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Factores que afectan la salud física de las mujeres: evidencia empírica de los barrios marginales de Rawalpindi

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Resumen. Debido a la rápida urbanización en Pakistán, ha generado un aumento drástico en la tasa de crecimiento de barrios marginales. La salud de las mujeres en estos asentamientos es una preocupación creciente para el país. Las mujeres que viven en condiciones de vida precarias son vulnerables a problemas de salud. El objetivo principal del estudio es analizar la salud física, incluyendo el nivel de energía, dificultades para dormir, enfermedades crónicas, dolencias físicas y problemas de salud que enfrentan las mujeres en áreas marginales. También busca identificar los factores que impactan la salud física de estas mujeres, como factores socioeconómicos y el nivel de conciencia sobre la salud. El área de estudio son las zonas marginales de Rawalpindi. Se utilizó un método mixto para esta investigación, incluyendo datos cualitativos y cuantitativos. Se emplearon pruebas de Chi cuadrado y regresión lineal para explicar el impacto de los factores en la salud física de las mujeres. Los factores socioeconómicos desfavorables y el bajo nivel de conciencia sobre la salud afectan negativamente el estado de salud física de las mujeres en barrios marginales. Estas son vulnerables a enfermedades infecciosas. La salud física de los residentes de barrios marginales está por debajo del promedio, ya que pertenecen a un segmento marginado de la sociedad. Se requiere acción inmediata por parte de las autoridades de salud para mejorar las condiciones en estas áreas y tomar medidas que promuevan la salud de las mujeres.

Palabras clave: salud física, habitantes femeninas de barrios marginales, Pakistán, nivel de conciencia sobre la salud, condición socioeconómica.

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Factors impacting physical health of women: empirical evidence from slums of Rawalpindi

Abstract. Due to rapid urbanization in Pakistan, there has been drastic increase in slum growth rate. Health of women in slums is a growing concern for Pakistan. Women living in substandard living conditions are vulnerable to health issues. Main aim of the study is to analyse the physical health including level of energy, trouble getting to sleep, chronic disease and physical ailment and health problems faced by women in slum areas. It also aims to identify the factor that impact physical health of women in slum areas such as socio-economic factors and level of health awareness. The target area is slum areas present in Rawalpindi. A mix method is used for this research study including both qualitative and quantitative data. Chi square and linear regression has been used to explain the impact of factors on physical health of women. Poor socio-economic factors and low level of health awareness takes a toll on physical health status of slum women. They are vulnerable to infectious diseases. Physical health of slum dwellers is below in par as they belong to the marginalized segment of the society Immediate action is required from health authorities to upgrade the slum areas and take measures to improve women health.

Key words: physical health, female slum dweller, Pakistan, level of health awareness, socio-economic condition.

INTRODUCTION

Slum health: case of Pakistan

Improving the global urban conditions is the major challenge for population health in 21st century (Garau et al., 2014). Due to environmental, economic, cultural and socio-political migratory push and pulls factors; 54% of the world population is primarily residing in urban areas. So majority of the population is urban and the urban growth rate is faster in African and Asian region of the world (UN-Habitat, 2016). Slum dwellers live in deplorable socio-economic and health conditions especially women and children constitute the most vulnerable group in the slum population, which needs special attention (Kalita & Hazarika, 2015).

Health is a subject of concern especially for people residing in the urban slum areas of mainly developing countries including India, Bangladesh and Pakistan. Slum residents are especially vulnerable to health risk (Loughhead & Mittal, 2014). Slum-dwellers also experience spatial, political, and economic exclusion when compared to wealthier urban residents, and these too are recognized as powerful determinants of who gets sick, suffers and have poor health status (Corburn & Sverdlik, 2017).

Slum health: case of Pakistan

At the global level, Pakistan has become victim of rapid urbanization as a result of which it faces deficiency in effective housing conditions (Malik & Wahid, 2014). According to Pakistan population and housing census, total population is 207.774 million and 36.38% of the popula-

tion is living in urban areas (GOP, 2017). Pakistan is 6th most populous nation of the world so it suffers from the problem of mushroom growth of slums and poor health of the people living there. Pakistan is included in list of top countries having world largest slums. Orangi Town in Karachi is considered to be one of the Asia's biggest slums (WEF, 2016).

More than half of the Pakistan's population is women and children, yet there have been growing concerns that women and children in this country are socially and economically more vulnerable and exposed to worse health conditions and poverty (Quddus, 2018). Slums are unhealthy places where risk of infections is high but slum health is a neglected topic in developing countries (Ezeh, et al., 2017). Pakistan has medium human development as it ranked 150 out of 189 countries in human development index (UNDP, 2017). In Pakistan, 22 million people have access to contaminated drinking water and 79 million people lack proper sanitation system (Abdulaziz, 2017). 80% of water is bacterially contaminated and only 12% of poor have access to improved sanitation (UNICEF, 2016). Women living in urban slums endure many hardships, with basic needs such as access to clean water and improved sanitation facilities often going unmet (UN, 2018). This has adverse impact on the heath of people especially women living in urban slums. Health indicators of women in Pakistan are poor because of low social, economic and cultural standing (ADB, 2000). Pakistan has one of the highest maternal mortality rates, approximately 170 per 100,000 in the Asian region (GOP, 2016). Fertility rate in Pakistan is 3.38 births per women which is quite high (GOP, 2018). Moreover, it has low contraceptive prevalence rate, low proportion of births attended by skilled attendants and low provision/usage of family planning services, Pakistan was off-track on meeting targets of all the indicators of goal 5 of MDG. Health inequality prevails in slums and within countries, efforts to rectify the health inequality are uneven and there is unavailability of data (Tugwell et al., 2007). Furthermore, there is widespread and chronic malnutrition among women and young children, especially slum women, against whom there is cultural and social discrimination in the distribution of household resources. Women lack the power within their families to decide on the number of children they want. Patriarchal values system and gender biases affect women's choices and health and consequently their economic productivity and sense of wellbeing. The inaccessibility of clean water and the overcrowding experienced by many slum dwellers make families more vulnerable to illness and increase the time burden on women in charge of water collection and caring for the sick (Coburn &Hildebrand,2015).So slums are almost ignored by the government in terms of providing health-care facilities as a result of which slum dwellers have low health status and they lack the coping mechanism. Communities in urban slums face multiple risks to their health such as diseases, poor housing structure and inaccessibility to health services. Thereby, the slum women's health needs to be explored as health is one of the major aspect of social development. Gaining a clear understanding of determinants of slum women health is a prerequisite for developing interventions to reduce the health consequences of urban poverty. This study aims to probe into the causes that influence the physical health of women in slum areas.

Health of women in urban slums of Pakistan

Literature shows that health of slum women in Pakistan is low. There are studies providing the empirical evidence on slum women health status. Slum areas lack the basic municipal services such as safe water supply, sanitation and waste collection and there is limited access

to quality health care services, both curative and preventive (Rehman et al., 2014). Therefore, women living in slums are faced with health seeking challenges and catastrophic expenditure to pay for health care services. Furthermore, growth of unplanned settlements in Islamabad have resulted in environmental degradation and enhance vulnerability of slum dwellers to violence, floods and inadequate service provision which adversely impact the health and quality of life (Sawas et al., 2014).Apart from this, a study on Lahore slum areas asserts that poor drinking water quality situations, unsatisfactory structural condition of sewerage system and unhygienic practices were affecting health and well-being of dwellers especially women (Ghafoor & Quershi, 2014). Moreover, a study on Sialkot slum areas asserted that health status of households was very low because almost every third household out of four had at least one member who had any illness and their poor socio-economic condition does not allow them to live a healthy life (Naveed & Anwar, 2014). Another study was conducted in Faisalabad slum areas which stated that income and health deprivation is high among slum dwellers and they are unable to get basic necessities of life which has direct impact on their health (Ahmed & Mustafa, 2016). Moreover, health seeking behavior of slum women in Pakistan is adversely affected by their socio-demographic and economic factors, physical accessibility and level of autonomy (Shaikh & Hatcher, 2015). In addition to this, study focusing on Lahore urban slum revealed that women are victim of early marriages in slum areas which result in negative health outcomes including frequent pains, disturbed menstrual cycle, abortion, difficulty in child birth and physical weakness (Nasrullah et al., 2015).

Another study on Rawalpindi slum shows that health inequality exists and there is deficiency in the health service delivery for marginalized segment of society (Mahmood et al., 2012). Moreover, case study in slums areas of Arifwala including Ghareeb Muhalla and EidGahshows that slum dwellers experience high level of deprivation and fertility rate in these slum areas is very high which consequently influence the female health (Faheem et al., 2016). A study was also conducted in slum area of most populous cities of Pakistan, Karachi and the results reveal that income and occupation influence the health and health seeking behavior of slum inhabitants and limited access to proper health care is major constraint for slum dwellers. Therefore, majority suffers from chronic diseases like hypertension and diabetes (Aleemi et al., 2018). Furthermore, a study was conducted to analyze the adult mortality pattern in Karachi slum areas. This research study concludes that adult Karachi slum dwellers die excessively from chronic diseases, infectious diseases, maternal causes, and injuries (Marsh et al., 2000).

It is asserted that women in slum areas live in such circumstances such as constraints, risk and opportunities that have serious implication on their lifestyle and health. Women living in poor urban informal settlements encounter several risk such as early marriage, violence, malnutrition and delay in seeking healthcare. A study was conducted to outline anticipated effects of poverty-related environmental degradation on women empowerment in slum areas of Pakistan, India and Bangladesh. The results show that poor infrastructure and lack of or inadequate access to water, sanitation and energy are associated with lack of women's empowerment as they are deprived in term of decision making for health care especially in Pakistan and Bangladesh (Patel et al., 2017). This depicts that gender gap is wider in Pakistan and gender norms play role in determining the status of women which has an impact on her health.

Rationale of the study

Economic development and human development go hand in hand. Women constitute half of the Pakistan's population so healthier women can contribute to overall development of the country by participating in labour force. So health of women is one of the priority of development sector. Slums are conceived as social cluster that create definite set of health issues. The high population density and deplorable environmental condition makes slum dwellers especially women and children vulnerable to various health issues like malnutrition, postpartum morbidity and viral infections etc. Furthermore, health is an economic concern for slum dwellers in Pakistan. Healthier women contribute to more productive societies. Women in slums due to low health status are not able to contribute in economy so health of women in slum is a serious concern. There are few studies on the health especially of women in urban slums in Pakistan. These mostly have targeted slums in major cities like Karachi, Lahore and Islamabad. Moreover, physical health is a neglected area although good physical health is prerequisite for better reproductive and mental health. So it is important to explore and enhance the understanding regarding physical health of slum women and emphasize on providing the basic health services to growing urban dwellers especially women. Rapid slum growth poses challenge for health authorities and government so health of slum women deserves intensive research.

METHODS

Research design and approach

Explanatory research design has been used in order to explain the characteristics related to physical health of female slum dwellers and factors impacting it including living conditions, socio-economic factors and level of health awareness in slum areas. Bradford (2015) asserts that the deductive research approach begins with the construction of hypothesis or general statements and after valid reasoning, conclusion is chalked out on the basis of a theory. The deductive research approach will be used for the entire research, conducted through the construction of hypothesis and research questions.

Description of the study area

Rawalpindi is fourth largest city of Pakistan and current population of Rawalpindi District is 5,405,633 with 50.7% male and 49.3% female. Total urban population is 2,875,516 and rural population is 2,530,117. Total literacy rate is 70.4% and for males and female is 81.19% and 59.18% respectively. Average household size is 6.5 person per house 41.29% houses have access to piped water and 52.89% houses use gas for cooking (GOP, 2017).

Population and study sample

Slum areas of Rawalpindi are understudied and neglected so it is taken as a target area. The sample of the study is women living in slum areas of Rawalpindi. Age bracket have been defined as 15-50 years. According to 2017 population census, estimated population of women slum areas of Rawalpindi is 2, 88,000. For calculation of sample size, Cochran's formula is used.

Sampling technique and framework

This research study has used purposive sampling technique (non-probability sampling) as it focuses on women in slum with age bracket from 15-40 so it only focuses on young and middle age adults. Purposive and Multistage sampling technique has been used for selection of target area as mentioned in sampling framework. Purposive sampling because Rawalpindi was selected as main target area due to limited studies. It is multistage sampling because, smaller and smaller sampling units are used at each stage. At the first stage, slum areas of Rawalpindi district were choosed. Then it was narrow down from the slum areas in Rawalpindi tehsil to slum areas in Rawalpindi Municipal Corporations such as Rawal town and Potohar town. The selection of slums in these two municipal corporations was based on the concept of simple random sampling technique. Only the notified slum areas were taken into consideration for this research study. Researcher visited the Rawalpindi Development Authority Office to get the list of slum areas in Rawalpindi. In order to ensure sample is representative, 4 slum areas have been randomly selected for the study. From each slum area, 100 female respondents were asked to fill the questionnaire. Researcher verbally translated the questionnaire for each respondent in their respective language and fill it themselves as after the pilot study, it was revealed that mostly female respondents are illiterate and cannot read and write.

Data collection

Primary data has been used for this study. Mixed method approach consisting of both qualitative and quantitative data has been used for the study. For quantitative data collection, comprehensive questionnaire has been designed for the women. The questionnaire was to sought information on socio-economic factors of women in slum and physical health of female slum dwellers. This questionnaire has helped to chalk out the socio-economic factors impacting physical health of women in Rawalpindi slums areas. For qualitative data, focus group discussion consisting of semi-structured questions has been conducted with slum women. From each slum area, focus group discussion consisting of 5 females with different age group was conducted. The full study involved 4 focus-groups lasting about 30 minutes. These were then transcribed verbatim. In focus group discussion, participants were asked to share their views that how slum areas affect their physical health. Data was collected from 15th February to 15th April, 2019(over a period of 2 months).

Data analysis

SPSS version 20 has been used for the quantitative data analysis. Chi square test and linear Regression has been used to chalk down the statistically significant association between dependent and independent variables.

Significance level used to interpret the data is as follows:

- If the significance level is less than 0.10 then the relationship between the two variables is slightly significant.
- If the significance level is less than 0.5 then the relationship between the two variables is moderately significant.
- If the significance level is less than 0.01 then the relationship between the two variables is highly significant.

Thematic analysis has been used for analyzing and concluding the qualitative data obtained from focus group discussion. Qualitative data is divided into themes and the stories narrated by all the participants have played an essential role in the description and conclusion of the whole analysis.

CONCEPTUAL FRAMEWORK

Conceptual Framework illustrates the causal pathway involved in highlighting the factors impacting the physical health of women living in Rawalpindi slum areas. Dependent variable is physical health which is explained through its sub- components including physical health status, energy level, Trouble getting to sleep, presence of chronic disease and physical ailments. There are two main independent variables consisting of sub-variables. The conceptual framework, when read from left to right, exhibits a direct impact of socio-economic factors, living conditions and level of health awareness on the physical health of women living in Rawalpindi slum areas. The figure also highlights the potential moderator and mediator factors impacting this causal relationship.

RESULTS

Socio economic factors

In the focus group discussion, participants highlighted number of case scenarios regarding the socio-economic issues faced by them and their families. One of the participants stated:

"I got married at the age of 15 years. I have 4 daughters and there is pressure on me to give birth to a boy as result to which I have low spacing between pregnancies. I have issue of anemia and i do the household work with much difficulty."

Above statement shows that early marriage and son preference is the major problem in our society. One of the reason for large family size is to fulfill the wish of boy child. So women have low social standing in slum areas and low decision making power especially in case of reproductive rights. Short pregnancy spacing in above case is responsible for anemia. This takes a huge toll on women's health including physical, mental and reproductive health. Furthermore, other women mentioned:

"My husband is drug addict and I am victim of domestic violence from many years. My husband hits me and my children over issues like money. I don't have anywhere to go so I don't have any option other than to stay with him."

Above statement highlighted the major factor which could impact the physical health is domestic violence. Women especially with low socio-economic status are more vulnerable to violence which includes physical, verbal and emotional abuse. Females with drug addict husband have huge responsibility as they are not only subjected to violence but also they have to perform the duty of bread earner and look after the family. This increased work burden has profound impact on the physical health of female slum dwellers.

Moreover, women also pinpointed that how economic issues influence their living standards. One of the women mentioned that

"My husband is a wage-labour and he gets daily wage. Sometimes if he doesn't get any work then I just skip my meal to feed the children and family members."

Above statement indicates that poverty prevails in slum areas and women has to compromise for her children and family. Mostly families live hand to mouth which lead to poor diet. Inadequate food intake results in malnutrition and negatively impact the physical health of women.

Women are also subjected to issues like time poverty as mentioned in following statement,

"My husband is handicapped and I have to look after my 5 children. In the morning I go and work in the houses of people and in the evening along with my daughters, I sell bangles and then I come back and do household chores during night. I sleep only 4 to 5 hours per day."

Above statement shows that women not only do the house chores but also do job in order to feed the family. This long working hours has negative impact on the sleep pattern, energy level and overall worsens the physical health of women. Young daughters are also working which highlight the issue of child labour and intergenerational poverty.

In addition to this, mostly women in focus group discussion showed the desire to study but they couldn't proceed due to poverty. Role of occupation also was discussed as follow

"I have studied till class 5 but couldn't continue due to financial issues. I now work with my mother as a domestic worker. I mostly feel headache and back pain by the end of day."

Mostly teenage girls work as domestic worker and this requires a lot of physical energy and strength. Above statement provide the evidence that physical ailments such as headache and back pain is normal among female slum dwellers due to their type of occupation and long working hours.

Level of health awareness

In focus group discussion women illustrated their experiences and stories regarding their health status, response to treatment and their personal hygiene. One of the major issues is delay in treatment as mentioned in following statements:

"I usually use home remedies for the treatment and in case of severe pain I then go to nearby private clinic."

"I rarely go for the check up because my husband doesn't like it. He brings medicine for me in case of any severe condition".

"There is free check up on Friday in nearby private clinic so we usually wait till Friday to get medicine."

Above statement provides evidence that women opt for treatment only in case of severe illness. Otherwise, normally they prefer home remedies. Women also visited medical doctor only on days when there is free checkup which shows due to financial issues there is delay in treatment and this worsen the health further. Few women also mentioned that there are problems from

husband and family as a result of which they either don't get treatment or they get late treatment. Furthermore, frequency of falling sick is high in slum areas as mentioned in following statement:

"I fell ill almost every month. I was diagnosed with typhoid last month and I can't do household work properly."

"I get diarrhea almost every month which lasts for 3 to 4 days."

Above statements shows that women in slum areas fell ill frequently which shows they have weak immune system which further exacerbate health problems. Furthermore, practice of drinking water is not common among slum dweller which impacts the also health. One of the participants mentioned:

"We use wood as cooking fuel. Due to financial issues we can't afford to boil water due to limited stock of wood. We drink water without any prior treatment."

Above statement shows that due to poor economic issue, they can't boil drinking water. So they drink dirty water which negatively influences their health. So the focus group discussion analysis helps to get in-depth information on how different socio-economic, living condition and level of health awareness factors impact their overall health.

DISCUSSION

Discussion section is divided into two parts. First part elaborates the linkage between socioeconomic factors and physical health. Second part focuses on impact of health awareness on physical health.

Female living in Rawalpindi slum areas have overall low physical health. Socioeconomic condition of slums plays important role in deciding the health status of its inhabitants. It is evident from the results that majority of female slum dwellers lived in joint family system. On one hand, women in joint family revealed to have better physical health status and on the other hand, they complained to have low energy level, trouble getting to sleep and have high chronic disease and physical ailment. This shows that self perception of women living in joint family regarding their physical health is positive but in reality they have poor physical health. Moreover, family size also has significant association with physical health of female living in Rawalpindi slum areas. Results indicate that majority have considerably large families consisting of 5-10 and above members. This shows that physical health of women in term of energy level, trouble in sleep, chronic disease and physical ailment deteriorates as the number of family member increases. This is because with increase in family size, household work burden increases and work overload adversely impacts her health.

Marital status has significant association with the physical health status. Results shows that majority of the respondents were married followed by single. Few respondents were widows. Results indicate that married women had poor physical health status and revealed to have low energy level, faced trouble in sleep, high chronic disease and physical ailment. Moreover, age of marriage for the women in the slums is a key factor in understanding their physical health status. Results suggest that the vast majority of female respondents got married between 15 to 19 years followed by less than 15 years of age. Few respondents got married after 20 years of age. So this

shows that majority got married at very early age which results in early childbearing which puts health of mother and child at risk. Results indicates that women married at young age had poor physical health status because early marriage not only truncates a girl's childhood but also put her physical and psychological health at risk. Furthermore, it is evident from results that majority of female slum dwellers gave birth to their first child at ageless than 15 or between 15 to 19 years. Mostly women married at early age have high chronic disease including anemia, blood pressure and arthritis. Respondents with early child birth revealed to have overall poor physical health because medical research proves that pregnancy at early age is considered to be detrimental for the mother and child because risk of maternal mortality and severe anemia is high. So in a nutshell, timing of child bearing has significant association with physical health. Results also shows that few respondents had no children and it include multiple cases such as women who had multiple miscarriages resulting in poor health, women who had children but they couldn't live longer due to health issues and lastly women who can't conceive due to poor health issues such as anemia and malnourishment.

Number of children also have significant link with physical health of women. Results shows vast majority of women have 3 to 4 and above children. Poor economic condition, illiteracy and limited decision making power of women leads to large number of children. These respondents reported to have low physical health which means that greater the number of children, lower the physical health of female slum dwellers. This is due to the fact that back to back pregnancy can deplete essential nutrients and put mother's health at risk including anemia and postpartum hemorrhage. Furthermore, results also shows that few respondents had no children and it include multiple cases such as women who had multiple miscarriages resulting in poor health, women who had low weight premature children but they couldn't live longer due to health issues and lastly women who can't conceive due to poor health condition such as anemia and malnourishment.

Educational attainment is important contributor of improved physical health. The study found that, vast majority of female slum dwellers were illiterate. Among rest of the respondents, few have completed primary education and not many can write their names. Results show that illiterate respondents had poor physical health status and respondents who had completed primary education also had poor health but better than the illiterate ones. Level of health knowledge and awareness is strongly related to education. Illiterate women are less likely to have health seeking behavior in term of prevention, response to treatment and personal hygiene. So, this show that most of the women in these slum areas are uneducated which resulted in early marriage and higher number of children and it ultimately impacted their physical health. In a nutshell, illiteracy has a direct impact on physical health of female slum dwellers.

Occupation is considered to be social determinant of physical health. Physical and psychological conditions attached with occupation have direct impact on the physical health of slum dwellers. The study found that vast majority of female slum dwellers occupation was domestic worker followed by house wives. Few respondents worked as tailors. Respondents working as domestic workers had poor physical health in term of level of energy, trouble getting to sleep, high chronic disease and physical ailment because they have double burden of doing job and also look after family and do household chores. Occupation such as domestic worker involves high level of physical activity, exposure to heat and stress which negatively impact the physical health.

Furthermore, working hours can also take a toll on the physical health of female slum dwellers. Results shows that vast majority of slum dwellers work 5 to 7 and above hours per day. Long working hours means less time to relax and sleep which can trigger depression. It is clear from the results that increased working hours results in increased fatigue level, stress and poor physical and mental health status.

Moreover, Food intake can have direct implication on the health of female slum dwellers. Results indicate that vast majority of respondent's food intake was medium level followed by low level. Few respondents have high level food intake. This shows that majority have limited access to healthy food. Results clearly indicate that respondents with low food intake have poor physical health. Main reason is poverty due to which they are hand to mouth so they have to compromise on their food intake. Results shows that mostly respondents have wheat, egg, vegetables and pulses on daily basis while rice and milk on weekly basis and fruit and meat on special occasions. So overall poor food intake among female slum dwellers results in malnourishment which negatively impact physical and mental health of slum inhabitants. Furthermore, women also complained about domestic violence which has direct impact on the health of women.

Social and health status of the women in slums mainly revolves around their economic conditions. Results indicate vast majority of households have 1-2 earning members and only few had 3 -4 earning members at home. This shows that with few bread earners in house result in low standard of living and poor physical health. Apart from this, results suggested that vast majority of respondent's monthly income is between Rs.10000-14999 followed by Rs.5000-9999. Few respondents had income above 15000.This shows that income of female living slums is quite low as a result to which they have limited access to treatment and nutritious food. Furthermore, monthly expenditure also has significant association with physical health. Majority of respondents had low monthly expenditure. It is found out that mostly spend more on food and less on health, clothing and other basic necessities. Majority respondents with low expenditure had poor physical health because health is not their first priority in term of monthly expenses. So, it is found that the overall economic condition of the families in slums is very poor; it automatically affects their physical health condition and social status as well. Low economic condition perpetuates stress and result in negative impact on mental health of slum dwellers too. Socio-economic factors influence the health related behavior which has direct impact on the health. So overall, under socioeconomic factors, family size, marital status, age of marriage and first birth, food intake, working hour, number of earning members and monthly income has significant impact on the physical health of female slum dwellers. Individuals having lower position on socioeconomic ladder are more subjected to chronic stressor and have limited resources to buffer its impact. Therefore, they have higher risk of disease prevalence. So women living in Rawalpindi slum have low decision making powering term of control over resources, reproductive rights and limited reserve capacity which ultimately influence their physical health.

Health awareness is concern prerequisite for a good physical health. Personal hygiene is important determinant of physical health. Maintaining good personal hygiene helps to prevent the development of infections, illness and bad odor. Results indicates that vast majority of female slum dwellers didn't boil drinking water, use mosquito nets and didn't wash hands

before and after having food and also didn't wash hands after using toilet. Along with this, the results suggested that the majority of slum dwellers had poor hygiene which had adverse impact on their physical health status, energy level, sleeping issues and also respondents with poor hygiene revealed to have high chronic diseases and physical ailments. So poor hygiene increases the risk of ill health and also impacts that how other people perceive us and can affect the level of confidence and self esteem which impacts many aspects of one's life. Furthermore, material used for washing hands can also have impact on the physical health. The research findings indicate that majority used only water for washing hands and very few respondents used soap. This act of people also reveals clearly that use of soap is not at all an important matter among the slum dwellers. Respondents using only water revealed to have poor physical health, level of energy, trouble getting to sleep and have high chronic diseases and physical ailments. Reason is that use of soap helps to kill germs and prevent from spreading of infection which water alone fails to do. Frequency of falling sick is another important factor impacting physical health of women living in slum areas. It is evident from the results that mostly women fell sick once a weak followed by once a month. Few respondents fell sick once in six months. So, this shows mostly women fell sick frequently which adversely impact the physical health status in term of level of energy, trouble in sleep, chronic disease and physical ailment. Results related to underlying causing for falling sick frequently shows that mostly fell sick due to excessive tension, financial issues, inadequate living conditions, seasonal change and work pressure. Few respondents revealed that excessive heat and inadequate food intake is reason for frequent falling sick.

Moreover, it is evident from the results that vast majority of respondents have knowledge of health care centers and few respondents had no knowledge. So, most of the female dwellers are conscious about existence of healthcare centers. Findings reveals that on one hand, respondents having knowledge have overall had better physical health as compared to respondents having no knowledge. While on the other hand, there are respondents having knowledge of health care had poor physical health in term of level of energy, trouble in sleep, chronic disease and physical ailment so this shows that even having knowledge of health care center, illiteracy and financial issues results in delay of treatment which leads to poor physical health. Along with this, satisfaction of existing health center also acts as important determining factor of physical health. Results indicates that vast majority of respondents weren't satisfied by existing health care center and they reported to have poor physical health in term of energy level, trouble in sleep, chronic disease and physical ailment.

In addition to this, response to treatment plays vital role in the physical health of slum dwellers. Timely response can prevent from severe illness and diseases. The results indicate that vast majority of respondents sometimes received treatment for sickness and very few always opted for the treatment. This shows that there was delay in receiving treatment by female slum dwellers which ultimately leads to poor physical health in term of level of energy, trouble in sleep, chronic disease and physical ailment. Result regarding reasons for delay in receiving treatment suggests that vast majority of respondents didn't get treatment due to financial issue and family pressure and few respondents revealed that they didn't get treatment due to lack of awareness and accessibility issues. Moreover, type of treatment also acts as driving factor for physical health. Results indicates that female slum dweller use different type of treatment such as medical doctor,

homeopathic, home remedy and use no medicine. Majority of slum dwellers receive treatment from medical doctor followed by using home remedy for the treatment. Few respondents go to homeopathic or use no medicine. Mostly respondents revealed that mostly they go to nearby private clinics as compared to government hospitals. Respondents going to medical doctor also reported to have poor health because private clinic has low quality health services and they also delay the response to treatment and visit the doctor when health has already deteriorated. Results suggest that with improvement in type and response of treatment physical health of slum dwellers also improves. So overall, health awareness and health consciousness among the slum dwellers is very low. In short, personal hygiene, frequency of falling sick, satisfaction of health center and response to treatment negatively impact physical health.

CONCLUSION

The increase in slum growth in Pakistan poses enormous challenges for urban population like issue in providing urban services, rising inequality and social exclusion. After analytical insight of slum women issues, it is pertinent to say that physical health of slum dwellers is below par as they belong to the marginalized segment of the society. Vast majority asserted to have low energy level and faced trouble in getting to sleep. Women in slum areas are mainly the victims who are affected physically and mentally. The neglected population of slum area consists of wide range of water borne and viral infections.

Physical health of slum women is in peril due to number of factors. This study on the physical health status of women in slums in Rawalpindi reveals that the poor socio economic conditions of families adversely affect women's physical health. Structural gender imbalance exist which influence the women health. Due to marriage at young age, illiteracy, poverty, limited decision making power, physical health of women in Rawalpindi slum areas is low. Women in slum areas also stated that they are victim of domestic violence which has considerable impact on their physical and mental health.

It was also noted that level of health awareness is low which act as barrier in improving their health status. Vast majority of female slum dwellers had poor hygiene and there was delay in getting the treatment which had enormous influence on their physical health. So, in a nutshell, factors including socio-economic characteristics and health awareness impact are writ large on the physical health of slum women. The low physical health impacts the women both at individual and household level.

Immediate measures are required to address this issue because health of women is imperative for the development of society. Therefore, concerned authorities should take immediate measures to deal with this serious issue. Health and education must go hand in hand to uplift the lives of these slum dwellers and to prevent any communicable or transmissible diseases. Women focused policy making and gender mainstreaming are essential to ensure an equitable development process for both male and female slum residents as urbanization and slum growth continues.

Way forward

The research is an important contribution to present information about physical health status of urban poor, socio-economic conditions and level of health awareness in Rawalpindi slum areas and can provide a source of motivation in future strategies and planning policies for addressing slum up gradation and health issues of deprived social groups living in slum areas. This study has the potential to be extended in many ways in the future. This study can be extended to other slum areas of Pakistan to highlight the differences. In addition, this study only emphasizes on demand side such women in slum areas so exploring the supply side such as assessment of health care services delivery impacting the health of slum women can also prove to be a potential area for future researchers. Moreover, the impact of major socio-economic and level of health awareness factors identified in this study can be explored solely in detail such as exploring the impact of early marriage in slum areas. This research provides the evidence regarding the importance of physical health so further research could be conducted on exploring the effective development of public health policies to promote physical health. Another research direction, which might be intensely explored, could be the examination of link between low physical health status of slum women with their mental and reproductive health.

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