Original Article

Patterns of Stress, Coping Styles and Social Supports among Adolescents

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ABSTRACT

Introduction: This study aimed to assess the nature of stress, social support systems and coping styles among adolescents. **Methods:** 100 students in Pre University College (II year) of both genders in the age range of 16-19 years were assessed with the Adolescent Stress Scale, a semi-structured interview to elicit social support, and a self-report coping scale. **Results:** The main sources of stress in both genders were getting up early in the morning, pressure to study, having to concentrate for too long during college hours, not having enough money to buy things, and long college hours. Prayer was the main coping strategy used by both genders. Males had larger social network than females. **Conclusions:** Schools/colleges should provide opportunities to work through the stresses related to college and studies by instituting specialized programmes.

Key words: Adolescents; Stress; Coping; Social support

INTRODUCTION

Adolescence is a transitional period and in most traditional societies it is brief. In industrialized societies, technological progress has made lengthy education and prolonged economic dependence the norm and adolescence begins around 13 years and ends at about 22 years.

Since Stanley Hall's characterization of the adolescent period as one of storm and stress[1], many theorists have portrayed adolescence as a troubled and unique period of the life cycle. The predominant views that have evolved since the early twentieth century conceptualized "storm and stress" in terms of three characteristics: parent-adolescent conflict, moodiness, and risk-taking behaviors. Anna Freud described a rapid oscillation between excess and asceticism during adolescence[2]. She viewed the rapid swings of behavior and mood as secondary to the surgent effect on behaviour of the drives stimulated by sexual maturity and the hormones. In fact, the concept of adolescent turmoil coined by Erickson and his concomitant notion of identity diffusion became the hallmarks of our view of normal adolescence[3].

Adolescent stresses are from within and from the various social spheres in which the adolescent operates. Rapid physical changes make them self-conscious. Common sources of worry among girls are acne, facial hair and being too thin or fat; and boys are conscious of their beard, gruff voice and muscular stature. Academic pressures mount during high school, particularly the last two years. Stress related to opposite sex is a frequent source of anxiety and embarrassment to the developing youngster. The early years of adolescence, between 12 and 15, is often accompanied by short-term emotional instability or low self-esteem[4,5].

Other studies have negated the notion that turmoil is necessary for adolescent development[6.] Offer & Offer studied 61 adolescents in depth and followed them up into later life[7.] They found that 74% of their subjects went to college, and 8 years of follow-up showed no serious drug problems or delinquent activity. The group showed no visible generational gap or difference in basic values from their parents. A study from Norway that examined the relationships between school-related stress and gender in 531 students aged 13-16, reported four major categories of stress among adolescents: difficulties with peers at school, worries about school achievement, schoolwork pressure, and conflicts with parents and/or teachers. Girls reported significantly more stress related to worries about school achievement, whereas boys reported significantly more stress arising from conflicts with parents and/or teachers[8]. Similarly, though family conflict may increase in frequency and intensity during early adolescence, most of these disagreements involve minor issues and are not long-lasting[9-11].

The present study explores the ways and means by which adolescents experience stress in various domains of life, their coping patterns and social networks.

METHOD

Hundred (50 male and 50 female) students of Pre University College (PUC) II year from 2 colleges (one missionary [Christian] girls college and one coeducational public college) in Mangalore were assessed. The selection of colleges and students was purposive. Permission was taken from the principal of the college. Students were appraised about the nature of the study, confidentiality was assured and willingness to participate sought. No student refused participation. Seventy percent of students were from Karnataka, 20% from Kerala, and 10% from other states. About 30% of males and 40% of females were from within the district. Age of the respondents ranged from 16-19 (mode=17) years. Nearly three fifths of students were Hindus and one-third Christians (48% of the girls were Christians). A high proportion of students were from urban areas (54% urban and 29% semi urban).

Information on various sociodemographic characteristics were collected in a specified proforma. Subjects were administered the Adolescent Stress Scale, which is a 40-item questionnaire assessing personal exposure to a range of sources of adolescent stress in the last one year[12,13]. Stress related to the following areas is covered: college attendance, family conflict, parental control, college performance, future uncertainty, perceived educational irrelevance, opposite sex interactions, and miscellaneous. Responses are recorded on a 5-point Likert scale (1 = not at all stressful/ had not occurred, 5 = very stressful). The instrument was administered in groups. In addition, significant stressors related to finances, college, health (self or others), interpersonal difficulties, deaths of close relative, departures and failures etc. during the previous 6 months were inquired into and recorded.

Information on social support network was gathered based on pre-designed semi-structured interview. Students were asked about the number of relatives and friends they had, perceived closeness and helpfulness (practical, emotional etc.). However, only the network size was used in further computation. Coping strategies was assessed using a self-report coping scale derived from Roth and Cohen's approach/avoidance model of coping[14]. The approach scale assesses support seeking and problem solving strategies, whereas the avoidance scale reflects emotional distancing and/or attempts to ignore the problem. Eight options were presented and multiple responses were permitted.

RESULTS

Majority of students were from nuclear families (94%). The family size was 4-6 for three fourths and 2-3 for one sixth of subjects. Eight percent of boys and 16% of girls were the only children. Relatively more girls (42%) in comparison to boys (28%) were the eldest sibs. In 91% of families, the father was the head of the family and in 79%, the main earner. Both parents were alive in 95% of families.

Table 1 shows the comparison of stress scores between male and female students. Female students had significantly greater stress scores related to college attendance, uncertainty about the future and the total score than male students. The most commonly reported stressors were: getting up early in the morning, pressure to study, long college hours, not having enough money to buy things, and having to concentrate for too long during college hours. In narrative reports, 16% of males and 22% of females stated that they had faced a stressor in the last 6 months. Males reported the presence of failures (n=5), death of a close relative (n=2), and loss (n=1), while females reported failures (n=6), death of close relative (n=2), and departure from home (n=2).

Table 1: Comparison of male and female students regarding stress (Adolescent Stress Scale)

Domains	Male (N=50) Mean (SD)	Female (N=50) Mean (SD)	t test (df=98), p
College attendance	14.42 (4.8)	16.32 (5.5)	1.836*
College performance	9.06 (3.8)	9.9 (2.8)	1.350
Educational irrelevance	7.6 (3.2)	8.5 (3.3)	1.442
Family conflict	12.3 (4.7)	12.7 (5.4)	0.435
Parental control	12.6 (5.3)	13.7 (5.5)	1.016
Uncertainty about future	6.6 (3.1)	10.4 (3.1)	5.792**
Issues related to opposite sex	6.1 (2.9)	6.5 (2.6)	0.679
Miscellaneous	20.1 (6.1)	21.6 (7.6)	1.043
Total score	89.32 (24.1)	99.08 (26.7)	1.919*

*< 0.05, **<0.001

The network size was 2 for 44% of male and 62% of female students; and 3-5 for 42% of male and 26% of female students. About one fourth of students had a network size of more than 6. Majority of students reported utilizing only one mode of coping (male: 96%, female: 70%). As shown in Table 2 the common coping strategies reported by males were praying to God (32%) and thinking of alternatives (24%); and by females were praying to God (64%) and consulting relatives, friends and counselors (20%).

Table 2: Comparison of male and female students regarding nature of Coping

Domains	Male (N=50, %)	Female (N=50, %)	Total (N=100, %)
Consults relatives/counselors	6 (12)	10 (20)	16
Think alternatives	12 (24)		12
Keep worrying	2 (4)		2
Busy with work	8 (16)	8 (16)	16
Sleep off	1 (2)		1
Drink coffee/tea/alcohol	5 (10)		5
Eat excessively			
Pray to God	16 (32)	32 (64)	48

Some students reported more than one coping method

DISCUSSION

Majority of the families were in the fourth stage of family life cycle of Olson et al[15], and were less likely to be facing illnesses, however, financial and work related concerns were expected in light of economic strains imposed by higher education, especially in single earner families. Thus it is understandable that not having enough money to buy things was a source of stress for adolescents.

A high proportion of the students felt that getting up early in the morning was very stressful. This may be related to keeping late hours (e.g. due to television, movies, internet). The parents may perceive this as laziness and conflicts between the adolescents and parents can ensue. Conflicts could also come up in relation to effects of media and internet on the outlook of adolescents.

The pressure to study was a common source of stress. Long college hours and having to concentrate for long during this period were also perceived as stressful. It is not surprising that academic issues are of central concern at this developmental stage. The competition, stress on high grades/merit, parental expectations, and the desire for admission to professional courses and in reputed institutions puts immense pressure on adolescents. Academic performance is also important for self-identity and the respect among peers. Early identification of stressed adolescents can lead to early intervention as suggested by the National Mental Health Programme of India, which strongly advocated the provision of mental health inputs in educational institutions[16,17]. However, despite the availability of effective interventions[18], few services have come up in India due to limitation of resources[19,20]. Therapeutic interventions can be integrated into the educational system because of the available infrastructure, the presence of potentially capable teachers and high credibility with parents and community members. In our setting, parents-teacher meetings can increase the recognition of stress and problems in students; and teachers can play an important role in networking with various agencies for intervention. Life skills education delivered in educational institutions can promote psychosocial competence in an individual[21], as suggested by the National Curriculum Framework for School Education. It would also be worthwhile to provide for short breaks (during college hours) and co-curricular activities.

Female students reported having greater total stress and stress related to college attendance and uncertainty about the future. Despite a general move towards greater equity, in many countries gender disparity remains strongly in favour of boys. In India, the female is expected to be the homemaker and this role often takes precedence over other personal accomplishments or achievements such as education[22]. In the prevalent socio-cultural milieu, adolescent girls are expected to assist in the house hold chores and are under greater pressure to marry early (often without their consent) and to discontinue studies.

Many respondents tried to cope with their stress by praying to god, this shows the importance of religion in our culture. Among boys, thinking of alternatives was the second major way of coping with stress. Among girls, consulting friends, relatives, doctors and counselors was the second major coping strategy. These findings suggest that boys resorted to a problem solving approaches more often than girls, who sought social support and utilized emotion-focused coping strategies. Although most stressors elicit both types of coping, problem-focused coping tends to predominate when people feel that something constructive can be done, whereas emotion-focused coping tends to predominate when people feel that the stressor is something that must be endured[23]. **9**

The study has several limitations. The small sample size and purposive sampling strategy limit the generalizability of the study. Also, though the scales used in the study had face and content validity, their reliability and applicability in our sample has not been described previously.

The need for multi-faceted intervention to target the dysfunctional college environment is apparent. Schools/colleges offer unique opportunities to work directly in the adolescent's natural setting. Mental health professionals need to collaborate with schools to increase the visibility, availability and acceptance of school/college based programmes for vulnerable students.

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