



Emotional and Behavioural Problems in Institutionalized Adolescent Girls

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ABSTRACT

An institution is a place for children/adolescents (6yrs to 18yrs) who are in need of care, support and protection. Institutional care for adolescent girls can be referred as a form of alternative care. It is a temporarily organized residential care for children and adolescents. Institutional care for adolescent girls at young age hinders the normal development. During this age a tremendous change takes place which may cause psychological discomfort in them. Group living may cause confusion among young adolescent girls and are also susceptible to maladaptive behaviour. Under such situation young adolescents are deprived from parental care and lack of psycho social support can lead to emotional problems in them. Further poor attention to individuals in group living hinders the normal growth which further leads to behavioural problems. Thus there is a need to understand the behavioural and emotional problems of institutionalized adolescent girls in selected districts in Karnataka. The present study was conducted in two districts of Karnataka namely Mysuru & Hubballi. Behavioural and emotional problems were assessed by Youth Self Report (2001) interview schedule. Purposive sampling method was adopted to collect the data from 13 to 18years of age group of adolescent girls. The result revealed that adolescent girls from Mysuru division reported higher behavioural and emotional problem compared to Hubballi division.

KEYWORDS

Behaviour, Emotion, Institution, Adolescence, Deprivation

Introduction:

Institutional care is a place for children between the age group of 6yrs to 18 yrs. Institutional care is also referred as alternative care, which is a temporary place for those who need care and protection. There is a growing need for alternative care in the State of Karnataka and many young adolescents have been transferred to institutional care due to various reasons such as poor economic condition, single parent, deserted, abused girls, run aways, beggary, orphan struggled from domestic work, exploited, harassed, eloped cases, help seeking to protect self from external threat may be from step parents, uncles/aunts, employers etc., were brought under one roof, provided with basic needs of living. Institutional care for adolescent girls at young age disrupts the normal development. Early separation from natural family environment has its negative impact on their normal growth. In the alternative care, group care becomes prominent than individual care. According to Browne institutional care is "a group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of paid adult carers". Such type of alternative care would create a chaos in the institution rather it anticipates for the betterment in the overall development of children/adolescents in hands of paid caregivers.

Adolescence stage is referred as a period of stress and storm. It is a time for the occurrence of physical and sexual changes and these changes may cause psychological discomfort among adolescents. The rapid changes such as fundamental biological, cognitive and social transformation may cause psychological distress in them. Such uncertainties bring inconveniences in the minds of adolescent girls in institutional care, negligence of its persistence from the caretakers leads to deviant behaviour in them. Since adolescent girls from dissimilar family background, culture, environment, their way of approach may be different which could be a barrier such as verbal abuse, peer conflict, jealous, poor academic performance, are

part of life which is replicated in their behaviour. Institutional obstacle such as less space, congested rooms, poor hygiene and sanitation, dilapidated building/poor infrastructure, limited space in rooms and unhygienic latrines, lack of safe drinking water facility, caregivers poor attitude, aggressive behaviour, lack of attention to the problems of adolescents leads to mal-adjustment towards institution and disturbs the normal development. Such problems bring enduring emotional disturbances which will have long lasting behavioural and emotional problems in the minds of young adolescent girls. Under these circumstances young adolescents are deprived from parental care and lack of psycho social support can lead to existence of mental health problems in them. Such problems have to be identified in its early existence otherwise it could proliferate into mental health problems in them. Thus there is a need to understand the behavioural and emotional problems of institutionalized adolescent girls in selected districts in Karnataka.

Research Methodology:

Aim: is to study the emotional and behavioural problems among institutionalized adolescent girls in selected districts of Karnataka.

Objectives

- To know the socio-demographic details of the respondents
- To assess the level of emotional problems of institutionalized adolescent girls.
- To find out the level of behavioural problems of institutionalized adolescent girls
- To compare the level of emotional and behavioural problems of adolescent girls residing in two different districts.

Universe and Sampling:

The universe comprises of 103 adolescent girls aged between 13 to 18years residing in two Government institutions (Hubballi - 48 and Mysuru -55 adolescent girls). Purposive sam-

pling method has been adopted to collect the data from the adolescent girls. Descriptive research design has been chosen to describe the opinion and problems with regard to behavioural and emotional problems among adolescent girls residing in institutional care.

Tools of data collection

Socio-demographic details were collected through a self prepared structured interview schedule. Behavioural and emotional problems were assessed by the Youth Self Report (2001) developed by Achenbach and Rescorla. It is a questionnaire used widely screen adolescents with psychiatric problems. The content, criteria and construct validity of this questionnaire has been supported by four decades of research consultation, feedback and revision, as well as by findings that all items discriminated significantly ($p < .01$) between demographically matched referred and non-referred children. The Youth Self Report is designed to obtain the report from Youth for the age group of 11yrs to 18yr olds' self- ratings of behavioural problems, all of which are rated on a 3 point scale. The YSR includes 67 items for behavioral problems and 17 items for rating adaptive characteristics. All items are rated on a 3 point scale as 0 = not true, 1= somewhat or sometimes true, and 2= very true or often true, based on preceding 6 months. It has two broadband scales. The broadband Internalizing Problems scale (32 items) measures anxiety, social withdrawal, and depressive symptoms. The broadband Externalizing Problems scale (35 items) measures aggressive and antisocial behavior and neither internalizing nor externalizing problems i.e., social problems, thought problems and attention problems. The YSR has well-documented reliability and validity for assessing behavior problems among adopted as well as non-adopted children from various ethnic background covering age group of 6yrs to 18yrs.

Results:

Table no. 1
Socio-demographic details of the respondents

Details		N=103 (Percent)
Age (in years)	13-15	59 (53)
	16-18	44 (47)
Education	Studying in high school	48 (46)
	School dropout	41 (40)
	PUC	14 (14)
Domicile	Rural	59 (57)
	Urban	44 (43)
Type of family	Nuclear Family	85 (82)
	Extended family	12 (12)
	Not known	06(6)

The table no. 1 represents the socio-demographic details of institutionalized adolescent girls in selected districts of Karnataka. Among 103 adolescents, a majority of 59 (53%) respondents were between 13-15 years of age and 44 (47%) girls belonged to 16-18 years of age. The mean age of the respondents was 15.14 years. As many as 48 (47%) adolescents were studying in high school level, 14 (14%) adolescents were enrolled to post-metric and 41 (40%) said to be school dropouts. Nearly half of 59 (57%) adolescent girls from rural areas and only 44 (43%) girls hailed from urban areas. With regard to type of family, majority of 85 (82%) adolescent girls hailed from nuclear family, very few of 12 (12%) adolescent girls from extended family and only six (6%) respondents did not have records from where they came.

Table No. 2
Details related to admission to Institution

Details		N=103 (Percent)
Living status before institutionalization	Home	61 (59)
	Institution	26 (25)
	Lived with partners	13 (13)
	Public place	03(3)

Length of stay	Below one year	05 (5)
	1-3yrs	72 (70)
	4-6yrs	17 (17)
	7-9yrs	05 (5)
	10-12yrs	04 (4)

The above table represents the information related to admission to institution. The living status of adolescent girls before getting admitted to the institution shows that as many as 61 respondents i.e., 59% were living at home, 26 (25%) were living in Government Institutions, 13(13%) adolescent girls reported that they had eloped and lived with their partners. Only three respondents were found at public places begging on the street near bus stand. With regard to length of stay of the respondents, a majority of adolescent girls i.e., 72 (70%) were living in institution since 3years, 17 (17%) respondents living since 6 years, five respondents each, since 9years and below one year and the remaining four living since 9 years in the institution respectively.

Table No. 3
Details on Institutionalization

Details		N=103 (%)
Persons accompanied during admission	Parents	52 (50)
	Rescued by Police	28 (27)
	Self	14 (14)
	Rescued by NGO	03(3)
	Neighbour	02 (2)
	Rescued by DCPO	01(1)
	Teacher	01(1)
	Public	01(1)
Present living status of Parents	Not known	01(1)
	Both alive	43 (42)
	Single parent	37 (36)
	Both died	16 (15)
	Not known	07 (7)

The persons accompanied at the time of admission shows that majority of 52 (50%) adolescent girls were brought to the institution by their own parents, where as 28 (27%) respondents were rescued by police personnel. 14 (14%) adolescent girls had admitted to the institution voluntarily. Three respondents were rescued and brought by personnel from an NGO. Two (2%) respondents were referred by neighbors as they were orphans, one respondent each were rescued by personnel from DCPO and referred by a school teacher. Another child was referred by the public as it turned out to be a case of child marriage. One respondent neither could remember from where she came nor did she have any record of who accompanied her during admission. Further the table reveals the present living status of parents. It is evident that 43 (42%) adolescent girls lived with both parents before institutionalization. 37(36%) subjects were lived with single parent, 16 (15%) respondents were reported orphans and the remaining seven (7%) respondents had not known or had no records about their parental living status.

Table no. 4
Emotional and behavioural problems of Institutionalized adolescent girls

Areas	Mean	SD	Value	Chi-square
Emotional problem			12.222	.002**
Mysuru	23.40	9.94		
Hubballi	14.69	6.95		
Behavioural problem			6.891	.032*
Mysuru	14.76	9.86		
Hubballi	11.79	9.43		
Other problem			12.63	.002**
Mysuru	30.18	12.41		
Hubballi	19.92	8.38		

The table no. 4 shows the emotional, behavioral and other problems of institutionalized adolescent girls. It is seen that majority of adolescent girls from Mysuru division reported emotional and behavioral problems. The obtained mean score (23.40) for emotional problems for adolescent girls from Mysuru division found to be higher, it indicates a higher emotional problem compared to Hubballi division. Even chi-square test reveals that there is high significant association (p value = .002**) between the division. With regard to behavioural problem, the mean score (14.76) of adolescent girls from Mysuru division reported, slightly higher scores than their counterparts. However the chi-square (p value = .032*) found statistically significant association between the frequencies of Mysuru and Hubballi division, means adolescent girls from Mysuru division have more behavioural problems than Hubballi division. The obtained scores for other problems depicts that higher number of adolescent girls from Mysuru division reported other problems (Mean = 30.18) when compared to Hubballi division. However the chi-square also represents that high significant association (p value = .002). It implies higher number of adolescent girls suffering with other problem in Mysuru division, when compared to Hubballi division. Among the areas of problems, other problem was found to be more common among adolescent girls from Mysuru division.

Table no. 5 Comparison of emotional and behavioural problem among adolescent girls in Hubballi and Mysuru division

Areas	Mysuru		Hubballi		F value	
	Mean	SD	Mean	SD	F	Sig.
Emotional problem						
Anxious/Depressed	10.09	4.24	5.92	3.27	30.556	.000**
Withdrawn/Depressed	7.40	3.05	5.60	3.05	8.875	.004**
Somatic complaints	5.91	4.82	3.17	2.85	11.892	.001**
Behavioral problem						
Rule breaking behaviour	5.67	4.83	4.19	3.64	3.032	.085*
Aggressive behaviour	9.09	5.79	7.60	6.36	1.542	.217
Other problem						
Social problems	7.96	4.02	3.88	2.59	36.453	.000**
Thought problems	7.44	3.73	5.00	3.16	12.600	.001**
Attention problems	6.98	3.47	6.04	3.36	1.941	.167
Other problems	7.80	3.31	5.00	2.35	23.855	.000**

The table no. 5 represents the comparative results of adolescent girls in two divisions i.e., Mysuru and Hubballi division. The adolescent girls Mysuru division reported higher scores on all the domains namely anxious/depressed, withdrawn/depressed and somatic complaints compared to Hubballi division. The ANOVA test also reveals the significant difference between the scores of adolescent girls in both division indicates that the adolescent girls from Mysuru division have been consistently susceptible to more of emotional problems. It can be attributed that temporary sadness experienced in their daily life, for some, this feeling has such strength that it affects social relationships, everyday life, and general well being (Compass et al., 1993). Since these adolescent girls from diverse family background their way of communication, approach may be different from one another which brings inconvenience in the minds of adolescent girls lead to poor caretakers relationship, anxious about future life, fear of going to school, academic failure, peer conflict etc are added points for the emotional problems in young adolescent girls in Mysuru division.

With regard to behavioral problem, adolescent girls from Mysuru division scored high Mean/SD scores in rule breaking behaviour which is quite higher compared to Hubballi division. Further the ANOVA test revealed that there is statistically significant difference between the scores of adolescent girls from both the division, indicates prevalence of rule breaking behaviour among adolescent girls from Mysuru division. With regard to aggressive behaviour, the adolescent girls from Mysuru division have indicated with high scores, compared to Hubballi division. But the Fisher exact test reveals that there isn't much significant difference in the scores of both division.

There is significant increase in the scores of adolescent girls from Mysuru division in other problems compared to Hubballi division. It is reported that the adolescent girls Mysuru division continuously have high scores in social problems, thought problems and other problems. The Fisher exact test also revealed the high significant difference between the scores of two division which it indicates that the adolescent girls from Mysuru division have tend to suffer continuously with problems other than emotional and behavioural problems.

Discussion:

There must be provision for children to be raised under parental supervision during their younger age till they reach adolescence. During this age, an individual under parental supervision gets an opportunity to learn certain skills, abilities, capacities, attitude, behaviour, socialization, life styles, language, learns to perceive things in both directions (positive and negative) etc., helps every adolescents in such a manner that shapes the personality of the adolescents which is long lasting. Unfortunately institutionalization of young girls increasing, as a substitute to natural family environment. The present study has covered adolescent girls between 13 to 18 years of age. Similar age group were found in Mota & Matos (2013) found that adolescents' age ranged from 13 to 18 years with a mean age of 16.19 years. Further, Simsek et al., (2008) covered 40% adolescent girls were between 12 to 18 years age. In the study among 103 subjects, a majority of 53% adolescent girls were between 13-15 years of age. Similar results were found in Morgan & Brodie (2008) covered adolescents ranging from 13-17 years with a mean age of 14.8 years. With regard to education, as many as 47% respondents were studying in high school level, which is very crucial and critical in every adolescents academic life where completion of matriculation play a vital role in the choice of career in the future. This result is in consistent with Morgan & Brodie (2008) study found that majority of 67% adolescent girls were studying in high school level. With regard to type of family, majority of 85 (82%) adolescent girls hailed from nuclear family, this finding is in consistent with (Margoob et. al., 2006) study where 81.25 percent young girls from nuclear families. In a study conducted by Emanuel (2013) found that 23% adolescents from nuclear family. It is reported that in the present study 59% respondents had lived in their respective home before institutionalization, similar results were found in Simsek et al., (2008) found that 55% adolescents had lived in their respective family before institutionalization. A majority of 70% were living in institution since 3 years, similar results were found in Suzuki & Tomoda, (2015) study that mean years spent in institutional care are 5.7 years with the duration range from 0-15 years. Elebiary et al., 2010 found that the duration of stay among institutionalized children ranged between below 5 years to 10 and above years. Nearly half of 50% adolescent girls were admitted to the institution by their own parents due to the reasons such as poor economic condition, daily wage earners, to get education to their children and basic needs which is required for their life. With regard to living status of parental care, 43 (42) adolescent girls lived with both parents before institutionalization, similar results were found in Yosuff et. al., (2011) where 88.6% adolescents were lived with parents before institutionalization.

Emotional problems are found to be higher among institution-

alized adolescent girls from Mysuru division according to the study. The obtained mean score (23.40) for emotional problems of adolescent girls from Mysuru division is much higher than the Hubballi division. It indicates that the adolescent girls are away from family environment/biological parents, could not get an opportunity to grow up natural family environment, (Tulviste, 2011) indicates greater importance of close family relationship. Similar results were found in other research studies such as Padmaja et al., 2014 found that majority of the institutionalized adolescent girls were suffering with emotional problems. Risk factor for high emotional problems in these children is lack of emotional control or self regulation (Aguilar et al., 2011). Further it was found from a qualitative study which interviewed 44 youth in the institutions, reported to be resistant to seeking emotional support (Samuels and Pryce, 2008). It is seen that among emotional problem majority adolescent girls from Mysuru division reported to be anxious/depressed with higher Mean/SD scores (10.29/4.24) attributed to stressful situations they had experienced, compared to Hubballi division. Studies have shown that the hormonal changes, females undergo during puberty increase the probability of suffering from symptoms of depression and anxiety (Weiss, Longhurst, & Mazure, 1999). Costello et al., (2006) viewed that adolescence seems to be a period when there is a risk of developing depressive or anxious behaviour. Even though genetics may play a role, stressful factors may also trigger such conditions (Kendler, Gardner & Lichtenstein, 2008). It is also evident that adolescents with histories of difficult circumstances tend to suffer higher levels of depression and anxiety (Weiss et al., 1999). Adolescents required to face new and stressful situations such as body changes that occur during puberty, reorganization of institutional roles, social changes arising from the way school is structured and those changes concerning the need to enter into adulthood, such as increased responsibility, an increased autonomy and independence (Bee & Boyd, 2011). A child may enter into adolescence without having developed the skills necessary to cope with this stage's requirements and feel overwhelmed and consequently develop depression and/or anxiety.

With regard to behavioural problems, adolescent girls are more susceptible to behavioural problems indicative of mental health problems (Burke et al., 2010; Agnol et al., 2011). It is reported that the adolescent girls from Mysuru division scored high frequencies in behavioural problems. The institutional care setting is the last resort for the children with severe emotional-behavioural problems (Gibbs, Sinclair, & Stein 2005). The possible reason for the behavioural problem could be the girls under institutional care believe that they need to be assertive as a defense against any potential problem. They may exaggerate the potential of negative stimuli and react in an aggressive manner towards it. This may result in behaviour that is deemed oppositional, rebellious and defiant, which is a characteristic of conduct problems/behaviour. Previous research shows that poor attachment with caregivers and peer group which is quite often seen in institutionalized children may also lead to aggressive behaviour (Shechory and Sommerfeld, 2007). It indicates that as the adolescent girls grow older they could able to perceive the situation and reacted over it because of the living environment itself is a threat for them (Verhulst, 2000).

The present study also exhibit the prevalence of other problems in adolescent girls from Mysuru division is highly scored. It is found among other problems, the adolescent girls from Mysuru division have scored higher frequencies in social problems. Similar results were found in Pathak et al., (2011) viewed that social problem was common among adolescents. As these adolescent girls grow older they tend to understand life and they end up in problems. Poor support to cope up of problems leads to other problems. Younger the age stronger the relationship and this bond diminishes when they grow older hence presence of social problems. It is seen that adolescent girls from Mysuru division scored higher frequencies in thought problems due to they were more harmful, they hear things and threaten others, repeats acts of harming others,

jealous of others, sleeps less and day dream more. This is due to the previous experiences in life that they have undergone had an impact on their thought problems. The life experiences, biological changes in the body, lack of concentration in academics, attraction of opposite sex would bring their mind thought problems. Since they are adolescents think in a manner that their thought is far from reality. They are more concentrated on having life partner, likes to know about sex life, having a family, rather than studying and becoming educationally empowered. Poor guidance, on the matters such as understanding their conflicts going in their mind with regard to their future life rather than present life by the counselors and housemother leads to thought problems among adolescent girls. They acts too young, due to they were placed in the institution at their younger age, could not be exposed in the natural environment under parental supervision hence attention problems.

Conclusion:

To conclude, institutionalized adolescent girls from Mysuru division have been found with prevalence of higher rates of emotional and behavioural problems compared to adolescent girls in Hubballi division. Since these adolescent girls far away from natural family environment tend to undergo with emotional problems. Such problems has to be identified in its beginning otherwise it may lead to later repercussions may turn as deviant behaviour or behavioural problems. Therefore, it is important that at the entry stage of adolescent girls to the institution the concerned personnel/counselor/house mothers' responsibility is to identify the problems and to apply suitable intervention strategies to enhance mental health of these adolescent girls.

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