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A Comprehensive Analysis of Hypertension and Food Insecurity Implications Among Women in Urban Slums of Raichur Karnataka India

[1]Rajashree Sunder Raj and [2]Dr Sayar Ahmad Sheikh
[1]Research Scholar, Department of Sociology, Sunrise University, Alwar, Rajasthan
[2]Assistant Professor, Department of Sociology, Sunrise University, Alwar, Rajasthan

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ABSTRACT
In urban slums, hypertension is becoming more common among women due to a confluence of environmental stressors, socioeconomic conditions, and limited access to healthcare. This study investigates the prevalence, risk factors, and health effects of hypertension among women living in the slums of the Raichur district, as well as the difficulties they encounter in controlling this illness. Additionally, the study assesses food insecurity, which is also one of the reasons for the illness, and the physical exercise women perform to be healthy. For the research study, a total of 7 slums were chosen. Data on women ranging in age from younger to older was gathered, and the results were analyzed using SPSS software and Excel computation. The results demonstrated that the largest prevalence of hypertension was found among younger women, who were more likely to have poor diets and higher levels of poverty, which resulted in stressful work raising kids. Older women's lack of exercise also contributed to health problems. Furthermore, inadequate food intake causes a shortage of micro- and macronutrients that the body requires to function, altering the equilibrium of human physiology and raising blood pressure in women.In conclusion, because of their age group and the fact that neglect causes this kind of illness, slum women are more vulnerable to serious health issues that affect the younger generation. As a result, greater awareness needs to be raised in slums to prevent this kind of illness in places where the disease is more severe.

Keywords: *Hypertension, Food insecurity, Slums, Health Frequency, Exercise*

INTRODUCTION

Hypertension also referred to as high blood pressure significantly increases the illness of renal failure, stroke, and cardiovascular health problems. In situations with limited resources, including urban slums, the illness is often silent and stays undiagnosed and untreated. The high levels of stress, socioeconomic difficulties, and restricted access to healthcare services that characterize these locations make women especially susceptible to hypertension. Noncommunicable diseases (NCDs) are a global epidemic that affects all age groups, nationalities, and socioeconomic classes. They are also becoming more prevalent in developing nations, increasing morbidity and mortality rates as well as the associated high financial burden. Two out of every three deaths worldwide are attributable to NCDs (Kelishadi and Sharma; 2012). Because they have less access to resources, work opportunities, and education than men and women, women and girls are thought to make up 60% of the world's chronically hungry. Food insecurity among women who are 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 hurts the nation's economic development, which eventually lowers the GDP of the nation (Nantale et.al; 2017). The impact of NCDs is still increasing; they now account for 60% of all fatalities globally, with 80% of these deaths occurring in low- and middle-income nations, where the toll is disproportionately highest during youth and middle age when people are most productive (Narayan and Ali, 2010). By 2020, it is anticipated that NCDs will have caused 60% of the disease burden and 53% of deaths in

India, as well as 44% of years of life lost due to impairment (Krishnan A et.al; 2008 and Saha R 2007). Globally, obesity is a significant public health concern. Rapidly developing low- and middle-income nations like India are experiencing a "double burden" of diseases due to urbanization, economic growth, changing lifestyles, and food habits (Jayamani et.al., 2013).The World Health Organisation (WHO, 2005) has identified four lifestyle risk factors that are significantly predisposed to all of these conditions: alcohol misuse, poor diet, sedentary lifestyle, and smoking and tobacco use. Changes in lifestyle and risk factor management can help prevent certain risk factors.According to the National Family Health Survey IV, 15% of Indian men and 11% of Indian women aged 15 to 49 had hypertension. The data also showed that 3% of people in the 15–19 age bracket had hypertension, putting a younger population at risk. However, even in the younger age group of 15–19 years, high blood glucose is a severe cause for concern; 2.1% and 1.4% of males and females in this age group, respectively, suffer from high blood glucose (Goswami et.al; 2021).Globally, there is growing worry over food security. It is estimated that over 1 billion individuals do not get enough energy from their diets, and at least twice as many of them have deficiencies in some micronutrients (Barrett, 2010).

REVIEW OF LITERATURE:

The study was conducted on hypertension (Reddy S.S. et.al; 2005). Research revealed that the total prevalence of hypertension was 8.6%. Out of the 86 patients diagnosed with hypertension, 72 (83.7%) were aware of their disease and were undergoing treatment; only 30 (41.7%) of the treated patients had sufficient control over their hypertension. Smoking (22.4%), being older than 50 (22.2%), drinking alcohol (20.0%), having a history of cerebrovascular or cardiovascular events (50.0%), having diabetes mellitus (33.3%), having a family history of hypertension (23.3%), eating a non-vegetarian diet (8.8%), and consuming saturated fat (8.8%) were all linked to a higher prevalence of hypertension. Studies by Thakur J.S. et al. (2011), clearly show that socioeconomic strata have a substantial impact on NCM management. A study done in coastal Karnataka in 2006–07 showed the prevalence of hypertension among people over 30 years at 43.3% and out of them, only half knew that they had hypertension, and 20.2% were newly detected during the study. The prevalence of type 2 diabetes ranges from 3.77 to 16%(Jayanna et al., 2019). According to Beyene (2023), a 1% increase in undernourishment prevalence results in a 0.00348 percentage point (PP) reduction in life expectancy. On the other hand, with every 1% increase in average dietary energy supply, life expectancy increases by 0.00317 PPs. A 1% increase in undernourishment prevalence results in a 0.0119 PPs increase in newborn mortality. Nonetheless, infant mortality is decreased by 0.0139 PPs for every 1% increase in the average dietary energy intake. The conundrum of rising undernourishment and falling poverty rates over time has its roots in the rapidly urbanizing 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). If people who are displaced by the environment continue to go to cities, slums are where they could eventually settle and urban poverty would rise. People like this put stress on the earth's finite resources, such as water and land. Furthermore, the impoverished are frequently forced to reside in environmentally dangerous areas, such as low-lying areas that are prone to flooding and natural lakes or swamps. A study on cardiovascular risk factors conducted on Mysore slum regions shows comparing Indian slum residents to their more affluent urban counterparts, previous research revealed a significant incidence of modifiable CVD risk factors. Increasing awareness of CVD risk factors through interventions could be a crucial first step in managing heart disease in this susceptible group (Krupp et.al; 2020).The necessities of survival in the environment required enormous physical effort during the majority of human history. Predator avoidance, hunting, collecting, and the actual "chopping wood and carrying water" of daily life supplied a healthy dosage of exercise, negating the need for intentional exercise.The environment in which modern humans live is specifically created to remove physical labor. Consequently, being overly sedentary has become a ubiquitous aspect of contemporary living. With the rise in chronic illnesses and early mortality, the negative implications of this growing sedentarism on public health have been increasingly clear (Archer and Blair, 2011).

OBJECTIVES OF THE STUDY:

1. Hypertension is directly having a link to food intake and low nutrition.
2. Physical exercise is also connected to healthy life of Women in preventing hypertension.
3. Women are neglecting the severity of hypertension health issues which are prone to more complications in the future.
4. Food insecurity levels are high in slums due to poverty which leads to health problems.

METHODOLOGY:

Study Area

Raichur is the place of paddy fields where the highest amount of rice is grown in these regions, it is due to the land is situated between two rivers, which are Tungabhadra and Krishna due to enormous water facilities it has a lush green part of Karnataka. Also, it is a more prone area where gold is extracted from Hatti gold mines, it is the only working mine in the nation. Due to several sources available people immigrated from different regions of the surrounding states due to this, they inhabit restricted areas of slums which leads to more problems that have to be faced by the dwellers. The present research is conducted in these slum areas Sartigera, Ambedkar Nagar, Gajagarpeth, Harijanwada, LBS Nagar, and Thimmapurpet in the Raichur district of Karnataka, India, as depicted in Figure 1.

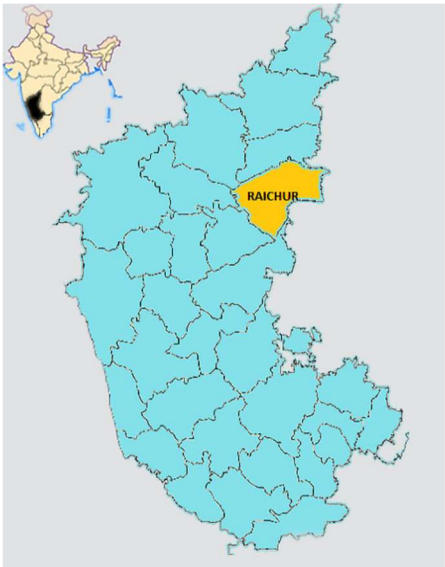

Figure-1: Study Area of Raichur District

Sampling of Respondents

The study is conducted in7 slums of Raichur District, Karnataka, India. A totalof 490 responders were chosen for the research study from each slum location. Slums are located atthe heart of the city's periphery region. The present study focuses on hypertension and food insecurity in women in the slums.

Data Collection

The data is collected from primary and secondary sources.

1) **Primary Sources:** Field interviews are scheduled with the women respondents to collect data based on the planned and unstructured questions and it will cover all aspects of the study.
2) **Secondary Sources:**These include research papers, articles, and journals. books, published and unpublished papers, and government circulars were the sources from which information was collected and compiled.

Technical Tools

The statistical software SPSS (Statistical Package for the Social Science) version 27 is used to classify and tabulate the collected data. Excel programming is also used to analyze the results from the selected slums with precise frequency and percentage, and these programs are used to create graphical representations.

RESULT AND DISCUSSION:

Hypertension is one of the most adverse effects on women's health, the study revealed that younger women are prone to the severity of the disease among all the seven slum areas. For blood pressure, the respondents answered yes the number is 26 at 37.1% and no number 44 at 62.9%from Sartigera and Ambedkar Nagar yes frequency is 28 at 40%, and no frequency is 42 with 60%, also in Gajagarpeth yes the number is 31 with 44.3% and no frequency is 39 with 55.7%, Harijanwada frequency for yes is 32 with 45.7% and no frequency is 38 with 54.3%, LBS Nagar yes frequency is 33 with 47% and no frequency is 37 with 53%, Siyatalab yes frequency is 9 with 12.9% and no frequency is 61 with 87.1% and Thimmapurpet yes frequency is 36 with 51.4% and no frequency is 34 with 86.6%. However, the higher blood flow from the heart leads to complications in the blood vessel and it leads to heart attacks, some womenin the slum suffer from heart problems. In the case, of heart attack the respondents answered from Sartigera, Ambedkar Nagar, Gajagarpeth, Harijanwada, LBS Nagar, Siyatalab and Thimmapurpet the yes frequency for this disease is 4 with 5.7%, 6 with 8.6%,3 with 4%,7 with 63%,8 with 11%, 5 with 7.1%,2 with 5.7% and no frequency for heart attack is 66 with 94.3%, 64 with 91.4%, 67 with 96%, 63 with 90%,62 with 89%, 65 with 92.9% and 68 with 97% it is depicted in figure 2.

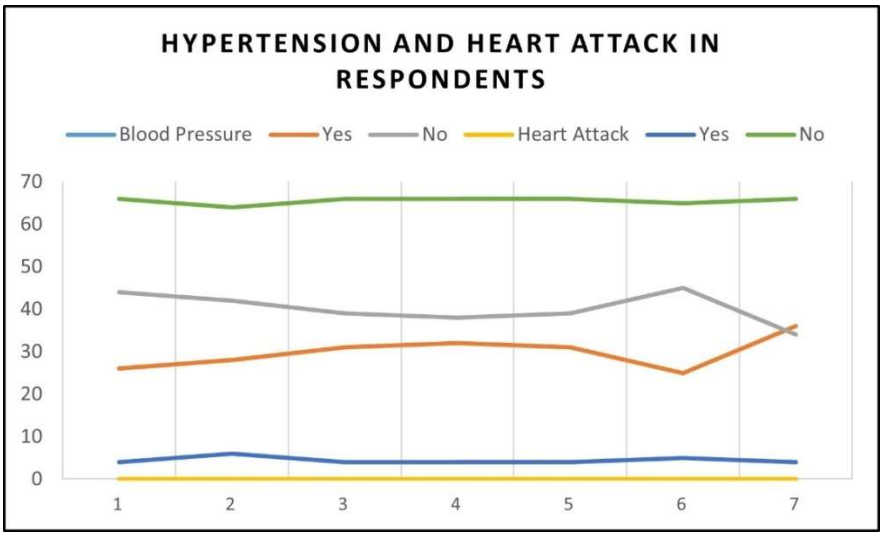

Figure 2: Hypertension and Heart attack in respondents

Table1: Hypertension Percentage Among the Respondents

Sl. No.	Non-Communicable Diseases	Respondents	Percentage
1	**Blood Pressure (BP) Diseases**		
	Yes	211	43%
	No	279	57%
	Total	**490**	**100%**

Table2: Heart Attacks Percentage Among the Respondents

Sl. No.	Non-Communicable Diseases	Respondents	Percentage
1	**Heart Attack**		
	Yes	35	7%
	No	455	93%
	Total	**490**	**100%**

In the same way, 490 respondents for blood pressure (BP) from the given Table1, counted yes as 211 with 43% whereas no is counted as 279 with 57%.Out of 490 respondents for heart attack yes number is 35 with 7% and said no number is 455 with 93% given in Table2. Hypertension is directly linked to food insecurity, exercise, and health monitoring lacking by the women in slum regions given in Figure 3. Proper nutritious food can maintain homeostasis of the body's physiology abnormal nutrient supplements to the body lead to such types of diseases also proper exercise is most important because human analogy is made to work, the present era is full of machinery which will do all heavy works due to this women's also not work and not perform any exercise this is also one of the main reasons for the health issues and also, health monitoring is the crucial role to check health problems by visiting nearby hospitals and interact with doctor related to health conditions.

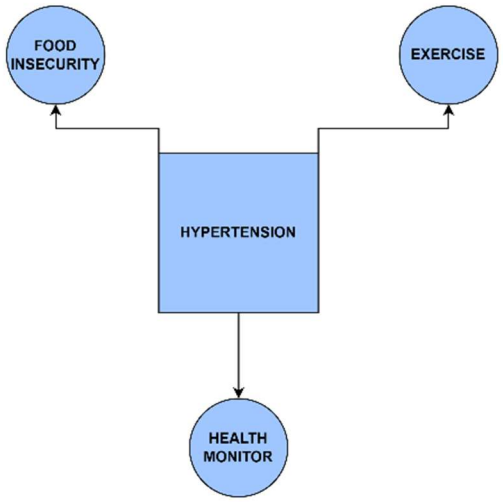

Figure 3: Lack of Food Insecurity, Exercise and Health Monitor leads to Hypertension

PARTICULAR FOOD ITEMS TAKEN BY RESPONDENTS ON DAILY BASIS

Particular food items were taken by the respondents daily so that the respondents could get the maximum amount of micronutrients and macronutrients for their body development and prevention of other health-related issues and malnutrition problems the data was collected and the result was analyzed based upon the respondent's answer yes or no. Green leafy vegetables taken by the respondents daily its a frequency of 70 at 100% from Sartigera, Ambedkar Nagar, Gajagarpeth, Harijanwada, LBS Nagar, Siyatalab, and Thimmapurpet. Meat is eaten by the respondents the yes frequency for this is 54 at 77.1%, no frequency is 16 at 22.9% and yes frequency of 48 at 68.6%, no frequency of 22 at 31.4% and yes frequency of 52 at 74.3%, no frequency 18 at 25.7% and yes frequency 53 at 76%, no frequency 17 at 24% and yes frequency 51 at 72.9%, no frequency 19 at 27.1% and 55 at 79%, no frequency 15 at 21% and yes frequency is 50 at 71.4%, no frequency 20 at 28.6%. Fruits are eaten by the respondents yes the number is 33 at 47.1%, 27 at 38.6%, 31 at 44%, 30 at 42.9%, 23 at 32.9%, 28 at 40%, 29 at 41.4% and no number is 37 at 52.9%, 43 at 61.4%, 39 at 56%, 40 at 57.1%, 47 at 67.1%, 42 at 60%, 41 at 58.6%. Edible nuts eaten by the respondents and counted for yes is 17 with 24.3%, 21 with 30%, 20 with 29%, 19 with 27.1%, 16 with 23%, 23 with 32.9%, 18 with 25.7% and counted for no response is 53 with 75.7%, 49 with 70%, 50 with 71%, 51 with 72.9%, 54 with 77%, 47 with 67.1%, 52 with 74.3%. Pulses are eaten by the respondent the result is as follows for yes frequency is 10 at 14.3%, 13 at 18.6%, 9 at 12.9%, 24 at 34.3%, 15 at 21.4%, 12 at 17.1%, 11 at 16% and no frequency is 60 at 85.7%, 57 at 81.4%, 61 at 87.1, 46 at 65.7%, 55 at 78.6%, 58 at 82.9%, 59 at 84%. Curd is eaten by the respondents and its result is analyse yes number is 24 with 34%, 23 with 32.9%, 27 with 38.6%, 22 with 31.4%, 18 with 21.4%, 20 with 28.6%, 19 with 27% and no number is 46 with 66%, 47 with 87.1%, 43 with 61.4%, 48 with 68.6%, 52 with 74.3%, 50 with 71.4%, 51 with 73%. Ghee is eaten by the respondents and its frequency yes is 8 at 11%, 6 at 8.6%, 5 at 7.1%, 7 at 10%, 4 at 5.7%, 3 at 4%, 2 at 3%, and no frequency is 62

at 89%, 64 at 91.4%, 65 at 92.9%, 63 at 90%, 66 at 94.3%, 67 at 96%, 68 at 97%. Milk is consumed by the respondents yes frequency is 27 with 38.6%, 28 with 40%, 29 with 41%, 25 with 36%, 30 with 42.9%, 26 with 37.1%, 24 with 34% and no frequency is 43 with 61.4%, 42 with 60%, 41 with 59%, 45 with 64%, 40 with 57.1%, 44 with 62.9%, 46 with 66%. Wild fruits or vegetables eaten up by the respondents yes the number is 3 at 4.3%, 4 at 5.7%, 1 at 1%, 5 at 7%, 2 at 3%, 7 at 10%, 9 at 13% and no number is 67 at 95.7%, 66 at 94.3%, 69 at 99%, 65 at 93%, 68 at 97%, 63 at 90%, 61 at 87% from the Sartigera, Ambedkar Nagar, Gajagarpeth, Harijanwada, LBS Nagar, Siyatalab and Thimmapurpet shown in the figure4. The study indicates less nutritive food is taken by the respondents daily due to this health illness are observed in the women.

Out of 490 respondents for particular food taken daily like green leafy vegetables answered yes counted as 490, with 100% shown in Table 3. Whereas in the case of meat taken daily its yes frequency is 363 with 74% and no frequency is 127 with 26% given in Table4. In the same way, from Table5 out of 490 respondents for eat fruits daily has counted as 201 answered yes and answered no is 289 with 41% and 59% respectively. Here fruits have more nutrients but the respondents do not buy fruits due to poverty, and higher prices where all the required amount of micro and macro-nutrient supplementsare lacking and prone to diseases like this food insecurity is observed in getting fruits, nuts, ghee, curd, milk, and wild fruits or vegetables all these frequencies of the respondents are nil is some slum areas, more prevalent to the illness in these areas due to food insecurity.

Table3: Percentage of Green Leafy Vegetables as a Food Used by the Respondents

Sl. No.	Particular Food Taken daily	Respondents	Percentage
1	**Green Leafy Vegetable**		
	Yes	490	100%
	No	0	0%
	Total	**490**	**100%**

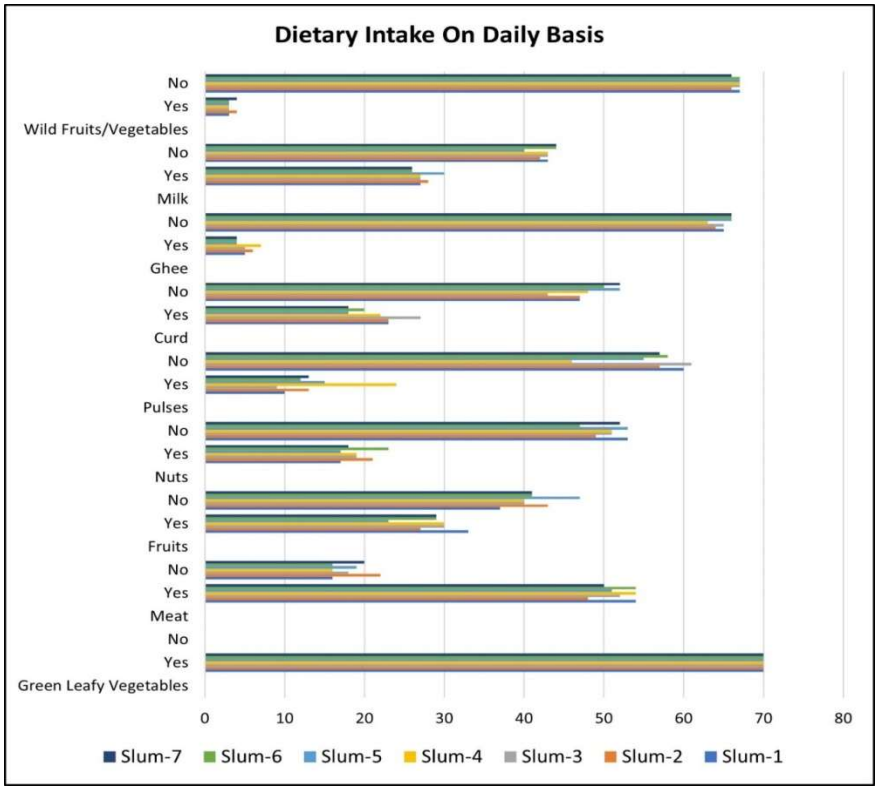

Figure 4: Dietary Intake Daily by the Respondents

Table4: Percentage of Meat as a Food Used by the Respondents

Sl. No.	Particular Food Taken daily	Respondents	Percentage
1	**Meat**		
	Yes	363	74%
	No	127	26%
	Total	**490**	**100%**

Table5: Percentage of Fruits Eaten by the Respondents

Sl. No.	Particular Food Taken daily	Respondents	Percentage
1	**Fruits**		
	Yes	201	41%
	No	289	59%
	Total	**490**	**100%**

In Table6 for eating nuts the respondents answered yes its number is 134 with 27% and answered no its number is 356 with 73%. Table7represents the respondents who answered yes to eating pulses 94 with 19% and answered no count 396 with 81%, it shows that the respondents lack the different types of nutritional components they get from eating pulses by this the women are prone to health-related issues especially due to food insecurity. In the case, of eating curd from the given Table 6, respondents answered yes their frequency is 153 with 31% and no frequency is 337 with 69%, in curd Vitamin B6 is present which will protect the gut as well as the arteries of the heart and homeostasis condition is maintained in hypertension.

Table6: Percentage of Nuts Eaten by the Respondents

Sl. No.	Particular Food Taken daily	Respondents	Percentage
1	**Nuts**		
	Yes	134	27%
	No	356	73%
	Total	**490**	**100%**

Table7: Percentage of Pulses as a Food Used by Respondents

Sl. No.	Particular Food Taken daily	Respondents	Percentage
1	**Pulses**		
	Yes	94	19%
	No	396	81%
	Total	**490**	**100%**

Table8: Percentage of Curd as a Food Used by Respondents

Sl. No.	Particular Food Taken daily	Respondents	Percentage
1	**Curd**		
	Yes	153	31%
	No	337	69%
	Total	**490**	**100%**

Out of 490 respondents eating ghee answered yes its number is 35 with 7% and answered no for it is 455 with 93% from table 9. Subsequently, from Table10 consuming milk responded yes counted as 189 with 39%, and responded no counted as 301 with 61%. Furthermore, as shown in Table11 for eating wild fruits and vegetables respondents answered yes and its frequency is 31 with 6%, and answered no its frequency is 459 with 94%.

Table9: Percentage of Ghee as a Food Used by the Respondents

Sl. No.	Particular Food Taken daily	Respondents	Percentage
1	**Ghee**		
	Yes	35	7%
	No	455	93%
	Total	**490**	**100%**

Table10: Percentage of Milk Consumption by the Respondents

Sl. No.	Particular Food Taken daily	Respondents	Percentage
1	**Milk**		
	Yes	189	39%
	No	301	61%
	Total	**490**	**100%**

Table11: Percentage of Wild Fruits/Vegetables as Food Used by the Respondents

Sl. No.	Particular Food Taken daily	Respondents	Percentage
1	**Wild Fruits/Vegetables**		
	Yes	31	6%
	No	459	94%
	Total	**490**	**100%**

EXERCISE PERFORMED BY THE RESPONDENTS DAILY

Exercise is performed by the respondents daily, data iscollected, and the result is analyzed. Exercise performed by women daily the respondents answered yes frequency is 59 with 84% and no frequency is 11 with 16% from Sartigera, in the same way as the frequency 63 with 90% no frequency 7 with 10% in Ambedkar Nagar, as well as yes frequency 61 with 87% no frequency 9 with 13% from Gajagarpeth, yes frequency 66 with 94% and no frequency 4 with 6% in Harijanwada, as well as yes frequency is 60 with 86% and no frequency is 10 with 14% in LBS Nagar, similarly in Siyatalab yes frequency is 62 with 89% and no frequency is 8 with 11% and Thimmapurpet yes frequency is 64 with 91% and no frequency is 6 with 9%. The respondents answered yes for different exercise performed by women on daily basis from Sartigera, Ambedkar Nagar, Gajagarpeth, Harijanwada, LBS Nagar, Siyatalab and Thimmapurpet for the following exercises like, walking its frequency is 64 (91.4%), 62 (89%), 60 (86%), 65 (93%), 61 (87%), 66 (94%), 59 (84%) and no frequency for this is 6 (8.6%), 8 (11%), 10 (14%), 5 (7%), 9 (13%), 4 (6%), 11 (16%), in case of running is 26 (37.1%), 28 (40%), 27 (38%), 29 (41%), 61 (87%), 66 (94%), 23 (33%) and no frequency is 44 (62.9%), 42 (60%), 43 (61.4%), 41 (59%), 46 (65.7%), 40 (57.1%), 47 (67%), likewise for aerobic exercise yes frequency is 3 (4%), 4 (5.7%), 5 (7.1%), 6 (9%), 2 (3%), 7 (10%), 8 (11%) and no frequency is 67 (96%), 66 (94.3%), 65 (92.9%), 64 (91%), 68 (97%), 63 (90%), 62 (89%) and yoga exercise yes frequency is 59 (84.3%), 51 (72.9%), 60 (85.7%), 58 (2.9%), 55 (78.6%), 54 (77%), 53 (75.7%), as well as no frequency for this is 11 (15.7%), 19 (27.1%), 10 (14.3%), 12 (17.1%), 15 (21.4%), 16 (23%), 17 (24.3%) given in figure 5.

From Table12, exercises performed by the women daily out of 490 respondents answered yes number 435 (89%) and no number 55 (11%). 89% of the women are free from diseases and health conditions also better when compared to those 11% of women.

Table12: Frequency of Exercise Performed by the Respondents

Sl. No.	Exercise Perform by Women	Respondents	Percentage
1	Yes	435	89%
2	No	55	11%
	Total	**490**	**100%**

Out of 490 respondents who answered yes to walking counted as 437 with 89% better in health related to hypertension and heart issues due to the daily basis they do walking and no answer is counted as 53 with 11%

in them some of the women are prone to hypertension and other health issues shown in table 13. In the same way for running the respondents answered the number yes 187 with 38% while the no answer number is 303 with 62% given in Table14.

Table13: Frequency of Walking Exercise Performed by the Respondents

Sl. No.	Exercise Performed by Women	Respondents	Percentage
1	**Walking**		
	Yes	437	89%
	No	53	11%
	Total	**490**	**100%**

Table14: Frequency of Running Exercise performed by the Respondents

Sl. No.	Exercise Performed by Women	Respondents	Percentage
1	**Running**		
	Yes	187	38%
	No	303	62%
	Total	**490**	**100%**

Among 490 respondents for aerobic exercise yes is answered counted as 35 with 7% while answered no is counted as 455 with 93% from Table15. In the case, of yoga exercise, respondents said the yes frequency is 390 with 80% healthy due especially related to heart health due to consistency in the yoga practices and no frequency is 100 with 20% depicted in Table16.

Table15: Frequency of Aerobic Exercise Performed by the Respondents

Sl. No.	Exercise Performed by Women	Respondents	Percentage
1	**Aerobic**		
	Yes	35	7%
	No	455	93%
	Total	**490**	**100%**

Table16: Frequency of Yoga Exercise Performed by the Respondents

Sl. No.	Exercise Performed by Women	Respondents	Percentage
1	**Yoga**		
	Yes	390	80%
	No	100	20%
	Total	**490**	**100%**

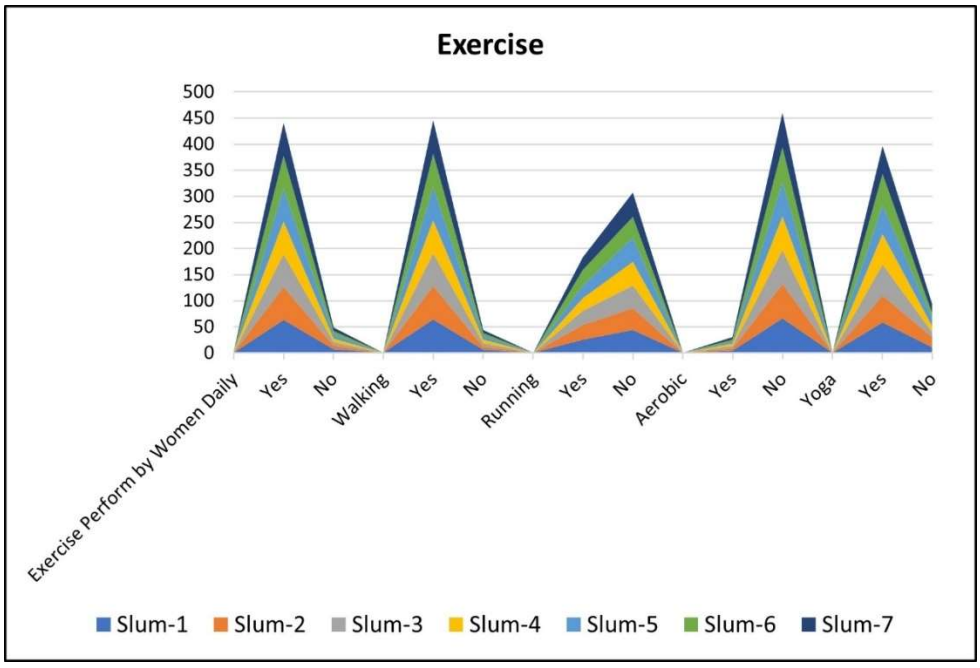

Figure 5: Exercise Performed by the Women

WOMEN'S REGULARLY VISIT FOR HEALTH CHECK-UP

The respondent's visit for health check-ups data has been collected from the slums to know information regarding the severity of the health issues that arise in the area. Firstly, from Sartigera slum health check-up visits are regular for respondents'frequency is 31 of 44.3%.In the case, of Ambedkar Nagar frequency has 17 at 24.3%, as well as, from Gajagarpeth consists of 30 frequencies at 42.9%, whereas Harijanwada is 41 at 58.6%, as in LBS Nagar contains 42 at 59.8%, likewise, in Siyatalab frequency is 43 at 61.4% and Thimmapurpet has 4 frequencies at 5.7%. Similarly, for occasional visits for health check-ups the frequency is 53 of 75.7% from Sartigera, and then Ambedkar Nagar has 53 frequencies of 75.7%, in the same way,Gajagarpeth has 40 frequencies with 57.1%, also from Harijanwada contains 29 frequencies of 41.4%, in LBS Nagar consists of 28 40.9%, whereas Siyatalab frequency is 21 with 30% and Thimmapurpet has 66 of 94.3%. Furthermore, the respondents' families who never visit for health check-ups are from Sartigera frequency is 4 out of 5.7% and Siyatalab has 6 frequencies with 8.6% depicted in figure 6.

Out of 490 respondents from the slums data collected regarding the women's regular visits for health check-ups for regularly has been analyzed and the result was 207 number with 42%of these women have monitor of their health regularly when compared to others. Further, occasional visits for health check-ups have 273 number which is the majority count with 56%.In case, they never visit for health check-ups are the least in number as 10 with 2% are not monitored about their health due to a lack of awareness regarding the complications that arise in the coming days depicted in Table17.

Table 17: Percentage of Health Check-Ups by Respondents

Sl. No.	Regularly visit for health check-ups	Respondents	Percentage
1	Regularly	207	42%
2	Occasionally	273	56%
3	Never	10	2%
	Total	**490**	**100%**

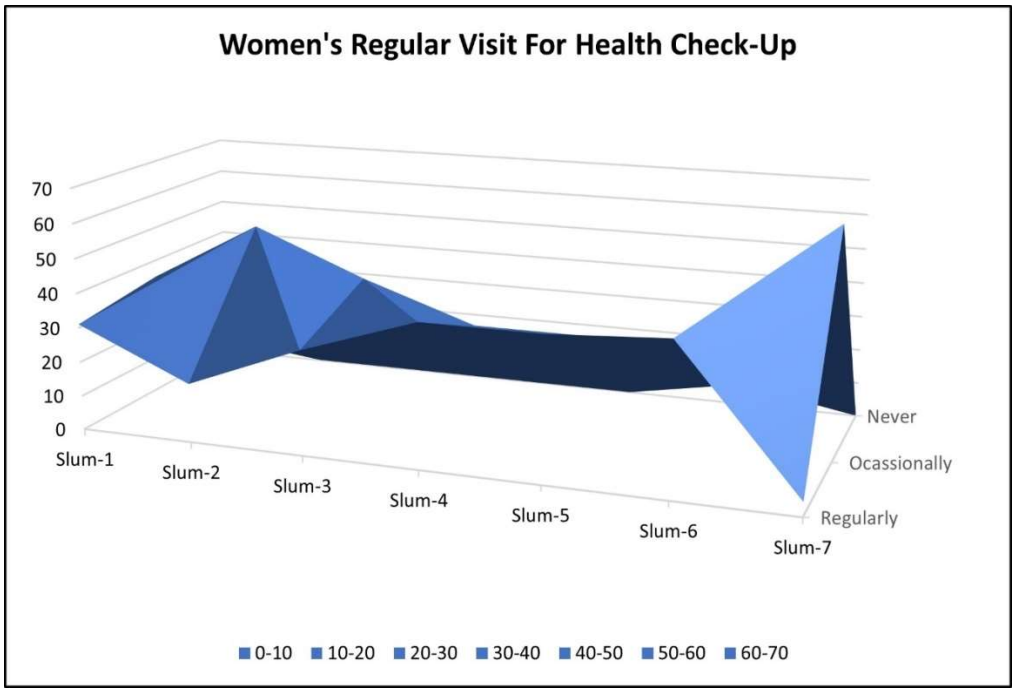

Figure 6: Women's Regular Visit for Health Check-Up

CONCLUSION

The research study is conducted on hypertension, food insecurity, and exercise performed by the respondents. It revealed that younger women due to stressful work poverty family background and poor nutritional intake them lead higher blood pressure in more number from the slums, where the respondents are unaware of the health issuesthat arise from that and they do not take appropriate medications expert doctors more negligence due to adult age factor. Because of this more awareness has to be in especially slum areas to prevent further complications like heart attacks. On the other hand, food insecurity where the higher price rate and below poverty level of women in the slums prone to limited food intake daily which leads to other health problems, so the non-government and government agencies have to provide appropriate good food to the poor people in low price it could fulfill the needs of women to get all nutrition supplements. More focus has to beon food security in further days which leads to nutritional disorders. Exercise is the physical activity which keeps our body in good condition, at present days women are not working properly due to all machines are made to work, due to this sedentary lifestyle started, due to this other health issues arise without physical exercise so simple type of exercise has to perform and its awareness has to spread in society.However, all the two factors food insecurity and exercise are interconnected with each other, if any variation leads to health issues.In the future more studies to conducted especially in slums to learn more about the health and food-related aspects.

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