

Psychosocial health of adolescent participants in a World Vision community-based intervention after experiencing prolonged conflict and natural disasters in Sri Lanka

Christine Fu, PhD, Kelley Brown, MPH

INTRODUCTION

Pottuvil Area Development Program (ADP) in Sri Lanka operated for 15 years with a total of 3,025 sponsored children. For almost a decade, the ADP carried on activities in the midst of a civil war. The 2004 Indian Ocean tsunami disaster further devastated many communities in the ADP area, resulting in loss of life and the need for parental migration in order to find jobs. Between 1999 and 2014, World Vision Sri Lanka implemented education, health, economic development and social activities with children affected by the war and tsunami. The goal of these activities was to strengthen the health and well-being of children. This poster offers findings from a cross-sectional final evaluation of children's hope and resilience levels from participating in World Vision activities.

BACKGROUND AND METHODS

The ADP devoted their efforts during the first five years of the program to the construction of water sources and latrines, schools, libraries and medical clinics to help address the lack of access to clean water, proper sanitation facilities, education and health care for children and their families. From 2006 to 2013, activities were added that targeted directly towards children. Children's clubs were started to help reestablish safe places to gather, play and rebuild friendships with their peers. The ADP also conducted a number of child and adolescent trainings which sought to raise community awareness of child rights and safety, as well as improve children's leadership and involvement in their community. These trainings covered topics in child protection, health, education, and economic development. Child Parliaments were established in each ADP village, serving as platforms for children, parents and community members to advocate for the well-being of children in their community.

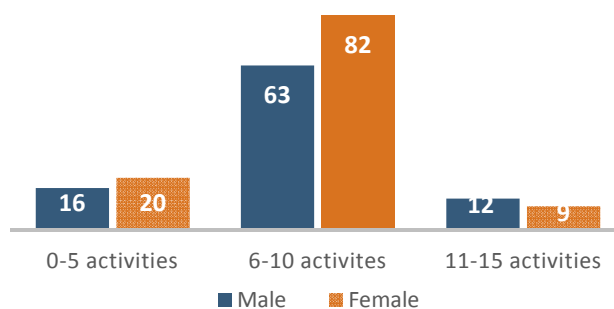
Data reported here derive from a cross-sectional final evaluation of the Pottuvil ADP in July 2014. A total of 202 adolescents, 12-18 years old, completed questionnaires on their levels of hope, resilience, social support, schooling, attitudes and perceptions towards family and community, and participation in program activities. In-depth interviews were held with 30 matched caregiver-adolescent dyads to capture major life events, risk factors, supports and future expectations.

RESULTS

PARTICIPATION IN WORLD VISION ACTIVITIES

Participation levels in World Vision activities were very high amongst the adolescents sampled. Almost 100 percent participated in at least one activity, with the majority having participated in 6 to 10 over the life of the 15-year program (Figure 1). Child clubs were the most popular activity with 94 percent of respondents having participated. Other child protection activities included child parliaments, child rights training, advocacy training, leadership training, birthday celebrations, and a meeting on how to talk to ones parents. For health, there were four different trainings conducted during the program on HIV prevention, nutrition, sexual reproductive health, and hygiene. On-going homework assistance and a meeting with parents to encourage students to stay in school were two of the Education project's activities. Economic Development included vocational skills and economic trainings. Overall, girls had slightly higher participation rates for child protection and health activities; boys for education and economic development activities.

Figure 1:
NUMBER OF ADOLESCENTS BY
PARTICIPATION LEVEL (N=202)



CONTRIBUTION OF PARTICIPATION IN WORLD VISION ACTIVITIES ON CHILD WELL-BEING

Two of the key child well-being outcomes of interest for the evaluation were hope and resilience. Hope is an important construct for children to feel in control of their life and their ability to meet their future goals. In this evaluation, the Children's Hope Scale² measured adolescents' agreement with six statements about their perception that they can initiate and sustain action towards a certain goal and their perceived capability to produce routes to those goals, higher scores reflect higher levels of hope. Out of a total of 24 points, the average score was 20 with no meaningful differences between boys (20.47) and girls (19.59), $p = .077$. Boys who participated in advocacy training increased their hope score by 1.18 ($p = .013$). For girls, participation in school homework help activity increased their hope score by 2.75 ($p = .001$) and 1.75 for participation in a sexual reproductive health training ($p = .038$). Overall, the higher the participation level in WV activities, the higher the hope score ($\beta = .338$; $p = .001$).

Resilience has been defined as positive developmental outcomes and/or process in the face of adversity or stress.³ The adolescents in Pottuvil ADP, having lived through a tsunami and a civil war, have experienced large amounts of adversity in their lives. The evaluation included a 28-item tool that measures children's resources (individual, relational, communal and cultural) that are available to enhance their resilience; higher sum scores reflect higher resilience. Overall, the resilience score among respondents was 122.3 out of 124. Boys had a slightly higher score than girls but the difference was not significant ($p = .279$). WV activities that were associated with increased resilience for boys were Child Parliaments ($\beta = 9.38$; $p = .003$) and nutrition training ($\beta = 5.54$; $p = .029$); for girls, child rights trainings ($\beta = 9.15$; $p = .007$) and training on how to talk with one's parents ($\beta = 8.18$; $p = .009$). Again, as with hope, the higher the participation level in WV activities, the higher the resilience score ($\beta = 1.86$; $p < .001$). Moreover, findings from in-depth interviews with caregivers highlighted the psychosocial support their children gained from participating in the ADP's children's clubs.

"The child was affected psychologically because of the migration of her mother. Later, she joined World Vision's Children's Club and interacted with her peers. This resulted in a positive change in her attitude and at present she continues her studies successfully." - Interview with a Caregiver

"Although the loss of her elder brother affected her psychologically, her leadership qualities have enabled her to overcome that shock. Because of the contribution of World Vision Children's Club the child has been able to carry out her day-to-day activities in a satisfactory manner." -Notes from an interview with a female adolescent

CONCLUSION

Among adolescent respondents, participation in World Vision activities was positively linked to higher levels of hope and resilience. The activities associated with higher hope and resilience scores differed between boys and girls. This underscores the importance of intervention designs that are gender-sensitive in bolstering the hope and resilience of both boys and girls. Moreover, findings from in-depth interviews with caregivers and adolescents highlighted the psychosocial support children gained from participating in World Vision Children's Clubs. Given the high level of chronic adversity faced by adolescents, it is critical that children continue to receive psychosocial support throughout the life of the program. A limitation in the study is the inability to pinpoint which activities were critical in improving mental and psychosocial health during child development. Longitudinal research using a life course perspective is needed in order to identify the most critical periods and interventions that can improve hope and resilience among children and adolescents living in poverty and disaster-affected settings.

Contact information: Christine Fu (cfu@worldvision.org)

¹ Snyder CR, Hoza B, Pelham WE, et al. The development and validation of the Children's Hope Scale. *Journal of Pediatric Psychology*. 2007; 22(3): 399-421.

² Masten AS. Ordinary magic: Resilience processes in development. *American Psychologist*. 2001; 56(3):227-238.

³ Resilience Research Centre. *Child and Youth Resilience Measure: Youth Version, User's Manual*. August 2013.