procurement of good job opportunities; women respondents in the study area do not have required qualification to get a better jobs, therefore, they have to compromise with whatever they have instead of seeking a quality life.

General Health Issues: The data relating to general health conditions reveals that 73.66% respondents have heard of Dengue fever and 43.90% respondents know one or more symptoms of Dengue. 79.51% respondents know the symptoms of Typhoid while 47.80% respondents know symptoms of typhoid; 83.71% respondents have some idea about the symptoms of Malaria are those who have basic education, which implies education plays a major role in health awareness. 61.95% respondents know the symptoms Viral fever, 88.29% respondents have idea of Chicken Guinea. 76.59% respondents said they suffer from Migraine attack / Headache because they are unable to manage stress.

Table-3

Percentage distribution of health staff visit to the Respondent's locality

S No	Health staff Visit	Frequency	Percentage (%)
1	Yes	205	
2	No	-	-
	Total	205	100.0

Source: Field Data

Table 3 Presents the data on health staff visit to the Respondent's locality. All the respondents informed that the health staff visit their places for health check up though their time of the visit may vary. This proves that the government initiative for overall health improvement has been effective but the problem lies with the people who ignore routine health checkups. Some women say since they are in their work place subsequently they are not able to have the routine health check up.

Table-4

Percentage distribution of number of visits by the health/ medical staff

S No	Visit by health/medical staff	Frequency	Percentage (%)
1	Weekly	110	53.66
2	Monthly	69	33.66
3	Not say	26	12.68
	Total	205	100.0

Source: Field Data

Table -4 Presents the data relating to health staff visit by the medical staff. 53.66% respondents admitted that medical staff visit their house weekly, 33.66% respondents said the visit is monthly and 12.68% respondents said they are not sure about the timings of the health staff visit. The respondents clearly stated that their area has PHC's for periodical health check up but the health staff maintains their convenient timings, therefore, some women have to forgo the periodical check up because sometimes they are unavailable at home or are at work place.

Table-5
Percentage distribution of respondents avoiding PHC because of various reasons

S No	Reasons for not going to PHC	Frequency	Percentage (%)
1	Do not treat properly	27	13.17
2	No Medicines	66	32.20
3	No Doctors	12	5.85
4	N A	100	48.78
	Total	205	100.0

Source: Field Data

Table -4 Presents the data of respondents avoiding PHC because of various reasons. 48.78% respondents prefer to go to PHC whenever they have any health issues, 51.22% respondents do not go to PHC even if they have any health issues, however, the reasons may vary. 32.20% respondents do not go to PHC because medicines for all ailments are not available, 13.17% respondents do not go there because they feel the doctors do not treat the patients properly, 5.85% respondents said there are no doctors in PHC.

Reproductive Health Issues: An attempt was made to examine the reproductive health issue of the respondents

Table-6
Percentage distribution of respondents having abortion

S No	Abortions	Frequency	Percentage (%)
1	Yes	131	63.90
2	No	74	36.10
	Total	205	100.0

Source: Field Data

Table -6 Presents the data of respondents having abortion. It is observed that 63.9% of women had abortion, and 36.10% did not have abortion. Many women who conceive or the first time usually neglect health, or they do not have sufficient time to take care of their health because they are entrusted with additional responsibilities. Some of them are victims of domestic violence. The result is pregnancy failure.

Table-7
Percentage distribution of respondents having deliveries at home/ hospital

S No	Deliveries at	Frequency	Percentage (%)
1	Hospital	78	38.05
2	At home	112	54.63
3	N A	15	7.32
	Total	205	100.0

Source: Field Data

Table 7: Presents the data of respondents having deliveries at home/ hospital. 54.63% respondents had deliveries at home, 38.05% respondents at hospital, and for 7.32% respondents it is not applicable because they are not married or divorced. Child bearing in India, for majority of women, is more a health hazard than a natural function (Government of India, 1974). Poverty, less medical and the paramedical facilities compel

women to deliver at home in unhygienic condition with the help untrained birth attendants; a threat to mother's life.

Table-8

Percentage distribution of respondents having menstrual issues

S No	Problems	Frequency	Percentage (%)
1	Irregular periods	15	7.32
2	Prolonged bleeding	20	9.76
3	Blood Clots	40	19.51
4	N A	130	63.41
	Total	205	100.0

Source: Field Data

Table 8: Presents the data of respondents having menstrual issues. 19.51% respondents have clots in blood during periods, 9.76% respondents suffer from prolonged bleeding, 7.32% % respondents have irregular periods and to 19.5% respondents have reached menopause stage.

Table-9

Percentage distribution of respondents reporting pregnancy related complications

S No	If yes what are the problems	Frequency	Percentage (%)
1	Premature delivery / Still Birth	36	17.56
2	Induced Abortion	16	7.80
3	Spontaneous Abortion	68	33.17
4	N A	85	41.46
	Total	205	100.0

Source: Field Data

Table 9: Presents the data of respondents reporting pregnancy related complications 33.17% respondents had spontaneous abortion during pregnancy, 17.56% respondents had premature delivery/ still birth, 7.80% respondents had induced abortion, and 41.46% include those who had no issue during pregnancy or are unmarried. Some had complications during pregnancy because of pregnancy induced hypertension or pregnancy induced diabetes. Therefore, the doctors had to give them medication to terminate the pregnancy. Some reported of having spontaneous abortion because of stress and other marital discord.

Chronic Health Issues: The study was made an attempt to examine the Chronic Health Issues of slum women

TABLE-10

Percentage distribution of respondents suffering from Hypo/ hyperthyroidism

S No	Have Hypo/ hyperthyroidism	No. of Respondents	Percentage
1	Yes	97	47.32
2	No	108	52.68
	Total	205	100.0

Source: Field Data

Table 10: Presents the data of respondents suffering from Hypo/ hyperthyroidism. 52.68% respondents suffer from Thyroid Problem. 48.29% respondents have hypertension. 41.95% respondents are suffering from Diabetes. 31.22% respondents are using medicines for Vertigo. 33.66% % respondents suffer from Asthma, 65.37% % respondents suffer from Arthritis,20.98% respondents suffer from Cervical Cancer, 14.15% respondents suffer from Lung Cancer, 6.34% respondents have Breast Cancer, 61.95% respondents suffer from vaginal discharge.

The respondents who suffer from all the above said health issues could not pinpoint proper reasons but they are of the opinion that for any type of health issue financial problems, marital or familial issues, and lack of awareness about how to manage health and stress are the probable causes.

9.76% respondents are aware of the YSR Sampoornaposhana Scheme whereas 90.24% respondents do not have any idea about the YSR Sampoornaposhana Scheme.5.85% respondents are aware of the new diet scheme for pregnant women and 94.15% respondents are unaware of it.

Table-11

Percentage distribution of respondents' belief that education is important for healthy lifestyle

S No	Education is important for healthy lifestyle	Frequency	Percentage (%)
1	Yes	205	
2	No		
	Total	205	100.0

Source: Field Data

Table-11 Presents the data of respondents' belief that education is important for healthy lifestyle. All the respondents stated that education plays a primary role in order to lead healthy lifestyle. They said traditional beliefs play an important role in health, health care practices as well as treatment seeking attitude for the illnesses. These women have less or no education, lack health literacy, and low economically; and have less family or social supports. They lack awareness on health and concern more on economic well-being rather than health which is why they say are less likely to adopt healthy behaviors and practices for health promotion and disease prevention.

7. Major findings

1. Majority of women respondents belonging to disadvantaged groups are married at tender age, thus, have no scope of attaining proper education which in turn affects their economic conditions.
2. Respondents expressed that general health issues, reproductive health issues or chronic health issues are because of increased stress.
3. The respondents clearly stated that their area has PHC's for periodical health check up but the health staff maintains their convenient timings, therefore, some women have to forgo the periodical check up because sometimes they are unavailable at home or are at work place.
4. Some respondents do not go to PHC even if they have any health issues, because they feel the doctors do not treat the patients properly and some said there are no doctors in PHC.
5. Many women who conceive or the first time usually neglect health, or they do not have sufficient time to take care of their health because they are entrusted with additional responsibilities. Some of them are victims of domestic violence. The result is pregnancy failure.
6. Poverty compels women to deliver at home in unhygienic condition with the help untrained birth attendants; a threat to mother's life.
7. The respondents who suffer from terminal health issues could not pinpoint proper reasons but they are of the opinion that for any type of health issue financial problems, marital or familial issues, and lack of awareness about how to manage health and stress are the probable causes.
8. Less percentage of women respondents are aware of the YSR Sampoornaposhana scheme
9. The respondents have less or no education, lack health literacy, are low economically; and have less family or social supports. They are bother more about their economic well-being rather than health which is why they say are less likely to adopt healthy behaviors and practices for health promotion and disease prevention.

8. Suggestions

1. Women prefer taking ayurvedic or homeopathic medicines, nevertheless, it requires health staff to take a step forward to bring awareness among these women to use allopathy.
2. Educate women how to monitor their health and take steps to enjoy healthy motherhood and to have healthy child.
3. An initiative if taken by the state or central government to improve financial security, autonomy, and education to slum dwelling women creates awareness and would help reduction of contracting and spreading of communicable diseases.
4. Health staff should conduct some awareness programmes to educate women how to monitor their health and take steps to enjoy healthy motherhood and to have healthy child.
5. Adequate publicity about government schemes is also a must for healthy life of the slum women.
6. Municipal authorities mainly dealing with health and sanitation should identify such overcrowded places; sensitize them whenever possible to reduce the occurrence and spread of contagious diseases.

To conclude basic sanitation facilities are human rights. With the rapid increase in urban population, provision of accessible, affordable, and acceptable safe sanitation facility in urban slums and bridging the utilization gap between slums and non-slums are a challenge. Swachh Bharat Mission is an attempt to clean up the streets, roads, and infrastructure of Indian cities. It is a known fact that poor access to clean water and sanitation is associated with greater mortality. The urban slum provides an insight into the etiology of several diseases, thereby attract state and central government's a long-term preventive and promotive strategy for a healthy, pollution free environment.

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