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Original Research Article

Prevalence of mental illness among women in an urban slum area of Jaipur: A cross-sectional study

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ABSTRACT

Background: Gender has been described as a critical determinant of mental health and mental illness. Depression is not only the most common women's mental health problem, but may be more persistent in women than men.

Objectives: To assess the burden of depression, anxiety and stress among women residing in urban slums of Jaipur and also to assess the factors affecting them.

Materials and Methods: A community based cross-sectional study was conducted in an urban field practice area among women aged 18-59 years with calculated sample size of 503. Depression Anxiety Stress Scale (DASS)-21 questionnaire was used to capture the primary outcomes—depression, anxiety, and stress. Data was analyzed using SPSS and MS Excel. The statistical significance was evaluated at 95% confidence level. The difference in proportions was compared using Chi-square test and p-value <0.05 was considered significant.

Results: In our study, the overall, the prevalence of anxiety, stress and depression was 38.22%, 9.11%, and 18.61%, respectively which ranged from mild to extremely severe. There were meaningful correlations between probable factors like physical inactivity, poor sleep and generalized pain and DASS scores obtained by the participants.

Conclusion: The study showed that the prevalence of anxiety was higher compared to other DASS symptoms. The DASS symptoms were poorly associated to demographic characteristics of the study participants although amongst the separated and widowed females there was significant statistical association.

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1. Introduction

Mental health is described as emotional, psychological and social well being. It influences how we feel, think and act. It helps in determining how one handles stress, makes choices and relate to others. A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behavior.¹ It is usually associated with distress or impairment in important areas of functioning. There are many different types of mental

disorders. Mental disorders may also be referred to as mental health conditions. The latter is a broader term covering mental disorders, psychosocial disabilities and (other) mental states associated with significant distress, impairment in functioning, or risk of self-harm.² In 2019, 1 in every 8 people, or 970 million people around the world were living with a mental disorder, where anxiety (301 million) and depressive disorders (280 million) were most common.³ In 2020, the number of people living with anxiety and depressive disorders rose significantly because of the COVID-19 pandemic.⁴ Initial estimates show a 26% and 28% increase respectively for anxiety and major

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depressive disorders in just one year. When it comes to countries, India is the most depressed country in the world, according to the World Health Organization, followed by China and the USA. Depression is the most common mental disorder in India with 45.7 million people suffering from it. A higher prevalence of depressive disorders was seen in females (3.9 per cent) than males (2.7 per cent). National Mental Health Survey 2016 found that close to 14% of India's population required active mental health interventions. Every year, about 2,00,000 Indians take their lives.⁵ The statistics are even higher if one starts to include the number of attempted suicide.

Depression being a chronic debilitating condition, can impact a person's living in all spheres—family, societal, and work; thus requiring early identification and treatment. Stress has increasingly become a common part of the urban lifestyle and has been found to be persistently prevalent among young adults.⁶ Long term exposure to stress can have adverse effects on the musculoskeletal health, cardiovascular system and gastrointestinal system among other health issues, whereas short term stress can act as a trigger for fatal health events. In fact, chronic stress may cause depression and anxiety among individuals. Gender has been described as a critical determinant of mental health and mental illness. Depression is not only the most common women's mental health problem, but may be more persistent in women than men.⁷ Women mental health can be conceptualized as having a wide range of related areas, including reproductive health, psychopharmacology, psychosocial determinants of mental health, and legal issues. Therefore, assessment of these factors is essential for preventive action. With this background, a community-based study was conducted with the objective to assess the burden of depression, anxiety and stress among women residing in urban slums of Jaipur and also to assess the factors affecting them.

2. Material and Methods

2.1. Study design and source of population

A community based cross-sectional study was conducted in an urban field practice area of the Department of Community Medicine, JNU Institute of Medical Sciences, Jaipur; Rajasthan among women aged 18-59 years. The study was carried out over a period of 2 months from March 2023 to April 2023. The Sample size was calculated as 503 using the formula $4pq/l^2$ and finite sample correction, taking the prevalence of depression 14.9% among women population according to Srinivasan M et al. study with 95% confidence interval, 3% allowable error and 10% non response rate.⁸

3. Data Collection Procedures and Validity

All the 8 outreach areas which come under urban field practice area were included in the study. There are total 1042 households in the urban field practice area with a population of approximately 2760 eligible participants. Based on population proportionate to size method, the number of eligible participants in each area was visited. Data was collected by house - to - house survey in each area starting from the first house randomly selected till the required sample size for each area was attained in the community. Only 1 participant from each household was interviewed after taking the informed consent. If the house was locked, next house was included in the study. Participants were interviewed using a predesigned, pretested semi-structured questionnaire. The questionnaire consisted of socio-demographic details and other factors, such as the presence of debts, history of domestic violence, and addictions (alcohol/tobacco) among family members and also obstetric history. We used Depression Anxiety Stress Scale (DASS)-21 questionnaire to capture the primary outcomes—depression, anxiety, and stress. DASS-21 is a screening tool to measure depression, anxiety, and stress in the reference period of “past 1 week.” Questions in each of these three domains are based on the symptoms that would be reported by patients with above specified illnesses. The responses were captured in a four point Likert's scale and the scores range between 0 and 42. Using the cut-offs for DASS tool, participants were classified into with/without the outcome under study. We used the Hindi version of DASS-21, which was translated to provide a better understanding of the participants. English version of DASS-21 was initially translated into Hindi version by a subject expert, which was then back-translated into English by another subject expert.

3.1. Data processing and analysis

Data was entered into Microsoft Excel and exported to Statistical Package for Social Science (SPSS) software version 22 for analysis. The categorical data was expressed as percentage/proportions and difference in proportions was compared using chi-square test. P-value < 0.05 was considered statistically significant. Results were interpreted in tables and figures.

4. Ethics Approval and Consent to Participate

Ethical approval was obtained from IEC of JNU Institute of Medical Sciences, Jaipur; Rajasthan. A verbal consent was obtained from the participants. All the respondents were assured that the information collected would be confidential.

Table 1: Socio-demographic characteristics of women from urban slum. (N = 505)

Characteristics	Number	Percentage	
Age	15-25 years	143	28.32
	26-35 years	129	25.54
	36-45 years	92	18.22
	46-55 years	69	13.66
	56-59 years	72	14.26
Education	Graduate & above	40	7.92
	Intermediate	59	11.68
	High school	93	18.42
	Middle school	97	19.21
	Primary school	61	12.08
Religion	Illiterate	155	30.69
	Hindu	238	47.13
	Muslim	267	52.87
Occupation	Working	121	23.96
	homemaker	380	75.25
Type of family	Student	04	0.79
	Nuclear	228	45.15
	Joint	163	32.28
	Three generation	114	22.57
Socio economic status	Class I	42	8.32
	Class II	99	19.60
	Class III	156	30.89
	Class IV	138	27.33
	Class V	70	13.86
Marital status	Married	412	81.58
	Unmarried	74	14.65
	Separated	03	0.59
Chronic disease	Widowed	16	3.17
	Yes	131	25.94
Addiction of harmful substance in family	No	374	74.06
	Alcohol	51	10.10
	Tobacco	126	24.95
Relation to family addicted to harmful substance	Both	22	4.36
	No addiction	306	60.59
	Husband	136	26.93
	In-laws	65	12.87
	Siblings	01	0.20
Other family members (cousins)	Children	04	0.79
	Parents	07	1.39
		47	9.31

Table 2: Housing condition & environment of study participants, N=505.

Characteristics		Number	Percentage	
Tenure of house	Own	419	82.97	
	Rented	86	17.03	
Overcrowding	Absent	258	51.09	
	Present	247	48.92	
Financial debts in family	No	426	84.36	
	Yes	79	15.64	
Husband working away	No	375	74.26	
	Yes	38	7.52	
	NA	92	18.22	
	No	481	95.25	
Family history of psychiatric illness	Yes (24)	Husband	01	4.17
		Children	06	25
		Parents	03	12.5
		In-laws	11	45.83
		Sibling	03	12.5
Ill treatment by in-laws	No	402	79.60	
	Yes	16	3.17	
	NA	87	17.23	
Ill treatment by husband	No	359	71.09	
	Yes	27	5.35	
	NA	119	23.56	
Domestic violence/abuse in family	Yes (30)	No	474	93.86
		Husband	18	60
	In-laws	12	40	
	No	Husband	07	11.29
		In-laws	18	29.03
Child		07	11.29	
Loss of near one in the past one year	Yes (62)	Parent	18	29.03
		Grand parents	05	8.07
		Sibling	03	4.84
		Friend	04	6.45

Table 3: Behavioral health factors and obstetric history of women participants. N=505

Characteristics		Number	Percentage
Current use of tobacco	No	433	85.74
	Yes	72	14.26
Physical exercise	No	326	64.55
	Yes	179	35.45
Poor sleep	No	286	56.63
	Yes	219	43.37
Generalized pain	No	339	67.13
	Yes	166	32.87
Age of marriage	<18 years	233	46.14
	18 years & above	198	39.21
	NA	74	14.65
Family completed	No	96	19.01
	Yes	335	66.37
	NA	74	14.65
Recent history of abortion/ still birth	No	266	52.67
	Yes	22	4.36
	NA	217	42.97
	No	254	50.30
Currently pregnant	Yes (34)	27	79.41
	Wanted	07	20.59
	Unwanted	217	42.97
Pressure of male child	No	250	49.50
	Yes	38	7.52
	NA	217	42.97

Table 4: Association of mental health illness with socio-demographic factors, N=505.

Characteristics	Yes N, %	Anxiety		Total	Chi square & p value	Depression		Total	Chi square & p value	Stress		Total	Chi square & p value
		No N, %	Total			Yes N, %	No N, %			Total	No N, %		
Age (years)	15-25	50 34.96%	93 65.03%	143	6.26, 0.18	29 20.28%	114 79.72%	143	2.313 & 0.678	16 11.19%	127 88.81%	143	2.031 & 0.730
	26-35	46 35.66%	83 64.34%	129		27 21.26%	102 80.31%	129		10 7.87%	119 93.70%	129	
	36-45	31 30.70%	61 66.30%	92		17 18.48%	75 81.52%	92		9 9.78%	83 90.22%	92	
	46-55	33 40.83%	36 52.17%	69		9 13.04%	60 86.96%	69		4 5.80%	65 94.20%	69	
	56-59	33 45.83%	39 54.17%	72		12 16.67%	60 83.33%	72		7 9.72%	65 90.28%	72	
	Total	193	312	505		94	411	505		46	459	505	
Education	Graduate & above	13 32.50%	27 67.50%	40	9.609 & 0.087	7 17.5%	33 82.5%	40	2.891 & 0.718	6 15.0%	34 85.0%	40	5.740 & 0.332
	Intermediate	15 25.42%	44 74.58%	59		13 22.03%	46 77.97%	59		9 15.25%	50 84.75%	59	
	High school	32 34.41%	61 65.60%	93		14 15.05%	79 84.95%	93		6 6.45%	87 93.55%	93	
	Middle school	36 37.11%	61 62.89%	97		16 17.20%	81 82.8%	97		7 7.22%	90 92.78%	97	
	Primary school	29 30.43%	32 69.57%	61		10 16.39%	51 83.61%	61		5 8.20%	56 91.8%	61	
	Illiterate	68 43.87%	87 56.13%	155		34 21.94%	121 78.06%	155		13 8.39%	142 91.61%	155	
Religion	Total	193	312	505	0.295 & 0.587	94	411	505	1.474 & 0.225	46	459	505	2.102 & 0.147
	Hindu	88 36.98%	150 63.02%	238		39 16.39%	199 83.61%	238		17 7.14%	221 92.86%	238	
	Muslim	105 39.33%	162 60.67%	267		55 20.6%	212 79.4%	267		29 10.86%	238 89.14%	267	
Occupation	Total	193	312	505	5.012 & 0.082	94	411	505	8.594 & 0.014	46	459	505	2.396 & 0.302
	Working	54 44.63%	67 55.37%	121		33 27.27%	88 72.73%	121		15 12.40%	106 87.60%	121	
	homemaker	139 36.58%	241 63.42%	380	61 16.05%	319 83.95%	380	31 8.16%	349 91.84%	380			

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Table 4 continued

	Student	0	0	4	100%	4		0	0	4	100%	4		0	0	4	100%	4	
	Total	193		312		505		94		411		505		46		455		505	
Type of family	Nuclear	89	39.04%	139	60.96%	228	6.684	45	19.74%	183	80.26%	228	0.414	25	10.97%	203	89.03%	228	3.759
	Joint	51	31.29%	112	68.71%	163	& 0.035	28	17.18%	135	82.82%	163	& 0.813	9	9.0552%	154	94.48%	163	& 0.153
	Three generation	53	46.49%	61	53.52%	114		21	18.42%	93	81.58%	114		12	10.53%	102	89.47%	114	
	Total	193		312		505		94		411		505		46		459		505	
Socio economic status	Class I	12	28.57%	30	71.43%	42	6	14.29%	36	85.71%	42	2.471	4	9.52%	38	90.48%	42	3.051	
	Class II	33	33.33%	66	66.67%	99	4.524	19	19.19%	80	80.81%	99	& 0.650	10	10.10%	89	89.9%	99	& 0.543
	Class III	62	39.74%	94	60.26%	156		34	21.80%	122	78.20%	156		18	11.54%	138	88.46%	156	
	Class IV	54	39.13%	84	60.87%	138		25	18.12%	113	81.88%	138		8	5.80%	130	94.20%	138	
	Class V	32	45.71%	38	54.29%	70		10	14.29%	60	85.71%	70		6	8.57%	64	91.43%	70	
	Total	193		312		505		94		411		505		46		459		505	

Table 5: Association of mental health illness with housing, environmental factors and behavioral health risk factors. N=505

Characteristics		Anxiety				Depression				Stress			
		Yes N,%	No N,%	Total	Chi square & p value	Yes N,%	No N,%	Total	Chi square & p value	Yes N,%	No N,%	Total	Chi square & p value
Tenure of house	Own	153 36.5%	266 63.5%	419	3.020 & 0.082	66 15.8%	353 84.2%	419	13.304 & 0.000	32 7.6 %	387 92.4%	419	6.436 & 0.011
	Rented	40 46.5%	46 53.5%	86		28 32.6%	58 67.4%	86		14 16.3%	72 83.7%	86	
	Total	193	312	505		94	411	505		46	459	505	
Over crowding	Present	96 38.9%	151 61.1%	247	0.086 & 0.769	40 16.2%	207 83.8%	247	1.868 & 0.172	14 5.7 %	233 94.3%	247	6.914 & 0.009
	Absent	97 37.6%	161 62.4%	258		54 20.9 %	204 79.1 %	258		32 12.4%	226 87.6%	258	
	Total	193	312	505		94	411	505		46	459	505	
Having debts in family	Yes	42 53.2%	37 46.8%	79	8.861 & 0.003	33 41.8 %	46 58.2%	79	33.154 & 0.000	20 25.3%	59 74.7%	79	29.714 & 0.000
	No	151 35.4%	275 64.6%	426		61 14.3%	365 85.7%	426		26 6.1 %	400 93.9%	426	
	Total	193	312	505		94	411	505		46	459	505	
Husband working away from	Yes	17 44.7%	21 55.3%	38	0.399 & 0.527	11 28.9%	27 71.1%	38	4.086 & 0.130	8 21.1%	30 78.9%	38	8.144 & 0.017
	No	148 39.5%	227 60.5%	375		63 16.8%	312 83.2%	375		28 7.5 %	347 92.5%	375	
	NA	28 30.4%	64 69.6%	92		20 21.7%	72 78.3%	92		10 10.9%	82 89.1%	92	
Family history of psychiatric illness	Yes	17 70.8%	7 29.2%	24	11.352 & 0.001	13 54.2%	11 45.8%	24	21.024 & 0.000	8 33.3%	16 66.7%	24	17.860 & 0.000
	No	176 36.6%	305 63.4%	481		81 16.8%	400 83.2%	481		38 7.9 %	443 92.1 %	481	
	Total	193	312	505		94	411	505		46	459	505	
Ill treatment by in-laws	Yes	11 68.8%	5 31.3%	16	3.292 & 0.193	9 56.3%	7 43.8%	16	15.566 & 0.000	6 37.5%	10 63.5%	16	16.089 & 0.000
	No	159 39.6%	243 60.4%	402		71 17.7%	331 83.3%	402		33 8.2 %	369 91.8%	402	
	NA	23 26.4%	64 73.6%	87		14 16.1%	73 83.9%	87		7 8.0 %	80 92.0 %	87	

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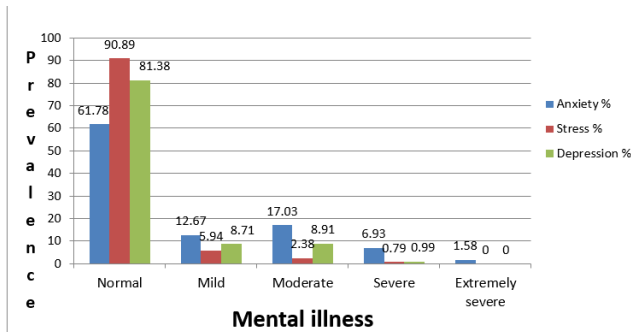


Figure 1: Prevalence of anxiety, stress and depression among women in slum area, N=505

4.1. Inclusion criteria

1. Women between 18-59 years of age residing in the area.
2. Willing to participate in the study.

4.2. Exclusion criteria

1. Who did not consent to participate in the study
2. Women suffering from any previously diagnosed mental illness.

5. Results

In our study maximum participants were in the age group of 15-25 years (28.32%). 30.69% were illiterate and 52.87% were Muslims. Majority lived in nuclear family (45.15%) and belonged to class III (30.89%) socio-economic status according to modified B.G Prasad classification 2022. 75.25% women were home-makers and maximum were married (81.58%). Prevalence of any type of chronic disease among women was 25.94%. 39.41% of their family members were addicted to harmful substances. The maximum consumption was of tobacco. [Table 1]. Majority of them (82.97%) were residing in their own houses. Overcrowding was seen in 48.92% of the participant's houses. 15.64% had financial debt in their family. 7.52% of their husband's were working in different cities away from hometown. History of psychiatric illness in family was seen in 4.75% of them. 3.17% & 5.35% of them were ill treated by their in-laws and husband respectively. 5.94% of them were subjected to domestic violence and abuse by their family members. [Table 2]. Currently 14.26% of the women were addicted to any form of tobacco. 43.33% had complains of poor sleep and 32.87% had generalized pain in body. Most of them (46.14%) were married before the age of 18 years. 4.35% of the participants had suffered from pregnancy loss recently and 6.73% were currently pregnant but out of these pregnant women 20.59% of the pregnancy was unwanted and 7.52% revealed that there was a pressure

for male child from the in-laws. [Table 3]. In our study, the overall, the prevalence of anxiety, stress and depression was 38.22%, 9.11%, and 18.61%, respectively, and which ranged from mild to extremely severe. [Figure 1] There were meaningful correlations between probable factors like physical inactivity, poor sleep and generalized pain and DASS scores obtained by the participants. [Table 4] There was a significant association with the various housing, environmental and behavioral risk factors with the presence of mental health illness. [Table 5]

6. Discussion

In the present study, the overall, the prevalence of anxiety, stress and depression was 38.22%, 9.11%, and 18.61% respectively. A study conducted by Chauhan S et al., study, 5.1%, 8.7%, and 7.3% of participants were experiencing severe or extremely severe depression, anxiety, and stress levels, respectively. In our study, 0.99%, 6.93% and 6.79% were having severe depression, anxiety and stress DASS scores. In Pawar N et al., study in North India mental illness was prevalent slightly higher in the age group of 46 & 60 years whereas in our study it was more in the 15-45 years age group.⁹ In our study, the prevalence of anxiety, depression and stress among women was higher compared to Srinivasan M et al., study in South India where the prevalence of depression, anxiety, and stress was 15%, 10.6%, and 5% respectively.⁸ In a study by Verma S et al., the prevalence of depression was 25% and the reason for high prevalence could be because of COVID 19 pandemic and prolonged lockdown.¹⁰ A study done in Gujarat found that the prevalence of stress was alarmingly high (26%) when compared with our finding.¹¹ In this study, we found that there was a concomitant existence of depression, anxiety and stress.

The present study found that very few socio demographic factors were associated to mental illness among women in our urban field practice area. Mental illness was common in three generation and nuclear family compared to joint family which was similar to Pawar N et al., study.⁹ Having debts in family was statistically associated with anxiety. Depression was strongly associated with ill treatment by husband, by in laws and domestic abuse/violence in family with p-value 0.000. A systematic review of the epidemiological literature on common mental disorders and poverty in low and middle-income countries found that of the 115 studies reviewed, over 70% reported positive associations between a variety of poverty measures and common mental disorders.¹² A review of population surveys in European countries found that higher frequencies of common mental disorders (depression and anxiety) are associated with low educational attainment, material disadvantage and unemployment.¹³ However, other studies have shown a vast array of factors different from our study contributing to this mental illness. These differences might

be due to the different studies are being set in different cultures and socio demographic status.

7. Conclusion

The study showed that the prevalence of anxiety was higher compared to other DAS symptoms. The DASS symptoms were poorly associated to demographic characteristics of the study participants although amongst the separated and widowed females there was significant statistical association. These women suffer from higher mental health problems due to stigmatization and lack of support from the family members and community. There was also a significant association with the behavioral health risk factors like lack of physical exercise, poor sleep. The study findings clearly indicate the importance of early detection as well as prevention of mental health problem among the female population. The establishment and strengthening of health care system locally can help in overcoming the alarming rise in mental health problem in the community.

8. Strength

The interview was conducted by trained and briefed MBBS interns who provided better clarifications for the doubts that came up during the interview.

9. Weakness

As the study was conducted in urban slum area of Jaipur therefore the results cannot be generalized in the other parts of the city and rural areas.

10. Source of Funding

None.

11. Conflict of Interest

None.

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