FINDINGS:

After analysis of data the following findings were made on the basis of (I) Multiple Regression Analysis as indicated by Regression Coefficients of various predictors of the two criterion variables stress and coping. (II) Graphical presentations of effect of increasing trend of predictors upon stress and strain of adolescents. (III) In depth analysis of 10 extreme cases of stress and the effect of counselling provided to them.

Predictors of stress:

- Multiple regression analysis indicates that **Control on Alcohol consumption Behaviour** is the strongest negative contributor in the determination of stress. Strong self control on alcohol consumption thus keeps the adolescents away from stress and those who do not have control over alcohol consumption and smoking etc have highest level of stress.

- 2nd Highest negative contribution in the determination of stress was that of **Spiritual Behaviour**. This indicates that higher the adolescents’ involvement in spiritual behaviour lower is their level of stress. Adolescents with non involvement in any types of spiritual behaviour generally do not have internal strength to deal with stressful situation.

- The 3rd highest positive contribution in the determination of stress was that of **Peer Group Effect**. This shows that those adolescents who are more influenced by their peer groups have to face highest level of stress.

- The 4th highest contribution in the determination of adolescent’s stress is that of **Food Intake Behaviour**. The regression coefficient is negative, which shows that healthier the food intake behaviour of adolescents, lower is their stress.
• Physical Activity, Sleeping Behaviour and Parental Pressure have negligible contribution in determination of stress.

• Influence of Family Social Support, in no way makes any contribution in the determination of adolescents’ stress. Its contribution is almost zero.

So adolescents should be advised to avoid alcohol consumption. They are further advised to get involved in spiritual behaviour, to resist the influence of peer group and to take healthy food if they want to keep their stress at the minimum.

Predictors of coping:

• Highest positive predictor for coping is Spiritual Behaviour. This indicates that adolescents involved in spiritual activity have minimum of stress and even if they feel stress, spiritual activity acts as a coping plan in dealing with stress. So adolescents are advised to include spiritual activities in their life style in order to remain free from stress and to cope with stress, if stress arises.

• The 2nd highest negative contributor is the Peer Group Effect in the determination of coping. The present study shows that the predictor variable peer group effect has a highly negative contribution in the determination of coping. This shows that peer group creates problems in coping with stress, whenever adolescents face stress.

• The 3rd highest positive contribution in the determination of coping was that of Physical Activity. This research finding indicates that physical activity has positive and high contribution in adolescents’, coping with stress.

• Sleeping Behaviour has moderate positive contribution in determination of coping.

• Food Intake Behaviour has positive but low contribution in determination of coping.
• **Control on Alcohol Consumption Behaviour** has positive but low contribution in the determination of coping.

• **Parental Pressure** has low and negligible contribution in determination of coping.

• **Family Social Support** has very low in fact negligible contribution in the determination of coping.

**CONTRIBUTION OF CONTROL ON ALCOHOL CONSUMPTION BEHAVIOR IN STRESS AND COPING**

The present research findings indicate that control on alcohol consumption behaviour has negative and very high contribution in the determination of stress. Correlation Matrix also showed that control on alcohol consumption behaviour is negatively highly correlated with stress. Control on alcohol consumption does not contribute to stress and such adolescents not consuming alcohol cope better with stress.

The result of the present study shows that in Indian culture, alcohol consumption and substance abuse are the predictors of stress and control on alcohol consumption reduces stress. This result is not in agreement with the findings that substance abuse reduces worry, strain, stress, or sadness, and the probability of future use is increased, this time by the process called negative reinforcement (Carey & Correia, 1997; Michael, 2005).

The present finding is in agreement with the study of Molina and Donovan (2008), who found that children of parents having dependence on alcohol have an increased chance of alcohol problems. It has also been found that stress in the home is one of the many factors that contribute to substance abuse problem. So alcohol abuse increases stress, although it seems that alcohol consumption would reduce stress.
Similar results were also found that stressful or disturbing life events also increase adolescent’s risk for substance abuse (Kilpatrick et al., 2000). Another research showed that adolescents who witnessed or experienced physical and/or sexual assault were at greater risk for developing substance abuse disorders than were adolescents without such experiences. Similarity, in an analysis of factors related to initiation and increase of substance abuse it was found that the number of stressful life events experienced by adolescents was related to both the initiation and continuation of substance abuse (Wills et al., 2001; Erblich et al., 2004). The present finding is also in agreement with the study Bradley and Rogers (2010) who found that there is a relationship between anxiety and alcohol use in adolescents.

The present investigator therefore, asserts that Indian adolescents who do not use alcohol or drugs cope better with stress. The present research findings indicate that control on alcohol consumption behaviour has positive contribution in the determination of coping. Multiple Regression Equation shows that this predictor variable has positive contribution in the determination of coping. Better the control on alcohol consumption behaviour, higher is the coping. Highest coping was found in those individuals who do not at all take alcohol.

**CONTRIBUTION OF SPIRITUAL BEHAVIOR IN STRESS AND COPING**

The present study reveals that spiritual behaviour is a strong negative contributor of stress. The present research findings also indicate that spiritual behaviour has positive and very high contribution in the determination of coping. Correlation matrix also showed that spiritual behaviour is positively and highly correlated with coping.

The present finding is also in agreement with the study of Kottke and Sonja (2010) who explored the relationship between spirituality and prayer as coping skills for substance use
refusal in older adolescents. Spirituality is a common aspect of substance use treatment and recovery. Results show that many factors influence substance use in older adolescents. These findings strongly support the present study which shows that control on alcohol consumption behaviour and spiritual behaviour are important predictor variables of stress.

The investigator therefore concludes that adolescents get positive energy through spiritual behaviour, be it prayer, meditation or altruistic behaviour. Helping elders and needy people fills their heart with tranquility and happiness and then they are able to solve their problems causing stress. At the same time they take correct decision by utilizing their knowledge and memory to the utmost and through intuition. Thus spiritual behaviour helps adolescents in preventing themselves from stress and also performed as a coping strategy to cope with stressful situations and negative emotions. This result is in agreement with the findings of Dunn and Horgas (2000) as well as Manfredi and Pickett (1987) who did research with older adults. The present finding also agrees with the research findings of Sharp (2010) who views prayer as an imaginary social support interaction. Bremner, Koole and Bushman (2011) also showed that prayer helped people cope with anger arousing due to frustrations.

Thus after reviewing the previous and present researches it can be concluded that spiritual behaviour is an important predictor of coping of adolescents.

**CONTRIBUTION OF PEER GROUP EFFECT IN STRESS AND COPING**

The present study shows that the predictor variable peer group effect is a positive and strong contributor in the determination of stress. The present study also shows that the predictor variable peer group effect has negative and high contribution in the determination of coping. The correlation matrix also reveals that it is significantly and negatively correlated with coping.
Multiple Regression Equation shows that this predictor variable has significant contribution (b=0.13) in the determination of coping. The correlation matrix also reveals that Peer Group Effect is significantly and negatively correlated with coping. Hence it can be concluded that peer group effect is an important contributing factor for coping.

The present finding is also in agreement with the study of Misra and Ganguly (1984) who have investigated coping with stressors resulting from cultured transition among a group of African students studying in India.

Similar results were reported by Alex (2006) who found that the specific resources available to face the stress could lessen the stress among adolescents. Although research studies have investigated the relationship between coping resources and various outcomes among general samples of youth. Results showed that there is positive association between holding high standards and specific coping resources.

Similar results were also found by Sontag and Michelle (2009) who investigated gender specific versus common pathways to anxious/depressive and aggressive symptoms as a means of determining the comparative importance of peer stress and different coping strategies in relation to symptoms of psychopathology. For both girls along with boys peer stress was associated with greater use of disengagement coping to deal with peer stress. Interestingly, for girls, disengagement coping was associated with an increased risk for reporting symptoms of anxiety/depression, whereas for boys, disengagement was associated with a decreased risk for reporting symptoms of overt aggression.

Thus after reviewing the present results and the related studies it can be concluded that there is an important and significant negative contribution of peer group effect in determination
of coping. So if peer group effect increases coping with stress becomes more difficult. Parents and teachers should be cautious in guiding their children in selection of friends’ circle. In other words Peer group creates problems and hindrances in coping with stress. So adolescents should be advised to be cautious of the influence of their peer group, while they are dealing with stressful situations.

**CONTRIBUTION OF FOOD INTAKE BEHAVIOR IN STRESS AND COPING**

The present study shows that the predictor variable food intake behaviour has high negative contribution in determination of stress. Multiple Regression Equation shows that this predictor variable has significant contribution (b= -.14) in the determination of stress. The correlation matrix also reveals that food intake behaviour has negative relation with stress.

The finding is not in agreement with the study of Bailey and Katherine (2010) who examined the relationships among several weight-related constructs and their relationships with trajectories of adolescent smoking.

The present study shows that the predictor variable food intake behaviour has a positive but low contribution in the determination of coping. The correlation matrix also reveals that food intake behaviour is significantly and positively correlated with coping.

Another statistical analysis of comparison between means shows that there exists a significant difference in food intake behaviour of adolescents with high stress and low stress. The food intake behaviour of adolescents with high stress has been found to be more unhealthy. Responses to items in this section indicate that adolescents have higher inclinations to eat out in restaurants etc, even if proper food is available at home. They prefer to dine out, to attend parties
etc and to give more importance to taste and prestige rather than hygiene factors. They are more inclined to take food which is fried, rich and heavy, rather than simple balanced diet.

Similar results were also reported by Dutta (2012) who investigated that junk food consumption was associated with adolescents having lunch at school canteens, hotels and bakeries, not having dinner with parents and having dinner outside. It was also associated with low consumption of vegetables and fruits. Those who brought lunch to school were more likely to consume moderate amounts of vegetables and fruits. Dinner with parents results in more consumption of vegetables and fruits. Thus healthy food intake behaviour decreases stress by increasing the adolescent’s interactions with parents during dinner time, this reducing communication gaps. Also healthy food keeps the body healthy and fit, keeps the adolescents physically and mentally alert to solve their stress related problems.

CONTRIBUTION OF PHYSICAL ACTIVITY IN STRESS AND COPING

The present study shows that physical activity has negative but low contribution in the determination of stress. Correlation matrix also shows that physical activity has negative but low correlation with stress. This means that participation in physical activity helps in reducing stress to a certain extent.

The present finding is in agreement with the study of Tatum and Lynlnez (2010), and found that the naturalistic relationship between physical activity and sleep by exploring frequency, type, and timing of exercise and their association with a variety of sleep variables. Increased frequency of physical activity was related to increased sleep effectiveness decreased time in bed, and decreased time spent awake in bed in the morning. Greater amounts of exercise energy expenditure (i.e., metabolic equivalents) per week was related to increased sleep
efficiency, and decreased time in bed and time spent awake in bed in the morning. After controlling for other factors, this relationship remained true only for time spent awake in bed in the morning. Early morning exercisers reported shorter total sleep time and time in bed than those who met the research analytic criteria for sleeplessness and those who did not.

The present research findings indicate that physical activity has positive and high contribution in the prediction of coping. Results also indicate that adolescents in the sample who had low stress were also more involved in physical activity.

**CONTRIBUTION OF SLEEPING BEHAVIOR IN STRESS AND COPING**

The present research findings indicate that sleeping behaviour has positive but low contribution in the determination of stress and coping. Healthy sleep acts as coping strategy for dealing with stress. In fact deep sleep after rigorous physical activity relieves stress in much the same way, as muscular relaxation therapy does.

There are few studies which indicate relation between physical activity and sleep but no studies were found showing relationship between sleeping behaviour with stress and coping. The results of present investigation indicate that those adolescents who score high in sleeping behaviour (i.e. those who do not sleep too much or too little, get up early in the morning, without spending anytime lying sleeplessly on bed) have less stress. Stress goes on decreasing with increase in sleeping behaviour scores (Graphical Presentation)

**CONTRIBUTION OF PARENTAL PRESSURE IN STRESS AND COPING**

The present research findings indicate that parental pressure has negative and low contribution in the determination of stress. Correlation matrix also showed that parental pressure
is negatively correlated with stress. This indicates that as parental pressure increases and compels the adolescents adopt healthy life style to keep stress away the stress decreases. If parents do not pressurize their children, they are under more stress but the contribution of parental pressure in the determination of stress is very low. This present finding is also in agreement with the study of Bradley and Rogers (2010) who found that there were no family and peer factors that moderated the relationship between anxiety and alcohol use.

Findings of the present study suggest that parental pressure has negative contribution in the prediction of stress. It signifies that if there is increment in parental pressure, there will be decrement in stress.

Increase in parental pressure has positive though low contribution in coping with stress. Similar results were also found by Joseph and Ann (2010) who examined the effect of peers and family on tobacco use among school going youth in India. Results indicated that for all three tobacco types, even after correcting for peer endogeneity, peer effects are important in determining tobacco use. Results also show the impact of the household in determining tobacco participation and consumption among youth. For all the three forms of tobacco use, familial influence is a strong predictor of youth tobacco participation for cigarettes, beedis and gutka. So family interferences and parental pressures influence adolescents’ use of tobacco etc, if parents counsel them in friendly manner.

Similar results were also reported by Venkatraman and Sonia (2010) who investigated that role of parents in shaping adolescent behaviour is large. These results show that parental monitoring in adolescence is a powerful protective factor that requires flexibility and re-evaluation to accommodate changes in adolescence. Results also suggest that, while parental
monitoring is important in the prevention of substance use, it can also have a substantial impact on adolescent health.

The present finding is also in agreement with the study of Patrick (2011) who examined parental control on stages of adolescent cigarette smoking. Results indicated four distinct stages of smoking that included non-smokers, experimental smokers, moderate-situational smokers, and heavy-addicted smokers. Friends' cigarette use, parental disapproval of smoking, and negative beliefs about smokers were associated with each stage of smoking. Parental control on the other hand, predicted two of the smoking stages (i.e., experimental, moderate-situational).

The present research findings indicate that parental pressure has positive and low contribution in determination of coping. Correlation matrix also showed that parental pressure has positive though low correlation with coping. Thus parents can pressurize adolescents in developing good habits. Parental pressure acts as a coping strategy to deal with stress though it has low contribution.

The finding is in agreement with the study of Chatterjee (2010) “who compared anxiety across gender, school type, socio-economic background and mothers’ employment status. The study also examined adolescents’ perception of excellence time with their parents. Adolescents with working mothers were found to be more anxious. Results also show that a large section of the adolescents did not receive quality time from fathers and mothers. This shows that most of the Indian adolescents seek parental guidance in the form of parental pressure, since parental pressure decrease the adolescents’ experience of stress. Unlike western countries, Indian parents care for their adolescent sons and daughter. So it is concluded that parental pressure has some contribution in reducing stress of adolescents. Parental pressure, however, has negligible
contribution in adolescents’ coping with stress. Increased parental pressure does not help adolescents to cope with stress”.

CONTRIBUTION OF FAMILY SOCIAL SUPPORT IN STRESS AND COPING

Findings of the present study suggest that family social support has very low contribution in the determination of stress and coping. The correlation matrix also reveals that family social support is not correlated with stress and coping. The present finding is not in agreement with the study of Panley and Perry (2009) that high levels of social support are positively associated with alcohol consumption.

Similarly another study by Huntley and Kristy (2011) which showed the impact of parental levels of education and parental support on college adjustment does not agree with present findings. This study also shows that family social support is the important factor. The results are not supported by the present study.

The present study shows that the predictor variable family social support does not act as a contributor in the determination of coping. An adolescent cannot cope with stress even if he gets social support from his family. The correlation matrix also reveals that family social support is not correlated with coping.

The present finding is also not in agreement with the study Elvira and Cicognani (2011) who investigated that strategies used by adolescents in dealing with everyday minor stressors differs according to age and gender. They found social support acts as a coping resource, but the present results are not in support with the study. The present research findings indicate that social support does not act as a successful coping strategy to deal with stress.
CONCLUSION:

So it is concluded that spiritual behaviour is highest positive contributor in determination of coping. Adolescents involved in spiritual activity have low stress and even if they feel stress, spiritual activity helps them to face stress. So adolescents are advised to include spiritual activities in their life style in order to remain free from stress.

Peer group is also important predictor in determination of coping. Boujlaleb (2006) said that influence on adolescents by peers is more in comparison to families but peers do not always support the friends to solve the problems and often mislead and misguide them. Peer group effect often creates problem in coping with stress. If peer group has unhealthy lifestyle, the adolescent will face problems in coping with stress. So in order to cope with life stress, adolescents are advised to become alert from peer group effect.

Healthy life style is also helpful in coping with stress, especially physical activity healthy deep sleep and healthy food intake behaviours help adolescents in coping with stress. So adolescents are advised to do rigorous physical exercise, to have deep sleep and to have nourishing diet in order to cope with stress. At the same time, they should have faith in God, should have a feeling of brotherhood for all mankind and should have altruistic attitude, so that they get internal happiness which is necessary for adolescents to cope with stress.
LIMITATIONS OF THE STUDY AND SUGGESTIONS FOR FURTHER RESEARCH

- The study has been conducted on a limited sample of 150 girls and 150 boys taken from Agra city only. There is a need to conduct this study on a larger and broader sample of various socio-economic strata and cultures.

- Only literate adolescents are included in the sample. Literate as well as illiterate adolescents of rural areas should be studied for better generalization.