Applying Positive Psychology in Low-Resource Settings
Lessons from CorStone’s Girls First Program in India

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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

The Program Toolkit

Integrative evidence-based Resilience Toolkit:
- Positive Psychology
- Emotional Intelligence / Social-emotional learning (SEL)
- Restorative Practices
- Delivered in facilitated Peer Support groups
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
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)
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.

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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.

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

- **Internal Assets**
  - Emotions, thoughts and behaviors:
    - persistence, self-esteem, coping skills, etc.
  - Physical body:
    - health, knowledge, energy, etc.
  - Education:
    - information, knowledge, academic skills, motivation, etc.
- **External Assets**
  - Family, community and culture:
    - social support, adult mentors, norms/expectations, etc.
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.

**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
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

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

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<th>Measures</th>
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<td>Mental/ emotional wellbeing</td>
<td>• Resilience&lt;br&gt;• Self-efficacy&lt;br&gt;• Positive psychological wellbeing&lt;br&gt;• Anxiety&lt;br&gt;• Depression</td>
<td>• Connor-Davidson Resilience Scale-10&lt;br&gt;• General Self-Efficacy Scale&lt;br&gt;• KIDSCREEN Psychological Wellbeing subscale&lt;br&gt;• Patient Health Questionnaire-9&lt;br&gt;• GAD-7</td>
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<td>Physical wellbeing</td>
<td>• Physical vitality and functioning&lt;br&gt;• Health knowledge&lt;br&gt;• Health-related behaviors&lt;br&gt;• Health/gender attitudes</td>
<td>Survey instrument developed in part from:&lt;br&gt;• General self-report of health&lt;br&gt;• Indian Adolescent Health Questionnaire&lt;br&gt;• KIDSCREEN Physical Wellbeing subscale</td>
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<td>Social wellbeing</td>
<td>• Social skills&lt;br&gt;• Social relationships (peers, family, community)</td>
<td>Relevant Child and Youth Resilience Measure subscales&lt;br&gt;• KIDSCREEN Social Wellbeing subscale</td>
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<td>Academic wellbeing</td>
<td>• Grades&lt;br&gt;• Attendance&lt;br&gt;• Perceived safety at school</td>
<td>School records&lt;br&gt;• Survey instrument&lt;br&gt;• Child and Youth Resilience Measure Education Context Subscale</td>
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### 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!

Sources


