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Perceived Social Discrimination, Social Support, and Mental Health Outcomes in Pakistani Slum Residents

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Abstract

The purpose of this quantitative study was to evaluate association between perceived social support, social discrimination and mental health outcomes in Pakistani slum residents A convenient sampling methods was used to collect data from 300 participants age ranging between 18 to 40 years (M=28.78, SD= 6.99). Data was collected utilizing Demographic information form, perceived social Support (MSPSS), perceived Discrimination scale, and General Health Questionnaire-28 (GHQ-28). The findings of the study indicate a significant relationship between perceived discrimination and mental health (p=-.28**) with higher level of perceived discrimination associated poorer mental health outcomes. Additionally, the result of independent t- test revealed that individuals living in nuclear families experience more social discrimination as compared to those in joint families. Furthermore, females reported higher level of perceived social support as compared to male. The findings highlight the complex interplay between family system, gender, social support, and their collective impact on the mental state of individuals living in the slum areas. The study underscores the

need for targeted intervention to address discrimination, mental health, and social support issues among the residents of slum areas in Pakistan.

Keywords: Perceived Social Support, Mental Health, Perceived Discrimination, Pakistani Slum, Gender Differences, Family Structure

Introduction

Pakistan, home to approximately 2.99% of the world's population, ranks fifth globally by population size and has a fertility rate of 3.35 (World Meter, 2023). An analysis of its ten largest cities, including Lahore, Karachi, and Peshawar, reveals that 46% of their population lives in slums, which are marked by overcrowding, extreme poverty, and limited access to essential services like clean water, food, air, and sanitation (UNICEF, 2020). Residents of slums often lack legal ownership of land and access to basic utilities such as electricity and water, which are governmental responsibilities (Younas, 2016). These communities face heightened vulnerability to social discrimination and marginalization due to their limited access to necessities, including housing, education, vaccinations, and health services, with 54% of residents relying on daily wages for survival (Mukherjee et al., 2024).

In Pakistan, where economic uncertainty and minimal investment in human resource development prevail, socio-economic inequalities and living conditions have deteriorated over time. Slum dwellers suffer from inadequate access to health, education, and transportation, which exacerbates their plight. Issues such as drug use and rising crime rates are more common in these areas compared to developed localities (Brotherhood et al., 2022; Amaz et al., 2018). To better understand the impact of social support and discrimination on the mental health of slum residents in Pakistan, targeted research is needed to address the unique challenges faced by these marginalized communities.

Social discrimination refers to the unequal treatment of individuals or groups based on characteristics such as age, gender, ethnicity, or belief, often limiting

access to resources like political power, education, and medical care (Bell et al., 2013; APA, 2019). It manifests through avoidance, denial, or physical attacks and fosters inequalities, disadvantaging minorities (Martin, 1985; Heitmeyer & Salentino, 2022). Social identity theory explains this behavior as favoring in-group members to enhance self and social identity while discriminating against out-groups (Appiah et al., 2013). Discrimination impacts individual opportunities, reinforces disparities, and negatively affects physical and mental health (Pager & Shepherd, 2008; Pascoe & Richman, 2009).

Perceived social support refers to an individual's belief in the availability of assistance from family, friends, and social networks during difficult times, fostering a sense of security, belonging, and comfort (Eagle et al., 2018; Liu et al., 2023). Its perception is influenced by social expectations, subjective experiences, communication styles, and cultural norms. Social support positively impacts both physical and mental health by enhancing cognitive functioning, resilience, and coping skills in stressful situations across diverse cultures (Poudel et al., 2020). Social support is strongly linked to better physical health outcomes, including improved cardiovascular health, immune system function, blood pressure regulation, and reduced chronic disease risks. Supportive environments aid recovery from illnesses and surgeries, increase longevity, and lower mortality rates (Grey et al., 2020; Holt-Lunstad et al., 2010). Higher social support is associated with reduced depression, anxiety, and psychological distress, along with greater emotional resilience and effective coping (Cohen & McKay, 1984; Shin & Park, 2022). It also promotes social integration, belongingness, and purpose, leading to higher life satisfaction and happiness (Ozbay et al., 2007).

Mental health challenges among slum residents are shaped by poor living conditions, limited resources, and socio-economic factors. Slum dwellers often lack awareness and access to mental health services, exacerbating issues like depression, anxiety, and neurocognitive problems in children (Murthy, 2022).

Poverty, unemployment, and inadequate housing create chronic stress, while exposure to violence, such as domestic abuse and community conflicts, leads to trauma and PTSD (Patel & Kleinman, 2003; Emery et al., 2021). Environmental stressors, including overcrowded and unhygienic conditions, increase the risk of infectious diseases and impact mental health (Lilford et al., 2017). Stigma and discrimination further isolate individuals, discouraging them from seeking help and worsening their mental well-being (Patel et al., 2003; Kohrt et al., 2014). Additionally, substance abuse is prevalent due to factors like poverty and limited education, intensifying the mental health burden in these communities (Bashir et al., 2019; Ruggeri et al., 2020).

Studying marginalized groups, such as slum communities, is crucial for addressing economic, social, and health-related challenges. It highlights urban inequalities and provides actionable insights for urban planning and policy development, focusing on access to education, healthcare, sanitation, and housing. Research helps identify health disparities and inequalities faced by slum dwellers, enabling targeted interventions to improve their well-being (Ezeh et al., 2017). It promotes social justice by advocating for better living conditions and healthcare access (Patel et al., 2011). Moreover, it aids policymakers in formulating evidence-based strategies to tackle the root causes of these challenges effectively (Sclar et al., 2016). Research also empowers slum communities by uncovering their inherent strengths, fostering resilience, and boosting self-worth through active engagement and community-driven initiatives (Cascante et al., 2017).

The existing body of research provides invaluable insights into issues such as health education interventions, domestic violence, high mortality rates, and the correlation between illness prevalence and various socio-environmental factors. These studies also underscore strategies for upgrading slum conditions to enhance residents' physical and mental well-being. However, there remains a significant gap in understanding the intricate dynamics of perceived social support, social

discrimination, and their collective impact on mental health in the context of Pakistani slum areas. This gap is particularly critical given the unique cultural, social, and environmental circumstances in Pakistan that differentially influence individuals compared to other regions. Current research often lacks generalizability due to contextual differences and fails to capture the nuanced effects of environmental challenges on mental health in diverse cultural settings. Addressing this gap is essential to develop culturally relevant and targeted interventions that can foster resilience, reduce discrimination, and promote mental health equity among vulnerable populations in Pakistani slums. The objectives of the study were: to explore the relationship between perceived social discrimination, social support and mental health outcomes among individuals residing in Pakistani slum areas. Examine the role of demographics influencing perceived social discrimination among slum residents. Investigate gender differences in perceived social support, perceived social discrimination and mental health outcomes. It was hypothesized that there will be a negative correlation between perceived social discrimination and mental health outcomes among slum residents, with higher discrimination associated with poorer mental health outcomes. There will be significant differences in perceived social discrimination, social support and mental health outcomes with respect to demographics. There will be significant gender differences in perceived social discrimination, social support and mental health outcomes with respect to demographics.

Method

Research Design

Correlational research design was employed in the present study to find out the relationship between perceived social support, social discrimination, and mental health outcomes in Pakistani slum residents.

Participant and Sampling strategies

The data was collected from 300 adult residents from 18 to 40 (150 men & 150 women) years of age through convenient sampling from six different slums areas in Lahore. Scales were used for data collection considering the needs of participants. The study included young adult currently residing in a recognized slum area in Lahore, they were willing to participate in the study and provided informed consent and communicated effectively in Urdu language. While exclusion criteria included Individuals with severe cognitive impairments that hinder their ability to complete their studies were excluded, Participants who are planning to move out from slum areas during the study period were also excluded, and participants who are facing language barriers or unable to understand items of measurement tools were also excluded.

Table-1 :   Demographic characteristics of the study sample (N=300)

Variables	Frequency	Percentage
Gender		
Male	150	50
Female	150	50
Religion		
Muslim	290	97.5
Others	10	2.5
Family Status		
Joint	80	28
Nuclear	220	72
Birth Order		
First	100	33.33
Middle	115	38.33
Last	85	28.33
Marital Status		

Single	30	10
Married	270	90
Mother Tongue		
Punjabi	297	99
Saraiki	3	1
Income		
20000-30000	196	65.33
25000-50000	104	34.66
Parents Status		
Living	190	53.33
Deceased	110	36.66

Measures

Informed Consent. The study's objectives were described to participants in the informed consent form, and they were invited to participate voluntarily. Additionally, this form also contained their written consent to participate.

Demographic Sheet. Demographic information included all the basic information of the participant i.e., name (optional), age, gender, qualification, marital status, family system, socioeconomic status, birth order, presence of any diagnosed mental illness, period of living in the slum areas.

The Multidimensional Scale of Perceived Social Support (MSPSS). MSPSS is a self-report questionnaire of 12 items that is designed to measure an individual's perception of social support adequacy from three resources including friends, family and a significant other. The test has good internal, Cronbach's alpha of 0.85–0.91and good test- retest reliability. The scale was also found to be reliable in diverse cultures because of moderate construct validity. The Urdu translated version MPSSS (Tahira & Khalid, 2010) used in Pakistani population.

Perceived Discrimination Scale. Perceived discrimination scale consists of 8 items that evaluate individuals' perception of negative attitude, judgments, or unfair

treatment against a scale by rating 1 to 4. Researcher simply add the score of items, higher score means person faced high discrimination in the society. The Urdu translated version (Haleem & Masood, 2022) was utilized by the people living in slum residents. The Cronbach's alpha value of the scale is 0.85, indicating good test- retest reliability.

General Health Questionnaire (GHQ-28). The General Health Questionnaire (GHQ-28) is a widely used self-report assessment tool designed to screen for and assess an individual's mental health and emotional well-being. It is a shorter version of the original General Health Questionnaire (GHQ-60), which contained 60 items. The GHQ-28 is a briefer and more manageable version, containing 28 questions, making it a practical tool for various healthcare settings (Anjara et al., 2020). GHQ-28, the reported Cronbach's alpha values often range from 0.70 to 0.90, have good construct validity and convergent validity.

Procedure

The researcher received permission to use the questionnaires from the original authors through email communication. They also provided an official letter from the Humanities Department of COMSATS University to the heads of departments in the selected universities, informing them about the research purpose and seeking their consent for data collection. The university authorities agreed and adjusted their schedules accordingly. For data collection, the researcher chose 300 participants of well-known slum areas using convenience sampling. They introduced themselves to the participants and briefly explained the purpose of the research. The researcher assured the participants that their responses would be kept confidential and anonymous. It was made clear that participation was voluntary, and they could withdraw from the study at any time. A questionnaire was distributed to the participants physically by the researcher himself, the instructions were explained. Each administration session took around 10-15 minutes per participant. After multiple visits to collect data, the participants were

thanks for their cooperation, secondly the assistance acknowledged by researcher Finally, the collected data was analyzed, and the results were discussed.

Ethical Considerations

The researchers adhered to all ethical considerations throughout the study, ensuring the highest standards of participant protection and research integrity. Prior to commencing the research, ethical approval was obtained from the relevant institutional review board (IRB) following all prescribed guidelines and regulations. Participants provided voluntary and informed consent after being thoroughly briefed about the study's purpose, procedures, potential risks, and anticipated benefits. They were explicitly informed of their right to withdraw from the study at any stage without facing any penalties. Strict measures were implemented to safeguard participants' privacy and maintain the confidentiality of their personal information. All data were collected, stored, and analyzed in a secure manner that ensured anonymity and compliance with data protection regulations, preventing unauthorized access, loss, or misuse. The researchers conducted a detailed risk assessment to identify any potential physical, psychological, social, or legal risks participants might encounter, taking proactive steps to minimize these risks and mitigate any adverse outcomes. The benefits of the research were carefully weighed to maximize its contribution to scientific knowledge and societal welfare while minimizing harm to participants. Participant selection, treatment, and evaluation were carried out without any discrimination based on factors such as race, gender, religion, sexual orientation, or disability, ensuring fairness and equity. Furthermore, participants' autonomy and self-determination were respected throughout the process, with their informed choices being prioritized and their right to withdraw from the study upheld at all times. By rigorously following these ethical principles, the researchers ensured the study was conducted responsibly and respectfully, contributing meaningful and ethically sound insights to the field.

Statistical Analysis

The researchers used SPSS Version 24 Software to analysis the data. First, correlational command was run to find out relationship between different variables of study. However, as the correlation of second hypothesis was not significant a moderation analysis did not occur. Independent samples, however, were also employed to find significant differences among variables with respect to their demographics.

Results

Table 2: Relationship between perceived social support, social discrimination, and mental health among slum residents (N=300)

Variables	1	2	3
1. Social Support	1	.03	.05
2. Discrimination	.03	1	.28**
3. Mental Health	.50	.28**	1

Note. Correlation is significant at the 0.05 level (2-tailed). * N=300

Table 2 presents the correlation matrix showing the relationships between perceived social support, social discrimination, and mental health outcomes in a sample of 300 slum residents living in different areas of Lahore. The variables included in the analysis are: (1) Perceived social Support, (2) Perceived Discrimination, and (3) Menal Health.

The table shows Pearson correlation coefficient that is used to measure the strength and direction of the linear relationship between two variables. The Results indicate that correlation coefficient between perceived discrimination and mental health is 0.28, marked with **. The analysis predicts positive correlation meaning as perceived discrimination increases, mental health tends to be worsened. Further, as the correlation is marked with **, it's statistically significant, suggesting that this relationship is unlikely to be due to random chance.

Conversely, the correlation coefficient between Perceived Discrimination and MSS is -0.03, which is not statistically significant (p = 0.66). This suggests that there's not a strong linear relationship between perceived discrimination and perceived social support overall. Although there is a significant positive correlation with perceived discrimination, mental health does not show significant correlation with other variables. The results indicate that somehow health is affected by discrimination faced by residents of slums while living in society but the level of social support they expect from society had least impact on the mental health outcomes.

Table 3: Independent sample t- test showing mean difference between family setup of slum residents on Perceived Discrimination

Perceived Discrimination	Family system	N	Mean	SD	t	df	Sig.
Equal variances assume	Nuclear	200	33.79	2.89	-2.31	276	0.022
	Joint	78	32.83	3.68			
Equal variances do not assume	Nuclear	200	33.79	2.89	-2.07		0.040
	Joint	78	320.83	3.68	115.99		

Note. N= 300, SD= Standard Derivation, N= Sample Size

Levene's test of equality of variance was conducted to analyses whether the variances of two groups are equal. The results indicate that Levene's test was marginally significant (p=0.02), suggesting that there may be some difference in variance between nuclear and joint family group. When assuming equal variance, the t test showed a significant difference between the two groups (t = -2.31, df = 276, p = .02), with means perceived discrimination score being significantly lower in the joint family group as compared to other. In contrast when not assuming equal variance, the t-test still showed a significant difference between the two groups (t = -2.07, df = 115.99, p = .04) with similar mean difference and confidence

interval as in the previous. Individuals living in nuclear families faced more discrimination. Overall, these results suggest that there is a significant difference in perceived discrimination between the two groups, regardless of whether equal variances were assumed or not.

Table 4: Independent sample t- test showing mean difference of male and female slum residents on perceived Social Support

Perceived social support	Gender	N	Mean	SD	T	df	Sig.
Equal variances assume	Male	137	14.39	3.72	-2.078	277	.039
	Female	142	15.28	3.48			
Equal variances do not assume	Male	137	33.79	2.89	-2.075		
	Female	142	320.83	3.68	274.11		

Note. N= 300, SD= Standard Derivation, N= Sample Size

The Levene's test of equality of variance was conducted to analyses the male and female perception of social support they received from their family members. The results of t-test indicate a significant difference between male and female perception about perceived social support they receive from different family members when assuming equal variance. The significant difference between the two groups (t = -2.07, df = 277, p = .039), the mean difference was =0.89, with standard error of 0.43. In the same way when not assuming equal variance the p value 0.04 less than alpha 0.05, that means it still showed a significant difference between these two groups with similar mean difference and confidence interval. The result overall shows that there is a significant difference between male and female perception about social support. Females perceive more social support as compared to male.

Discussion

The study explored the relationship between social discrimination, perceived social support, and mental health outcomes among Pakistani slum residents. The results highlighted the significant role of social discrimination as a major factor contributing to poor mental health outcomes. The findings are consistent with past research, which suggests that discrimination and marginalization negatively affect both physical and mental health, especially in disadvantaged communities. A study by Abdi et al. (2021) also supported the hypothesis that discrimination is inversely related to mental health. Higher levels of discrimination often lead to poorer mental health outcomes, as individuals feel marginalized and excluded.

Further research from the International Journal of Environmental Research and Public Health (Swahn et al., 2022) demonstrated that young women in urban slums of Kampala, Uganda, experienced a negative association between mental health and factors such as the physical condition of their environment, access to places of worship, and experiences of discrimination. This aligns with the study's hypothesis, which asserts that individuals facing higher levels of discrimination tend to experience worse mental health outcomes. Similarly, a study conducted in Mumbai, India, by Dev et al. (2023) showed that living in stigmatized neighborhoods contributes to significant mental health problems due to factors like spatial stigma and governmental neglect.

In Pakistan, studies such as the one by Sadiq and Bashir (2022) that focused on transgender individuals in slums also highlight the severe impact of social discrimination. Participants in the study reported rejection from police, healthcare services, and educational institutions, leading to higher levels of social isolation, depression, and anxiety. This research underscores the universality of discrimination and its profound effects on mental well-being, particularly among vulnerable populations.

The second hypothesis, which suggested a positive relationship between perceived social support and mental health outcomes, was not supported by the study's findings. The lack of significant correlation between social support and mental health outcomes reflects the complexity of social support processes. According to Kolling et al. (2016), the buffering effect of social support is more beneficial during periods of high stress. This suggests that while social support may have positive effects, its benefits may not be fully realized in the absence of significant stressors. The research also points to the complexity in measuring social support and the varying definitions across studies. Rock (2017) further reinforced this idea by finding that negative social interactions, such as criticism and rejection, have a stronger and more consistent impact on mental well-being than positive interactions. This highlights the need for a more nuanced approach to understanding the role of social support in mental health.

Several factors may explain the lack of significant relationship between perceived social support and mental health in this study. Cultural differences play a significant role in shaping how social support is perceived and utilized. Pakistani slum residents predominantly live in a collectivist culture, which may lead them to rely more on their community for support rather than seeking help from external resources. However, societal stigma often prevents individuals from seeking help, particularly for mental health issues, reducing the effectiveness of available social support (Islam et al., 2018).

Economic stressors are another factor that may diminish the benefits of social support in these communities. Many slum residents face ongoing financial insecurity, unemployment, and inadequate housing, all of which may overshadow the positive impact of social support. Research by Mukherjee et al. (2024) highlights that economic stress can reduce the efficacy of social support in improving mental health outcomes. Even strong social networks may struggle to buffer individuals from the pervasive daily stressors in such environments.

Measurement tools may also have influenced the findings. The Multidimensional Scale of Perceived Social Support (MSPSS) used in the study may not have fully captured the unique experiences of slum residents, especially given the cultural context. Slum residents may place more value on support from community leaders or governmental institutions, which the MSPSS does not measure adequately. Harpham et al. (2021) suggest that a more tailored approach to measuring social support in such settings is necessary to obtain a more accurate understanding of its role.

Social dynamics within slum communities are complex, with high population density and a lack of privacy affecting the perception of social support. While close-knit communities may foster strong social bonds, the lack of personal space can also lead to conflicts and social tension. Wado et al. (2022) note that these negative interactions can have a significant impact on both physical and mental well-being. The study found that males, in particular, receive less social support than females, likely due to cultural norms that place greater importance on female caregiving and emotional support.

Gender differences in social support were also evident in the study. Females reported receiving higher levels of social support than males, which aligns with previous research. A study by Siddiqui et al. (2020) on university students in Pakistan found that females receive more social support from significant relationships, leading to lower levels of stress, anxiety, and depression compared to males. Males, on the other hand, often experience greater social isolation due to cultural norms that discourage emotional expression and vulnerability.

The International Journal of Mental Health and Addiction (McLean et al., 2022) further emphasized that social support is linked to positive outcomes in both well-being and academic achievement. The study revealed that students who perceived higher social support experienced lower levels of stress. Gender differences were also evident, with females perceiving higher levels of support

from their families, but also experiencing more stress. These findings suggest that social support's impact on mental health may differ depending on gender, further highlighting the need for gender-sensitive interventions in slum communities.

The study also revealed significant differences in the perception of discrimination between individuals living in nuclear and joint family systems. This finding aligns with research by Kauser and Pinquart (2016), which suggests that joint family systems in Pakistani culture provide more extensive social support networks. The presence of extended family members, such as grandparents and uncles, provides emotional, financial, and caregiving support, contributing to better mental health outcomes. In contrast, nuclear families tend to rely more on immediate family members and external resources, which may limit the available support.

Conclusion

In conclusion, the study found a significant relationship between perceived social discrimination and mental health outcomes among Pakistani slum residents. However, the hypothesized positive relationship between perceived social support and mental health was not supported. The results suggest that while social support can be beneficial, it may not be sufficient to mitigate the effects of social discrimination in this context. Factors such as cultural differences, economic stressors, and the complexity of social dynamics within slum communities play a crucial role in shaping the effectiveness of social support. Gender differences also emerged, with females reporting higher levels of social support and lower levels of stress compared to males.

Limitations and Future Directions

The study employed a correlational research design with a convenience sampling method, which may limit the generalizability of the findings. The reliance on self-reported data may also introduce biases such as recall bias or social desirability bias. Future research could incorporate qualitative methods, such as interviews or focus

groups, to provide a deeper understanding of the dynamics of perceived social support and discrimination. Longitudinal research could also be useful in capturing the evolving nature of these relationships over time.

Additionally, the study's measurement tools may not fully capture the unique experiences of slum residents, and future research should consider more culturally appropriate measures of social support. Finally, researchers could explore the role of digital and mobile technologies in providing social support and reducing discrimination in slum areas, as these tools may offer new opportunities for intervention and support.

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