

An Assessment of Perceived Stress, Resilience and Mental Health of Adolescents Living in Border Areas

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Abstract- This study was carried out to find out the level of perceived stress, resilience and mental health of adolescents living at international border in Jammu and Kashmir, India. Further an attempt was made to explore the relationship between these variables. A random sample of 100 adolescents in the age group 13-18 years was drawn from villages falling within five kilometers from the actual border. Data was obtained through administering Perceived Stress Scale, Resilience Scale, and Mental Health Inventory. Sample was dichotomized using median values for perceived stress and resilience. Difference in mental health of participants with low and high resilience was analyzed using t test. Pearson's correlation revealed negative meaningful correlation between perceived stress and mental health. However, positive correlation became evident between perceived stress and anxiety as well as psychological distress. Resilience and mental health was also related signifying better mental health in resilient adolescents in border areas. Positive correlation was observed in resilience and general positive affect, emotional ties, and psychological well being. Negative association was found in resilience and loss of emotional control. Steps should be taken to build up resilience to enhance mental health of adolescents living with great stress in border areas.

Index Terms- Perceived stress, resilience, mental health, adolescents, border area

I. INTRODUCTION

There are certain situations that are not harmonious fit between person and environment and in which resources of the person are employed requiring the person to struggle or cope (Lazarus, 1966). At times events are assumed to be stressful and are regarded as potentially stressful and harmful. Self appraisal is carried out and when an individual feels an inability in managing the stressor either due to inadequate abilities or resources, stress is perceived (Monroe & Kelly, 1997). Perceived stress occurs when an individual feels inability to control the situation or manage emotional response to it.

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 is associated with mental health. Resilience brings desirable outcomes and adjustment, despite exposure to considerable risk (Luthar, 1993; Rutter, 1985). It is multidimensional in nature (Luthar, Doemberger, & Zigler,

1993). Resilience is situational and the reactions of an individual to different stresses do not remain same forever (Rutter, 1981).

There are millions of people living in the border belts of Jammu and Kashmir (India). For the residents firing and shelling is an order of the day. The turbulence along the border does not let the residents heave sigh of relief. The fear of landmines looms large too. The residents fear collapse of ceasefire. People constantly fear the war which brings loss of security, unpredictability and the lack of structure in daily life (Machel, 2001; Stichick & Bruderlein, 2001). Insecurity is likely to persist long after the conflicts have ended and people try to regain normalcy and cope (Baingana, Bannon, & Thomas, 2005). People try to adjust to the circumstances around them, cope with loss, and regain a sense of normalcy. Unpredictable conditions such as these create perceived stress in the residents. Resilient people experience positive emotions which act as moderator for the magnitude of adversity experienced by people and helps in coping with the future. There is catastrophic effect of war and conflict on the mental health of civilian population. Several studies have examined the impact of exposure to violent events as stressor affecting the mental health in war situations (Eapen, Swadi, Sabri, & Abou-Saleh., 2001; Helene, 2001; Thabet, Karim, & Vostanis., 2006; Zakrison, Shahen, Mortaja, & Hamel, 2004). Cardozo et al (2004) found significant relationship between the mental health status and traumatic events. Symptoms of both anxiety and depression were reported in the people after the war in Afghanistan (Cardozo et al, 2004; Scholte et al., 2004). Similar findings were reported in a study on Karenni refugees living in Thai-Burmese border camps (Cardozo, Alley, Burton, & Crawford, 2004). In a study carried out to assess behavioural and emotional problems in preschoolers in Palestine it was found that both direct as well as indirect exposure to war trauma gives rise to poor mental health (Thabet, Karim, & Vostanis., 2006). According to Murthy and Lakshminarayana (2006) there is resilience in people even in the face of the worst trauma in war situations. During the exposure to stressful situations or life events, resilient people appear to develop healthy psychosocial functioning (Conrad, 1998; Dybdahl, 2001; Horning, 2002; Lieberman, van Horn, Ozer, 2005).

Adolescence is the period of great strain and strife. The adolescents might be vulnerable to negative effects of stress experienced by them (Chassin, Ritter, Trim, & King, 2003; Little & Garber, 2004). Unless these issues are addressed adolescents are at risk for compromised mental health as adults (Loeber & Farrington, 2000). Since border residents are specifically living under stressful situations and this study was taken up with an

objective of assessment of perceived stress, resilience and mental health of adolescents living in border areas and also to explore the relationship between these variables.

II. METHOD

Sample

The sample consisted of 100 adolescents residing in the villages in the border area Jourian of Jammu and Kashmir. The villages from which sample was drawn were situated within the range of five kilometer from the actual border between India and Pakistan. The participants were in the age range of 13 to 18 years with the mean age of 14.21. Of these 45 of 100 (45%) were male and 55 of 100 (55%) were female.

Procedure

Data collection was done using random sampling. Purpose of study was made clear to the participants and tools were administered. Help was provided to the participants in case they found any of the items difficult to comprehend. Results were obtained and analyzed by SPSS 17 and used in the current study.

Measures

Perceived Stress Scale (Cohen, Kamrack, & Mermelstein, 1983): It is a 10 item scale measuring the perception of stress on a 5 point scale from never to quite often. Questions are directed on feelings and thoughts during the last month.

Resilience Scale (Wagnild & Young, 1987): It is 26 item scale on 7 point scale from strongly disagree to strongly agree. The score ranges from 25 to 175.

Mental Health Inventory (Veit & Ware, 1983): It is 38 item inventory used for assessment of mental health of non clinical adolescents. It assesses both psychological well being as well as psychological distress and five factors i.e. anxiety, depression, loss of behavioral/emotional control, emotional ties, and general positive affect.

III. RESULTS AND DISCUSSION

To analyze an extent of perceived stress in adolescents residing in border areas the sample was dichotomized on the basis of median of scores on perceived stress which came out to be 19. Two groups were generated showing the level of perceived stress, i.e. low perceived stress and high perceived stress. 59 of 100 participants (59%) reflected low perceived stress whereas 41 of 100 participants (41%) had high perceived stress. Similarly the sample was dichotomized on the basis of median score 123.5 for resilience. The two groups thus formed were low resilience (n=50) and high resilience (n=50). Mean and S.D. were computed and *t* test was applied to compare the participants having low resilience (n=50) and high resilience (n=50) on the mental health and its dimensions.

Table 1: Differences in mental health of adolescents having high resilience and low resilience

Variables	Low Resilience (N=50)		High Resilience (N=50)		t value	P
	Mean	S.D.	Mean	S. D.		
Overall Mental Health	148.500	15.616	155.500	14.380	2.332*	.022
Anxiety	26.360	6.552	27.640	6.736	.963	.338
Depression	10.800	4.208	10.680	3.266	.159	.874
Loss of Emotional Control	26.560	5.303	23.060	5.092	3.366**	.001
General Positive Affect	37.780	6.519	40.860	8.518	2.030*	.045
Emotional Ties	8.380	2.739	9.300	2.305	1.817	.072
Life Satisfaction	4.060	1.235	4.320	1.268	1.038	.302
Psychological Distress	68.160	12.425	66.900	13.129	.493	.623
Psychological Well Being	55.200	11.279	58.360	10.191	1.470	.145

*Significant at .05 level and ** Significant at .01 level

The mean for overall mental health of adolescents having low resilience ($M=148.500$, $SD=15.616$) was lower than those having high resilience ($M=155.500$, $SD=14.380$). This difference was statistically significant, $t(98)=2.332$, $p=.022$ (Table 1). Therefore, it could be said that the adolescents living in border areas having low resilience has poorer mental health than those having high resilience.

On the dimension wise analysis of mental health of adolescents having low and high resilience it was found that of the eight dimensions of mental health the participants differed only on two dimensions. Results from independent samples *t* test indicated that adolescents with low resilience ($M=26.560$, $SD=5.303$) scored much higher on the dimension loss of

emotional control than those having high resilience ($M=23.060$, $SD=5.092$), $t(98)=3.366$, $p=.001$. The mean scores for the loss of emotional control are presented in Table 1. The difference between the two groups in loss of emotional control appeared to be highly significant. Comparison reveals that the participants having lower resilience had greater loss of emotional control. Similarly ($M=37.780$, $SD=6.519$) and ($M=40.860$, $SD=8.518$) for low resilience and high resilience groups respectively was found to be statistically different $t(98)=2.030$, $p=.045$ for the dimension general positive affect (Table 1). The adolescents having high resilience had better general positive affect.

Table 2: Correlation Matrix of Perceived Stress, Resilience and Mental Health

Variables	1	2	3	4	5	6	7	8	9	10	11
Perceived Stress	1										
Resilience	-.017	1									
MH Index	-.253*	.251*	1								
Anxiety	.292**	.081	-.607**	1							
Depression	.218*	.005	-.378**	.218*	1						
Loss of emotional control	-.001	-.282**	-.547**	.289**	-.008	1					
General positive affect	-.091	.278**	.499**	.074	-.082	-.323**	1				
Emotional ties	.090	.283**	.346**	.193	-.103	-.054	.467**	1			
Life satisfaction	.024	-.069	.049	-.017	.073	-.008	.031	-.022	1		
Psy distress	.283**	.012	-.705**	.731**	.391**	.506**	-.020	.071	.068	1	
Psy well being	-.140	.288**	.405**	.161	-.107	-.144	.790**	.516**	-.100	-.099	1

Table 2 represents correlation matrix of perceived stress, resilience and mental health variables. It shows that there is a negative meaningful correlation between perceived stress and mental health. It means that higher the perceived stress in adolescents residing in border areas poorer will be the mental health. On dimension wise analysis of mental health scores positive correlation became evident between perceived stress and anxiety as well as psychological distress. This reflects that with increase in perceived stress level of depression as well as psychological distress in adolescents is likely to increase. Previous studies have reported an association between perceived stress and negative mental health outcomes in children and adolescents (Martin, Kazarian, & Breiter, 1995; Mayberry & Graham, 2001).

Resilience and mental health is also related (Table 2) signifying better mental health in resilient adolescents in border areas. Positive correlation is also observed in resilience and general positive affect, emotional ties, and psychological well being. Negative association is found in resilience and loss of emotional control. Similar findings were reported in previous studies (Hjemdal, Aune, Reinfjell, Stiles, & Friborg, 2007; Hjemdal, Vogel, Solem, Hagen, & Stiles, 2011; Ziaian, de Anstiss, Antoniou, Baghurst, & Sawyer, 2012).

Important finding of this study was that adolescents having higher levels of resilience had shown lesser mental health problems and better psychological well being, emotional ties, and general positive affect. This could be indicative of the role that resilience plays in safeguarding mental health of those who are residing in border areas from development of mental health problems. Future studies might be focused on assessment of resilience as a predictor of mental health in adolescents living in border areas or in similar stressful conditions. Investigation in this aspect would enable in designing interventions to enhance resilience and ultimately the mental health.

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