

Musical training programme to enhance resilience and self-esteem among school-aged children from low-income families: A pilot randomised controlled trial

AT Cheung^{1*}, WHC Li¹, LLK Ho¹, GCF Chan², JOK Chung³

¹The Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong

²Hong Kong Children's Hospital

³School of Nursing, The Polytechnic University of Hong Kong

* Principal applicant and corresponding author

Introduction

Child poverty is a prominent global health issue owing to its detrimental impact on a child's physical and psychosocial well-being [1-2]. The impact of poverty is not only immediate during childhood but can persist into adulthood [3]. It is of paramount importance to provide immediate psychosocial support for children from low-income families to attenuate the impact of poverty posed on children's psychological well-being and quality of life (QoL).

Aims of the study

This pilot study aims to determine the feasibility, acceptability and preliminary effects of a musical training programme in enhancing resilience and self-esteem, reducing depressive symptoms and improving QoL among school-aged children from low-income families.

Results

Of the 64 children included in the study, 37 were boys (57.8%), and the mean age was 9.5 years. Generalised estimating equation analyses showed a significant improvement in outcomes in the intervention group compare with the wait-list control group: levels of resilience (group-by-time interaction, 6 months: $\beta = 4.41$; 95%CI, 1.82 to 6.99; $P < .001$), levels of self-esteem (group-by-time interaction, 6 months: $\beta = 2.6$; 95%CI, 0.28 to 4.92; $P < .028$), depressive symptoms (group-by-time interaction, 6 months: $\beta = 2.6$; 95%CI, 0.28 to 4.92; $P < .028$), QoL (group-by-time interaction, 6 months: $\beta = 6.69$; 95%CI, 0.18 to 13.2; $P < .044$).

References

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Method

This is a 6-month wait-list randomised control trial with repeated measures. A total of 64 children aged 8–16 years from low-income families were randomised (1:1) to an intervention or wait-list control group. The intervention group received a 6-month group-based instrumental musical training programme delivered by qualified musicians in a music centre. Participants in the wait-list control group received the same intervention as participants in the intervention group after the completion of all assessments. The primary outcome was the children's levels of resilience at 6-month follow-up. Secondary outcomes included levels of self-esteem, depressive symptoms and QoL. Intention-to-treat analysis was performed.

Conclusions

This pilot trial showed that the group-based musical training programme was effective in improving resilience, self-esteem, depressive symptoms and QoL in school-aged children from low-income families. Qualitative findings from this study demonstrated that the programme was a feasible and acceptable approach in low-income families in enhancing the psychological outcomes among this underserved population. The findings from this study could inform the healthcare professionals to form partnership with community stakeholders to advocate the psychological needs of children from low-income families by providing adequate community resources and support.

Acknowledgements

This project was funded by the Nethersole Institute of Continuing Holistic Health Education Research Grant. We thank the participation of the children and parents in this study.

