

## Impact of Covid-19 on Psychological Distress and Coping Mechanisms Among School-Going Adolescents in India

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### ABSTRACT

**Background:** Stress is an important health alarm. The early years of the adolescent's obvious rapid changes in bodily, thought and emotional level. During the adolescent phase, the schoolchildren face various problems such as the high anticipation of family members related to learning, family tensions and continuing relations with classmates. The techniques an adolescent has to cope with stressors have major short and long term consequences on their emotional and psychological health. The differences found that girls were looking for more support and usually focus on their work as compare to boys. **Aim:** Aim of the study was health to assess the perceived stress and ways of coping among school-going adolescents. **Methodology:** A cross-sectional comparative study design was used. Simple random sampling was applied to select the sample. A total of 240 school-going adolescents (120 Male and 120 Female) were selected from rural and urban schools in Kurukshetra (Haryana). Data were obtained using a socio-demographic datasheet. **Result:** Most school-going adolescents face several stresses and they adopt various coping strategies to cope with this stress. The most frequently used coping strategies by the adolescents were positive reframing, planning, active coping, and instrumental support, talking to others, avoiding the situation. **Conclusion:** school-going adolescents can understand the basic impacts of stress on their mental health. School going adolescents' understanding of stress can help to develop awareness and positive coping.

**Keywords:** *Perceived stress, coping, adolescents.*

In the developmental phase of human being adolescence is a time of changes from childhood to adulthood. This is categorized by rapid biological, bodily and hormonal modifications resulting in psychological and social sexual maturing between the ages of 10-19 years. The largest adolescent population of world that is 253.2 million are belongs to age range of 10–19 years which shares 20% of the world's 1.2 billion adolescents. <sup>[1]</sup>

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The age of adolescence is the time of forming identity where personal, educational, occupational backgrounds develop. Adolescence can be active as well as openly unstable during this phase. Moral development of adolescent has been conceptualized in three phases (i.e., pre-conventional morality, conventional morality, and post-conventional morality).<sup>[2]</sup>

Period of Adolescence has been described as a time of stress and tension.<sup>[3]</sup> At present day researchers have often failed to find much proof of ineffectiveness and intense and common stress during adolescence.<sup>[4]</sup> Alteration in the joint surroundings, as well as physiological ones (union of new groups at school, sexuality etc.) experienced by young adolescents, offers a comprehensive chance to face potentially worrying events.

In India one-fifth of the total population accounts for adolescents and are an important social source that needs to be given sufficient prospect for holistic development towards achieving their full potential. In the era of great competitiveness, instructive anxiety has become a main stressor for Indian adolescents. Due to high parental expectancy, common difficulties, the anxiety of social disappointment, peer agreement, uncertainty in the job market and ever-rising highness of ambitions, this group is becoming highly at risk.<sup>[5]</sup>

The existing epidemiological studies<sup>[6-7]</sup> from India shows that 10–15% of those aged 16 and below suffer from a diagnosable psychiatric disorder. Approximate 5% individual shows significant disability sign and symptoms of mental disorders.

In India the suicide rates in adolescents seem to be several-fold higher than anywhere else in the world, accounting for 25 % of deaths in boys and 50–75 % of deaths in girls aged 10–19 years.<sup>[8]</sup>

A study conducted in two schools of Delhi it has also been found that Suicide attempt, death wishes and deliberate self-harm and suicidal ideation there is high prevalence among the adolescent population.<sup>[9]</sup>

In sum, adolescents are categorized by heightened stress levels and maladaptive coping patterns, which are related to psychological malfunctioning. Concerning gender differences, increased perceived stress related to interpersonal stressors has been found in adolescent girls.<sup>[10-11]</sup> The relationship between stress and coping and other types of maladjustment is important for individual factors. Thereby, age and gender have contributed significantly to differences in the development of adolescent psychological symptoms.<sup>[12]</sup>

The study was done to discover the different stressors throughout adolescence and the coping mechanism adopted by Indian adolescents and the impact of these stressors on their mental health.

### **Objectives:**

1. To assess and compare perceived stress and ways of coping among school-going adolescents: a gender perspective.
2. To assess and compare perceived stress and ways of coping among school-going adolescents in terms of perceived stress.
3. To assess and compare perceived stress and ways of coping among school-going adolescents in terms of ways of coping.

## METHODOLOGY

The sample comprised 240 adolescents who met the inclusion and exclusion criteria. Samples were further divided into 120 male' adolescents and 120 female' adolescents. Simple random sampling was used to choose the samples.

### *Inclusion and Exclusion Criteria:*

#### **Inclusion criteria for both groups**

- Studying in 9<sup>th</sup> to 12<sup>th</sup> standard.
- The age range is 12-19 years.
- Both male and female.
- Willing to participate in the study

#### **Exclusion criteria for both groups**

- Not staying with biological parents.
- Death of first degree relative in last one year.
- The student who goes to work after school.
- History was suggestive of any psychiatric illness.

### *Design:*

#### **Tools:**

- **Socio-Demographic Data Sheet:** Self-designed semi-structured socio-demographic data sheet was used for collecting the necessary information regarding age, sex, education, domicile, ethnicity, religion, and type of family of students.
- **Perceived Stress Scale – 10 item version (Cohen and Williamson, 1988):** PSS-4 is an economical and simple psychological instrument that measures the degree to which situations in one's life over the past month are appraised as stressful. The questions are general and items are designed to detect how unpredictable, uncontrollable, and overloaded respondents find their lives, e.g. "How often have you felt that you were unable to control the important things in your life?" and, "How often have you felt confident about your ability to handle your problems?". Students responded on a five-point scale (0="never", 1="almost never", 2="sometimes", 3="fairly often", 4="very often"). Items were recorded so that higher scores indicated more perceived stress. Cronbach's alpha coefficients were 0.74 (Germany), 0.75 (Poland), 0.67 (Bulgaria), 0.50 (UK) and 0.54 (Slovakia). The PSS score was obtained by summing up answers to individual questions. <sup>[13]</sup>
- **Ways of coping questionnaire** (Folkman & Lazarus 1988) –This questionnaire was developed by Folkman & Lazarus in 1988 to provide the researcher with theoretically derived measures that could be used to investigate how coping functions in the connection between stress and adaption results. It assesses thoughts and actions an individual uses to cope with the stressful encounters of everyday living. The ways of coping questionnaire are 4-point Likert type scale consisting of 66 items. The reliability and validity of the scale can be found to be 0.77 and 0.77 respectively. <sup>[14]</sup>

### *Procedure*

The Perceived Stress Scale and Ways of coping questionnaire were administered to the 9th to 12th students of Government Sr. Sec School, Kurukshetra, Haryana, the aims and objective of the research were explained to the selected sample and consent for participating in the study was also sought. It was made clear to the sample that the information would

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only be utilised for research purposes and that their identities would not be revealed in any way.

### *Statistical Analysis*

Statistical analysis was conducted using Statistical Package for Social Sciences (SPSS) version 22.0 Descriptive statistics were used to calculate percentage profiles of different socio-demographic and clinical variables. A chi-square test was used to compare categorical variables across two groups. To calculate the significance of coping responses and various clinical variables across two groups for continuous variables independent sample t-test was used.

## **RESULT**

*Table: 1 Description of the age of male and female school-going adolescents.*

Variables	Male N 120 M± SD	Female N 120 M± SD	Total N 240 M± SD
Age	16.21±1.51	15.95±1.38	16.08±1.45

Table1 shows that the mean age of the male respondent was 16.21 but the mean of female respondents was 15.95 and in total the mean age of all respondents was 16.08.

*Table: 2 Comparison of Socio-Demographic Characteristics of male and female school-going adolescents*

Variables	Male N=120 (%)	Female N=120 (%)	$\chi^2$	df	P
<b>Class</b>			2.555	4	.635
9 <sup>th</sup>	18(15)	15(12.5)			
10 <sup>th</sup>	43(35.8)	39(32.5)			
11 <sup>th</sup>	25(20.8)	32(26.6)			
12 <sup>th</sup>	34(28.3)	34(28.3)			
<b>Religion</b>			1.099	2	.577
Hindu	105(87.5)	100(83.3)			
Muslim	2(1.6)	4(3.3)			
Sikh	13(10.8)	16(13.3)			
<b>Family type</b>			11.133	2	.004
Joint	41(34.1)	65(54.1)			
Nuclear	79(65.8)	54(45)			
Extended	0(0)	1(0.8)			
<b>Domicile</b>			45.510	2	.000
Rural	68(56.6)	113(94.1)			
Semi-Urban	52(43.3)	7(5.8)			
Urban	0(0)	0(0)			

Table 2 shows descriptive information about the socio-demographic characteristics of the respondents who were divided into two groups male school-going adolescents and female school-going adolescents.

The result shows that the majority of (35.8%) respondents in the male group belong to the 10<sup>th</sup> standard in the female group majority of (32.5%) respondents belong to the 10<sup>th</sup> standard and the rest (28%) belong to the 12<sup>th</sup> standard in both groups.

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The table shows that of male respondents the majority of (87.5%) belong to the Hindu religion in the male group and (83.3%) belong to the female group. In this table (10.8%) of respondents in the male group are belongs to the Sikh religion and other hands (13.3%) of respondents are in the female group. (1.6%) of the respondent are belongs to the Muslim religion in the male group and (3.3%) of respondents in the female group. The study findings show that (65.8%) of respondents belonged to a nuclear family in the male group and 45% in the female group. 34.1% of the respondent belonged to a joint family in the male group and 54.1% in the female group. Study finding shows that the majority of male (56.6%) and female (94.1%) respondents belong to the rural background and the rest (43.3%) male respondents and (5.8%) female respondents belong to the semi-urban background. The result shows no statistically significant difference was found between the study groups.

**Table: 3 Comparison of male and female school-going adolescents in terms of perceived stress.**

Variables	Male N 120 M±SD	Female N 120 M± SD	Df	t- value
<b>Perceived stress</b>	17.88±5.04	19.96±5.78	238	-2.974

\* Significant at 0.05 level

Table 3 revealed that in perceived stress the mean score of female respondents (19.96+5.78) was found higher than male respondents (17.88+5.04). The t value computed for this was found to be statistically significant at 0.05 levels. It indicates that significant differences exist among both respondents in terms of perceived stress. So the current study reveals that the female respondents found more stress in comparison to male respondents.

**Table: 4 Comparison of male and female school-going adolescents in terms of ways of coping**

Variables	Male N 120 M±SD	Female N 120 M±SD	t- value df (238)
<b>Problem-focused coping</b>	18.21±4.86	19.92±5.04	-2.669
<b>Wishful thinking</b>	7.86±2.82	8.27±2.51	-1.185
<b>Distancing</b>	9.17±3.12	10.20±4.04	-2.196
<b>Seeking social support</b>	11.62±3.85	12.03±3.57	-.851
<b>Emphasizing the positive</b>	7.19±2.19	7.45±2.45	-.852
<b>Self-blame</b>	4.43±2.23	4.79±1.99	-1.310
<b>Tension reduction</b>	4.15±1.90	3.21±1.82	-3.910
<b>Self-isolation</b>	5.25±2.08	5.36±2.11	-.430

\* Significant at 0.05 level

Table 4 shows a comparison of male and female school-going adolescents in terms of ways of coping. The comparison was based on the eight domains of ways of coping (**Problem-focused coping, Wishful thinking, Distancing, Seeking social support, Emphasizing the positive, self-blame, Tension reduction, and Self-isolation**). A T-test was used for this purpose. The result shows that the mean and SD of Problem-focused coping were 18.21±4.86 in males and 19.92±5.04 in females. Wishful thinking was 7.86±2.82 in males and 8.27±2.51 in females. Distancing was 9.17±3.12 in males and 10.20±4.04 in females. Seeking social support was 11.62±3.85 in males and 12.03±3.57 in females. Emphasizing

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the positive was  $7.19 \pm 2.19$  in males and  $7.45 \pm 2.45$  in females. Self-blame was  $4.43 \pm 2.23$  in males and  $4.79 \pm 1.99$  in females. Tension reduction was  $4.15 \pm 1.90$  in males and  $3.21 \pm 1.82$  in females. Self-isolation was  $5.25 \pm 2.08$  in males and  $5.36 \pm 2.11$  in females.

### DISCUSSION

Two hundred forty adolescents (120 male school-going adolescents and 120 female school-going adolescents) were the focus of the present study and the aim was to assess and compare the gender difference among school-going adolescents in terms of perceived stress and ways of coping. The samples were collected from class 9<sup>th</sup> to 12<sup>th</sup> students of Government Sr. Sec School, Kurukshetra (Haryana). The tools administered were a socio-demographic data sheet, a perceived stress scale, ways of coping questionnaire. The samples of both groups were matched with the variables like age, family type, domicile, and religion. According to Gelhaar et al. the active coping is important in early stage of adolescent, in the stage of late adolescents internal coping was highest, while withdrawal is top in mid-adolescence. The most frequently used coping strategies by the adolescents active coping, positive reframing, planning, and instrumental support and the least used coping strategies were substance use, humour, behavioural disengagement, denial and self-blame.

[15]

Adolescence is a period in human life categorized by comparatively rapid growth and the use of a broader range of coping strategies, as well as the propensity to throw away ineffective coping. Adolescence is also a critical period for the development of some ineffective coping strategies, especially social withdrawal and alcohol and substance use. [16] The present study found some similar findings to Elgar et al. Who reported that socioeconomic conditions in rural areas, ways of coping and level of stress are like in rural and urban adolescents while in the index study adolescents who were residing in the urban area had considerably superior stress related to self-sufficiency events like a change of major subject/branch, change in eating habits, change in social activities, change in sleeping habits and outstanding personal achievement. [17]

#### *Limitations*

Being a time-bound study only a small sample could be taken and hence the generalization of the result remains doubtful. If parents of the students would have also been included as respondents along with the teacher, it would have been a more accurate study for respondents. Identify behavioural problems in children.

#### *Future Direction and Implications*

Based on the present study findings it is very clear that there are significant gender differences found among school-going adolescents in terms of perceived stress, and ways of coping. With these findings, it would be interesting to see the other contributing psychosocial factors such as academic achievement, emotional intelligence, parenting style, etc. and their impact on perceived stress, and ways of coping. Based on the present study finding psycho-social intervention programs can be developed to enhance the coping and deal with stressors of life of the school-going adolescents. Based on the present study findings, an intervention package can be developed for school-going adolescents based on gender. These skills will help them to handle various life stressors and this will also facilitate them to perform well in their academics. Present study findings would help the school mental health program tackle the problem related to stress and ways of coping among school-going adolescents.

## **CONCLUSION**

The present study was conducted to assess and compare the gender difference among school-going adolescents in terms of perceived stress and ways of coping. The study findings highlight significant gender differences among school-going adolescents in terms of perceived stress and ways of coping. Students need to know about the positive ways to cope with the stressors in their lives and be able to manage the stress and reduce the burden of stressors. With the help of the present study findings, adolescents can recognize what is causing them stress and learn how to manage their stress healthily and productively. It may not only benefit the students but may also help to enhance their academic performance. Thus findings of the study will help adolescents how to respond to stress effectively in their future life.

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***Conflict of Interest***

The author(s) declared no conflict of interest.

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