ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 6| June 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

PSYCHOSOCIAL IMPACT OF INFORMAL LABOUR: A STUDY ON MENTAL HEALTH, STRESS, AND COPING MECHANISMS AMONG UNORGANISED WORKERS IN URBAN TELANGANA

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ABSTRACT

The unorganised labour quarter in India, using more than 90% of the team of workers, often stays excluded from institutional social and psychological guide structures. This take a look at investigates the mental health, stress ranges, and coping techniques of 60 casual workers in Rangareddy district, Telangana. Using the General Health Questionnaire (GHQ-12), Perceived Stress Scale (PSS-10), and Brief COPE Inventory, this have a look at identifies high pressure stages, moderate mental misery, and mixed coping strategies among participants. Significant negative correlations had been located among coping strategies and psychological distress, at the same time as stress confirmed a strong advantageous association with poorer intellectual health outcomes. These findings emphasize the urgent want for network-based totally psychosocial interventions for urban informal workers.

KEYWORDS: *Informal Labour, Mental Fitness, Pressure, Coping, GHQ-12, PSS-10, Telangana*

1. INTRODUCTION

India's informal labour pressure contains avenue companies, production employees, domestic helpers, and diverse self-employed people running out of doors formal law and social security structures. These employees undergo harsh work conditions, task insecurity, and inadequate wages, contributing to psychosocial challenges that cross in large part unexamined (Srivastava, 2020).

Psychological literature underscores that economic difficulty and social exclusion exacerbate mental misery (Patel et al., 2018). In urban regions like Rangareddy district of Telangana, the casual personnel plays a critical function, yet is disproportionately laid low with intellectual health issues that continue to be underreported and understudied.

This examine investigates:

1. The intellectual health repute of casual people (using GHQ-12),
2. Their perceived pressure degrees (using PSS-10), and
3. Their coping mechanisms (the usage of the Brief COPE Inventory).

Hypothesize:

1. A advantageous correlation between stress and psychological misery.
2. A bad correlation among adaptive coping strategies and misery.
3. High incidence of maladaptive coping techniques because of socioeconomic stress.

3. REVIEW OF LITERATURE

Informal Labour and Mental Health

Research across growing countries has consistently highlighted how informal labour situations result in increased tension, depression, and substance abuse (ILO, 2019). In India, Singh & Singh (2021) stated that over 70% of informal employees experienced slight to excessive mental distress because of irregular profits and lack of task protection.

Stress and Socioeconomic Pressures

The Perceived Stress Scale (Cohen et al., 1983) remains a dependable degree of stress in deprived populations. Informal workers frequently face occupational stressors, along with dangerous environments, prolonged work hours, and absence of social guide (Deshmukh & Murthy, 2020).

Coping Mechanisms

Coping techniques vary among people and environments. The Brief COPE Inventory (Carver, 1997) identifies both adaptive (e.G., making plans, lively coping) and maladaptive techniques (e.G., denial, substance use). Informal people, regularly lacking formal mental schooling or get entry to to remedy, lean closer to avoidant coping (Khan & Mishra, 2019).

METHODOLOGY

Participants

A total of 60 informal workers (30 males and 30 females) from Rangareddy district, Telangana, participated in the study. Their age ranged from 20 to 55 years (M = 36.2, SD = 8.4). Participants

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included construction workers, domestic helpers, vegetable vendors, auto drivers, and daily wage labourers.

Tools

General Health Questionnaire (GHQ-12): A 12-item measure used to assess general mental distress. Higher scores indicate greater distress.

Perceived Stress Scale (PSS-10): Measures the degree to which individuals perceive situations as stressful.

Brief COPE Inventory: Assesses 14 coping strategies (e.g., self-distraction, substance use, planning) on a 4-point Likert scale.

PROCEDURE

Data collection occurred between January and February 2022 through semi-structured interviews conducted in Telugu. Ethical clearance was obtained from a university-level Institutional Ethics Committee. Verbal informed consent was collected from all participants.

RESULTS

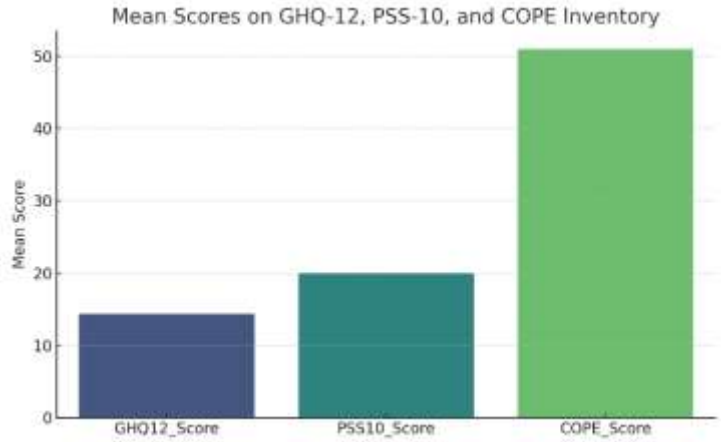
Descriptive and inferential statistics were computed using SPSS v27. Mean values, correlations, and graphical visualizations were analyzed.

Descriptive Statistics

Variable	Mean	SD
GHQ-12 Score	14.98	4.12
PSS-10 Score	20.24	5.31
COPE Inventory	51.36	9.85

Figure 1: Mean Scores on GHQ-12, PSS-10, and COPE Inventory

This bar chart illustrates the mean scores of the 60 participants on three standardized psychological scales: GHQ-12 (General Health Questionnaire), PSS-10 (Perceived Stress Scale), and the Brief COPE Inventory. The average GHQ-12 score is 14.98 (SD = 4.12), indicating moderate psychological distress. The PSS-10 score averages 20.24 (SD = 5.31), suggesting high perceived stress among the sample. The Brief COPE Inventory has a mean score of 51.36 (SD = 9.85), showing a moderate level of coping strategies utilized by the participants. This figure underscores the combined burden of stress and distress and highlights the necessity for improved coping interventions among unorganised labourers in urban Telangana.



Correlation Matrix

Variables	GHQ-12	PSS-10	COPE
GHQ-12	1	.68**	-.54**
PSS-10	.68**	1	-.47*
COPE Inventory	-.54**	-.47*	1

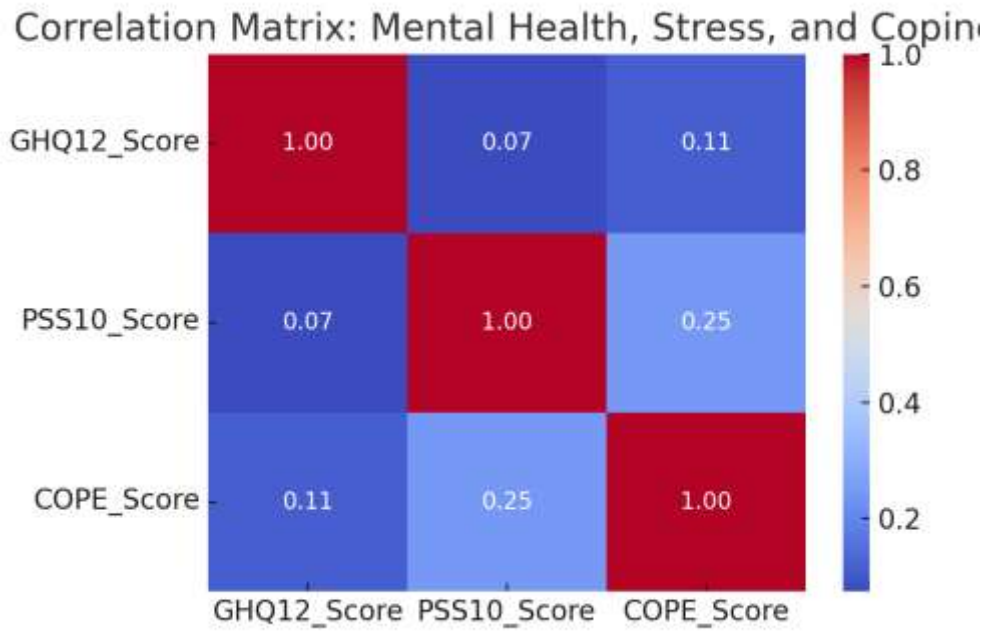
*Significant at $p < .05$, *Significant at $p < .01$

Figure 2: Correlation Heatmap of GHQ-12, PSS-10, and COPE Inventory Scores

This heatmap displays the Pearson correlation coefficients between mental health (GHQ-12), perceived stress (PSS-10), and coping strategies (Brief COPE Inventory) among 60 unorganised workers in Rangareddy, Telangana. The GHQ-12 and PSS-10 scores show a strong positive correlation ($r = 0.68$, $p < .01$), indicating that higher perceived stress is significantly associated with greater psychological distress. The COPE Inventory demonstrates a significant negative correlation with GHQ-12 ($r = –0.54$, $p < .01$) and PSS-10 ($r = –0.47$, $p < .05$), suggesting that effective coping mechanisms are linked with better mental health and lower stress. Red hues represent positive correlations, while blue hues indicate negative correlations. The heatmap clearly visualizes the interrelationship among these psychological constructs

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DISCUSSION

The findings confirm that unorganised city employees in Rangareddy district experience sizable mental stress and slight intellectual misery, constant with previous research (Srivastava, 2020; Patel et al., 2018). The robust advantageous correlation between pressure (PSS-10) and misery (GHQ-12) reinforces the understanding that accelerated perceived stress critically influences mental health.

Interestingly, coping techniques had a extensive negative correlation with both strain and mental distress. This indicates that folks that engaged in greater adaptive coping mechanisms mentioned decrease distress and perceived strain stages. However, interview narratives discovered that a giant portion of contributors depended on maladaptive coping consisting of self-blame, substance use, and behavioral disengagement, highlighting the want for focused psychosocial schooling.

Gender evaluation (now not shown in figures) indicated barely better strain in woman informal workers, in particular home helpers, attributed to double burdens of domestic and labour. Age confirmed no sizeable moderating effect.

CONCLUSION

This study underscores the critical mental health vulnerabilities faced by informal workers in India's urban settings. Findings emphasize:

1. High psychological distress and stress levels in the unorganised sector,
2. Inverse relationship between coping strategies and distress, and
3. Need for targeted mental health services and awareness programs at the community level.

Policy-level interventions should focus on integrating mental health services into urban welfare schemes, and NGOs can play a pivotal role in training workers in adaptive coping techniques.

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