



Applying Positive Psychology in Low-Resource Settings

Lessons from CorStone's *Girls First* Program in India



©Laura Kudritzki Photography. All Rights Reserved.

Steve Leventhal
Executive Director
CorStone

Jane Gillham, PhD
Psychology Department
Swarthmore College

Kate Sachs
Research and Program
Coordinator
CorStone

The CorStone Center for Personal Resilience

Mission: To develop and implement resilience-based interventions and research initiatives to improve the health, education, and self-sufficiency of marginalized populations around the world.



Current programs

India

5,000+ marginalized girls in 60+ schools in rural/tribal areas and urban slums

Kenya

Resilience program for adolescents in Kibera slum, Nairobi (early-stage planning)



United States

Family / youth programs



3

The Program Toolkit

Integrative evidence-based Resilience Toolkit:

- Positive Psychology
- Emotional Intelligence / Social-emotional learning (SEL)
- Restorative Practices
- Delivered in facilitated Peer Support groups



4

Setting the Stage

- Trends in International Development -



The Context

1. International Development increasingly focused on goals of well-being
2. Increased interest in mental health
 - Linkage with physical health, intergenerational cycles of poverty
3. Calls for positive interventions across multiple domains of mental/physical health, education, environment, economic...
4. Holistic implementation and measurement strategies needed
 - Gap in the evidence base of what works and what doesn't



7/11/2013 August
6, 2008
6

India



Development vs. Rising Inequality

- The top 0.01% of India's population is worth close to one-third of India's Gross National Income.
- # people living in poverty in India has increased from 421 million to 456 million from 1981 to 2005.
- More than 93 million people live in India's urban slums. If India's slums were a country, it would be the 13th most populous country in the world.



Dharavi slum (photo: Guardian.co.uk)

9/11/2013 August
6, 2008



Effects of poverty amplified in marginalized groups

Young women in poverty in India...

- **Abuse and Assault:** 54.8% of “untouchable” caste women have been victims of physical assault.
- **Cultural / financial pressures to drop out of school:** 57% of girls ages 6-16 drop out.
- **Lose hope:** 50-75% of deaths in girls ages 10-19 in India are from suicide.



©Laura Kudritzki Photography. All Rights Reserved.



9

Girls First - India



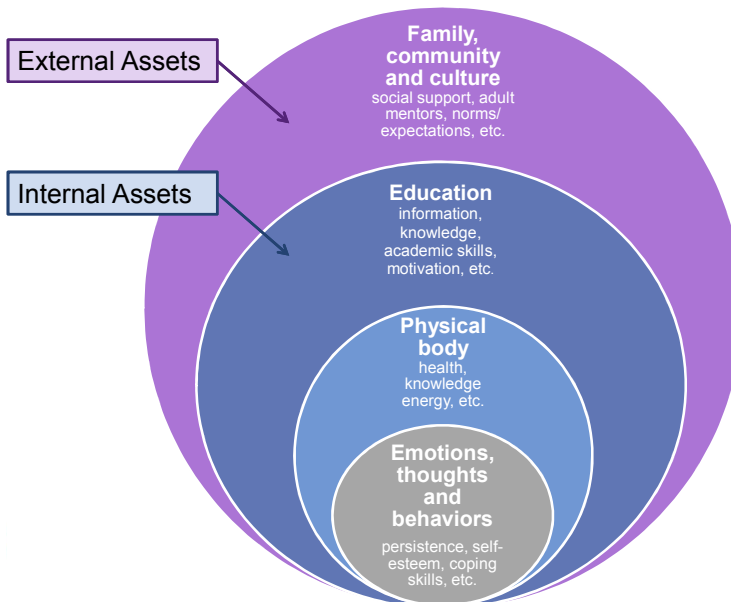
Girls First - India

- A resilience-based program that provides marginalized girls in urban slums and rural India (ages 12-16) with knowledge and skills that promote health, education, and self-sufficiency.
- The typical attendee:
 - has never attended school or is the first generation in her family to attend school;
 - lives in a high-poverty area with no running water or sanitation and high levels of violent crime;
 - is at high risk for child marriage or is already married;
 - Has few, if any, positive employment prospects beyond menial labor.



©Laura Kudritzki Photography. All Rights Reserved.

Ecological Resilience: Fostering Internal and External Assets for Well-Being (the ideal)



Girls First – Curriculum Modules: Current Focus

Emotional Resilience

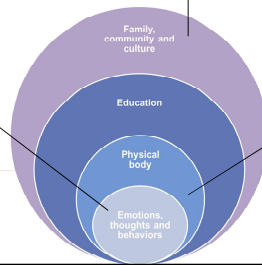
- Character strengths
- Self-Esteem
- Goal Setting and Planning
- Identifying and regulating emotions
- Somatic awareness
- Benefit finding
- Gratitude / appreciations
- ...etc.

Social Resilience

- Listening skills, collaboration, trust
- Assertiveness / "I" Statements
- Restorative Practices
 - Conflict resolution
 - Problem solving
- ...etc.

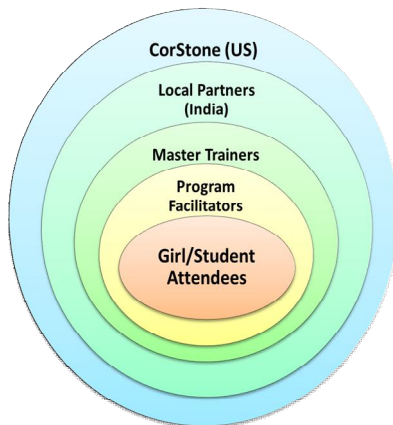
Physical Resilience

- Health knowledge
 - The health system
 - Nutrition and anemia
 - Water and sanitation
 - Reproductive system
 - Puberty
- Health attitudes
 - Gender equality
 - Promoting rights
- ...etc.



13

Delivery Model: Investing in Local Resources



- Partner with experienced Local Implementing Partner (LP)
- Recruit local Master Trainers
- Master Trainers and LP:
 - Recruit / train community women as 'Program Facilitators' (PF)
 - Outreach girl attendees for program
- Groups of 12-15 girls/group meet for 40-session program
 - 1-hour per session, weekly or bi-weekly
- Sessions consist of:
 - 30 min curriculum skill-building
 - 30 min group sharing and problem solving



20

Building the Evidence-Base



Phase 1: Pilots of social-emotional curriculum

- **2009-2010: The Hope Project School in New Delhi**
 - **100 girls** from 400 year old high poverty Muslim enclave
 - Low literacy, low health indicators; 1st generation of children to attend school, most girls married by age 14
- **2011-2012: Surat, Gujarat**
 - **883 girls** from 20 urban slums
 - All Dalit girls (“untouchable” caste)
 - 432 girl intervention / 451 girl control group

Pilot results suggest that the social-emotional curriculum of Girls First is feasible, acceptable, and effective in this population.



Hope Project School, Delhi: Key Findings

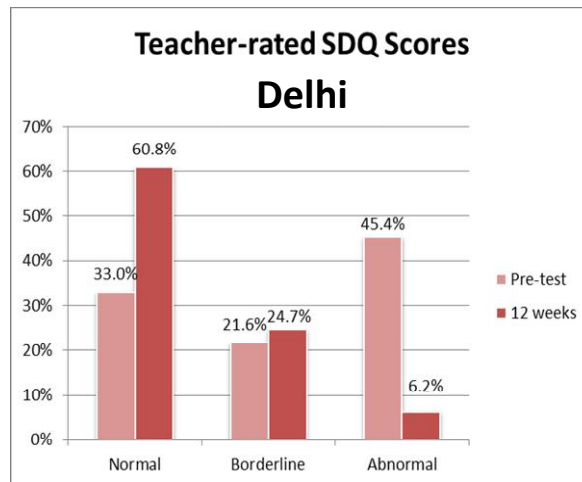
- 97 girls attended the program. 81.2% attended all sessions
- Student ratings consistently high on all factors:
 - Relevance to daily life
 - Positive impact on relationship with peers and family
 - Ability to handle problems
 - Ability to concentrate and focus on studies
- School attendance highest on days of program
- Significant improvements in:
 - Strengths and Difficulties Questionnaire (SDQ; prosocial behaviors, emotional difficulties, conduct problems, hyperactivity)
 - Youth Life Orientation Test (YLOT; optimism/pessimism)
 - Nowicki-Strickland Locus of Control



©Laura Kudritzki Photography. All Rights Reserved.



Delhi: SDQ Scores



Surat, India: Key Findings

- Intervention group: 432 girls from 2 government schools
- Control group: 451 girls from 2 government schools
- Girls and facilitators reported positive impact:
 - Less aggression / fewer fights at school
 - Girls enjoyed the sessions and found them relevant to their lives
- Attendance significantly predicted improvements in:
 - YLOT: Optimism/Pessimism
 - SDQ: Prosocial behavior; Emotional symptoms; Conduct problems; Peer problems



Phase II: Girls First launch: 2013-14: School-based program in rural Bihar

Trained 60 Program Facilitators...

...for a multi-arm randomized-controlled trial of Girls First against its components...

...among 3600 girls in 69 schools.



Arm 1: Emotional Resilience + Physical Health Curriculum

Arm 2: Emotional Resilience only

Arm 3: Physical Health only

Arm 4: School-as-usual control

Bihar: Measurement tools

Impact area	Measures	Assessment tools
Mental/ emotional wellbeing	<ul style="list-style-type: none"> Resilience Self-efficacy Positive psychological wellbeing Anxiety Depression 	<ul style="list-style-type: none"> Connor-Davidson Resilience Scale-10 General Self-Efficacy Scale KIDSCREEN Psychological Wellbeing subscale Patient Health Questionnaire-9 GAD-7
Physical wellbeing	<ul style="list-style-type: none"> Physical vitality and functioning Health knowledge Health-related behaviors Health/gender attitudes 	<ul style="list-style-type: none"> Survey instrument developed in part from: <ul style="list-style-type: none"> General self-report of health Indian Adolescent Health Questionnaire KIDSCREEN Physical Wellbeing subscale
Social wellbeing	<ul style="list-style-type: none"> Social skills Social relationships (peers, family, community) 	<ul style="list-style-type: none"> Relevant Child and Youth Resilience Measure subscales KIDSCREEN Social Wellbeing subscale
Academic wellbeing	<ul style="list-style-type: none"> Grades Attendance Perceived safety at school 	<ul style="list-style-type: none"> School records Survey instrument Child and Youth Resilience Measure Education Context Subscale

Key Successes to Date

- Pilots suggest positive impact
- Emotional resilience curriculum and concepts accepted and deemed culturally appropriate
- First large-scale Positive Psychology trials in such low-resource areas
- 'Wave' of interest and excitement across local communities
- Local adoption of program desired
- Parental interest strong; Interest from boys
- Major stakeholders beginning to stand up (i.e., large foundations; state/local governments)
- Multi-site scaling strategy in process

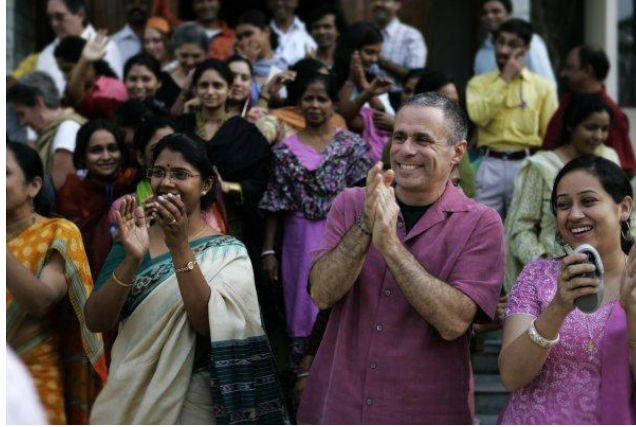
Key Lessons Learned

- Simplify! Simplify! Simplify!
- Need for an integrative approach
 - Physical health, mental health, education, job training
- Lack of standardized, validated tools
 - Pilot testing necessary
 - Very little published research to draw from
- Sensitivity to cultural norms: parental resistance, gender roles
- Multiple languages
 - Program translated into Hindi, Gujarati, Urdu, and Marathi
- Barely functional literacy among many women facilitators
- Attendance / follow-up issues
 - Migrant populations, monsoon season and many holidays!

Key Lessons Learned

- Low level of local understanding around benefits of research
- Advocacy: Shifting attitudes to consider emotional wellbeing important in international development
- Choosing partners wisely – capacity, local reach, integrity
- Scalability
 - Pedagogy
 - Building local capacity – Investing in local resources (Positive Deviance)
 - Rigorous evaluation
 - Standards
- Funding: Complex web of interests
 - Large/small foundations; national/state/local govnt; individuals
 - Research grants vs. Start-Up vs. Scale

Thank You!



©Laura Kudritzki Photography. All Rights Reserved.



For more information:

Steve Leventhal
Executive Director
stevel@corstone.org

Kate Sachs, Research and
Program Coordinator
kates@corstone.org

Sources

- CNN, IBN Live. (Mar 23, 2010). "Charity comes hard to India's super rich." <http://news.taaza.com/source/247559-charity-comes-hard-to-indias-super-rich.html>
- Girls Discovered (2008). Global Maps of Adolescent Girls: Education. See <http://www.girlsdiscovered.org/map/education/in-242/#>
- Irudayam, A., Mangubhai, J.P., Lee, J.G. (2006). "Dalit Women Speak Out." <http://www.dalits.nl/pdf/dalitwomenspeakout.pdf>
- Nike. "The Girl Effect." See www.girleffect.org
- National Institute of Public Cooperation and Child Development. (2008). "Studies on Adolescent Girls: An Analytical Review." <http://nipccd.nic.in/reports/eag.pdf>
- Patel, V., Flisher, A., Hetrick, S., & McGorry, P. (2007). "Mental health of young people: a global public-health challenge." *Lancet*, 369, 1302-1313.
- Selija, Kumari. "India's slum population to be over 93 mn in 2011." (Sep 3, 2010) http://zeenews.india.com/news/nation/india-s-slum-population-to-be-over-93-mn-in-2011_652679.html
- The Times of India. (Jun 25, 2010). "Rich getting richer: 120k Indians hold a third of national income." <http://news.taaza.com/source/320265-rich-getting-richer-k-indians-hold-a-third-of-national-income.html>
- World Bank. "New Global Poverty Estimates – What it means for India" <http://www.worldbank.org.in/WBSITE/EXTERNAL/COUNTRIES/SOUTHASIAEXT/INDIAEXTN/0,,contentMDK:21880725~pagePK:141137~piPK:141127~theSitePK:295584,00.html>



9/11/2010 August
6, 2008

26