Chapter 20 Risk and Resilience Among Indian Adolescents: A Community Approach



Shilpa Pandit

Abstract The chapter presents a new approach to understand adolescent development in the pluralistic and diverse Indian context by integrating the recent developments in community psychology and resilience research. It focuses on a community approach to positive adolescent development in the Indian context. The chapter explains the social construction of adolescence and discusses the risk and resilience factors to understand and deal with the challenges pertaining to this stage of development. It highlights that community-led interventions can act as a strong protective factor to promote resilience among adolescents. The chapter showcases real-life examples related to this in the form of case studies that points out that larger context shapes adolescent development and concludes that community-led interventions are the way forward for positively building up the life of adolescents.

Keywords Adolescents · Ecology · Risks · Protective factors · Vulnerabilities · Community interventions · Resilience framework · Micro–meso–macro levels of context

Introduction

Pratibha grew up in a small village near Jind, Haryana in North India. Girls were few in her village, and she found it difficult to find friends for her kho-kho and pitthu games, whenever she would find time to play. Anyways, she rarely had time to play games in the evening. She had to help her mother to take care of the cows, help prepare food in the kitchen, go to the jungle to fetch dry wood sticks, and also fetch water from the water-stream in the next village.

She went to school till primary level. At puberty, her father and other elders decided to take her off school and completely focus on household work. The boys in the village were aggressive and the girl needed to be protected, they said. Very soon, the elders in the family decided that she should be married. When Pratibha protested to her mother, her mother said, she should be happy that she is allowed to live. Girls are few in her village because most girls are either aborted from the womb or die immediately after birth. Pratibha protested and didn't

School of Arts and Sciences, Ahmedabad University, Ahmedabad, Gujarat 380009, India e-mail: shilpa.pandit@ahduni.edu.in

S. Pandit (⊠)

eat for three days. She called her cousin aunt, one evening, on mobile, hiding in the evening twilight and cried. Her aunt worked in Rohtak as an ASHA worker in the Panchayat and decided to take charge. She visited her village two days later and there was a huge family fight. Her aunt fought hard with her brother (Pratibha's father), tried to convince village elders, and finally took Pratibha with her to Rohtak and enrolled her into a municipality school, though two classes junior.

This story highlights female foeticide or infanticide as well as the larger social and cultural structures, which constrain and facilitate the development of genders differently. Indeed, what do we mean by 'development' can have two sides of the debate. The elders in Pratibha's village might think that they are doing the 'best' for the girl. Girls in India face several challenges, right from conception. Foeticide and infanticide result from 'boy preference', even though it is illegal by law. Systemically, we see girls dropping out of the education system and lesser girls in higher education. When women enter the workforce, we see girls and women getting less pay than their equally skilled male counterparts. Economists say that if more women participated in the workforce and were equally paid, the countries would prosper and families would flourish!

The point that we see in this story is that culture itself acts as a constraint—as in the case of girls not being allowed to go to school after puberty and culture again can potentially act as a resource where it allows for diversity to flourish! We need to see, what cultures are we building and supporting—just like Pratibha's aunt!

The risk and protective factor framework gained prominence during the 1980s and 1990s (Masten & Garmezy, 1985; Rutter, 1985). **Risks** are generally understood as challenges arising from structures and the context, whereas 'vulnerabilities' are understood as challenges arising from within the person (Krovetz, 1999). Some researchers have pointed out that this distinction between risks and vulnerabilities arose in the context of epidemics such as HIV/AIDS, where certain people were thought to be more 'vulnerable' than others. In this chapter, we take this technical definition as appropriate for our purpose. Similar to the fact that there are risks that arise from an environment, **protective factors** also exist in the ecological context that protects against adversity. These protective factors can be a strong attachment relationship, strong social support, access to a good school, a good teacher–student relationship, a strong and pro-people administration, etc.

There are places in our country having a very low child sex ratio, which means less girls seem to survive past 5 years of age in these districts (http://censusindia.gov.in/). Globally also this is a challenging problem for our society. Why does such a social practice continue and how knowledge of psychology can be applied here?

There are multiple levels of strengths and protective factors within ourselves, our families and relationships as well as communities. In India, due to the particular characteristics of the Indian social structure, community interventions have been used extensively. These communities—either formed due to our kinship groups, residential or geographical proximity or formed by our own selves—help us in multiple ways. They bring us affiliation, companionship, collective problem-solving, sharing activities and stress, and bring joy and trust in our lives. Research shows that community interventions among adolescents do show impact, even as studies show a variation in

results (Aggarwal & Berk, 2015; Arora et al., 2010; Mehra et al., 2018; Rath et al., 2020).

The basic premise discussed in this chapter is—can a resilience framework be used for understanding adolescence in the Indian context. Resilience is a key concept for us to understand. Werner in the 1970s was the first to introduce the term 'psychological resilience'. In a landmark study, she studied children from Kuai Island in Hawaii longitudinally from birth to adulthood for more than 30 years. The focus of early research was on vulnerabilities and adversities. The research identified lack of problems as one of the important outcomes of resilience (Werner & Smith, 1982). It is only in the past few decades that we see a strength-based salutogenic understanding of resilience. Resilience research has also been critiqued for primarily emanating from the western context and therefore Ungar (2008) has given a context-embedded definition of resilience after investigating youth and resilience in 14 communities across five continents. Ungar states that resilience is multi-layered and there are culturally specific as well as global dimensions of resilience. Researchers now also acknowledge that resilience is more than a personal quality or attribute but needs resilience at micro- and meso-structures, such as resilient families and communities, that channel resilience in culturally navigated ways. While resilience acknowledges the presence of adversity, the shift in focus is now on how adolescents and youth experience sustaining, enhancing pathways towards well-being, beyond the absence of problems (Theron et al., 2015; Ungar, 2008, 2011, 2013; Ungar & Liebenberg, 2009). Resilience is therefore defined in the context as, 'In the context of exposure to significant adversity, whether psychological, environmental, or both, resilience is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual's family, community and culture to provide these health resources and experiences in culturally meaningful ways' (Ungar, 2008).

How do we translate this powerful revision into the Indian context? Firstly, moving away from the individualistic idea of resilience, this definition looks at risk and protective factors in the communities. Some of these risks and protective factors may be global such as the presence of strong attachment figures, etc. Some are specific to the context—such as the context of income poverty or access to schools. Thus, the role of communities in interventions is also emphasized. Secondly, it is emphasized that adolescents and young people negotiate with the relationships and systems as they navigate through their adversities and this dynamic negotiability, as you see in the case of Pratibha when she called her aunt for help is an important resource when we study adolescent development in the Indian context.

Thus, the chapter discusses the importance of social context, or the eco-system, in which adolescents grow and develop. In recent years, psychologists in India have also noted this change in the consensus about the role of culture and context in adolescent development (Misra & Babu, 2013; Saraswathi, 1999; Saraswathi & Oke, 2013). The socio-cultural context is both a strength or resource and a challenge. Certain cultural and social practices act as buffers, providing support and resilience. At the same time, certain contextual factors act as risks and adversities, deeply affecting the person throughout the life span. As goal-directed behaviour, the risks and strengths

can be put in the foreground and/or background (using gestalt principles) as we situate adolescence in the Indian context. The chapter highlights the risks and strengths as specifically located in the context of Indian adolescents. It emphasizes that creating communities and community-led interventions can act as a strong protective factor in working with adolescents.

Adolescence as a Social Construction

Social construct or construction means that society and the people who constitute the society create a certain meaning of an object, or an event, or a process such that this construction is taken as 'natural' and guides thoughts, feeling/attitudes, and actions of the members of the society. For example, in the 1980s, adolescence was constructed as a period of 'storms and stresses', especially, in the Euro-American context. Do all adolescents, in all contexts, face storms and stresses? Saraswathi, in her 1999 paper questioned this universal idea and indicated several pathways towards maturity. For example, several tribal societies lead their adolescents to mature adulthood through social and cultural processes. Now, once we have constructed adolescence as a period of storm and stress, then it is likely that such a construction in turn influences the thoughts, actions, and social relationships of the parents, teachers, and adolescents.

Adolescence can be considered a social construction. It indicates that even though people across the world and throughout history have grown, entered puberty, and experienced the changes in their body and mind to become full adults, the social meaning of what it is to attain puberty and become an adult has changed from time to time. About 200 years ago, there was the practice of child marriage in India, where children attaining puberty were more likely to be already married, and puberty meant taking adult roles in the family and community. Contrast this to the idea of 'emerging adults' (Arnett & J., 2000) for the millennials growing in middle-class and upper-middle-class urban clusters of India today. Persons in their 20s in several contemporary urban societies are not understood as 'full adults' but as 'emerging adults', as they have not yet settled in their occupations, completed their education, or started their families. The point to note is that as societies transition, the social meaning attached to the life span development trajectories also changes. This social meaning is constructed by the societies themselves.

The understanding of adolescence focuses on certain key themes. They are the onset of puberty and the physical growth, the endocrine changes and their impact on social relationships and emotions/mood states, clinical aspects of dysfunctions during adolescence, and the changes in personality and identity. Along with these individual-related factors, the social contextual factors also play a role in understanding adolescents. Hence it is important to discuss adolescents situated and embedded in their social context and ecology and how this eco-system shapes their development.

Multiple Social Contexts and Ecologies in India

We tend to assume that social contexts are homogenous in nature, especially in psychology, which is being increasingly questioned. For example, Saraswathi (1999), first raised the question of adolescence as a social construction, when she studied Gujarati adolescents and did not observe the stereotypical notions of storm and stress among adolescents. Saraswathi, thus not only questioned a universal idea of adolescence but also identified cultural and contextual factors that change the construction and lived experience of adolescence. If we merely focus on the individual and defocus on the context, that amounts to a reduction of the reality as stated by scholars such as Ungar (Theron et al., 2015; Ungar, 2008) and more importantly, as experienced by a vast majority of adolescents in the Indian context. There are some critical premises of this chapter related to this:

- (1) Role of Context: Structure/context shapes individuals in a much stronger manner than it is thought, especially in the growing age. There is a multiplicity of contexts in the Indian diversity such as our villages and cities, languages, schools and colleges, workplaces far and near, different states, their cultures and their socio-demographic features, etc. Individuals, based on their goals, dynamically foreground and background the plural features of their micro, meso, and macro-context using the Gestalt approach.
- (2) **Ecology**: Thus, there are layers of context; there is no single fuzzy homogenous context. Like the cells and tissues of an interconnected physiological system, changing one layer of the context can change the other layers as well. This layered context is addressed as **an ecology**. It implies interdependence and includes material and socio-cultural contexts.
- (3) **Resilience framework**: The ecological context includes both risks/vulnerabilities and strengths/protective factors. Risks and vulnerabilities highlight the dangers and challenges that adolescents face, whereas the strengths and protective factors focus on the buffers and their capacity to offset or flourish/find new opportunities under adverse circumstances. Thus in the context of these premises, it can be emphasized that in the Indian socio-cultural context, finding communities or creating communities can and has acted as a protective factor and create resilience for adolescence (KHPT, 2015; Zimmerman, 2013).

The above ideas/premises are further explained below.

(1) Role of Structure/Context in Shaping Individuals

In the story of Pratibha mentioned in the beginning, the context doesn't allow girl children to survive, to 'play', and to go to school. The context facilitates hard physical work. It may also be noted that the context of Haryana is not the same as the context in Kerala or north-eastern part of India. However, families as micro-systems are embedded in the context, where village elders and family elders as meso-contexts may decide on rules that everyone agrees with. Many of the families and individuals may find hard to imagine any other way of life, which is unconnected to the context.

It is known that development is plastic and is a result of the interaction of nature and nurture (Santrock, 2016). Nature includes the genetic inheritance, consistent traits as well as genetic diseases that an individual inherits. Nurture needs to be understood as including but not limited to parenting, the role of mother, and early childhood experiences. In recent years, the focus has been more on relational elements especially when it comes to understanding relationships and communities as sources of strength and protection. The Indian philosophical, as well as lived, understanding of the context is much richer and more complex because of the diversity and commingling of contexts in the process of growing up. For example, even if the families are changing and becoming nuclear, the adolescent growing up in the Indian context is still aware of and interacts with extended families and community networks. The role and importance of other elders in the family are still significant.

Nurture apart from including the mother and parents, etc. includes the meso and macro-context which allows the relationships to get enacted in a particular manner. In a significant way, the social and economic context facilitates and constrains nurture and nurturing relationships and their expression/practice. For instance, in the above example, if the village has a significantly less number of girls, then Pratibha obviously cannot find girl playmates and as she is not allowed to play with boys, she is unable to play much.

There is contextual diversity in India, which is related to the different complex social structures and systems, different languages and cultural systems that commingle and intersect with the socio-economic, administrative, political, and geographical contexts. A tribal adolescent from Kendrapada district collecting wild bee honey in the forests and selling it in the markets on the day of bazaar is shaped differently than a student in a high profile private school/college in a city in India. This wide diversity, also resulting from and leading to economic and social inequality, means that the shaping by the context must create widely divergent aspirations and goals for the adolescents of the same historical cohort. The idea of an aspiration and a goal for life would perhaps be different for the shy tribal boy from Kendrapada or he would say, what appears feasible to him and his family, whereas a confident student, articulate in English, would struggle through his/her own challenges—academic pressure, job placements, paying back the education loan, etc.

So, in each context, there would be certain **risks**. In the context of Kendrapada, the adolescent boy faces certain risks—fear of destruction of forest, no or minimal education, the utter struggle to subsist, no opportunity to create wealth, and oppressive social structure. In the context of the student of a private school/college in India, there are risks—the intense pressure to compete; to be coerced into choosing subjects they cannot manage or have no interest in studying; and managing placements and getting jobs which are tough for beginners in the jobs hierarchy.

(2) The Ecological Context: Structure-Individual Dynamic/Interplay

Bronfrenbrenner (see Santrock, 2016) gave a conceptual model that viewed development as embedded in the **ecological systems**, where persons throughout their life span, especially children, are shaped by the dynamic interplay of the environment and the individual. There is a constant and dynamic interaction between the overlapping

structures that form the context—the social, economic, cultural, and administrative systems sharpening certain facets, making them prominent and levelling off some facets.

So, at different levels of analysis—micro, meso, and macro levels—protective factors in the environment can be identified. Similarly, individuals will have certain **strengths**—arising from within, out of their genetic and epigenetic factors, such as order of birth, a sense of self, ego-integrity, etc.

The individuals interact with both the risks and the protective factors in the environment. Ecology can be thus understood as the dynamic interplay between the risks and protective factors within the environment with the strengths and vulnerabilities in the individual.

The development of adolescents then needs to be looked into in the particular ecological context. This will help us build the resilience of the adolescents by examining the various factors present.

Let us see these in the Indian context.

Government Interventions for and By Adolescents and Youth

The Government of India has tried to engage with the adolescents and youth recognizing them as a separate group and a community. This intervention approach got prominence as part of the HIV/AIDS response. Adolescents and youth were viewed as target audiences for prevention and social and behaviour change communication. A similar intervention approach is also applied for alcohol and substance abuse demand reduction. Clubs and groups are created, such as rainbow club (for HIV awareness) and kishore and kishori groups (for adolescent health and sexuality) where several activities are conceptualized and implemented. Conducting awareness programmes about puberty, menstrual hygiene, safe sex and delaying the age of sexual debut, information about contraception, providing other opportunities for peer learning in a safe space, and conducting other training programmes on life skills are some of the activities under this approach, which are usually held in schools and colleges/universities. Most of these efforts are conceptualized and funded by multilateral agencies such as UNFPA and UNICEF, in collaboration with the state governments and implemented, either by the state or the local NGOs. This life skills approach was promoted by the UN agencies and utilized this delivery mechanism.

Can we call this approach a community-led approach? Well, maybe we can't. Without denying its relevance and functionality, this approach is driven by stakeholders, who are essentially outsiders. This is for the adolescents and youth, but rarely led by then youth and adolescents themselves. Nevertheless, in a resource-scarce context where adolescent and youth interventions are a few, it has shown impact. One of the important pivots in these interventions is the 'peer learning approach', which is theoretically premised on the fact that

adolescents and youth learn better from each other, than from adults, who may be viewed as outsiders (in terms of age and experience).

Review Questions: Review the interventions done by UNICEF or UNFPA in your state and write an analytical report on its conceptualization, activities, and impact.

Risks and Protective Factors for Adolescents in the Indian Contexts

So, what are the risks faced by adolescents in the Indian context? These can be discussed in terms of macro and meso-context.

Risks and Protective Factors in Macro Context

Administration and State

At the macro-level, all of us are impacted by decisions taken by the state and the district or municipality. The administration is thus a silent and pervasive influence. If, for example, data is not correctly captured by the administration, then too the interventions are misestimated and planned (Bhargava et al. 2020). Risks in the administration include non-provision of services and entitlement, corruption, and pilferage of the benefits due. For example, the mid-day meals scheme is a provision by the state government of India in the school system; however, in many village-level panchayats, it is seen that mid-day meals are not regular or not provided. It is not only an act of corruption but also has adversely impacted the development of adolescents and put them to risk of poor nutrition. This affects their learning, academic achievement, and development in other aspects. Similarly, several state governments have instituted scholarships and other benefits such as vocational training, skilling, etc. for adolescents and youth. Lack of monitoring by the administration and lack of awareness among adolescents can put students at many such risks. On the other hand, a proactive administration with strong monitoring and supervision can be a strong protective factor in the macro-context. Awareness of one's rights and entitlements through media can also be a protective factor, although more empirical research is required in this.

Law and order, as well as crime, is a state subject and there is an administrative variation that comes in terms of safety and trafficking of vulnerable adolescents. At the first level, social and legal protection of adolescents is

an administrative responsibility and several adolescents face risks due to lax administration. Adolescents, especially adolescent girls face immense risks due to trafficking. Other risks are crimes against children and adolescents, children and adolescents in conflict with law, and children who live on the streets—these adolescents face the highest risks to their safety and dignity (more data can be found from this report: https://censusindia.gov.in/Data_Products/Data_H ighlights/Data_Highlights_link/data_highlights_D1D2D3.pdf. and http://mospi.nic.in/sites/default/files/publication_reports/Youth_in_India-2017.pdf). Administration and legal systems are duty-bound to protect children and adolescence against crimes, and in contemporary times, several strict legislations have been enacted such as the POCSO (Protection of Children against Sexual Offence) Act, 2017 (for more information on POCSO Act, please see https://ncpcr.gov.in/index1.php?lang=1&level=1&&sublinkid=14&lid=607).

Further, cyberbullying and cybercrimes are also coming up more due to the increase in virtual engagement of adolescents.

Variation in the administration and development of different states heightens certain risks for all adolescents in the Indian context. For example, certain states due to several social and political factors encounter challenges in administration and thus, access to schools, hospitals, and other services such as sports and employment and skilling opportunities may not be available. This may be true of rural as well as urban areas. Similarly, there is a state-level variation in terms of access to services and entitlements. An adolescent in backward states such as Bihar faces risks differently than an adolescent growing up in Kerala; this is reflected in higher migrations of adolescents and youth towards states which are more developed and provide better opportunities.

Income Poverty and Deprivation

Income poverty means that the household and the adolescent are not able to have an income that sustains them and their basic necessities. Income poverty and at a larger level, deprivation is a risk that adolescents in India face. Since adolescence is related to physical growth, the role of nutrition and wholesome food is underlined. Deprivation of basic needs of drinking water, shelter, food has a negative impact on physical and psychological development. Food and nutrition are key concerns in India. Deprivation of a healthy and nutritious diet and its impact on their physical and cognitive health is one of the risks that adolescents from poor families and households face. On the other hand, unregulated lifestyle and obesity are also risk factors, among those who do not experience food deprivation in their households. Both result in changes in metabolism and deficiencies that affect growth.

Unregulated lifestyles among adolescents include early exposure to and consumption of tobacco, alcohol, and other substances. A recent study in 2019, commissioned by the Ministry of Social Justice and Empowerment (MSJE), Government of India, shows that tobacco, alcohol, and substance abuse are urgent issues in

India—about 16 crore persons consume alcohol in the country, 3.1 crore individuals use cannabis products, and 2.26 crore use opioids. Lakhs of people are dependent on these substances and it has an impact on their productivity, employment, and quality of life. Even though the public data is not specific to the adolescent population in India, it does indicate that adolescents are at risk to exposure and risks of use (http://socialjustice.nic.in/writereaddata/UploadFile/NAPFDD_EDUCTION 01 04 2020637218847700595753.pdf).

Lack of access to higher education and vocational opportunities present serious risks. Higher education and vocational skills are the pathways to move out of poverty and deprivation. Access to education and skills is dependent on several factors—the place of residence, the feasibility in terms of money and other resources, the availability of correct information about the opportunities, and the state of economy and industry.

Researches show that formal and informal social and community networks act as a strong protective factor for families who face income poverty and deprivation. Economists have used the term social capital to denote this strength of formal and informal community networks. Leveraging this, the government with several international funding agencies have also created adolescent communities for their interventions in health and education.

Sphoorthi—A community facilitated intervention by Karnataka Health Promotion Trust (KHPT) for adolescent girls in rural North Karnataka

In a facilitated intervention in rural North Karnataka, Karnataka Health Promotion Trust (KHPT), a Bengaluru-based non-governmental organization (NGO), conceptualized a peer learning intervention to arrest sex trafficking of adolescent girls. According to the report published by KHPT, one of the key gaps in vulnerable communities is the lack of peer role models that demonstrate positive behaviours and inspire others. According to KHPT, behaviour change is not sustainable through incentives and penalties. KHPT's theory of change was to create role models from within the community; change through 'emulation'. According to them, parents in marginalized communities also lack peer role models that they can then emulate. Peer role models, on the other hand, become champions and change agents.

This particular intervention project was funded by a philanthropic foundation and activated in Koppal, in Northeast Karnataka, influencing 3600 girls, by directly engaging with 640 adolescent girls and 1280 parents in 42 villages, through 2015–2018.

So, what is interesting about this model? For one, it assumes a 'cascade' effect and an effective use of limited resources. Secondly, it is centred on leveraging the psychological principles of modelling and the evidence that peers

become important during adolescence. The intervention also formulated positive outcomes in terms of secondary school completion, arrest early marriage, and better health outcomes. Can we call it community-led? Maybe not in stricter terms; this model, however, is certainly more insider—outsider in its approach.

Review Questions: Analyze this model, in terms of its engagement with the community and the possible resistance that might be encountered. Do you think, this model is sustainable? Why?

http://www.khpt.org/intervention/adolescent-health-and-education/

Gender, Caste, and Class

Social constructions of gender and diversity, caste, and class create social stigma. All these three are deep structures that affect self-awareness and self-identity. Socialization of girls, transgender people, and people with queer identities create self-stigma and shame. Similarly, a child is socialized into caste and class socialization. This self-stigma deeply affects the self-esteem of adolescents and presents a great risk through social shaming, bullying, and harassment. Gender, caste, and class include deeper processes of self and identity, social roles, etc. This socialization is an ongoing lifelong process and requires deep-rooted social change. Presented in the box is a community-led intervention by an organization called Karnataka Health Promotion Trust (KHPT). The project Sphoorthi was an intervention programme for arresting sex trafficking of rural adolescent girls in North Karnataka in India. This project focused on peer learning and positive role models among adolescent girls and their parents. These girls continued their schooling and their parents did not allow them to drop out of school. The positive role models were those parents who did not allow for the marriage of adolescent girls—just as what we saw in the case of Pratibha at the beginning of the chapter. As a scholarly discussion, the topic of risks and vulnerability due to socialization is vast and can be further read elsewhere in sociology, history, and political science. In the years after the independence of India, there have been some changes at the ground level—more adolescent girls are entering higher education, more Dalit (deprived sections in India) students are entering higher education, yet much more needs to be done. The Constitution of India affirms the values of equality of opportunity and the right to life and liberty.

Indian Cultures and Meditation Traditions as a Protective Factor

Whereas the issues of gender, class, and caste present themselves as risk factors, the complexity of Indian culture and the presence of multiple cultures and subcultures may act as a protective factor as there is a complex mindset that provides a backdrop for human development. Several cultural and sub-cultural assumptions

'co-exist' with their alternatives during the socialization process. This plurality of mental models and values has been discussed by psychologists (Chadda & Deb, 2013; Laungani, 2007; Palmer & Laungani, 1999). Historically multicultural societies such as Indian civilization have always had paradoxical elements, which indeed co-constructed a resilient culture/cultures, that have adapted to the transitioning times (Sinha & Tripathi, 1994). This complexity that is comfortable with contradictions has been called the 'Indian mindset' (Sinha et al., 2009). In terms of day-to-day cultural practices, this has meant the Indian adolescents grow within diversity and heterogeneity of peers, role models, and relational networks. As Tripathi (2019) has written, the relation between the individual and the collective has been framed differently in the Indian culture.

Finally, the Indian philosophical and knowledge traditions have emphasized the cultivation of meditation and contemplation in fostering resilience in face of adversities. Recent research supports the idea of cultivating contemplation and meditation in nurturing resilience (Adhikari, 2012; Goralnik & Marcus, 2020; Priddy et al., 2018; Sharma et al., 2019; Waechter & Wekerle, 2015). Traditionally, resilience was fostered through spiritual transformation (Garg, 2019) and recent interventions have shown efficacy in significant risks such as a family history of mental illness, maltreatment, and substance abuse. There have been two broad approaches to fostering resilience: The first approach has relied on personal strengths and guru-shishya relationship (Raina, 2002). This has been most notably done through yoga praxis, which clearly identifies nurturing personal strengths, increased cognitive capacities, and affective resilience through positive emotions and detachment from negative thoughts and emotions (Herbert, 2018; Pandit & Satish, 2014; Priyadarsini & Rohini, 2017; Sati, 2016). The second approach has been on changing the society, itself. The bhakti movement as well as the Buddhist philosophical thought has focused on social transformation that facilitates the reduction of social risks such as prejudices, othering, and discrimination. Even as social change and transformation is still a work in progress, in the post-independence period, constitutional values provide a cultural protective factor that undergrids education, social relations, and health, both in formal systems as well as informal public discourse.

Risks and Protective Factors at the Meso-ccontexts

Agents in the macro-contexts are largely related to the field of sociology, law, political science, and public administration. Psychology as a discipline has invested itself in understanding individuals and small groups. The large structures in the macro-context affect and shape the individuals and small groups such as families and communities. Similarly, the actions of individuals and small groups relating to the meso-context can also affect and change these structures. If small incremental changes happen at the individual level, then it changes these large structures incrementally and results are seen over a period of time. Another way in which the actions of the individuals can change these large structures is through leadership behaviour. What happens

for example, when one or two individuals file a writ petition in the Supreme Court, saying that their right to life and liberty is at risk, due to a Victorian law? This is precisely what happened when a group of gay people filed a petition in the Supreme Court of India, stating that due to the criminalization of the LGBTQ community through Section 377 of the IPC, their fundamental rights of life and liberty were threatened. In response to the petition, the Supreme Court removed Section 377. In this way, actions by citizens or groups of citizens can change macro-structures such as law, administration, and policy.

At the meso-level, we find that we are talking about risks and protective factors that adolescents are in direct connection with. These are the issues and concerns about schools and colleges and relationships with teachers/mentors and professors, the relationships in the community/residential neighbourhoods, and relationships in the family—the structure and processes of family systems. These are explained below.

Risks and Protective Factors in Educational Institutions and Role of Teachers

In one of the research studies published on employability, which was defined as the ability to successfully secure a job (Pandit et al., 2015), researchers found that students reported the availability of books in the library as one of the most important factors for their success/employability. The second factor reported by students as key to their success or failure in securing jobs was the availability of qualified teachers and professors. This saddening, yet key insight reveals that even if the colleges and universities are accessible, the availability of quality infrastructure and qualified teachers presents a variation that one may not find in the western context. Availability of books, computers, and internet directly affects the student's motivation, access to information, and learning outcomes. Several universities and colleges in India do not have this infrastructure. Even if the infrastructure exists, it is severely rationed. The availability of qualified teachers who can teach updated knowledge is absent in many educational institutions. For science institutions or science work in schools, the availability of lab infrastructure, the freedom to explore and experiment is not found. Thus, at the meso-level, the risks faced by adolescents in education, even if the schools and colleges are accessible are subtle and yet have far-reaching impact on their lives as well as the sector, where they will seek employment.

So, what could be the protective factors in this meso-context? Research shows that the availability of mentors, who can guide with the right information, is one of the key protective factors that students feel. These mentors need not be teachers but can be anyone in the community, who not only provide the right information at the right time but can also connect with other resources such as scholarships, internships, etc.

Risks and Protective Factors in Community and Residential Neighbourhoods

There may be certain neighbourhoods where crime, violence, and other activities may abound. These neighbourhoods can be in urban as well as rural areas. Adolescents in these neighbourhoods face risks of deviance socialization. They may be exposed to alcohol or other substances earlier in their life. They may also be socialized into violence and crime. They may look at it as a part of life—normalizing it. These risks that come from their meso-context, which normalizes crime and violence, put them at a risk, affecting their developmental outcomes through the life span.

Many NGOs in India have worked on bringing about a community-led change. One of the ways is to identify positive role models and recognize and celebrate them in the community. Most of the peer-led interventions for adolescents and youths in India are pivoted on this strategy of identifying positive role models and making them leaders of the peer-led interventions. In this regard, Project Sphoorthy by KHPT was mentioned earlier. There are several such interventions that NGOs have done with adolescents, using sports, theatre, arts, and other interventions. Sports, for example, is an aligned strategy for adolescents as it ties with the physiological changes in their bodies and significantly improves their self-awareness, identity, and self-esteem (Aishath et al., 2019). However, sports, especially competitive sports, increase the risks for violence and injury. Non-competitive sports can indeed benefit the adolescent. In the Indian context, sports in community interventions have been used for non-competitive engagement (Steiner et al., 2000).

Risks and Protective Factors in Family, Friends/Peers, and Social Networks

When we usually talk of family, the middle-class notion of family is seen as the working father in an office-going job/or a small business, the mother who is a homemaker or works in a job or business. We view maybe two/three children in the family and possibly a grandparent. Families in India are diverse. Some families are very large with 7 to 14–20 members, especially in tribes or agricultural families. There may be families with grandparents on both sides, aunts and uncles as well as cousins. Even though a family is formally defined as a unit eating from one kitchen, psychologically, many families may live close by, with separate kitchens. Several families have single parent, either formally or in real term—a mother with her children may have an absentee father or a father who is mostly migrated for work and livelihood. Such families present their own risks and protective factors.

The presence of parents/elders and strong, positive attachment relationships with the family members act as key protective factors to counter the risks inherent in family networks. In single-parent families, the presence of other members in extended families or social networks acts as protective factors.

Domestic violence is one of the serious risks for growing adolescents—both boys and girls. Alcohol and substance abuse also affect a vast proportion of our population. Alcohol and substance abuse are linked to domestic violence, loss of productivity, and an increased health burden. Having an elder in the family who is abusing substances presents a negative role model to the growing adolescent at the minimum and can result in injury or violation/abuse of the adolescent as the worst-case scenario. The research found that mental illness in one of the parents presents a risk to the adolescent's development. What could be the other risks that adolescents face?

Migration and lack of a stable home can be a significant risk for adolescents in the Indian context. In India, it may happen that, half of the family migrates and half stays back in an attempt to continue with school for children, and as Srivastava states in his report published by UNESCO, children and adolescents migrate for work, impacting their education (http://www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/New_Delhi/pdf/voltwo.pdf#page=7).

Migration by adolescents themselves for work or migration by the families can disrupt education and access to several benefits provided by the government. For example, migrants usually don't have access to public delivery of food rations or other state-specific benefits, because they do not have documentation of residential status. Finding admissions in schools and colleges can also be similarly difficult.

Supportive peers and friends in social networks are also a strong protective factor for adolescents. Karakos (2014) in a qualitative study points out that peers of adolescents in the recovery school (from drugs and alcohol use) act as sources of positive support which provides a sense of community and peers outside the schools act as sources of risky influence. The positive influence of peer leads to positive behaviour in adolescents (Baruah & Boruah, 2016), and negative peer influence leads to risky behaviour (Goel & Malik, 2017), whereas school and family involvement is negatively related to risky behaviour among adolescents 14–17 years. The negative influence of the peer group is more connected to the involvement in risk behaviours, whilst the positive influence is more connected with protective behaviours (Tomé et al., 2012).

Risks and Protective Factors Within a Person

Consistent personality traits can present both risks and protective factors within a person. Given a situation, two individuals perceive and process it differently, even if they are from the same family. Genetic factors, nurture and socialization, and circumstances in the family differ from adolescent to adolescent, even if they are from the same family. Poor attention and processing capacity, poor emotional regulation, lack of self-esteem, and poor coping can be significant risk factors. The silver lining is that adolescent self and identity can be shaped through adolescence, with positive experiences, training and other interventions.

Research shows that several personality factors—consistent traits have a strong impact on resilience. Intelligence and problem-solving capacity, achievement motivation, and emotional regulation are some of the protective factors.

Pravah and Commutiny: An Initiative with Adolescents and Youth in North India

A group of management professionals got together to start Pravah in Delhi, some 25 years back. Pravah and Commutiny are truly at the cutting edge of youth-led interventions, by leveraging the spirit of youth volunteerism. Pravah has a unique concept of a fifth space, which is conceptualized as a space of youth engagement that exists beyond the four legitimate spaces of family, friends, education/career, and recreation. Pravah and Commutiny have thus articulated a social space for youth to engage; a social space which is not self-centred and self-absorbed.

Through their youth-led programmes, Pravah and Commutiny have engaged with thousands of adolescents in India, using innovative adolescent-friendly communication and engagement methods.

Can we say that this is an example of community-led interventions for adolescents? It may come closest to the idea of community-led interventions if we define youth as a community. It has an insider approach in its engagement methods with youth-friendly language and tools such as short videos, photos, youth campaigns, etc.

Review Questions: Study the engagement methods of Pravah and Commutiny and discuss the relevance in a short note.

Reference: https://commutiny.in/about-us/.

Resilience Framework: Understanding Risks and Protective Factors

In general, risk factors are those that increase the probability of a maladaptive outcome while protective factors are variables that reduce the likelihood of maladaptive outcomes under conditions of risk (Ungar, 2013). (Grossman et al., 1992) state that protective factors impact developmental outcomes independent of risk. This is not to assert that the relationship between risk/protective factors with maladaptive outcome or health is linear. Development is complex and the pathways through which risk as well as protective factors impact development outcomes still need to be explored, especially in the Indian context.

Interactions between risks and protective factors pathways at different levels—within an individual—in relational networks and families and large structures also pose a challenge to be understood effectively. It may be noted here that protective factors possibly negate risk factors and augment other protective factors to create a larger positive impact. In this scenario, the role of community in positive adolescent and youth development is significant. There is one community that we are born with, but there are other communities that we join or create for ourselves. For example, adolescents become members of various online communities such as reddit or quora, where people ask questions and interested people view and some answer the questions. This gives a sense of community as the adolescent feels a sense of community by being a member of school or college. One feels a sense of pride about being a member and feels emotionally closer with a member of the same community-ready to help and take care of the person.

A sense of community that makes the adolescent feel good for being a member, ready to affiliate, help, and care for each other, then community becomes a resource—a protective factor. Creating a community of adolescents can then be a possible intervention for adolescents and youth. Several civil organizations have tried this method of creating a community of adolescents and youth—both with on-ground presence and through online media. This sense of community can include mentors and elder peers who can then help with any problems. Knowing that there are elder peers and mentors in the community can make adolescents and youth feel secure as well. So, a co-creation of a trusting community can be a useful intervention for adolescent and youth development.

Community-led interventions can thus be built in the resilience framework, at least tangentially if not in full. One of the organizations—'Commutiny' based in Delhi has conceptualized a 'fifth space'—a space of social engagement and is owned by the community of adolescents and youth. Pravah and Commutiny represent one of the ways of creating communities emanating from urban spaces and then moving towards peri-urban and rural adolescents and youth. This is both a weakness and a strength of their model. Models of adolescent development, as they emanate from urban spaces, provide opportunities for the urban youth volunteers to engage deeply with the Indian cultural and social context developing empathic insight and fellowship. On the other hand, some may also carry a set of assumptions that privilege certain learning and pedagogies of learning over other forms of knowing, learning, and being. For example, there may be an assumption that rural areas are underprivileged and backward, thus assuming further that income poverty is equated with cultural deprivation.

Regardless of these issues, community-led interventions having a resilience framework will definitely benefit the adolescents.

Conclusion

The present chapter discussed the development of adolescents beyond the conventional understanding of individual-level changes. The risks and protective factors in the adolescent eco-system were defined and identified. Since the larger context shapes adolescent development, community-led interventions can be identified as a pathway incorporating a resilience framework.

Resilience framework as a way forward in adolescent mental health and well-being highlights the importance of protective factors. Three domains have been identified within protective factors. Firstly, protective factors are viewed as positive internal characteristics of the individual/adolescent like attention, problem-solving ability, illness-free healthy body, or good social skills. The second dimension comprises child–environment relationship, which includes relationship with parents and other adults. The third dimension is essentially about the third-order relationships which indirectly affect the adolescent's health—the macro-contexts of access to schools and colleges, disruptions and role models in the community, etc. (Coie, et al., 1993) suggested that protective factors may work in one or more of the following four ways: directly decrease dysfunction; interact with risk factors to buffer their effects; disrupt the mediational chain by which risk leads to disorder; or prevent the initial occurrence of risk factors. (Coie et al., 1993; Grossman et al., 1992) have suggested that protective factors are the core variable that may help researchers to identify targets for intervention successfully.

The chapter described various community-led or community-embedded interventions oriented on a resilience-based framework. The resilience-based framework is best articulated in meso and micro-contexts. Interventions can be fully state-initiated and state-led, or the community may be involved, or maybe initiated by NGOs but led by the community. These different approaches have benefits for adolescents but differ in terms of the sustainability of the intervention for a longer time. State-led interventions may work well, but as the community is passive, it may not sustain over time. Community-led projects are extremely difficult to work on ground. Several challenges such as local leadership, working while managing group and interpersonal conflict and underlying animosities, etc. play a role, although some interventions such as sports interventions may be more acceptable.

Gergen (2014) called for research to not just be mirroring the society and the world, but also be 'future forming'. Resilience and focus on protective factors help us to work towards a future that we can work towards for the betterment of our adolescents who are the future of the country.

Time to Reflect

Each adolescent is not only the responsibility of the concerned family to which s/he belongs but also the responsibility of the community. It is the right of each child to

get a conducive environment at home and in the community for optimal development and fulfilment of potentials. This needs to be ensured at the micro, meso as well as macro-level. However, given the adverse situations and lack or less availability of resources in which a majority of adolescents live, it is important to approach the development and functioning of adolescents from a rights perspective. A resilience framework is needed to reduce the risk factors and enhance the protective factors to help adolescents thrive in their life and achieve good mental health and well-being. Reflect on the supportive practices in various communities that aid or hinder the psychosocial development of adolescents.

Acknowledgements The author gratefully acknowledge the research and other assistance provided by her students—Madhumitha R. L., Tanvi Joshi, Prema K, and Durga K.

References

- Adhikari, K. (2012). Study of effect of *Vipassana* on anxiety and depression. *International Journal of Psychology and Behavioral Sciences*, 2(6), 274–276. https://doi.org/10.5923/j.ijpbs.201202
- Aggarwal, S., & Berk, M. (2015). Evolution of adolescent mental health in a rapidly changing socioeconomic environment: A review of mental health studies in adolescents in India over last 10 years. *Asian Journal of Psychiatry*, 13, 3–12.
- Aishath, N., Abdullah, H., Krauss, S., & Ahmed, N. B. (2019). A narrative systematic review of life skills education: Effectiveness, research gaps and priorities. *International Journal of Adolescence* and Youth, 24(3), 362–379.
- Arnett, & J., J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480
- Arora, M., Tewari, A., Tripathy, V., Nazar, G. P., Juneja, N. S., Ramakrishnan, L., & Reddy, K. S. (2010). Community-based model for preventing tobacco use among disadvantaged adolescents in urban slums of India. *Health Promotion International*, 25(2), 143–152.
- Baruah, P., & Boruah, B. B. (2016). Positive peer pressure and behavioral support. *Indian Journal of Positive Psychology*, 7(2), 241.
- Bhargava, M., Bhargava, A., Ghate, S. D., & Rao, R. (2020). Nutritional status of Indian adolescents (15–19 years) from National Family Health Surveys 3 and 4: Revised estimates using WHO 2007 Growth reference. *PloS one*, *15*(6), e0234570. https://doi.org/1
- Chadda, R. K., & Deb, K. S. (2013). Indian family systems, collectivistic society and psychotherapy. *Indian Journal of Psychiatry*, 55(Suppl 2), S299.
- Coie, J. D., Watt, N. F., West, S. G., Hawkins, J. D., Asarnow, J. R., Markman, H. J., Ramey, S.L., Shure, M.B., Long, B. (1993). The science of prevention: A conceptual framework and some directions for a national research program. *American Psychologist*, 48(10), 1013–1022. https:// doi.org/10.1037/0003-066X.48.10.1013
- Garg, R. (2019). Resilience in the Bhagavad Gita: a discourse analysis. *International Journal of Emergence Mental Health Resilience*, 21(10.4172), 1522–4821.
- Gergen, K. (2014). From mirroring to world-making: Research as future forming. *Journal for the Theory of Social Behaviour*, 1–24.
- Goel, R., & Malik, A. (2017). Risk taking and peer pressure in adolescents: A correlational study. *Indian Journal of Health & Wellbeing*, 8(12).

- Goralnik, L., & Marcus, S. (2020). Resilient learners, learning resilience: Contemplative practice in the sustainability classroom. New Directions for Teaching and Learning, 161, 83–99.
- Grossman, F., Beinashowitz, J., & Anderson, L. E. (1992). Risk and resilience in young adolescents. Journal of Youth and Adolescence, 21, 529–550 (1992). https://doi.org/10.1007/BF01537394
- Herbert, S. (2018). *Yoga practice, well-being, and resiliency*. Adler School of Professional Psychology.
- Karakos, H. L. (2014). Positive peer support or negative peer influence? The role of peers among adolescents in recovery high schools. *Peabody Journal of Education*, 89(2), 214–228.
- KHPT, K. H. (2015). Stigma and discrimination among female sex workers: Lessons learnt from a pilot project in North Karnataka, India. From khpt.org: http://www.khpt.org/wp-content/uploads/2016/05/Stigma-and-Discrimination-among-Female-Sex-Workers-Lessons-Learnt-from-a-Pilot-Project-in-North-Karnataka-India.pdf
- Krovetz, M. (1999). Resiliency: A key element for supporting youth at-risk. *The Clearing House*, 73(2), 121–123. Retrieved April 28, 2020 from www.jstor.org/stable/30189516
- Laungani, P. (2007). Understanding cross-cultural psychology: Eastern and western perspectives. SAGE Publications Ltd. https://doi.org/10.4135/9781446220887
- Masten, A., & Garmezy, N. (1985). Risk, vulnerability and protective factors in developmental psychopathology. In B. B. Lahey, *In: Advances in clinical child psychology* (Vol. 8,). Plenum.
- Mehra, D., Sarkar, A., Sreenath, P., Behera, J., & Mehra, S. (2018). Effectiveness of a community based intervention to delay early marriage, early pregnancy and improve school retention among adolescents in India. *BMC Public Health*, 18(1), 1–13.
- Misra, G., & Babu, N. (2013). Emerging perspectives on human development research. Psychological Studies.
- Palmer, S., & Laungani, P. (1999). Introduction: counselling in a multicultural society. In *Counselling in a multicultural society counselling in a multicultural society* (pp. 1–5). SAGE Publications Ltd. https://doi.org/10.4135/9781446216965.n1
- Pandit, S. A., & Satish, L. (2014). When does yoga work? Long term and short term effects of yoga intervention among pre-adolescent children. *Psychological Studies*, 59(2), 153–165.
- Pandit, S. A., Preethi, G., Wallack, D. C., & Vijayalakshmi, C. (2015). Towards understanding employability in the Indian context: A preliminary study. *Psychology and Developing Societies*, 27(1), 81–103. https://doi.org/10.1177/0971333614564745
- Priddy, S. E., Howard, M. O., Hanley, A. W., Riquino, M. R., Friberg-Felsted, K., & Garland, E. L. (2018). Mindfulness meditation in the treatment of substance use disorders and preventing future relapse: Neurocognitive mechanisms and clinical implications. Substance Abuse and Rehabilitation, 9, 103.
- Priyadarsini, A. C., & Rohini, N. S. (2017). Pranayama for the management of depression and enhancement of resilience. *Indian Journal of Positive Psychology*, 8(3), 351–355.
- Raina, M. K. (2002). Guru-shishya relationship in Indian culture: The possibility of a creative resilient framework. *Psychology and Developing Societies*, 14(1), 167–198.
- Rath, S., Prost, A., Samal, S., Pradhan, H., Copas, A., Gagrai, S., Rath, S., Gope, R. K., Nair, N., & Tripathy, P. (2020). Community youth teams facilitating participatory adolescent groups, youth leadership activities and livelihood promotion to improve school attendance, dietary diversity and mental health among adolescent girls in rural eastern India: Protocol for a cluste. *Trials*, 21(1), 1–14.
- Rutter, M. (1985). Resilience in the face of adversity: protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147(6), 598–611. https://doi.org/10.1192/bjp.147.6.598Santrock, J. B. (2016). *Human development*. Tata -McGraw Hill.
- Saraswathi, T. S. (1999). Adult-child continuity in India: Is adolescence a myth or an emerging reality?
- Saraswathi, T. S., & Oke, M. (2013). Ecology of adolescence in India. *Psychological Studies*, 58(4), 353–364.
- Sati, A. (2016). Yoga intervention: A yoga-based curriculum to develop mindfulness, emotion regulation, and resilience in adolescents

- Sharma, S., Mustanski, B., Dick, D., Bolland, J., & Kertes, D. A. (2019). Protective factors buffer life stress and behavioral health outcomes among high-risk youth. *Journal of Abnormal Child Psychology*, 47(8), 1289–1301. https://doi.org/10.1007/s10802-019-00515-8
- Sinha, D., & Tripathi, R. C. (1994). Individualism in a collectivist culture: A case of coexistence of opposites. In U. Kim, H. C. Triandis, Ç. Kâğitçibaşi, S.-C. Choi, & G. Yoon (Eds.), *Individualism and collectivism: Theory, method, and applications* (pp. 123–136). Sage Publications, Inc.
- Sinha, J. B., Singh, S., Gupta, P., Srivastava, K. B., Sinha, R. B. N., Srivastava, S., Pandey, A., et al. (2010). An exploration of the Indian mindset. *Psychological Studies*, 55(1), 3–17.
- Steiner, H., McQuivey, R. W., Pavelski, R., Pitts, T., & Kraemer, H. (2000). Adolescents and sports: Risk or benefit? *Clinical Pediatrics*, 39(3), 161–166. https://doi.org/10.1177/000992280 003900304
- Theron, L., Liebenberg, L., & Ungar, M. (2015). Youth resilience and culture. Springer.
- Tomé, G., de Matos, M. G., Simões, C., Camacho, I., & AlvesDiniz, J. (2012). How can peer group influence the behavior of adolescents: Explanatory model. *Global Journal of Health Science*, 4(2), 26.
- Tripathi, R. C. (2019). Unity of the individual with the Collective. In G. Misra (Ed.), *ICSSR research surveys and explorations: psychology. Individual and social processes* (Vol. 2). Oxford University Press.
- Ungar, M. (2008). Resilience across cultures. The British Journal of Social Work, 38(2), 218–235.Ungar, M. (2011). The social ecology of resilience: A handbook of theory and practice. Springer Science & Business Media.
- Ungar, M. (2013). Resilience, trauma, context, and culture. *Trauma, Violence & Abuse, 14*(3), 255–266. https://doi.org/10.2307/26638317
- Ungar, M., & Liebenberg, L. (2009). Researching resilience. University of Toronto Press.
- Waechter, R. L., & Wekerle, C. (2015). Promoting resilience among maltreated youth using meditation, yoga, tai chi and qigong: A scoping review of the literature. *Child and Adolescent Social Work Journal*, 32(1), 17–31.
- Werner, E., & Smith, R. (1982). Vulnerable but Invincible: A study of resilient children.
- Zimmerman, M. A. (2013). Resiliency theory: A strengths-based approach to research and practice for adolescent health. *Health Education & Behavior*, 40(4), 381–383 (*Theme Section: Adolescent Health*).