

Stress Management among Youth: Perceived Stress and Coping Strategies

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Abstract: *Young adulthood involves educational, occupational, social, and personal demands that may contribute to perceived stress. This study examined perceived stress and its associations with problem-focused, emotion-focused, and avoidant coping among youth. A quantitative, cross-sectional, descriptive-correlational design was used. The analysed dataset comprised 60 respondents aged 18–25 years who completed the 10-item Perceived Stress Scale (PSS-10), the Brief COPE, and demographic questions through an online questionnaire circulated via WhatsApp. Descriptive statistics, Pearson correlations, and multiple linear regression were reported. The mean perceived stress score was 22.85 (SD = 5.72). Perceived stress was negatively correlated with problem-focused coping ($r = -.384, p = .002$) and positively correlated with avoidant coping ($r = .446, p < .001$). The association with emotion-focused coping was not statistically significant ($r = -.092, p = .484$). The regression model explained 30.0% of the variance in perceived stress ($R^2 = .300$). Problem-focused coping was a negative predictor ($\beta = -.319, p = .008$), whereas avoidant coping was a positive predictor ($\beta = .392, p = .001$); emotion-focused coping was not significant. The findings indicate different associations between coping dimensions and perceived stress, but the cross-sectional design and convenience sample do not permit causal conclusions. Statistical values should be verified against the original response-level dataset before submission.*

Keywords: perceived stress; youth; coping strategies; Brief COPE; stress management

1. Introduction

Stress is influenced not only by external demands but also by how individuals appraise a situation and the resources they believe are available to manage it. Young adulthood may involve transitions in education, employment, relationships, family responsibilities, and future planning. When these demands are perceived as unpredictable or difficult to control, perceived stress may increase.

The transactional model of stress and coping views stress as a relationship between the person and the environment, shaped by appraisal and coping resources [1]. Coping can involve addressing a stressor directly, regulating emotional reactions, or disengaging from the situation. The usefulness of a strategy depends on the nature of the stressor and the context in which the strategy is used.

The Perceived Stress Scale was developed to measure the extent to which life situations are appraised as stressful [2]. The Brief COPE assesses a range of coping responses [3]. Examining perceived stress alongside coping may help describe patterns that are relevant to youth support and psychoeducation. This study assessed perceived stress among youth aged 18–25 years and examined its relationship with three coping dimensions: problem-focused, emotion-focused, and avoidant coping.

2. Literature Survey

Lazarus and Folkman's transactional framework emphasizes appraisal and coping as central processes in the experience of stress [1]. Cohen, Kamarck, and Mermelstein introduced the Perceived Stress Scale as a measure of perceived unpredictability, lack of control, and overload [2]. Carver developed the Brief COPE to assess multiple coping responses in research settings [3].

These measures offer complementary perspectives: perceived stress captures an individual's appraisal of demands, while coping measures describe reported responses to those demands. However, coping strategies are not uniformly adaptive or maladaptive across all contexts. In addition, the Brief COPE was designed as 14 two-item subscales; combining them into broader dimensions requires a clearly documented scoring rationale. The present study therefore reports the supplied three-dimension analysis as associations within this sample rather than as evidence that one coping strategy causes a change in stress.

3. Problem Definition and Objectives

The study addressed the question: How are perceived stress and selected coping dimensions associated among youth aged 18–25 years?

The objectives were: (1) to describe perceived stress among youth; (2) to describe the coping strategies reported by youth; and (3) to examine the relationships between perceived stress and problem-focused, emotion-focused, and avoidant coping.

4. Methodology

4.1 Research Design and Participants

A quantitative, cross-sectional, descriptive-correlational design was used. The analysed dataset contained 60 respondents aged 18–25 years. Participants were recruited through a non-probability convenience approach, and the questionnaire was circulated online through WhatsApp. The sample was based on accessibility and willingness to respond and should not be considered representative of all youth.

4.2 Measures

A demographic questionnaire collected information on age, gender, educational or occupational status, and living arrangement. Perceived stress was assessed with the 10-item Perceived Stress Scale (PSS-10) [2], with total scores ranging from 0 to 40; higher scores indicate greater perceived stress. Coping was assessed with the 28-item Brief COPE [3]. The supplied analysis grouped coping responses into problem-focused, emotion-focused, and avoidant dimensions. The grouping procedure and item allocation should be documented explicitly in the final submission.

4.3 Procedure, Ethics, and Analysis

The questionnaire was distributed electronically. The final manuscript should accurately describe the consent process, confidentiality measures, survey language, and any institutional ethical approval that applied. No approval number was available in the material used to prepare this article, so none is stated. Analyses reported in the dissertation included frequencies, percentages, means, standard deviations, Pearson correlations, and multiple linear regression. Statistical significance was set at $p < .05$. The numerical results below reproduce the supplied dissertation analysis and have not been independently recalculated from the participant-level data.

5. Results and Discussion

5.1 Participant Characteristics

The sample included 32 women (53.3%) and 28 men (46.7%). Thirty-four respondents (56.7%) were aged 18–21 years and 26 (43.3%) were aged 22–25 years. Undergraduate students represented 51.7%, postgraduate students 31.7%, and employed respondents 16.6%. Most participants lived with parents or family (60.0%).

Characteristic	Category	n	%
Gender	Male	28	46.7
	Female	32	53.3
Age	18–21 years	34	56.7
	22–25 years	26	43.3
Status	Undergraduate student	31	51.7
	Postgraduate student	19	31.7
	Employed/working youth	10	16.6
Living arrangement	With parents/family	36	60.0
	Hostel/PG	16	26.7
	Independent/shared accommodation	8	13.3

5.2 Descriptive Statistics

The reported mean PSS-10 score was 22.85 (SD = 5.72), with observed scores from 11 to 36. The reported means were 16.48 (SD = 3.25) for problem-focused coping, 24.12 (SD = 4.88) for emotion-focused coping, and 17.35 (SD = 4.15) for avoidant coping. Means across coping dimensions should not be compared directly unless item counts, score ranges, and scoring rules are comparable.

Variable	Observed range	Mean	SD
Perceived stress (PSS-10)	11–36	22.85	5.72
Problem-focused coping	10–23	16.48	3.25
Emotion-focused coping	14–34	24.12	4.88
Avoidant coping	9–26	17.35	4.15

5.3 Correlation analysis

Problem-focused coping was negatively associated with perceived stress, $r(58) = -.384$, $p = .002$, 95% CI $[-.584, -.143]$. Avoidant coping was positively associated with perceived stress, $r(58) = .446$, $p < .001$, 95% CI $[.217, .629]$. The relationship between emotion-focused coping and perceived stress was small and not statistically significant, $r(58) = -.092$, $p = .484$, 95% CI $[-.339, .167]$.

Coping dimension	Pearson r	p	95% CI
Problem-focused	-.384	.002	$[-.584, -.143]$
Emotion-focused	-.092	.484	$[-.339, .167]$
Avoidant	.446	< .001	$ [.217, .629]$

The negative association suggests that participants reporting more problem-focused coping tended to report lower stress. The positive association for avoidant coping indicates that greater reported avoidance tended to co-occur with greater perceived stress. These are associations only: the design cannot establish whether coping influences stress, stress influences coping, or other variables affect both. The nonsignificant result for emotion-focused coping does not establish that emotional regulation or support-seeking is ineffective; this broad grouping may combine strategies with different functions.

5.4 Multiple Regression

The reported regression model was statistically significant, $F(3, 56) = 8.005$, $p < .001$, and explained 30.0% of the variance in perceived stress ($R^2 = .300$; adjusted $R^2 = .263$). Problem-focused coping was a significant negative predictor ($B = -0.562$, $SE = 0.204$, $\beta = -.319$, $p = .008$), and avoidant coping was a significant positive predictor ($B = 0.541$, $SE = 0.161$, $\beta = .392$, $p = .001$). Emotion-focused coping was not a significant independent predictor ($B = -0.038$, $SE = 0.137$, $\beta = -.032$, $p = .783$).

Predictor	B	SE	β	p
Problem-focused coping	-0.562	0.204	-.319	.008
Emotion-focused coping	-0.038	0.137	-.032	.783
Avoidant coping	0.541	0.161	.392	.001

The regression findings follow the same broad pattern as the correlations. Problem-focused coping was associated with lower perceived stress after accounting for the other included dimensions, while avoidant coping was associated with higher stress. These findings may support youth psychoeducation on structured problem-solving and awareness of avoidant responses, without implying that a single coping style is appropriate for every situation.

6. Conclusion

In this sample of 60 youth aged 18–25 years, perceived stress was negatively associated with problem-focused coping and positively associated with avoidant coping. Emotion-focused

coping was not significantly associated with perceived stress in the reported analyses. The regression model explained 30.0% of the variance, with problem-focused coping as a negative predictor and avoidant coping as a positive predictor. Given the small convenience sample, self-report measures, cross-sectional design, and unverified secondary analysis, results should be interpreted as preliminary associations rather than causal effects.

7. Future Scope

Future studies should recruit larger and more diverse samples, document consent and ethical procedures, specify the exact scoring and grouping of Brief COPE items, and verify all statistics from the raw dataset. Analysing the 14 Brief COPE subscales separately may clarify the role of distinct coping responses. Longitudinal and intervention studies could help examine temporal relationships and evaluate whether coping-focused programmes improve perceived stress.

References

- [1] Amanvermez, Y., Rahmadiana, M., Karyotaki, E., de Wit, J., Ebert, D. D., Kessler, R. C., & Cuijpers, P. (2020). Stress management interventions for college students: A systematic review and meta-analysis. *Clinical Psychology: Science and Practice*, 27(4), Article e12342.
- [2] Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, 4(1), 92–100.
- [3] Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24(4), 385–396.
- [4] Gustems-Carnicer, J., Calderón, C., & Calderón-Garrido, D. (2019). Stress, coping strategies and academic achievement in teacher education students. *European Journal of Teacher Education*, 42(3), 375–390.
- [5] Karyotaki, E., et al. (2020). Sources of stress and their associations with mental disorders among college students: Results of the WHO World Mental Health Surveys International College Student initiative. *Frontiers in Psychiatry*, 11, Article 175.
- [6] Kotera, Y., Ting, S. H., & Neary, S. (2022). Mental health of Malaysian university students: Coping with stress, self-compassion, and mental health shame. *International Journal of Mental Health and Addiction*, 20(3), 1438–1454.
- [7] Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing Company.
- [8] Pandya, A., & Lodha, P. (2022). Mental health consequences of COVID-19 pandemic among college students and coping approaches adapted by higher education institutions: A scoping review. *Frontiers in Psychology*, 13, Article 1030086.
- [9] Rew, L., Johnson, K., & Young, C. (2014). A systematic review of interventions to reduce stress in adolescence. *Issues in Mental Health Nursing*, 35(11), 851–863.