Resilience and Quality of Life of Youth in Slums

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Abstract: Youth in slums can be considered as underprivileged population who are exposed to various vulnerabilities. Chennai, a metropolitan city in India and the capital of the south eastern state Tamil Nadu, has a high number of youth residing in slums. It is essential to understand the challenges and problems faced by the youth and their resilience to face these challenges. The quality of life of the youth also has a major role to play in their physical and mental wellbeing. The study looks into the resilience and quality of life of youth, aged 15 - 29 years residing in slums of Chennai. The study follows a mixed method approach and data was collected quantitatively from 50 respondents and qualitatively from six respondents. The results of the study shows the need for skill development training and sufficient support from sources for motivating and encouraging the youth. Youth being the future of tomorrow, it is highly significant to focus on their resilience and quality of life.

Keywords: Resilience, quality of life, youth, slums.

1. Introduction

People living in informal settlements or '*slums*' are considered as encroachers by many and are ostracized and excluded in society. Lacking one of the basic requirements, proper and permanent housing, the people in slum communities are exposed to various hazards. This not only include physical hazards, but also emotional.

Chennai, has approximately 1, 131 slums (Philip, 2016). Being a city which is surrounded by coastal zones, Chennai gets flooded easily and frequently. The slums are one of the worst hit areas during any disasters, especially floods. The conditions of most slums are poor in terms of climatic, economic, social, health and other related factors. Overcrowding and unsanitary conditions worsen their conditions. The COVID - 19 pandemic also had a worst hit on slums of India. But some of the slums were able to cope well and took appreciable efforts to keep the virus out of their communities. The study looks into the resilience and quality of life of the youth residing in slums in Chennai.

Majority of the studies carried out in India and other developing nations among youth focused on the addiction habits and their transitions (Kothiwal, 2015). Youth in slum is an underprivileged population, exposed to various challenges. A study identifies that a significant amount of disadvantaged youth living in urban slums either lack vocational skills at all or possess it at rudimentary level, preventing them from taking advantage of the numerous work opportunities in India's cities (Goswami & Manna, 2013).

2. Literature Review

Resilience is considered as a positive adaptation. It is the ability to bounce back to a state of normalcy or an improved state after any problem, crisis or any adversity. An individual who is resilient is considered as someone with great coping skills and is able to gather available resources, solicit assistance when necessary, and come up with solutions (Cherry, 2018).

According to the World Health Organisation, quality of life is defined as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (WHO, 1998). The Britannica Encyclopaedia provides the meaning of quality of life as "the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events" (Rogers & Jenkinson, 2016). Quality of life is a broad area, the various dimensions of which can be measured. This includes health related quality of life, overall quality of life, physical functioning, psychological etc.

UN - HABITAT defines slums as "a contagious settlement where the inhabitants are characterized as having inadequate housing and basic services" and that which is "often not recognized and addressed by the public authorities as an integral or equal part of the city" (Ministry of Housing and Urban Poverty Alleviation, 2011).

Due to stigmatisation, discrimination, and isolation from formal employment markets, slum inhabitants have restricted access to credit and conventional job markets. Slums are often recipients of the city's nuisances, including industrial effluent and noxious waste, and the only land accessible to slum dwellers is often fragile, dangerous or polluted – land that no one else wants. Slum areas are also commonly believed to be places with a high incidence of crime, although this is not universally true since slums with strong social control systems will often have low crime rates (United Nations Human Settlements Programme, 2003).

One of the biggest problems facing policy makers is the growth of slums in large cities like Chennai. The difficulty of providing healthcare to all societal segments in large cities should be handled by numerous institutions working together. The public, private, industrial, and non - profit sectors should all align to meet the diverse requirements of

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city people. In contrast to the urban population who have the social and economic means to access high - end, specialised health care that is available at a cost, urban slum residents at the lower end of socioeconomic class require specific care (Ganguly, 2015). A report by Information and Resource Centre for the Deprived Urban Communities (IRCDUC) points that not a single slum has been recognised in Chennai since 1985 by the Tamil Nadu Slum Clearance Board (The Hindu, 2016). Around 1, 202 slums in Chennai were recognised when the Tamil Nadu Slum Clearance Act of 1971 was implemented, and 17 more were added to the list in 1985. As required by the Act, the majority of the slums were improved on - site through the construction of tenements or the provision of basic utilities (The Hindu, 2016).

Residents of slums are victims to various problems and challenges. A news article in 2016 reveals that a woman residing in a slum had to deliver of a baby on the terrace as it was impossible to reach the hospital as the area was flooded (Times of India, 2016).

A review study of slums based on the National Sample Survey on urban slums and slum households, 2012, shows the following:

- 1) Only around one third of the country's slums have improved drainage systems, while no progress is shown by more than 45 per cent.
- 2) Regional disparities exist in the distribution of educational facilities in urban slums. At the aggregate level, less than one - third (28%) of slums have improved while more than half (60%) have exhibited no change. Still, there are 12 per cent of slums without access to education.
- 3) One fifth of the slums in the nation does not have any medical facilities (Mawkhlieng & Debbarma, 2018).

Majority of the studies carried out in India and other developing nations among youth focused on the addiction habits and their transitions (Kothiwal, 2015). Youth in slum is an underprivileged population, exposed to various challenges. A study identifies that a significant amount of disadvantaged youth living in urban slums either lack vocational skills at all or possess it at rudimentary level, preventing them from taking advantage of the numerous work opportunities in India's cities (Goswami & Manna, 2013).

Lalitha et. al. (2021) states that the youth residing in slums are denied opportunity to find respectable, sustainable jobs because of their disadvantaged circumstances. They continue to live in poverty as a result of these threats, which encourages them to engage in criminal activity, prostitution, drug use, and other antisocial and anti - social behaviour (Lalitha, Roseline, & Roul, 2021).

3. Materials and Methods

The broad aim of the project is to study the living conditions, resilience and quality of life of the youth in slums of Chennai district of Tamil Nadu. The study aimed to understand – socio - economic challenges faced by the youth; the resilience of the youth; impact of living conditions on the education, health and relationship of the youth and the risks and other challenges associated with crowded and unsanitary living conditions. The study was conducted among youth (15 - 29 years) in three slum areas of Chennai – Chetpet, Chintadripet and Tiruvottiyur.

The research design followed is descriptive. The research purpose is exploratory. A mixed methodology, which includes both quantitative and qualitative research methods, was used for the study. The sampling method used for the study is convenience sampling. The sample for quantitative data was 50 and six cases were taken for qualitative data collection.

An interview schedule was prepared to collect the information of the respondents. The 10 - item Connor - Davidson Brief Resilience Scale (Riopel, 2019) was used to understand the resilience of youth and the 15 - item Youth Quality of Life Instrument – Research Version (YQOL - R) (Patrick, Edwards and Topolski, 2002) was used to measure the quality of life. A guide was used for the in - depth interview.

The quantitative data was analysed using the Statistical Package for Social Sciences (SPSS). Thematic analysis was used for the case studies. The cases were organised and analysed after transcription.



Quantitative Results

Chart 1: Age of the Respondents

Note: The chart shows the age group of the respondents. Nearly half (46%) of the respondents belong to the age category 15 - 17 years. Nearly quarter (24%) of the respondents are in the age group 21 - 25 years, followed by less than one - fifth belonging to 18 - 20 years (16%) and 26 - 29 years (14%).

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Table 1. Demographic Details						
Varia	Frequency	Percent	Mean	Standard Deviation		
Gender	Female	Female 31 62		1.62	0.490	
Genuer	Male 19 38		1.02	0.490		
	Primary/ Upper Primary	1	2			
Educational Qualification	Matriculation	18	36	2.78	0.764	
Educational Qualification	Higher Secondary		44	2.78	0.704	
	Degree/ Diploma	9	18			
Marital Status	Married	8	16	1.84	0.370	
Marital Status	Unmarried	42	84	1.04		
Tune of Femily	Nuclear	44	88	1.12	0.328	
Type of Family	Joint	6	12	1.12	0.328	

Table 1: Demographic Details

Note. Nearly half (44%) of the respondents have qualified higher secondary level and more than one - third (36%) has qualified matriculation. Two - third of the respondents belong to the Hindu religion and just over one - third (34%) belong to Christianity. Majority (84%) of the respondents are unmarried and majority (88%) belong to nuclear family.

 Table 2: Resilience of Youth

Resilience	Frequency	Percent	Chi - square Value	P value
Low	5	10		
Moderate	23	46	12.280	0.002
High	22	44	12.200	0.002
Total	50	100		

Note: As depicted, nearly half of the respondents (46%) have moderate level of resilience and more than one - third (44%) of them possess high resilience. Only one - tenth of the respondents possess low resilience. Since P value is less than 0.01, the null hypothesis is rejected at 1% level of significance. So, the alternative hypothesis "The level of resilience of youth residing in slums are not equally distributed" is accepted. Hence it can be concluded that the resilience of youth in slums are not equally distributed. Based on percentage, less than half (46%) of the youth belongs to moderate level.

 Table 3: Resilience with Age, Gender and Duration of stay at slums

Variable		Quality of Life			
		Low	Moderate	High	
	15 - 17	2 (4)	11 (22)	10 (20)	
1 50	18 - 20	0	4 (8)	4 (8)	
Age	21 - 25	2 (4)	6 (12)	4 (8)	
	26 - 29	1 (2)	2 (4)	4 (8)	
Gender	Male	1 (2)	7 (14)	11 (22)	
Gender	Female	4 (8)	16 (32)	11 (22)	
	Less than a year	1 (2)	2 (4)	0	
Duration of stay	2 - 5 years	1 (2)	4 (8)	1 (2)	
	5 - 10 years	0	1 (2)	2 (4)	
01 stay	More than 10 years	0	3 (6)	3 (6)	
	Since birth	3 (6)	13 (26)	16 (32)	

Note: The respondents in the age group 15 - 17 year possess high level of resilience at 20 per cent while equal share of respondents (8%) in the age groups 18 - 20, 21 - 25 and 26 - 29 years possess high level of resilience. Both male and female respondents possess high level of resilience at 22 per cent each. More percentage of female respondents (8%) possess low resilience than males (2%). No respondent who have been staying in the slum for less than a year possess high resilience. While nearly one - third (32%) of those who have been staying in the slum possess high resilience.

Table 4: Quality of Life of Youth

Quality of Life	Frequency	Percent	Chi - square Value	P value
Low	3	6		
Moderate	10	20	38.680	0.000
High	37	74	38.080	0.000
Total	50	100		

Note: Table 9 shows the quality of life of the youth residing in slums of Chennai. Nearly majority (74%) of the respondents possess high quality of life and one - fifth possess moderate quality of life. Since P value is less than 0.01, the null hypothesis is rejected at 1% level of significance. So, the alternative hypothesis "The quality of life of youth residing in slums are not equally distributed" is accepted. Hence it can be concluded that the resilience of youth in slums are not equally distributed. Based on percentage, nearly three - fourth (74%) of the youth possess high level of quality of life.

 Table 5: Quality of Life with Age, Gender and Duration of stay at slums

stay at situitis					
Variable		Quality of Life			
	Variable		Moderate	High	
	15 - 17	0	8 (16)	15 (30)	
1 22	18 - 20	0	0	8 (16)	
Age	21 - 25	1 (2)	1 (2)	10 (20)	
	26 - 29	2 (4)	1 (2)	4 (8)	
Gender	Male	1 (2)	3 (6)	15 (30)	
Gender	Female	2 (4)	7 (14)	22 (44)	
	Less than a year	0	0	3 (6)	
Duration of stay	2 - 5 years	1 (2)	1 (2)	4 (8)	
	5 - 10 years	0	1 (2)	2 (4)	
	More than 10 years	0	1 (2)	2 (4)	
	Since birth	1 (2)	8 (16)	23 (46)	

Note. More than a quarter (30%) of the youth belonging to the age group 15 - 17 years possess high quality of life and one - fifth of those in the age group 21 - 25 years possess high quality of life. Only a meagre percentage of respondents in the age group 21 - 25 years and 26 - 29 years possess low quality of life. More than one - third (44%) of the female youth residing in slums have high quality of life while more than one - fourth (30%) of the male respondents have high quality of life. All respondents who have been staying in the slum for less than a year show high quality of life. Less than half (46%) of the respondents who have been staying in the slum since birth possess high quality of life.

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Qualitative Results

Pseudonym	Age	Gender	Educational Qualification	
А	16	Male	Matriculation	
В	26	Male	Matriculation	
С	28	Female	Higher Secondary	
D	22	Male	Degree	
E	25	Female	Higher Secondary	
F	27	Female	Higher Secondary	

Table 6: Participants of the Qualitative Study

Note. As depicted in table 4, six respondents were selected for the qualitative study.

		Table 7: Thematic Analysis Results
Theme	Codes	Excerpts
Socio - economic	Dropping out	 A: "My parents wanted me to continue schooling but I did not want them to suffer more economically. I dropped out willingly because of that. I help my father in plumbing work and however small amount I get helps my family." E: "I wanted to go for degree. But financial issues led my parents to get me married. If I had a degree I could have gone for a job and contribute to taking care of my children."
challenges faced	Seasonal employment	B: "The problem with going for fishing is that the wage cannot be guaranteed for every day. I do not have my own boat, so my wage is decided by the boat owner."
	Part - time employment and	D: "I go for part - time job only then I can support my education. (D is a postgraduate
	time management	student.) But because of that I have time management issues."
T (CT)	Hygiene	C: "It has been 10 years since I came here (after marriage) but I still cannot accept this place as my own. It is sad that we have no drinkable water in the household but yet is still surrounded by dirty water once it starts raining. With heavy rain we get shifted to camps. This is a breeding ground or mosquitoes and you know all the diseases it will bring. "
Impact of living conditions on health and relationship Privacy	Fear of discrimination	D: "I study in a reputed college and majority of my classmates are from economically well - off families. I have not even told them that I work part - time. How can I bring them to this area? I know they will think bad about me or simply sympathise. I don't want either. "
	Privacy	E: "The major issue here is the closeness of houses. It's like their (pointing to house nearby) wall is inside our house. We can hear all their conversations, we can even hear when they flush, which means they will be hearing ours too, no?"
	Poverty	B: "Poverty is a main challenge here but the people are just good at hiding it. People do not like when others see them as weak."
Risks and Challenges	Health	C: "The major risk is that of health. The mosquitoes are the main problem
	Substance Abuse	F: "Apart from water stagnation and improper drainage, the major challenge I feel is alcoholism and substance use. I have witnessed multiple times when youngsters who might not even be in the legal drinking age, sit together with adults and having alcohol and cigarettes.

Table 7. Thematic Analysis Resu

4. Conclusion

Youth are the future of tomorrow and the backbone of every nation. It is the most fluid age group as there is a transition from childhood to adulthood. Youth in slums are a vulnerable category as they are exposed to various challenges and problems.

The quantitative study shows that the youth residing in slums of Chennai possess high resilience and quality of life. Looking at the qualitative study, it can be seen that the youth face socio - economic challenges which had lead them to dropping out of school or discontinuing the education they had wished to pursue. Some are employed in seasonal employment which add on to the socioeconomic conflicts. Some have to engage in part - time jobs along with their studies to manage the financial challenges. Living in the crowded spaces has also added on to the challenges faced by the respondents. The frequent flooding which occur during rainy season is also a problem. Another issue is the breeding of mosquitoes and the diseases which it brings along. Some respondents had thoughts that they might get sympathised by the classmates if they know where the respondent resides in. This shows the stigma associated with residing in slums and the fear of exclusion and discrimination. Privacy is also a concern which is faced by the respondents due to the closeness of the houses.

The qualitative study also shows the risk and challenges faced by the respondents. These include poverty, health issues due to the unhygienic living conditions, water stagnation, improper drainage, alcoholism and substance abuse. One respondent stated lack of role models to guide and motivate younger generation is also a major challenge. This is a highly significant statement as youth population is an age group which requires adequate guidance, support and motivation. The environment around an individual and their socialization agents play a huge role in their upbringing. It is necessary to facilitate growth opportunities for youth in slum and ensure that positive role models are present in communities to motivate others.

Social workers as change agents have a vital role to play in slums, especially among the youth and children. Skill development training is a major area where social workers can lay more focus on for the youth residing in slums. This

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can not only help in their prospective careers but also in building their self - esteem and self - confidence and enhance their critical and creative thinking skills.

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