SUMMARY
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Introduction

Adolescence is a hallmark period of transition between childhood and adulthood. It is characterized by significant changes in brain, hormones, physical, cognitive, and socio-emotional development (Evans & Seligman, 2005). Dahl (2004) has defined adolescence as beginning with the onset of puberty and ending with the achievement of adult roles and responsibilities. The age span of 10 to 24 years is often used as a working definition, and it is further developed into three sub-stages, including early adolescence, middle adolescence, and late adolescence (American Academy of Child and Adolescent Psychiatry, AACAP, 2008).

A number of dramatic and unique changes occur during adolescence. These changes contribute to increased risk of depression during this developmental period (Compas et al., 1993). During adolescence, puberty usually begins at about ages 10 to 12 in girls and 12 to 14 in boys (Hofman & Greydanus, 1997). For most adolescents, puberty involves breast budding and menstruation in girls and growth in testicles and penis, wet dreams, and deepening of voice in boys (AACAP, 2008). Adolescents who are unprepared for these physical changes may have difficulties. They may feel awkward about their self and body and worry about if they are normal (AACAP, 2008).

Research findings suggest that early physically maturing girls and late maturing boys appear to be at increased risk for a number of problems including depression (Ge et al., 2001; Graber, Lewinsohn, Seeley, & Brooks-Gunn, 1997). Furthermore, as adolescents move from childhood to adolescence, they tend to have increased conflicts with their parents due to the drive for independence. Previous studies show that escalating parent-adolescent conflict predicted increases in adolescent internalizing symptoms (Rueter, Scaramella, Wallace, & Conger, 1999). At the same
time, adolescents have increased time spent with peers, and peer relationships become especially important in their life. Peer difficulties, including perceived peer rejection, are significantly associated with self-reported depression in adolescents (e.g., Panak & Garber, 1992; Prinstein & Aikins, 2004). Finally, from childhood to adolescence, reports of major stressful life events also increase for both boys and girls (Ge et al. 1994), and a clear empirical link exists between stress and depression in adolescents (e.g., Connor-Smith & Compas, 2002; Meadows et al., 2006). Thus, it can be expected that stress including prevalence and severity, may increase during adolescence compared to childhood.

Coping style plays an important role in mediating between a stressful experience and the psycho physiological reactions to that experience, but research into the relationship between gender and coping style has produced mixed results. Some researchers have found no consistent differences between men’s and women’s coping styles (Pritchard & Wilson, 2006; Hamilton & Fagot, 1988), while others have found that women use more emotion-focused coping strategies whereas men use more problem-focused strategies (Miller & Kirsch, 1987; Matud, 2004; Folkman, Lazarus, Dunkel-Schetter, Delongis, & Gruen, 1986; Day &Livingstone, 2003). In general, problem-focused coping has been found to be more effective than emotion-focused coping, which is associated with psychological distress (Sigmon, Stanton, & Snyder, 1995).

Coping strategies are known to influence an individual’s experience of stress. For most students, managing stress during college can be extremely challenging. However, learning how to manage stress may help students cope with every day social and academic pressures, and thus have a better college experience. Effective time management strategies increase academic performance (Campbell and Svenson,
1992) and are frequently suggested by academic assistance personnel as aids to enhance achievement for college students. Although programs emphasize starting large tasks well before due dates, breaking down large tasks into small ones, and doing small tasks on a regular schedule, students regularly ignore these techniques and find themselves in great distress before exams (Brown, 1991).

Stress and coping literature identify an extensive range of coping strategies that young people adopt (de Anda et al., 2000; Moskowitz, Stein & Lightfoot, 2013; Skinner & Zimmer-Gembeck, 2006; Williams & McGillicuddy-De Lisi, 1999). Some examples of emotion-focused coping include relaxation, distraction, escape, helplessness and withdrawal (Caltabiano et al., 2008; de Anda et al., 2000; Skinner & Zimmer-Gembeck, 2006). Examples of problem-focused coping include problem-solving and support-seeking (Skinner & Zimmer-Gembeck, 2006).

An individual’s ability to handle stress is determined by the relationship between personal attributes such as cognitive, emotional and behavioural development (Delahaij et al., 2011; Skinner & Zimmer-Gembeck, 2006). The highly influential work of Lazarus (1966) as cited by Folkman, Tedlie and Moskowitz (2004), emphasised the role of cognitive interpretation in both stress perception and coping. Folkman et al. (2004) suggests that how an individual appraises a situation determines the level of stress experienced. Williams and McGillicuddy-De Lisi’s (1999) study on stress also focuses on the role of cognitive development in appraisal and coping. Results indicated that due to having a wider coping repertoire, older adolescents utilised more adaptive strategies than those younger (Williams & McGillicuddy-De Lisi, 1999). This suggests that experience with stress prepares adolescents for certain problems, thus allowing the individual to cope adaptively (Williams & McGillicuddy-De Lisi, 1999). It is important to note however that the data was gathered over a short
time and from a sample of predominantly white, middle-class students. This allows little room for generalisation to the wider population, however effectively demonstrates the role of cognition in stress coping.

**Rationale of the study**

Empirical studies on stress coping strategies and socio economical status, gender, dietary pattern among college going students in Indian context have not yet been conducted. Thus, the understanding of the nature of stress coping strategies and socio economical status, gender, dietary pattern among college going students remains significantly limited. To bridge the gap in the literature, the present study purports to examine the role of socio economical status, gender and dietary pattern on stress coping strategies among college going students.

**Objectives**

Following objectives are included in this study-

1. To examine the prediction effect of socio economical status on stress coping strategies among college going students.

2. To examine the prediction effect of gender on stress coping strategies among college going students.

3. To examine the prediction effect of diet patterns on stress coping strategies among college going students.

**Hypotheses**

Following hypotheses are included in this study-

1. Socio-economic status would emerge as predictor of stress coping strategies among college going students.

2. Gender would emerge as predictor of stress coping strategies among college going students.
3. Diet patterns would emerge as predictors of stress coping strategies among college going students.

**Research Design**

In this research work correlational research design was employed. Stress coping strategies are the criterion variables; socio-economic status, gender and diet pattern are suspected predictors.

**Participants**

College going students are target population in the present research. Participants from urban, semi-urban and rural are included in this study. However, participants from only Durg Districts, Chhattisgarh state are included. 360 college going students (180 boys & 180 girls) with the chronological age range of 18-21 are included by the stratified random sampling technique.

**Measures**

**Anthropometric measurement:**

Weight (K.G.), height (M) will be measured by using standard techniques. BMI (Body mass index) will be calculated by using following formula- \( \text{BMI} = \frac{\text{Weight (K.G.)}}{\text{Height (M)}} \)

**SESS-UR-KASS (Kalia & Shahu, 2012)**

In this present research socioeconomic status was measured by SESS-UR-KASS (Kalia & Shahu, 2012). It has minimum 13 and maximum 115 score. A higher score indicates higher socioeconomic status. Kalia and Shahu, (2012) reported that satisfactory internal consistency reliability, convergent and discriminant validity.

**Coping Resistance Scale (Shrivastva, 2001)**
In this present research socioeconomic status was measured by coping resistance scale (Shrivastva, 2012). Scale consist five sub scales viz. approach- behavior, approach-cognitive, approach- cognitive behavior, avoidance- behavior, avoidance- cognitive. It has minimum 0 and maximum 200 score. A higher score indicates higher coping ability. Shrivastva, (2012) reported that satisfactory internal consistency reliability, convergent and discriminant validity.

Dietary pattern
Dietary intake was measured by taking 24 hour recall diet history and Vitamin B12 and Vitamin B6 values at the content of the food consumed everyday will be calculated.

Procedure
Prior to initiation of the study, all participants gave their informed and written consent. The study obtained approval from research degree committee of home science, Pt. Ravishankar Shukla University, Raipur, India. Introductory interview with the participants was made at different institution at durg district, chhattisgarh state. They were aware about the objective of the research. Introductory interview, each participant was also illustrated the temperament of the research and the participants were illustrated about the privacy regarding acquaintance collected from them. They were urged to complete the questionnaire as per the instructions and after completion they returned the test and were acknowledged for their collaboration.
Major Findings

All 360 cases were included for data calculation. Stepwise multiple regression models were used to examine the predicting effect of different predictor on criterion. SPSS version 22.0 was used for prediction analyses. Variable entered methods- Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

Approach- cognitive

All predictors explained 31.90% of the total variance ($R^2 = .319.00; F(1, 389) = 181.91; p<0.01$). Gender of the participants (1= male, 2= female) was negatively associated with cognitive approach (-.564, p<0.01). This shows that female participants were reported less cognitive approach.

Approach- behavior

All predictors explained 60.08% of the total variance ($R^2 = .600.08; F(3, 387) = 200.41; p<0.01$). Gender of the participants (1= male, 2= female) was negatively associated with behavioral approach (-.732, p<0.01). This shows that female participants were reported less behavioral approach. BMI of the participants was positively associated with behavioral approach (.124, p<0.01). This shows that increasing level of BMI of the participants reported high behavioral approach. Consumption of vitamins B$_{12}$ from the participants was negatively associated with behavioral approach (-.079, p<0.05). This shows that increasing level of consumption of vitamins B$_{12}$ from the participants reported less behavioral approach.

Approach- cognitive behavior

All predictors explained 27.40% of the total variance ($R^2 = .274.00; F(3, 387) = 48.73; p<0.01$). Gender of the participants (1= male, 2= female) was negatively associated with behavioral approach (-.447, p<0.01). This shows that female participants were reported less cognitive behavioral approach. Socio-economic status (low=1,
moderate=2, high=3) of the participants was negatively associated with behavioral approach (-.219, p<0.01). This shows that increasing level of socio-economic status of the participants reported low cognitive behavioral approach. Consumption of vitamins B\textsubscript{12} from the participants was positively associated with cognitive behavioral approach (.163, p<0.01). This shows that increasing level of consumption of vitamins B\textsubscript{12} from the participants reported high cognitive behavioral approach.

**Avoidance- behavior**

All predictors explained 42.40% of the total variance (R\textsuperscript{2} = .424.00; F (2, 388) = 142.873; p<0.01). Gender of the participants (1= male, 2= female) was positively associated with behavioral avoidance (.181, p<0.05). This shows that male participants were reported less behavioral avoidance. Consumption of calcium from the participants was negatively associated with behavioral avoidance (-.491, p<0.01).

**Avoidance- cognitive**

All predictors explained 61.50% of the total variance (R\textsuperscript{2} = .615.00; F (3, 387) = 205.843; p<0.01). Gender of the participants (1= male, 2= female) was positively associated with behavioral avoidance (.708, p<0.01). This shows that male participants were reported less cognitive avoidance. Consumption of vitamins B\textsubscript{6} from the participants was positively associated with cognitive avoidance (.094, p<0.05). This shows that increasing level of consumption of vitamins B\textsubscript{6} from the participants reported low cognitive avoidance. BMI of the participants was negatively associated with cognitive avoidance (-.209, p<0.05). This shows that increasing level of consumption of vitamins B\textsubscript{6} from the participants reported high cognitive avoidance.
Conclusion

Present study concluded that there is sufficient empirical and statistical evidence of the predication effect of socio-economic status, gender and diet pattern on stress coping strategies. Moreover, present research demonstrates thorough understanding of stress coping strategies among college going students.

Signature of the Supervisor

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