

Quality of Community Life and Mental Health in Slums

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ABSTRACT

The present study assesses level of mental health and quality of community life in slum of Delhi. It explores the factors which are responsible for poor mental health in slums. A sample of 40 slum dwellers from Sanjay Colony, Okhla of Delhi were taken with 20 males and 20 females, who were administered World Health Organization (WHO) Self Reporting Questionnaire and Indian Council of Medical Research (ICMR) Quality of Community Life Questionnaire. The prevalence of poor mental health and poor quality of life was high. A significant correlation of 0.366 ($p < 0.05$) was obtained between mental health and quality of community life. Women were found to be more vulnerable to poor mental health than men. Scores revealed that general satisfaction can be seen among slum dwellers with the relatives, family and friends while general discontent was observed with community efforts, law and order, neighbours, social discrimination, medical facilities and social contact. Regression analysis revealed family and social discrimination as the statistically strongest predictor of poor mental health. Future psychosocial intervention studies need to be conducted for improved quality of community life and mental health for people living in slums.

Keywords: Mental Health, Quality of Community Life, Slums.

INTRODUCTION

The policymaking and implementation, whether through government bodies or civil society participation has direct influences on level of quality of life (QoL) of dwellers. For example, a poor level of governance manifest itself in a mismatch in the provision of basic amenities and in accessibility by the residents, affecting most severely the poor leading to unsatisfactory level of quality of life. A brief look at possession of private assets and access to public services reveals the existing gap between the QoL of the urban poor. This in turn manifests itself in deteriorating mental health of slum dwellers. There exists a strong relationship between economic status and subjective wellbeing in developing

countries. ^[1] Urbanisation may increase stressors (long-term difficulties and life events) and also reduce social support, which in turn may increase mental ill-health. ^[2] There are close associations between poor mental health and other public health and social development priorities. ^[3] Relationship between mental health and quality of life is not debatable. However, the factors constituting quality of life, which influence mental health, have been matter of research studies.

It is necessary to determine whether there are qualities of urban life which operate as special risk factors in the generation of mental illness. ^[4] The significantly lower sense of social support, in particular the decreased sense of ease in accessing practical help, could add to a

sense of urgency to build both bonding and bridging capital in the mentally unwell. [5] The main social risk factors for mental ill health are long-term difficulties, negative life events and lack of social support to buffer, or reduce, the effects of such difficulties and events. [6] Further, the relationship between QoL and mental health is a two-way process as studies that describe risk factors affecting resilience of caregivers and their families have noted that the paucity of accessible, available and affordable mental health services can unfavourably alter outcomes. [7] Satisfaction with many community services tend to impact community well-being directly and through satisfaction in various life domains. [8] Even for the subgroups of men and women, there are significant predictions of mental health by community integration, community participation, and use of community organization. [9] Social roles defined by gender influence this vulnerability, and a gender-focused analysis and study of mental health in slum communities can be expected to clarify how women and men experience physical and social environments affecting their emotional life. [10]

Further, urban planning and land use regulations can improve living conditions. The disparity in the level of basic amenities across districts and urban centres is very high. [11] Factors such as residential segregation lead to differential experiences of community stress, exposure to pollutants, and access to community resources. [12] Policies to eradicate discrimination and prejudice in the public sphere, and in public life, need thoughtful and careful planning and engagement by all public institutions. [13] Social and physical environments that define the urban context are shaped by municipal factors, such as government and civil society, and that national and global trends that shape the context in which local factors operate. [14] Under this context current research studies mental health status and explores the factor of Quality of life that

influence it, in cohort of slum dwellers in Sanjay Colony, Okhla slum of Delhi.

MATERIALS AND METHODS

The present study aims at identifying people with poor mental health in slum dwellings and assesses their quality of community life. Operational Definition Quality of community life for the study conceptualizes it as holistically with due emphasis on positive aspects of health and subjective perspectives of the individual. Hence, it is all-inclusive of the various aspects as education, wealth, employment, built environment, recreation and leisure time, and social belonging. Mental Health can be defined here as an expression of emotions, and as signifying a successful adaptation to one's environmental demands.

Objectives

1. To assess level of poor mental health and quality of community life in a sample of slum dwellers in Delhi using SRQ and Quality of community life questionnaire respectively.

5. To explore the factors which are responsible for poor mental health in slums.

Participants

The slum dwellers were approached following incidental sampling based on following criteria (1) They should be living in slums from at least last 5 years. (2) They should be residing with their family or group of relatives in same slum. (3) They should be equal to or above 18 years old.

Assessments

The study employed WHO's self-reporting questionnaire (SRQ) and Quality of Community Life Questionnaire developed by Indian Council of Medical Research (ICMR). WHO SRQ is used for measuring mental health of slum dwellers, has 20 items with score 1 or 0. Overall score is obtained by summing up individual scores. And '7' is the cut-off point i.e., above '7' score is classified as poor mental. [15]

Quality of Community Life Questionnaire is used to measure second variable of Quality of life for slum dwellers. It measures scores on following 11 factors

1. Relationship with colleagues. 2. Community efforts for sanitation. 3. Support of relatives. 4. Support of family. 5. Support of neighbours. 6. Relationship with friends. 7. Medical & other facilities. 8. Social discrimination. 9. Social contacts & Community information. 10. Law & order problems. 11. Caste and religion. It is scored by assigning the value of the response as 1, 2, 3. There are 13 negatively structured items. The average score of '6' and '66' were kept as cut off for determining quality of life for single factor and overall respectively below 6(66) denotes low quality of life. [16] A total for each factor and overall total is obtained. Higher the score better the Quality of community life.

Data collection and Analysis

This was a population-based study of all the adults of the Sanjay colony slums of Okhla in New Delhi. The researcher himself visited house to house to collect data. A sample of 40 slum dwellers was taken with 20 males and 20 females. First, they were administered WHO SRQ, followed by Quality of Community Life Questionnaire. Data was analysed using

Excel in Windows for correlation, regression and comparisons analysis. Significance level of $p < 0.05$ was set for the study.

Ethical Issues

Subjects were informed about the study objectives and questionnaires. Any apprehensions were resolved by informing them about the use of data in the study. No personal identifiers were used in the datasets. Permission for the study was taken from the Supervisor in the University.

RESULTS

On SRQ, the mean score of the entire sample is 8.58 (Table 1) which is more than 7 which suggests poor mental health among the slum dwellers. In men, average score for mental health is 6.5 that is below '7' while in women it is 10.65 above '7'. Therefore, lesser prevalence of poor mental health in men compared to women in the sample. And out of the total sample 51.5% of them experience poor mental health, among male sample, 50% of them have poor mental health that is below '7' while among women 80% have poor mental health.

Table 1: Mean scores for Quality of Community life indicators and mental health on SRQ

Indicators	Mean (Women)	Mean (Men)	Mean Overall
Relationship with colleagues.	4.95	4.90	4.93
Support of relatives	6.65	6.80	6.73
Community efforts for sanitation.	4.10	4.20	4.08
Support of family.	7.10	7.30	7.30
Support of neighbors.	5.20	5.50	5.38
Relationship with friends.	6.05	6.30	6.23
Medical & other facilities.	4.85	4.60	4.73
Social discrimination.	6.00	6.20	6.13
Social contacts & Community information.	5.15	5.60	5.35
Law & order problems.	5.30	4.90	5.13
Caste and religion.	7.80	6.80	7.40
Quality of Community Life	63.15	63.10	63.35
SRQ	10.65	6.50	8.58

Table 2: Correlations among Quality of Community life indicators with mental health scores on SRQ,

Quality of Community life indicators	SRQ Scores
Relationship with colleagues.	-0.26
Support of relatives	-0.18
Support of family.	-0.34
Support of neighbours.	-0.20
Relationship with friends.	-0.06
Medical & other facilities.	-0.28
Social discrimination.	-0.37
Social contacts & Community information.	-0.24
Law & order problems.	-0.21
Caste and religion.	-0.01
Quality of Community Life	-0.37

Table 3: Significant indicators of Quality of Community life in slums related to mental health measured on SRQ by regression analysis.

	Coefficients	Standard Error	t Stat	P-value	Lower 95%	Upper 95%	Lower 95.0%	Upper 95.0%
Family	-1.13	0.50	-2.25	0.03	-2.14	-0.11	-2.14	-0.11
Social Discrimination	-1.71	0.71	-2.42	0.02	-3.14	-0.28	-3.14	-0.28
Quality of Community Life	-0.23	0.10	-2.33	0.03	-0.43	-0.03	-0.43	-0.03

On quality of life scale total mean score is 63.375 (<66) which indicates overall low quality of life among slum dwellers. Separate mean scores for men and women sample are 63.5 and 63.25 respectively, which is approximately equal to total mean score and a suggesting a low quality of life with no significant difference among them. Even if minor difference is taken into consideration, women experience poorer quality of life than men and it is also congruent with differences in mental health scores. On quality of life 50.25% people scored low and among men and women it is 50% and 50.5% respectively.

A further result interpretation from 11 factors scores can be seen from Table 1, that average score for colleagues for 40 samples is 4.9 and for men it is 4.9 and women 4.95 that is there is overall dissatisfaction from colleagues. A general satisfaction can be seen with the relatives with 6.7 score, other factors with higher scores are family (7.3), friends (6.4) and caste and religion (7.4) hence people are satisfied with their familial relationships and gives second highest mean scores hence it can be judged as one of the important support system.

The community efforts (4.075), neighbours (5.4), medical facilities (4.75), social contact (5.17), social discrimination (6.12) and law and order (5.1) scores have been low, the general discontent with the community efforts, medical facilities and law and order shows poor infrastructural facilities contributing to inferior quality of life. While low score in social contact social discrimination and neighbours shows a lack of faith and trust among people.

Correlation analysis (Table 2) shows that poor mental health and quality of life are significantly related ($p < 0.05$). Further

correlation with constituting factors of Quality of community life questionnaire gives interesting results. With community efforts, caste-religion, support of relatives and friends showing least relationship. In addition, support of family, social discrimination, medical and other facilities showing highest correlation. Finally, the regression analysis (Table 3) shows highest predictive power of family and social discrimination ($p < 0.05$).

DISCUSSIONS

The research found that mental health and quality of community life in slums are significantly related. This is in line with previous findings in the literature that have sought to describe the population most vulnerable to being marginalised as a consequence of mental illness and poverty.^[7] There are gender differences in mental health in slums, with women more susceptible to poor mental health than men. Community development that aims to foster mental health should acknowledge gender-specific needs of women and men.^[10] The research indicates that family and social discrimination are two most determining factors constituting quality of community life. Discrimination is known and well recognized to be associated with poor physical and mental health, as well as creating social divisions and fear that undermines the success of society and economic progress.^[13] The present research has certain limitations, the sample size was small and only one slum site was studied for the research. Further, the WHO-SRQ is not specific instrument for detecting mental disorder and only gives general picture of mental health. While carrying out research, it was felt that several other related area should be researched upon, since the research area of slums and mental health is

immensely vast. An in-depth study of gender differences in stress and coping strategies along with effect of social discrimination on quality of life in slums can be undertaken. There are huge possibilities of cross-cultural studies in these areas.

CONCLUSION

Slums dwellers are more susceptible to mental health problems and are rarely diagnosed or receive treatment. While interpersonal and economic factors play significant role in influencing mental health, role of provision of basic amenities and community feelings cannot be undermined. The feeling of isolation and poor social networks leads to poor coping mechanism and quality of community life. The findings of research reveal significant correlation between mental health and quality of community life. There were gender differences in mental health levels with women being more vulnerable. In quality of community life, indicators of relatives, family and friends showed general satisfaction. Indicators of community efforts, law and order, neighbours, social discrimination, medical facilities and social contact, showed general discontent. Family and social discrimination found to be strongest predictor of poor mental health. Hence future intervention research needs to be conducted in reducing poor mental health and improving quality of community life. Such interventions need to address individual level coping strategies and adverse environmental situations in slums

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