



**A comparative study to assess the level of stress, coping strategies and stress symptoms among school children in selected private and government schools at Bangalore**

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**Abstract**

**Background:** Stress in children can be led by any circumstance that compels a child to adjust or change. The circumstance often builds comprehensiveness. Children with stress exhibit psychological dysfunctions, combative behaviour, timidity, social anxiety disorder and usually are apathetic in recreational activities. Factors like separation from home, broken family, single parents, poverty, sibling rivalry, school stress causes stress in school children. Coping always involves mental or physical action. Coping is developed for specific stressors they become habitual or routine. It's not children who identify that they are stressed, but its parents. Parents can identify if their child is stressed based on the symptoms like physiological symptoms like headache, anorexia, sleep disturbances, stuttering, and psychological or behavioural symptoms like anxiety, worries, antisocial behaviour anger, aggressive behaviour. Journal of Indian Association for child and Adolescent Mental stated that 51% of them exhibited mental health issues likes anxiety, distress and social withdrawal. In view of this, the researcher wants to study the stress level, coping strategies and stress

symptoms among school age children in private and government school.

**Objectives of the study**

- To assess the level of stress, coping strategies, and stress symptoms among school children in private school.
- To assess the level of stress, coping strategies, and stress symptoms among school children in government school.
- To compare the level of stress, coping strategies, and stress symptoms among school children in private and government school.
- To find out the association between the level of stress among school children in private and government school with their selected demographic variables

**Methods:** The comparative descriptive research design was selected to compare the stress level of stress, coping strategies, and stress symptoms among school children in private and government school. The sample size were 60 students, out of which 30 were from private and 30 from Government schools between the age group of 10 to 12 years who fulfilled the selection criteria. Simple random sampling technique was used. After obtaining formal permission from the Principals of both Private and

Government schools and consent from students the data collection was done by Interview method. For analyzing the data descriptive and inferential statistics has been used.

**Conclusion:** Children of both private and government school children had stress on different stressors. They differed in using coping strategies and in exhibiting the stress symptoms.

**Keywords:** Stress, Stressors, Stress symptoms, Private and Government school children.

### Introduction

Stress in childhood is defined from both a physiology and an emotional point of view, essentially distress is a disparity between an individual's coping strategies and environmental demands that derange the balance of the individual" (Masten, Garmezy Tellegen, 1988). Although all children experience stress, some children tend to be more prone than others. Age of a child, their temperament, state of health and life situation, affect their susceptibility, responses, and capacity in handling stress. Also the reactions to a stress stimuli can be emotional, behavioural or physical, it is impressive and unpleasant to safeguard the children from pressure, however providing children with interpersonal protection aids them in developing the coping strategies to deal with stress. If not they end up with stress symptoms which constitutes both physical and emotional or psychological symptoms.

Even in preschoolers separation from parents can cause anxiety. As children grow academic and social pressures cause strain stress. Many children are too occupied, to have time for recreation or to relax after school. Coping refers to a person's reaction to stress stimuli, categorically a response to pressure that replaces or decreases the effective state categorized as stressful. Coping strategies are particular ways in which children cope with stressors, as distinguished from coping styles which are relatively

unchanging personality characteristics or outcomes of coping. Most children might have their own ways of coping strategies like relaxing, playing, and withdrawal taking a nap, drawing, watching television or reading. Some others might rely on parents to solve their issues, or they might end up in developing socially impermissible behaviour such as stealing, cheating or lying.

Richard L. Hall Ph.D., Vice Principal of Atlanta's Lovett School had conducted study by enrolling around 1500 school children. Samples were per-kindergarten to high school. In his study it was found out that students were on constant pressure without proper support system. They are placed in an environment which expects only achievements but do not accept them the way they are. These pressure causes stress in children. Furthermore, a child development specialist Karen De Bord, Ph.D. at North Carolina Cooperative Extension Service says that inner motivation of a child is important for the child to succeed rather than putting pressure on children to perform. Parents fail to do it rather they are preoccupied with their kid's performance to succeed and do not really realize that constant excellence is not natural whereas internal motivation is vital.

Pediatric Nurses are involved in all aspects of child care. The crucial duty is to protect the children's health from illness and injury and to help children to reach desirable growth and development regardless of health problem which can be physiological or psychological. Stress in children causes various health problems in children, if it is not coped appropriately. The Pediatric Nurse plays a key role in assessing the stressors their coping strategies and stress symptoms among school age children. This helps the Pediatric Nurse to prevent illness that can be caused because of the stressors and help to plan for management of stress among children.

## Aims and Objectives

- To assess the level of stress, coping strategies, and stress symptoms among school children in private school.
- To assess the level of stress, coping strategies, and stress symptoms among school children in government school.
- To compare the level of stress, coping strategies, and stress symptoms among school children in private and government school.
- To find out the association between the level of stress among school children in private and government school with their selected demographic variables

## Hypotheses

**H<sub>1</sub>:** There will be significant difference between the stress, coping strategies, and stress symptoms among school children in private and government school.

**H<sub>2</sub>:** There will be a significant association between the level of stress among school children in private and government school with their demographic variables.

## Methods and Materials

Comparative descriptive research design was used to conduct the study. The samples were school children age 10-12 years from both private (n=30) and government school (n=30). The study was conducted in selected private and government schools at Bangalore. Simple random sampling technique was used. Permission was obtained priorly from school Principals and consent from students before conducting the study.

## Data Collection

Structured questionnaire was prepared based on reviews of literature and with discussion of the experts. The tool consisted of Part A and Part B. Part A comprised of demographic variables like age, sex, religion, educational status, family composition, type of family, life style changes and any chronic illness. Part B comprised of 3

sections. Section A consisted of Sheldon-Cohen Stress scale to assess the stress level of the stressors related to home and school among private and government school children. Section B consisted of structured questionnaire related to assessing the coping strategies and Section C comprised of structured questionnaire regarding stress symptoms.

**Scoring and Interpretations:** The statement was phrased to assess stress, coping strategies and stress symptoms each statement has four options and scores are as follows.

- Never (0)
- Almost never (1)
- Sometimes (2)
- Fairly often stressed (3)
- Very often stressed (4)

The total Score obtained has been added up and the percentage of the total score was calculated. Based on the total score, it has been categorized as follows

0 %	-	No stress
1-25%	-	Mild stress
26-50%	-	Moderate stress
51-75%	-	Severe stress
76-100%	-	Very severe stress

For coping strategies each items percentage was calculated individually based on Never 0%, Almost never 1-25%, Sometimes 26-50%, Often 51-75%, Very often 76-100%. For stress symptoms the percentage was obtained according to the physiologic symptoms and psychological symptoms. Same 4 item scale was used for stress symptoms and the percentage was obtained.

**Data Analysis:** To analyze data, descriptive tests, including frequency, percentage, mean and standard deviation. Chi-square test was considered suitable to find out the association between the level of stress and demographic variables.

## Results

Majority of the sample belong to the age group of 10-11years (66.7%) in government school and 10-11years (66.7%) in private school followed by 10years (33.3%) in government school and 10years (33.3%) in private school. Most of the sample were male in both government school 18(60%) and 17 (56.7%) in private school. Large proportions of the sample in government school 26(86.7%) hindus and 29(96.7%) in private school followed by 2(6.7%) Christians in government school and 1(3.3%) in private school and 2(6.7%) Muslim in government school and no one in private school. Samples equally from V std 10(33.3%) VI std 10(33.3%) and VII std 10(33.3%) in government school and private school. Majority of the samples were living with both parent 22(73.3%) in government school and 30(100%) in private school followed by single parent 7(23.3%) in government. Above 13(43.3%) of sample belong to nuclear family in government school and 23(76.7%) in private school followed by 17(56.7%) belong to joint family in government school and 7(23.3%) in private school. Majority of samples had no life style change 27(90%) in government school and about 26(86.7%) in private school, followed by life style change 3(10%) in government school and so 4(13.3%) in private school. All most all the samples had who chronic illness 30(100%) in government school and 30(100%) in private school.

Firstly the stress level of the stressors were assessed as per the Sheldon-Cohen scale. Table 1 depicts the stress levels assessed among the private school children. The stress levels of private school children towards home stressor showed that 25 students (83.3%) had mild stress 4 (13.3%) had moderate stress whereas 1(3.3%) exhibited severe stress. Table 2 shows the stress levels assessed among the government school children. In Government

school 16 school children had 53.3% of mild stress 13 (43.3%) had moderate stress and in 1 child (3.3 %) severe stress. The stress levels related to school in both Private school children had no mild stress, 29 (96.7%) had moderate stress and 1 (3.3 %) had severe stress. In government school no children had severe stress and 24(80 %) had moderate and 6(20%) had mild stress. Table 3 shows the overall comparison of stress Private school children had 25(41.7%), 33 (60%) had moderate stress and 2 (3.3%) had severe stress. In Government school children had 22 (36.7%), 37 (61.7%), 1 (1.6%) of severe stress. Here we find the difference in the stress level among Private and Government school children. The differences are found in mild, moderate and severe stress exhibited by private and government school children. Hence the  $H_0$  is rejected and null hypothesis has been accepted.

Table 1: Comparison between private school and Government School in the levels of stress related to home stressor.

Sn.	Stress Level	Groups			
		Private		Government	
		N	%	N	%
1.	Mild stress	25	83.3	16	53.3
2.	Moderate stress	4	13.3	13	43.3
3.	Severe stress	1	3.3	1	3.3

Table 2: Comparison between private and government school children in the levels of stress related to school stressor

Sn.	Stress level	Groups			
		Private		Government	
		N	%	N	%
1.	Mild stress	0	0	6	20
2.	Moderate stress	29	96.7	24	80
3.	Severe stress	1	3.3	0	0
	Total	30	100	30	100

Table 3: Overall comparison of stress levels between private and government school

Sn.	Stress level	Groups			
		Private		Government	
		N	%	N	%
1.	Mild stress	25	41.7	22	36.7
2.	Moderate stress	33	55	37	61.7
3.	Sever stress	2	3.3	1	1.6
	Total	30	100	30	100

Table 4 shows the mean percentage of each coping strategy and their comparison with private and Government School. They are classified according to the criteria how frequently they have used. 56% of children in private school never used drawing whereas n(19) 63.3% of children in government school often used drawing as coping strategy. The mean percentage for eating is equal between the private and government school children. 30% of children in private school play often while they are stressed and 66.7% of children in government school play very often while they are

stressed. 63.3% of students in private school very often relax while they are stressed in private school and 60% never relax while they are stressed. 36.7% of children never think of the stressor in private school where as 70% of children in government school never think of the stressor. Almost 36.7% in private school watch television sometimes and very often when they are stressed and 40% and 43.3% of children in government school watch television sometimes and very often when they are stressed. 30% of children in private school like to be alone very often when they are stressed where as in government school 90% of children never want to be alone. 43.3% and 53.3% of children in private school say I am sorry often and very often when they are stressed and 53.3% of children in government school say I am sorry sometimes and 23.3% often. 36.7% of children in private school sleep very often they are stressed whereas 73.3% in government school children never sleep when they are stressed. Here as the difference between the coping strategies is found the research hypothesis ( $H_1$ ) is supported and null hypothesis ( $H_0$ ) was rejected.

Table 4: Percentage distribution of coping strategies among private and government school children

Sn.	Coping strategies		Respondents Coping Strategies %									
			Private					Government				
			Never	S.T	Often	V.O	T.T	Never	S.T	Often	Very	Total
1	Drawing	N	17	3	5	5	30	6	2	19	3	30
		%	56.6	10.0	16.7	16.7	100	20	6.7	63.3	10.0	100
2	Eating	N	18	2	8	2	30	18	2	8	2	30
		%	60	6.7	26.7	6.7	100	60	6.7	26.7	6.7	100
3	Playing	N	9	2	9	10	30	9	0	1	20	30
		%	30	6.7	30	33.3	100	30	0	3.3	66.7	100
4	Relaxing	N	4	0	7	19	30	18	3	6	3	30
		%	13.3	0	23.3	63.3	100	60	10	20	10	100
5	Thinking about Stressor	N	11	2	7	10	30	21	1	7	1	30
		%	36.7	6.7	23.3	33.3	100	70	3.3	23.3	3.3	100

6	Watching Television	N	8	0	11	11	30	3	2	12	13	30
		%	26.7	0	36.7	36.7	100	10	6.7	40.0	43.3	100
7	Being alone	N	20	0	1	9	30	27	1	0	2	30
		%	66.7	0	3.3	30	100	90	3.3	0	6.7	100
8	Saying I am Sorry	N	1	0	13	16	30	4	3	16	7	30
		%	3.3	0	43.3	53.3	100	13.3	10.0	53.3	23.3	100
9	Praying	N	5.	2	12	11	30	15	4	8	3	30
		%	16.7	6.7	40	36.7	100	20	13.3	26.7	10	100
10	Sleeping	N	10	4	6	10	30	22	2	5	1	30
		%	33.3	13.3	20.0	33.3	100	73.3	6.7	16.7	3.3	100

The below table 5 depicted shows the comparison of stress symptoms which constitutes physiological and psychological symptoms. The stress symptoms are grouped under never, sometimes, often, very often, which describes the occurrence of stress symptoms among school children in private and government school children. 3.3% of children in private school had never had physiological symptoms, 40% of children have had some time, 56.7% of school children often experience physiological symptoms and no children had very often physiological symptoms when they are stressed. 20% of government school children had never had physiological symptoms, 66.7% of them had sometimes physiological symptoms, 13.3% of children had often physiological

symptoms, and no children had very often physiological symptoms when they were stressed. About 3.3% of children and 6% of children had psychological symptoms in private and government school. 30% of children and 53.3% of children in private and government school had sometimes psychological symptoms when they are stressed. About 40% of children in private and 3.3% of children in private have very often psychological symptoms when they are stressed. These showed that there is a difference between the stress symptoms percentage between private school and government school. Hence the research hypothesis ( $H_1$ ) was accepted and null hypothesis ( $H_0$ ) was rejected.

Table 6: Percentage distribution of physiological and psychological symptoms among private and government school

Sn.	Stress Symptoms	Group	Never		Sometimes		Often		Very of ten		Total	
			N	%	N	%	N	%	N	%	N	%
1	Physiological symptoms	Private school	1	3.3	12	40	17	56.7	0	0	30	100
		Government	6	20	20	66.7	4	13.3	0	0	30	100
2	Psychological symptoms	Private school	1	3.3	9	30	12	40	8	26.7	30	100
		Government	6	20	16	53.3	7	23.3	1	3.3	30	100

In the below Table 6: shows that there was no significant association between the stress level and the demographic variables among private school children in respect to age, gender and family composition but there is significant

association between the stress level and type of family as the P value is  $<0.05$  hence the research hypothesis for this ( $H_2$ ) is accepted and null hypothesis ( $H_0$ ) is rejected.



Table 7: Association between stress level and selected demographic variables among private school children

Sn.	Demographic variables	Level of stress								Chi Square Test	P Value
		Mild Stress		Moderate Stress		Severe Stress		Combined			
		n	%	n	%	n	%	N	%		
1	Age 10-11years	1	3.3	10	33.3	9	30	20	66.7	1.897 at 2df	>0.05 N.S
	12yrs and above	0	0	3	10	7	23.3	10	33.3		
	Total	1	3.3	13	43.3	16	53.3	30	100		
2	Gender Male	1	3.3	10	33.3	6	20	17	56.7	5.331 at 2df	>0.05 N.S
	Female	0	0	3	10.0	10	33.3	13	43.3		
	Total	1	3.3	13	43.3	16	53.3	30	100		
3	Type of family Nuclear	1	3.3	9	30.3	13	43.3	23	76.7	0.894 at 2df	<0.05 S
	Joint	0	0	4	13.3	3	10.0	7	23.3		
	Total	1	3.3	13	43.3	16	53.3	30	100		
4	Family composition Both parents	1	3.3	13	43.3	16	53	30	100	No statistics are computed because Family composition is a constant	
	Broken family	0	0	0	0	0	0	0	0		
	Total	1	3.3	13	43.3	16	53	30	100		

Table 8: Association between stress level and selected demographic variables among government school children, Bangalore

Sn.	Demographic Variables	Level of Stress								Chi square test	P Value
		Mild Stress		Moderate Stress		Severe Stress		Combined			
		n	%	n	%	n	%	N	%		
1	Age 10-11years	1	3.3	17	56.7	2	6.7	20	66.7	1.667 at 2df	>0.05 N.S
	12yrs and	0	0	10	33.3	0	0	10	33.3		

	above										
	Total	1	3.3	27	90	2	6.7	30	100		
2	Gender	0	0	16	53.3	2	6.7	18	60	2.8 402df	>0.05 N.S
	Male										
	Female	1	3.3	11	36.7	0	0	12	40		
	Total	1	3.3	27	90.0	2	6.7	30	100		
3	Type of family	0	0	11	36.7	2	6.7	13	43.3	3.454 2df	>0.05 N.S
	Nuclear										
	Joint	1	3.3	16	53.3	0	0	17	56.7		
	Total	1	3.3	27	90.0	2	6.7	30	100		
4	Family composition	1	3.3	6	20	0	0	7	23.3	4.040 at 4df	<0.05 S
	Single parent										
	Both parents	0	0	20	66.7	2	6.7	22	73.3		
	Broken family	0	0	1	3.3	0	0	1	3.3		
	Total	1	3.3	27	90	2	6.7	30	100		

The above table 8 depicts that there is no association between the stress level and their demographic variables among likegender, age, type of family among government school children as the P value is >0.05. However, the data depicted above shows that there is a significant association between the family composition and stress level. Hence the research hypothesis for this ( $H_2$ ) is accepted and null hypothesis ( $H_0^2$ ) is rejected.

### Discussion

According to the results the stress level of the stressors were assessed as per the Sheldon-Cohen scale. The stress levels of private school children towards home stressor showed that 25 students (83.3%) had mild stress 4 (13.3%) had moderate stress whereas 1(3.3%) exhibited severe stress. The stress levels assessed among the government school children. In Government school 16 school children had 53.3% of mild stress 13 (43.3%) had

moderate stress and in 1 child (3.3 %) severe stress. The stress levels related to school in both Private school children had no mild stress, 29 (96.7%) had moderate stress and 1 (3.3 %) had severe stress. In government school no children had severe stress and 24(80 %) had moderate and 6(20%) had mild stress. The overall comparison of stress among private school children had 25(41.7%), 33 (60%) had moderate stress and 2 (3.3%) had severe stress. In Government school children had 22 (36.7%), 37 (61.7%), 1 (1.6%) of severe stress. Here we find the difference in the stress level among Private and Government school children. The differences are found in mild, moderate and severe stress exhibited by private and government school children. Hence the  $H_0$  is rejected and null hypothesis has been accepted.

The mean percentage of each coping strategy and their comparison with private and Government School. They are classified according to the criteria how frequently



they have used. 56% of children in private school never used drawing whereas 19(63.3%) of children in government school often used drawing as coping strategy. The mean percentage for eating is equal between the private and government school children. 30% of children in private school play often while they are stressed and 66.7% of children in government school play very often while they are stressed. 63.3% of students in private school very often relax while they are stressed in private school and 60% never relax while they are stressed. 36.7% of children never think of the stressors in private school whereas 70% of children in government school never think of the stressors. Almost 36.7% in private school watch television sometimes and very often when they are stressed and 40% and 43.3% of children in government school watch television sometimes and very often when they are stressed. 30% of children in private school like to be alone very often when they are stressed whereas in government school 90% of children never want to be alone. 43.3% and 53.3% of children in private school say I am sorry often and very often when they are stressed and 53.3% of children in government school say I am sorry sometimes and 23.3% often. 36.7% of children in private school sleep very often they are stressed whereas 73.3% in government school children never sleep when they are stressed. Here as the difference between the coping strategies is found the research hypothesis ( $H_1$ ) is supported and null hypothesis ( $H_0^1$ ) was rejected. The comparison of stress symptoms which constitutes physiological and psychological symptoms. The stress symptoms are grouped under never, sometimes, often, very often, which describes the occurrence of stress symptoms among school children in private and government school children. 3.3% of children in private school had never had physiological symptoms, 40% of

children have had some time, 56.7% of school children often experience physiological symptoms and no children had very often physiological symptoms when they are stressed. 20% of government school children had never had physiological symptoms, 66.7% of them had sometimes physiological symptoms, 13.3% of children had often physiological symptoms, and no children had very often physiological symptoms when they were stressed. About 3.3% of children and 6% of children had psychological symptoms in private and government school. 30% of children and 53.3% of children in private and government school had sometimes psychological symptoms when they are stressed. About 40% of children in private and 3.3% of children in private have very often psychological symptoms when they are stressed. These showed that there is a difference between the stress symptoms percentage between private school and government school. Hence the research hypothesis ( $H_1$ ) was accepted and null hypothesis ( $H_0$ ) was rejected. There was no significant association between the stress level and the demographic variables among private school children in respect to age, gender and family composition and hence research hypothesis is rejected and null hypothesis is accepted but there is significant association between the stress level and type of family as the P value is  $<0.05$  hence the research hypothesis for this ( $H_2$ ) is accepted and null hypothesis ( $H_0^2$ ) is rejected. The study showed that there is no association between the stress level and the demographic variables among like age, gender, type of family among government school children as the P value is  $>0.05$  and thereby the research hypothesis ( $H_2$ ) is rejected and null hypothesis ( $H_0^2$ ) is accepted. But the data depicted above shows that there is a significant association between the family composition and stress level. Hence the research hypothesis for this ( $H_0^2$ ) is accepted and null hypothesis ( $H_0^2$ ) is rejected.

**Conclusion:** The study was taken to assess the stress level, coping strategies and stress symptoms among school children in private and government school. In the present study 30 school children from private school and 30 from government school were selected using random sampling technique. The research approach adapted in the present study is non experimental survey to assess the stress level, stressors, coping strategies and stress symptoms. Interview schedule questionnaire was used. The data was interpreted after the administration of suitable appropriate statistical methods. The study concluded that both Private and Government school children exhibited stress at different levels, their coping strategies were different from each other and showed different physiological and psychological symptoms. Assessing stress among children is very important as they age they might face challenges due to studies, school and home. So identifying and helping students to cope stress is crucial. Nurses have an important role in assessing the stress levels, stressors, coping strategies stress symptoms among school children to prevent any harm to the children, so Nursing curriculum should be strengthened in the areas like assessment of children in regards to stress, various stressors, coping strategy and stress symptoms educational programs should include lecture discussion, demonstration, seminar workshop which will provide learning opportunities.

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