A pilot study of psycho social intervention program for the children of migrant workers and the potential role of self-efficacy in promoting mental health

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Abstract

The history of migration is old as the origin of human life. Along with the colourful dreams, the struggles and huddles during the period of migration can directly or indirectly affect the self-efficacy and mental health of the children. The purpose of this study was to develop an intervention program for children of migrant workers to strengthen their self-efficacy and promote their mental health as well as to do the pilot test to know its vitality, usability and sustainability. The combination of qualitative and quantitative research designs was having great role in the development of this intervention program. Self-Efficacy Scale (SES) and Mental Health Battery (MH) were used to measure the level of self-efficacy and mental health of the participants. Focused-group discussions were carried out to get a better understanding about the real situation and problems of the children of migrant workers. The intervention program was prepared based on the four dimensions of self-efficacy as well as the culture, life situations and background of the respondents. Pilot test of this intervention program was conducted among 65 children of migrant workers. The participants actively participated and positively responded to the program. The result of the pilot test proved the improvement in the level of self-efficacy and mental health of the participants.

Keywords: Self-efficacy, Mental health, Psycho-social intervention, children of migrant workers, Pilot study.

Migration of individuals from one place to another in search of livelihood and other purpose has occurred all through history. About two out of ten Indians are internal migrants who have moved across district or state lines. (Abbas, R., & Varma, D, 2014). Most of the migrant workers in India are landless and daily wagers as well as they are the most vulnerable population.
Gong, P., et al. (2012) reveals in their study that children of migrant workers are a fast-growing population in urban areas as the consequences of the huge population flow from rural to urban areas and the population growth has been especially drastic in recent years as the pattern of migration switches from personal migration to family resettlement. Even though they are the vulnerable and forgotten group, they form a crucial part of India’s economy. According to the Indian government’s 2016-17 Economical survey, internal migrants make up about 20 percent of the workforce and they contribute an estimated 10 percent of India’s economic output. Children of migrant workers face a number of challenges that include adapting to a new school, social environment, segregation, prejudices, marginalization and changes in family ecologies. All these challenges due to the migration have either directly or indirectly affecting their self-efficacy and mental health.

Self-efficacy refers to specific beliefs aimed at exercising control over the events through self-regulation (Barbaranelli, C., Paciello, M., et al. 2019). Self-efficacy can play a role in not only how we feel about ourself, but whether or not we successfully achieve our goals in life. Albert Bandura, who originally proposed the concept of self-efficacy says that “Self – efficacy is a personal judgement of how well one can execute courses of action required to deal with prospective situations (Bandura, Albert, 1982). Self-efficacy plays a major role in how we perceive situations and how we behave in response to different situations as well as it affects every area of human endeavour.

Self-efficacy beliefs make people able to interpret potentially threatening expectations as manageable significant challenges and help them feel less stressful in such situations. Thus, by reducing the negative thoughts and concerns of potential threats, they can regulate their emotional states. A child with high self-efficacy has the skills to regulate their life and reach their goals. Self-efficacy belief is beyond simply ‘believing in yourself’ but, it is the ability of a person to have a realistic sense of their strengths and weaknesses. Self-efficacy is a self-sustaining trait; when a person is driven to work through their problems on their own terms, they gain positive experiences that in turn boost their self-efficacy even more. Self-confidence, Efficacy expectation, Positive attitude, and Outcome expectation are the four dimensions which control and regulate a person’s self-efficacy.

Migration has a major impact on self-esteem, self-efficacy, and self-worth in children of migrant workers. Jennifer, B et al., (2016), Gao, Y., et.al (2013) pointed out in their study that parental migration can increase the likely hood of low self-efficacy. Poor personal self-efficacy of the migrant parents can contribute poor cognitive competencies to their children. Migrant children are more likely than native children to face circumstances, such as low family income, poor parental education, and language barriers that place them at risk of developmental delay and poor academic performance once they enter school (Tienda. M and Haskins. R, 2011). All these crises may negatively affect the level of their confidence and belief which may lead to law self-efficacy.
Mental health is the foundation for well-being and effective functioning for an individual and for a community. World Health Organisation (WHO-2004) defines mental health as it is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Mental health contributes to all the aspects of human life. Good mental health is essential for the well-being and functioning of individuals. It works as an indivisible part of general health, contributes to the functions of society, and has an effect on overall productivity (WHO,2004). Cho, S. M., & Shin, Y. M. (2013) indicates that mental health is an essential part of a child's overall health and is a very important part of child and adolescent development. Good mental health during childhood is prerequisite for optimal psychological development, social relationships, learning and the ability to care for one's self.

Migration plays a vital role as a determinant in the development of emotional and behavioural problems among the children of migrants. Migrants and their children are vulnerable to various types of mental health problems. Migration places individuals in situations which may impact their physical and mental well-being. Conditions surrounding the migration process can increase the vulnerability to ill health. The insufficient social security system, weak social support, their own limited conditions, low ideological and moral level, weak emotional management ability, poor psychological quality and lack of professional skills also cause to the psychological problems among the migrant workers. All these psychological and social issues of the migrant workers can directly or indirectly affect the mental health of their children.

Self-efficacy is positively associated with mental health (Gull, M.,2016) and parenting self-efficacy is a key factor in improving social and cognitive functioning in children. Since self-efficacy is one of the factors affecting mental health and it has a valuable place in different aspects of life and health. It also plays a vital role in individuals' thinking modes, their decision-making, the quality of their encounter with problems, their depression and anxiety status and so on (Maddux, 2002). Self-efficacy begins to develop in very young children. Once self-efficacy is developed, it does not remain constant but it can change and grow as an individual has different experiences throughout his or her lifetime. Self-efficacious children perform better at school and self-efficacious adults perform better at their work place. Moshe, Z et al., (2016) say that healthy human functioning is characterized by emotional stability, a sense of self-efficacy and perceived control over the environment, positive self-regard, and motivation to succeed in achieving salient personal goals, and adequate coping resources and strategies.

People with high level of self-efficacy approach life with ‘I can – do’ attitude that allows them to see challenges as problems to be solved instead of threats that must be avoided. They also set appropriately challenging goal for themselves and maintain a strong commitment to those goals (Siddiqui, S.,2015). In the same way people with strong self-efficacy will be able to enjoy life because they are highly engaged. When they encounter stressful situations their belief in their ability to manage situations to their benefit allows being self-confident. This indicates that the beliefs about ability to manage their stressful life situations promote positive mental health of the person. But in contrast, poor self-efficacy leads to poor mental health.
and this poor mental health is associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, physical ill-health and human rights violations (WHO, 2018). Thus, people with poor mental health due to low self-efficacy will be struggling to manage their life amidst all these above given negative aspects.

Psychosocial means how humans interact with and relate to others around them. It focuses on relationships and how humans work in society. There are many types of psycho-social intervention such as group therapy, individual counselling, multimedia interventions, and self-help interventions which fall under two main umbrellas of therapy: cognitive therapy and behavioural therapy (Airth, M., 2017). The term social intervention is used for interventions that primarily aim to have social effects, and the term psychological interventions is used for interventions that primarily aim to have psychological effects. It is acknowledged that social interventions have secondary psychological effects and that psychological interventions have secondary social effects as the term psychosocial suggests.’ (Bourassa, J., 2009). Therefore, psycho-social intervention is the combination of psychological and social aspects.

Psycho-social intervention programme can be both preventive and curative. It is preventive when it decreases the risk of developing mental health problems. It is curative when it helps individuals and communities to overcome and deal with psychosocial problems that may have arisen from the shock and effects of crises (Pernille, H., 2014). Thus, the preventive and curative aspects of psycho-social intervention programme can contribute to strengthen the self-efficacy to face the challenges of life circumstances.

**Method**

**Participants**

Sixty-five children of migrant workers residing at various places of Ghaziabad district and receiving educational benefit from Samudhyika School, Khora colony in Ghaziabad district of Uttar Pradesh, India were selected as the participants for this study. The age ranges between 13 years to 16 years. All the participants were from economically poor family as well as their residential area was urban. The participants were willingly volunteered to participate in the research study.

**Instruments**

**Self-Efficacy Scale**

Self-Efficacy Scale (SES) developed by Dr. Arun Kumar Singh and Dr. Shruti Narain (2014) intended to assess the level of belief in one’s ability or competency to perform a task, reach a goal or overcome an obstacle of persons in the age range of 12 years and above. It is standard questionnaire having a reliability of 0.82 and validity of 0.92. It consists of 20 items and it is a Likert-type scale having 5 response options such as Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree. The respondent will be assigned to select
the appropriate option which is most relevant to him/her. It has 16 positive items and 4 negative items. The scale measures 4 dimensions of self-efficacy such as self-confidence (1,2,3,4,5), efficacy expectation (6,7,8,9,10), positive attitude (11,12,13,14,15), and outcome expectation (16,17,18,19,20).

Mental health battery

Mental health battery developed by Dr. Arun Kumar Singh and Alpana Sen Gupta (2008) was used for the assessment of the mental health of the children of migrant workers. Singh and Gupta view Mental health as a set of competencies that can be measured by the Mental Health Battery (MHB). The scoring of mental health battery comprises of two sections. Section A and section B. Section A consists of all preliminary information which weight to determine the socio-economic status of the respondents and Section B consists of 130 items arranged in six dimensions such as Emotional Stability (ES consists of 15 questions), Over-all Adjustment (OA with 40 questions), Autonomy (AY with 15 questions), Security-Insecurity (SI with 15 questions), Self-Concept (SC with 15 questions), and Intelligence (IG with 30 questions).

Procedure

The researcher developed a comprehensive training manual for psycho-social intervention programme to train the children of migrant workers. The prepared frame work was circulated among the experts as well as received corrections and approval from the guide of the researcher. The prepared manual was in English. Thus, again the researcher handed over this manual to the Hindi language experts to translate the manual from English to Hindi. The manual was divided into modules and sessions. The modules are connected with other which consists of instructional content, methods of training, resource materials required for training, duration of the sessions, learning objectives and outcomes.

The researcher received permission from the school authorities to conduct the study among children of migrant workers those who are studying in that school. The consent was obtained from the in charges of the institutions based on the understanding that the researcher would take full responsibility, that no harm would be caused to the participants and that the data obtained from the respondents would be strictly used for the research purpose. Using purposive sampling technique, the researcher selected 65 children of migrant workers as the participants of this study. After the selection, the researcher explained them about self-efficacy, mental health and the importance of intervention. The researcher also shared with them the guidelines about the intervention program. The participants were requested to sign an informed consent form after which the purpose of the study was explained to them. The researcher also given them assurance about the confidentiality of the information they would provide. The participants were then administered Self-Efficacy Scale (SES) and Mental Health Battery to measure the self-efficacy and mental health.
Psycho social intervention program

The researcher gained more knowledge and insights about the psycho social intervention from the comprehensive review of the existing literature about self-efficacy, mental health, various forms of psycho social programs and therapies. The obtained knowledge and insights helped the researcher in the process of developing the intervention program. Focused group discussions were held with the children of migrant workers, their parents, teachers and the experts those who are working with them. All these interactions helped the researcher to get a better understanding about the problems faced by the children of migrant workers. Key issues were identified from focus group discussions and observation. Based on the identification of major issues faced by the participants, intervention was focused towards psychological and social aspects of the participants. The psychological aspects were included the personal life and its problems of the participants, personality and its issues, emotional problems, behavioural issues, self-worth, self-efficacy, self-confidence etc; and the social aspects were included family related issues, issues with friends, issues in social relationship and cultural barriers, issues in school life, environmental issues etc. All these issues faced by the participants motivated the researcher to develop an effective intervention program in order to help them to strengthen their self-efficacy and mental health and thus, come out from the problems. Moreover, the grasp of the problem scenario, in-depth study of literature, focus group discussions, personal observations, and attentive review of the supporting theories were also helped in the development of the preliminary draft of the intervention to enhance self-efficacy and mental health.

The training manual of psycho social intervention program (PSIP) was prepared based on the theories such as self- efficacy theory, social cognitive theory, psycho social theory, mental health aspects and four dimensions of self – efficacy as well as the cultural back ground of the participants. The manual consists of 5 modules divided into 36 sessions. The modules of the manual are: Introduction to psycho – social intervention and Self-efficacy, Self-Confidence (SC), Self-efficacy expectations (SE), Positive attitude (PA), and Outcome expectations (OE). To establish a mutual trust and safety feelings for the effective administration of the entire intervention the researcher gave an orientation emphasizing establishing rapport and confidentiality to the participants at the beginning of the intervention.

The training to the target population was conducted by a group of teachers selected for the purpose. These teachers were identified from the concerned institution, with the help of the in charge of the institution. The teachers were selected based on certain criteria such as volunteerism, willingness to work with the particular group, expert in local language, having prior exposure in dealing with this specified group of children, know the cultural back ground and life style of this particular group. After the selection, these teachers got special training from the experts those who are working in this field.
Pilot Study Results

Sixty-five children from migrant workers’ family were randomly selected as the participants of the pilot study, and an administration of a pre-post pilot intervention design. The pre- and post-test scores of the participants gathered from the study were statistically treated using the Wilcoxon Signed Rank Test.

Table 1. Wilcoxon Signed Rank test results of the participants before and after the study

<table>
<thead>
<tr>
<th>Scale</th>
<th>Pre-test Mean (SD)</th>
<th>Post-test Mean(SD)</th>
<th>Z (Pre v/s Post)</th>
<th>P value (Pre v/s Post)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MENTAL HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Stability</td>
<td>5.11 (1.74)</td>
<td>6.06 (1.96)</td>
<td>-3.089</td>
<td>.002</td>
</tr>
<tr>
<td>Over-all Adjustment</td>
<td>14.06 (3.28)</td>
<td>17.61 (3.83)</td>
<td>-5.275</td>
<td>.001</td>
</tr>
<tr>
<td>Autonomy</td>
<td>4.91 (1.71)</td>
<td>7.23 (1.66)</td>
<td>-5.943</td>
<td>.001</td>
</tr>
<tr>
<td>Security-Insecurity</td>
<td>5.08 (1.93)</td>
<td>7.59 (1.73)</td>
<td>-6.059</td>
<td>.001</td>
</tr>
<tr>
<td>Self-Concept</td>
<td>5.23 (1.71)</td>
<td>6.52 (2.05)</td>
<td>-3.147</td>
<td>.002</td>
</tr>
<tr>
<td>Intelligence</td>
<td>8.48 (2.25)</td>
<td>10.08 (2.35)</td>
<td>-4.044</td>
<td>.001</td>
</tr>
<tr>
<td><strong>SELF-EFFICACY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Confidence</td>
<td>17.35 (1.88)</td>
<td>19.28 (1.57)</td>
<td>-5.544</td>
<td>.001</td>
</tr>
<tr>
<td>Efficacy expectation</td>
<td>15.80 (2.25)</td>
<td>18.54 (1.48)</td>
<td>-6.261</td>
<td>.001</td>
</tr>
<tr>
<td>Positive attitude</td>
<td>16.31 (1.62)</td>
<td>18.34 (1.45)</td>
<td>-5.985</td>
<td>.001</td>
</tr>
<tr>
<td>Outcome expectation</td>
<td>16.37 (2.04)</td>
<td>18.71 (1.43)</td>
<td>-5.683</td>
<td>.001</td>
</tr>
</tbody>
</table>

p = 0.05 level of significance

Table 1 shows the pre-test and post-test mean scores and standard deviation values of the participants of the pilot study in terms of self-efficacy and mental health as measured by Self-Efficacy Scale (SES) and Mental Health Battery (MH). The results indicated an increase in the levels of self-efficacy and mental health among the participants after the feasibility study as shown by the mean scores of the post-test.

The post-test mean scores of the Self-Efficacy showed an increase in the mean score of the dimensions of self-Self-efficacy such as, Self-confidence, Efficacy expectation, Positive attitude, and Outcome expectation. In the same way the result also indicted the improvement in mental health dimensions such as Emotional Stability, Over-all Adjustment, Autonomy, Security-Insecurity, Self-Concept, and Intelligence. Thus, the result indicating the Psycho social intervention was very effective in improving self-efficacy and mental health. More clearly, the study showed a significant difference between the pre-tests and post-tests scores in the total self-efficacy (Z= -7.035) and its domains, SC (Z = -5.544, p = .001), SE (Z =-6.261, p = .001), PA (Z = -5.985, p = .001), OE (Z =-5.683 p = .001) of the Self-efficacy scale. And the post-test mean scores of the Mental health also showed an increased score which therefore signifies an improvement in the
level of mental health after the intervention program. The results of the pre-tests and post-tests in Mental health ($Z = -7.014$, $p = .000$) of the Mental health scale also showed a significant difference.

The ten days long intervention caused statistically significant change in the level of self-efficacy and mental health indicating that Psycho social intervention program (PSIP) had a positive effect on the participants to enhance self-efficacy and mental health. The result of the pilot study was consistent with the expert evaluation attesting that PSIP can be recommended as an intervention in improving self-efficacy and mental health.

The participants cooperated with the researcher and received the program positively. They expressed that they feel worthy to live and they also got lot of benefit from this intervention program. The intervention program helped them to change their perception about their life. They could identify and accept their strength and weakness. They could develop a strong belief about their abilities and got courage to face the challenges of life and also got a clear meaning about their life. The participant also added the point that they got an inner happiness and feelings of mentally relaxed. Many of the participants pointed out that the intervention program taught them that with great desire and hard work they can became what they desire to become. They also said that they got a motivation to not only take care of themselves but take care of others also.

**Discussion**

The psycho social intervention program was developed to help the children of migrant workers to strengthen their self-efficacy level and improve their mental health. This was pilot tested with sixty-five children of migrant workers for ten days to assess its feasibility and usability for a larger population. The result of this study brings out a strong implication that the psycho social intervention program developed by the researcher is an effective tool for improving self-efficacy and mental health of the children of migrant workers and that it can be used for a larger population with an expected result of high effectiveness. Wanjie T et al. (2018) indicated that prevalence of psychological and social problems are very high among the children of migrants compared to children of non-migrants. Therefore, it is very essential that health promotion behaviours and self-efficacy among migrant workers and their children should be encouraged.

The results in Table 1 (Wilcoxon signed rank test result of the variables) show that the 10 days long psychosocial intervention program (PSIP) brought statistically significant change in the level of self-efficacy and mental health among the participants. This indicated that the PSIP had an impact on the participants’ life and it was an effective program to enhance self-efficacy and mental health.

Prior to the pilot test, the study examined the characteristics of the participants and ensured homogeneity of research conditions. Self-efficacy has a predictive role in emotional regulation and cognitive flexibility on reducing emotional distress. since self-efficacy can play a vital role in the matter of promoting mental health, we have to improve, maintain and promote the mental health with the support of self-efficacy.
Therefore, first and foremost we need to strengthen the self-efficacy through effective interventions like, psycho social intervention programs.

The intervention program was designed as a group activity and the participants were very cooperative as well as were actively attended the program. The researcher was limited the study by selecting only the children of migrant workers those who accompanied with their parents even though there are children of migrant workers those who left behind at home. There is need to take into consideration about the self-efficacy and mental health of the children of migrant workers those who left behind at home. This needs to be explored further and is a limitation of the present study.

This research has come up with an effective tool for strengthening self-efficacy and enhancing mental health of the children of migrant workers. It has also proven by various previous studies that there is close and predictive relationship between self-efficacy and mental health since both are just like two sides of one coin and part of the psychological and social aspects of human life. An increase in the level of self-efficacy gives positive energy to think positively about their strength and weakness and face the challenges of life efficiently. This efficacy automatically turns to reduce the stress and thus, enhance mental health. Thus, the present study is in need of broader planning and implementation of the program to larger population so that it may benefit many children of migrant workers and children from disadvantaged groups. All the positive behavioural changes occurred among the research participants and the improvement in their self-efficacy and mental health indicate the effectiveness of psycho social intervention program.

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REFERENCE


