

Efficacy of Psychosocial Intervention on Self-Esteem among Marginalized Children with Special Reference to Devadasis' Children

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ABSTRACT

Background: The unique cultural context of Southern India gives rise children of unwed mothers due to the practice of devadasi system - a practice that was followed in various parts of the globe during the barbaric era of dedicating girls to temples. Thousands of children without parental care and children of devadasis in Northern Karnataka were reported psychosocial problems such as poverty, dropout, dedication of girls, poor health & vulnerability for HIV/AIDS etc. This increases the chances of developing poor self esteem among children of devadasis. **Aim:** To assess and compare the efficacy of a psychosocial intervention to improve the self esteem among children of unwed mothers (devadasis), a single parents children and children having both parents. **Methodology:** Psychosocial care program consisting of life skills and student enrichment were incorporated with educational services for children attending after school program carried out by the NGO. A quasi-experimental study was conducted among 184 children of 10 – 16 years, (62 - children of devadasis, 60- single parent and 62- children with both parents) attending the program in 36 villages of Bagalkot District, Karnataka, India through simple random sampling. **Results:** The results of the study showed a higher mean for self esteem among children of devadasis, single parents and dual parents with no significant difference between the three groups (df = 2, P>.05). The results confirm a significant increase in the self esteem among children due to psychosocial interventions when compared with the result of a study conducted in a larger geographic area in 2008 of which the current population was a part. **Conclusion:** The results confirm the efficacy of psychosocial interventions through after-school programs in improving self esteem among children especially among the children of an unwed mother who's vulnerability to develop poor self esteem is higher. Findings of the present study have significance in the implications for social work and social development practice.

Keywords: Psychosocial intervention, self esteem, unwed mothers, devadasis

INTRODUCTION

Madiga community is a marginalised community in Karnataka falling in lower most strata in caste hierarchy in India. The community lives in the outskirts of the main village and involve in menial jobs such as scavenging, labour in agricultural fields etc. The community experience various social issues such as discrimination, untouchability, child marriage etc. Poverty and illiteracy further add to the problem. The community being marginalised and vulnerable the practice of 'Devadasi' system still exists in various

forms and shades in the community. Due to this practice, there are a large number of single-parent children living with their single mothers or with other family members. Children of Devadasis are at higher risk of various issues in the society such as drop out from the school, being trafficked, child labour, abuses of various nature, child marriage and girl children being introduced to the system. These problems in the community put down the self-concept of children thereby developing poor self esteem and the community continue to be marginalised. NIMHANS in collaboration

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with and Every Child India carried out a community based psychosocial care program focusing on providing psychosocial care for children belonging to a marginalised community using community resources. The program focused on preventive promotive and curative interventions for children from the marginalised community.

Self esteem can be seen as a unidimensional construct of an individual's positive and negative feelings of oneself which surpass the personal assessment of specific areas of functioning i.e. self-evaluation. This is dependent on the success and pretension in important life domains and the feelings about which is subjective and not based on specific behaviour. It is a self-appraisal with an emotional content that can be further explained as a person's feeling of oneself as good and not superior over others nor does it signify any behaviour. This feeling helps the person to value oneself as an important and desired member of the group that helps to contribute effectively as a group member. From the perspective of Sociometer theory self esteem helps in psychological adjustment through the beneficial aspect of social inclusion.^[1-3] Children from the marginalised community often face various discriminations at school, in the community such as exclusion in using health services, not availing security from police, no postal service, lack of water source etc. Added to this violence of upper caste such as rape, being beaten up etc.^[4-6] The exposure to such traumatic incidents and exclusion from the community results in loneliness and poor social support which increases the risk of developing poor self esteem among the children from the marginalised community. Children of devadasis are further at a higher risk of developing poor self esteem due to their multiple vulnerable status of poverty, marginalisation as well as being a child of an unwed mother.

The parent's role is important to meet their needs such as, guidance and being role models. The presence of father and mother is essential for the growth and development of the child as this ensures shared responsibility, better economic status of the family, care, protection, support for education and other developmental needs. In such an environment where the child's physical and psychological

needs are met, a child develops as a healthy individual. Amato and Keith^[7] and Amato^[8] in two meta-analyses identified that economic deprivation, a decrease in the quality and quantity of parental contact, reduced support from parents, lack of effective control are seen in single-parent families that have major negative impacts on children. the negative impact of the absence of a father was explained by McLanahan, Tach and Schneider^[9] that it affects the social and emotional development of children especially in externalizing behaviour and the negative impact is much prominent when the absence occurs in early childhood than during middle childhood. Sowislo and Orth^[3] reported that self esteem is positively related with relationship satisfaction, where children with good self esteem show better behaviours that enhance the relationship whereas children with poor self esteem will be sensitive to rejection, they withdraw, show poor interpersonal relationships following conflicts that result in dysfunctional and relationship damaging behaviours.^[10,11]

Sun and Li^[12] conducted a pool time series analysis to measure the self esteem and educational achievement among children from single parent families in comparison with children from intact families. The results conveyed that the children from divorced single parent families showed poor self-perception that recovered to the level of children from non-divorced families over a period of three years indicating resilience among children from single-parent divorced families which is irrespective of gender. Goodman and Pickens,^[13] in a retrospective study among college students from divorced and intact families also reported lower retrospective self esteem and self-blame among children from divorced families that recovered over time. Barry^[14] reported that the child's self esteem is directly associated to attachment with father that diminishes post-divorce. The weakening of father-child relationship or absence of the relationship will affect the poor self esteem.

Most of the studies on self esteem among children from single-parent children are from a divorce context. The studies on the self esteem of children of unwed mothers still remain as an unexplored area to be studied. The review of literature brings out that self esteem is

lower among single-parent children following divorce or separation that appear to recover over time. The unique cultural context of South India gives rise to children of unwed mothers due to the practice of "Devadasi" system- a practice that was followed in various parts of the globe during the barbaric era of dedicating girls to temples.^[15] Every Child^[16] reported 50, 666 children without parental care and 6668 children of Devadasis in Northern Karnataka. "Children of Devadasis" who are children of unwed mothers due to the practice of the devadasi system belongs to "scheduled caste" the lowest in the caste hierarchy in India. The community experience poverty, caste discrimination and the lack of basic living facilities. Poor education, illiteracy, nutritional deficiencies and various other health problems are reported among them due to poor living conditions. This section of the community is vulnerable to violence of various forms. Being born to a devadasi mother further aggravates the problems experienced by children of Devadasis as they experience illegitimacy, poverty, stigma and discrimination, health problems etc that will contribute to the poor self esteem.

Various models of psychosocial interventions are available universally to explain the impact of psychosocial care in improving the self esteem among children. Stopa, Barrett and Golingi^[17] reported an increase in self esteem among children of disadvantaged communities from grades 5th to 7th through school-based preventive programs. Durlak, Weissberg and Pachan^[18] in a meta-analysis of 75 studies on after-school programs for children reported a significant increase in youth self-perceptions, bonding to school, positive social behaviours, and achievements. Haney and Durlak^[19] in a meta-analytic review of 116 studies reported significant improvement in children and adolescent self esteem and self-concept through intervention programs.

Various interventions carried out across the world supports the fact that self esteem among children especially underprivileged children can be improved through interventions. The current study looks at the self esteem among the marginalised community with a focus on "Children of Devadasis"(children of unwed mothers) on the efficacy of psychosocial interventions among children.

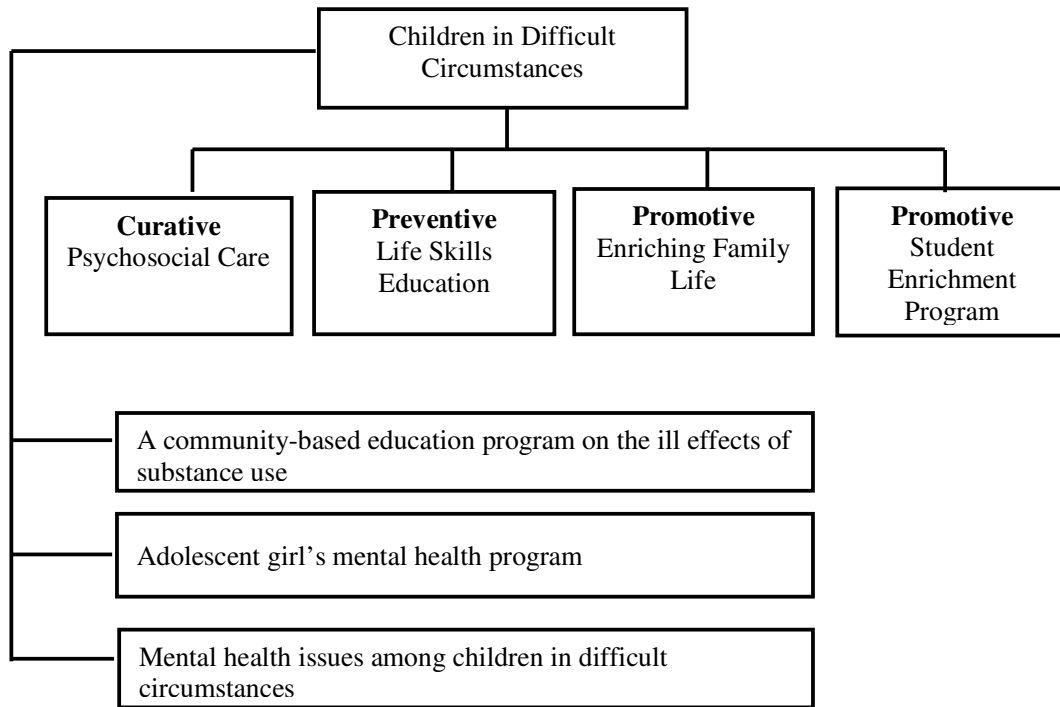
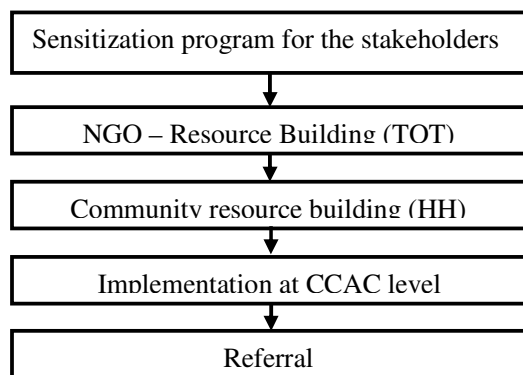


Figure-1 NIMHANS Psychosocial care for children from marginalised communities

NIMHANS psychosocial care program was developed for children from marginalised communities to help them ventilate their trauma through mediums using play method. The activities conducted repeatedly in stages facilitated quicker and faster recovery from the trauma that may otherwise result in pathological developments in children.^[4] Life skills education program aimed to develop psycho-social competencies among children and focused on 18 issues experienced by children from marginalised communities^[20] Enriching family life aimed to develop a conducive family atmosphere for the children.^[21] Student enrichment program focused more on first generation learners and aimed to improve the physical and mental health among the students as well as develop study habits, preparation for examinations, and various methods of learning.^[22] Apart from these four basic modules three other modules were developed and implemented among children to address issues such as alcoholism, adolescent girls' problems and mental health issues among children. These seven programs provided a strong foundation to work with children belonging to Madiga and Devadasi community by addressing specifically to their issues. The psychosocial care programs were implemented in five stages as seen in the diagram.

Figure-2 Stage of Implementation of Programs



As a part of NGO resource building, 12 master trainers were trained in the areas of psychosocial care for children in difficult circumstances, life skills, student enrichment programme, enriching family life for children in difficult circumstances through two training of trainer (TOT) programmes on each of the areas. The master trainers were also trained in associated areas such as adolescent girls mental health programme, community-based

education programme on ill effects of substance use and mental health issues among children in difficult circumstances where 6 master trainers were trained through one TOT programme in each of the areas. The community level capacity building programmes were conducted through training at the community level by the master trainers with support from NIMHANS. The NGO conducted 4 thereby training 51 and 53 community level workers in both the programmes respectively. Two training programmes at the community level on student enrichment programme were conducted training; 49 community level workers and one training programme on enriching family life among 50 community level workers were conducted. One training at the community level on adolescent girls mental health programme, community-based education programme on Ill Effects of substance use and mental health issues among children in difficult circumstances each was conducted there by training 45, 52 and 50 community level workers respectively. Psychosocial care activities were carried out among children in difficult in circumstances through the Child Care Activity Centres (CCAC) by incorporating the activities with the regular educational activities of children. Further on psychosocial counsellor has been trained and placed in the NGO and the program was institutionalised.^[4,23,24]

AIM

To assess and compare the efficacy of a psychosocial intervention to improve the self esteem among children of unwed mothers (devadasis), children of single parents and children having both parents.

METHODOLOGY

Psychosocial care program consisting of curative, preventive and promotive aspects of mental health were incorporated in the evening study centres in the villages. These centres were run by the NGOs for children from marginalized communities. Children of unwed mothers due to the devadasi system also attended the centre and availed the psychosocial services.

A quasi-experimental study design was adopted to measure the impact of psychosocial interventions on the self esteem of the children

who availed psychosocial intervention. The results were compared between children of Devadasis (children of unwed mothers), children of single parents (single mothers due to death, separation, divorce and desertion) and children with both parents.

In the initial phase of the study, the number of centres were 16 (one in each village) and 334 children attended the centres. A pre-assessment was conducted among these children. As the program got initiated the program was expanded to 36 villages and reached out to 1331 children. The post-assessment was conducted among 10% of the

population attending the centre's selected through simple random sampling from the three categories of children. The samples consist of children of age group 10 - 16 years, (62 - children of devadasis, 60 - single parent (mother only) and 62- children with both parents) attending the psychosocial care program. Children selected for the post-assessment were beneficiaries of psychosocial care activities carried out through child care activity centres for a period of 4 years at various levels such as individual, family, school and community. Tools used to collect data were Family Schedule ^[25] and Self Esteem Index.^[26]

RESULTS

Socio-economic Background of the Sample

Table: 1 Socio-economic Background of the Sample

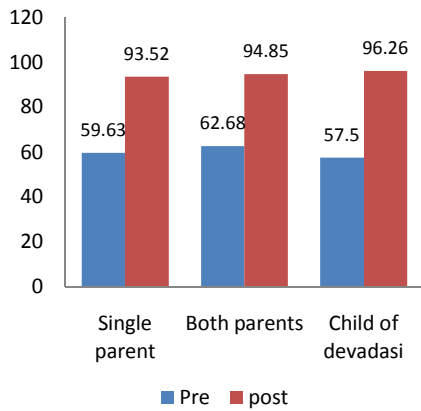
Social background		Pre	Post
Category	Single parent	7.7% (n= 19)	32.6% (n= 60)
	Both parent	80.9% (n= 199)	33.7% (n=62)
	Child of devadasi	11.4% (n= 28)	33.7% (n= 62)
Gender	Male	51.6% (n=127)	43.5% (n=80)
	Female	48.4% (n=119)	56.5% (n=104)
Family type	Living alone	32.5% (n=80)	43.5% n=(80)
	Nuclear	56.1% (n=138)	31.5% (n=58)
	Joint	11.4% (n=28)	25% (n=46)
Economic status	Income	5892 (Range 300-15000)	4709 (Range 1000 - 20000)
Age	Years	11.62 yrs (Range 5-17)	12.04yrs (Range 10 -16)

Total samples attending the centres were selected in the pre-assessment whereas in the post-assessment only 10% of the sample was selected from the total samples attending the evening tuition centres due to the larger number of children attending the child care activity centres. Samples were selected through simple random sampling method to ensure equal representation from all the three categories of children. This supports the increase in a number of single-parent children and children of devadasis in the post-assessment. The number of girls attending the child care activities centres increased over a period of time as the interventions progressed. The results of the post-assessment confirm the effectiveness of psychosocial intervention in supporting and continuing education. The type of family of children also showed a major

difference in the pre and post assessment as major portion of children were from a nuclear family in the pre-assessment whereas due to a higher number of single-parent children and children of unwed mothers the number of children staying with mothers living alone showed higher in proportion in the post-assessment. The mean age of children in the pre and post-assessment remained almost the same.

The results of the study revealed that the psychosocial intervention ($df = 2, p < .01$). The mean of self esteem for all the three groups of children showed a poor self esteem in the pre-assessment before the initiation of the psychosocial intervention, whereas the mean for the self esteem boosted to high in the post-assessment

Figure 3: Self Esteem Among Children



confirming an increase in the self esteem among children belonging to all the three groups studied thereby conveying the effectiveness of psychosocial interventions in enhancing the self esteem among children from marginalized communities.

The results showed that there is a significant increase in self esteem among males and females in all the three categories of children after the intervention (df = 1 p = .00). The

results of one way ANOVA conducted to assess the impact of psychosocial intervention on girls and boys confirmed significant increase in self-esteem among boys and girls (df = 1 p = .00) with no significant difference between the two gender. The results convey that irrespective of gender or status of children the psychosocial interventions were supportive in enhancing self-esteem among children of marginalized communities (figure 4).

Table 2 explains the results of ANOVA conducted to compare the mean for self esteem between the three groups post intervention. Children belonging to all the three categories showed high self esteem without any significant difference between the groups, though children of devadasis (children of unwed mothers), showed high mean for self esteem (96.26) as compared to children of single parents (93) or children with both the parents (94.85). The results can be concluded that self esteem among children in marginalized communities remain high irrespective of their status as psychosocial interventions were effective in enhancing self esteem among children.

Figure: 4 Gender and Self Esteem

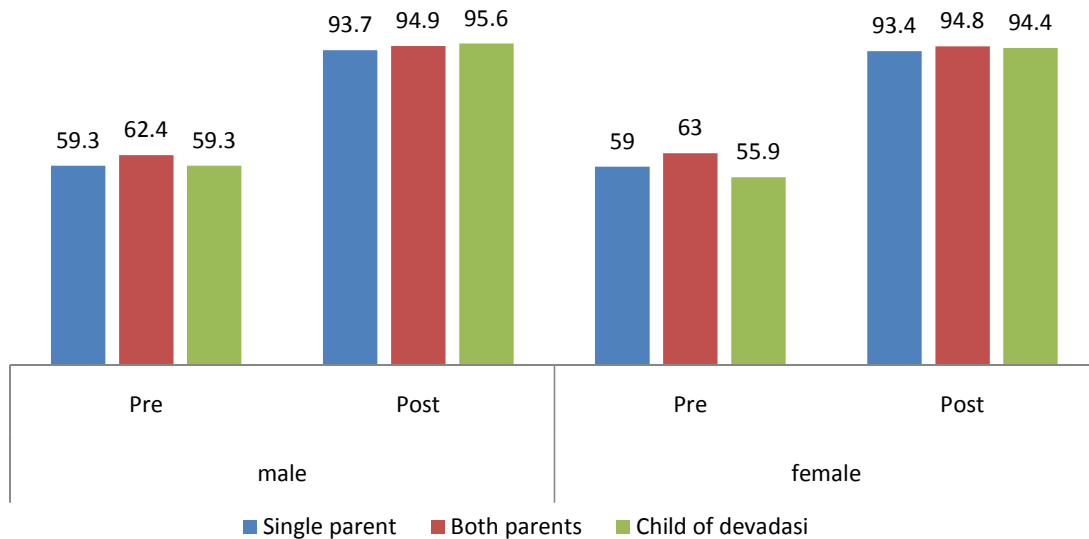


Table: 2 Post Assessment Comparison

Category	n	Mean	SD	Min.	Max.	df	P
Single parent	60	93.52	7.85	74	116	2	.25
Both parent	62	94.85	8.4	70	117		
Devadasi's Children	62	96.26	8.35	76	120		

DISCUSSION

Children from marginalized communities undergo a series of the problem throughout their life such as unsafe neighbourhood, poor family environment, problems related to education, specific problems due to culture, economic and social status, geographic and political conditions. These pre-existing vulnerabilities add up to the challenges they face in a day to day life resulting in these children developing poor self esteem. Children belonging to the three groups identified in the study (children of devadasis, children of single parents and children with both parents) belong to Madiga community considered most marginalized dalit community. Children in the community are reported to experience a wide range of problems such as poverty, discrimination, bonded labour, violence in family and community, trafficking and various kinds of abuses Sekar^[4] and Kavitha.^[5] The difficulties experienced by children of Madiga community affects their social inclusion. Children from these families experience social exclusion thereby not having the feeling of the desired member of the community resulting in poor self-appraisal and developing poor self esteem. The poor self esteem among children of Madiga community due to various challenges in life as explained by Sekar et al.,^[30] Kavitha,^[5] Torri^[6] irrespective of status as single parent or children of devadasis goes with the findings^[1,2,3] to support the poor self esteem among children of marginalised communities.

The current study shows that those children from single-parent families who have lived with their father during early years of their life and children of devadasis who has not lived with father at all throughout their life showed low self esteem in the pre-assessment. Though mean for self esteem is slightly higher for the children of single parent children as compared to children of devadasis the result was not very significant. The report of Barry^[14] that

diminishing father's affection accounts for the lesser self esteem among single parent children does not fully agree with the results of the current study. Further the findings of Sun and Li^[12] and Goodman and Pickens^[13] that the low self esteem among single parent children recovered and reached to the level of children from nondivorced families also do not apply here as there was no significant difference in the self esteem among children between the three groups in pre-assessment as well as in the post-assessment. This further strengthens the contribution of the environmental factors in developing poor self esteem marginalized children irrespective of their status.

The poor self esteem among children of marginalized community irrespective of their status as children of Devadasis (Children of unwed mothers), children of single parents and children with both parents brings out that the absence of father along with the socio-environmental, family, economic problems and other difficulties experienced will influence the self esteem of children in marginalized community. In the current study, all children were from the marginalized community who experienced similar socio, cultural and economic difficulties irrespective of their family structure. The psychosocial problems faced by these families were of similar nature and the impact on children was also the same and hence they showed lower self esteem.

Children in difficult circumstances belonging to children of devadasis (Children of unwed mothers), children of single parents and children with both parents in the current study showed higher self esteem after psychosocial interventions. The results of the current study support findings in the similar line by Stopa et al.,^[17] Durlak et al.,^[18] Haney and Durlak^[19] that it is possible to significantly improve children self esteem through sequenced, active, focused and explicit practice at after school program. The children in the current study were underprivileged children belonging to the Madiga community who were oppressed due to the caste system in India. The challenges, stigma and discrimination in their daily life affect their psychosocial development. These children are highly vulnerable to develop poor self esteem. The psychosocial interventions were beneficial for

all the three categories of children irrespective of their status as children of devadasis (children of unwed mothers), children of single parents and children with both parents to improve their self esteem. The psychosocial care model, utilizing community resource, focusing on preventive, promotive and curative programs focused on a holistic approach that encompassed psychosocial care activities with a spectrum of services to reduce psychosocial problems among children of marginalized communities and improve their self esteem.

Limitation: The post assessment was carried out only in one district where the intervention was conducted.

CONCLUSION

Children from marginalized communities experience various difficulties in life that make them feel rejected and socially isolated. This interferes with their self esteem. Children of unwed mothers due to social-cultural practices such as devadasi system undergo various psychosocial difficulties in life other than poverty such as stigma and discrimination. They stay in outskirts where the facilities are poorly available. This further limits their chances to come to the mainstream and avail services. This high lights the need for community-based intervention for children from the disadvantaged and marginalised community to improve their psychosocial well being and self esteem that eventually mainstreaming them. Psychosocial intervention focusing on the curative, preventive and promotive aspects of mental health through community resource building was found to be effective in improving the self esteem of children from marginalized communities and children of unwed mothers (devadasi). The interventions were equally supportive to other children from single parents families as well as children from dual parent families. The results confirm the efficacy of community-based psychosocial interventions using community resources through after school programs in improving self esteem among children especially among the children of the unwed mother who's vulnerability to develop poor self esteem is higher.

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