Research proposal

On

Impact of Sports for Development Program on Psycho-Sociological development and Well Being of Slum Community Children: A Longitudinal Study

Submitted to

LOVELY PROFESSIONAL UNIVERSITY
in partial fulfillment of the requirements for the award of degree of

DOCTOR OF PHILOSOPHY (Ph.D.) IN (Physical Education)

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Introduction

Living conditions have a direct impact on public health. One of the biggest challenges that face urban planners worldwide is the proliferation of slums in urban areas and the host of health hazards that they bring along in their wake. The concept of slums and its definition vary from country to country depending upon the socio-economic conditions of society. The basic characteristics of slums are - dilapidated and infirm housing structures, poor ventilation, acute over-crowding, faulty alignment of streets, inadequate lighting, paucity of safe drinking water, water logging during rains, absence of toilet facilities and non-availability of basic physical and social services.

In India, the Slum Areas Improvement and Clearance Act of 1956 defines them as places where buildings are in any respect unfit for human habitation and are by reason of dilapidation, overcrowding, faulty arrangement and design of such buildings, narrowness or faulty arrangement of streets, lack of ventilation, light, sanitation facilities or any combination of these factors which are detrimental to safety, health and morals. The Census of India defines a slum as a compact area of at least 300 in population or about 60-70 households of poorly built, congested tenements in an unhygienic environment usually with inadequate infrastructure and lacking proper sanitary and drinking water facilities. The living conditions in slums are usually unhygienic and contrary to all norms of planned urban growth and are an important factor in accelerating transmission of various air and water borne diseases. The legal definition however differs from State to State. As posted by Sai (2010) every year hundreds of men, women, and children die of malnutrition, diseases, unhealthy conditions, and more in Indian slums. As the slums get crowded, the environment gets overpopulated and as a result, there is twice as much trash, corpses, and human excretion. The physical environment of the slums depends on the outcome of facilities of habitation, available water, toilets, drainage, and lighting. Unfortunately, high levels of pollution, lack of basic needs, and room-crowding are some of the basic characteristics of slum housing.

The environment in Indian slums is abominable and malodorous. The main reason to why the slums are extremely littered is mostly and overly-populated. One of the consequences of over-population is the availability of food. After another decade, the slums
will most likely use up the few resources they have: food and unsanitary water. Many residents from different parts of India migrate to the slums because they cannot afford to pay for taxes. The overall environment in the slums smells like human excretions, corpses, and dry fish. The roads in the Indian slums are heavily polluted and the shacks are lined up so tight that the residents have to walk in single-file past the sewers. Real toilets, sinks, and showers are not available to the slum-dwellers so they do their personal needs any place that is available.

The children in the Indian slum community are being affected by the current living environment. The surrounding environment affects children due to the diverse types of animals also living in the slums. Often times, these animals have diseases that can contaminate the children. In addition, concentration of pesticide and lack of education create danger to children and animals in the community. Floods create muddy surfaces which makes transportation difficult for children that attend school. The education in India is crucial to young children because it provides the impoverished potential for an alternative lifestyle with better health and success. However, the Indian government provides children with education living in certain slums far from home.

Slums are an urban phenomenon and represent an imbalance between migration into cities and economic growth within the city itself. Indian slums suffer from poor utilization of the reproductive child health services provided by the government, lack of awareness regarding birth spacing, and very low use of contraceptives. Twenty five percent of Indians live on less than a dollar a day and seventy percent live on less than two dollars a day. (Sud 2005) Furthermore, literacy and age at marriage are not raised in spite of laws made by the government. Migration from rural areas to more developed areas by people looking to earn more through higher-paying manual labor compared to the low-returns life of agriculture. KumariSelja, Minister for Housing and Urban Poverty Alleviation, notes that despite rapid economic growth in urban areas, poverty is still on the rise. The pace of urbanization in India is set to increase, and with it, urban poverty and urban slums, despite 62 percent of gross domestic product now being generated in towns and cities. However, the effect of this is disputed. Urban poverty is not a spill-over of rural poverty as generally perceived and the manufacturing sector in India has not been able to provide necessary pull to rural
workers. (Kapur, 1991; Misra & Mohanty, 2000) documented that growing up under these conditions, is linked to the development of personality characteristics, motivational dispositions and skill deficits which make the young in the community vulnerable to manifold problems of achievement and mental health.

Research into poverty has traditionally been considered the exclusive domain of economists and poverty has been largely described in terms of inadequate incomes and low levels of consumption. In the recent past however, various indicators of human development have been identified that include health and nutrition, education and literacy, school enrolment, drop-out and completion rates, employment, gender and empowerment issues (Human Development Report, UNDP, 1997). Thus addressing the needs of the child in poverty goes beyond merely addressing economic phenomena and extends to the social and psychological realities that attend this condition. Using the behavioural sciences to understand poverty is particularly compelling, given the observation that the development of children and adolescents growing up in adverse circumstances has been found to lag behind age peers from more advantaged homes (Misra and Mohanty, 2000). Particular relevance to the behavioural scientist is the finding that the poor experience a unique set of psychological barriers to change and development (Sinha, 1990; Arulmani, 2000).

The poor do not seem to be equipped with qualities, dispositions, skills, motivations and values linked to upward mobility when compared with the more privileged. Observers of social inequalities in India, have pointed to an intergenerational perpetuation of social positions (D'Souza, 1981). Adult attitudes of apathy, indifference and withdrawal seeming to be transmitted to the younger members of the community (Dube and Sachdev 1983). Children are as a result inexorably sucked into a ‘culture of poverty’ and the vicious cycle continues. Social activist with the help of psychologist are playing the vital role of developing and implementing interventions that can address an entire range of cognitive, social-emotional and educational consequences of poverty. Sporadic though it has been, psychological investigations into the needs of the disadvantaged child have yielded useful insights into the psychological consequences of social and economic disadvantage.

Around the world, sport is being utilized as a means of improving health, alleviating
poverty, educating on vital issues, and learning valuable life lessons, such as the value of teamwork, inclusion and fair play. These sport-based programs are part of the growing field of sport for development (SFD), an area that has been driven by organizations such as the United Nations (UN) and Right to Play (RTP). While international organizations have been very successful in implementing sport-based development strategies, access to information and implement such programs is limited. Resources on how to create SFD programs are particularly vital to poor, underserved rural communities, which have limited access to basic health care and resources, and are in need of a cost effective means of improving health. For UNICEF, sport encompasses all forms of physical activity that contribute to physical fitness, mental well-being and social interaction: play, recreation, casual, organized or competitive sport, and indigenous sports or games. UNICEF's is also working on Sport for Development and work is grounded in its mission to ensure that every child has the right to recreation and play in a safe and healthy environment. It also recognizes sport-based initiatives as a programme strategy to achieve specific development objectives, including, most notably, the Millennium Development Goals (MDGs). UNICEF uses S4D to help achieve goals in UNICEF's five thematic focus areas i.e. young child survival and development, basic education and gender equality, HIV/AIDS prevention, treatment, care and support, child protection from violence, exploitation and abuse and policy advocacy and partnerships for children's rights. It contribute to communication for development and provide psychosocial support in humanitarian emergencies. Sport includes a broad and inclusive spectrum of activities suitable to people of all ages and abilities, with an emphasis on the positive values of sport. Sport has a unique power to attract, mobilize and inspire. By its very nature, sport is about participation. It is about inclusion and citizenship. The right of access to and participation in sport and play has long been recognised in a number of international conventions. In 1978, UNESCO described sport and physical education as a fundamental right for all. But until today, the right to play and sport has too often been ignored or disrespected.

The use of sport programmes as an emergency intervention in post-disaster situations is relatively new. To date, little empirical evidence exists which can confirm the effectiveness of the use of sport for trauma-relief. However, a number of different actors are
pioneering this approach. The main actors involved in using sport for trauma-relief are broadly: NGOs and grassroots organisations which mainstream the use of sport in their projects; humanitarian aid organisations; organisations focused on people living with disabilities; national and international sports federations; multilateral organisations and government agencies. The findings of this overview are based mainly on the information found in the project database of the International Platform on Sport and Development.

There are various organizations working on Sports for development concept such as, Magic Bus (India), Right to Play (Canada), Sports without Borders (Paris, France), Women without Borders (Austria) etc. One of them is Magic Bus which is the first organization in India to deliver high-impact development programmes through a sports-based curriculum. Founded a decade and a quarter ago, they are one of the fastest-growing indigenous NGOs, aiming to reach out to 1 million children and youth every week through our programmes by 2014. This is official Knowledge and implementation partners to Ministry of Youth Affairs and Sports, Government of India’s schemes like panchayayuvakhelaurkridaabhiyan (PYKKA) and Playfields Association of India. Magic Bus Programmes are being increasingly integrated into State Governments curricula. It is a non-profit organisation registered in India, with the vision to bring about a paradigm shift in how communities behave, and to create bridges across social divides. Our programme empowers youth to take charge of their own lives in order to build an aware and strong community. The Mission of the organisation is to empower children and youth with positive experiences to enable them to discover and develop through sport. Magic Bus has worked with approximately 60,000 children, providing them with a need based and age specific programme, which addresses vital sports and developmental needs. In 2008, Magic Bus started new interventions in three geographically diverse locations, and in 2009-10, the organisation estimates that it will reach out to 120,000 children and youth across the country. Magic Bus currently has two main types of interventions, first one is direct intervention where Magic Bus staff actually delivers the programmes to children and youth and the second Intervention involving TOT programmes where Magic Bus conducted (Training of Trainers) programmes, and these trainers either deliver the programmes themselves or train the youth in the community to do so. In both the models, Magic Bus monitors sessions, conducts frequent reviews, and holds
refresher courses for the delivery staff. Most of the Magic bus programmes are running in various slum communities of India.

Psychosocial sport and play aim to restore children’s social well-being and psychological health within their community through group-focused practices, tailored to fit the contexts of local culture, traditions, needs and resources (Boyden & Mann, 2005; Duncan & Arntson, 2004; Eisenbruch, 2004; Grotberg, 2001; Henley, 2007). These programs hope to fulfill key healthcare functions in two ways: 1. By offering the majority of affected children direct psychosocial support via sport and play programs that also teach important values and skills, etc., and 2. By helping to identify those children who are unable to effectively participate in these programs due to the severity of their stress or trauma, offering more individual psychological attention through referrals to mental health specialists (Statham, 2004; Yule, 2000).

Play has long been understood to provide children with the experiences they need in order to learn social skills and values. Through play, children become sensitive to other children’s needs and values, learn to handle exclusion and dominance, manage their emotions, learn self-control, plus to share power, space, and ideas with others. At all levels of development, play provides opportunities for children to feel comfortable and in control of their feelings by allowing the expression of emotions in acceptable ways. Further, sport and play activities provide children with the opportunity to negotiate and resolve conflict (Erikson, 1977; McArdle, 2001; Piaget, 1959; Winnicott, 1968).

Virtually all people can identify goals they want to accomplish, things they would like to change, and things they would like to achieve. However, most people also realize that putting these plans into action is not quite so simple. Bandura and others have found that an individual’s self-efficacy plays a major role in how goals, tasks, and challenges are approached. Bandura (1977) defines self-efficacy expectations as beliefs about one’s own ability to be successful in the performance of a task. Bandura has been able to demonstrate that self-efficacy cognitions determine whether behaviour will be initiated, how much energy will be expended and the duration of the maintenance of this behaviour in the face of obstacles and adverse experiences. A strong sense of efficacy enhances human accomplishment and personal well-being in many ways. People with high assurance in their
capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided. Such an efficacious outlook fosters intrinsic interest and deep engrossment in activities. They set themselves challenging goals and maintain strong commitment to them. They heighten and sustain their efforts in the face of failure. They quickly recover their sense of efficacy after failures or setbacks. They attribute failure to insufficient effort or deficient knowledge and skills which are acquirable. They approach threatening situations with assurance that they can exercise control over them. Such an efficacious outlook produces personal accomplishments, reduces stress and lowers vulnerability to depression. In contrast, people who doubt their capabilities shy away from difficult tasks which they view as personal threats. They have low aspirations and weak commitment to the goals they choose to pursue. When faced with difficult tasks, they dwell on their personal deficiencies, on the obstacles they will encounter, and all kinds of adverse outcomes rather than concentrate on how to perform successfully. They slacken their efforts and give up quickly in the face of difficulties. They are slow to recover their sense of efficacy following failure or setbacks. Because they view insufficient performance as deficient aptitude it does not require much failure for them to lose faith in their capabilities.

Sherman (2002) research has shown that people tend to avoid situations in which they believe themselves incapable of success. Additionally, whether or not they believe they will succeed influences the amount of effort and persistence they put forth. This is especially true when facing resistance and possible failure. Self-efficacy, therefore, involves not only cognition and social and behavioral skills, but what individuals do with the skills they have.

Bandura (1977) Self-efficacy beliefs are constructed from four fundamental sources of information: performance accomplishments, vicarious experience, verbal persuasion, and physiological states. Bandura suggested that performance accomplishments are the most influential source of efficacy information, as they provide the most authentic evidence of an individual’s ability to successfully complete a task. Bandura(1990) investigated the replicability of the factor structure of the Childrens Perceived Self-Efficacy scales in Italy, Hungary, and Poland. The findings of this cross-national study support the generalizability of the factor structure of childrens social and academic efficacy. Perceived efficacy to resist peer pressure to engage transgressive conduct had a somewhat different factor structure for
Hungarian children. Gender and national differences in the pattern of efficacy beliefs underscore the value of treating perceived self-efficacy as a multifaceted attribute. There were no overall gender differences in perceived social efficacy, but girls in all three societies have a higher sense of efficacy for academic activities and to resist peer pressure for transgressive activities.

As girls grow and develop, their overall sense of self-esteem and personal worth grows and changes, too. Self-esteem is about how confident we feel about our talents and abilities, not just how others may perceive us. Girls with high self-esteem feel secure about themselves, regardless of how smart or successful others say they are. These girls express their feelings, make positive choices, and care about others. At the age between 10 to 15 years the self esteem of girls start decline because of various reasons such as, they are more worried about being teased and made fun, their body images, participation in different sports with boys etc.

Girls have a lower self-esteem than boys (Marcotte, Fortin, Potvin, & Papillion, 2002). Given this finding, much attention has been directed at determining why it is that girls have lower self-esteem than boys. Factors that affect a girls’ self-esteem include, but are not limited to, the following: adjusting to the onset of puberty (Marcotte et al., 2002), methods of coping (Byrne, 2000), less attention in the classroom, feelings of inadequacy at math and science (Angelo & Branch, 2002), physical appearance (Corbin, 2002), overall support system (Marcotte et al., 2002), and feelings of competency (Corbin, 2002). The best predictor of self-esteem for girls, however, is interaction and relationship with their mothers. Additionally, positive aspects of interactions such as intimacy, acceptance, and nurturance are related to higher self-esteem (Lackovic-Grgin and Dekovic, 1994). More interesting is the finding that girls who participate in sports in general have higher self-esteem then girls who do not. The feelings of accomplishment, sense of belonging, and acquiring of new skills that sports offer may explain this observation (Trew, Scully, Kremer, & Ogle, 1999). As a result of the magnitude of information regarding self-esteem, and the many factors that influence it, we sought to determine whether girls who compete competitively in sports have differences in self-esteem than those girls who participate recreationally in sports.
(Taylor MJ, Wamser RA, Welch DZ, Nanney JT, 2012) done a study on the relationship of sports participation and victimization was explored, the impact of sports participation on self-esteem was assessed and the role of self-esteem and its disaggregated components (social acceptance, competence, and self-confidence) as mediators of the relationship between sports participation and victimization was examined. In accordance with the sport protection hypothesis, it was hypothesized that sports participation would be related to enhanced self-esteem and reduce victimization. Results suggest that sports participation appears to have some relationship to lower rates of victimization. There was also support for our assertion that sports participation was related to enhanced self-esteem. Finally, overall self-esteem and, specifically, the individual component competence mediated the relationship between sports participation and victimization. Healthy self-esteem has been associated with happiness, success, and high achievement, whereas low self-esteem has been associated with depression, anxiety, and underachievement (Addeo 1994).

Physical activity is important to children’s current and future health, and adherence to the physical activity guidelines produces a range of direct and indirect benefits. It assists in the control of body weight by increasing energy expenditure, this is important in teaching children and young people how to achieve a healthy ‘energy balance’, and avoid developing adult obesity. It reduces the risk of developing premature cardiovascular disease, type-2 diabetes, metabolic syndrome and some site specific cancers. Weight bearing physical activity is important in bone formation and remodelling. In addition, physical activity reduces depression and anxiety (especially in shy children), enhances mood, self-esteem and quality of life. Participation in regular health enhancing physical activity has also been found to reduce rule-breaking behaviour, and to improve attention span and classroom behaviour. It has positive effects on physical fitness variables such as speed, agility, endurance and flexibility. Involvement in sport and physical education can play a significant role in the enrichment of a child’s social life as well as physical life.

Anxiety is a feeling of nervousness, apprehension, fear, or worry. Some fears and worries are justified, such as worry about a loved one or in anticipation of taking a quiz, test, or other examination. Problem anxiety interferes with the sufferer's ability to sleep or otherwise function. It is noteworthy that teenagers are particularly susceptible to having
irritability as a symptom of a number of emotional problems, including anxiety. Anxiety may occur without a cause, or it may occur based on a real situation but may be out of proportion to what would normally be expected. Severe anxiety can have a serious impact on daily life.

Anti-social behaviour or delinquency among children and youth is increasingly seen as a social problem that is responsive to sport-based interventions. For example, in Canada, 49% of citizens believe in the ability of community-level sport to reduce crime among young people (CCES, 2002). Likewise, in 2002, the Australian Institute for Criminology identified over 600 programs that used sport and physical activities to reduce youth crime and anti-social behaviour (Morris, Sallybanks & Willis, 2003). The terms “crime,” “anti-social behaviour” and “delinquency” are often used interchangeably in the literature. Each term refers to a notion of “deviance” from socially accepted norms. In general, research suggests that sports are effective tools in alleviating deviant behaviours among children and youth, if provided through positive, supportive, and non-authoritarian approaches.

Deviance is defined by Donnelly & Coakley (2004) as behaviours, ideas, or characteristics that fall outside a normally accepted range. Harmful deviance can occur because of either “underconformity” to these social norms or because of “overconformity” to social norms. The majority of the literature in this review approached the problem of youth deviance as a function of underconformity to social norms. In these studies, behaviour understood as delinquent included: criminal or quasi-criminal behaviour, such as acts of aggression and violence, suicide and/or self-harm, vandalism, theft, illegal drug use or abuse, gang membership, unemployment, homelessness, mental health problems, and early school leaving or “dropping out.” Some indicators, such as mental health and homelessness, were included as forms of delinquent or anti-social behaviour through being deviations from accepted (or ideal) social norms.

In the end we can say that sports plays an important role in developing an individual in various ways such as emotional, mental, physical, psychological etc. The sports participation is very less in slum communities due to lack of facilities and culture of sports and this leads to the less positive impact of sports on the children who lives in those communities. So, the sports for development program is an initiative which a slum community can take for the enrichment of themselves by sending their children to the sports.
sessions which will not only increase their confidence but also reduces their stress and anxiety level.

**Significance of the study**

The purpose of the study is to find out whether a sport for development program is helpful in influencing the self-efficacy, self-esteem, anxiety, conformity, speed, agility, flexibility and endurance of slum community children. Most slums are associated with limited spaces available to host various sports. This is due to over-crowding and unplanned nature of houses. So it is very difficult for the children who live in those slum communities to go out and play. Especially for a girl child to participate in any sports within the community is very difficult because there are many other social issues and pressures to be in a house and do some household work. The research shows that the nature and practice of sport would seem to provide an effective medium for the development and child who involves himself/herself in it will be benefited by various physical as well as psychological variables. Recent research suggests that sport-based programs focused on children and youth in areas of conflict offer a means of both resolution and, in turn, reconciliation.

In addition it also reveals the importance of sports in relation with self esteem, self efficacy anxiety, conformity and various physical fitness variables in children from slum community, which also helps in providing guidelines for the different psychologist, policy makers and physical education professionals for the possible ways of utilizing the sports as a tool for increasing the self esteem, self efficacy, positive conformity and reducing the anxiety level amongst children of slum communities

**Operational Definitions**

**Self Efficacy**

Self efficacy is our belief in our ability to succeed in specific situations. (By. Albert Bandura)

**Self Esteem**
Self-esteem is a term in psychology to reflect a person’s overall evaluation or appraisal of his or her own worth. Self-esteem encompasses beliefs and emotions such as triumph, despair, pride and shame.

Anxiety

Anxiety is a condition of persistent and uncontrollable nervousness, stress, and worry that is triggered by anticipation of future events, memories of past events, or ruminations over day-to-day events, both trivial and major, with disproportionate fears of catastrophic consequences.

Conformity

Conformity is a type of social influence involving a change in belief or behavior in order to fit in with a group.

Agility

Agility is the ability to move and change direction and position of the body quickly and effectively while under control.

Speed

Speed is the ability of an athlete to move as fast as possible, through the optimal range of motion, in a deliberate and intentional manner, in a particular direction.

Flexibility

The ability to achieve an extended range of motion without being impeded by excess tissue, i.e. fat or muscle (e.g. executing a leg split)

Endurance

Endurance is the ability of an organism to exert itself and remain active for a long period of time, as well as its ability to resist, withstand, recover from, and have immunity to trauma, wounds, or fatigue.
Conceptual Framework

**INPUT**

- Trained Staff
- Ground
- Equipments

**What to do in training**

- 2 training session per week
- 96 sessions in 12 months
- Each training session would include:
  - Warm-up
  - Minor activity
  - Major Activity
  - Cooling Down

**How to deliver this training session**

- Fun
- Learning by doing
- Safety
- Participation
- Role model
- Support
- Continuous Encouragement
- Positive reinforcement

**What change?**

- Self Efficacy
- Self Esteem
- Anxiety
- Conformity
- Speed
- Agility
- Flexibility
- Endurance

Friendship → Goal setting → Mentoring → Developing
Review of related literature

Reviews related to Self Esteem

Tayloret all. (2012) explored the relationship of sports participation and victimization. The impact of sports participation on self-esteem was assessed and the role of self-esteem and its disaggregated components (social acceptance, competence, and self-confidence) as mediators of the relationship between sports participation and victimization was examined. In accordance with the sport protection hypothesis, it was hypothesized that sports participation would be related to enhanced self-esteem and reduce victimization. Results suggest that sports participation appears to have some relationship to lower rates of victimization. There was also support for our assertion that sports participation was related to enhanced self-esteem. Finally, overall self-esteem and, specifically, the individual component competence mediated the relationship between sports participation and victimization.

Blake & Rust (2002) presented a study on the relationship between self-efficacy among college students with physical and learning disabilities. Collective Self-Esteem, membership Self-Esteem, and public Self-Esteem were positively and significantly correlated with general and social self-efficacy. Scores were found to be similar to scores from the normative samples. Thus although Self-Esteem and self-efficacy were significantly related to each other, they were largely unrelated to disability status.

Whitesell, Mitchell & Spicer (2009) used a Latent growth curve modeling to estimate developmental trajectories of self-esteem and cultural identity among American Indian high school students and to explore the relationships of these trajectories to personal resources, problem behaviors, and academic performance at the end of high school. The sample included 1,611 participants from the Voices of Indian Teens project, a 3-year longitudinal study of adolescents from 3 diverse American Indian cultural groups in the western United States. Trajectories of self-esteem were clearly related to academic achievement; cultural identity, in contrast, was largely unrelated, with no direct effects and only very small indirect effects. The relationships between self-esteem and success were mediated by personal resources and problem behaviors.
Costello (2000) conducted this study to determine the techniques of neutralization of Self-Esteem. Sykes and Malza argued that delinquents use techniques of neutralization to enable them to engage in behavior they believe is wrong under most circumstances. One function of using these techniques is that an individual is able to protect his or her self-concept while committing delinquent acts. This implies that delinquent youth who use these techniques should have higher levels of Self-Esteem than delinquents who do not use them. Because Sykes and Matza hold that neutralization is necessary because of the delinquent’s lies to conventional society, this effect should be stronger among delinquent’s youth who are more strongly attached to their parents. In contrast, Hirsch’s social control theory predicts that delinquents who are able to maintain a bond to conventional society should be less likely to neutralize, but if they do neutralize, they should be unable to sufficiently convince themselves of the validity of the neutralizations to protect Self-Esteem. These hypotheses are using data from the Richmond Youth Survey. The results differed depending on whether general neutralizations regarding the police were analyzed. Children who are attached to their parents are less likely to use police-related neutralizations, but delinquents who use these neutralizations have higher Self-Esteem, consistent with neutralization theory. Delinquents who are more strongly attached to their parents are also less likely to use general neutralizations, but this Self-Esteem, consistent with control theory.

**Reviews related to Self-Efficacy**

Mellaliev and Hantons (2006) conducted a study to examine whether self-confidence mediated the relationship between competitive anxiety intensity and direction. Elite (N = 102) and non-elite (N = 144) participants completed the self-confidence subscale of the competitive Trait Anxiety Inventory-2 and the worry and somatic subscale from the Sport Anxiety Scale. Consistent with procedures recommended by Baron and Kenny (1986), linear regression analyses were used. The findings for elite athletes revealed worry intensity to significantly predict self-confidence and worry direction. However, when self-confidence was controlled, worry intensity did not predict worry direction over that which was significantly predicted by self-confidence. Within the analysis for somatic symptoms, only self-confidence was found to predict somatic symptom direction. For the non-elite athletes, worry and somatic symptom intensity predicted both self-confidence and direction, and direction when self-confidence
was controlled. The findings for the elite athletes suggest self-confidence mediates the relationship between performers worry symptoms and subsequent directional interpretations. However, the findings suggest that high levels of self-confidence and low symptom intensity are needed for non elite athletes to demonstrate a less debilitative interpretation.

Voight& Callaghan (2000) examined the multivariate relationship among ego orientation, task orientation, sports self – confidence and the 3 traits anxiety dimensions of worry / concern, concentration disruption and somatic anxiety. 196 mexian – American female volleyball players (aged 13-18years) completed a task and ego orientation in sports questionnaire, a trait sports confidence inventory and a sports anxiety scale. Hierarchical multiple regression analyses show that self – confidence played mediating role in the goal orientation – trait anxiety relationship. Greater competitive trait anxiety was evidenced only among those highly ego- involved athletes reporting low self – confidence.

Reddy et al. (1999) studied the analysis of self confidence and achievement motivation of national volleyball players. The study was conducted on a total sample of forty subjects drawn from the 46th senior national volleyball championship for men and women 97 held at Vizag. The subject were selected at random and divided into two groups’ men and women. For the purpose of data collection Robin’s Self Confidence and Kamlesh Achievement Motivation Questionnaire was employed to evaluate these psychological factors of the players. The questionnaire was administered prior to their competition and data was collected. Mean and “t” value was used for comparison of the groups. The analysis of data presented reveals that self-confidence, achievement motivation of men and women senior national players is highly determined. They are found to be presented that the calculated value are greater than the table value. The mean of men confidence and achievement motivation are not equal. They differ in the level of confidence and achievement motivation.

Reviews related to Sports for Development

Coalter (2012) studied the impact of Sports for Development on the personal development and well-being of disadvantaged children and young people. However, because of resource constraints and logistical factors it was decided not to address the complex and
vague issue of ‘wider community benefits’. Care needs to be taken in attributing any measured changes simply to ‘sport’. Most of the respondents had participated in a range of other activities which were likely to have influenced aspects of their personal development.

Also, in several cases there was a substantial time period between the first and second data collection and during this time respondents will have been subject to other experiences, influences and sources of information. The data should be regarded as indicating the impact of participating in a range of activities and social experiences provided by sport-for-development organisations. These and other issues will be dealt with below. Within this context, in all programmes many participants improved their perceived self-efficacy and self-esteem – our two core measures of personal development and well-being. In terms of self-efficacy, two programmes (EMIMA and KCCC) recorded statistically significant increases in the average scores and one a non-significant increase (Praajak). Although KCCC and Magic Bus recorded decreases, many individuals within these programmes increased individual evaluations. In terms of self-esteem, all except Praajak recorded increases in average scores, but only the all-female EMIMA recorded a statistically significant increase. In terms of the degree of change there is no evidence that one sex benefitted more than the other, except for the very small and cohesive female sample in Magic Bus Voyagers. Such averages disguise a more important impact of the programmes – the majority of respondents changed their evaluations for perceived self-efficacy (between 88 and 93%) and self-esteem (79-93%). Further, and reflecting previous research (Fox, 1992), there was a general tendency for those with the weakest or lower-than-average self-evaluations to increase their evaluations. Also there is an associated pattern of those with initially higher than average self-evaluations to lower their evaluation. The implication of such adjustments is that the view that participation in sport-for-development programme leads to ‘personal development’ over-simplifies the differential impact of such programmes – or calls for a consideration of what is meant by ‘personal development’. While many of the increases in perceived self-efficacy and self-esteem can be viewed as positive outcomes, reduction cannot necessarily be regarded negatively. Such reductions may reflect a more considered approach to the completion of the questionnaire on the second occasion, or the experience of sport may have forced reconsideration of perceived efficacy, or the social relationships and cooperation involved in participation might have led to readjustment of self-esteem, or some third factor.
might have led to such changes. These re-evaluations also had implications for the nature of the groups. Changes in the competence-based perceived self-efficacy led to less diverse groups on this measure. Perhaps such outcomes are not surprising, as the object of most sport-for-development programmes is to emphasise inclusivity and the experience of collective activity may well lead to reduced diversity. However, shifts in the more egocentric measure of self-esteem led to increased diversity in several of the programmes.

A study conducted by an Organization called Prajaak to see the impact of the adventure sports programme on the mobile children found in and around the major railway stations in West Bengal, India. 77 children from five different stations (Asansol, Kharagpur, Kishangunj, Malda and New Coochbehar) of West Bengal who access the services of the Muktangan programme, participated in the programme. Among the 77 participants 73 were interviewed using the pre camp questionnaire, since 5 of them were not available during the time when pre camp questionnaires were administered. Among the 73 children who were interviewed with pre camp questionnaire 46 children were interviewed with post camp questionnaire since they completed all the 3 phases of camping and trekking. Among the 46 children, date related to 43 children was considered for analysis as 3 children, who had participated in the research were below the age of 12 years. They found that boys in the station area are subjected to very high degrees of verbal and physical abuse, which batter their self esteem and self efficacy so badly that they lose all confidence and belief that they can come out of the station premises and lead an honest and dignified life. This is where enhancing the self esteem and self efficacy of boys living in and around the railway stations becomes so important. Adventure camps in wilderness helped these boys to regain their self esteem and self efficacy. Children with increased and normal self esteem and self efficacy refuse to accept an abusive life in the station and gather the courage to move out of the station for a livelihood in a non-exploitative and non-abusive environment. However not all children with normal or increased self esteem move out of station. Moving out of the station depends on other factors like the assistance they receive from various agencies, the type of vocational skills mastered and the availability of job or business options. There are also children who forge lifelong relations with other children or adults within the station premises, which prevents them from moving out of station. In the end the conclusion is the children who have completed both the Pre test and the post test the increase in Self esteem and
efficacy is slight but there is an encouraging impact on all the 73 participants of the adventure camps taken together. This is reflected through the high proportion of boys who have attended camps among those children reunified with their families.

**Reviews related to Anxiety**

Conn, V. S. (2010) studied an integrate extant research about anxiety outcomes from interventions to increase PA (Physical activity) among healthy adults. Data were synthesized across 3,289 participants from 19 eligible reports. The overall mean anxiety effect size for two-group comparisons was .22 with significant heterogeneity (Q = 32.15). With exploratory moderator analyses, larger anxiety improvement effect sizes were found among studies that included larger samples, used random allocation of participants to treatment and control conditions, targeted only PA behavior instead of multiple health behaviors, included supervised exercise (vs. home-based PA), used moderate- or high-intensity instead of low-intensity PA, and suggested participants exercise at a fitness facility (vs. home) following interventions. The result shows that some interventions can decrease anxiety symptoms among healthy adults. Exploratory moderator analyses suggest possible directions for future primary research to compare interventions in randomized trials to confirm causal relationships.

Blacklock Et al (2010) conducted a research work on exercise intensity and self-efficacy on state anxiety with breast cancer survivors. The purpose of the study was to determine whether acute exercise reduces state anxiety and whether this reduction is moderated by the sample (i.e., breast cancer survivors versus those without a cancer diagnosis), exercise intensity (i.e., moderate versus light), and the potential sample times intensity interactions; and to explore whether changes in self-efficacy and state anxiety reciprocally predict each other as suggested by social cognitive theory. The sample size of the study was breast cancer survivors (n = 25) and age-matched women without a cancer diagnosis (n = 25). The acute exercise includes Cycling for 20 minutes at light and moderate intensities on two separate occasions. State anxiety and self-efficacy measures were completed before, immediately following, and 10 minutes after exercise. In the end the result shows that the exercise at light and moderate intensity decreases state anxiety for breast cancer survivors and those without a diagnosis.
Mackay, G. & Neill, J. (2010) studied the effect of “green exercise” on state anxiety and the role of exercise duration, intensity, and greenness. The study aimed to explore the short-term effects of “green exercise” on state anxiety and to examine the influence of exercise type, intensity, duration, and degree of greenness. A quasi-experimental design involved eight pre-existing outdoor exercise groups (N = 101) who completed pre- and post-exercise questionnaires. Results indicated a significant reduction in participants' state anxiety following green exercise experiences (d = −0.47). However, there was a significant interaction between anxiety changes and the type of green exercise, with effect sizes for the groups ranging between 0.14 and 1.02. The largest anxiety reductions were reported by the Road Cycling, Boxercise, and Mountain Biking groups. Exercise intensity and duration did not impact on state-anxiety changes, however higher degrees of perceived environmental greenness were associated with larger reductions in anxiety.

**Reviews on Physical fitness variables**

Hands. B (2008) studied that Children with low motor competence (LMC) are less able to participate fully in many sports and recreational activities typically enjoyed by their well-coordinated peers. Poor fitness outcomes have been reported for these children, although previous studies have not tracked these outcomes over time. In this study, 19 children (8 girls and 11 boys) with LMC aged between 5 and 7 years were matched by age and gender with 19 children with high motor competence (HMC). Six fitness (body composition and cardiovascular endurance) and motor skill (sprint run, standing broad jump and balance) measures were repeated for each group once a year for five years. For each year of the study, the LMC groups performed less well on all measures than the HMC groups. Changes over time were significantly different between groups for cardiovascular endurance, 50-m run and balance, but not for body composition, overhand throw or standing broad jump. Between the two groups, performances were significantly different for all measures, except body composition. These findings confirm the impact of LMC on fitness measures and skill performances over time.

N.B. Shukla (1991) conducted a study on 120 sports women (60 urban & 60 rural). They hailed from the States of Uttar Pradesh and Punjab. They participated in games like hockey, handball, cricket, kho-kho, athletics and volleyball. Urban, boys participated in
mininational, State and national games, while rural boys participated inter-collegiate rural tournament, States and national games. Age group was varied between 13 to 22 years. For comparison, they were divided in three groups A (13 to 16 years), B (17-19 years) and C (above 19 years). Height and weight recorded, A A H E R test were employed which consisted of the following: Soft Ball Throw (SBT), Sit-up (SU), Pushup (PU), Shuttle Run (SR), 50 yards dash (50 Y), Standing Board Jump (SBJ), and 600 yards dash (600 Y). The result revealed that in SBT the sportsmen had very poor result indicating very low explosive capacity of the upper limb muscle. Further, the rural sportswomen were poor in shuttle run indicating minimum agility in them. The rural girls of A and B groups were observed to possess poor anaerobic muscle power as had been revealed by 50 yards dash run. The overall performances of the urban sportswomen were higher than the rural counterpart. On further analysis it has been observed that C group of urban sportswomen were comparatively superior in 50 Y, SBJ, SR, SU, than those of lower age groups. Further, in Uttar Pradesh both rural and urban sportswomen were very efficient. The overall superiority of urban sportswomen than their rural counterpart might be attributed to better coaching and other facilities.

Reviews related to Conformity behavior

(Smith et al. 2008) finds that invoking in a participant the feeling that he has little power reduces the level of his performance in complex cognitive tasks. As part of that study, subjects were asked to unscramble a set of sentences cuing different feelings. In one treatment, the scrambled sentences included words related to lack of power (e.g., subordinate, obey). In another treatment, the sentences included words relating to having power (e.g. authority, dominant). In the control treatment, the sentences included no words related to power. Cueing feelings of lack of power in subjects reduced their ability to plan tasks, hold information in working memory, and inhibit goal-irrelevant information. Cueing feelings of power had the opposite effect. This finding is related to Bandura’s (1977) self-efficacy theory, in which mentally representing oneself as ineffectacious is self-fulfilling.
Objectives of the study

1. To find out the effect of sports for development program on the self efficacy of slum community children.
2. To analysis the impact of sports for development program on the anxiety level of slum community children.
3. To explore the use of sports for development program on the self esteem of slum community children.
4. To reveal the relation between self efficacy and self esteem with the anxiety level of slum community children.
5. To investigate the effect of sports for development program on the conformity level of slum community children.
6. To find out the effect of sports for development program on the level of speed variable of slum community children.
7. To discover the effect of sports for development program on agility of slum community children.
8. To determine the effect of sports for development program on flexibility level of slum community children.
9. To conclude the impact of sports for development program on endurance level of slum community children.
10. To observe the effect of sports for development programme on well being of slum community children.

Hypothesis

Based on the literature found it is hypothesized that:

1. There will be significant difference of sports for development program on the self-efficacy of slum community children.
2. There will be significant difference of sports for development program on the self-esteem of slum community children.
3. Significant difference will be observed on the anxiety level of slum community children due to the sports for development program.

4. Significant co-relation will exist between self-efficacy, self-esteem and anxiety level of slum community children.

5. There will be significant difference of sports for development program on the conformity behavior of slum community children.

6. Significant difference may be observed on the level of speed of slum community children.

7. There will be significant difference on the agility level of slum community children.

8. Significant difference of sports for development program on the flexibility level of slum community children.

9. There will be significant difference of sports for development program on the endurance level of slum community children.

10. There will be significance difference of sports for development programme on the well being of slum community children.
Methodology

Design of the study

In this experimental design total number of subjects will be divided into four groups (2 experimental & 2 control group), 25 sample in each group. All the groups will be tested before imparting the training to experimental group. The training will be tested up to 6 month and in between the duration of 6 month the sample will be post tested after 3 month and 6 month. Post test will be conducted on all the groups but the training will be impacted to only experimental group. The training period will remain only six month but the subject again will be post tested in 9th and 12th month.

Research Method

Present study is an experimental study in which the researcher will use control group time series design.

Sample

The sampling methodology would be purposive because the study would be conducted with a specific group from the slum community in Delhi. The total sample size will be 100 children (n=100, 50 boys & 50 Girls). 50 (25 Boys & 25 Girls) will take treatment and 50 selected as control group (those who will not take treatment) between the age of 12-15years from a slum community in Delhi.

Delimitations

The study will be delimited to the impact of the sports program to the individuals participating in the program and not how they behave in the larger society

The study will be delimited to 100 children participants with age group between 12 – 15 years.
It is also delimited to Delhi slum community.

**Statistical Technique**

For analysis of data the t-test & product movement co-relation will be applied at 0.05 level of significance.
References

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