

Attitude of the slum dwellers towards mental health and hygiene

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Abstract

The study investigated the mental health of slum dwellers and the level of the hygiene factors which determines the level of mental health of an individual among 80 samples were collected out of 200 houses from a slum area. Interview schedule was administered for the data collection from the respondents by adopting purposive random sampling method. Personal data sheet, hygiene factors for mental health scale and general health questionnaire were used for this study. The data collected from the individual subjects using the different instruments on the variable of interest were subject to appropriate statistical analysis. Findings of the study revealed that when comparing with other age group the level of significance was not found, different educational qualifications were compared to identify the level of mental health prevalent.

Key Words: Mental Health, Hygiene, Slum, Attitude

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A healthy individual is not only physically healthy, but is also mentally healthy. The modern concept of health extends beyond the proper functioning of the body. It includes a sound, efficient mind and controlled emotions. 'Health is a state of being hale, sound or whole, in body, mind or soul'. It means that both body and mind are working efficiently and harmoniously. We have already said that man is an integrated mechanism, a psychosomatic unit (body-mind-unit), whose behaviour is determined by both physical and mental factors.

The WHO (World Health Organisation) defines mental health as the capacity of an individual to form harmonious relationship with others and to participate in or contribute constructively to, change in the social environment. Mental health which today is recognised as an important aspect of one's total health status is a basic factor that contributes to the maintenance of physical health as well as social effectiveness.

It is a normal state of well being and in the words of Johns, Sutton and Webster, 'is a positive but relative quality of life. It is a condition which is characteristic of the average person who meets the demands of life on the basis of his own capacities and limitations'. By the word 'relative' we imply that the degree of mental health which an individual enjoys at a time is continuously changing. According to Augustine mental health may be conceived as the quality of adjustment an individual consistently exercises and maintains along from plans of his life space that is 'self', 'others', 'environment' and 'life' to effect certain personal outcomes. These are enabled by positive outcome and they are

Relating to self : Acceptance of oneself
Self insight
Self identity
Self responsibility
Confidence and trust in one's self

Relating to others : Acceptance of others
Warm and genuine relating to others
Feeling of emotional security
Ability to give and receive

Relating to environment : objective perception of reality
Personal freedom
Healthy non-friendly
Openness to all experience

Autonomous functioning

Relating to life : spontaneous, free and natural living
Living here and now
Living for meaning with
Refined values
Creativity and revelation of one's potential
Life satisfaction

Absence of mental illness, appropriate social behaviour, freedom from worry and guilt, personal competence and control, self acceptance and self –actualization, unification and organisation of personality, open –mindedness and flexibility is often involved in defining as mental health by others (Ventis and Harry, 1995)

We are living in the age of hygiene and the concept of health is a predominant factor, which contributes to mental and physical well being of the individual. When health and hygiene is absent in an individual's life consequently it becomes one of the factor for mental ill health. In this context, the very poor sanitary conditions, poor economic status and poor educational level are some of the criteria are prevalent among the slum dwellers. Even today the condition of slum is more or less the same and hence the problems have tremendously increased in our society.

The term slum has been reported to become predominant in 1812 and by 1884 it had become an accepted expression. It is also identifies as 'blighted area', 'renewal area' etc. Slum is defined as a building, group of buildings area characterised by overcrowding, deterioration, and unsanitary conditions or any of them, the health, safety or morals of its inhabitants or the community. Slum may be described as a chaotically occupied, unsystematically developed and generally neglected area which is over populated by persons and over crowded with ill-repaired and negated structures.

Characteristics of slums:

The following are characteristics of the slums:

1. **Appearance:** the appearance of slum is generally one of structural over-age and decline Neglect and disorder with respect to buildings, yards and streets.
2. **Economic status:** slum is generally inhabited by people of the lowest income although there may be occasional buildings of equally run-down appearance inhabited by families that are not so poor. In general slum is a poverty area.
3. **Overcrowding:** in general the space in over-crowded with buildings may be over crowded with people of both. The uninhabited space may be occupied by unwelcome occupants as junkyards.
4. **Population:** in a slum of heterogeneous occupancy many of the inhabitants there are persons not welcome in other residential area or they cannot afford to live elsewhere.
5. **Health and sanitation:** the slum is characterised by low standards of sanitation. For mixed reasons it may also be an area of high sickness and death rates.
6. **Morals:** the slum may be an area of delinquency, crime and vice. It is more likely to be true in socially disorganised slum and a place for hiding place of fugitive criminals.
7. **Way of life:** Slums differ widely with respect to the social organisation of their inhabitants. The slum inhabited by immigrant groups may be having a firm social organisation. Family slum is also present and sometimes slum inhabiting strangers.
8. **Social isolation:** slum is socially isolated from other partly by choice and partly by location. It is the area of the lowest status.
9. **Mobility:** the slum is usually an area of high residential mobility but a family occupied slum may have a low rate of residential mobility.
10. **Slum permanency:** due to urban growth the permanency is not present, but the slum removed once emerges elsewhere.

Methodology

The study is an attempt to find out the mental health of the slum dwellers and level of the hygiene factors which determines the level of mental health of an individual.

Objectives:

The study is based on the following objectives.

- To assess the hygiene factors relating to the level of mental health among the slum dwellers
- To study the relationship between demographic characteristic and mental health.

- To study the relationship between mental health and hygiene and demographic characteristics
- To suggest suitable measures to improve mental health and hygiene.

Area of study:

The study was carried out among slum dwellers of Bethelapalli in Hosur, Tamilnadu of 200 houses formed a universe of the study. Out of 200 houses 80 houses were selected for the study.

Tools used in the study:

An interview schedule was prepared for the collection of the data. The following tools were used in the study. They are.

1. Personal data sheet
2. Hygiene factors of mental health scale
3. General health questionnaire

The detailed amount of the instruments used is given below.

1. Personal data sheet which forms the first part of the schedule.
2. The hygiene factors for mental health has been developed by Venkatesh(1994) to identify the need satisfaction experienced by the individuals with regard to their personal needs with reference to nine important aspects of the environment

The nine aspects of environment includes opportunity for control, opportunity for skill use, externally generated goals, variety environmental clarity, availability of money, physical security, opportunity for interpersonal contact and valued social position. .

3. The general health questionnaire developed by Goldberg (1972) purports to measure the psychological ill health of the samples thus attempting to detect those with diagnosable psychiatric disorders. The questionnaire consists of a set of questions that form a lowest common multiple of symptoms encountered in the various differentiated symptoms of mental disorder. The GHQ has 12 items with four point rating scale, greater the score on the questionnaire higher in the psychological ill health on the part of the sample.

Sample size:

Total population of 200 (80 houses) has been taken for the study from a slum near Bethelapalli in Hosur, Tamilnadu. The age group of the sample ranges from 20 years to 65 years and among the 80 subjects 29 were male respondents and 51 female respondents. Apart from the unemployed most of the respondents residing in that particular slum work as a coolie and most of the respondents have educational level ranging from 1st to 8th std.

Interview schedule was administered for the data collection from the respondents chosen for the study by adopting purposive random sampling method.

Limitation of the study

The findings of the study are confined to only one slum and it cannot be compared with other slums. The investigator was able to collect from the respondents who were available in that particular time. Due to time constraints the investigator had to limit the study to only one aspect.

Data analysis and interpretation

The collected primary data analysed and interpreted hereunder. The data have been arranged and formulated into tables.

Table No. 1
Age wise distribution of the respondents

S.No	Age	No. of the respondents	Percentage
1.	20-30	39	48.75
2.	31-40	23	28.75
3.	41 & above	18	22.5
Total		80	100

The above table indicates age wise distribution of the respondents. From the total 80 respondents, majority (48.75%) respondents falling under the age group of 20-30 years, 31-40 and above with the maximum age bring 65 has the percentage 48.75%, 28.75% and 22.5% respectively.

It concluded from the table majority 48.75 percent of the respondents belong to the age group of 20-30.

Table No.2
Sex wise distribution of the respondents

S.No	Sex	No. of the respondents	Percentage
1.	Male	29	36.75
2.	Female	51	63.75
Total		80	100

The above table indicates sex wise distribution of the respondents. From the total 80, female respondents are more when compared to the male respondents. Female respondents belong to 63.75 percentage, remaining 36.25% of the respondents belong to the male category.

The above table thus indicates that more number of females remain in home and not having job or not interested for work in the study area.

Table No 3.
Marital status wise distribution of the respondents

S.No	Marital status	No. of the respondents	Percentage
1.	Married	63	78.75
2.	Unmarried	11	13.75
3.	Others	6	7.5
Total		80	100

The above table indicates that 78.75 % of the respondents are married among the total 80 respondents; 13.75 % of the respondents are Unmarried and 7.5% fall into the category of others.(the others includes the widow and widower).

It can be witnessed from the table is that majority (78.75%) of the respondents were married.

Table No.4
Education wise distribution of the respondents

S.No	Educational level	No. of the respondents	Percentage
1.	Illiterate	25	31.25
2.	Up to Secondary	35	43.75
3.	Up to H.Sec	20	25
Total		80	100

From the above table the level of literacy present among the respondents can be identified. The highest level of respondents(43.75%) fall under the category with educational level up to Secondary, 31.25 % of the respondents belong to the Illiterate and remaining 25% studied up to Hr. Secondary.

Thus the table indicates that even today the people inhabiting in the urban slum area have the problem of literacy and the majority have studied up secondary only.

Table No.6
Comparison of age group on the basis of mental health

S.No	Group compared	Mean	S.D	SED	C.R	Level of significance
1.	20-30	17.41	7.93	2.1	2.3	0.05
2.	31-40	17.91	8.03			

From the above table, the t-value relating to the group under age level 20-30 and 31-40 are not satisfactory significant. The age group under 31-40 have higher mean (17.91) compared to the other group(17.41).

Table No.7
Comparison between the male and female respondents on the basis of hygiene factor of mental health

S.No	Group compared	Mean	S.D	SED	C.R	Level of significance
1.	Male	19.10	4.78	1.05	6.44	0.01
2.	Female	12.33	4.14			

From the above table, the t-value relating to the male and the female group is statically significant at 0.01 levels. The mean (19.10) of male is higher to the female respondents (12.33)

Table No.8
Comparison between the male and female respondents on the basis of mental health

S.No	Group compared	Mean	S.D	SED	C.R	Level of significance
1.	Male	17.10	7.19	1.73	0.93	N.S
2.	Female	18.78	7.98			

From the above table, the t – value relating to the male and female group is statically significant

Table No.9
Comparison between the educational level on the basis of hygiene factors of mental health

S.No	Group compared	Mean	S.D	SED	C.R	Level of significance
1.	Illiterate	12.04	3.88	1.33	3.67	0.01
2.	Secondary	16.93	6.44			

From the above table, the t-value relating to the educational level, illiterate and secondary level statistically significant at 0.01 level. Those who are in the secondary level education got higher mean (16.93) than compared to the illiterate (12.04).

Table No.10
Comparison between the illiterate and Hr. Secondary on the basis of the hygiene factors of mental health

S.No	Group compared	Mean	S.D	SED	C.R	Level of significance
1.	Illiterate	12.04	3.88	1.34	5.19	0.01
2.	Hr. Secondary	19.00	4.93			

From the above table t-value relating to the educational level between the illiterate and Hr.Secondary is statistically significant at 0.01 level. The He.secondary level is statistically significant at 0.01 level. The Hr.Secondary has higher mean (19) when compared with illiterate (12.04).

Table No. 11
Comparison between level of earning and hygiene factor of mental health

S.No	Group compared	Mean	S.D	SED	C.R	Level of significance
1.	Unemployed	13.04	5.30	1.36	1.30	N.S
2.	Below 1000	14.82	4.88			

From the above table the t-value relating to the groups who are unemployed and those with the monthly income below 1000 are statistically significant.

Table No. 12
Comparison between the income level and hygiene factors of mental health

S.No	Group compared	Mean	S.D	SED	C.R	Level of significance
1.	Below 1000	14.82	4.88	1.52	2.55	0.05
2.	Above 1000	18.71	5.02			

From the above table the t –value relating to the group with monthly income below 1000 and the group above 1000 is statistically significant at 0.05 level. The group with monthly income above 1000 have higher mean (18.71) when compared to the group with monthly income below 1000 (14.82).

Table No.13
Comparison between the types of family on the basis of mental health

S.No	Group compared	Mean	S.D	SED	C.R	Level of significance
1.	Joint family	19.20	7.61	1.87	0.78	N.S
2.	Nuclear family	17.73	7.89			

From the table given above t-value relating to the group under joint family and nuclear family is not statistically significant.

Finding and suggestions and conclusion:

- The awareness level is better among the younger group which are now more educated and have better awareness on hygiene.
- When comparing with other age groups the level of significance was not found
- No statistical significance is present with respect of mental health when compared between the age group of 20-30 years, 41 and above and also with the age group of 31-40 and 41 above.

- High level of significance is prevalent concerning to the awareness of the hygiene factors of mental health. The level is 0.01 male respondents have higher than mean (19.10) which mean they have more awareness when compared to women.
- The respondents who are educated are more aware of the hygiene factors than the uneducated respondents.
- The higher income status has a higher standard of living and has more awareness on the hygiene concept.
- No statistical significance is found when hygiene factors of mental health were compared between the nuclear and joint family.

Suggestions:

- The government programme is present for the slum dwellers must reach the grass root level, so that they may become aware of the existing programme.
- The NGO's can spread their area of work and work in the awareness generating on hygiene and mental health related aspects.
- The women are not having much exposure of the outside society and their educational level is less, so SHG and other concerned agencies can work for their betterments.
- The children and youth must get awareness on value of health and hygiene.
- Self employment programme may be useful to increase the standard of living which leads to their health and hygiene.

Conclusion:

The awareness of health and hygiene aspects and the programme to improve the socio economic condition will go a long way in improving the health and hygiene of the slum dwellers.

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