Women’s Quality of Life – A Comparative Study between Slum and Resettlement Colony of Chennai City

S. Mageswari* & Dr. G. Geetha**
* Research Scholar, Department of Geography, Queen Mary’s College, Chennai-600004.
** Assistant Professor, Department of Geography, Queen Mary’s College, Chennai-600004.

Abstract: The present study investigated about the Quality of life of women in slums and resettlement colonies of Chennai city, Tamil Nadu, India. The sample consists of 100 women belonging to a slum and resettlement colony. The World Health Organization Quality of Life Scale (WHOQOL Group, 1996), was used to assess the Quality of Life. The scale provides separate scores for overall quality of life, health and four other domains namely, physical, psychological, social relationship and environmental domain. All the domain scores are low except some point of psychological domain of slum women when compared to the resettlement colony. As a whole, the result reveals a very poor quality of life experienced by the women folk in both the slums and resettlement colonies. The reason for this is because of being under the shadows of neglect, sufferings and ignorance. It is recommended that quality of women’s life should be explored at grass root level and necessary measures have to be taken to improve by both governmental and non-governmental agencies.

Keywords: Quality of Life, Slums, Resettlement Colony, women

1. Introduction

India is one of the fast growing urban regions in Asia with average rate of 31 per cent. Even though the rate of urbanization in India is among the lowest in the world, the nation has more than 250 million city-dwellers. Experts predict that this number will rise even further, and by 2020, about 50 per cent of India’s population will be living in cities. This modernization and urbanization have resulted in the radical socio-economic changes and gave rise to new conflicts and tensions leading to the consequent increase of the new strata of population named “urban poor”. India ranks third to the world’s poor where 17 per cent of urban Indian households lived in a slum (census 2011).

Slums are the symbol of urban poverty and poor which represents a micro-habitat unit within a large frame work of urban built up space. It is of physically poor quality sub-standard housing which pose danger of health and life. Perpetual inflow of rural population to the most modern urban centers for searching jobs is one of the main factors, which have hindered elimination of the menace of slums. Now there is a global concern about the increasing number of people living in urban slums in conditions of extreme poverty and overcrowding.

Also, it is seen that along with the development of urban area, slums get uprooted and relocated on the margins of the cities, as a strategy of national urban poverty reduction. This strategy causes a greater hardship to uprooted slums as they are just relocated without much concern about the livelihood. People living in the uprooted slums face the problem to get connected to their work spots and the required social amenities in their new locations. Their social capital is quite poor, and so they fail to organize their connectivity of social and environmental betterment in the new locations quickly. The ultimate result has been that both slum and resettlement colony faces the most of similar problems, even though after development plans.

Within this agenda lies the worry about the effects of such living conditions on women’s lives and livelihoods. They may be seen more responsible for the care of children, elders, men folk and social customs and rituals. Their social role and personal aspirations and behavior pattern may be different from that of women outside the poverty. This is undoubtedly important, to remember the plight of those women who continue to suffer at the hands of poverty.

1.1. Quality of Life

Quality of life is defined as individual’s perceptions 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 (WHOQOL Group, 1995). It is also defined in terms of satisfaction,
happiness, psychological well being, and subjective evaluation of the degree of fulfillment of individuals’ most important goal, wishes and needs (Govindaraju, 2012). Keeping in view the above, it seems highly important to take up the issue of quality of life of women living in slums and resettlement colonies, to bring out their poor life even after various development schemes. Thus the study is focused to bring out the quality of life of women folk in poverty.

2. Objective of the Study

1. To explore the quality of life of women between slum and resettlement colony using World Health Organization Quality of Life Assessment Scale (WHOQOL BREF).

2. To compare the quality of life of women between slum and resettlement colony.

3. Chennai city, the Study Area

Census 2011 reports that slums account for about 17 per cent of urban population in India. Chennai, the capital of Tamil Nadu and one of the metropolitan cities in India, ranks fourth in slum population in the country. It is counted that Chennai city has 1240 slums where about 1.4 million people, about one fourth of the city population, live in tiny shelters. As in every other city, Chennai slum-dwellers live in impoverished conditions where access to basic services like water, electricity, sanitation, health care etc., continue to be inadequate. With the aim of ‘Slum Free City’ the government is establishing resettlement colonies which are gradually increasing. The sample slum and resettlement colony taken for study are Aathuma nagar and Semmencherry respectively.

Aathuma nagar, a residential slum located along the bank of Coovam River in Sidadpet of Chennai. It is a slum of around 1000 households, where the basic resources of life are in demand and need. The very basic facilities like good shelter, water and sanitation are lacking. Pushpa nagar, a resettled tenement located in core of city seems to be old and patch up. Although dwellers here have basic facilities, still they struggle for easy access.

4. Methods and Techniques

4.1. Sampling and Data collection

A slum map of Chennai shows that slums are far and wide distributed. Thus accounting all the variations in sample selection is a tough task, and as such, convenient sampling was adopted to select a slum and resettlement colony. From the sample area, households and 100 women with 50 from each sample area were randomly selected as a proportionate sampling. The data was collected by personal interviews with women of sample area by the help of WHOQOL BREF schedules. Field observation also helped to know the living standard of women in sample areas.

4.2. Tool

The World Health Organization Quality of Life Scale (WHOQOL BREF) is a quality of life measure. It is an abbreviated form of the WHOQOL 100. The WHOQOL BREF is a predesigned schedule consists of 26 items that measure overall quality of life as well as four specific quality of life domains: Physical, Psychological, Social Relationships and Environment.

4.3. Data Analysis

Using a 5-point scale for each item of WHOQOL BREF the scoring was calculated. The 5-point scale ranges from “Not at all” (a score of 1) through to “Completely” (a score of 5). Higher scores indicate a better quality of life. SPSS has also been used for statistical analysis, appropriate and needed diagrams were substantiated for the results to be displayed.

4.4. Calculation of domain scores

Raw domain scores are calculated by straightforward summative scaling of constituent items. Three negatively-worded items need to be reverse-scored. As each domain comprises a different number of items, the upper and lower possible raw score and the overall raw score range differs for each domain. These raw domain scores need to be transformed to a 0-100 scale, for ease of comparison with other data sets. This transformation converts the lowest possible score to zero and the highest possible score to 100. Raw scores are transformed using the following formula:

\[
\text{Transformed\ Score} = \frac{\text{Actual\ raw\ domain\ score} - \text{Lower possible raw domain score}}{\text{Possible raw domain score range}} \times 100
\]

5. Results

The socio-demographic profile of the women of slum and resettlement colony is shown in the table no 1. It is seen that age, education and
occupational status were not highly comparative. Almost half of the sample groups were literate and unemployed, suggesting that unemployment and poverty is a great blockade for good quality of life.

5.1 WHOQOL BREF Assessment

Findings from the study, display utter dissatisfaction in the samples of two groups. A simple glance brings out clearly that almost majority of the women in slum and resettlement colony is experiencing complete dissatisfaction in their day to day’s life. The following diagram represents the overall status of women in slum and resettlement colony:

Among the sample groups, resettlement colony had high mean score of 2.88 in overall quality of life, while slum is high in overall health status with 2.8 score (Figure 1). The ranges of difference between the sample groups are very low, which indicates the more or less similar living conditions. Totally, 40 percent of women are unhappy with their quality of life, while 46 percent are in the status of neither happy nor unhappy. Similarly, when we consider the overall health status, 42 percent are completely dissatisfied with their health condition. Lack of proper infrastructure facilities and improper access to basic needs drive them to poor health conditions in various ways.

When comparing slum and resettlement colony, the overall quality of life is slightly better in resettlement than the slum. The low economic standards of slum do not support them for the further development of life. More than 50 percent of women in slum are in absolutely displeasure status while resettlement women are considerably low (24 percent). This is due to the better physical environment available in the resettlement colony comparing the slum. When considering the overall health status, both the sample group has nearly 40 percent of women who experienced full dissatisfaction in their health status. (Slum- 40 percent & Resettlement colony- 44 percent).

Unhealthy environmental condition, poverty and lack of proper health care facilities act as the major reason for their dissatisfaction.

Domain wise mean scores and standard deviations were obtained and tabulated in table no 2 to appraise the various factor levels. The comparison of 4 domains between the sample areas is represented in the figure 2.

5.2.1. Physical Domain: The facets incorporated within this domain are activities of daily living, such as dependence on Health care deliveries, Energy and fatigue, Mobility, Pain and discomfort, Sleep and rest and Work capacity. The transformed mean score for 100 on physical domain is 43.08 for slum and 47.40 for resettlement women. It shows that more or less women of both sample area experience similar problems and difficulties in physical aspects with little more burden in slum women than the resettlement. It shows that though they are not healthy, many respondents reported various types of pains and discomfort but they do very hard work to survive and their thereafter body has adjusted according to their nature of work. The slum woman faces lot of strains and pains due to lack of proper access to water and sanitation. Though resettlement colony women faces less in the case of sanitation problem where as they are also in search to access safe water. The conditions in both places are nearly similar in spite of betterment of slum dwellers in name of relocation. Due to the nature of works, living environment and unhygienic food, they fall sick frequently. Many studies conducted by WHO and others shows that women of lower economic community fall sick frequently than any other communities. Women die every years of complication during pregnancy and childbirth with most cases from slums and resettlement colonies with 5, 85,000. This study gives knowledge about majority of women in sample areas suffer from mal-nutrition, anemia and various reproductive tract infections and also they suffer from malaria, typhoid, dysentery, back pains, knee pains and combination of all some time. When they have been asked about the treatment they take, majority of them said, “After the rest of a day or two with self medication, they feel they are alright to restart their routine work”. This act again leads to danger unknowingly.

Majority of lower economic community women bear a double burden of doing household work and laboring outside. Their routine work is very hard. Generally, slum women earn money for their livelihood. They work for long hours irrespective of their performing capacity. They exhaust their strength and feel fatigue, irritated and dissatisfied.

5.2.2. Psychological Domain: The aspects integrated in this domain are: Bodily image and appearance, Negative feelings, Positive feelings, Self-esteem, Spirituality/ Religion/ Personal beliefs and Thinking, learning, memory and concentration. The score for this domain are 48.34 and 48.12 of slum and resettlement colony respectively. The results are suggestive of near absence of positive feelings as majority of respondents from slum reported that they did not enjoy life and feel less contented. When compared to resettlement colony, women of slum lack positive feeling and self-esteem. They feel lack of self-confidence in them. They are subjected to various kinds of exploitation, oppression and
humiliation. Their bodily images and attitude about appearance are also not fully positive. They lack love and sympathy throughout their life span. Thus, these women of lower income group lead a life of deprivation, humiliation, blind obedience and dependence.

5.2.3. Social Relationships domain: The facets incorporated in this domain are: Personal relationships, Social support and Sexual activity. The transformed mean score on this domain is 52.48 for slum and 59.76 for resettlement colony. Compared to the resettlement, slum women have less social relationship status because they have less or do not have opportunity to share their problems nor do they have dependable and faithful friends. Infighting and quarrels for basic things like water, common space, etc., are commonly observed phenomena. Jealousy and criticism are frequently noted in their interpersonal behavior. Intimacy and emotional bonds are highly weak as they spend more time in struggle to sustain their lives.

Even though they mention satisfaction in sexual life, most of the women in slum and resettlement colony do not have satisfied social relationship with their husbands as they are both physically and mentally harassed, beaten and abused by them. An attempt was made in the study to find out the family atmosphere particularly the relationship between husband and wife. It is important to note that, because of the different attitude of the male members and their sheer neglect of the family, the responsibility of managing the family lies on women. The whole earnings of male member in the case of the majority of people will go particularly for alcohol and other bad habits like gambling etc. Hence the relationship between husband and wife was not easy going in both cases while slum reported major lack of social status.

5.2.4. Environmental Domain: The facets incorporated in environmental domain are: Financial resources, Freedom to move, physical safety and security, Health and social care-accessibility and quality, Home environment, Opportunities for acquiring new information and skills, Participation in and opportunities for recreation/leisure activities, Physical environment (pollution/noise/traffic/climate) and Transport.

The score obtained for this domain by slum is 41.88 and 51.64 for resettlement colony. The slum women experiences very bad environmental conditions with poor physical environment of stagnant drainage water, garbage, etc. All these facets are badly managed on slums than the resettlement. The living conditions of slums are dehumanizing. Their huts are highly unsafe and insecure as these can be demolished at any time by administrative authorities because of being illegally acquired. Slums face house fire compulsorily in a year. One of the sample area as now has got into fire and many people of slums lost their house on May 2013. Their dwellings are quite uncomfortable and suffocating where sub-human living conditions prevail. The unhygienic surrounding in both slum and resettlement colony contributes to poor quality of life for women.

6. Discussion

Usually the quality of life of lower economic group of people is very low and this mostly has an impact on women and children than the men. Slum is the place of poor with no proper infrastructure and basic facilities. As a solution to eradicate poverty in slums and to improve their life, government evacuated the slums and resettlement them in various places. But various studies shows that the living condition in most resettlement regions are no less than the life of slums. This study also proves that the quality of life of women is mostly comparable between slum and resettlement colony. The poor physical environment with garbage, stagnant drainage water, congested huts are the identities of slum while resettlement colony is build of tenements with same environmental conditions as slum. Living condition in both places is similar for women, while the slum women dwellers live with some extra burden. The government should take care of the place of relocation and avail the slum people there for better life and not similar to slum condition. Thus, the quality of life of women in slum and resettlement colony should be improved.

7. Conclusion

The overall picture of quality of life of both slum and resettlement colony in Chennai city tend to emerge as highly pessimistic and painful. Women who play a pivotal role in shaping and molding the citizenship of a country through their role of mother are living in such extremely harsh and agonizing conditions. The findings emphasis the need to rise over eyebrows and call for concrete steps to be taken to improve their living conditions and help them to alienate their feelings of negativity and happiness. This would help them to make efforts for the betterment of their life. Participation in such efforts of both governmental and non-governmental agencies at micro and macro level is essential.
8. References


Table No 1: Socio-Demographic Profile of the study

<table>
<thead>
<tr>
<th>Sample Group</th>
<th>Age</th>
<th>Education</th>
<th>Occupation Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18-24</td>
<td>25-35</td>
<td>35-45</td>
</tr>
<tr>
<td>Slum</td>
<td>14</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Illiterate</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>32</td>
<td>Employed</td>
</tr>
<tr>
<td>Resettlement Colony</td>
<td>14</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Literate</td>
</tr>
<tr>
<td></td>
<td>38</td>
<td>20</td>
<td>Unemployed</td>
</tr>
</tbody>
</table>

Table No 3: Mean and SD of Domains (WHOQOL BREF)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Mean Slum</th>
<th>Mean Resettlement colony</th>
<th>Standard Deviation Slum</th>
<th>Standard Deviation Resettlement colony</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Quality of Life</td>
<td>2.24</td>
<td>2.88</td>
<td>0.870</td>
<td>0.918</td>
</tr>
<tr>
<td>Overall Health status</td>
<td>2.80</td>
<td>2.64</td>
<td>1.370</td>
<td>1.102</td>
</tr>
<tr>
<td>Physical</td>
<td>43.08</td>
<td>47.40</td>
<td>9.540</td>
<td>14.774</td>
</tr>
<tr>
<td>Psychological</td>
<td>48.34</td>
<td>48.12</td>
<td>13.077</td>
<td>19.024</td>
</tr>
<tr>
<td>Social Relationship</td>
<td>52.48</td>
<td>59.76</td>
<td>16.324</td>
<td>17.885</td>
</tr>
<tr>
<td>Environmental</td>
<td>41.88</td>
<td>51.64</td>
<td>13.581</td>
<td>11.245</td>
</tr>
</tbody>
</table>

Figure No 1: Mean score of Overall status among slum and resettlement colony women

Figure No 2: Comparison of mean domain scores