

Mental Health and Depression among Slum Dwellers

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ABSTRACT

The present study is aimed at exploring the differences mental health and depression among slum dwellers. Sample of the study consisted 100 of Hindu and Muslims. In this research tools used mental health inventory by Jagadish and depression scale by Stanford (2001) is used for the purpose of study. Results indicated, there is significant difference in over all mental health and depression between male and female in Hindu and Muslim community. Male sample have higher the depression and low mental health than the female representatives in both community.

Keywords: *Mental Health Depression Personal Health And Slum*

Among the basic necessities of life, the housing occupies an important place. Prof. Friedlander points out that ‘Social Welfare is deeply concerned with adequate housing ; next to food and clothing, housing is one of the basic necessities of man, particularly for the maintenance of family life’. However, for quite a large number of people all over the world, housing remains a far distant dream. Analyzing the data pertaining to housing remains a far distant dream. Analyzing the data pertaining to housing in different countries, franchise Cherunilam observes that although the problem is very chronic in developing countries, most of the advance countries including India and Srilanka country also are not free from the housing problem. The acute housing conditions and the poverty are supposed to be the major reasons for the mushroom growth of the slums all over the world.

The phenomenon of slum is worldwide. Almost every city has slums. They are spread from Bombay to Bermuda, and from Manchester to Manila. But some countries deny their existence. The reason behind the non-existence of slums in these countries may be the basic ideology held by these countries. Hence, Rao and Rao stress the need for careful examination of the basic ideology behind the problem of slums. Some scholars (See Rao and Rao, 1984; Desai and Pilali, 1972; D.G. Epstein 1972 D.G. Epstein 1972) recognize that the problem of slum is associated with the exploitative system of the capitalist society with its exploitative mode of production. To mitigate the problem of slums scholars like Rao and Rao emphasize to bring about a basic change in the exploitative system in the direction of socialistic ideology. Fredrick Engels held a similar view. He says. “As long as the capitalist mode of production continues to exist, it is folly to hope for an isolated solution of the housing

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question or any other social question affecting the fate of the workers". The solution according to him, lies in the abolition of the capitalist mode of production and the appropriation of all the means of life and labour by the working class itself. Thus the positive relationship is sought between the existence of the slums and the exploitative mode of production. In this connection, it may also be noted that Desai and Pillai regret that they do not have comparable data on the shelter problem for the socialist countries. So they suggest that "The massive urban renewal programmes in these countries, where private ownership of land does not exist, deserves careful study." In this study researcher tried to know about mental health and depression in the slum people. Chandrakanth Jamadar he was conducted study in Mental health in slums in this study revealed that poverty is one of the main reason to depression and depression is the main reason to mental health a person was considered to have good mental health simply if they showed no signs or symptoms of a mental illness. But in recent years, there has been a shift towards a more holistic approach to mental health. Today, we recognize that good mental health is not just the absence of mental illness. Nor is it absolute – some people are more mentally healthy than others, whether you are mentally ill or not. These realizations are prompting a new kind of focus on mental health that identifies components of mental wellness and mental fitness and explore ways to encourage them. Depression an illness that involves the body, mood, and thoughts, that affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. A depressive disorder is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be wished away. People with a depressive disease cannot merely "pull themselves together" and get better. Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help most people with depression. Clinical depression is still widely misunderstood. The prevailing attitude is "Keep a stiff upper lip, have a drink, maybe it will go away." About 12% of men and up to 25% of women suffer from depression during their lifetimes. While more women attempt suicide, men are more likely to be successful. Depression can make your life seem painful and pointless. It can also make life in general seem empty and meaningless. Simply dismissing these feelings as "irrational" or a symptom of "illness" ignores the fact that questions about the meaning of life are profound issues facing humanity in general.

METHODOLOGY

Aim of the Research

The general aim of the present investigation has been to know about mental health and depression of slum dwellers living in slums.

Objectives

1. To assess and analyses the mental health and depression among male and female
2. To find out the mental health and depression in different age group
3. To know the mental health and depression among Hindu and Muslim

Hypothesis

- H1. There is significant difference in their mental health and depression among male and female.
- H2. There is significant difference in their mental health and depression in different age group.
- H3. There is significant difference in their mental health and depression among Hindu and Muslim.

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Samples

The Mysore city has 81 areas properly declared as slums. Out of these 81 slums, two slums have been selected on purposive basis, out of the residents of these slums 100 slum dwellers from each selected area have been selected by using the method of quote samples method 50 Hindu and 50 Muslim slum dwellers.

Statistical analysis

According to the plan already prepared uni-variate and multi variate table were drawn variables have been so arranged that definite inference regarding to presence or absence of actual relationship as hypothesized may be drawn. In order to arrive a different conclusions. Statistical method have been applied but greater reliance has been placed on statistical methods. This regard as we use the test-mean, SD, t-test, ANOVA and Pearson correlation.

RESULT AND DISCUSION

Table No. 1: Distribution of Respondents According to their Religion in Mental health (N = 100)

Sl. No	Religion	Mean	SD	t-value
1	Muslim	133.94	16.85	1.325
2	Hindu	138.14	14.73	

The above table shows that their mental health reflects the Muslim and Hindu religion slum dwellers. The mean score of mental health of Muslim and Hindu Religion is 133.94 and 138.14 respectively. Where as the SD is 16.856 and 14.747 respectively. The calculated t-value is -1.326, it is not significant. It shows that there is no difference in mental health of Muslim and Hindu Religion slum dwellers. Therefore, the hypothesis is rejected.

Table No.2 : Distribution of Respondents According to their Religion in Personal Health Depression (N = 100)

Sl. No	Religion	Mean	SD	t-value
1	Muslim	15.20	4.22	4.135
2	Hindu	18.04	2.39	

*Significant at .000 level

The above table shows that their personal health depression in Muslim and Hindu religion slum dwellers. The mean score of personal health depression in Muslim and Hindu Religion slum dwellers is 15.20 and 18.04. Where as the SD is 4.228 and 2.390 respectively. The calculated t-value is 4.135, which is significant at .000 level. It shows that there is highly significant difference in the personal health depression in Muslim and Hindus Religion slum dwellers. Therefore, the hypothesis shows that there is significant differences between personal health depression in Muslim and Hindu Religion slum dwellers which is accepted.

Table No.3 : Distribution of Respondents According to their gender in Mental Health (N = 100)

Sl. No	Religion	Mean	SD	t-value
1	Male	139.46	13.35	*2.19
2	Female	132.06	17.55	

*It is significant at 0.05 level

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The above table shows that their mental health reflects the male and female gender slum dweller. The mean score of mental health of male and female is 139.46 and 132.06 respectively. The SD is 13.35 and 17.55 respectively. The calculated t-value is 2.193, it is significant at 0.05 level. It shows that there is difference in the mental health of male and female slum dwellers. Therefore, the hypothesis that there is significant differences between mental health of male and female slum dwellers which is accepted.

Table No. 4 : Distribution of Respondents According to their Gender in Personal Health Depression (N = 100)

Sl. No	Religion	Mean	SD	t-value
1	Male	17.54	2.95	*2.55
2	Female	15.70	4.15	

*It is significant at .05 level

The above table shows that their personal health depression in male and female slum dwellers. The mean score of personal health depression in male and female slum dwellers is 17.54 and 15.70. Where as the SD is 2.95 and 4.15 respectively. The calculated t-value is 2.553, which significant at .05 level level. It shows that there is significant difference in the personal health depression in male and female slum dwellers. Therefore, the hypothesis shows that there is significant differences between personal health depression in male and female slum dwellers which is accepted.

Table No.5: Distribution of Respondents According to their Religion and Gender Personal health and depression(100).

Sl. No	Religion Gender	Mean	SD	F-value
1	Muslim Male	16.72	3.45	18.69
	Female	13.68	4.44	
2	Hindu Male	18.36	2.09	
	Female	17.72	2.65	

It is significant at 0.00 level

The above table shows the personal health depression in Muslim religion slum dwellers. The mean score of personal health depression in Muslim Religion is 16.72 and 13.68. Where as SD is 3.45 and 4.41 respectively. The F value is 18.698. Which is significant at .000 levels. It shows that there is highly significant difference in the personal health depression in Muslim Religion is slum dwellers.

The mean score of personal health depression in Hindu Religion is 18.36 and 17.72 where as SD is 2.099 and 2.654 respectively. The F-value is .006,k which is significant at .006 level. It shows that there is significant difference in the personal health depression in Hindu Religion slum dwellers.

Therefore the hypothesis shows that there is significant difference between personal health depression in religion and gender slum dwellers which is accepted.

CONCLUSION

1. There is significant difference in their mental health and depression among male and female

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2. There is significant difference in their mental health and depression in different age group
3. There is significant difference in their mental health and depression among Hindu and Muslim.
4. Male have higher the depression and lower the mental health than the female respondent.

REFERENCES

- Balsara. J.P. : Problems of Rapid Urbanization in India, 1964, p. 158.
- Chandrakant Jamadar (2010) Mental health & depression among slum dwellers, Pp-6-9
- Chowdhary N.C. : "Munda Settlement in Lower Bengal : A Study of Tribal Migration" Bulletin of the Cultural Research Institute, 2(2). p. 23-32.
- D'Souza, Victor : Scheduled Caste and Urbanization in Punjab : An Explanation", Sociological Bulletin. Vol. 24, No. 1, March, 1975.
- Inder Mohan : The Poor of India's Capital : The Other Side, Oct, 1987, No. 9, page 6.
- La Pierre : The City of Joy, Paperback edition, 1985.
- M.L.Singh : "Urbanization and Residential Segregation within Scheduled Caste in Coimbatore", Abstracts of papers, NEHU Shilling, 1987.
- M.S.A. Rao: Some Aspects of Sociology of Migration, Sociological Bulletin, Vol. 30, No. 1, March 1981.
- Noor Mohammad : "Urbanization, Slums and Social Conflict: A Study of Slums in Kanpur City". Abstract of papers, NEHU Shilling, 1987.
- Sachchidanand : Social Disorganization among Tribals in Bihar.
- Singh S.D. and K.P. Pothan : The Slum Children of India : Deepand Deep Publications New Delhi, 1982.
- Soman M.S. : "Urbanization and Rural Migrants", Abstracts of papers NEHU, Shillong, 1987.

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Conflict of Interest

There is no conflict of interest.

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