

Empowering Vulnerable Girls: Exploring Social Adjustment And Self Concept Among Children Of Red-Light Areas In Kolkata

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KEYWORDS

Red-light area, Special Kids, Vulnerable children, Children of Sex-Workers.

ABSTRACT

This study examines the social adjustment and self-concept of marginalized girls, aged 14 to 18, residing in red-light areas of Kolkata City. Using an exploratory, qualitative research approach, the research involved 40 participants supported by two prominent NGOs—the Institute of Psychological and Educational Research (I.P.E.R.) and the Durbar Mahila Samanwaya Committee (DMSC)—which offer educational and psychological services. Purposive sampling was used to select the samples data was collected by using the Adjustment Inventory for School Students (AISS) and the Self-Concept Questionnaire (SCQ) and semi-structured interviews. Findings indicated that participants generally demonstrated a positive self-concept, particularly in education and morality, reflecting the NGOs' positive influence on building self-esteem. However, the study also revealed significant difficulties with emotional and social adjustment, likely a consequence of the stigma and challenges associated with their environment. While moderate levels of social and educational adjustment were observed, emotional regulation remained a key area of concern. The research highlights the need for specialized interventions to enhance emotional well-being and social integration. While NGOs play a crucial role in fostering self-concept, there are evident gaps in addressing issues related to social adjustment.

Introduction

Children are critical for the growth and progress of any community, and all children should receive the care and protection needed for their welfare without any form of bias. The UN Convention on the Rights of the Child (UNCRC, 1989) outlines the legal obligations to ensure that every child, regardless of their background, is entitled to protection, basic needs, and emotional well-being (UNCRC, 1989)(Saraswat & Unisa, 2017). Children must be prioritized when it comes to implementing Fundamental Rights at the national level. Unfortunately, many children still lack stable homes and family environments that provide proper care. As a result, they are often exposed to neglect, exploitation, abuse, and violence. Additionally, factors like physical or mental disabilities, illness, and lack of power increase their vulnerability. There is a strong link between childhood adversity, such as neglect, domestic violence, or parental substance abuse, and various issues later in life, including violence, mental health struggles, academic failure, and poor physical health (Swathisha & Deb, 2022).

Negative and traumatic experiences during childhood can disrupt emotional development, impacting a child's social abilities and overall growth. Children who experience abuse and trauma often struggle with low self-esteem and social interaction. Vulnerability, defined as "the ability to be harmed", is higher in children because of their dependency and inability to protect themselves(Willis, Hodgson, & Lovich, 2014). Younger children, in particular, rely heavily on others to meet their developmental and safety needs. Common causes of child vulnerability include poverty, single-parent households, family conflict or violence, frequent relocation, substance abuse, social exclusion, and discrimination(Sircar & Dutta, 2011).

Parents and caregivers are key to supporting a child's development, providing emotional stability, spiritual guidance, material support, and education. Vulnerable children do not all face the same challenges, as their vulnerability arises from various factors interacting over time. Factors like age, disability, mental health issues, poverty, family violence, and social discrimination often contribute to a child's vulnerability(Swathisha & Deb, 2022).

The term "psychosocial" describes the interaction between psychological and social aspects of life. Well-being encompasses physical, emotional, cognitive, social, and spiritual health, reflecting a person's overall state of

health. Long-term studies have shown that receiving social support positively affects well-being. Psychosocial well-being refers to the combination of emotional and social health (Deb, 2020).

Social adaptation, the ability to adjust to societal expectations and norms, is essential for children's successful integration into society. However, for children from marginalized communities, forming social connections and navigating social environments can be more difficult. Self-concept, which is how a person views their value and abilities, is another crucial element for personal and social development (Hennink, studies, 2011, & Cunningham, 2011). A strong and positive self-concept can help individuals resist external pressures, while a negative self-concept can increase feelings of loneliness and inadequacy.

Although these aspects are important, there is little research focused on the social adjustment and self-concept of girls from Kolkata's red-light districts. This study aims to explore how these girls manage to fit into society and how they view themselves in an environment that often subjects them to social exclusion and economic hardship. Understanding these psychological aspects is important for creating effective strategies to improve their social inclusion and emotional well-being.

Research Methodology

Study design

This research opted for an exploratory method to understand the experience of children living in red-light areas. The children involved are associated with two key non-governmental organizations (NGOs) operating in the area: The Institute of Psychological and Educational Research (I.P.E.R.) and the Durbar Mahila Samanwaya Committee (DMSC). These NGOs offer educational, social, and psychological assistance to children from underprivileged backgrounds, making them suitable partners for this study.

A qualitative research approach was selected to explore the social adjustment and self-concept of the children from the red-light area, as well as how they cope with these challenges. Qualitative research enables a deeper comprehension of personal experiences and often involves interviews and group discussions. In this case, semi-structured interviews were conducted, where key questions guided the conversation, while allowing for flexibility to explore certain topics further, depending on the responses of the participants.

Sampling technique

The research took place in Kolkata, India, and involved a group of 40 girls between the ages of 14 to 18. A purposive sampling method was used, selecting participants who had been involved with either I.P.E.R. or DMSC for at least six months. This ensured that the children had enough experience with the services offered by these NGOs, enabling them to provide meaningful insights into their personal experiences.

Ethical consideration

This study followed ethical standards that were approved by the Research Ethics Committee of the Durbar Mahila Samanwaya Committee (DMSC) and the Institute of Psychological and Educational Research (I.P.E.R.), Kolkata, India. Authorization from relevant bodies was obtained before starting the research. Informed consent was gathered from the guardians of the children, while the children themselves provided assent. Confidentiality was strictly preserved during the entire process. Participants were informed about the purpose of the study in a language they could understand, along with a clear explanation of any potential risks and benefits involved.

Research tools

The researcher visited the N.G.O. and red-light areas several times to build an affinity with the participants. Data was collected using two main tools: The Adjustment Inventory for School Students (AISS) by A.K.P. Sinha and R.P. Singh, which measured social adjustment, and the Self-Concept Questionnaire (SCQ) by Dr. Raj Kumar Saraswat, which assessed self-concept.

1. Classification and Interpretation of the raw score for all dimensions of self-concept.

Dimension	Score Range	Interpretation
Educational, Intellectual, Moral, Physical, Social, Temperamental	33 to 40	High Self-Concept
	25 to 32	Above Average Self-Concept
	17 to 24	Average Self-Concept
	9 to 16	Below Average Self-Concept
	Up to 8	Low Self-Concept

For total self-concept, the interpretation will be:

Score Range	Interpretation
193 to 240	High Self-Concept
145 to 192	Above Average Self-Concept
97 to 144	Average Self-Concept
49 to 96	Below Average Self-Concept
1 to 48	Low Self-Concept

2. Classifications of Social Adjustment in terms of categories in the three areas:

Area	Category	Description	Range of Score
Emotional	A	Excellent	1 & below
	B	Good	2-5
	C	Average	6-7
	D	Unsatisfactory	8-10
	E	Very Unsatisfactory	11 & above
Social	A	Excellent	2 & below
	B	Good	3-5
	C	Average	6-7
	D	Unsatisfactory	8-10
	E	Very Unsatisfactory	11 & above
Educational	A	Excellent	2 & below
	B	Good	3-5
	C	Average	6-7
	D	Unsatisfactory	8-10
	E	Very Unsatisfactory	11 & above

Classification of adjustment in terms of categories:

Category	Description	Range of Score
A	Excellent	5 & below
B	Good	6-14
C	Average	15-22
D	Unsatisfactory	23-31
E	Very Unsatisfactory	32 & above

Analysis of the Data and Results

Background of the study

This research investigates the social and psychological experiences of children residing in red-light areas of Kolkata districts in India, focusing on their social adjustment and their self-concept. The participants were connected to two major NGOs i.e., the Institute of Psychological and Educational Research (I.P.E.R.) and the Durbar Mahila Samanwaya Committee (DMSC), both of which offer essential educational, social, and psychological aid to children from disadvantaged backgrounds. Using a qualitative and exploratory approach, the study aimed to understand how these children manage the distinct challenges they face. Semi-structured interviews were carried out with 40 girls, aged 14 to 18, chosen through purposive sampling to ensure they had been receiving services from the NGOs for at least six months. Ethical guidelines were strictly followed, including approvals from the respective Research Ethics Committees, obtaining informed consent from guardians, and assent from the participants. Data collection was conducted using two recognized tools: The Adjustment Inventory for School Students (AISS) and the Self-Concept Questionnaire (SCQ), which provided important insights into the participants' social adjustment and self-concept. The analysis of the collected data is given below:

Table 5: Shows the descriptive statistics of variable Self-Concept and its sub-dimensions.

Variable	N	Range	Mean	Std. Deviation	Skewness		Kurtosis	
					Statistic	Std. Error	Statistic	Std. Error
Educational	40	20.00	30.22	4.65	-.589	.374	.471	.733
Intellectual	40	20.00	29.12	4.08	.424	.374	.353	.733
Moral	40	15.00	32.05	3.98	-.645	.374	-.369	.733
Physical	40	17.00	29.27	3.67	.277	.374	.126	.733
Social	40	14.00	28.42	3.23	-.117	.374	-.408	.733
Temperamental	40	17.00	29.90	4.11	-.044	.374	-.283	.733
Total Self Concept	40	58.00	179.0	13.61	.048	.374	-.233	.733

Table 5 shows the analysis of self-concept among the 40 children living in red-light areas, as measured through various dimensions and the total self-concept, reveals the following insights:

Educational Self-Concept: The average score for this dimension was 30.22, with a standard deviation of 4.65, indicating a higher-than-average self-perception in education. A skewness of -0.589 shows a slight lean towards higher scores, while a kurtosis of 0.471 points to a somewhat peaked distribution.

Intellectual Self-Concept: For the intellectual dimension, the mean score was 29.12, with a standard deviation of 4.08, reflecting a self-concept above the average. Positive skewness (0.424) indicates that more participants had scores below the mean, and kurtosis (0.353) suggests a distribution close to normal, with a slight peak.

Moral Self-Concept: This dimension had a higher mean score of 32.05, signifying above-average self-concept, with a standard deviation of 3.98. The skewness of -0.645 reveals a clear shift towards higher scores, and a kurtosis of -0.369 points to a flatter distribution, implying more varied responses.

Physical Self-Concept: The physical self-concept showed an average score of 29.27, with a standard deviation of 3.67. A slight positive skewness (0.277) hints at a tendency for lower scores, but the overall distribution remains nearly normal. The kurtosis (0.126) reflects a relatively flat curve.

Social Self-Concept: The social dimension had a mean score of 28.42, with a standard deviation of 3.23. Both the skewness (-0.117) and kurtosis (-0.408) are close to zero, suggesting a nearly normal distribution, indicating an average self-concept in social aspects.

Temperamental Self-Concept: This dimension's mean score was 29.90, with a standard deviation of 4.11. The skewness (-0.044) and kurtosis (-0.283) imply a normal distribution, with most participants scoring close to the mean, reflecting a balanced temperamental self-concept.

Total Self-Concept: The overall self-concept score was 179.0, with a standard deviation of 13.61, showing an above-average self-concept. The skewness (0.048) and kurtosis (-0.233) suggest a nearly normal distribution, with most scores clustered around the mean.

The results indicate a generally high self-concept across all dimensions among the children. Educational and moral self-concepts show a higher concentration of higher scores, while intellectual self-concept shows some variability with a positive skew. The other dimensions of self-concept, including physical, social, and temperamental, exhibit relatively balanced distributions with some tendency towards higher scores. The total self-concept also reflects a fairly symmetrical distribution with a flat peak, indicating overall positive self-perceptions among the participants.

Figure 1: Represents the Pie diagram of the distribution of Self-Concept dimensions among Marginalized Girls

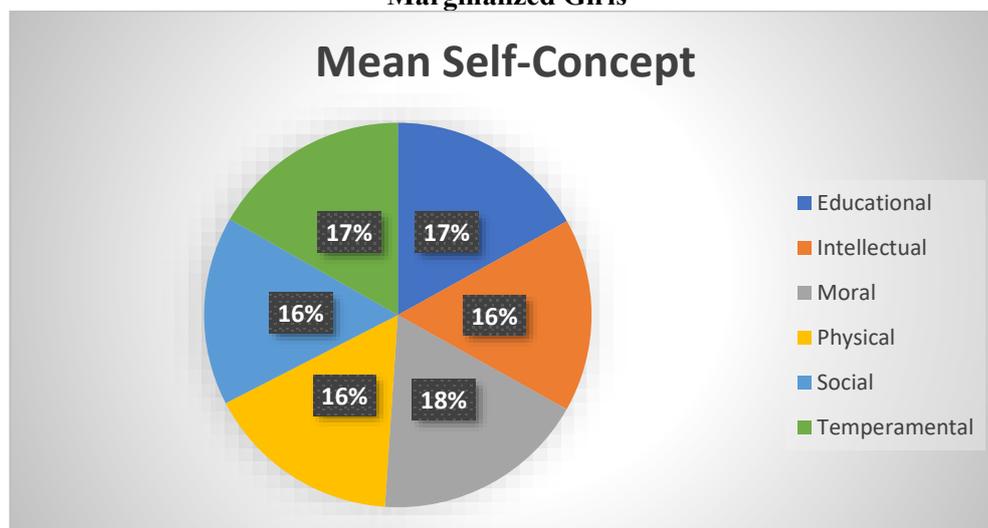


Table 6: Shows the descriptive statistics of variable Social Adjustment and their sub-dimension.

Variable	N	Range	Mean	Std. Deviation	Skewness		Kurtosis	
					Statistic	Std. Error	Statistic	Std. Error
Emotional	40	16.00	9.35	4.098	.163	.374	-.933	.733
Social	40	10.00	6.50	2.35	.118	.374	.067	.733
Educational	40	9.00	7.37	2.13	.816	.374	.226	.733
Total Social Adjustment	40	27.00	23.22	5.717	.421	.374	.535	.733

Table 6 summarizes the findings from the data, shedding light on the social adjustment of participants across different aspects.

Emotional: Based on the emotional adjustment scale (where scores between 8 and 10 falls into the "D" category), the average score is 9.35, indicating that participants generally struggle with emotional adjustment. A skewness value of 0.374 (positive) suggests that a few participants scored higher, pointing to worse emotional adjustment for some, while a kurtosis value of -0.933 (negative) indicates a flatter distribution, showing variation in emotional adjustment across the group.

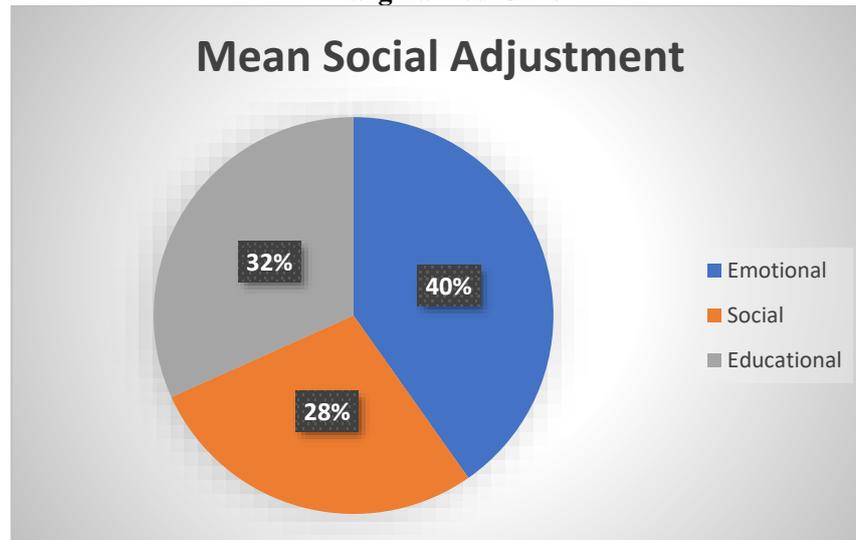
Social: The mean score of 6.50 places participants in the "C" category, signifying moderate social adjustment. A skewness of 0.067 (almost neutral) shows that the data is fairly evenly distributed, while a kurtosis of 0.733 (positive) suggests a more concentrated distribution, meaning most participants scored near the average with fewer outliers.

Educational: With an average score of 7.37, participants fall into the "C" category, reflecting moderate educational adjustment. A skewness of 0.816 (positive) indicates that a few participants had higher scores, pointing to poorer adjustment for some, and a kurtosis of 0.226 suggests a slightly peaked distribution.

Total Social Adjustment: The total social adjustment score of 23.22 falls into the "D" category, indicating poor overall social adjustment for the majority of participants. A skewness of 0.535 (positive) suggests that some participants scored higher, indicating worse adjustment for a few, while a kurtosis value of 0.733 (positive) reflects a more peaked distribution, meaning most participants are clustered near the average.

The results indicate that the children in this study tend to have poor emotional and overall social adjustment, with moderate levels of social and educational adjustment. The skewness and kurtosis values suggest there is variability in the group, with some participants experiencing greater difficulties in adjusting.

Figure 2: Represents the Pie diagram of the distribution of Social Adjustment dimensions among Marginalized Girls



Discussion

This study provides a comprehensive understanding of the social adjustment and self-concept of vulnerable girls residing in red-light areas of Kolkata City, highlighting the significant influence of NGOs in shaping these aspects. The findings depict a nuanced picture of their psychological and social well-being, revealing both strengths and challenges across various dimensions.

Self-concept: The data indicates that, on average, participants exhibit a generally positive self-concept. Their educational and moral self-perceptions are particularly strong, suggesting that despite the hardships these girls face, they maintain a solid sense of identity and competence in these areas. NGOs such as the Institute of Psychological and Educational Research (I.P.E.R.) and the Durbar Mahila Samanwaya Committee (DMSC) play a pivotal role in fostering this positive outlook by providing educational support. Their emphasis on encouraging educational participation and moral development appears to be a key contributor to the elevated scores in these areas.

Additionally, the overall self-concept scores, including temperamental, physical, and social dimensions, are above average, indicating that most participants view themselves positively. These findings suggest that the support provided by NGOs not only promotes academic growth but also contributes to a balanced and positive self-concept among these girls.

The intellectual self-concept showed more variability, with some participants displaying high self-perception, while others struggled with their intellectual identity. This variation may be linked to differences in their academic experiences or personal challenges, highlighting the need for more individualized academic support within NGO programs.

Social adjustment: In contrast to the positive self-concept, the results for social adjustment are more concerning. Most participants showed poor social adjustment, particularly in emotional areas. Many struggled with emotional regulation, likely a consequence of the stressful and stigmatized environments in which they live. This emotional strain may also hinder their ability to adapt socially and educationally, as reflected in lower scores in these areas.

While social and educational adjustment scores were categorized as moderate, they still reflect notable difficulties. The social challenges likely stem from the stigma associated with living in a red-light area, leading to isolation and difficulties in forming connections outside their immediate surroundings. Educational challenges could be attributed to school disruptions, lack of resources, or psychological barriers affecting learning and concentration.

The findings emphasize the crucial role of NGOs in fostering positive self-concept among marginalized girls. However, the poor emotional and social adjustment observed underscores the need for targeted interventions aimed at enhancing emotional well-being and social integration (Deepa & Manjula, 2020; Topno, n.d.) (- & -, 2024).

Conclusion

This study underscores the intricate relationship between self-concept and social adjustment among vulnerable girls residing in the red-light areas of Kolkata city. The results reveal that, despite maintaining a generally positive self-concept, particularly in the areas of education and morality, these girls face significant challenges in emotional regulation and overall social adjustment. Support from NGOs such as the Institute of Psychological and Educational Research (I.P.E.R.) and Durbar Mahila Samanwaya Committee (DMSC) has played a critical role in fostering a positive self-image, yet there remains a pressing need for improved emotional and social support systems. Bridging these gaps through targeted mental health services, social integration programs, and tailored educational assistance could lead to more holistic empowerment. This would better equip these girls to navigate their difficult environments with increased resilience and adaptability.

Conflict statement

The authors confirm that they have no financial or personal conflicts of interest that could have influenced the work presented in this paper.

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