

Culture of Health Care in Urban Slums

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Statements Accompanying the Dissertation

Culture of Health Care in Urban Slums: A Comparative Study of Metropolitan Cities of Bangalore and Kolkata

Moumita Das

1. The idea of health and illness is part of everyday life because the urban slum dweller's tastes, priorities, and lifestyles are shaped by their social and material circumstances. These tastes, priorities, and lifestyles are then turned into social practises and become a person's "choice of necessity" in everyday life. (this thesis).
2. Admitting you are sick does not always mean you will go to the doctor. People who live in slums are limited in what they can say about their health, which affects how they think and talk about their illnesses, how they deal with them, and their overall mental health. (this thesis).
3. When faced with a choice between alternatives, slum dwellers' "option of necessity" is to accept the realities of their lives. As a result, as has become the public belief regarding health behaviours, the necessity to invest in imagined health may look inapplicable, if not absurd (this thesis).
4. When confronted with harsh daily realities, the people living in the slums had to constantly figure out new ways to pursue their unique values and interests (this thesis).
5. Men and women in urban slums are exposed to a wide range of different situations every day, which affects how well and differently they use health services and how often they look for them (this thesis).
6. Policymakers should emphasise narratives by giving slum residents a voice and a place to make meaning of their situations to improve their well-being (this thesis).
7. So far, urban slum health policy interventions have focused on the effects of infrastructure barriers, built-in environmental influences, and social determinants on specific health problems, such as maternal and child mortality in slums, the prevalence of chronic diseases, and overall health care spending and use in the public and private sectors. There has not been much research done on the idea of "comprehensive health," what it means, and how people in urban Indian slums act when they are sick in a "comprehensive" way.
8. Lay knowledge, rather than just "lay beliefs," should be taken into consideration in order to conceptualise a more "nuanced and sophisticated" role for it. This kind of research can provide insights that can complement, challenge or function as a mirror to develop a different kind of knowledge at the policy level.
9. Even while public health domain in India is beginning to recognize the need of urban slum healthcare solutions for the poor, a paradoxical lack of action is the norm when it comes to putting them into effect.

10. There are no well-established ethical guidelines in place or practised in India when it comes to conducting social research, but rather a case-by-case basis. In fact, there are not very many Institutional Review Boards on ethics for non-clinical research. It's more of a personal preference than a requirement for starting a study.
11. *The slums are not a place of despair. Its inhabitants are all working towards a better life-*
Vikas Swarup (Diplomat and writer)