

Perception of Stress among Adolescents Living in Poverty and their Coping Strategies: A Correlation Study

Alka Dixit¹, Dr. Jatinder K. Gulati²

¹Research Scholar, Department of Human Development, PAU, Ludhiana-141004, India

²Professor-cum-Head, Department of Human Development, PAU, Ludhiana-141004, India

Abstract: Millions of children and adolescents are exposed to the potent stress of living with chronic poverty. The present research has made an attempt to study the perception of stress among adolescents living in poverty and its correlation with their coping strategies the study has been done on the 120 adolescents of the urban area of Ludhiana District who were living in conditions of poverty. Stress scale developed by Cohen (1983) and Proactive Coping Inventory developed by Greenglass (1996) were used to measure stress and coping respectively among adolescents. Results revealed that major proportion of urban adolescents perceived average level of stress followed by high category and a very small proportion recorded low profile of stress and female adolescents perceived significantly more stress as compared to the male adolescents. Correlation analysis between perceived stress scores and coping strategies among adolescents revealed that proactive coping and strategic planning were significantly negatively correlated with stress among males, females and overall sample. It means that when the adolescents use proactive coping and strategic planning their level of stress reduces. Correlation between other coping strategies (reflective, preventive coping, emotional support seeking) and stress among total adolescents and both the genders were non-significant. Whereas, among the total sample and male adolescents, stress was significantly positively correlated with instrumental support seeking and avoidance coping.

Keywords: Adolescents, Stress, Coping

1. Introduction

Stress is the combination of psychological, physiological, and behavioral reactions that people have in response to events that threaten or challenge them. Stress is derived from the Latin word “*stringere*” which means “to draw tight. Stress is a general term applied to the pressures people feel in life. Stress can be good or bad. Sometimes, stress is helpful, providing people with the extra energy or alertness they need. Stress could give a runner the edge he or she needs to persevere in a marathon, for example. This good kind of stress is called eustress. Unfortunately, stress is often not helpful and can even be harmful when not managed effectively (Strawder 2003).

The term stress was first employed in the biological context by the endocrinologist Selye in the 1936. He used this term to identify physiological responses in laboratory animals. He later broadened and popularized the concept to include inappropriate physiological response to any demand. The concept of stress in relation to living organism was studied by Selye (1956). According to him stress is a part of life and a natural by-product of all our activities. He stated that stress is manifested by a specific syndrome which consists of all the non-specifically-induced changes within a biologic system.

In Oxford Dictionary stress is described as “a state of affair involving demand on physical or mental energy”. Weiten (1994) defined stress as “a particular pattern of disturbing psychological reactions that occur when an environment threaten important motives and taxes one’s ability to cope”. According to Ojha and Rani (2003) stress refers to the responses elicited by the physical or psychological events

that an individual perceives to be harmful or emotionally threatening.

In another term, stress is also a psychological state and body uneasiness. Stress is a general experience indeed, envisaging life without some sort of stress is almost impossible. Work or home, job or business, rearing children or looking after parents, no aspect of living is free of stress.

Selye proposed three stage pattern of response to stress that he called General Adaptation Syndrome (GAS). Alarm is the first stage. When the threat or stressor is identified or realized, the body’s stress response is a state of alarm. During this stage, adrenaline is produced in order to bring about the fight-or-flight response. Resistance is the second stage. If the stressor persists, it becomes necessary to attempt some means of coping with stress. Exhaustion is the third and final stage in the GAS model. At this point, all of the body’s resources are depleted and the body is unable to maintain the normal function. The result can manifest itself in obvious illness such as ulcers, depression, diabetes, trouble with the digestive system or even cardiovascular problems, along with other mental illness. According to Lazarus and Folkman (1984) stress is a pattern of negative physiological states and psychological responses occurring in situations where individuals perceive threats to their well-being, which they may be unable to meet. Stress is harmful when it exceeds the limit. Then, it starts inhibiting our creativity, health and general feeling of well being and becomes a source of concern (Lazarus & Folkman 1984).

In psychology, stress refers to some stimulus or resulting in a detectable strain that cannot be accommodated by the organism and which ultimately results in impaired health or

behavior. Stress in individual is defined as any inference that disturbs a person's healthy mental and physical well being. It occurs when the body is required to perform beyond its normal range of capabilities Eustress (good stress) is one of the helpful types of stress of meeting challenges such as achievements, an opportunity, a promotion and challenges (Keiper & Buselle 1996). According to Johns (1996) one of the positive reactions to stress would be problem solving, which is directed towards terminating the stressors or demanding its potency. Problem solving is reality oriented, and while it is not always affected in combining the stressors, it revealed flexibility and realistic use of feedback. Distress (bad stress) is one of the negative types of stress namely tension, worry, frustration (Keiper & Buselle 1996) Again these types of stress can be subcategorized into two types – acute stress and chronic stress. Acute stress is the body's way of getting a person to stand up and take inventory of what is going on, to make sure that everything is okay. This type of stress comes immediately with a change of routine.

A disturbing trend in adolescent health is the reported increase in student stress nationwide (Sax 1997). Adolescence is considered as the most important transition period of life, as adolescents face an intense turmoil because of the cognitive, biological and social changes taking place in this period. This is also the period of psychological transition from a child who has to live in a family to an adult who has to live in a society. Furthermore, adolescence is a period of heightened risk with high risk of conduct disorders and antisocial behavior. In adolescence stage any of the thwarting of desires, interruption in activities, constant fault finding, teasing, lecturing and making unfavorable comparisons with other children will lead to aggression (Veeraraghavan 2006).

Stressors affecting adolescent students can be categorised as academic, financial, time or health related, and self-imposed (Goodman 1993 & LeRoy 1988). Stressful life experiences, including major events and common hassles, threaten the well-being of adolescents. Approximately 25% of adolescents will experience at least one stressor, including the death of a loved one or witnessing a traumatic event. An even greater number of adolescents experience chronic stressors and daily hassles. The most common of these are related to school (e.g. bullying by peers, problems with teachers and academic difficulties) and interpersonal relationships (e.g. conflicts or problems with parents siblings and peers (Donaldson *et al* 2000). Stress makes significant contribution in poor school performance of adolescents (Dubois & Felner 1992; Ganesan 1995; Dawood 1995). Females experience higher self - imposed stress and more physiological reactions to stressors like sweat, stutter, and headaches than males (Misra & McKean 2000), (Goodman 1993 & LeRoy 1988). Gender differences generally peak in the adolescent years. Adolescent gender behaviour is derived from their interaction and reaction to various agents of socialization.

It is well recognized that adolescents who experience economic hardship are at increased risk for social and emotional problems (McLoyd 1998). Congers' family stress model posits that poverty takes a psychological toll on children and adolescents via the large burden of stress it places on parents (Conger & Conger 2002). Wadsworth and Compas (2002) extended Conger colleagues' research to show that poverty also takes a toll on adolescents via the large burden of stress it places directly on them. Millions of children and adolescents are exposed to the potent stress of living with chronic poverty yet, we know little about how children cope with living in such difficult circumstances.

Coping refers to the thoughts and actions used to deal with stress. It describes transactional process through which people deal with actual problems in their everyday lives (Aldwin 1994, Skinner & Zimmer-Gembeck 2007). Coping encompasses range of emotion regulation strategies, thought processes and behaviors. This means that the coping is founded in an individual's physiological responses to stress, their appraisals of events, their goals or the outcomes they desire.

2. Methodology

Locale of the study

The sample for the present study was drawn from four Government Senior Secondary Schools located in urban areas of Ludhiana district of Punjab.

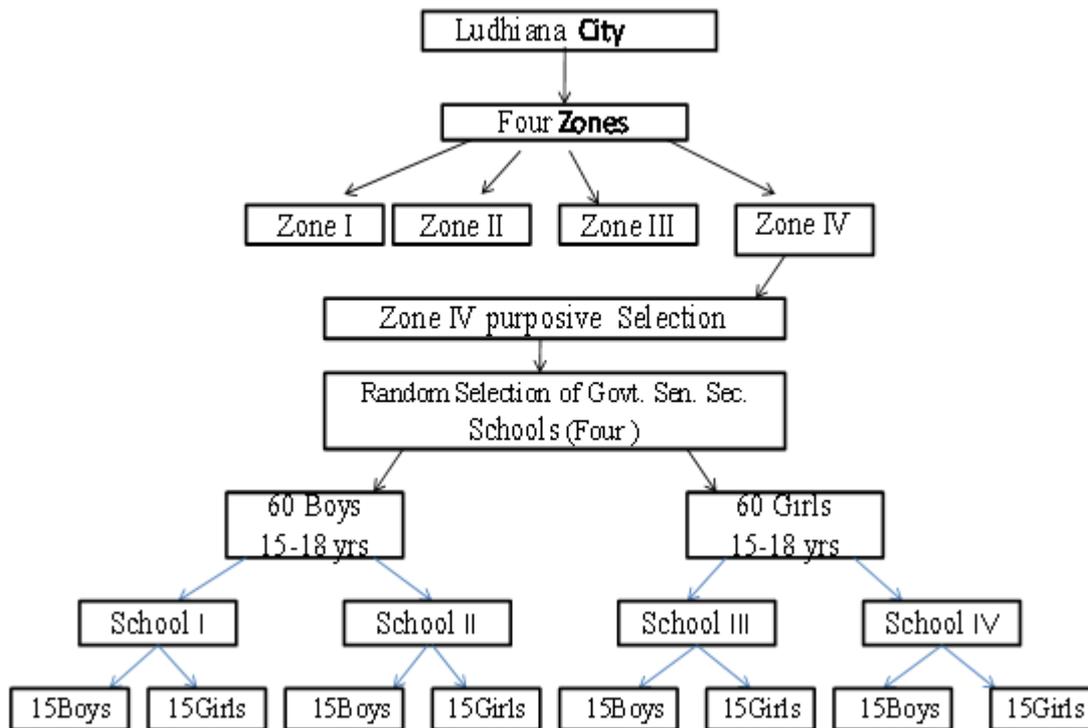
Sample Size

The sample comprised of 120 urban adolescents in the age range of 15-18 years who were living in low-income families. The sample was divided to have equal number of boys (n=60) and girls (n=60).

Sample Selection

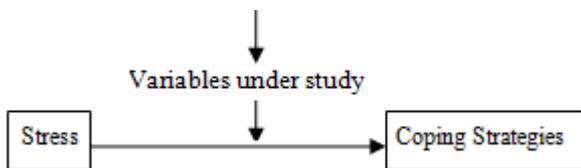
The schematic presentation of the sample selection has been shown in figure 3.1. Ludhiana district was purposively selected to carry out the present study. The sample comprised of 120 adolescent students equally distributed across both the genders (males=60 and females =60). Municipal Corporation Ludhiana has divided the city in four zones i.e. Zone I, Zone II, Zone III, and Zone IV. Zone IV was purposively selected for this study due to easy accessibility. A complete list of all the Government Senior Secondary Schools falling in this zone was procured from the Office of District Education Officer, Ludhiana. From this list, four Government Senior Secondary Schools were selected.

Schematic Presentation of the Sample Selection



Criteria of selection:

- Age range of 15-18 years.
- Belonging to families having income Rs. 4800 per month (the income bar had been fixed as per National Norms of low income group).



In each selected school the investigator approached the class teachers of the senior secondary classes (11th and 12th) to identify the adolescents.

These subjects thus were purposively selected to complete the sample of 120 students. The maximum number of adolescents selected from each school was 30 only. Thus, 15 adolescent boys and 15 adolescent girls were drawn from each school for data collection.

RESEARCH INSTRUMENTS:

The selected adolescents were contacted in schools to assess their stress levels, stress coping strategies used by them in the wake of stress and their resilience patterns. The standardized research instruments as given below were applied to record the above observations. All the tools/scales were pre-tested in the field and modified accordingly before final use.

Background Information Sheet

General information sheet was prepared to gather information about the socio-personal characteristics of the respondents and his/her family such as name of the respondent, address, age gender, birth order, parental age, education, occupation, family size and type.

Cohen Perceived Stress Scale

Perceived Stress Scale (Cohen *et al* 1983) was used to assess the level of stress among adolescents. The scale is designed to assess the perception of stressful experiences by asking the respondent to rate the frequency of his/her feelings and thoughts related to events and situations that occurred over the previous month.

Proactive Coping Inventory

The Proactive Coping Inventory was constructed by Greenglass *et al* (1999) to assess different dimensions of a proactive approach to coping and consists of seven subscales. It was used to explore into the strategies used by the adolescents to cope with their stress. Various strategies measured through these scale are:

- 1) **Proactive Coping:** Efforts to strive actively to seek new challenges create new opportunities and facilitate promotion toward challenging goals i.e. using feedback on the initial efforts to shape a more successful approach.
- 2) **Reflective Coping:** An active, dynamic action-based and ethical set of skills, placed in real time and dealing with real, complex and difficult situations i.e. thinking about or reflecting on what one do.
- 3) **Strategic Planning:** Process of defining its strategy, or direction, and making decisions on allocating its resources to pursue the strategy i.e. preparing a plan of study to secure better marks.
- 4) **Preventive Coping:** Preventive coping may be defined as an effort to build up general resistance resources that reduce the severity of the consequences of stress i.e. managing various unknown risks in the distant future.
- 5) **Instrumental Support Seeking:** Offering help or assistance in a tangible and/or physical way i.e. providing money to someone who's lost their job.
- 6) **Emotional Support Seeking:** Involves acting as a confidant for someone i.e. let the victim know that he or she is valued

7) **Avoidance Coping:** A maladaptive coping mechanism characterized by the effort to avoid dealing with a stressor i.e. a student avoids asking questions in class because it reminds him of a time he asked a question and the teacher embarrassed him.

3. Procedure

The tools were administered to the randomly selected group of students, by distributing questionnaire. Answer sheets were scored following the scoring procedure given in the manual. On the basis of raw score percentages, chi-square value, t-value and correlation were calculated.

4. Results And Discussion:

Table 1
Stress profile of adolescents living in low-income families

Table 1 describes the distribution of the sample across different levels of stress as perceived by adolescents living in poverty. In the total sample, major proportion (74.17%) of the adolescents reported stress at average level followed by 15.00 per cent who perceived high level of stress while 10.83 per cent adolescents recorded low stress.

Table 1: Distribution of sample as per level of stress perceived by adolescents living in poverty

Stress level	Total (N=120)		Male (n1=60)		Female (n2=60)		Chi-Square
	No.	%	No.	%	No.	%	
Low	13	10.83	10	16.67	3	5	4.76*
Average	89	74.17	43	71.67	46	76.67	
High	18	15	7	11.67	11	18.33	

*p < 0.10

The empirical generalization that adolescent girls experience feelings of stress more strongly than those of adolescent boys and the stress level increases during adolescence, although researchers are still unclear as to why (Spear 2000). This is also reaffirmed by present study. Some researchers gave reasons that there are gender differences in hormone patterns which increase the stress among girls (Steinberg & Morris 2001).

Majority of the female (76.67%) as well as male adolescents (71.67%) reported stress at average level, 18.33 per cent female adolescents perceived high level of stress and among male adolescents, 11.67 per cent recorded high level of stress. Only 5 per cent female adolescents perceived low stress whereas 16.67 per cent male adolescents recorded low stress. Chi-square value depicted gender differences to be significant (p<0.10) as far as distribution of both the genders across different levels of stress as perceived by adolescents, was concerned. Though the gender differences were significant, yet higher percentage of female adolescents perceived high stress.

Table 2

Table 2 and Fig 4.16 presents gender differences in mean scores in stress as perceived by adolescents living in low-income families. It reveals that the female adolescents perceived more stress as compared to male adolescents and

t-value revealed gender differences to be significant (*p < 0.10).

Table 2: Gender differences in perception of stress among adolescents living in poverty

Stress scores	Total (N=120)		Male (n1=60)		Female (n2=60)		t-value
	Mean	SD	Mean	SD	Mean	SD	
	19.62	5.50	18.40	5.32	20.21	5.40	1.85*

*p < 0.10

Correlation analysis

Karl Pearson's coefficient of correlation (or simple correlation) was used in the present study to measure the degree of relationship between two variables. It is a two way statistical technique which aims to examine the relationship of individual attributes like stress and coping strategies with resilience.

Table 3

Table 3 gives the correlation between stress scores and different coping strategies among total sample as well as both the gender groups.

Table 3: Correlation between perceived stress and coping strategies among adolescents living in poverty

Coping strategies	Stress [Correlation coefficient (r)]		
	Total (n=120)	Male (n=60)	Female (n=60)
Proactive	-0.192**	-0.171**	-0.302***
Reflective	0.002	0.062	-0.120
Strategic planning	-0.217**	-0.225**	-0.208**
Preventive	0.013	0.078	-0.105
Instrumental support seeking	0.200**	0.191**	0.126
Emotional support seeking	0.038	0.027	-0.108
Avoidance	0.189**	0.182**	-0.093

**p < 0.05

***p < 0.01

The correlation analysis among the total sample as well as males and females were found to be significant and negatively correlated between stress, proactive coping and strategic planning (p < 0.05). It means that as proactive coping and strategic planning among adolescents increases, their perception of stress decreases. The data on correlation between other coping strategies (reflective, preventive coping, emotional support seeking) and stress among total adolescents, males and females were non-significant. Whereas, the relationship of stress with instrumental support seeking and avoidance coping was positively significant (p<0.05) among the total and male adolescents means that as instrumental support seeking and avoidance coping among adolescents increases, their perception of stress also increases.

5. Conclusion

Results revealed that major proportion of urban adolescents perceived average level of stress followed by high category and a very small proportion recorded low profile of stress, however the gender differences showed that female adolescents perceived significantly more stress as compared to the male adolescents.

Correlation analysis between perceived stress scores and coping strategies among adolescents living in poverty revealed that when the adolescents use proactive coping and strategic planning their level of stress reduces, whereas, instrumental support seeking and avoidance coping were contributing to add the stress in adolescents.

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