

Aggression and Resilience: A Comparative Study of Adolescents Living in Border and Non-Border Areas

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ABSTRACT

The goal of the present study was to determine the extent of aggression and resilience among adolescents of border and non-border areas. The sample consists of 200 adolescents (100 from border areas and 100 from non-border areas) living in border and non-border areas. The Aggression scale by Mathur and Bhatnagar (2004) was used to assess the aggression among adolescents and the Resilience scale by Wagnild and Young (1987) was used to assess the resilience among adolescents of border and non-border areas. The results revealed that there were significant gender differences in aggression and resilience. It was also found that there were significant differences in aggression and non-significant differences in resilience among adolescents living in border and non-border areas.

Key Words : Aggression, Resilience, Adolescents, Border

INTRODUCTION

Border area is the area that falls near to the border of a country. Ceasefire is an arrangement in which countries or groups of people or nations who are fighting each other agree to stop fighting. Ceasefire violation means to violate the ceasefire agreement.

Ceasefire Violation in J&K. : As reported by the Govt. of J&K, 590 villages having a population of 5,32,144 are located between 0-5 km from Line of Control/ International border in the five border districts of Jammu division *i.e.* Kathua, Samba, Jammu, Poonch and Rajouri. Out of these, around 448 villages of districts of Jammu, Samba, Kathua, Poonch and Rajouri are vulnerable to ceasefire violations.

The number of ceasefire violations across the Line of control in 2018 was six times higher than what it was in 2015. In 2018, there were near about 3000 violations. The number of security personnel and civilians killed as a result also increased (Krishnan, 2019). The ceasefire violations by Pakistan in 2018 was the highest in the past

15 years with an average of eight cases daily in which 61 people were killed and over 250 injured. Because of shelling and firing incidents, people had to migrate to safer places three times last year, which affected their education and farm activities (The Hindu, 2019).

The psychosocial impact of conflict on the children and adolescents is huge. These children, caught in a proxy war, show increased signs of anxiety about being separated from their families, homes and closure of schools. They may have nightmares and sleep disturbances. Older children may become anxious and stressful, feeling hopeless about their future and developing aggressive behavior (Khajuria, 2017).

Aggression:

Aggression is overt, frequently harmful, social interaction with the intention of inflicting harm or other unpleasantness upon another person. It might happen either in retaliation or without provocation. In humans, the obstacles in achieving their goals can cause frustration that result in aggression. Aggression is an action or

response by a person that delivers something unpleasant to another person. Aggression can take a variety of forms, which can be expressed physically, or communicated verbally or non-verbally.

Aggression has been defined as “a category of behavior that causes or threatens a physical harm to others” (Loeber and Hay, 1997).

Aggression is one of the common issues among adolescents. Aggression negatively impacts adolescents’ academic performance, schools environment and if not controlled early, it may cause incidents of violence, anti-social behavior and it is closely related with psychopathic behavior in the long run (Wani *et al.*, 2017).

The great significance of studying aggression among adolescents is that the environment of border area affects the child very badly. Children are prone to become aggressive as such they get disturbed and many factors like separation from family members, loss of lives of family members, destruction of houses, mobility vanishes their mind and thoughts.

Resilience:

Resilience is the process of adjusting well in the bad situation and easily come back to the normal state of life as in earlier life style. It is the ability to face the worst situations like trauma, tragedy, threats or significant sources of stress- such as family and relationship issues, serious health problems or workplace and economic problems, etc. in better way. It is also referred as bouncing back of an individual from difficult times. It is the ability to look at the brighter side of the life or remain optimistic. Resilience is situational and the reactions of an individual to different stresses do not remain same forever (Rutter, 1981).

According to American Psychological Association (2014) Resilience is “the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress.” An adolescent who is resilient has an advantage when it comes to meeting the challenges and responsibilities of adulthood, even if he or she has experienced circumstances such as poverty, traumatic experiences, health problem, or strained family relationships.

Therefore, Resilience is an ability of people to recover from misfortune (Wandberg, 2001) and to withstand stressors and not to manifest psychological dysfunction even in the face of adversities. It provides protection from various mental health conditions.

Resilience brings desirable outcomes and adjustments, despite exposure to considerable risk and traumatic events (Luthar, 1993 and Rutter, 1985).

Review of literature:

Archer (2000) examined sex differences in aggression and found significant sex differences in physical aggression. Toldos (2005) investigated sex and age differences in self-estimated physical, verbal and indirect aggression in Spanish adolescents and found significant sex differences in aggression.

Saini and Singh (2008) studied the gender differences in relational aggression and psychosocial problems in romantic relationships among youths. The sample comprised of 183 university students. They also reported that males have more relational aggression in romantic relationship.

Masum and Khan (2014) reported significant gender differences in aggression with males scoring higher on aggression. Kumar and Thakur (2016) also found significant gender differences in aggression among senior secondary school students.

Shaban and Kumar (2016) studied aggression in young adults and reported that currently the pattern of aggression is changing and in modern times, both males and females experienced almost equal aggression.

Masood *et al.* (2016) found the gender difference in resilience and psychological distress of patients with burns. Mwangi and Ireri (2017) studied the gender differences in academic resilience and academic achievement among secondary school students in Kiambu County, Kenya. The study revealed that gender account for differences for students’ academic resilience. Girls were found to have higher academic resilience.

Yasmeen and Khan (2017) examined gender differences on resilience among cardiovascular patients. The sample consisted of 100 CAD patients (50 males and 50 females). The result indicated that male and female CVD patients has insignificant difference on overall resilience score and on the dimension of resilience (personal competence), whereas, on the dimension of resilience (acceptance of self and life) male and female CVD patients both has significant difference.

Nuttman-Shwartz (2017) conducted a study on aggressive behavior and post-traumatic stress symptoms among children and adolescents facing a continuous security threat. The sample was comprised of 1096 children and adolescents who have continuous exposure

to missile attacks and enrolled in public schools near the Israeli border with Gaza. Significant differences were found between aggression and post-traumatic stress symptoms, by age and gender. Post-traumatic stress symptoms were found to be lower for older participants and higher for girls, whereas aggression was higher for boys and higher for older participants.

Portnoy *et al.* (2018) investigated gender differences in trauma exposure, resilience, and protective factors among veterans. The sample consisted of 665 veterans. Results revealed significant gender differences in resilience with men reported higher resilience than women.

Objectives:

1. To assess the gender differences in adolescents with respect to aggression.
2. To assess the differences in adolescents of border and non-border areas with respect to aggression.
3. To assess the gender differences in adolescents with respect to resilience.
4. To assess the differences in adolescents of border and non-border areas with respect to resilience.

METHODOLOGY

Hypotheses:

1. There will be no significant gender differences among adolescents with respect to aggression.
2. There will be no significant differences in adolescents of border and non-border areas with respect to aggression.
3. There will be no significant gender differences among adolescents with respect to resilience.
4. There will be no significant differences in adolescents of border and non-border areas with respect to resilience.

Sample:

The sample consisted of 200 adolescents studying in various schools of border and non-border areas. 100 adolescents were taken from border areas and 100 were taken from non-border areas. Purposive sampling

technique was used to select the sample.

Tools used:

– The Aggression Scale by Mathur and Bhatnagar (2004). The scale consists of 55 items with 5 responses. The range of score was from 275 to 55. The higher the score, the more aggressive the participant is. Reliability of the scale ranges from .81 to .88.

– Resilience Scale by Wagnild and Young (1987). It is a 25 item scale. Items are measured on a 7-point scale from 1 (disagree) to 7 (agree) Responses are summed to produce a total score. The score ranges from 25 to 175. Reliability of the scale ranges from coefficients ranged from .72 to .94.

Data analyses:

The data was analyzed by using IBM SPSS statistics version 20. t-test was used to investigate the difference between aggression and resilience among adolescents living in border and non-border areas. Gender differences were also calculated.

RESULTS AND DISCUSSION

Hypothesis 1:

There will be no significant gender differences among adolescents with respect to aggression. It was tested using independent sample t-test and the result are presented in Table 1.

Table 1 shows that the mean values of aggression in males M=208.24 and females is M=191.02. Calculated standard deviation in males Sd=20.61 and in females Sd=22.17 for aggression. Difference in the level of aggression were found to be statistically significant (t=4.02) at 0.01 level. Toldos (2005) also stated that there were significant gender differences in aggression. Therefore, the hypothesis 1 which states that there will be no significant gender differences among adolescents with respect to aggression is rejected.

Hypothesis 2:

There will be no significant differences in adolescents of border and non-border areas with respect to aggression.

Table 1 : Difference in the level of aggression in males and females						
Variables	Group	N	Mean	Sd.	t	Significance
Aggression	Males	100	208.24	20.61	4.02**	Significant
	Females	100	191.02	22.17		

**Significant at 0.01 level

It was tested using independent sample t-test and the result are presented in Table 2.

Table 2 shows that the mean values of aggression in border adolescents M=207.15 and in non-border adolescents M=199.57. Calculated standard deviation in border adolescents Sd=23.13 and in non-border adolescents Sd=20.71. Difference in the level of aggression were found to be statistically significant (t=2.44) at 0.05 level.

Therefore, the hypothesis 2 which states that there will be no significant differences in adolescents of border and non-border areas with respect to aggression is rejected.

The environment of border area affects the child very badly. Factors like separation from family, lost of lives of family members, destruction of houses, mobility etc. vanishes the mind and thoughts and which results in inculcation of aggression among the adolescents. This may be the reason behind the higher aggression level in adolescents of border areas.

Hypothesis 3:

There will be no significant gender differences among adolescents with respect to resilience. It was tested using independent sample t-test and the results are presented in Table 3.

Table 3 shows that the mean values of resilience in males M=121.90 and in females M=137.86. Calculated standard deviation in males Sd=23.18 and in females Sd=14.68 for resilience. Difference in the level of resilience were found to be statistically significant (t=4.11) at 0.01 level.

Therefore, the hypothesis 3 which states that there will be no significant gender differences among adolescents with respect to resilience is rejected.

Mwangi and Ileri (2017) studied the gender differences in academic resilience and academic achievement among secondary school students in Kiambu County, Kenya and found that gender account for differences for students’ academic resilience. Girls were found to have higher academic resilience.

Hypothesis 4 :

There will be no significant differences in adolescents of border and non-border areas with respect to resilience. It was tested using independent sample t-test and the result are presented in Table 4.

Table 4 shows that the mean values of resilience in border adolescents M=128.02 and in non-border adolescents M=131.74. Calculated standard deviation in border adolescents Sd=23.98 and in non-border adolescents Sd=17.34 for resilience. Difference in the level of resilience were found to be statistically non-significant (t=0.88).

Therefore, the hypothesis 4 which states that there will be no significant differences in adolescents of border and non-border areas with respect to resilience is accepted.

Conclusion:

It is concluded that there were significant gender differences in aggression and resilience. It was also found that there were significant differences in aggression and non-significant difference in resilience among adolescents

Table 2 : Difference in the level of aggression in border and non-border adolescents

Variables	Group	N	Mean	Sd.	t	Significance
Aggression	Border	100	207.15	23.13	2.44*	Significant
	Non-border	100	199.57	20.71		

*Significant at 0.05 level

Table 3 : Difference in the level of Resilience in males and females

Variables	Group	N	Mean	Sd.	t	Significance
Resilience	Males	100	121.90	23.18	4.11**	Significant
	Females	100	137.86	14.68		

**Significant at 0.01 level

Table 4 : Difference in the level of Resilience in border and non-border adolescents

Variables	Group	N	Mean	Sd.	t	Significant
Resilience	Border	100	128.02	23.98	0.88	Non-significant
	Non-border	100	131.74	17.34		

living in border and non-border areas. Psychosocial interventions and counseling programmes aimed at reducing aggression in adolescents can be conducted by schools because this aggressive behavior can lead to greater risk of developing delinquency, other psychiatric disorders, and substance abuse in the long term. Intervention programmes aimed at enhancing resilience capacity in adolescents can also be implemented in schools because resilience plays a very important role in protecting them from the stressful conditions of border areas.

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