



Promoting Social and Emotional Wellbeing in School Children for Better Living

Phool Kumari¹, Shanti Balda², Sheela Sangwan² and Nomita Punia¹

¹Ph.D Scholar, ²Professor, Human Development and Family Studies, I.C. College of Home Science, Chaudhary Charan Singh Haryana Agricultural University (CCSHAU), Hisar, Haryana – 125004, INDIA

Abstract: The present study was carried out in Hisar district of Haryana state. One thousand children in the age group of 6-10 years, 500 rural and 500 urban children were selected from government primary schools. This sample constituted of 50% girls and 50% boys, 50% in the age group of 6 to 8 years and 50% in the age group of 8+ to 10 years. These 1000 children were assessed for their social and emotional wellbeing with the help of an inventory. Ten per cent children with lowest wellbeing scores were selected for experimental and control groups. This sample of 100 children included 50 rural and 50 urban children, 25 each for experimental and control groups. Class teachers of these children were trained in imparting the social and emotional skills activities to promote social and emotional wellbeing of these children. Intervention programme was imparted to experimental group children for a period of three months three days a week, two by class teachers and one day by the researcher. After a gap of one month, experimental and control group children were post-tested for their social and emotional wellbeing. Results revealed that in both the demographic settings, after exposure to intervention programme, social and emotional wellbeing of experimental group children improved significantly. Thus, it can be interpreted from these findings that intervention programme helped in promoting social and emotional wellbeing of school children for better living. Good social and emotional wellbeing is one of the predictors of positive mental health and social relations which further leads to better living. Findings of the present study have implications for children, parents, teachers and child care professionals.

Keywords: Social and emotional wellbeing; better living;

I. Introduction

Early years of life are crucial years in the life span of an individual. Although during 6-10 years of life children display a similar range of social and emotional behaviours, there are individual differences in rate of growth and development. Middle childhood brings many changes in a child's life. Developing independence from family becomes more important now. Events such as starting school bring children of this age into regular contact with the larger world. Friendships become more and more important, social-emotional and mental skills develop rapidly during this period. This is a critical time for children to develop confidence in all areas of life (Green & Palfrey, 2001).

Childhood age is an important period for psychosocial development as children engage much more regularly with the world outside of their families and their contacts with peers and other adults expand. When children begin formal schooling they must comply with teachers and learn to independently initiate and maintain relationship with peers. Behaviourally and emotionally, the initial years of schooling are vital, as children's aggression, anxiety, self-regulatory behaviours and social skills set the stage for interactions with peers and teachers and contribute to children's sense of competence and wellbeing (Huston & Ripke, 2006).

Social and emotional wellbeing creates the foundations for healthy behaviours and helps in preventing behavioural problems in children. Therefore, it is important to focus on the social and emotional wellbeing of children. Social wellbeing includes having good relationships with others and not having behavioural problems, that is, being not disruptive, violent or a bully. Emotional wellbeing includes being happy and confident and not anxious or depressed (National Institute for Health and Care Excellence, 2013).

Early identification of poor social and emotional wellbeing and early intervention will contribute in promoting children's wellbeing. The rate of progress in social and emotional wellbeing and the extent to which effect of poor wellbeing is minimized depends upon the underlying causes. Some children may "catch up" to peers over time, while some children may still have difficulties that persist into adult life.

The present study was planned with the objective to identify children with poor social-emotional wellbeing and to implement intervention programme to these children to promote their social and emotional wellbeing domains.

II. Methodology

Locale of the study and sample selection:

The present study was conducted in Hisar district of Haryana state. From Hisar district, Hisar city was selected to represent urban area and from Hisar Block II a cluster of four villages were selected to represent rural area. One thousand children, 500 urban and 500 rural, 250 girls and 250 boys each, in the age group of 6-10 years were selected from Government Primary schools at random. These children were assessed for their social and emotional wellbeing. On the basis of total social emotional wellbeing obtained scores, 10 per cent children with lowest wellbeing scores were selected. This sample of 100 children included 50 urban and 50 rural children. Fifty children were taken as control group children (25 urban and 25 rural) and the other 50 children as experimental group children (25 urban and 25 rural).

Measures and Method for Data Collection:

Social and emotional behaviour of children was assessed with the help of two checklists, one for social and one for emotional behavior on a three point scale. These checklists were prepared from the existing literature and included 10 statements for social wellbeing domain and 10 statements for emotional wellbeing domain. These checklists were pilot tested on 10 children (5 children from 6-8 years age group and 5 children from 8+-10 years age group) and were found suitable for the present research. In both the domains a child could score a minimum of 10 and a maximum of 30. In total socio-emotional wellbeing, a child could score a minimum of 20 and a maximum of 60. Social and emotional wellbeing was assessed in school setting. Teachers were requested to observe the social and emotional behavior of children for a period of two weeks before assessment of children's social and emotional wellbeing.

Intervention programme was planned to promote social and emotional wellbeing of children. Programme was implemented to experimental group children for a period of three months three days in a week. Some activities were provided in group, while some were provided individually. School teachers were trained in conducting the activities with children. The programme was implemented three times in a week, two days by the school teachers and one day by the researcher. After a gap of one month, experimental and control group children were post-tested for their social and emotional wellbeing.

III. Results

Regarding the socio-personal profile of children, 50% children were boys and 50% were girls; 50% were in the age group of 6-8 years and the other 50% were in the age group of 8+-10 years. About half of children (52.1%) belonged to nuclear families followed by extended (29.2%) and joint families (18.7%).

A. Pre and post-testing comparison of social and emotional wellbeing (SEWB) of experimental and control group children:

Paired t-test was used to compare pre-and post-testing wellbeing of experimental and control group children. Separate paired t-tests were computed for control and experimental groups.

As shown in Table 1, at post-testing stage mean scores of experimental group children for social wellbeing (Mean=14.50), emotional wellbeing (Mean=14.10) and total SEWB (Mean=28.60) were significantly greater than pre-testing mean scores (Mean=13.62, 13.13 and 26.75 respectively), $t=11.14$, 15.08 and 16.43 respectively, $p<.05$. Although intervention was not provided to control group children, however, as depicted in Table 1, results indicate significant differences in pre and post-testing scores of total social-emotional wellbeing (SEWB) of children. Post-testing mean score (Mean=27.10) for total SEWB of control group was significantly greater than those at pre-testing stage (Mean=26.76), total SEWB, $t=2.31$, $p<.05$. Although, there were no significant differences in pre and post-testing scores of control group children for social wellbeing (Mean=13.56 and 13.74 respectively) and emotional wellbeing (Mean=13.20 and 13.36 respectively), but there was some gain in social and emotional wellbeing of control group children at post-testing stage.

Hence, it can be interpreted from these findings that intervention programme resulted in improvement of social and emotional wellbeing of children. Although there was some improvement in control group children, this could be a natural developmental improvement.

Table 1: Pre and post-testing comparison of SEWB of experimental and control group children

Wellbeing domains	Pre-testing	Post-testing	Paired t-values
	Mean±SD	Mean±SD	
Experimental group (n=50)			
Social wellbeing	13.62±0.83	14.50±0.58	11.14*
Emotional wellbeing	13.13±0.53	14.10±0.46	15.08*
Total SEWB	26.75±1.19	28.60±0.76	16.43*
Control group (n=50)			
Social wellbeing	13.56±0.78	13.74±0.73	1.84
Emotional wellbeing	13.20±0.83	13.36±0.59	1.59
Total SEWB	26.76±1.37	27.10±1.09	2.31*
Means in the same row differ significantly at * $p<.05$.; SEWB-social and emotional wellbeing			

Comparison of developmental gain in control and experimental group children :

The improvement in wellbeing of control group children in different domains could be a natural gain due to learning and maturation; and hereditary and environment. Therefore, at post-testing stage, to examine whether there existed differences in SEWB gain of experimental and control group children, independent sample t-tests were computed. Scores of SEWB gains were taken as dependent variables and experimental and control groups were taken as independent variables. Means of wellbeing gain in experimental and control group children and net gain in experimental group children are presented in Table 2. Results revealed that there were significant differences between wellbeing gains in children from experimental and control groups for social (Mean=0.88 and 0.18 respectively, $t=5.57$, $p<.05$), emotional (Mean=0.96 and 0.18 respectively, $t=6.69$, $p<.05$) and total SEWB (Mean=1.84 and 0.36 respectively, $t=7.98$, $p<.05$) of children at post-testing stage.

Since gain in control group children could be considered as a natural gain, hence, it was subtracted from gain in experimental group to calculate net gain in experimental group children. This gain in experimental group children could be attributed to the intervention programme imparted to these children. Net gains in experimental group children for social and emotional and total SEWB were 0.70, 0.78 and 1.48 respectively.

Table 2: Comparison of SEWB gain in experimental and control group children (n=100)

Wellbeing domains	Gain in Experimental group	Gain in Control group	Net gain in Experimental group	% of net gain in Experimental group	t- values
Social wellbeing	0.88	0.18	0.70	5.14	5.57*
Emotional wellbeing	0.96	0.18	0.78	5.94	6.69*
Total SEWB	1.84	0.36	1.48	5.53	7.98*
*Significant at $p<.05$; SEWB-social and emotional wellbeing					

Percentage of net gain was also computed for experimental group children. To calculate percentage of net gain, net gain in a particular domain was divided by mean of experimental group children in that particular domain multiplied by 100. For example, percentages of net gain in social wellbeing= $0.70/13.62*100=5.14\%$. For emotional wellbeing percentage gain was 5.94% and for total social and emotional wellbeing (SEWB) was 5.53%.

It can be concluded from these findings that net gain in experimental group children is the impact of intervention package imparted to experimental group children to promote their SEWB status. The percentage gain was 5.14% to 5.94% in different domains.

IV. Discussion

Results of the present study revealed that there was significant improvement in social and emotional wellbeing of experimental group children. Although there was some improvement in control group children, this could be considered as natural developmental improvement. Hence, net gain in SEWB of experimental group children was calculated and percentage of net gain was also computed. Significant improvement in SEWB of experimental group children was observed as compared to control group children. The results of the present study get support from the previous intervention studies indicating the impact of intervention programme on socio-emotional skills of children. Results of a study conducted by Fox *et al.* (2003) have revealed that effective intervention promotes social skills of children and helps in preventing behavioural problem. Malik and her associates (Malik *et al.*, 2005a; Malik *et al.*, 2005b) imparted social skills training to 6-8 years old socially incompetent children and observed significant improvement in social skills of experimental group children. In another study, Tawana and Kristin (2011) conducted experimental evaluation of social skills training programs and interventions. The results revealed that intervention programs on social skills had positive impacts. Kaushal (2013) in a study on innovative approaches for promotion of psychosocial development of underprivileged children (6 to 8 years) revealed that after exposure to intervention programme there was significant improvement in psychosocial development and interpersonal problem-solving skills of children.

Zinsser (2015) assessed the impact of educational programme on social and emotional learning in education settings and reported that the educational programme had the greatest positive impact on young children's social and emotional learning and development. More recently, Rani *et al.* (2016) conducted a study on social and emotional developmental status of 6-10 years old children from two cultural zones of Haryana state. On the basis of developmental scores in social and emotional development domains, 200 children with lowest scores were selected as children with delayed socio-emotional development. Intervention activities were imparted to experimental group children for a period of three months. Results revealed that after exposure to intervention programme, socio-emotional status of experimental group improved significantly indicating that intervention programme helped in promoting social and emotional skills of school children for healthy living.

In the end, it can be concluded that intervention programme has significant impact on social and emotional wellbeing of children. For greater impact of the intervention programme, it should be provided to children for a longer duration. Results of the present study are in line with previous literature and get support from literature reviewed. The present study has made great contribution by involving teachers in implementation of the intervention programme. Findings of the present study have implications for children, parents, teachers and other significant caregivers

VI. References

- [1] Fox P., Elliot, K., Sylva K., Melhuish T., Siraj-Blatchford, I. and Taggart, B. 2003. Measuring the impact of pre-school on children's cognitive progress over the pre-school period. London: Institute of Education. *Early Childhood Research Quarterly*, 15 :157.
- [2] Green, M. and Palfrey, J.S. 2001. Bright futures family tip sheets: Middle childhood. Arlington (VA): National Center for Education in Maternal and Child Health; Retrived from <http://aap.org/healthtopics/stages.cfm>
- [3] Huston, A. C and Ripke, M. N. (Eds.) (2006). *Developmental Contexts in middle childhood: Bridges to adolescence and adulthood*, New York, N Y: Cambridge University Press.
- [4] Kaushal, S. (2013). Innovative approaches for promotion of psychosocial development of underprivileged children (6 to 8 years) of rural Haryana. PhD thesis submitted in the department of Human Development of Family Studies, IC College of Home Science, CCS Haryana Agricultural University, Hisar.
- [5] National Institute for Health and Care Excellence (NICE, 2013). Social and emotional wellbeing for children and young people. Retrieved from <https://www.nice.org.uk/advice/lgb12/resources/social-and-emotional-wellbeing-for-children-and-young-people>
- [6] Malik, S., Balda, S. and Punia, S. 2005a. Promoting social competence of 6-8 years old socially incompetent girls. *Journal of Social Sciences*, 10 (3): p. 233-236.
- [7] Malik, S., Balda, S., Punia, S. and Singh, C.K. 2005b. Impact of interpersonal problem solving training on social competence of 6-8 years old boys. *Behavioural Scientist*, 6 (2): 129-134.
- [8] Rani, N., Balda, S. & Sangwan, Sheela (2016). Promoting socio-emotional skills in school children for healthy living. Paper presented in International Conference on Life Skills Education held at Jagran, Lakecity University, Bhopal from 26-27 February, 2016.
- [9] Tawana, B. and Kristin, A. M. 2011. What works for promoting and enhancing positive social skills: Lessons from experimental evaluations of programs and interventions. *The Fact Sheet-Child Trends*. Retrieved from www.childtrends.org.
- [10] Zinsser, K. M. 2015. Recommendations for implementing the new illino is early learning and development standards to affect classroom practices for social and emotional learning. *Early Childhood Research and Practice*, 1 (17): 134-145.