

## **Beyond The Shadows: Socioeconomic And Health Perspectives Of Elderly Women In Urban Slums In Ahmedabad Municipal Corporation Region, Ahmedabad (Gujarat)**

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### **Abstract:**

*A slum household is defined as a group of individuals living under the same roof in an urban area who lack one or more of the following: durable housing, sufficient living space, access to safe water, access to sanitation facilities, and secure tenure (UN-Habitat). These areas are typically marked by the absence of adequate infrastructure, limited access to basic services, and informal or insecure land tenure. The objective was to know the health status of elderly women in slum areas of Ahmedabad. A cross-sectional study was done in the slum areas. It was noticed that the maximum number of elderly women were suffering from arthritis disease. Almost, 79% of elderly women preferred allopathy medicines and only 2% of respondents preferred homeopathy. In outline, a significant number of respondents expressed feelings of isolation or neglect in their home environments and their health status was observed very poor.*

**Keywords:** Ahmedabad Municipal, Household, Habitat, Cross-Sectional Study, Arthritis.

### **Introduction:**

A slum household is defined as a group of individuals living under the same roof in an urban area who lack one or more of the following: durable housing, sufficient living space, access to safe water, access to sanitation facilities, and secure tenure” (UN-Habitat). These areas are typically marked by the absence of adequate infrastructure, limited access to basic services, and informal or insecure land tenure. While the specific names for slum areas vary across countries and cultures, they share common features of poverty and marginalization. In India, slum areas are commonly known as "bastis" or "jhuggi-jhopri clusters." In Brazil, they are termed "favelas," while in South Africa, the term "township" is often used. In the Philippines, informal settlements are referred to as "barangays," and in Egypt, they are known as "ashwa'iyat." Regardless of the nomenclature, slum areas underscore the pressing need for comprehensive urban development strategies to address issues of poverty, inadequate housing, and social inequality on a global scale. In other words, “A slum is a heavily populated urban area characterized by substandard housing and squalor” (UNESCO). Moreover, those who are living in slum areas encounter more issues in their daily routines, such as overcrowding, limited access to basic amenities, inadequate housing, and poor sanitation. These types of problems affect their health status. In addition, in this area, every age group people affected by different sorts of diseases. However, the major issues are faced by females, especially elderly women. One of the primary challenges faced by elderly women in slum areas is inadequate healthcare. Limited access to medical facilities and a lack of financial resources often result in untreated health conditions. The

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prevalence of chronic diseases is exacerbated by unsanitary living conditions and poor nutrition, further compromising the health of elderly women. Moreover, Elderly women in slums also grapple with economic hardships. Many find themselves without a reliable source of income and are excluded from formal employment opportunities due to age and often limited education. The absence of social security nets places them in a precarious financial position, making it challenging to meet basic needs such as food, medication, and housing. Isolation and social exclusion compound the struggles of elderly women in slum areas. Limited mobility, coupled with societal neglect, can lead to feelings of loneliness and despair. The absence of community support networks intensifies their vulnerability, as they may lack assistance in times of need. In the study area of Ahmedabad too, elderly women face a lot of socioeconomic and health-related issues.

**Objectives:** The objective of the study was to know about the socioeconomic and health status of elderly women in slum areas of the Ahmedabad Municipal Corporation Region.

**Study Area:**

Ahmedabad Municipal Corporation (AMC) is responsible for the civic infrastructure and administration of the city of Ahmedabad, located in the western Indian state of Gujarat. Ahmedabad is one of India's largest cities and serves as an important economic and industrial hub. The city is divided into several zones and wards for administrative purposes, and the AMC is tasked with providing essential services like water supply, sewage treatment, education, health, and more within these areas. However, like many major cities in India, Ahmedabad does have its share of slum areas where living conditions are challenging, and the population density is high. These areas are characterized by inadequate housing, limited access to clean water and sanitation facilities, and insufficient infrastructure. In the study area, slum areas were selected from different zones of the Ahmedabad Municipal Region.

**Methodology:**

**Population/Sample selection:** There were taken Almost 122 samples of elderly women from the different slum dwellers areas of the Ahmedabad Municipal Corporation Region.

**Study Duration:** July 2023-September 2023

**Sampling Method:** The simple random sampling method for sampling size or data collection has been done through the cross-sectional study in the different areas.

**Data collection techniques:** A structured questionnaire was prepared with the help of both, experts and the World Health Organisation quality of life questionnaires. Moreover, the questions were open and close-ended. The questionnaire contains two types of questions, such as socioeconomic and health status profiles of elderly women. In the field, data was collected through face-to-face interviews. The questions encompass the health and socioeconomic activities of elderly women. In socioeconomics, their marital status, education, occupations and daily routine activities were included. While in health status, their BMI, BP level, diabetes choice of medicine/doctor (Allopathy, Homeopathy, Ayurvedic), balance test, and grip strength have been included.

**Data collection tools:** For Grip Strength, the prescribed hand dynamometer was used, in this method the strength was categorised into three parts for elderly women (Weak, normal and strong grip strength). The value of strength is different for every age group or gender. Grip strength is measured in kilogram weight. The weak strength for the elderly is <17 kg, normal is 18-31.5 kg and strong is considered above 31. However, for BMI measurement, a measurement tape or standard stadiometer is used. BMI stands for body mass index, which is a person's weight in kilograms divided by the square of height in meters. In BMI also, there are four categories; underweight, normal, overweight and obesity. In addition, the Bp level was measured with a standard sphygmomanometer. The pressure with which

blood passes through arteries is called the blood pressure. When the heart contracts the blood comes out of the heart and passes through blood vessels causing pressure on the inner wall is called systolic blood pressure, when the heart expands the pressure in the blood vessels comes down then it is called diastolic blood pressure. Normally, systolic blood pressure is between 120/130 and diastolic blood pressure is between 60 and 90 Hg. When the blood pressure is constantly or mostly 140/90 and above this is called high blood pressure. It is a disease normally called in almost 9 to 10 per cent of senior citizens. Moreover, for waist and hip circumference the standard measurement tape was used and for weight, the weighing was used.

### **Results and Discussions:**

The study reveals that almost 41% of slum dwellers were between 60-70 years of age group while 34.42% of 71-80 and 22.13% were witnessed 81-90 years of elderly women age group. There were only 2% of elderly women considered in the above 90 years age group.

<b>Parameters</b>	<b>Frequency</b>	<b>Percentage</b>
Age Groups (Years)		
60-70	51	41.80
71-80	42	34.42
81-90	27	22.13
>90	02	1.63

Table No.1

Source: Primary survey by researcher

## -Socio-economics characteristics of elderly women

<b>Parameters</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Marital Status</b>		
Married	45	36.88
Unmarried	00	00.00
Divorced	00	00.00
Widows	77	63.12
<b>Education Standard</b>		
Illiterates	118	96.72
Primary	04	03.28
Secondary and S.Sc	00	00.00
Graduate	00	00.00
P.G	00	00.00
<b>Occupations</b>		
Street Hawker	08	06.55
Beggars	08	06.55
House Wives	106	87.00
<b>Bank Account</b>		
No	88	72.13
Yes	34	27.86
<b>Ownership of House</b>		
Yes	53	43.44
No	69	56.55
<b>Family Types</b>		
Joint family	82	67.21
Nuclear family	31	25.40
Alone	09	07.37
<b>Feel lonely</b>		
No	47	38.52
Sometimes	56	45.90
Always	19	15.57
<b>Members of Social/Religious</b>		
Yes	08	6.500
No	114	93.44
<b>Used Gadgets</b>		
Yes	04	03.27
No	114	96.72

Table No.2

Source: Primary survey by researcher

Among all slum dwellers, there were only 36% of elderly women were married and almost 63% of respondents were widows. In the education level, a maximum number of respondents were illiterate (97%) while only 3.28% of elderly women were under the category of primary education. According to the degree of occupation, most of the respondents were housewives and merely 6% of women were street hawkers. However, near about 6% of elderly women were beggars in the different slum areas. It was noticed that 67% of women were living in joint families and the rest were 25%, 9% in the nuclear and alone respectively.

More than three-fourths of the elderly women were feeling loneliness in the slum areas of Ahmedabad. Elderly women almost 88% do not have a bank account. There were almost 35% of subjects feel always lonely at home in the slum dwellers of different areas.

-Health characteristics of the elderly women

Parameters	Frequency	Percentage
<b>Overall, Health</b>		
Fair	36	29.50
Not Good	48	39.34
Very Good	04	03.27
<b>Health Issues</b>		
Diabetes	55	45.08
Arthritis	90	73.77
Cataract	42	42.00
Acidity	28	22.95
Hypertension	23	18.85
Insomnia	20	16.39
<b>Blood Pressure</b>		
High	72	59.01
Low	35	28.68
Normal	15	12.29
<b>Body Mass Index</b>		
Under Weight	13	10.65
Normal	59	48.36
Over/Obesity	50	41.00
<b>Grip Strength</b>		
Weak	57	46.72
Normal	64	52.45
Strong	01	00.81

Table No. 3

Source: Primary survey by researcher

In health status; it was found that almost 30% of elderly women responded for fair health conditions while only 4% of the elderly replied for not good conditions. Moreover, a maximum number of respondents were suffering from the arthritis diseases. This was very major disease found in almost all slum dwellers. Almost 35% of subjects were facing the cataract problem. On the other hand, about 19% of elderly women were suffering from hypertension and 16.39% of respondents were from insomnia diseases. The study also showed that almost 40% of women were considered under the category of overweight or obese. In slum areas, it was witnessed that the maximum number (47%) of the elderly were under the weak grip strength category.

### Conclusion:

The findings revealed that almost all participants reported feeling lonely and depressed at home. Almost two-thirds of respondents had the weakest grip strength and high BP. Only a few respondents know how to use the mobile phone in the slum areas of Ahmedabad. In

outline, a significant number of respondents expressed feelings of isolation or neglect in their home environments and their health status was observed very poor.

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