Sociological Research and Innovation (SRI)
Volume 2 Issue 1, Spring 2024
ISSN$_{(P)}$: 3007-3251, ISSN$_{(E)}$: 3007-326X
Homepage: https://journals.umt.edu.pk/index.php/SRI

Article QR

Title:	**Exploring Health-Seeking Behaviors and Coping Strategies: A Qualitative Study of Women in Urban Slum Areas of Lahore, Pakistan**
Author (s):	Manahil Farhat
Affiliation (s):	Forman Christian College University, Lahore, Pakistan
DOI:	https://doi.org/10.32350/sri.21.01
History:	Received: January 05, 2024, Revised: March 10, 2024, Accepted: April 15, 2024, Published: June 06, 2024
Citation:	Farhat, M. (2024). Exploring health-seeking behaviors and coping strategies: A qualitative study of women in urban slum areas of Lahore, Pakistan. *Sociological Research and Innovation*, *2*(1), 01–21. https://doi.org/10.32350/sri.21.01
Copyright:	© The Authors
Licensing:	This article is open access and is distributed under the terms of Creative Commons Attribution 4.0 International License
Conflict of Interest:	Author(s) declared no conflict of interest

A publication of
Department of Sociology, School of Social Sciences and Humanities
University of Management and Technology Lahore, Pakistan

Exploring Health-Seeking Behaviors and Coping Strategies: A Qualitative Study of Women in Urban Slum Areas of Lahore,Pakistan

Manahil Farhat*

Forman Christian College University, Lahore, Pakistan

Abstract

This study seeks to explore the health practices of women living in the slums of Lahore, Pakistan, a group known for poor health outcomes and high incidence of chronic illnesses like obesity, diabetes, and cardiovascular disease. A qualitative research methodology was employed to collect data from 20 women across four slum regions, with a focus on demographics, health behaviors, perceived impediments, and coping methods. The study adopts a socioeconomic determinants of health approach, emphasizing the importance of financial stability, employment, education, housing, social support, and access to healthcare for women's health. The findings demonstrate major impediments to healthcare access, such as inadequate housing and infrastructure, which all contribute to high infant mortality and poor health outcomes. This study highlights how women residing in slums rely on traditional treatments, limited health literacy, cultural norms, and prioritize household chores over personal health. The findings suggest that culturally sensitive, gender-specific interventions, as well as improved healthcare infrastructure, are required to enhance health outcomes. The study advocates for government intervention to ensure equitable healthcare access for all women, regardless of their financial position, and emphasizes the broader societal consequences of improving health in slum communities.

***Keywords*:** healthcare access, infrastructure, social determinants of health, women's health

Introduction

Women living in slum areas have a disproportionate burden of health problems due to complex circumstances. The harsh realities of slum existence, which are characterized by limited resources and infrastructure. Gender discrimination, a lack of educational options, and early marriage worsen their health problems. The social stigma associated with women in

*Corresponding Author: manahilfarhat205@gmail.com

slums further complicates access to basic necessities such as food, sanitation, and healthcare services. This structural disadvantage has a profound influence on their well-being, leading toa variety of physical and mental health issues.

This study seeks to investigate the health behaviors of women living in Lahore's slum areas, with a focus on understanding the social determinants of health (SDOH) that influence their well-being. Understanding the specific health difficulties that these women encounter can help researchers develop culturally sensitive and gender-specific interventions to improve their health outcomes. Addressing the root causes of these health inequities, such as inadequate access to resources and education, is essential; for creating a more fair and healthy future for women in slums. The insecure living conditions in slums expose women to a variety of health risks, including Respiratory ailments, water-borne infections, and even violent crimes pose serious threats to their health. Furthermore, women in these areas bear a disproportionate share of reproductive health challenges, such as anemia, birthing challenges,and sexually transmitted diseases (STDs). Limited access to menstrual hygiene products and sanitation facilities exacerbates these issues. According to UNDP research, only 28% of women in Pakistani slums have access to sufficient sanitation, putting them at risk forreproductive health problems (Akhlaq et al., 2023). Additionally, Jahan et al. (2022) found that age, education level, and marital status were major factors influencing healthcare-seeking behavior in this sample population.

According to a report by UNDP published in Express Tribune in June 2019 Pakistan has the highest rate of urbanization in all of south Asia. The country has seen a remarkable increase in urbanization in recent decades. This tendency is visible in the increase of the urban population from 18% in 1965 to 38% in 2010. Limited opportunities and economic stagnation in rural areas have been cited as major factors of migration (Artaza, 2019). The Punjab Population Census Bureau's data supports this pattern, revealing an average yearly increase rate of 3.7% for Lahore's urban migrant population between 2017 and 2022. Around 40% of these migrants live in informal settlements known as "Katchi Abadis". These Katchi Abadis, which account for more than 40% of Pakistan's urban population, are predominantly populated by low-income citizens. The fast expansion of these informal settlements has resulted in a significant public

health crisis in the country (Saad, 2021).

In Pakistan, slum inhabitants are often of working age with low levels of education. Indeed, roughly half lack basic literacy skills. Employment options in these areas are frequently centered in low-wage industries, such as sanitation services. Several factors contribute to the economic disadvantages faced by slum residents. To begin with, the government's spending on health and education in these areas is typically minimal. Second, the affordability of transportation frequently entails living closer to informal employment options, limiting access to higher-paying occupations in distant parts of town. As a result, Pakistani slum households spend much less per adult compared to the national average urban population. Furthermore, income disparity is quite low in these places, with a large share of individuals living belowthe poverty line. A shocking 57% of slum dwellers live in poverty, much exceeding the national average (Mansoor & Iram, 2023).

UNICEF research shows a persistent gap in immunization rates, with urban slum residents receiving lower coverage than their rural counterparts. This lack of immunization may contribute to an increased burden of avoidable diseases. Furthermore, dietary deficits cause anemia in more than 40% of women living in Lahore's slums. Just 10% of these women have access to a nutritious diet. These factors contribute to a higher prevalence of chronic health disorders in slum communities, such as diabetes, hypertension, heart disease, and respiratory ailments. Tuberculosis is especially worrying, as it is the main cause of mortality among women in Lahore's slums. Mental health issues aggravate these disparities, with more than 55% of women in this community suffering from depression (Safdar et al., 2022).

Women living in Pakistani slums face an increased risk of gender-based violence, which can result in serious bodily and psychological harm. This worrying disparity is caused by various factors. Their social and economic status make them more vulnerable to abuse. Limited awareness of their rights, as well as a scarcity of accessible healthcare facilities, contribute to the barriers to seeking aid. Pakistan's rapid and unplanned urbanization has spurred the expansion of slum settlements, which now house the most vulnerable members of society. These populations' fragile living conditions and dangerously high prevalence of reproductive health concerns call for immediate action. Improved health-seeking habits among

slum women play an important influence, according to research published in "Global Public Health". According to the study, initiatives supporting such habits could potentially avert up to 30% of deaths in these communities. This underlines the need of addressing the health inequities that women suffer in slum areas. This study highlights the crucial role of addressing the SDOH in ensuring equitable access to healthcare services for all women, regardless of socioeconomic status. The findings can help inform policy changes and programmatic actions aimed at improving public health in slum areas. A multi-pronged strategy is required to achieve long-term benefits. For starters, improving access to high-quality healthcare services is critical. Second, slum upgrading programs are critical for improving living conditions and reducing exposure to environmental risks. Third, implementing gender-transformative interventions that empower women and remove societal injustices is critical for long-term change. Taking urgent action on these fronts can significantly improve the living conditions, socioeconomic position, and access to essential services for women in underserved slum communities.

Literature Review

Research conducted in Karachi's slums revealed that 66.2% of women had experienced intimate partner abuse, a significant risk factor for mental health issues such depression and post-traumatic stress disorder PTSD (Rabbani et al., 2008). Another study conducted in Islamabad's urban slums found that only 28% of women had access to proper sanitation, which had a negative impact on their physical and mental well-being (Mumtaz et al., 2013). The issue is made worse by the low literacy rates among women living in slums, which stand at 48% compared to 70% for the whole urban population. This gap reduces their awareness of mental health issues and the resources that are available to support them (Pakistan Social and Living Standards Measurement Survey, 2019). The societal stigma and lack of knowledge surrounding mental illness frequently discourage women from getting the treatment they need from professionals (Atif et al., 2017). According to a qualitative study conducted in Karachi's slums, many women refrained from seeking professional therapy because they were unaware that free or subsidized mental health services were available (Saleem & Bobak, 2005). Children of mothers with mental health problems are also more likely to experience developmental delays, poor academic performance, and behavioral issues

(Najman et al., 2013).

A multimodal strategy that addresses the underlying causes of their susceptibility is necessary to address the mental health crisis among women living in slums. This entails making mental health treatments more accessible to those living in impoverished areas, increasing public awareness of the condition, and de-stigmatizing mental illness through community-based interventions (Atif et al., 2017). According to Mumtaz et al. (2013), treatment for women's mental health can also be greatly aided by providing them with economic opportunities, education, and skill-training.

Research Methodology

Study Site

The study was conducted in 2024, focusing on married women residing in slums in Lahore. Lahore, the capital of Punjab and the second largest city of Pakistan, has a population of 11.3 million people and one of the nation's highest concentrations of the slum-dwelling population. The slums from which the data was collected were located in Shadman colony along the Sunday farmers market.

Data Collection

Purposive sampling was employed to select a sample of fifteen married women living in slum areas with their families. The selection method was chosen to ensure that the participants provided rich and detailed information relevant to the research aims.

Measures

Before conducting in-depth interviews, all participants gave their informed consent. To meet participant preferences, interviews were conducted in Urdu or Punjabi, the individuals' mother tongues. All interviews were audio-recorded with participant consent and transcribed verbatim in English for data analysis purposes. Each semi-structured interview followed a standardized protocol, with probing questions used as needed to obtain complete responses. The typical interview lasted about 70 minutes.

Interview Guide

The study used a two-part data collection device. The first segment

included a socio demographic survey questionnaire aimed to collect background information about participants. The questionnaire includes questions on age, income level, marital status, spouse's occupation and educational achievement, and the number of children in the home. The in-depth interviews followed a semi-structured style, with a standardized guide that included probing questions as needed. This handbook covered a variety of subjects aimed at exploring the lives of women living in slum areas. Background data was gathered using demographic questions such as age, income, and family structure. The interview then delved into the women's health experiences, such as self-reported illnesses in the previous five years, perceived severity of illnesses in the community, and average intervals between illnesses. In addition, the interview looked into the participants' opinions of barriers to accessing healthcare services, as well as the ways they used to treat various ailments in their families and for themselves. Specific issues experienced by women in the slums regarding menstruation health and pregnancy were also investigated. Furthermore, the interview examined the participants' awareness of mental health concerns, their own experiences with mental health challenges, and their perceptions on how the environment impacts their mental health. The participants' comprehension of healthy food practices, as well as the impact of their surroundings on food choices in the home, were also assessed. The researcher assessed participants' knowledge of several health practices using focused questioning. The interview concluded with an open-ended segment in which participants could provide any additional information they felt was pertinent to the study.

Data Analysis

The qualitative interview data was extensively analyzed using thematic analysis. This iterative procedure required a thorough review of the transcripts to uncover recurring patterns and relevant topics. Emergent themes and sub-themes were identified by coding the data and repeatedly reviewing these codes. This method enabled the extraction of detailed descriptions that captured the underlying meanings of the participants' experiences and viewpoints. Finally, thematic analysis allowed for the development of a comprehensive picture of women's life in slum communities.

Key Findings

Table 1
Participants Profiles

Participant Id	Age	No. of children	No. of illnesses (in last year)
P1	30	5	3
P2	34	7	4
P3	32	2	4
P4	47	8	7
P5	41	5	0
P6	43	6	2
P7	35	5	0
P8	27	2	0
P9	29	3	0
P10	71	13	10
P11	22	0	3
P12	51	10	7
P13	55	11	5
P14	58	9	5
P15	40	4	2

Lack of Awareness

There are a multitude of problems that contribute to the health crisis in the slum population, including low literacy and lack of access to basic medical health units. In Pakistan, these challenges are exacerbated by limited access to initiatives that raise awareness and provide health education. According to data from the Pakistan Social and Living Standards Measurement (PSLM) research, only 58% of people in urban slums are literate. In contrast, the national urban literacy rate is 74%. This has significant implications for the well-being and health of the population. Women are disproportionately affected by this lack of education;only 48% of women living in slums have received an education, compared to 70% of women in metropolitan areas overall. This stark inequality is caused by a number of causes, such as the social marginalization of disadvantaged communities and the lack of targeted interventions to broaden access to high-quality education. 11/15 women interviewed stated that they were not educated in formal schools, however 8 of them had received a madrassa education from nearby

mosques. One of the participants with 13 children stated (P2):

> What do we educate our daughters for? It's a big deal that they're getting Quranic knowledge that is all they need, they will be married off and have households to manage. Schooling won't do them any good but with guys, there's hope that they may find a job.

The statement demonstrates how these parents undervalue the importance of education, viewing it merely as a means of obtaining employment rather than an opportunity to learn new skills that could significantly improve their lives. Additionally, the stigma associated with living in slums and poverty make it difficult for their kids to attend school. Another participant stated (P1):

> Schools aren't for children of people like us. My children started school but our incomes are not sure; some days we earn, on others we don't. We can pay the fee for a few months but not for others, and then the school management creates issues for us. They get rude to us, denying us admission. Even other children call our kids names like “garbage picker”. What do our kids do when they don't even have clean clothes to wear to school? It’s mucbetter forthem to find and sell things from garbage and bring some money home.

An ongoing cycle of illiteracy in slum communities poses a serious obstacle to accessing information on healthy living. The lack of educational opportunities makes it difficult for locals to comprehend the intricate connection between nutrition and overall health. This ignorance frequently results in putting satiety ahead of nutritious benefit. Food no longer serves as a tool to promote health but rather as a means of survival. As a result, locals could unintentionally adopt food decisions that worsen health issues, continuing a vicious cycle of bad health outcomes. A respondent stated (P7):

“We have limited food. We eat whatever we get. Even our children eat whatever they find. We have strong stomachs and can digest all kinds of food without getting sick.”

They underestimate the harms of eating unhygienic food and the effects it can have on their health. Malnutrition is also a common factor among women in slum areas which in addition to poverty is also a result of illiteracy (Khan & Azid, 2011).

Preference for Informal Healthcare Providers

Illiteracy among slum dwellers makes it extremely difficult for them to navigate the healthcare system. Individuals with low literacy often struggle to understand the value of prompt medical intervention and preventive healthcare. This causes people to be reluctant to seek medical care, postponing visits to the doctor until their ailments become severe. Given the importance of early identification and treatment in the management of chronic illnesses and the avoidance of complications, this pattern of delayed care can have disastrous effects. A respondent when asked about how she deals with fevers that her children may get, stated (P11):

> If a child gets sick, we give him medicines we have at home and wait a few days to see if he gets better. We only go to the doctor if a child has a serious injury that cannot be dealt with at home. Doctors are the last resort; we pray no one has to visit a doctor.

This approach often results in significant deterioration of health conditions before they can be addressed. They also disregard indicators of serious illnesses, such as cysts that form prior to cancer, and as long as an ailment does not disrupt their daily lives, they continue to live with it. When asked if they knew about tetanus vaccinations, the slum inhabitants were unaware of its importance, despite the fact that their children frequently sustain scratches on the streets. They were also unaware about rabies vaccination; one respondent mentioned that another lady in her village had lost her child to a dog bite; had the boy been treated in time, he would have survived. This unwillingness to interact with the medical system goes beyond postponed doctor visits. When faced with a deteriorating scenario requiring advanced measures such as ventilators, the high expenses associated with prolonged hospital stays become a substantial hurdle. In these situations, families often choose to bring their loved ones home, not understanding the importance of life saving medical equipment. A respondent stated (P3)

> My mother is sick. The doctors wanted us to admit her to the hospital. We kept her there on drips for two days and then brought her back home. Now we'vemade a separate tent for her to live out the rest of her days. If God wishes, she will recover

A chronic skepticism towards the medical system further complicates

healthcare access in slum communities. Residents in these communities may have negative attitudes about doctors, seeing them as profit-driven persons who exploit patients' vulnerabilities. This suspicion originates from concerns about unneeded tests, high medical costs, and the possibility ofoverprescription of pricey medications. As a result, residents may prefer faith-based healing approaches over seeking professional medical care. While praying might be comforting, it can also postpone or obstruct vital treatment, compromising their health consequences. A respondent stated (P4):

> Doctors just diagnose illnesses that we don't even have, just to earn money. I was once told by the doctor that I had sugar, but I didn't believe him. I eat whatever I want, often sweet rice, and i'm still alive, so it's all okay

Mothers of small children living in katchi abadis (informal settlements) in Islamabad were polled for a study. It was determined that the sort of healthcare provider a mother picked depended on her educational background. Notably, 43% of the women were illiterate (Rehman et al., 2014). The cycle of ignorance promotes widespread skepticism of the medical system. Slum residents' ability to critically analyze health information is hampered by a lack of educational opportunities, causing them to misread symptoms and underestimate the severity ofillnesses. This, in turn, leads to a reluctance to adopt preventive measures or stick to drug regimens. Addressing the core cause of illiteracy and promoting health literacy efforts, are crucial steps in helping slum residents make informed health decisions, seek prompt medical assistance, and prioritize preventative care. This holistic strategy is critical in ending the cycle of poor health outcomes in these vulnerable areas.

Adaptive Coping Strategies and Home Remedies

A significant cultural emphasis on traditional home medicines makes navigating the medical system more difficult. Residents frequently resort to therapies passed down through generations, relying on anecdotal evidence and the experiences of their peers. This typically entails seeking advice and possibly even exchanging drugs with people who have seen doctors for supposedly similar ailments. However, this approach fails to recognize the importance of individual diagnoses and the necessity for personalized treatment approaches. This reliance on potentially ineffective

or even hazardous cures can cause additional delays in obtaining competent medical attention, endangering health outcomes. As a respondent stated (P8):

> If someone is unwell, we consult each other for advice. The other day, my friend Rukhsar had a headache, so I took the same medicine she did and felt fine. We share medicine with one another. There's a woman in our neighborhood who manufactures medicine herself, and she always helps us out. We take care of one another.

The widespread use of unproven home remedies complicates the situation even more. Residents frequently resort to unscientific tactics. For example, some people reported that they placed a warm turmeric cloth under a sick child's bed, believing it aids in healing. Others consume excessive amounts of tea to alleviate fevers and headaches, as demonstrated by one respondent who gave tea to her feverish nine-month-old kid. While these procedures may occasionally provide perceived benefits, they also pose a major danger of aggravating the problem. Residents with a lack of medical knowledge may misread symptoms and delay seeking professional aid, compromising their children's health. A respondent stated (P7):

> We use tea or joshanda for fevers, and it works well; we have our own methods that we have tried and tested over time. We know that they work, so instead of going to a doctor, it is best to use them. Experience is better than doctors' opinions; they don't know our difficulties as well as we do.

The widespread presence of 'neem hakims,' or unlicensed practitioners of traditional medicine, exacerbates the problem of distrust in the medical system. These people lack professional medical training and rely on dubious methods passed down through the centuries. Their approach frequently disregards critical diagnostic techniques and technologies, resulting in misdiagnoses and potentially fatal outcomes. Furthermore, some 'neem hakims' may dissuade patients from getting competent medical care in order to keep their own clientele. This manipulation exploits the susceptibility of slum people, increasing the community's health crisis. A respondent told her experience of going to a doctor (P13):

> I went to a hakeem when I was feeling a lot of pain in my foot and he gave me an ointment to apply on it, and it would have gotten better. But one day I had to go to a doctor when the pain worsened, and they operated, it was a case of an ingrown nail and I stayed in the hospital for days, thus I would have muchpreferred the hakeem.

Compounding the health crisis is slum dwellers' reliance on alternative healthcare providers, which is frequently owing to a lack of information about good medical practices. This canoccur in a variety of ways. Residents may seek therapy from "neem hakims," who use dubious treatments that can aggravate their health problems. Furthermore, there is a trend to self-medicate or receive prescriptions straight from pharmacies, avoiding doctors entirely. To make matters worse, slum dwellers frequently feel more at ease with nurses, considering them as more approachable and likely to talk in their local language (Punjabi) than doctors. This mayresult in receiving intravenous fluids and drugs without a thorough diagnosis, thereby delaying or endangering successful treatment.

A cross-sectional KAP study (Siddiqui et al., 2011) of 300 Karachi slum dwellers found that while a majority (86.6%) sought allopathic (modern) therapy, only 56.33% saw licensed physicians. The study also found a high dependence on unlicensed practitioners (30.3%) and self-medication (50%) before seeking professional medical care. These findings highlight the critical role that illiteracy and poverty play in fostering these alternative healthcare habits in slum communities.

Barriers and Challenges in Maternal and Reproductive Health

Women and children living in Pakistani slums bear a disproportionate burden due to a lack of access to crucial maternity and reproductive health treatments. These densely inhabited areas are frequently located on the outskirts of cities, far from adequate medical facilities. Research conducted in Islamabad's slums portrays a grim picture: only 28% of women have access to appropriate sanitation facilities. This lack of basic infrastructure, along with a lack of certified healthcare providers in slum neighborhoods, causes women to rely on unlicensed and sometimes unskilled practitioners for vital maternity care. Furthermore, insufficient transit alternatives inside slum areas impede access to distant healthcare institutions, especially during an emergency. This creates a perilous

condition for both mothers and infants, endangering theirhealth and well-being. A respondent stated (P14)

> When we become pregnant, we begin to save money for medical care, and wecontinue to save so that we can afford to go to a clinic to deliver. We need to save money for the doctor's fees and transportation. We have to save formonths and are unable to save enough for hospitals, thus we prefer clinics. We can only save enough to go once at the time of delivery; we cannot go for regular check-ups.

Low literacy rates and a lack of health information among slum dwellers create a vicious circle that exacerbates maternal and reproductive health outcomes. According to research, women living in urban slums have a literacy rate of 48%, which is much lower than the national urban average of 70%. This educational gap impedes their grasp of critical concepts such as family planning, the significance of institutional deliveries, and the benefits of prenatal care. This lack of understanding not only limits their agency, but also exposes them to existing power dynamics and gender norms within the household (Das et al., 2014). These societal pressures can further limit their access to important healthcare treatments, compromising the health of both mothers and their babies. Male family members play a crucial role in healthcare

decision-making in slum communities, compounding the issues of limited access and information. Spouses and mothers-in-law frequently exert significant control over a woman's access to healthcare, including immunizations. Khan et al. (2015) conducted research in Karachi slums, which shows this dynamic. While a doctor's suggestion is important, wives and mothers-in-law are often designated as the key decision-makers for expectant moms seeking medical care, including immunizations. These decisions can be influenced by circumstances other than a woman's personal health. Male family members may emphasize other home requirements or hold archaic attitudes that prevent women from seeking contemporary medical care. This dynamic can create a barrier to important preventative care, like immunizations, further endangering the health of both mother and child. A respondent stated

> Our husbands do not allow us to see male doctors for delivery, so instead of going to a hospital, we go to a local clinic where a

> woman works, and the nurses oversee the entire birthing procedure. We pray that no difficulties occur because it is a small facility and they cannot deal with it; ladies who have complications face dreadful conditions.

There is a serious information gap among Pakistani slum women about important elements of reproductive health. This lack of understanding extends to several critical areas, including the significance of folic acid supplementation during pregnancy. Research conducted in Karachi slums revealed a concerning statistic: only 35% of pregnant women recognize the critical function folic acid plays in birth defect prevention.

Furthermore, Polycystic Ovary Syndrome (PCOS), a hormonal condition that affects one in every ten slum women, is usually undiagnosed. Untreated PCOS can result in major health issues such as heart disease, diabetes, and infertility. This lack of awareness extends beyond specific situations. Slum women frequently skip vital supplements such as calcium and iron, which are required for reproductive health. Iron deficiency or anemia is a major issue, affecting 51% of pregnant women living in Pakistan's slums. A calcium deficit may worsen preeclampsia and pregnancy-induced hypertension. Women in slums were hesitant to communicate such important information. They keep issues about their reproductive health to themselves and never discuss them with doctors or family members. Reproductive health is regarded as a taboo subject, and there is widespread opposition to raising awareness about such concerns because to their perceived explicit nature. This societal mindset forces women to deal with these concerns in quiet, causing them to suffer as a result.

Mental Health Stigma and Coping Mechanisms

Mental health is another sensitive and often unspoken issue among slum dwellers, particularly affecting women in Pakistan slums. The mental health of Pakistani women residing in slum regions is significantly impacted by the numerous obstacles they experience. These women are prone to mental health issues due to the variety of abuses and societal injustices they frequently experience. The high rate of abuse and domestic violence in impoverished areas is one of the main problems. According to data from Pakistan's urban slums, intimate partner violence affects up to

66.2% of women. These women's mental health suffers greatly as a result of the physical, psychological, and sexual violence they endure; sadness, anxiety, and PTSD are quite prevalent. Apart from the psychological scars of maltreatment, women living in impoverished areas encounter numerous other societal factors that adversely affect their psychological well-being. There is a great deal of stress and discouragement brought on by poverty, food insecurity, and a lack of access to essential amenities like clean water and sanitation. However, despite these issues they are less likely to seek help because of their lack of education, which also reduces their understanding of mental health issues and the resources available to them. Moreover, the societal disgrace associated with mental illness within these societies frequently hinders women from candidly sharing their challenges. A respondent stated (P10)

> We face a lot of tension and disappointments because that is how life is, but what can we do about it? Women are expected to have a very brave heart to hold all of their pain together and live for their husband and children, which is what we try to do. If we started going to doctors for tension, we would always be at the clinic. Doctors cannot help with difficulties like this; women should know how to deal with them, which is what I teach my daughter.

Because of the particular difficulties and obstacles, they confront, women who live in Pakistani slum regions are more likely to have postpartum depression. The risk factors encompass unwanted pregnancy, intimate partner violence, poverty, lack of social support, and difficulties during pregnancy or labor. Many women are also discouraged from getting treatment for postpartum depression due to the cultural stigma associated with mental health disorders. Women are further deterred from using accessible services by the subpar care they receive at public health institutions, as well as the unfavorable attitudes of the professionals. The mother's physical and mental health, as well as the development of the child, may suffer significantly if postpartum depression is left untreated. Malnutrition, stunting, and delayed cognitive and motor development are among the risks associated with children whose moms suffer from postpartum depression. These effects have the potential to prolong the cycle of poverty and unfavorable health outcomes in slum areas. when asked about postpartum depression a woman stated (P14)

> Childbirth is difficult. It is natural to experience pain, but seeing a

> child alleviates that anguish. Only women who are uninterested in this enormous blessing and plagued with inclinations for evil are unhappy with childbirth. Depression cannot exist if a woman is dedicated to her child and husband. It isall made up.

The social fabric of slum communities presents an extra barrier for women seeking mental health treatment. These concerns are sometimes dismissed as character flaws. Seeking professional aid is widely stigmatized, with many people turning to inexperienced practitioners such as "hakeems" who may exploit their vulnerabilities and exacerbate pre-existing issues. Furthermore, there is a widespread cultural assumption that mental health problems are caused by a detachment from religion and a closeness to evil. This viewpoint causes women suffering from mental illnesses to be isolated and stigmatized in their societies. Such stigma can be particularly painful because marriage is typically considered as the major aim for women, and mental instability can dramatically reduce their perceived marriageability, a source of enormous pressure for both the women and their families. As a respondent stated:

> My husband used to beat me up, and I encountered troubles. I used to have problems breathing, so I went to a hakeem who gave me a phrase to recite over water and drink, as well as a particular necklace, which entirely cured me. Doctors, on the other hand, simply want to admit you to psychiatric hospitals.

This misinformation prevalent about mental health has devastating effects for women living in Pakistani slums. Stigma, misinformation, and reliance on unqualified practitioners leave them lonely and struggling in silence. Women are forced to handle the complexities of mental health concerns alone due to the lack of essential support structures. This not only jeopardizes their personal well-being, but also has repercussions for their families and communities. Prioritizing education, removing damaging cultural ideas, and improving access to skilled mental health specialists are all important steps toward empowering women and creating a more supportive atmosphere for all.

Conclusion

The combination of illiteracy, poverty, and limited access to healthcare produces a deadly webof marginalization for women living in Pakistani slums. Because of a lack of information andresources, they are forced to

traverse a complicated environment of health concerns with littlehelp. Educational differences render individuals ill-equipped to understand and fight for their own well-being, and financial limits further limit their access to critical services. Furthermore, strongly ingrained gender norms frequently favor male decision-making, further disempowering women and limiting their ability to seek aid.

The implications of such marginalization are catastrophic. Slum women bear a disproportionate burden of health problems, including reproductive tract infections, anemia, and a variety of mental health difficulties such as anxiety, depression, and postpartum depression. These physical and mental health difficulties are exacerbated by the social reality of slum life, in which women endure high rates of social shame, spousal abuse, and a loss of self-esteem. Illiteracy, poverty, and a lack of access to healthcare all contribute to a vicious cycle that traps women in Pakistan's slums. This lack of awareness and resources not only limits their ability to receive mental health care, but it also perpetuates a cycle of poor health and limited social mobility across generations. The impact of these concerns goes beyond the individual, affecting not just the physical and emotional health of these women, but also their future prospects and the well-being of their families.

Gender inequality, poor literacy rates, poverty, and limited healthcare access are all deeply ingrained issues that require major government intervention and strategies. Investing in girls' education is a key first step toward equipping women with the knowledge and confidence to advocate for their health. Furthermore, eliminating harmful cultural norms and fostering gender equality are critical to ensuring women have agency in their healthcare decisions. Expanding access to cheap, high-quality healthcare services, especially experienced mental health experts specifically trained to meet the requirements of this community, can provide a vital lifeline. Breaking the cycle of poor health outcomes in Pakistan's slums necessitates a multifaceted approach that prioritizes not only healthcare access but also education and awareness. Public awareness programs are critical for empowering women with knowledge about common health concerns, including symptoms and the significance of seeking immediate medical assistance.

Recommendations

Understanding disorders like PCOS, anemia, and the importance of prenatal vitamins is vital for maternal and reproductive health, since a lack of knowledge can have major effects. This can be done by giving pregnant women special information sessions in health units to tell them about the challenges they are to face in this period and what medicines or care is required. Destigmatizing mental health disorders, particularly postpartum depression, which is a common worry among slum women, is equally important. Targeted actions can have a big effect. Public awareness efforts can assist to clarify stereotypes about mental health and encourage women to seek treatment. These commercials have the potential to normalize mental health difficulties while emphasizing the importance of professional help. Additionally, educating community health workers prepares them to detect and address mental health challenges in slum areas. This enables early intervention and provides a familiar, easily available source of support for women facing mental health difficulties. Finally, incorporating mental healthcare within primary care settings such as maternity and child health clinics will make it more accessible to women and remove the stigma associated with obtaining separate mental health care. Addressing both information gaps and social stigmas surrounding mental health is essential to encourage women to take ownership of their own health, resulting in a healthier future for themselves and their children. Ensuring the well-being of women in Pakistani slums requires a holistic approach that tackles not only healthcare access, but also the underlying social and economic variables that influence their health. This involves making emergency healthcare and crucial feminine hygiene supplies more inexpensive and accessible through public health services. Strengthening the network of community-based services, including as outreach clinics and mobile health units, can help slum dwellers communicate with the healthcare system, establishing trust and encouraging women to seek preventative and ongoing treatment.

A multistakeholder strategy is essential for achieving long-term change. Collaboration among government agencies, healthcare providers, NGOs, and community leaders are critical. By investing in the health of this underserved population, the society takes an important first step toward building more resilient and fair communities. It is more than just a moral duty; it is a strategic investment in a healthy future for everyone.

Conflict of Interest

The authors of the manuscript have no financial or non-financial conflict of interest in the subject matter or materials discussed in this manuscript.

Data Availability Statement

The data associated with this study will be provided by the corresponding author upon request.

References

Akhlaq, M. W., Chadhar, Z. S., & Kataria, J. R. (2023). Social and political conditions of slum dwellers. *Journal of Positive School Psychology*, *7*(5), 294–304.

Artaza, I. (2019, June 5). Urbanization in Pakistan. *The Express Tribune*. https://tribune.com.pk/story/1986926/6-urbanisation-in-pakistan

Atif, N., Krishna, R. N., Sikander, S., Lazarus, A., Nisar, A., Ahmed, I., Raman, R., Fuhr, D. C., Patel, V., & Rahman, A. (2017). Mother-to-mother therapy in India and Pakistan: adaptation and feasibility evaluation of the peer-delivered Thinking Healthy Programme. *BMC Psychiatry*, *17*(1), Article e79. https://doi.org/10.1186/s12888-017-1244-z

Das, M., Angeli, F., Krumeich, A. J. S., & Schayck, O. C. P. (2014). The gendered experience with respect to health-seeking behaviour in an urban slum of Kolkata, India. *International Journal for Equity in Health*, *17*, Article e24. https://doi.org/10.1186/s12939-018-0738-8

Jahan, N., Akter, S., Heme, M. A., Chandra, D., Polly, A., Siddiqua, L., Rehman, R., Mohsin, K. F., & Hussain, M. T. (2022). Healthcare-seeking behaviour of marginalized older people in urban slums: a cross-sectional survey study in Khulna City, Bangladesh. *National Library of Medicine*, *12*(11). Article e066376 https://doi.org/10.1136/bmjopen-2022-066376

Khan, A. A., Varan, A. K., Jaramillo, A. E., Siddiqui, M., Sultana, S., Ali, A. S., Zaidi, A. K.M., & Omer, S. B. (2015). Influenza vaccine acceptance among pregnant women in urban slum areas, Karachi, Pakistan. *Science Direct*, *33*(39), 5103–5109. https://doi.org/10.1016/j.vaccine.2015.08.014

Khan, R. E. A., & Azid, T. (2011). Malnutrition in primary school-age children: A case of urban and slum areas of Bahawalpur, Pakistan.

International Journal of Social Economics, *38*(9), 748–766. https://doi.org/10.1108/03068291111157221

Mansoor, H., & Iram, A. (2023). An empirical analysis of well-being: A case study of slum area in Islamabad. *iRASD Journal of Economics*, *5*(1), 103–119. https://doi.org/10.52131/joe.2023.0501.0114

Mumtaz, Z., Salway, S., Nykiforuk, C., Bhatti, A., Ataullahjan, A., & Ayyalasomayajula, B. (2013). The role of social geography on lady health Workers' mobility and effectiveness in Pakistan. *Social Science & Medicine*, *91*, 48–57. https://doi.org/10.1016/j.socscimed.2013.05.007

Najman, J. M., Williams, G. M., Nikles, J., Spence, S., Bor, W., O'Callaghan, M., Brocque, R. L., & Andersen, M. J. (2000). Mothers' mental illness and child Behavior problems: Cause-Effect association or observation bias? *Journal of the American Academy of Child & Adolescent Psychiatry*, *39*(5), 592–602. https://doi.org/10.1097/00004583-200005000-00013

Rabbani, F., Qureshi, F., & Rizvi, N. (2008). Perspectives on domestic violence: Case study from Karachi, Pakistan. *EMHJ-Eastern Mediterranean Health Journal*, *14*(2), 415–426.

Rehman, A., Sheikh, B. T., & Ronis, K. A. (2014). Health care seeking patterns and outof pocket payments for children under five years of age living in Katchi Abadis (slums), in Islamabad, Pakistan. *International Journal for Equity in Health*, *13*, Article e30. https://doi.org/10.1186/1475-9276-13-30

Saad, R. (2021). Women and DRR in urban slums–building resilience through development. *International Journal of Disaster Risk Reduction*, *60*, Article e102264. https://doi.org/10.1016/j.ijdrr.2021.102264

Safdar, M. H., Ahmad, R., Hussain, N., Safdar, M. A., & Ahmed, T. (2022). Analyzing the health status of slum dwellers: An evidence of Lahore, Pakistan. *Pakistan Journal of Medical & Health Sciences*, *16*(12), 702–705. https://doi.org/10.53350/pjmhs20221612702

Saleem, S., & Bobak, M. (2005). Women's autonomy, education and contraception use in Pakistan: A national study. *Reproductive Health Journal*, *1*, Article e8.https://doi.org/10.1186/1742-4755-2-8

Siddiqui, M. S., Siddiqui, M. K., & Sohag, A. A. (2011). Health seeking behavior of the people knowledge, attitudes and practices (KAP) study of the people of urban slum areas of Karachi. *The Professional Medical Journal*, *18*(4), 626–631. https://doi.org/10.29309/TPMJ/2011.18.04.2651