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Participatory Communication Strategies for the Enhancement of Resilience and Psychosocial Wellbeing – A Study on the Vulnerable Children residing in Children Homes run by NGOs

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Abstract

Participatory communication strategies are crucial in fostering resilience and psychosocial well-being among vulnerable children in institutional care. NGOs operating children's homes should prioritize these approaches, integrating them into their caregiving practices to create a nurturing and empowering environment. Children in institutional care often face significant psychosocial challenges, including trauma, emotional distress, and social isolation. Participatory communication, which involves the active engagement of children in decision-making processes, is posited to improve their psychological resilience and overall well-being. Future research should explore the long-term effects of these strategies and develop comprehensive guidelines for their implementation.

This study investigates the effectiveness of participatory communication strategies in enhancing the resilience and psychosocial well-being of vulnerable children residing in children's homes operated by Non-Governmental Organizations (NGOs).

Keywords: Participatory Communication, Resilience, Psychosocial Well-being, Vulnerable Children, NGOs, Children's Homes, Empowerment.

Introduction

Research establishes that prolonged institutional care is detrimental to all the developmental spheres of vulnerable children. It is challenging and hazardous to children's emotional, behavioral, and intellectual domains of the developmental process. Managing in an unstable or unpredictable environment involves perceiving their thought processes and behavioral patterns. Children fostered in alternative care may incur higher psychopathology, neurodevelopmental ailments, and educational problems than other children (Ford, Vostanis, Meltzer, & Goodman, 2007). Literature also suggests that prolonged periods of institutional nurture adversely affect children's psychosocial wellbeing. It causes anxiety, depression, and isolation. Such children develop behavioral problems in the long run.

Children find institutionalization unwanted and experience a sense of loss at the early phase of care, shaping their emotional growth (Anaut, 2005). Recent evidence proposes a frequency of psychiatric conditions of 76% in children in institutional care, compared to 8% in typical children (Jozefiak et al., 2016).

However, some children in institutional care are recognized as resilient as they can cope with the adverse conditions more remarkably than their peers. Resilience is the capacity to get by following trauma or stressor (Masten, 2001). The notion of resilience is crucial in adjusting to the institutional environment and other difficult situations for vulnerable children. Kirk and Day (2011) suggested improvements in life skills, self-concept, and sense of life as crucial factors for developing resilience. It is also fundamentally linked with the intensity of interpersonal relations and social contacts.

In general, resilience is more related to good quality of life and health condition among children raised in alternative care (Chia & Lee, 2015). Promoting resilient processes allows the children to pursue new motivations and realise the adjustments required to move on with the present life circumstances. Greater levels of resilience are related to enhanced outcomes and constructive growth (Quisenberry & Foltz, 2013). Resilient persons supposedly possess positive cognitions which instigate an optimistic view regarding themselves, the world, and the future life. They maintain a constructive emotional state and higher life satisfaction levels that enrich wellbeing. Research implies that developing resilience can be accomplished at any time in the child's life cycle, and resilience mediations ought to be accessible throughout the life cycle (Luthar et al., 2000).

Fredrickson (2001) opined that resilience is significant in elevating psychological wellbeing, which, in general, contains mental, emotional, and spiritual dimensions. In addition, the notion of psychosocial wellbeing includes social components to an individual's wellbeing. It is a dynamic process affected by competence, social contacts, and support structures. Social wellbeing is an essential facet of the entire "wellbeing" concept, adding to emotional and psychological forms (Keyes, 2003). Cultural norms and value systems also profoundly influence an individual's psychosocial wellbeing.

A positive emotional/psychological state includes mental equilibrium, nurturing in safe environments, future hope, life satisfaction, and emotional wellbeing. Likewise, social wellbeing relies on retaining trust in others and having constructive and caring peer and social relationships. Children's psychosocial wellbeing influences each part of their lives. It impacts their learning capacities, health aspects, participation in playful activities, staying on as constructive individuals and attaching correctly to other people as they grow up (Killian and Durrheim, 2008).

As Blum, McNeely, & Nonnemaker (2002) suggested in their study, when provided with a copious and facilitative atmosphere, people have the ability for positive change and the capacity to cultivate at least a few traits of resilience during their life span. Participatory communication plays a vital role in adopting positive behaviors, thoughts, and actions by facilitating conducive environments. In such a form of communication, which is participatory and two-way, all the contestants get complete involvement in the communication process. They can participate liberally in the dialogue/debate and access the communication channels. According to Thomas and Paolo (2009), participatory communication is not simply about discussing information and experiences but also the evaluation and initiation of innovative knowledge intended at tackling situations that should get better.

Effective participatory communication is crucial in prompting appropriate thinking and behavior capacities, strengthening decision-making abilities, the building skills, and knowledge to face life challenges. These abilities are essential for instigating resilience and psychosocial wellbeing among vulnerable children. Participatory communication strategies support accelerating good cognitive functioning, self-knowledge, environmental adaptation, and life satisfaction levels. Quarry and Ramirez (2009) refer to the significance of participatory communication strategy as it supports listening in the communication process. The communicator must listen to the participants, encouraging "trust" feelings among the vulnerable and disadvantaged.

The present study attempts to understand the significance of participatory communication strategies in boosting the resilience and psychosocial wellbeing of vulnerable children living in institutional care. As the child lives in the home without any parent as a primary caregiver, it is necessary to organize a conducive living environment to develop resilience and psychosocial wellbeing. It indulges in scrutinizing the relationship between the application of participatory communication strategies and the development of resilience and psychosocial wellbeing among vulnerable children.

Here, the principal focus is to draw inferences on participatory communication strategies in enhancing resilience and psychosocial wellbeing among vulnerable children nurtured in institutional care. It also attempts to understand the process of participatory communication strategies in the children's homes.

Vulnerable Children in Institutional Care

UNICEF ascertains abused, exploited, and neglected children as vulnerable. The insecure living environments are catastrophic to vulnerable children's physical, social, and psychological development, ultimately affecting their wellbeing. Research has shown that institutionalized children display poor adjustment and hampered developmental stages.

Mota and Matos (2008) asserted that most institutionalized children might have gone through a troubled past with unfulfilled emotional needs. At this juncture, entering into institutional care further increases the risk factors, and the children may not be able to adjust to the unwanted transition to institutional care. Llanos, Bravo, and Del Valle (2006) maintain that more prolonged exposure to institutional care increases emotional problems, including anxiety, depression, and isolation.

The present study considers the problems and developmental needs of vulnerable children residing in children's homes and focuses on the participatory communication strategies for improving their resilience and psychosocial wellbeing.

Children's Home

As directed by the JJ Act 2015, the State Government, either by itself or through licensing voluntary/non-governmental organizations (NGOs), establishes or maintains Children's Homes in every district or group of districts. The vulnerable children who fall under the category of "Children in Need of Care and Protection (CNCP)" are placed in the children's homes as per the provisions of the JJ Act 2015 to offer shelter and immediate care services. The children's homes are for providing temporary safe custody to vulnerable children. The act specifies procedures for such placements and directions for care, protection,

rehabilitation, medical attention, psychiatric/psychological support, behavior modification therapy, skill training, and developmental activities.

The Juvenile Justice System in India treats institutional care as a last resort. It also directs the minimum possible duration of institutional stay. Eventually, children's homes remain spaces for shelter and stay for the vulnerable children. There is a compelling need to design and implement appropriate support service strategies to address the issues of resilience and psychosocial wellbeing. At this juncture, NGOs play a significant role in fulfilling the gaps in addressing the developmental and wellbeing issues of vulnerable children in institutional care.

Here, the children's home is operationalized based on the care procedures and directions laid down by the JJ Act 2015.

Participatory Communication Strategy

Van de Fliert (2010) suggested that the creation and application of participatory communication are contextual. Accordingly, participatory communication strategies should be designed and applied considering the vulnerable children's mental health and developmental aspects.

Participatory communication is dialogic and participatory. It is two-way, where all the stakeholders enjoy equal space to share opinions, perceptions, and information. It reflects children's Right to Participation and considers children's interests and capacities while designing the strategies. Such child-centered participatory approaches are vital for enhancing the resilience and psychosocial wellbeing of vulnerable children in institutional care.

In the present study, participatory communication strategy is treated as an independent variable and operationalized based on vulnerable children's regular exposure to such strategies in the children's homes.

Resilience

Resilience is the process of coping well in the face of adversity, stressors, or trauma. Its basic notion is to bounce back to normalcy. Resilience is a prominent and alluring quality in children and adolescents, especially for those at-risk and in need of care and protection. Rutter (2000) specified that resilience serves as the corresponding resistance to psychosocial risk exposures.

Several biological, psychological, social, and cultural factors are significant for building resilience. It can arrive from many empirical studies that resilience negatively correlates with depression, anxiety, and negative emotions and positively correlated with indicators such as life satisfaction, subjective wellbeing, and positive emotions (e.g. Hu et al., 2015).

Luthar (2006) considered resilience a construct with substantial adversity and positive adaptation as its core dimensions. They serve as inferences to measure resilience indirectly. Resilience is at no time directly measured. It is implied indirectly from the testament of these proportions. The present study attempts to draw inferences on vulnerable children's resilience through their positive perceptions.

Psychosocial Wellbeing

Psychosocial wellbeing is multidimensional, which comprises psychological, social, and subjective factors contributing to the individual's holistic health, adjustment, and functionality in society. The present context implies the vulnerable children's perceptions of self and their relationship with the external world.

A healthy and adaptive emotional state and social relationships can accomplish psychosocial wellbeing (Gilborn et al., 2006). Research has shown that the institutionalized vulnerable children's psychosocial wellbeing deteriorates unless they receive the necessary psychosocial support.

Here, resilience and psychosocial wellbeing are treated as dependent variables and are operationalized based on institutionalized vulnerable children's psychological and social dimensions. The study attempts to draw inferences on their psychological state by analyzing the core areas of self-perception, emotional wellbeing, life satisfaction, and future expectations. The social dimensions involve their perceptions of the home environment, social relations, and peer relations.

Study Objectives

1. To assess the association between the application of participatory communication strategies and enhancement of resilience and psychosocial wellbeing.
2. To ascertain the impact of participatory communication strategies on vulnerable children's self-perception, emotional wellbeing, life satisfaction, and future expectations.
3. To analyze the influence of participatory communication strategies on vulnerable children's perceptions of the home environment, social relationships, and peer relationships.

Hypothesis

1. There is a significant relationship between participatory communication strategies and the enhancement of resilience and psychosocial wellbeing of vulnerable children.
2. The vulnerable children involved in participatory communication strategies will significantly improve positive self-perception, emotional wellbeing, life satisfaction, and future expectations.
3. The vulnerable children engaged in participatory communication strategies will carry optimistic perceptions of the home environment, social and peer relationships.

Methods and Tools

Previous research suggests that children's environments may not be in their control (O'Kane, 2008). While researching with them, the context (Fargas-Malet, McSherry, Larkin, & Robinson, 2010), spaces and places for data collection, and children's competencies and capacities (Hendrick, 2008) need to be considered carefully at the individual level. In line with Moran-Ellis (2010), the present research on children lies within the participatory paradigm. The children's attention spans, pacing, language concerns, and understanding capacities (Ford, Sankey, & Crisp, 2007) were also considered.

Child-centered data collection techniques do not hinder the use of techniques such as interviews (Nicholas, Picone, & Selkirk, 2011) or participatory observation (Carnevale, Macdonald, Bluebond Langner, & McKeever, 2008). In this study, structured interviews were extensively used as tools for facilitating systematic measurement of variables along with the researcher's observation to access participants' feelings, perceptions, and experiences.

Sampling

The present study consisted of vulnerable children residing in the children's homes run by NGOs, where 'care' is offered to children between 5 and 18 years and 'aftercare' services to youth under 20 years. The researcher selected the children's homes through field visit and observation to verify the administration of participatory

communication strategies in the respective care structures for vulnerable children. A sample of 315 children receiving care and aftercare services at the children's homes run by NGOs was considered for data collection to establish the relationship between the application of participatory communication strategies and the enhancement of resilience and psychosocial wellbeing of vulnerable children in institutional care settings. The samples were considered based on the purposive sampling technique principles.

Observation Method

Here, the researcher adopted the observation method to obtain and analyze objective data describing the behavior of the vulnerable children in their home surroundings. It helped avoid errors due to bias during the evaluation and interpretation of the data.

Structured Interviews

The structured, semi-structured, and unstructured categorization of interviews is based on structuring (Fontana & Frey, 2005). The use of closed-ended questions helps collect specific information (Krahenbuhl S. & Blades M. 2006). Accordingly, the researcher collected data from the vulnerable children residing in children's homes run by NGOs through a structured interview schedule with closed-ended questions. The schedule was divided into six groups: self-perception, emotional wellbeing, life satisfaction & future expectations, perceptions of the home environment, perceptions of social relations, and perceptions of peer relations.

Data Analysis

The data were analyzed and interpreted to establish the correlation between the application of participatory communication strategies and the enhancement of resilience and psychosocial wellbeing of vulnerable children in institutional care. The researcher studied relevant frequency percentages, descriptive statics, correlation, ANOVA, and regression measurements to meet the study objectives.

Ethical Considerations

Since the present study was on vulnerable children, the researcher-maintained confidentiality and anonymity during data collection. The researcher obtained prior permission from the authorities of Children's Homes. Children and staff's informed consent were also taken before data collection. Children's responses were documented individually, keeping in view their privacy and comfort concerns. The respondents were offered the freedom to withdraw from participation at any time. The researcher also ensured not to disturb the daily routine of the respondents during data collection.

DATA INTERPRETATION

MEAN AND STD. DEVIATION OF PARTICIPATORY COMMUNICATION STRATEGIES AND RESILIENCE & PSYCHOSOCIAL WELLBEING

MEAN AND STD. DEVIATION DISTRIBUTION OF SAMPLE ACCORDING TO VULNERABLE CHILDREN'S INVOLVEMENT IN PARTICIPATORY COMMUNICATION STRATEGIES AND STATE OF RESILIENCE & PSYCHOSOCIAL WELLBEING (N=315)

Variables	Mean	Std. Deviation	Std. Error
Self-Perception	13.394	2.855	0.161
Emotional Well-being	18.251	4.340	0.245
Life Satisfaction and Future Expectations	13.921	3.227	0.182
Perceptions on Home Environment	16.654	2.715	0.153
Perceptions on Social Relations	16.654	2.715	0.153
Perceptions on Peer Relations	10.463	2.334	0.131
Resilience and Psychosocial Wellbeing	**89.337**	**12.175**	**0.686**
Participatory Communication Strategies	**29.867**	**13.882**	**0.782**

The above table discloses the mean and standard deviation of vulnerable children's involvement in participatory communication strategies and their state of resilience and psychosocial wellbeing while receiving care and aftercare services by the NGO in their respective homes.

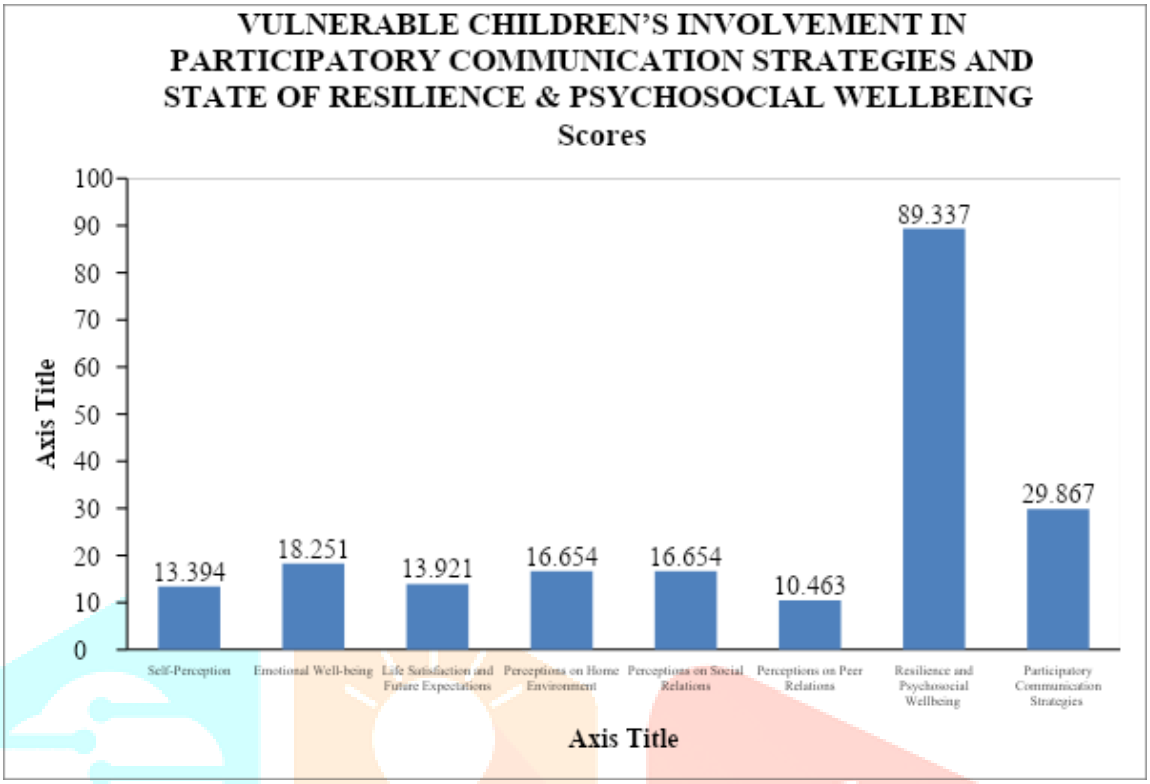
The Resilience and Psychosocial Wellbeing Inventory was divided into six groups: self-perception, emotional wellbeing, life satisfaction & future expectations, perceptions of the home environment, social relations, and peer relations.

The vulnerable children's self-perception mean is 13.394 with a 2.855 standard deviation and 0.161 standard error. The emotional wellbeing mean is 18.251 with a 4.340 standard deviation and 0.245 standard error. Life satisfaction and future expectations mean 13.921 with a 3.227 standard deviation and 0.182 standard error.

While considering vulnerable children's perceptions of the home environment and perceptions of social relations, for both these groups, the mean arrives at 16.654 with a 2.715 standard deviation and 0.153 standard error. On the other hand, their perceptions of peer relations hold a mean value of 10.463 with a 2.334 standard deviation and 0.131 standard error.

Hence, the overall psychosocial wellbeing inventory mean is 89.337 with a 12.175 standard deviation and 0.686 standard error. The participatory communication strategies inventory mean is 29.867, scaling 13.882 standard deviation and 0.782 standard error.

MEAN AND STD. DEVIATION DISTRIBUTION OF SAMPLE ACCORDING TO VULNERABLE CHILDREN'S INVOLVEMENT IN PARTICIPATORY COMMUNICATION STRATEGIES AND STATE OF RESILIENCE & PSYCHOSOCIAL WELLBEING



CORRELATION BETWEEN PARTICIPATORY COMMUNICATION STRATEGIES AND RESILIENCE & PSYCHOSOCIAL WELLBEING

CORRELATION BETWEEN INVOLVEMENT IN PARTICIPATORY COMMUNICATION STRATEGIES AND STATE OF RESILIENCE & PSYCHOSOCIAL WLLBEING OF VULNERABLE CHILDREN IN INSTITUTIONAL CARE (N=315)		Participatory Communication Strategies	Self-Perception	Emotional Well-being	Life Satisfaction and Future Expectations	Perceptions on Home Environment	Perceptions on Social Relations	Perceptions on Peer Relations	Resilience & Psychosocial Wellbeing
Participatory Communication Strategies	r	1	.286**	-.211**	.416**	.324**	.324**	.430**	.329**
	p-value		.000	.000	.000	.000	.000	.000	.000
	N	315	315	315	315	315	315	315	315
Self-Perception	r	.286**	1	.199**	.621**	.461**	.461**	.319**	.737**
	p-value	.000		.000	.000	.000	.000	.000	.000
	N	315	315	315	315	315	315	315	315
Emotional Well-being	r	-.211**	.199**	1	.130*	.053	.053	-.050	.452**
	p-value	.000	.000		.021	.346	.346	.378	.000
	N	315	315	315	315	315	315	315	315
Life Satisfaction and Future Expectations	r	.416**	.621**	.130*	1	.520**	.520**	.363**	.759**
	p-value	.000	.000	.021		.000	.000	.000	.000
	N	315	315	315	315	315	315	315	315
Perceptions on Home Environment	r	.324**	.461**	.053	.520**	1	1.000**	.479**	.803**
	p-value	.000	.000	.346	.000		0.000	.000	.000
	N	315	315	315	315	315	315	315	315
Perceptions on Social Relations	r	.324**	.461**	.053	.520**	1.000**	1	.479**	.803**
	p-value	.000	.000	.346	.000	0.000		.000	.000
	N	315	315	315	315	315	315	315	315
	r	.430**	.319**	-.050	.363**	.479**	.479**	1	.558**

Perceptions on Peer Relations	p-value	.000	.000	.378	.000	.000	.000		.000
	N	315	315	315	315	315	315	315	315
Resilience & Psychosocial Wellbeing	r	.329**	.737**	.452**	.759**	.803**	.803**	.558**	1
	p-value	.000	.000	.000	.000	.000	.000	.000	
	N	315	315	315	315	315	315	315	315

The results show a relationship between involvement in participatory communication strategies and vulnerable children's self-perception. The correlation value is r=0.286, p=0.000<0.05. It is significant at a 5% level of significance and concludes that there is a 28.6% positive and significant correlation between participatory communication strategies and self-perception of the vulnerable children in institutional care.

Similarly, considering involvement in participatory communication strategies and emotional wellbeing, the correlation value is r= -0.211, p=0.000<0.05; hence it is significant at a 5% significance level. It concludes that 21.1% negative and significant correlation between participatory communication strategies and the emotional wellbeing of the vulnerable children in institutional care.

Likewise, vulnerable children's association with participatory communication strategies and their life satisfaction & future expectations levels are analysed. The correlation value r=0.416, p=0.000<0.05, is significant at a 5% level of significance. It indicates a 41.6% positive and significant correlation between vulnerable children's involvement in participatory communication strategies and their life satisfaction & future expectations.

While examining the vulnerable children's engagement in participatory communication strategies and their perceptions of the home environment and social relations, the correlation values stand at r=0.324, p=0.000<0.05, respectively. Hence the variables are revealed as significant at a 5% level of significance and conclude that there is a 32.4% positive and significant correlation between involvement in participatory communication strategies and perceptions of the home environment and social relations.

Similarly, while looking at the relationship between participatory communication strategies and perceptions of peer relations, the correlation value is r=0.430, p=0.000<0.05. Hence concludes that there is a 43.0% positive and significant correlation between participatory communication strategies and children's perceptions of peer relations.

However, by analyzing the overall relationship between participatory communication strategies and resilience & psychosocial wellbeing, the correlation value is r=0.329, p=0.000<0.05. Hence it is significant at a 5% level of significance and concludes that there is a 32.9% positive and significant correlation between participatory communication strategies and resilience & psychosocial wellbeing of the vulnerable children in institutional care.

Similarly contemplating self-perception and emotional well-being, the correlation value is r=0.199, p=0.000<0.05. Hence it is significant at a 5% level of significance and concludes that there is a 19.9% positive and significant correlation between self-perception and the emotional wellbeing of vulnerable children in institutional care.

With respect to relation between self-perception and life satisfaction & future expectations, the correlation value is r=0.621, p=0.000<0.05. Hence it is significant at a 5% level of significance and concludes that there is a 62.1% positive and strong significant correlation between self-perception and life satisfaction and future expectations of children in institutional care.

Whereas reflecting on vulnerable children's perceptions of the home environment and social relations with their self-perception, the correlation values are r=0.461, p=0.000<0.05, respectively. Hence, it is significant at a 5% level of significance and concludes that there is a 46.1% positive and significant correlation between children's self-perception and their perceptions of the home environment and social relations.

Furthermore, analyzing vulnerable children's self-perception concerning their perceptions of peer relations, the correlation value r=0.319, p=0.000<0.05. Hence, it is significant at a 5% level of significance and concludes that there is a 31.9% positive and significant correlation between self-perception and perceptions of peer relations.

However, considering self-perception and overall resilience & psychosocial wellbeing variables, the correlation value is r=0.737, p=0.000<0.05; hence it is significant at a 5% significance level. It concludes a 73.7% positive and strong significant correlation between self-perception and resilience and psychosocial wellbeing of vulnerable children in institutional care.

REGRESSION BETWEEN PARTICIPATORY COMMUNICATION STRATEGIES AND RESILIENCE & PSYCHOSOCIAL WELLBEING

Simple Linear Regressions to Test the Effect of Participatory Communication Strategies on Resilience and Psychosocial Wellbeing

(N=315)

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.329	.108	.105	11.51692

a. Predictors: (Constant), Participatory Communication Strategies

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5030.170	1	5030.170	37.924	.000
	Residual	41516.160	313	132.639		
	Total	46546.330	314			

a. Dependent Variable: Resilience and Psychosocial Wellbeing Inventory
b. Predictors: (Constant), Participatory Communication Strategies Inventory

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	80.725	1.542		52.365	.000
	Participatory Communication Strategies Inventory	.288	.047	.329	6.158	.000

a. Dependent Variable: Resilience and Psychosocial Wellbeing Inventory

H_1: There is a significant impact of participatory communication strategies on the enhancement of resilience and psychosocial wellbeing of vulnerable children.

The fitted model is

Resilience and Psychosocial Wellbeing. ^=

80.725+ 0.288* Participatory Communication Strategies.

The participatory communication strategies (0.288 β) are significant (t=6.158, p=0.000), and the coefficient is positive, which would indicate that more exposure to participatory communication strategies is related to greater resilience and psychosocial wellbeing. The results depict that the independent variable impacts resilience and psychosocial wellbeing. The constant-coefficient value is 80.725 (t=52.365, p=0.000).

The regression model predicts the dependent variable as significant. From the regression analysis, F= 37.924 and p=0.000<0.05. Hence the fitted model is significant by the ANOVA table.

The ANOVA table shows the data assessment results for the overall model goodness of fit, and it suggests that the overall model is highly significant at $p < 0.05$.

The coefficients table provides us with the necessary information to predict resilience and psychosocial wellbeing from the independent variables, i.e., participatory communication strategies, contributing significance statistically to the model.

The coefficients table displays the resilience and psychosocial wellbeing enhanced by the participatory communication strategies. The variable having a more significant coefficient value will have a greater influence on the level of resilience and psychosocial wellbeing. The regression analysis highlights that the independent variable participatory communication strategies impact resilience and psychosocial wellbeing.

The model summary table provides the R and R^2 values. The R-value represents the simple correlation of 0.329, which indicates a higher degree of correlation. The R^2 value of 0.108 indicates the total variation in the participatory communication strategies.

The adjusted R squared is 0.105, which indicates a variation of 10.5% on the enhancement of resilience and psychosocial wellbeing on participatory communication strategies at a 95% confidence interval. The result shows that 10.5% of changes in participatory communication strategies on the enhancement of resilience and psychosocial wellbeing of vulnerable children could be accounted for by independent variables.

Independent factors can influence resilience and psychosocial wellbeing. However, there is around 10.8% influence of the participatory communication strategies that are independent. The variables resilience and psychosocial wellbeing can explain the variation of 10.8%. This factor accounts for the positive change observed in enhancing resilience and psychosocial wellbeing experienced by vulnerable children.

Simple Linear Regression to Test the Effect of Participatory Communication Strategies on Self-Perception

(N=315)

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.286	.082	.079	2.74015

a. Predictors: (Constant), Participatory Communication Strategies

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	209.044	1	209.044	27.841	.000
	Residual	2350.143	313	7.508		
	Total	2559.187	314			

a. Dependent Variable: Self-Perception
b. Predictors: (Constant), Participatory Communication Strategies

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	11.638	.367		31.731	.000
	Participatory Communication Strategies	.059	.011	.286	5.276	.000

a. Dependent Variable: Self-Perception

H_2: The vulnerable children involved in participatory communication strategies will significantly improve positive self-perception, emotional wellbeing, life satisfaction, and future expectations.

The fitted model is
Self-perception^=
11.638+ 0.059* Participatory Communication Strategies

The participatory communication strategies (0.059 β) are significant (t=5.276, p=0.000), and the coefficient is positive, which would indicate that more exposure to participatory communication strategies is related to greater levels of self-perception. The results disclosed significance and that the independent variable impacts self-perception. The constant-coefficient value is 11.638 (t=31.731, p=0.000).

The regression model predicts the dependent variable as significant. From the regression analysis, F= 27.841 and p=0.000<0.05. Hence the fitted model is significant by the ANOVA table.

The ANOVA table shows the data assessment results for the overall model goodness of fit; the overall model is highly significant at $p < 0.05$.

The coefficients table reveals the data to predict self-perception from the independent variables, i.e., participatory communication strategies that significantly contribute to the model.

The coefficients in Table 4.23 establish the self-perception of the vulnerable children caused by the participatory communication strategies. The variable having a more considerable coefficient value will strongly influence self-perception. The regression analysis highlights that the independent variable participatory communication strategies impact self-perception.

The model summary table provides the *R* and R^2 values. The *R*-value represents the simple correlation and is 0.286, which indicates a high degree of correlation. The R^2 value (0.082) indicates the total variation in the participatory communication strategies.

The adjusted R squared is 0.079 and indicates that there was a variation of 7.9% on the enhancement of resilience and psychosocial wellbeing on participatory communication strategies at a 95% confidence interval. The results depict that 7.9% of changes in participatory communication strategies for enhancing the self-perception of vulnerable children could be accounted for by independent variables.

Independent factors can influence vulnerable children's self-perception, but around 7.9% variation accounts for the independent variable, i.e., participatory communication strategies. This factor accounts for the change observed in the self-perception reflected by the vulnerable children.

Simple Linear Regression to Test the Effect of Participatory Communication Strategies on Emotional Wellbeing

(N=315)

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.211	.045	.042	4.24902

a. Predictors: (Constant), Participatory Communication Strategies

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	264.223	1	264.223	14.635	.000
	Residual	5650.964	313	18.054		
	Total	5915.187	314			

a. Dependent Variable: Emotional Wellbeing
b. Predictors: (Constant), Participatory Communication Strategies

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	20.224	.569		35.560	.000
	Participatory Communication Strategies	-.066	.017	-.211	-3.826	.000

a. Dependent Variable: Emotional Wellbeing

The fitted model is
Emotional Wellbeing ^ =
20.224 - 0.066* Participatory Communication Strategies

The participatory communication strategies (0.066 β) are significant (t=3.826, p=0.000), which would indicate that exposure to participatory communication strategies is related to emotional wellbeing. The results displayed significance, and the variable impacts vulnerable children's emotional wellbeing. The constant-coefficient value is 20.224 (t=35.560, p=0.000).

The regression model predicts the dependent variable as significant. From the regression analysis, F= 14.635 and p=0.000<0.05. Hence the fitted model is significant by the ANOVA table.

The ANOVA table shows the data assessment results for the overall model goodness of fit; the overall model is highly significant at $p < 0.05$.

The coefficients table reflects emotional wellbeing caused by the participatory communication strategies that significantly contribute to the model.

The coefficients reveal the emotional wellbeing that is caused by the independent variable participatory communication strategies. The variable having a more significant coefficient value will influence emotional wellbeing. The regression analysis highlights that the independent variable participatory communication strategies impact emotional wellbeing.

The model summary table provides the *R* and R^2 values. The *R*-value represents the simple correlation and is 0.211 indicating a high degree of correlation. The R^2 value (0.045) indicates the total variation in the participatory communication strategies.

The adjusted R squared is 0.042, indicating a variation of 4.2% on the enhancement of emotional wellbeing caused by the participatory communication strategies at a 95% confidence interval. The result shows that independent variables could account for 4.2% changes in participatory communication strategies for enhancing vulnerable children's emotional wellbeing.

Independent factors can influence emotional wellbeing, but participatory communication strategies display around 4.2% influence. The dependent variable emotional wellbeing can explain the variation of 4.2%. This factor accounts for the positive change observed in vulnerable children's emotional wellbeing.

Simple Linear Regression to Test the Effect of Participatory Communication Strategies on Life Satisfaction and Future Expectations
(N=315)

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error
1	.416	.173	.170	2.93873

a. Predictors: (Constant), Participatory Communication Strategies

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	565.905	1	565.905	65.528	.000
	Residual	2703.111	313	8.636		
	Total	3269.016	314			

a. Dependent Variable: Life Satisfaction and Future Expectations
b. Predictors: (Constant), Participatory Communication Strategies

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	11.032	.393		28.046	0.000
	Participatory Communication Strategies	0.097	0.012	0.416	8.095	0.000

a. Dependent Variable: Life Satisfaction and Future Expectations

The fitted model is

Life Satisfaction and Future Expectations ^=

11.032+ 0.097* Participatory Communication Strategies.

The participatory communication strategies (0.097 β) are significant (t=8.095, p=0.000). The coefficient is positive, which would indicate that more exposure to participatory communication strategies is related to better life satisfaction and future expectations. The results are significant that the independent variable impacts life satisfaction and future expectations. The constant-coefficient value is 11.032 (t=28.046, p=0.000).

The regression model predicts the dependent variable as significant. From the regression analysis, F= 65.528 and p=0.000<0.05. Hence the fitted model is significant by the ANOVA table. The ANOVA table shows the result of the data assessment for the overall model goodness of fit. Therefore, the general model is highly significant at $p < 0.05$.

The coefficients table facilitates predicting life satisfaction and future expectations from the independent variable participatory communication strategies, contributing statistically significantly to the model.

The coefficients in the above table show the effects of life satisfaction and future expectations caused by the independent variable participatory communication strategies. The result serves as crucial information as the variable with a more significant coefficient value influences vulnerable children's life satisfaction and future expectations. The regression analysis highlights that participatory communication strategies impact life satisfaction and future expectations.

The model summary table provides the *R* and R^2 values. The *R-value* represents the simple correlation and is 0.416, which indicates a high degree of correlation. The R^2 value (0.173) shows the total variation in the participatory communication strategies.

The adjusted R squared is 0.170, indicating a variation of 17.0% on the enhancement of life satisfaction and future expectations caused by participatory communication strategies at a 95% confidence interval. The result shows that 17.0% of changes in participatory communication strategies affect vulnerable children's life satisfaction and future expectations, which could be accounted for by independent variables.

Independent factors can influence life satisfaction and future expectations, but there is around 17.0% influence on participatory communication strategies. The variation of 17.0% relates to the independent variable. This factor accounts for the changes observed in vulnerable children's life satisfaction and future expectations.

Simple Linear Regression to Test the Effect of Participatory Communication Strategies on Perceptions of the Home Environment

(N=315)

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.324	.105	.102	2.57324

a. Predictors: (Constant), Participatory Communication Strategies

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	242.740	1	242.740	36.659	.000
	Residual	2072.543	313	6.622		
	Total	2315.283	314			

a. Dependent Variable: Perceptions on Home Environment

b. Predictors: (Constant), Participatory Communication Strategies

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	14.762	.344		42.859	.000
	Participatory Communication Strategies	.063	.010	.324	6.055	.000

a. Dependent Variable: Perceptions on Home Environment

H_3:The vulnerable children engaged in participatory communication strategies will carry optimistic perceptions of the home environment, social and peer relationships.

The fitted model is
Perceptions on Home Environment. ^=
14.762+ 0.063* Participatory Communication Strategies.

The participatory communication strategies (0.063 β) are significant (t=6.055, p=0.000). The coefficient is positive, indicating that more exposure to communication strategies is related to enhancing positive perceptions of the home environment. Based on these results, the independent variable significantly impacts vulnerable children's perceptions of the home environment. The constant-coefficient value is 14.762 (t=42.859, p=0.000).

The regression model predicts the dependent variable as significant. From the regression analysis, it can arrive that F= 36.659 and p=0.000<0.05. Hence the fitted model is significant by the ANOVA table. The ANOVA table indicates the data assessment results for the overall model goodness of fit, and the overall model is highly significant at $p < 0.05$.

The coefficients table establishes the necessary information to predict perceptions of the home environment from the independent variables, i.e., participatory communication strategies contributing statistically significantly to the model.

The above coefficient table denotes the vulnerable children's perceptions of the home environment caused by participatory communication strategies. The result presents a crucial understanding that the variable

with a more significant coefficient value will strongly influence the enhancement of positive perceptions of the home environment. The regression analysis highlights that the independent variable participatory communication strategies impact vulnerable children's perceptions of the home environment.

The model summary table provides the *R* and R^2 values. The *R*-value represents the simple correlation and is 0.324, which indicates a high degree of correlation. The R^2 value (0.105) reflects the total variation in the participatory communication strategies.

The adjusted R squared is 0.102, indicating a variation of 10.2% on perceptions of the home environment concerning participatory communication strategies at a 95% confidence interval. The data shows that independent variables could account for 10.2% of changes. Hence, participatory communication strategies played a significant role in enhancing positive perceptions of the home environment.

Independent factors can influence vulnerable children's perceptions of the home environment, but there is around a 10.2% variation that the independent variables can explain. This factor accounts for the change in vulnerable children's perceptions of the home environment caused by the participatory communication strategies.

Linear Regression to Test the Effect of Participatory Communication Strategies on Perceptions of Social Relations

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.324	.105	.102	2.57324

a. Predictors: (Constant), Participatory Communication Strategies

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	242.740	1	242.740	36.659	.000
	Residual	2072.543	313	6.622		
	Total	2315.283	314			

a. Dependent Variable: Perceptions of Social Relations
b. Predictors: (Constant), Participatory Communication Strategies

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	14.762	.344		42.859	.000
	Communication Strategies/Interventions Inventory	.063	.010	.324	6.055	.000

a. Dependent Variable: Perceptions on Social Relations

The fitted model is

Perceptions on Social Relations. ^=
14.762+ 0.063* Participatory Communication Strategies

The participatory communication strategies (0.063 β) are significant (t=6.055, p=0.000), and the coefficient is positive, indicating a larger exposure to participatory communication strategies is related to a greater level of perceptions of social relations. The results reflect that the independent variable impacts vulnerable children's perceptions of social relations. The constant-coefficient value is 14.762 (t=42.859, p=0.000).

The regression model predicts the dependent variable as significant. From the regression analysis, F= 36.659 and p=0.000<0.05. Hence the fitted model is significant by the ANOVA table. The ANOVA table reveals the data assessment for the overall model as a goodness of fit, indicating that the overall model is highly significant at $p < 0.05$.

The coefficients table provides the necessary information to predict vulnerable children's perceptions of social relations from independent variables, i.e., participatory communication strategies, which contribute statistically significant to the model.

The coefficients in Table No 27 indicate the perceptions of social relations caused by the independent variables, i.e., participatory communication strategies. The data reveals critical information that the variable having a more considerable coefficient value will substantially influence the level of perceptions on social relations. The regression analysis highlights that participatory communication strategies impact vulnerable children's perceptions of social relations.

This model summary table provides the *R* and R^2 values. The *R*-value represents the simple correlation and is 0.324, which indicates a high degree of correlation. The R^2 value (0.105) indicates the total variation in the participatory communication strategies.

The adjusted R squared is 0.102, indicating a variation of 10.2% on the perceptions of social relations related to the participatory communication strategies at a 95% confidence interval. The result reveals that independent variables could account for 10.2% of changes suggesting that participatory communication strategies significantly influence vulnerable children's perceptions of social relations.

Independent factors can influence perceptions of social relations, but around a 10.2% variation is caused by the independent variable. Hence, participatory communication strategies influence perceptions of social relations. This factor accounts for the noticeable change observed in the vulnerable children's perceptions of social relations.

Simple Linear Regression to Test the Effect of Participatory Communication Strategies on Perceptions of Peer Relations

(N=315)

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.430	0.185	.182	2.11076

a. Predictors: (Constant), Participatory Communication Strategies

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	315.819	1	315.819	70.886	.000
	Residual	1394.511	313	4.455		
	Total	1710.330	314			

a. Dependent Variable: Perceptions on Peer Relations

b. Predictors: (Constant), Participatory Communication Strategies

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	8.306	.283		29.398	.000
	Communication Strategies/Interventions Inventory	.072	.009	.430	8.419	.000

a. Dependent Variable: Perceptions on Peer Relations

The fitted model is

Perceptions on Peer Relations. ^=

8.306+ 0.072* Participatory Communication Strategies.

The participatory communication strategies (0.072 β,) are significant (t=8.419, p=0.000). The coefficient is positive, indicating that a larger exposure to participatory communication strategies helps in building positive peer relations. The results reveal that the independent variable impacts the vulnerable children's perceptions of peer relations. The constant-coefficient value is 8.306 (t=29.398, p=0.000).

The above table reflects the regression model predicting the dependent variable as significant. From the regression analysis, F= 70.886 and p=0.000<0.05. Hence the fitted model is significant by the ANOVA table. The ANOVA table shows the data assessment results for the overall model as a goodness of fit. Hence, the overall model is highly significant at $p < 0.05$.

The coefficients table delivers the critical information to predict vulnerable children's perceptions of peer relations from the independent variables of participatory communication strategies contributing statistically significantly to the model.

The coefficients in table No 28 acknowledge vulnerable children's perceptions of peer relations caused by the independent variables, i.e., participatory communication strategies. It could be considered crucial detail as the variable with a more considerable coefficient value strongly influences the dependent variable, i.e., perceptions of peer relations. The regression analysis highlights that the independent variable participatory communication strategies impact vulnerable children's perceptions of peer relations.

The model summary table provides the *R* and R^2 values. Here, the *R-value* represents the simple correlation and is 0.430 indicating a high degree of correlation. The R^2 value (0.185) indicates the total variation in the participatory communication strategies.

The adjusted R squared arrives at 0.182, indicating a variation of 18.2% in performance of perceptions on peer relations on the independent variable participatory communication strategies at a 95% confidence

interval. The result shows that 18.2% of changes in participatory communication strategies on vulnerable children's perceptions of peer relations could be accounted for by independent variables.

It is well known that several independent factors can influence perceptions of peer relations, but here there is around 18.2% influence of the independent, participatory communication strategies causing the 18.2% variation. This factor accounts for the change detected in vulnerable children's perceptions of peer relations during their institutional care.

Test Results

H_1: There is a significant impact of participatory communication strategies on the enhancement of resilience and psychosocial wellbeing of vulnerable children.

The participatory communication strategies (0.288 β) are significant (t=6.158, p=0.000), and the coefficient is positive, indicating that involvement in participatory communication strategies is related to increased resilience and psychosocial wellbeing. The results show that the independent variables, i.e. participatory communication strategies, impact resilience and psychosocial wellbeing of vulnerable children in institutional care. There is around 10.8% influence of the participatory communication strategies that are independent and account for the positive change observed in resilience and psychosocial wellbeing.

H_2: The vulnerable children involved in participatory communication strategies will significantly improve positive self-perception, emotional wellbeing, life satisfaction, and future expectations.

The participatory communication strategies (0.059 β) are significant (t=5.276, p=0.000), and the coefficient is positive, which would indicate that involvement in participatory communication strategies is related to positive self-perception. The results are significant, establishing that participatory communication strategies impact self-perception.

Considering emotional wellbeing, the results also displayed significance. The participatory communication strategies (0.066 β) are significant (t=3.826, p=0.000), supporting the hypothesis that exposure to participatory communication strategies is related to emotional wellbeing.

The results are also significant where the independent variable display a positive influence on vulnerable children's life satisfaction and future expectations. The participatory communication strategies (0.097 β) are significant (t=8.095, p=0.000). The coefficient is positive, indicating that exposure to participatory communication strategies is related to better life satisfaction and future expectations.

H_3: The vulnerable children engaged in participatory communication strategies will carry optimistic perceptions of the home environment, social and peer relationships.

The participatory communication strategies (0.063 β) are significant (t=6.055, p=0.000). The coefficient is positive, supporting the hypotheses that participatory communication strategies are related to enhancing positive perceptions of the home environment. It reveals that the independent variable significantly impacts vulnerable children's perceptions of the home environment.

Likewise, considering vulnerable children's perceptions of social relations, the participatory communication strategies (0.063 β) are significant (t=6.055, p=0.000). The coefficient is positive, indicating that participatory communication strategies are related to greater positive perceptions of social relations.

The participatory communication strategies (0.072 β) are also significant (t=8.419, p=0.000) while considering peer relations. The coefficient is positive, which indicates that exposure to participatory communication strategies helps maintain positive peer relations.

Conclusion

The findings reveal a significant correlation between participatory communication strategies and resilience and psychosocial wellbeing. Even though the variables could not display “strong” correlation scores, they could establish their relationship. The present study advocates the home management for initiating and actively involving institutionalized children in participatory communication strategies to enhance their resilience and psychosocial wellbeing.

The aspects of resilience and psychosocial wellbeing need to be addressed in the institutions on a priority basis to avoid adverse effects on children's thoughts, emotions, and behavior. Neglecting such initiations and failure to arrange necessary supporting interventions may further victimize the vulnerable children in care settings.

The study concludes that participatory communication strategies are effective in promoting resilience and psychosocial well-being among vulnerable children in institutional care. It recommends that NGOs integrate these strategies into their caregiving practices to foster a more empowering and nurturing environment. Further research should explore the long-term impacts of these strategies and develop detailed implementation guidelines.

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