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A study on the coping mechanism of deprived adolescents

ALOPI DEY[1] AND SUSMITA NEOGI[2]*
[1]Research Scholar and [2]Professor
Department of Home Science, University of Calcutta, Kolkata (W.B.) India

ABSTRACT

The purpose of the present study was to assess the coping mechanism of the deprived adolescents. The sample of the study comprised of the socially and economically disadvantaged adolescents aged between 13 and 19 years studying in different organizations and educational institutions looking after the welfare of the deprived adolescents (poor socio-economic group). The sample was drawn by stratified random sampling technique. The strata were done according to gender and age (13-15 years and 16-19 years). The size of the sample was 400. Standardized questionnaires were administered to assess Social disadvantage, Prolonged deprivation and Coping mechanism of the deprived adolescents. In this study, Descriptive Statistics, Correlation and One-Way ANOVA were computed in SPSS-16. The result revealed that for both the age category and gender, use of Somatization coping mechanism among the deprived adolescents was high in stressful situation. ANOVA results showed that gender had no influence on the use of coping mechanism of deprived adolescents but the age-category significantly influenced the coping mechanism at 0.01 level. The correlations between social disadvantage and emotional coping as well as somatization coping were positive as well as significant at 0.01 level. Among the different areas of Prolonged deprivation significant correlations were found between childhood experiences and somatization coping, emotional experiences, travel and recreation and religious experiences were correlated with all three mechanism of coping. Thus findings of the study highlight that social disadvantage and consequent deprivation in some areas were significantly associated with the coping mechanism of the deprived adolescents. These findings imply that different kinds of opportunities should be provided for the deprived adolescents so that they can learn to cope with life situations in healthy way.

Key Words : Social disadvantage, Prolonged deprivation, Coping mechanism

INTRODUCTION

The term deprivation is also used interchangeably with the word disadvantaged children in social literature. An individual is relatively deprived if he or she does not enjoy material or symbolic goods compared with the norm or with other people who enjoy them. It stands for all those deficiencies, defects and ailments prevailing in one's environment that may cause

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him to face disfavor, loss or deficit with respect to the desired facilities, opportunities, help and guidance for his proper development and adjustment in comparison to the other people living in the same other environment. In our society many children suffer from deprivation on account of the sudden demise of their parents, severe poverty, parental and familial problems, belonging to scheduled castes or tribes. In educational context, the term deprived children may be referred to a diversified group of children suffering from multidimensional deprivations characterized by various physical, psychic and social handicaps and causing a number of obstacles in their proper education and progress (Mangal, 2009).

Deprivation arises due to complex set of conditions including unstimulating environment, lack of verbal interaction with adults, poor sensory experience and environmental factors generally associated with poverty, low social status, malnutrition, broken homes. The root cause of the deprivation among the children lies with their parents and families and their socio–economic conditions. Researchers have examined the effects of deprivation on the development of these children. The results demonstrate adverse effects in physical and psychosocial development.

Researchers have examined the effect of deprivation on coping in different ways. Coping at the psychological level of analysis is defined as the process of managing (mastering, tolerating or reducing) external or internal demand that are appraised as taxing or exceeding the resources of the person. The two major ways of coping are approaching the situation and avoiding the situation. Based on these dimensions there can be different strategies-cognitive approach, behavioural approach, cognitive-behavioural approach, cognitive avoidance, behavioural avoidance. Ultimate function of the coping is to get relief from the pressure of the feeling of stress and the mechanisms can be problem-centred (healthy), emotion-centred (unhealthy) and somatization (unhealthy).

Kausar and Munir (2004) examined the effect of parental loss and gender of adolescents on their coping with stress. Analysis showed that avoidance-focused coping was the most frequently used and active distractive coping was the least frequently used strategy by the adolescents. The findings suggest that death of either of the parents and gender of the adolescent are important determinants of the ways adolescents deal with stress. Punamki (2004) concluded that the children living in orphanages used different dimension of coping strategies to combat stressful situation than the children living with their parents. Males reported utilizing avoidance coping strategies more frequently than females. No age differences in coping strategies or self-esteem were found**.**

Recent studies also demonstrate adverse effects of social disadvantage and deprivation on health and well-being of the adolescents. Durosaro (2011) studied the problems and coping strategies of internally displaced adolescents and concluded that the major coping strategy employed by them was repression and respondents were different in coping strategy on the basis of gender. Glasscock *et al.* (2013) concluded that lower parental education and household income are associated with higher levels of perceived stress amongst Danish adolescents. Furthermore, both life events and coping appear to mediate this relation. Gender differences in the ways SES and stress are related may exist. Torikka *et al.* (2014) reported that depression is increasing among socio-economically disadvantaged adolescents**.**

Given these perspectives, the present study attempted to investigate the effect of

deprivation on the coping mechanisms of the adolescents who are socially and economically deprived. The influence of age and gender were also studied.

Objectives:

– To find out the association between social disadvantage and coping mechanisms of the deprived adolescents.

– To find out the association between prolonged deprivation and their coping mechanisms.

– To find out the influence of gender on their coping mechanisms.

– To find out the influence of age- group on their coping mechanisms.

METHODOLOGY

Hypotheses:

- There is significant association between social disadvantage and coping mechanisms of the deprived adolescents.
- There is significant association between prolonged deprivation and coping mechanisms of the deprived adolescents.
- There is significant influence of gender on the coping mechanism.
- There is significant influence of age-group on the coping mechanism.

Sample:

The sample of the study comprised of the deprived adolescents aged between 13 and 19 years studying in different organizations and educational institutions looking after the welfare of the deprived adolescents (poor socio-economic group). The sample was drawn by stratified random sampling technique. The strata were done according to gender and age (13-15 years and 16-19 years). The size of the sample was 400.

Tools:

The following standardized scales were used:

Scale for Assessing Social Disadvantage by Dr Manju Kumari Sinha and Dr Arun Kumar Singh (2009) consisted of 60 Yes-No type items.

Prolonged Deprivation Scale (PDS) by Dr Girishwar Misra and Dr L.B. Tripathi (1997) consisted of 96 items. Among these items, 38 were selected under the 6 factors–childhood experiences, rearing experiences, motivational experiences, emotional experiences, travel and recreation experiences and religious experiences.

Indian Council of Medical Research tool for coping by Dr Narendra Kumar (2005) included 30 items on (1) Problem solving mechanism (2) Emotional mechanism (3) Somatization mechanism.

All the scales were translated into Bengali and given to 3 experts for evaluation. On the basis of their recommendations some revisions were done and the final versions were prepared. These Bengali version scales were administered on a sample of 100 deprived adolescents selected for pilot study and reliabilities were computed. The reliabilities were 0.67, 0.57 and

0.51 respectively.

Procedure:

A pilot study was conducted with 100 adolescents of two NGOs and one Government school. Findings of the pilot study revealed that the students were able to respond to the scales selected for the study. The reliabilities of the questionnaires were computed on this data. Moreover the independent and the dependent variables were significantly associated in some respects. The final data were collected from the students of the selected schools and NGO's with the permission of the authority concerned. All the standardized scales (Bengali version) were administered in groups with proper instructions. The investigator was present while they were responding and provided help for any kind of difficulty. After data collection the responses were scored and then subjected to statistical analysis. Descriptive Statistics, One–Way ANOVA and Correlations were computed to verify the hypotheses of the study. The statistical analysis was carried out in "SPSS-16" version.

RESULTS AND DISCUSSION

The present research has been undertaken with the primary purpose of assessing the different psychosocial aspects of deprived adolescents. The first few tables provide a description of the sample and descriptive statistics according to the different variables considered in the study.

The Tables (1 and 2) show that for both the age categories and gender the percentage of adolescents using somatization coping mechanisms in stressful situations is high. This finding corroborates with previous studies.

Table 1: Percentage distribution of the sample according to types of coping and age category

Age category	Types of coping mechanisms			Total
	Problem solving coping	Emotional coping	Somatization coping	
13 – 15 years	15.5%	29.5%	55.0%	100.0%
16 – 19 years	9.0%	24.0%	67.0%	100.0%
Total	12.2%	26.8%	61.0%	100.0%

Table 2 : Percentage distribution of the sample according to types of coping and gender

Gender	Types of coping mechanisms			Total
	Problem solving	Emotional	Somatization	
Male	12.5%	26.5%	61.0%	100.0%
Female	12.0%	27.0%	61.0%	100.0%
Total	12.2%	26.8%	61.0%	100.0%

Table 3 : Descriptive statistics of the scores on the types of coping mechanisms

Coping mechanisms	N	Minimum	Maximum	Mean	Std. deviation
Problem solving coping	400	0	16	7.82	2.508
Emotional coping	400	0	24	9.77	4.679
Somatization coping	400	0	36	12.13	6.344

Table 3 shows that the means of unhealthy coping mechanisms are higher than the problem-solving coping mechanisms. It can be inferred that socially disadvantaged adolescents resort to somatization coping more than the other mechanisms.

The ANOVA Table (4) shows that gender has no significant effect on coping mechanism but age category has significant effect on emotional and somatization coping mechanisms. From Table 2 we can see that the percentage of early adolescents using emotional coping mechanism is more than that of late adolescents where as the percentage of late adolescent using somatization coping is more than early adolescent. However some earlier studies have reported that gender is an important variable. In case of age as a variable, the research findings are inconsistent.

Table 5 shows that Emotional coping mechanism and Somatization coping mechanism are positively and significantly correlated with Social disadvantage. But Problem solving coping mechanism is not significantly correlated implying that socially disadvantaged adolescents generally do not use this coping mechanism. So the correlation analysis suggests that socially disadvantaged feeling increases the adolescents' tendency to cope with unhealthy mechanisms, that is, by being emotional or by somatic complaints. The present findings are similar to that of Punamki (2004) who has concluded that the children living in orphanages use different dimensions of coping strategies to combat stressful situation than the children living with their parents.

The table further represents that among the different areas of prolonged deprivation,

Table 4 : Effect of gender and age category on the dependent variables summarized results of one – way ANOVA

Dependent variables	df	F(Gender)	F(Age)
Problem solving coping mechanism	1 399	0 .00000	1.028
Emotional coping mechanism	1 399	0.901	9.437**
Somatization coping mechanism	1 399	0.014	8.509**

**P < 0.01, *P <0.05

Table 5 : Correlation of social disadvantage and prolonged deprivation with coping mechanisms

Variables	Problem solving coping	Emotional coping	Somatization coping
Social disadvantage	0.78	.222**	.232**
Childhood experiences	.022	.052	.125*
Rearing experiences	.048	.000	-.052
Motivational experiences	.034	.047	.019
Emotional experiences	.153**	.143**	.117*
Travel and reacreation experiences	.153**	.143**	.117*
Religious experiences	.153**	.143**	.117*

**P < 0.01 *P < 0.05

childhood experiences, emotional experiences, travel and recreation experiences and religious experiences are positively and significantly correlated with the coping mechanisms. The correlation values, however, are quite low. This means that with increase of prolonged deprivation in these areas adolescents' use of coping mechanism tends to increase. This finding is similar to that of Sweeting and Hunt (2014). They have observed that lower subjective socio-economic status is associated with increase in physical symptoms and psychological distress. In adolescence, objective SES (residential deprivation and family affluence), may have weaker relationships with health/well-being than at other life stages. Subjective SES and three school-based subjective social status dimensions ("SSS-peer", "SSS-scholastic" and "SSS-sports") have relationship with physical symptoms, psychological distress and anger among 2503 Scottish 13 to 15 year-olds. Lower subjective SES has been associated with increased physical symptoms and psychological distress. Associations have not differed by gender. Other studies by Durosaro (2011) and Glasscock *et al.* (2013) also support the findings of the present study**.**

Conclusion :

The result tables indicate that the first, second and fourth hypotheses can be accepted. In a nutshell the findings of the study highlight that social disadvantage and consequent deprivation influence the adolescents coping mechanisms adversely. These findings imply that different kinds of opportunities should be provided for the deprived adolescents so that they can learn to cope with life situations in healthy way. Further the study implies that it is necessary to provide free counselling for socially disadvantaged adolescent at school level. Vacations and recreational facilities should be arranged for the deprived adolescents. Due recognition to the strengths and special abilities of deprived adolescents should be given.

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