

**Effects of structured group psychosocial support (PSS)
sessions on PSS wellbeing and knowledge of adult
female caregivers**

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BACKGROUND

Background: Group Psychosocial Support (PSS) Sessions

- Structured group PSS sessions constitute one form of community based PSS (CBPS) interventions. They involve various guided activities including drawing, story - telling, folk games, & others.
- These sessions provide the participants with opportunities to express their feelings, learn and practice new coping skills, and interact with others.
- Majority of PSS sessions target children while some of them involve a two - track approach, targeting children and their caregivers.
- Activities targeting caregivers primarily include awareness raising and structured group PSS sessions.

Background: Program Description

- Supported by specialist program technical staff, 16 Community based organizations (CBOs) implemented guided psychosocial sessions in North Gaza, Gaza, Rafah, and Khan Younis governorates for 1,800 caregivers.
- Each CBO targeted about 110 caregivers.
- The caregivers participated in 20 structured group PSS sessions, 15 Caregivers' sessions targeting only the caregivers and 5 joint sessions targeting both children and their caregivers.
- The 15 PSS sessions included a set of PSS activities in addition to an awareness component; each lasting for 90 - 120 minutes and they were conducted once per week.
- The joint sessions included a set of PSS activities.
- All session activities were based on three manuals, children affected by Armed Conflict (CABAC), Joint Sessions manual, and Awareness Booklet.

Background: About this study

- This report is related to a community based PSS program implemented in 2015. The program included some activities targeting children and other activities targeting their female caregivers (mainly mothers).
- This report is related to the PSS interventions that targeted the caregivers.
- This report measures the effects of the structured group PSS sessions on PSS wellbeing and knowledge of adult female caregivers.

Aim: Assessing effects of structured group PSS sessions on the PSS wellbeing and knowledge of adult female caregivers.

In specific; it is aimed at measuring the following indicators:

- Percentage of caregivers who demonstrate improved emotional well-being and social behavior skills.
- The average improvement in the emotional well-being and social behavior skills for caregivers.
- Percentage caregivers who demonstrate improvement in parenting knowledge.
- The average improvement in the parenting skills/knowledge for caregivers.

Background: About this study

Significance:

- In contrast with many other community - based PSS programs; the program assessed through this study involves activities that are specifically designed for caregivers.
- It is thus very important to measure how such activities will affect participating caregivers thus providing an evidence for relevant programming and technical guidance.
- Relevance of the PSS activities included in the project is assessed in this study.
- Relevance of the protocols/ manuals used in the project is assessed in this study.

METHODS

Methods: Design

- This is a descriptive evaluative study that involves pre and post - intervention surveys.
- The baseline survey was conducted at the very beginning of the program, upon selecting its' targeting beneficiaries.
- The end line survey took place towards its' end.
- Case- Control design was excluded due to ethical considerations.

Methods: Tool

- One interview questionnaire, for caregivers was used for data collection.
- The questionnaire included 38 questions related to psychological and social status of caregivers in addition to a few questions on their PSS knowledge.
- 32 of the questions were related to PSS wellbeing and 6 to PSS knowledge.
- The questionnaire were based on a tool called “Social - Emotional Assets and Resilience Scale” designed to measure social behaviors, emotional wellbeing, & PSS knowledge.

Methods: Study Population

- This study involved a population of 1800 caregivers (100% females), about 110 per each of 16 CBOs in Rafah (5 CBOs), Khan Younis (3 CBOs), Gaza (3 CBOs), & North Gaza (5 CBOs).
- All study population were selected to participate in a 4 - month - PSS program.
- All study population participated in respective program activities: mainly structured caregivers' PSS sessions in addition to a set of complementary activities (Joint sessions and open/ recreational days).

Methods: Sampling and Sample

- The sample was selected randomly using stratified random sampling covering 6 implementation sites.
- At 95% confidence level with 5% margin of errors and 25% rate of increase to avoid absence of respondents, a total of 400 caregivers were selected) out of 1800 caregivers.
- Out of approximately 110 caregivers reached in each implementation site; 25 caregivers were selected.
- Out of the selected sample; 384 caregivers participated in the pre-survey while 368 out of them attended the end-line survey which exceeds the minimum required sample.
- A total of 352 female caregivers participated in both pre and post surveys.

Methods: Data Collection

- Qualified data collectors, external enumerators, received training on the tool and interview techniques before they completed the data collection.
- They reached out to the selected beneficiaries inside the premises of partner CBOs and interviewed them to fill in the questionnaire.
- The baseline data were collected in March 2015, while the end line data were collected late in June 2015.
- The baseline and end line data collection was supervised by PSS and Monitoring and evaluating specialists.

Methods: Data Entry and Analysis

- Data were entered into secured Excel template by data entry persons.
- Entered data were closely verified and cleaned by Monitoring and Evaluation specialists.
- Data analysis and processing was conducted using Excel 2010 and SPSS Version 20.

Methods: Scoring Mechanism

Emotional well-being, social behavior skills

- The survey questionnaire posed 32 positive statements about life skills, emotional feelings, and social behaviors.
- Caregivers were asked to agree or disagree on the statements, as applicable to them, based on following ranking;
 - 1. Never,
 - 2. Sometimes
 - 3. Often, and
 - 4. Always.
- The scores (1, 2, 3 and 4) were summed up for each caregiver for the analysis purpose and average (mean) scores were determined by gender and CBOs.
- The total maximum score that can be achieved by the caregivers is 128 (32 questions x 4=128).
- The maximum score of children emotional wellbeing and social behavior skills is 120 (30 Question * 4).

Methods: Scoring Mechanism

Parenting (PSS) knowledge

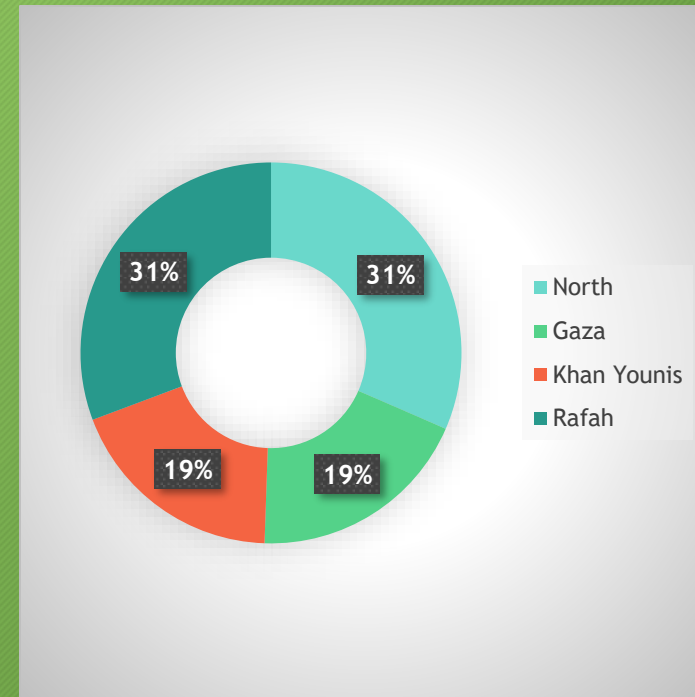
- The survey questionnaire posed 6 questions related to PSS knowledge.
- Caregivers were asked to chose among 3 responses:
 - Yes (1).
 - No (0).
 - Don't know (0).

Maximum total score = 6 (converted to % =100%)

RESULTS

Results: Respondents

- A total of 352 female caregiver participated in both pre and post surveys.
- Each of North & Rafah represents 31% of surveyed participants whereas each of Gaza & Khan Younis represents 19%.



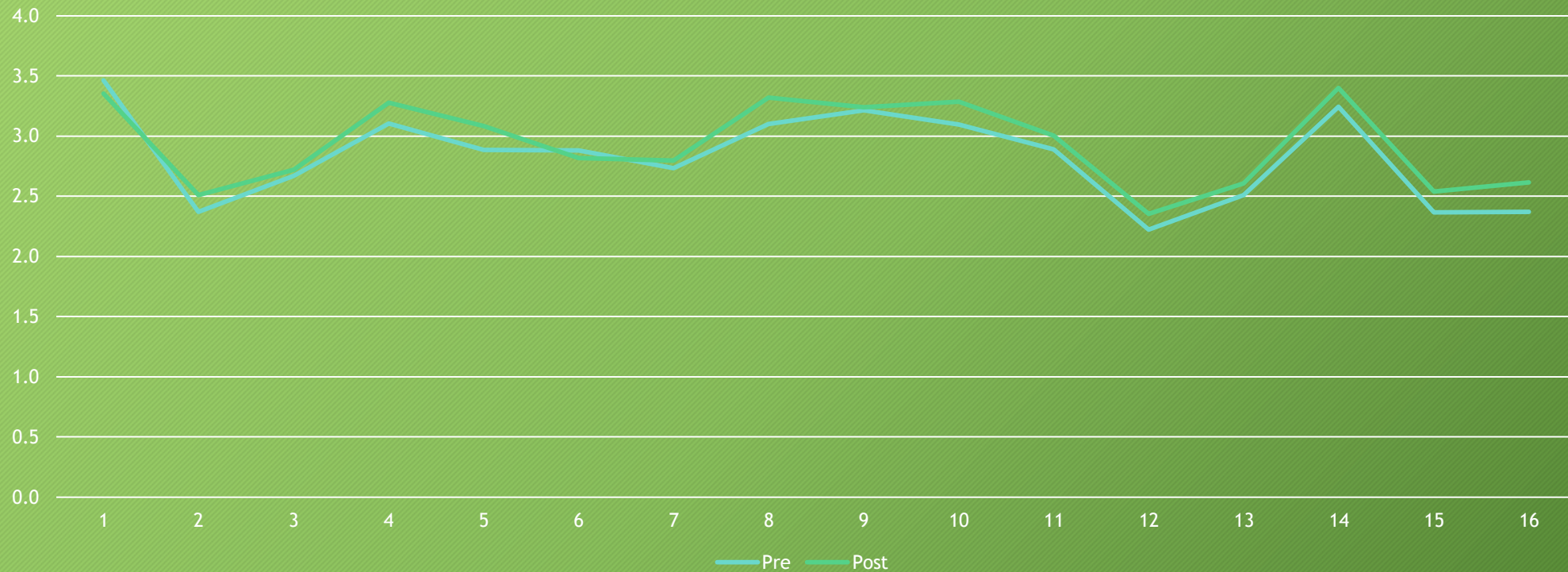
Results: Emotional Well-being and Social Behavior Skills – Questions Results

- Caregivers showed improvement in all questions except questions 1 (I feel sad when bad things happen to others) and 16 (I can easily form friendships).
- Question 22 (I understand well how others think) had equal average pre and post score.
- The highest improvement was in questions 5 (People like to be with me), 7 (I try to understand how my friends feel when upset), 16 (I understand how others feel), 28 (I work in harmony with other the women in the CBO), 29 (I love to be with other the women in the CBO), and 32 (I practice some stress management activities/ exercises).

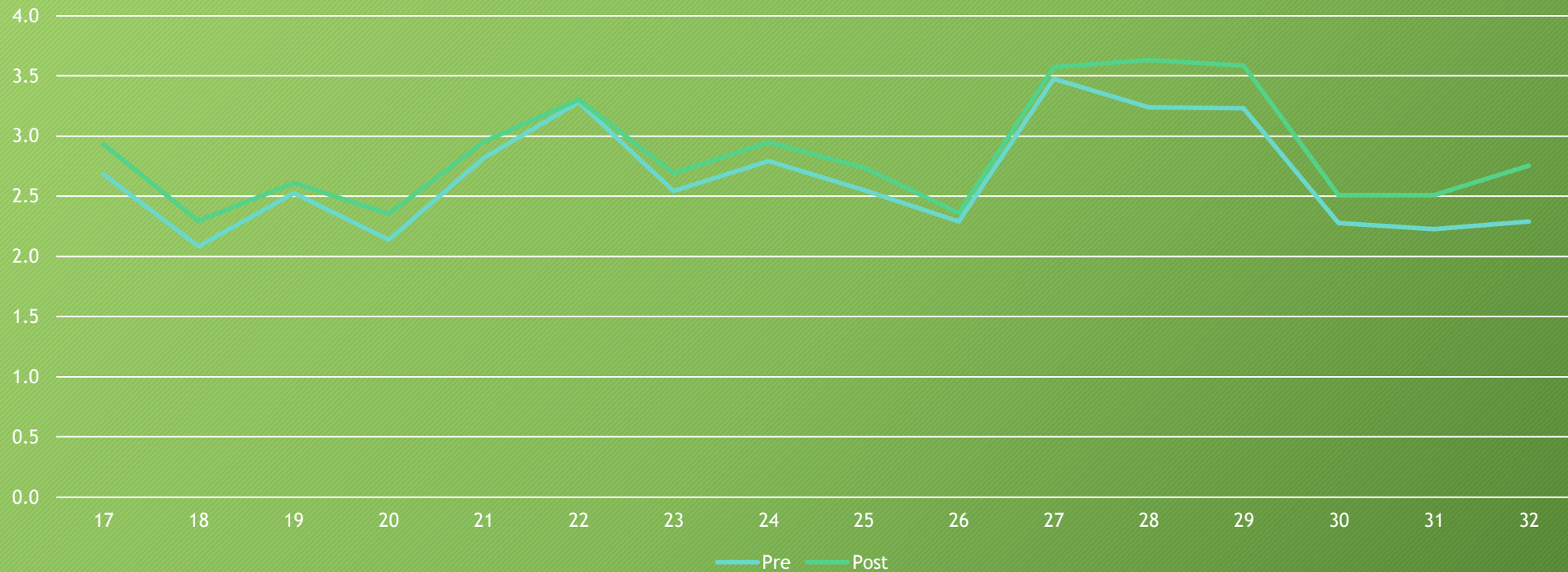
Results: Emotional Well-being and Social Behavior Skills – Questions Results

- The least improvement was slight in questions 4 (I try to help others when they need that), 8 (I listen carefully when others talk), 12 (Even when things do not go well; I still feel good), 19 (I can teach someone else how to calm down when angry), 26 (I ask for help from the others when needed), and 27 (My family members trust me).

Results: Emotional Well-being and Social Behavior Skills – Questions Results



Results: Emotional Well-being and Social Behavior Skills – Questions Results



Results: Emotional Well-being and Social Behavior Skills – Participants Psychosocial Well-being Status

- The baseline mean score of emotional wellbeing and social behavior skills is 87.5 out of 128.
- The end-line mean score is 92.5 out of 128.
- This means that caregivers have progressed in their social and behavioral skills much more than baseline.
- The means that the difference between pre and post survey is 4.95 points (out of 128); i.e. 3.87%.

Average Pre	Average Post	Difference	Improvement %
87.51	92.46	4.95	3.87%

Results: Emotional Well-being and Social Behavior Skills – Participants Psychosocial Well-being Status

- Any caregiver has difference between pre and post survey higher than 5 points is considered improved.

Improvement (Points)	Number of Participants	Percent of participants
<5 (not Improved)	179	50.9%
5-19	138	39.2%
20-39	33	9.4%
40-60	2	0.6%
Total Improved	173	49.1%

Results: Emotional Well-being and Social Behavior Skills – Participants Psychosocial Well-being Status

- The participant who scored above the baseline average is considered psychosocially improved.
- In baseline, 172 caregivers had improved PSS status.
- In end-line, 255 of the caregivers had improved PSS status.

Frequency & Percentage	Baseline		End line	
	< baseline	>= baseline	< baseline	>= baseline
Count	180	172	97	255
%	51.1%	48.9%	27.6%	72.4%

Results: Emotional Well-being and Social Behavior Skills - Significance

- Paired sample t-test was used to examine the significance of the difference between baseline and end-line results.
- The test result showed that there is significant difference between baseline and end-line score; with the t- test value being 8.12 and the p-value is <0.0001 .
- This means that there is a significant change (improvement) between baseline and end-line.

Results: Emotional Well-being and Social Behavior Skills – Significance

	Dif. Mean	T-Test	Sig-(2taild)
End line - Baseline	4.95	8.12	<0.0001

Results: Parenting (PSS) Knowledge

- The average improvement represents the difference between average pre-survey score and post survey score.

Average Pre	Average Post	Improvement %
69.3%	74.5%	5.2%

Results: Parenting (PSS) Knowledge

- Any caregiver has difference between pre and post survey higher than 5 points is considered improved.

Improvement (Points)	Number of Participant	Percent of participant
<5 (not Improved)	200	56.8%
5-19	88	25.0%
20-39	40	11.4%
40-60	24	6.8%
Total Improved	152	43.2%

Results: Summary Indicators

Indicator	Result
Percentage of caregivers who demonstrate improved emotional well-being, social behavior skills	49.1%
The average improvement in the emotional well-being and social behavior skills for caregivers	3.87%
Percentage caregivers who demonstrate improvement in parenting knowledge	43.2%
The average improvement in the parenting knowledge for caregivers	5.2%

LIMITATIONS

Limitations

- No control group; But this was done to accommodate for ethical considerations.

DISCUSSION and CONCLUSION

Discussion and Conclusion

- This study found that structured group PSS sessions for adult caregivers contribute to improving their PSS wellbeing and knowledge. In return; this can foster their positive coping skills and enable them to act as support persons to other community members especially their children.
- From this study; it can be inferred that closely working with community based organizations constitutes an effective modality for delivering PSS services to community members.
- The study provides evidence that CABAC, Joint Sessions & Awareness Booklet manuals are suitable for use during caregivers' sessions.

RECOMMENDATIONS

Recommendations

Programming

- Structured PSS sessions for caregivers need to be considered when designing PSS interventions that target children so as to form an integrated package of inputs that contribute to improved PSS wellbeing of both children and their caregivers.
- Depending on funding availability; the use of structured group PSS sessions for caregivers need to be maximized so as to reach to higher numbers of community members in need for such interventions.

Recommendations

Research

- Conduct a qualitative study to provide additional details re-participants' feedback on the effects of group PSS sessions.
- Conduct a study that involves similar interventions (and evaluations) carried out over the last few years to validate and generalize relevant findings.
- If feasible, consider conducting an impact study on a sample of caregivers who participated in similar projects over the last few years in order to measure long term effects of such interventions.

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THANK YOU VERY MUCH

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