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Impact of Gender and Socioeconomic Factors on Nutrition and Health in Urban Slums of Raichur Karnataka India

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Abstract: ***This study explores the influence of gender and socioeconomic factors on nutrition and health in the urban slums of Raichur, Karnataka. The research highlights significant gender disparities in food access and healthcare services, particularly affecting women. Despite their participation in income-generating activities, women's autonomy in decision-making remains limited, leading to poorer health outcomes. The study calls for targeted interventions to enhance healthcare access and promote gender equity in slum communities, aiming to improve overall well-being and health outcomes. Additionally, 64% of respondents believe that women have equal status to men in their households, but financial dependency and ingrained societal norms continue to restrict women's influence over food choices and healthcare decisions. The findings further show that women participating in income-generating activities enjoy improved financial stability, which can lead to better nutrition and healthcare access, yet socioeconomic conditions often constrain the diversity of their diets. Food consumption patterns highlight a reliance on staple foods, such as rice and chapati, with a limited intake of more diverse and nutrient-rich foods. Despite high levels of participation in family income, women face unique challenges related to malnutrition and healthcare, particularly during pregnancy. This study calls for targeted interventions aimed at enhancing women's access to healthcare, improving dietary diversity, and promoting gender equity in household decision-making. The research contributes to a deeper understanding of how gender and poverty intersect to affect health outcomes in slum settings, providing a basis for informed policy-making and program development.***

Keywords: Raichur, Gender disparities, Socioeconomic factors, Nutrition, Urban Slums, Healthcare access

1. Introduction

Urban slums are characterized by poverty, overcrowding, and limited access to basic services, which significantly impact the health and well-being of their residents. In these communities, the intersection of gender, socioeconomic status, and nutrition plays a critical role in shaping health outcomes. According to several social scientists, slums are a byproduct of the contemporary period (Singh, 2016). Because of their financial situation, women who live in these settings confront particular difficulties. Women, in particular, face unique challenges as they often hold dual responsibilities of managing household duties while also contributing to the family's income. These roles influence their dietary choices, access to food, and ultimately their health status. Studies have shown that gender disparities in slums extend to food distribution within households, with women and girls often receiving less food or lower-quality nutrition compared to men. Food insecurity among women of reproductive age (WRA) is a severe public health issue that has a detrimental influence on women, the success of their pregnancies, and the survival of their children. It also has an adverse effect on the nation's economic development, which eventually lowers the GDP of the nation (Nantale et. al; 2017). Additionally, the types of food consumed in these areas, which often lack essential micronutrients, further contribute to poor health outcomes, particularly for women and children. The limited access to healthcare facilities exacerbates this problem, especially during pregnancy and childbirth, where inadequate nutrition can have long-term health consequences. This paper explores the relationship between gender, nutrition, and health in urban slums, with a focus on how socioeconomic factors shape dietary habits and health disparities. By analyzing data from various slum communities, this study aims to highlight the critical need for gender-sensitive interventions in nutrition and healthcare to improve overall well-being in these vulnerable populations. Malnutrition is thought to be the cause of over half of all child deaths worldwide. The diseases, stunted growth, and intellectual damage that follow leave survivors vulnerable (UNICEF, 2009).

2. Review of Literature

The literature on gender, nutrition, and health in urban slums reveals critical challenges related to socioeconomic inequalities and gender disparities. Another inhumane factor is that women who reside in Dhaka's slum areas are viewed as belonging to a lower socioeconomic level and are not given any respect by others (Sharmin and Luna, 2015). Women's roles within the family and society significantly influence their access to nutrition and healthcare. Research shows that while 64% of women perceive themselves as equal to men, 25% view themselves as inferior, reflecting ongoing gender inequities that impact their health status. The conundrum of rising undernourishment and falling poverty rates over time has its roots in the rapidly urbanising and expanding economy. This implies that while anti-poverty policies focus on the impoverished, they may overlook the food-insecure people who are nested in seemingly affluent households (Suryanarayana & Silva, 2007). Richard Odingo claims that poverty and food security will worsen as a result of climate change (quoted in Davis et al.2009). Women in slums play a significant role in generating household income, with 74% of respondents indicating that their participation leads to better family outcomes. However, this contribution often places a dual burden on women, resulting in compromised health and nutrition due to limited resources and overwhelming responsibilities. Urban slum residents are among the most vulnerable demographic groups; they experience little access

to maternity and child health care services, high rates of mortality, and undernutrition (Prakash and Kumar 2013). Nutritional intake is notably inadequate, with a heavy reliance on staple foods like rice (83%) and chapati (86%), but 21% of respondents also reported regular consumption of nutrient-poor junk food. This dietary imbalance is largely attributed to economic hardships in slum communities. Healthcare access for pregnant women is generally available, with 100% reporting access, but social and cultural norms may limit its utilization.

Objectives

1) To examine gender-specific disparities in nutrition and health status within urban slum populations.
2) To analyze the impact of socioeconomic factors on dietary patterns and health outcomes in urban slums.
3) To evaluate the availability and utilization of health-related programs and facilities, especially for pregnant women, in slums.
4) To investigate the relationship between food consumption patterns and the prevalence of malnutrition and related health issues in slum areas.

3. Research Methodology

Study Area

The present study area is a slum located geographically at 16°19'75.83" N latitude and 77°35'61.30" E longitude, approximately 3 km northeast of the center of Raichur city. Raichur district covers a total area of 8, 386 km² and has a population of approximately 1, 924, 773, according to the 2016 Census. Raichur is situated at an elevation of about 407 meters above mean sea level. It lies between the Krishna River to the north and the Tungabhadra River to the south, earning it the local name "Edudorenadu. " The district is part of the northern Maidan region of Karnataka, which is drought-prone and falls within the arid zone of India. The climate is characterized by mild winters and hot summers. December is the coldest month, with an average temperature of 17.7°C, while May is the hottest, reaching temperatures as high as 45.0°C. The district's average annual rainfall is 621 mm. The study area map is shown in Figure 1.

Figure 1: Map showing the location of the study area

Methodology

A door-to-door survey was conducted to investigate malnutrition and its impact on disease prevalence among women in urban slums. The survey focused on the slum areas of Sartigera, Ambedkar Nagar, Gajagarpeth, Harijanwada, LBS Nagar, Siyatalab, and Thimmapurpet in Raichur city. Data were collected from both primary and secondary sources. Primary data were generated through extensive fieldwork, while secondary data were sourced from published records and reports issued by various organizations at international, national, and local levels. Given the nature of the research problem, intensive and comprehensive fieldwork was necessary. Since census and government offices had

limited information available about the slums in the study area, a significant portion of the data was gathered through field surveys, questionnaires, and interviews. This approach helped to identify the root causes of the problem and assess the level of gender, food, and health-related awareness among the slum dwellers. The questionnaires used for the survey contained both close-ended and open-ended questions. Interviews were conducted in Kannada and Telugu, although the questionnaires were originally prepared in English. The duration of each interview ranged from 20 to 30 minutes. Most interviews were conducted in the morning and evening when residents were more likely to be home after a full day's work. Additionally, some interviews were conducted during the day, targeting female respondents who were available in their homes.

Data Analysis

The association between Gender and Socioeconomic Factors on Nutrition and Health in Urban Slums was statistically analyzed taking into environmental variables. SPSS software and Excel were used to process and analyze the data.

4. Result & Discussion

Status of Women in Family and Society

Women's role in family and society is a more precious part of building a standard family and a good society based on this the respondents' data collected to study the status of women. First, the Sartigera has a superior to men frequency is 7 (10%), Ambedkar Nagar has frequency with 9 (12.9%), Gajagarpeth frequency has 6 (8.6%), Harijanwada frequency is 10 (14.3), LBS Nagar with 9 (12.9%), Siyatalab frequency is 4 (5.7%) and Thimmapurpet frequency is 8 (11.4%). Another aspect is equal with men from Sartigera consists of number 50 (71.4%), Ambedkar Nagar 41 (58.6%) number, Gajagarpeth exists with 37 (52.9%) number, Harijanwada contains 36 (51.4%), LBS Nagar is 49 number, Siyatalab has 57 (81.4%) number and Thimmapurpet numbered as 44 (62.9%). The last one is inferior to men is numbered from Sartigera is 13 (18.6%), Ambedkar Nagar numbered 20 (28.6%), Gajagarpeth is 26 (37.1%) number, Harijanwada contains 23 (32.9%) number, LBS Nagar is 13 (18.6%) number, Siyatalab has 9 (12.9%) number and Thimmapurpet number is 19 (27.1%) from the given figure 2.

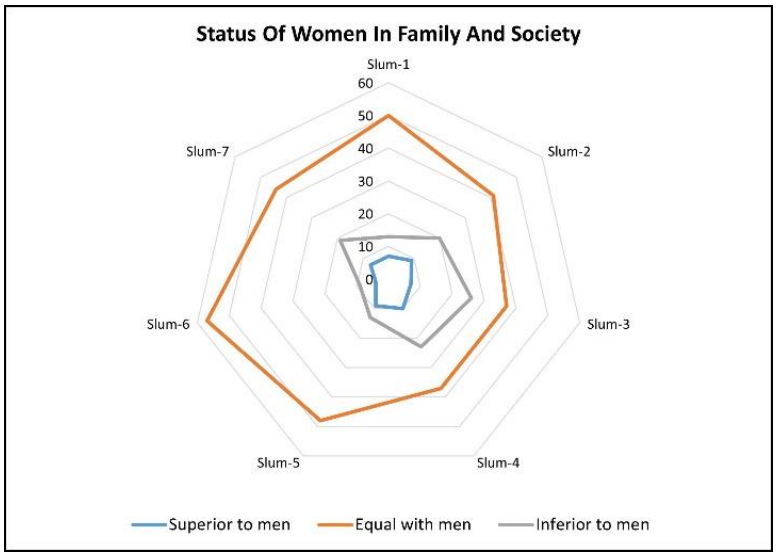

Figure 2: Status of Women in Family and Society

The status of women in family and society contains an outstanding result, out of 490 respondents highest is equal to men which are 314 number with 64%, the next mid-range is inferior to men 123 number with 25%, and superior to men is lowest 53 number with 11% shown in Table 1.

Table 1: Women's Status in Family and Society

Sl. No.	Status of women in family and society	Respondents	Percentage
1	Superior to men	53	11%
2	Equal to men	314	64%
3	Inferior to men	123	25%
	Total	490	100%

Women Participating Outside to Generate Income

To run their family's daily expenses women, participate outside to generate income source in Sartigera to improve and develop frequency is 61 (87%), Ambedkar Nagar is 43 (61%), Gajagarpeth is 54 (77%), Harijanwada contains frequency 47 (67%). LBS Nagar frequency is 45 (64%), Siyatalab contains 63 (90%) frequency, and Thimmapurpet frequency is 48 (69%).

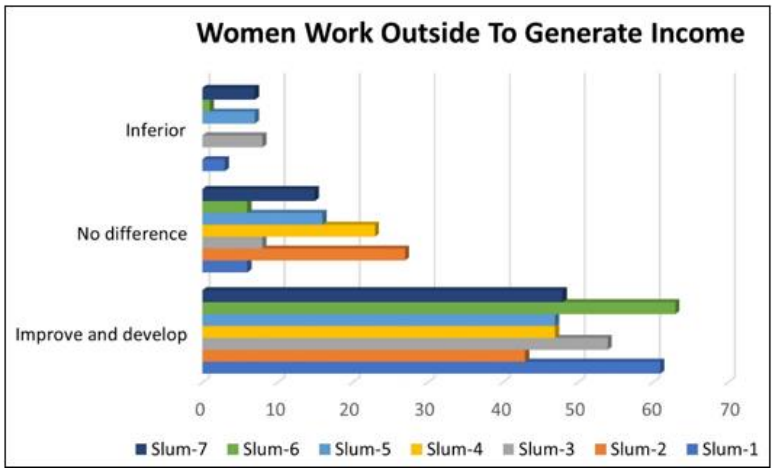

Figure 3: Women Work Outside to Generate Income

No difference in generating income in Sartigera counted as 6 (9%), Ambedkar Nagar it consists of 27 (39%), Gajagarpeth counted as 8 (11%), Harijanwada contains 23 (33%), LBS Nagar frequency is 16 (23%), Siyatalab frequency is 6 (9%) and Thimmapurpet frequency is 15 (21%). Inferior in generating income in Sartigera counted as 3 (4%), Gajagarpeth counted as 8 (11%), LBS Nagar counted as 9 (13%), Siyatalab is counted as 1 (1.4%) and Thimmapurpet counted as 7 (10%) given in figure 3.

Out of 490 respondents in generating income improvement and development numbered 361 (74%), no difference number 101 (21%), and inferior number 28 (6%) given in Table 2.

Table 2: Generate Income

Sl. No.	Generate Income	Respondents	Percentage
1	Improve and develop	361	74%
2	No difference	101	21%
3	Inferior	28	6%
	Total	490	100%

Equal Participation is Required for Women

The data has been collected towards the equal participation of women in different fields. In the Sartigera in case of social status and family decision women's role is 22 frequency at 31.4%, in Ambedkar Nagar also the same role frequency is 19 with 27.1%, in the same way in Gajagarpeth region the frequency is 56 with 80%, similarly in Harijanwada the frequency is 40 with 57.1%, in case of LBS Nagar the respondent answer was 50 frequency of 71.4%, likewise from the Siyatalab area frequency is 39 with 55.7% and at last Thimmapurpet has a frequency of 64 with 91.4%. Another data is economic independence collected from the respondents as the frequency is 38 with 54.3% in Sartigera, in Ambedkar Nagar the frequency is 51 with 72.9%, whereas in Gajagarpeth is 8 frequency of 11.4%, and then from Harijanwada contains 23 frequency with 32.9%, as well as in LBS Nagar the frequency is 18 of 25.7%, beside this Siyatalab has frequency of 26 of 37.1% and Thimmapurpet has 4 frequency with 5.7%. In addition to this, one more data collected from the respondents is regarding children's education role of women participation from Sartigera contains 10 frequency with 14.3%, next in case of Gajagarpeth it has 6 frequency with 8.6%, likewise from Harijanwada the frequency is 7 with 10%, similarly in case of LBS Nagar the frequency is 2 of 2.9%, as well as in Siyatalab contains the frequency of 5 with 7.1% and Thimmapurpet has frequency of 2 with 2.9% shown in figure 4.

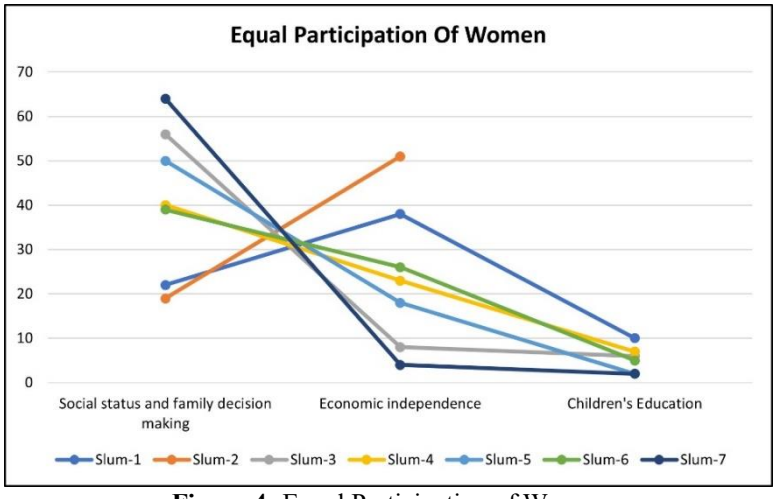

Figure 4: Equal Participation of Women

As shown in Table 3, equal participation of Women's roles are critical in building stable families and societies. . Out of 490 respondents 290 that is 59% are social status and family decision making which is higher when compared to others as the economic independence number is 168 of 34% and children education is 32 number with 7%.

Table 3: Role of Women in Family

Sl. No.	Equal participation is required for women	Respondents	Percentage
1	Social status and family decision making	290	59%
2	Economic independence	168	34%
3	Children's education	32	7%
	Total	490	100%

Food Taken by Respondents on Daily Basis

Good health is related to food taken by the respondents daily, whether all the micronutrients and macronutrients are given to the body based on that different diseases can be prevented from this aspect which type of food is consumed by the respondent's data has collected and analyzed. Firstly, from the Sartigera rice is taken as food daily yes or no given by the respondents based on the questionaries the yes frequency is 67 with 95.7%, while the no response frequency is 3 with 4.3%. In the case of another food item chapati the respondents have responded yes; the frequency is 64 with 91.4% whereas no for chapati is 6 frequency with 8.6%. As well as another food item is pulses frequency of yes is 66 with 94.3% and the frequency of no is 4 with 57%. Furthermore, the food item-vegetarian frequency is 57 with 81.4% yes, and 13 frequency with 18.6% responding no. Subsequently, for junk food, the frequency is 6 with 8.6% yes, while no for junk food frequency is 64 with 91.4%. Secondly, the Ambedkar Nagar taking food daily the rice item frequency is 67 of 95.7% responded yes, while 3 frequency with 4.3% responded no, also chapati food item frequency of 61 at 87.1%, responded yes, and no frequency of 9 with 12.9%, for the pulses food item, said yes by the respondent's frequency for it is 66 with 94.3%, and no for pulses food item taken on daily basis frequency is 4 with 5.7%, another food item is vegetarian the respondent said yes its frequency is 67 of 95.7%, and no frequency is 3 with 4.3%, as well as non-vegetarian food item responded by the respondents yes frequency is 65 at 92.9%, while no frequency is 5 at 7.1%, and then the junk food item responded as yes frequency is 3 with 4.3% while no frequency is 67% at 95.7%.

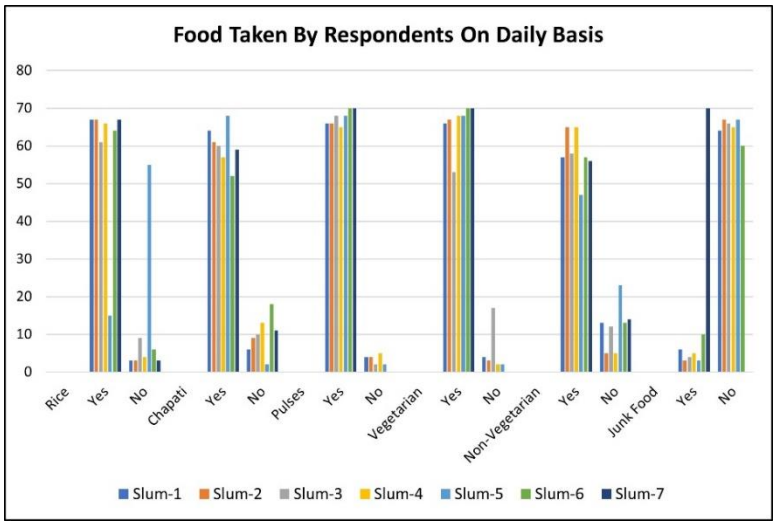

Figure 5: Food Taken by Respondents on a Daily Basis

Thirdly, regarding Gajagarpeth food taken daily by the respondents as follows that is rice item responded yes taken frequency is 61 at 87.1% and no for it is 9 frequency at 12.9%, whereas chapati food item taken responded said yes the frequency is 60 with 85.7% and no frequency is 10 with 14.3%, moreover the food item pulses have taken by responded answered yes frequency of it is 68 with 97.1% and no frequency is 2 with 2.9%, for vegetarian food answered yes frequency is 53 with 75.7% and no frequency is 17 with 24.3%, also for non-vegetarian food said yes by the respondent's frequency is 58 with 82.9% and no frequency is 12 with 17.1%, and for junk food responded yes frequency is 4 with 5.7% while no frequency is 66 with 94.3%.

Following this in Harijanwada food items of rice taken daily responded as yes so the frequency is 66 at 94.3% and no frequency is 4 at 5.7%, in the case of chapati frequency is 57 yes responded and 13 frequency responded as no for this food, as well as pulses has taken by respondents said yes and its frequency is 65 with 92.9% whereas no for this food item frequency is 5 with 7.1%, also vegetarian food is eaten by the respondents said yes for this at a frequency of 68 with 97.1% and no for this has 2 with 2.9%, likewise in non-vegetarian food eaten by the respondent's frequency 64 has said yes with 90.9%, while 6 respondents told no for this food with 9.1%, and for the junk food items the respondents answered yes only for 5 frequency at 7.1% and no for this food answered frequency is 65 with 92.9%. Besides this LBS Nagar responded for eating rice with a frequency of 15 said yes with 21.4%, and then for chapati food item they have responded yes and frequency is 68 with 97.1%, and no for this food with a frequency 2 with 2.9%, also for pulses responded told yes and the frequency is 68 with 97.1%, and no for this food has a frequency of 2 with 2.9%, and vegetarian food eaten by them frequency for yes is 61 with 87.1% whereas no for this food item frequency is 9 with 12.9%, for non-vegetarian respondents told yes frequency is 47 with 67.1% and no frequency is 23 with 32.9%, and junk food item eaten by them said yes frequency is 3 with 4.3% along with the frequency no for a food item is 67 with 95.7%. On the other hand from Siyatalab, the respondents collected data for rice taken daily as food said yes frequency is 64 of 91.4%, no for this food is 6 frequency with 8.6%, for chapati the frequency of taken by the respondent told yes frequency is 52 with 74.3%, while no for this food frequency is 18 with 25.7%, and pulses are eaten with 100% with yes frequency for this food item is 70, in case

of vegetarian also 100% eaten by the respondents and told yes its frequency is 70, and non-vegetarian the respondents answered yes frequency is 57 with 81.4%, and no for this food is 13 frequency with 18.6%, also for junk food yes answered by the respondent's frequency is 10 with 14.3%, and no for this food is 60 frequency with 85.7%. Furthermore, in Thimmapurpet the respondents answered yes for rice food item frequency 67 at 95.7% and no for this food frequency 3 with 4.3%, as well as chapati eaten by respondents, said yes frequency of 59 at 84.3%, and no answered for this food 11 frequency with 15.7%, along with this pulses also answered as yes frequency is 70 with 100%, whereas vegetarian food item also 100% with a frequency of yes is 70, also the non-vegetarian food eaten by them has told yes and its frequency is 56 with 80% and no for it is 14 frequency with 20% and for junk food, they answered 100% yes and its frequency is 70 shown in the figure 5.

Table 4: Rice Food

Sl. No.	Food taken daily	Respondents	Percentage
1	Rice		
	Yes	407	83%
	No	83	17%
	Total	490	100%

Table 5: Chapati Food

Sl. No.	Food taken daily	Respondents	Percentage
1	Chapati		
	Yes	421	86%
	No	69	14%
	Total	**490**	100%

From Table 4 the food taken daily in the case of rice items answered yes by the respondents out of 490 is counted as 407 with 83% being the highest from all seven slums whereas no for this food is counted as 83 with 17%. Likewise, for the chapati food item has responded out of 490 respondents who said yes to this food 421 number with 86%, and the no answer frequency is 69 with 14% given in Table 5.

Table 6: Pulses Food

Sl. No.	Food taken daily	Respondents	Percentage
1	Pulses		
	Yes	473	97%
	No	17	3%
	Total	490	100%

In the same way for pulses out of 490 the respondents answered yes frequency is 473 with 97%, and no for this food has 17 frequency with 3% shown in table 6. However, out of 490 vegetarian food items, respondents said yes, and its frequency was 462 with 94%, and answered no for this food 28 frequency with 6% depicted in Table 7.

Table 7: Vegetarian Food

Sl. No.	Food taken daily	Respondents	Percentage
1	Vegetarian		
	Yes	462	94%
	No	28	6%
	Total	490	100%

Table 8: Non-Vegetarian Food

Sl. No.	Food taken daily	Respondents	Percentage
1	Non-Vegetarian		
	Yes	405	83%
	No	85	17%
	Total	490	100%

In the case of 490 number the non-vegetarian food item taken by the respondents said yes its frequency 405 with 83%, and no for this food has 85 frequency with 17% given in Table 8, whereas for junk food it has 21% yes answered by the responders and its frequency is 101 and no for this food the frequency is 389 with 79% shown in the Table 9.

Table 9: Junk Food

Sl. No.	Food taken daily	Respondents	Percentage
1	Junk food		
	Yes	101	21%
	No	389	79%
	Total	490	100%

Pregnant Women Health Care Facilities

Pregnant women's Healthcare facilities in the slum region data have been collected and the results are analyzed. The respondent has answered based on the availability and not available, in the case of Siyatalab healthcare facilities are available and its frequency is 69 with 98.6% and not available for pregnant women healthcare facilities frequency is 1 with 1.4%. And also, the remaining slums like Ambedkar Nagar, Harijanwada, Gajagarpeth, LBS Nagar, and Thimmapurpet have pregnant women health care facilities available and their frequency is 70 with 100% given in figure 6.

Table 10

Sl. No.	Pregnant Women Health Care Facilities	Respondents	Percentage
1	Available	489	100%
2	Not Available	1	0%
	Total	490	100%

Out of 490 respondents for pregnant women health care facilities available number is 490 with 100% where whereas for the not available number is 1 with 0% shown in Table 10.

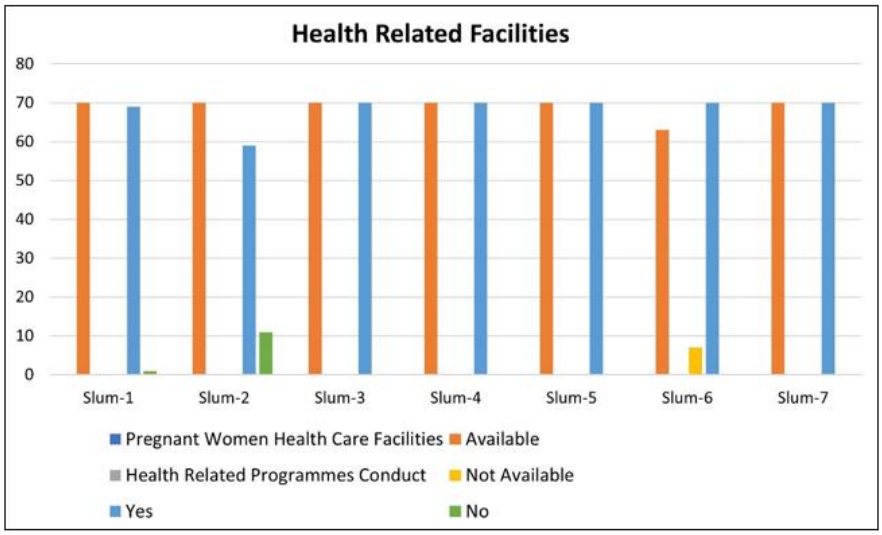

Figure 6: Health Related Facilities

Health-related programmes conducted in slums to give awareness to respondents

Health-related programs are conducted in the slum to give Awareness to the individuals data has been collected and the result is analyzed based on the answers given by the respondents yes or no. Yes, frequency is 69 with 98.6% and no frequency is 1 with 1.4% in Sartigera, whereas in Ambedkar Nagar yes frequency is 69 with 98.6% and no frequency is 1 with 1.4%. Apart from these the remaining regions like Gajagarpeth, Harijanwada, LBS Nagar, Siyatalab, and Thimmapurpet, health-related programs conducted in the slum to give awareness, respondents have answered yes and it's frequency is 70 with 100% depicted in figure 6.

Out of 490 respondents for health-related programmes conducted in slums answer yes number is 448 with 100% while the answer number is 2 with 0% given in Table 11.

Table 11

Sl. No.	Health Programmes	Respondents	Percentage
1	Yes	488	100%
2	No	2	0%
	Total	490	100%

The study highlights significant gender and socioeconomic disparities affecting nutrition and health in urban slums. While 64% of women are considered equal to men in family and society, 25% still experience inferior status, limiting their access to resources. Women's participation in income generation (74%) positively impacts household well-being, but economic challenges remain. Nutritional intake shows heavy reliance on staples like rice, chapati, and pulses, with limited access to diverse, nutritious foods. Health services for pregnant women are widely available, with nearly 100% coverage and awareness programs address community health needs. Addressing gender inequalities and improving nutrition are key to enhancing health outcomes in these communities.

5. Conclusion

In conclusion, addressing the gender disparities in food access and healthcare is vital for improving health outcomes in urban slums. Targeted interventions that promote gender equity, enhance nutritional diversity, and ensure healthcare access for women, particularly during pregnancy, are essential for breaking the cycle of poverty and malnutrition in these communities. The significance of this study lies in its potential to inform policies that address gender disparities in healthcare and nutrition, particularly in vulnerable slum

communities. The analysis shows that although many women contribute to household income, their social status and decision-making power often remain unequal to men. Nutritional intake varies significantly across slums, with access to adequate food, particularly nutritious options like pulses and vegetables, being generally good but with some reliance on non-vegetarian and processed foods. Health care services, especially for pregnant women, are widely available, but there remains a critical need for increased awareness and participation in health-related programs. Overall, the study underscores the complex interaction of gender roles, economic factors, and access to health services in shaping the well-being of individuals in urban slum communities. Addressing these challenges requires a multifaceted approach, incorporating gender equality, improved health infrastructure, and targeted nutrition programs.

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