





## HEALTH CONDITION OF WOMEN LIVING IN SLUMS: A CROSS-SECTIONAL STUDY

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### ABSTRACT

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Slum dwellers speak volumes about their poor and deprived plight. This study aimed to explore the prevalence of communicable disease, to inspect the incidence of non-communicable/metabolic disorders, to discover the occurrence of reproductive diseases, and to investigate the prevalence of minor ailments among the women dwelling in slums of selected districts of Tamil Nadu. This study adopted a cross-sectional study pattern. Using the purposive sampling technique, 1600 non pregnant non lactating women, aged between 19-55 years were selected from the slums of four major districts of Tamil Nadu, namely Chennai, Coimbatore, Madurai and Tiruchirappalli. These women lived in the slums of Tamil Nadu and were deprived of education and lack proper housing, experienced infectious diseases, suffered from non-communicable/metabolic disorders, reproductive health issues, and specific minor ailments and deficiency diseases. The findings of the study revealed specific numbers that defined the exact health conditions of women in the slums of Tamil Nadu. The findings of the study would encourage governmental and non-governmental agencies to plan new policies.

**Contribution/Originality:** Many of the developing and under developed countries have started working on the upliftment of slum dwellers, especially the health condition of women and children. Inspired by the Millennium Development Goals (MDGs) of global significance, this study identified the health condition of women dwelling in slums, a study that would throw open the governmental and the non-governmental agencies to plan new policies.

### 1. INTRODUCTION

Health is one of the fundamental rights of every human being, despite their social, economic and cultural status. The living condition of an individual always has an impact on one's health, largely depending on a clean and safe environment. It is common to see a tidal wave of people flowing into the cities seeking greener pastures in the third millennium. The speed of urbanization has increased rapidly worldwide. The United Nations had warned that this rapid urbanization and migration would triple the slum population by 2050 which would prove to be a big catastrophe (UN-HABITAT, 2006). Indian cities and towns are already overflowing with people. New migrants, mostly poverty-stricken labor class, have no other go but to live in shanty sheds, thus forming the slums.

A slum is a by-product of modern civilization. The term “slum” speaks volumes about the plight of the poor and the deprived. It is an overcrowded and squalid portion of a district, city, or town usually inhabited by the poor and downtrodden, who generally inhabit the debris, dirty and infective areas (UN-HABITAT, 2006). Pure air, clean drinking water, a healthy environment and a spacious living place are all denied to them. Health and nutritious meals are big question marks for such people, who struggle for their basic needs, day in and day out, facing all kinds of challenges. Most slums are situated in vulnerable locations such as river margins, underneath the over-bridges, waterlogged areas, road margins, etc.

The present study focuses on exploring the realistic condition of the slum-dwellers in Tamil Nadu. It may not be construed that people go to the slums of their own volition, and they are forced to live in slums due to their economic insufficiency, as they have no other go than living there. The investigator was primarily interested in bringing the morbidity patterns of the slum-dwelling women into the limelight. Despite various efforts which the state and the central governments have made to halt the proliferation of slums in cities, the number of slum dwellers and migrant workers moving toward the slums has increased. This results in newer slums putting tremendous pressure on the existing civic amenities and societal infrastructure.

The study aimed at exploring the morbidity patterns prevailing in the slums of selected districts of Tamil Nadu. The focal aims of the study were to:

1. Explore the prevalence of contagious diseases.
2. Inspect the incidence of non-communicable/metabolic diseases.
3. Discover the occurrence of reproductive diseases.
4. Investigate the minor ailments experienced by the women dwelling in the slums of selected districts of Tamil Nadu.

From the combined results of these objectives, the morbidity patterns of the women dwelling in the slums of the selected district of Tamil Nadu can be understood.

The explosive growth of the slum population is an increasing challenge for government officials, especially health authorities. Slums are often explicated as the hub of concentrated poverty, which comprises a social cluster that engenders a distinct set of health-related problems. So, it calls for the utmost importance to ensure health services for these growing numbers of city slum dwellers, particularly the women. This neglected population of the slum has become a significant reservoir for a wide spectrum of health conditions that endanger women’s health. The lack of necessary amenities, such as access to safe drinking water, housing with proper sanitation and drainage facilities, makes the slum population vulnerable to infections and mysterious ailments. The following table explains the most frequent – in fact, the day-to-day problems of the slum dwellers (Refer to Table 1).

**Table 1.** Problems faced by the slum dwellers and its impact.

<b>Problems Faced by the Slum Dwellers (Women)</b>	<b>Impact</b>
Lack of water, sanitation and hygiene	Communicable Diseases.
Lack of education	Illiteracy and limited choice of jobs.
Penury	Inadequate food intake to starvation and Nutritional Deficiency.
Poor housing conditions	Risk of fire, floods, collapsing.
Lack of security of residence occupancy	Fear of being evicted any time.

## 2. OVERVIEW OF LITERATURE

The review of literature in any research is a critical summary that helps in identifying the problem in the chosen field, justifies the need for replication, renders the base for further research in future, enhances future investigations, analyzes the feasibility of the study, specifies the hindrance for data collection and optimizes to relate the findings of one study to another.

### 2.1. Demographics

Phukan (2014) observed that the mushrooming of slums is a burden for the Jorhat City of Assam, India, which is occupied by seven newly emerged slums. The research was directed to investigate some basic amenities such as housing, sanitation system and water facilities in all those slums. The study established that the women in the Jorhat City Slum had been living in pathetic conditions without any primary means and support. In another research, Sharmin and Luna (2015) studied the socio-economic condition of women in the slums of Dhaka city, Bangladesh. They found that each family, on average, earned 4000-6000 Takas per month where 35% of the slum-dwelling women worked as housemaids. Rest of the women worked in handicraft and garment industries and as day laborers. Almost 75% of the women population was illiterate, and only 10% had passed VII class, and the rest went only up to SSLC. The study also revealed that more than 50% of people lived in an unhygienic environment.

Thimmanna (2014), in the slum locality of Bellary city in Karnataka, brought out some startling facts. The senior women in that locality lived in overcrowded tenements. They had absolutely no amenities. Moreover, huts erected in that locality had no stability. There were no pathways, sewage tracts and drainage facility. The locality was not supplied with clean drinking water. The welfare measures implemented by the government and non-government agencies did not reach these people.

### 2.2. General Health

Kaviarasu & Xavier (2015) undertook a study in two slums, namely Namachivayapuram and Apparao Garden of Zone – 8 in the corporation of Chennai, Tamil Nadu. It was inferred that more than 31% of women had more than three children. The study reported that almost 67percent of the women delivered their first child before the age of 21. More so, those young mothers were not provided with adequate support such as pre-natal and post-natal care, which kept their health and that of their children streamlined. It was heartening to note that no deliveries took place at their homes; instead, all deliveries were made either at the government hospitals or private clinics. Likewise, Rahman and Alam (2015) highlighted anthropometric measurements and nutritional status related to other issues among children of Mirpur, Kuril, and Kamalapur slums in Dhaka city, Bangla Desh. This study of a sample of 102 children ranging from 2 to 12 years presented that nearly 33.5 percent respondents suffered from malnutrition. Based on their BMI, it was evident that about 32 percent of them were undernourished. The general socio-economic condition of these respondents was deplorable. It was also unveiled that the mean monthly household income of the respondents' families had an adverse effect on the same health and nutritional status.

Rahman & Alam (2015) revealed that 76.4 percent of the children had certain ailments due to their sanitation and hygiene status for the past month. The research also highlighted the nutritional status of the children influenced by their parent's awareness, socio-economic and demographic details, good hygiene practices, sanitation system, breastfeeding practices and nutrient intake. Likewise, Hassan and Shukla (2013) conducted a study to assess the nutritional status of women living in the slums of Allahabad, India. A cross-sectional epidemiological survey was undertaken covering fifteen slums of Allahabad city with women of 15-49 years. It was concluded that malnutrition and nutritional anemia were major health problems of slum women along with dental caries. The weight and height were correlated to anemia, and a vegetarian diet was more responsible for anemia (Hassan & Shukla, 2013).

### 2.3. Morbidity Pattern

AbouZahr (2014) underwent a research to summarize the current status of women's health globally and trends since the 1990s. The research was performed based on the compiling and reviewing of available information. The study concluded that the developments in demographic, economic, social, environmental and health conditions had brought significant new challenges, especially for the underprivileged women. From the associated with acute conditions—infectious diseases and pregnancy-related complications, the causes and reasons of death and disability

changed from those—to long-term chronic conditions such as cancer, mental ill-health, cardiovascular diseases and diabetes (AbouZahr, 2014).

#### *2.4 Identification of Gap in Literature*

Bhan, Rao, and Kachwaha (2016) reviewed that a diverse country like India, where broad social inequalities coexist with prompt financial growth, it is quite essential to frame research policies on health differences. They also proposed that research on health disparities should concentrate on policy and program evaluations, and further research on health and communities should be conducted in future. Likewiese, Jansi, Kavitha, Kot, and Hariharasudan (2019) observed that not many studies have published about the slums of South India, particularly about Tamil Nadu. By identifying this gap, the study motivated more society-oriented studies, especially about underprivileged and economically downtrodden people.

Since there are not many relevant studies published on the current scenario in the Indian context as well as in Tamil Nadu, the current researcher was interested in studying the morbidity patterns of the women living in the slum of selected districts of Tamil Nadu. Moreover, it is high time to research the contemporary challenges of the underprivileged, downtrodden and less noticed people because almost all of the geographically small, developing countries like Bangladesh, Nepal, Nairobi, etc., have started working towards this issue.

### **3. MATERIALS AND METHODS**

The present study was conducted in the slums of selected districts of Tamil Nadu. The districts in the top four places with the highest population of slum settlements were chosen for the survey including Chennai, Coimbatore, Madurai and Tiruchirappalli. The study involved a cross-sectional study that analyzed data from a population or a subset at a specific point in time. The purposive sampling technique was adopted to select the samples for the study. A total of 1600 non-pregnant non-lactating (NPNL) women of 19-55 years were selected randomly from various slums of the districts selected for this study. These slums included Anadhai Kuppam, Chetti Thottam, Parvathy Kakkan Colony, K.P. Park phase I & II, Ayodhyakuppam, Trust Kudiyiruppu, Maraimalaiadigalar Nagar – Chennai district; Ambedkar Veethi, Iyyavu Veethi, Pudhu colony, Thirumoorthy Nagar, CMC Colony, Edaiyarpalayam, Balusamy Nagar of Coimbatore district; TheedirNagar, PoongaNagar, Poonthamallee, Manjal Medu, Andalpuram, Subramaniyapuram, Thirumagal talkies backstreet of Madurai district; Nagamangalam, Keela Theru, Karikalan Street, Thimmayaray Samuthiram, Melapanda Mangalam – Tiruchirapalli district, distributing 400 samples from each district.

Out of 1600 samples collected from the NPNL women who could communicate, free from any physical disabilities or mental disorders, a sample size of 1536 was finalized. The remaining 64, who had provided incomplete, unclear, double-entry, and inappropriate data, were excluded from the sample. After excluding the incomplete samples, the remaining 1536 samples were separated and used for further processing of data. The data analysis was done using the analytical tool named SPSS - Statistical Package for Social Sciences.

#### *3.1. Method of Data Collection*

The researchers visited each hut in the city slums and personally interviewed the women inhabiting those huts. A suitable questionnaire was prepared and utilized to get all the necessary data required for the study. Oral consent was received from the women who were ready to participate in the survey. The oral consent included the oral explanation of the nature, purpose, importance and impact of the study to the participants and getting their acceptance to participate in the study. Hence, the researchers had received oral consent from the respondents before starting the survey. The participants who did not accept to participate in the study due to shyness or hesitation were excluded from the study. An interview schedule was adopted to gather information from the respondents.

More details were inferred through observation by the author also. The women were encouraged to be candid in their responses.

### 3.2. Analysis of Data

A well-structured and pre-tested questionnaire was used to collect the primary data. The researchers also performed a pilot study in the chosen area to ensure the comprehensiveness and internal accuracy of the questionnaire. The purpose was to gain a clear picture from the primary set of data. The SPSS software package, version 21.0, was employed for the data analysis and plotted into different frequency tables.

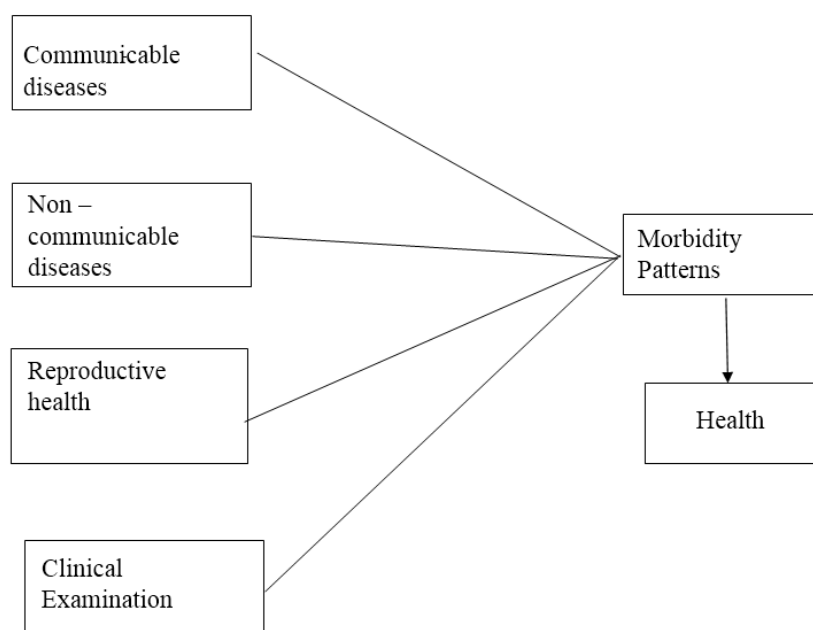


Figure 1. Conceptual model of the study.

Figure 1 presents a conceptual and conceptual framework of the study. The root cause for all the sufferings of the slum dwellers is poverty. It is a vicious cycle that starts with poverty and insufficient income that forces an individual to quit his education to become illiterate and become unfit for a proper job and earnings and vice versa. This makes him compromise with the quality of life, and he becomes unaware of environmental issues and their consequences, right from infectious diseases to major nutritional deficiency diseases.

## 4. RESULTS

### 4.1. Demographic Details of the Respondents

The demographic details were collected from the respondents. Table 2 reveals that out of the total 1536 respondents, a majority of 444 respondents or 28.91 percent were under the age group of 40-49 years of age; the illiterates who could not read and write constituted 691 or 44.99 percent respondents, while 706 or 45.97 percent of respondents' monthly income came from Temporary work. Further details of the demographics are given along with the table.

Table 2. Classification of the respondents based on the demographic details.

S.no	Features	Frequency	Percentage
1	Age of respondents (N=1536)		
	20-29	332	21.61
	30-39	416	27.08
	40-49	444	28.91

S.no	Features	Frequency	Percentage
	50-55	344	22.40
	Total	1536	100
2	Education (N=1536)		
	Illiterate	691	44.99
	8 <sup>th</sup> grade or Less	343	22.34
	SSLC	236	15.36
	HSC	179	11.65
	Graduate or above	87	05.66
	Total	1536	100
3	Employment Status (N=1536)		
	Not Employed	77	05.01
	Temporary	706	45.97
	Contract	169	11.00
	Daily Wages	430	27.99
	Monthly salaried	154	10.03
	Total	1536	100
4	Monthly Income (N=1536)		
	1001-3000 INR	332	21.61
	3001-5000 INR	512	33.33
	5001-7000 INR	372	24.22
	7001-9000 INR	256	16.67
	> 9000 INR	64	04.17
	Total	1536	100
5	Marital status (N=1536)		
	Married	1084	70.57
	Unmarried	452	29.43
	Total	1536	100
6	Number of children (N=1084)		
	No child	160	14.76
	01-02	104	09.59
	03-04	516	47.60
	05-06	288	26.57
	07-08	16	01.48
	Total	1084	100
7	Age at marriage (N=1084)		
	<16	104	09.59
	17-20	516	47.60
	21-24	288	26.57
	25-28	160	14.76
	>28	16	01.48
	Total	1084	100
8	Age at first child (N=924)		
	<16	65	07.03
	17-20	388	41.89
	21-24	259	28.03
	25-28	111	12.01
	>28	102	11.04
	Total	924	100

1. Age of respondents: Out of 1536 respondents, a majority 444 (28.91 percent) fell under the age of 40-49 years, and 416 respondents (27.08 percent) came under the age group of 30-39 years. Only about 21.61 percent fell under the age of 20- 29 years, and the remaining 344 respondents (22.40%) were under 50-55 years of age.

2. Education: Out of 1536 respondents, 44.99 percent or 691 respondents were illiterates who could not read and write. Among the literates who had attained 8<sup>th</sup> grade or less, SSLC, HSLC and graduation or above were 343 (22.34 percent), 236 (15.36 percent), 179 (11.65 percent) and 87 (0.566 percent) respondents respectively.

3. Employment status: Out of the total respondents, a large number of 706 (nearly 45.97 percent) were involved in temporary work, 430 respondents (27.99 percent) earned daily wages and 169 respondents (11 percent) and 154

respondents (10.03 percent) earned income from contract work and monthly salary. A total of 77 employees (05.01 percent) were reported unemployed.

4. Monthly income: A majority of 512 respondents comprising 33.33 percent had income between 3001-5000 INR, and about 372 respondents' (24.22 percent) income fell between 5001 - 7000 INR. The monthly income of 332, 256 and 64 respondents was between 1001-3000 INR, 7001-9000 INR and > 9000 INR respectively.

5. Marital status: A majority of total respondents, 1084 or nearly 70.57 percent were married, and the remaining 452 (29.43 percent) were unmarried.

6. Number of children: Out of the total respondents, 14.76 percent or 160 respondents had no child, and a majority of 516 (47.60 percent) respondents had 03-04 children, while 104, 288 and 16 respondents had 01-02, 05-06 and 07-08 children respectively.

7. Age at marriage: The majority of 516 respondents (47.60 percent) had their marriage in the age of 17-20 years, 104 respondents (09.59 percent) had their marriage below 16 years of age, while 288, 160 and 160 respondents got married in the age of 21-24, 25-28 and >28 years respectively.

8. Age at first child: Out of the total of 924 respondents who had children, a majority of 388 respondents (41.89 percent) had their first child at their age between 17-20 years, and 259 respondents had their first child in 21-24 years range. Of the remaining, 65, 111 and 102 respondents bore a child at age of 16, 25-28 and >28 years of age respectively.

## 4.2. Morbidity Patterns

### 4.2.1 Non-Communicable/Metabolic Related Problems

The Non-Communicable/Metabolic conditions included increased blood pressure, high blood sugar, excess body fat around the waist, and abnormal cholesterol or triglyceride levels. The impact of these influences the health and well-being of an individual. Hence, these details were collected in this study.

**Table 3.** Classification of the respondents based on the Non-communicable/Metabolic disorders.

S. No	Non-communicable/Metabolic Disorders	Frequency	Percentage
1.	Yes	492	32.03
2.	No	1044	67.97
	Total	1536	100.0

Table 3 brings out the classification of the respondents based on metabolic problems. A majority, 1044 respondents or 67.97 percent, said "No" for the Non-communicable/metabolic problems, and the remaining 492 or 32.03 percent of the respondents said "Yes" for the Non-communicable/metabolic problems.

**Table 4.** Classification of the respondents based on the type of Non-communicable/Metabolic Problems. (N=492)

S. No	Type of Non-communicable/ Metabolic Problems	Frequency	Percentage
1.	Hypertension	171	34.76
2.	Obesity	95	19.31
3.	Diabetes Mellitus	106	21.54
4.	Cardio vascular disease	120	24.39
	Total	492	100.0

Table 4 gives the classification of the respondents based on the specification of non-communicable/metabolic problems they suffered from. A majority of 171 or 34.76 percent respondents answered that they had Hypertension, 95 or 19.31 percent of respondents were obese, and 106 or 21.54 percent of the respondents specified that they had Diabetes Mellitus, and the remaining 120 or 24.39 percent respondents answered that they suffered from cardiovascular diseases.

When calculated with the total 1536 samples of the present study, almost 6.91% of the respondents had Diabetes Mellitus. This goes on par with the study of Misra, Pandey, Rama, Sharma, and Vikram (2001) which reported that out of a total of 532 samples, which comprised 170 males and 362 females, 7.7% of them were identified with Diabetes Mellitus according to fasting whole venous blood glucose (Misra et al., 2001).

#### 4.2.2. Communicable Diseases

The chance of contagious and prevalence of infectious diseases are generally more in an ill-structured living environment like a slum. Hence, the frequency of any type of communicable disease among the study population in the past six months of the survey period was tabulated.

**Table 5.** Classification of the respondents based on communicable diseases.

S. No	Communicable Diseases	Frequency	Percentage
1.	Yes	1312	85.42
2.	No	224	14.58
	Total	1536	100.0

As shown in Table 5, the respondents are classified based on the prevalence of communicable diseases. The majority of the respondents, 1312 or 85.42 percent answered 'Yes', and the remaining 224 or 14.58 percent responded 'No'.

**Table 6.** Classification of the respondents based on the type of communicable diseases.

S. No	Type of Communicable Diseases	Frequency	Percentage
1.	RTI	449	34.22
2.	Fever	386	29.42
3.	Diarrhea	193	14.71
4.	Any other	284	21.65
	Total	1312	100.0

Table 6 presents the classification based on the type of communicable diseases existing among the women in the slums of Tamil Nadu. A majority of 449 or 34.22 percent respondents answered that they suffered from Respiratory Tract Infection (RTI), 386 or 29.42 percent respondents complained of fever, and 193 or 14.71 percent of them suffered from diarrhea, while the remaining 284 or 21.65 percent of the study respondents suffered from other communicable diseases. This is consistent with Kandrava et al. (2007), who studied the spectrum of communicable diseases among almost 1000 subjects in the Mukuru slums of Nairobi. The study concluded that a majority of cases (312) suffered from RTI, which represented 33 percent of all visits, followed by gastroenteritis and diarrheal infections (197 cases) (Kandrava et al., 2007).

#### 4.2.3. Reproductive Health

Table 7 presents the grouping of respondents based on reproductive health. A majority of the respondents, 864 or 56.25 percent experienced Vaginal Discharge, 448 or 29.17 percent respondents answered Frequent Micturition, and the remaining 224 or 14.58 percent of respondents answered polycystic ovary.

**Table 7.** Classification of the respondents based on the Reproductive health.

S. No.	Reproductive Health	Frequency	Percentage
1.	Vaginal discharge	864	56.25
2.	Polycystic ovary	224	14.58
3.	Frequent micturition	448	29.17
	Total	1536	100.0



## 4.2.4. Minor Ailments

Table 8 presents the classification of the respondents who suffered minor ailments. Out of the 1536 respondents, 812 or 52.86 percent suffered from Abdominal Pain; 332 or 21.61 percent respondents suffered from Migraine; 172 or 11.20 percent answered Asthma; 156 or 10.16 percent respondents had back-pain, while the remaining 64 or 4.17 percent of respondents had Thyroid.

Table 8. Classification of the respondents based on the minor ailments.

S. No.	Minor ailments	Frequency	Percentage
1.	Abdominal Pain	812	52.86
2.	Back Pain	156	10.16
3.	Asthma	172	11.20
4.	Migraine	332	21.61
5.	Thyroid	64	04.17
	Total	1536	100

## 4.2.5. Clinical Assessment

Clinical assessment is one of the critical factors in determining the nutritional status of the respondents. Table 9 includes the physical signs of hair, nails, skin, eyes, mouth and neck for abnormalities, followed by detailed description of their frequency and percentage for quicker understanding for readers.

Table 9. Clinical assessment of the respondents (N=1536).

S. No	Sites	Signs	Frequency	Percentage
1.	Hair	Easily plucked hair	854	55.60
		Dry, Brittle hair	579	37.70
		Normal	103	06.70
		Total	1536	100
2.	Nails	Brittle nails	353	22.98
		Pigmented nails	576	37.50
		Spooning nails	559	36.39
		Normal	48	03.13
		Total	1536	100
3.	Skin	Dry, Scaly, Flaky & Pallor	1054	68.62
		Psoriasis form rash	267	17.45
		Hyperpigmentation	169	10.94
		Normal	46	02.99
		Total	1536	100
4.	Eyes	Night blindness	87	05.67
		Dry Eye	257	16.73
		Conjunctival xerosis	306	19.92
		Normal	886	57.68
		Total	1536	100
5.	Mouth	Glossitis	109	07.10
		Angular Stomatitis	253	16.47
		Bleeding gums	685	44.60
		Loss of Tooth enamel	16	01.04
		Normal	473	30.79
		Total	1536	100
6.	Neck	Goiter	58	03.78
		Normal	1478	96.22
		Total	1536	100

1. Hair: A majority of 854 respondents (55.60 percent) easily plucked hair, 579 respondents (37.70 percent) had dry and brittle hair while only 103 women (06.70 percent) had normal and healthy hair.

2. Nails: A majority of 576 respondents (37.50 percent) had pigmented nails, 559 respondents or 36.39 percent had spooning nails, while 353 and 48 respondents had brittle and normal nails respectively.

3. Skin: Out of 1536 respondents, a majority of 1054 or 68.62 percent respondents had dry, scaly, flaky and pallor skin, 267 or 17.45 percent respondents had rashes, 169 or about 10.94 percent had hyperpigmentation of the skin, while only 46 or 2.99 percent respondents had normal and healthy skin.

4. Eyes: Fortunately, most of respondents 886 or 57.68 percent had normal eyes, 257 respondents or 16.73 percent had dry eyes, 306 respondents or 19.92 percent had conjunctival xerosis, and about 87 respondents or 05.67 percent had complained of having night blindness.

5. Mouth: Of the mouth ailments, a majority of respondents, 685 or 44.60 percent suffered from bleeding gums, 253 respondents or 16.47 percent had angular stomatitis, 109 and 16 respondents had glossitis and loss of tooth enamel respectively. Only 473 respondents had reported normal mouth condition with no ailments.

6. Neck: Of the neck issues, a maximum of 1478 respondents were normal and only 58 respondents (03.78 percent) suffered from signs of goiter.

## 5. DISCUSSION

In the slums of considered districts, the health conditions of women are in a questionable condition compared with men, which is in regard to the poor and underprivileged women in a very pitiable state. The present study depicted that many of the women who belonged to the slums of selected districts of Tamil Nadu had severe morbidity patterns starting from minor ailments to emergency care. The report of the National Sample Survey Organization data in 2014 specified that the ratio of illnesses and diseases largely differed between men and women in India. The rate of illnesses increased greatly, from 91 in 2004 to 103 per 1000 persons in 2014. The reporting of ailments at any time during a 15-day reference period increased from 93 to 99 persons among the women.

This shows that reproductive health and maternity health are taken into the least consideration. The special care during the maternal period is neither rendered by the family members nor taken seriously by the maternal mothers. Thus, many have complications and deficiency diseases during their maternity period. Most of the deliveries have taken place at home itself. This goes in contradiction with the results of the study from North India, carried out by [Vikram, Sharma, and Kannan \(2013\)](#) to identify the beneficiary level factors of utilization of Janani Suraksha Yojana (JSY) scheme in the urban slums and resettlement colonies of the trans-Yamuna area of Delhi ([Vikram et al., 2013](#)). Of the 469 mothers interviewed, 333 (71%) had institutional delivery, some 128 (27.3%) had benefited from JSY scheme, and 68 (14.5%) had received cash benefits from JSY scheme.

Hence, the morbidity patterns and health of the women of age 19-59 years living in the slums of selected districts of Tamil Nadu are in a position which needs an urgent call from the policymakers and the officials.

## 6. CONCLUSION

Everyone knows that a slum in any country is the most unappealing place a human being would choose to live in. However, they might move into this last resort when all the doors are closed. To a civilized, sophisticated man, a slum is a virtual hell. Accordingly, any slum is beset with untold miseries. Of the diverse people inhabiting the slum – men, women and children of all ages – in other words – the first gender, the second gender and the third gender – the plight of women is more terrible than any other gendered group. The study findings may open the governmental and non-governmental agencies to plan new and take some concrete steps to succor these unfortunate brethren.

It is high time to research the contemporary challenges of the slum people as almost many geographically small developing countries like Bangladesh, Nepal, Nairobi, etc., have started working towards this issue. By realizing the

importance of environmental cleanliness and hygiene in the health of an individual, the honorable Prime Minister of India, Narendra Modi, has initiated the “Swachh Bharath”– Clean India Movement.

Above all, growth is considered positive if it is equal on all sides; if just one side has been growing, it may be called inflammation, not the natural and the real growth. This study also had a limitation. The present study did not include biochemical parameters, such as blood examination, urine examination or other such examinations. This research will motivate future researchers to go ahead with such society-oriented studies, especially about the underprivileged and the economically oppressed people.

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