



A STUDY ASSESSING WELL BEING IN A SLUM POPULATION OF MUMBAI

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ABSTRACT

A study was conducted to find out the view of women in a community health program in slums of Mumbai regarding their own sense of wellbeing and happiness. Their goals for a good life were first studied, followed by their level of attaining these goals. Also studied was their participation in community health programs, and its contribution to well being. Data was collected about the various factors and circumstances that contributed to their well being or that had a negative affect on their lives.

Education, family, employment, and relationships all were found to be important to well being. The community health program had contributed to their wellbeing. Importance of values like gratefulness, good relationships and a positive outlook all had an impact on well being. Few participants with a predominate negative attitude were referred for interventions.

KEYWORDS : Wellbeing, slums, women, health workers, goals, circumstances, positive values

Introduction

Wellbeing is a general term for the condition of an individual or group, inclusive of social, economic, psychological, spiritual and medical state

Another definition is achievement of a good and satisfactory existence as defined by the individual¹. A sense of well being is broadly related to physical and emotional factors, good living conditions, sound relationships, values and a purposeful life².

This study was conducted in suburbs of Mumbai through a community health program, to find out the view of the target population of female slum dwellers regarding their sense of well being. The study assessed the various factors associated with a sense of well being including achievement of goals, and circumstances leading to a sense of well being. Positive attitudes like empathy, gratefulness, good relationship and negative attitudes they had were studied. The role of the community health program in relation to their well being was also assessed. Interventions were planned when required.

Literature regarding a sense of well being of women in the lower socioeconomic in relation to their goals, aspirations, various circumstances and behavior attitudes are lacking.

Methodology :

Data was collected by trained staff of social workers and health workers from the community health target female population above the age of 50 years. The staff had a good relationship with the slum communities which they had achieved with regular home visits and meetings of the community for health and social programs. The program has been running in most of these slums for the last 10 to 20 years. All willing participants from the defined target area of the program were selected from 4 slum well defined areas of the program. The participants included 70-80% of the community health target population. Most lived in pucca chawls with common toilets and open drainage system. Transport by train, bus or rickshaws was easily accessible. Good education facilities and recreation means were in the vicinity.

A pretested questionnaire was used. Data was collected and considered regarding some socioeconomic factors, goals and achievements and relationship of the program to their lives. Various factors associated with well being together with circumstances contributing to their wellbeing were looked into... Benefits of the community health program and feedback regarding appreciation by the community were considered. The health program included primary and referral care to clinics and the hospital as well as health education. Concessions were given for investigations, consultations and admissions for those with low annual incomes as per the government requirement.

Social programs included early childhood training, school tuition

programs, children's sponsorship, forming of women's groups like self help groups, savings and trainings for social development.

The attitudes of participants in general towards life's situations were also considered regarding situations that were enjoyable together with positive and negative attitudes. Positive attitudes included thankfulness, community participation, laughter, good relationships and values. Negative attitudes included anger, resentment, also signs of depression like poor appetite, lack of sleep and poor relationships. Interventions were planned in the future for overcoming obstacles. Data was presented and analyzed as percentages.

Results :

There were 315 female respondents of multi religious backgrounds, majority being Hindu and Dalits, and including a minority of Christians and Muslim religions. In one area comprising of about 100 families, the respondents were all Muslims. Majority had incomes ranging from Rs. 5,000- to Rs. 10,000/ (70%). Some had incomes over Rs. 10,000/(10%) - and in some cases the income was less than Rs. 5,000/(20%). The average family size was 5.

The majority 59% had lived in Mumbai for more than 5 to 10 years, 27% were residents of Mumbai for more than 10 years and 14% were residing in Mumbai for less than 5 years. The majority 85% were associated with the program for 5 to 10 years. Program participation was 88% in health and 70% in saving, training and social programs. There was appreciation of the community health and social program as improving their quality of life and wellbeing; being 85% for health programs, 97% for saving programs, and 70% for training programs conducted.

The responses were graded as good, average and poor regarding achievements of goals in life. Table 1

Goals were well achieved for marriage, housing, health and relationships. Circumstances and events that promoted a sense of well being like family gatherings, environments etc were graded being Good A and average B. in Table 11

Family, religious and community gatherings promoted a sense of well being.

Most of the participants had positive attitudes in general, Negative were predominantly reported in 5% of the participants. These were referred for consultation in mental health.

Discussion:

In this study the importance of realization of goals and its relationships with a sense of well being and happiness is detected. Most women participants had the satisfaction of achieving some of their

aspirations to improve their quality of life. Education, health, living conditions, relationships and positive attitudes all played very important factors. The health and social aspects of the community health program were appreciated, most of all the saving, health and training programs were found to be helpful.

Community, family and religious gatherings all contributed to their well being..Data depicted that achievements of goals regarding marriage, housing, family and community relationships and health were good. However education and career goals were not sufficiently met

Most respondents had in a broad sense positive attitude like empathy, gratefulness and helping each other. There were a few (5%) who often had negative thoughts and attitudes For some of these difficult situations and circumstances prevailed These were referred for future interventions. The program would continue to strengthen its education and training components

This study depicted that wellness was related to diverse and interconnected dimensions of physical, mental, and social well-being that extend beyond the traditional definition of health. It included choices and activities aimed at achieving physical vitality, social satisfaction and a sense of accomplishment.

Well-being is most usefully thought of as the dynamic process that gives people a sense of how their lives are going, through the interaction between their circumstances, activities and psychological and mental resources Because of this dynamic nature, high levels of well-being mean that people are more able to respond to difficult circumstances, to innovate and constructively engage with other people and the world around ³

Achieving well-being has been the concern of philosophers since Aristotle, and is in many respects the essence of human existence. In recent years, well-being has moved from the realm of philosophy to that of science. There has been a growing body of research into what contributes to the quality of people's experiences of their lives. This has enabled a new understanding of the factors that both influence and constitute well-being ^{4,5}

Much research has been done on attaining happiness and wellness. Happiness and success are related but more often it is a positive attitude that leads to success and so a sense of well being..Striving to reach one's goals, good family, community relationships, positive attitudes are more important than materialistic values. This reflects in the increasing mental health problems seen in more developed countries. Good life span and longevity is often seen in people who work hard for a comfortable life in a good environment ⁶ Positive attitudes of gratefulness, forgiveness, being non judgmental, doing acts of kindness all increase a sense of well being

As well as representing a highly effective way of bringing about good outcomes in many different areas our lives, there is also a strong case for regarding well being as an ultimate goal of human endeavor.

Acknowledgement

I wish to thank the Community health workers and social workers – Naseema Khan ,Pravina Kolovia ,Louisa Dowling,Sumathi Malkar, Smi-tha Debritto, Gautam Kamble for their contribution to this study

I am grateful the Management of the Bandra Holy Family Hospital and the director of Navjeet Community Health for allowing me to do this study

Table II - Circumstances that promoted well being Total 315

Description	Good		Average		Total
	No	%	No	%	
					315
Family gatherings	290	92	25	8	315
Religious gatherings	289	92	26	8	315
Community gatherings	289	92	26	8	315
Helping others	299	95	16	5	315
Family Meal	295	94	20	6	315
Vacation	270	86	45	14	315
TV/Sports	166	53	149	47	315

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Table I - Achieving Goals of Life Total 315

Description	Total	Good		Average		Poor	
		No	%	No	%	No	%
Education	315	63	21	160	49	92	30
Work Career	315	121	43	105	34	89	23
House/	315	288	92	25	8	2	
Marriage	315	294	93	17	6	4	1
Relationships	315	291	89	16	9	8	2
Friends	315	179	57	22	7	114	36
Health	315	192	61	80	25	43	14