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THE COPING SKILLS AND SELF-ESTEEM AMONG THE PARENTLESS SCHOOL-GOING ADOLESCENTS IN KILINOCHCHI DISTRICT, NORTHERN PROVINCE

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Abstract: The study is to examine the self-esteem and coping skills among the Parentless School-Going Adolescents (PSGAs) in the Kilinochchi District of the Northern Province. A simple random selection of 60 PSGAs (Mean= 15.1, SD=1.65) was chosen for the study. Rosenberg self-esteem scale was used to measure the self-esteem, Brief Cope's coping styles also measured, and results were statistically analyzed. Each respondent was asked 10 questions to measure both positive and negative feelings about the self. The self-esteem scores of nearly the entire population of respondents (71.7%) fell within average range, (21.7%) fell within low rang and only (6.7%) fell within high range. The mean scores on Brief Cope subscales of Planning and Instrumental Support fell in the high range while those on Active Coping, Acceptance, Self distraction and Use of Emotional Support fell within the medium range. Mean scores on subscales of Venting, Self-blame, Denial, Behavioral Disengagement, Humour and Substance Abuse fell within low range. Coping strategies of Self-distraction and Religion showed significant positive correlations with Self-esteem while those of Denial, Substance-use and Self-blame showed negative correlation with Self-esteem.

Key words: Parentless School Going Adolescence, coping, self-esteem

INTRODUCTION

Until 2009, when Sri Lanka was embroiled in internal conflict, people's lives particularly in the northern and eastern provinces, was unbearably stressful leaving many with experiences at different levels of distress particularly psychosocial wellbeing. Besides the inability to cope with war related stressful situations such as war experiences, resettlement, educational challenges, poverty and social and economic pressures, posttraumatic experiences that they endured further were unconscionable particularly in the case of School going adolescents. Aftermath in Kilinochchi, adolescents were found to be at risk in many areas such as malnutrition, poor health care and education, lack of coping skills to cope with parentlessness, problem on self-esteem, protection and care, neglecting and prolonged detention without any cause(Hariharathamotharan&Dilrukshi,2016).

This study Multiple factors have influenced the short-and long-term impacts on School Going Adolescents. Given the complexity of war related factors and the uniqueness of every School Going Adolescent, one cannot precisely point out which factor/s affected whom. According to Somasundaram (2013), nearly 80 percent of the 730,000 children in the school going ages in the two provinces, have had close brushes with the war. Among the different age groups of the population in Sri Lanka who were affected by the war, the School going Adolescents in the Northern Province of Sri Lanka were found to be the most affected psychosocially (Jeevasuthan et al., 2014; Jeavana & Ashvinie, 2014; Somasundaram & Sivayokan, 2013). Because of armed conflict, children and adolescents in the North seemed to lose their confidence and trust in others and their future.

Having lost their parents, disappearance of parents and siblings they often became socially isolated, anxious, depressed and withdrawn, or rebellious and aggressive. They were found to react differently to various war experiences depending on their developmental stages, ranging from preschool upwards. Until recently this particular aspect was not recognized (Jeevasuthan et al., 2014; Jeavana & Ashvinie, 2014).The consensus of opinion among the said authors (Somasundaram & Sivayokan, 2013) was that the adolescents did not endure and therefore were less resilient.

Adolescences

The term 'adolescence' comes from the Latin word *adolescere* meaning 'to grow' or 'to grow to maturity.' This maturity includes mental, emotional, social and physical (Hurlock, 1980). During this time, young people experience more physiological and psychological changes than they have at any other time in life (Nilsen, 1982; Ingersoll, 1989). Erik Erikson in his theory of personality explains human behavior and growth through eight psychosocial stages. According to him adolescence, between the ages of 12-18, is the stage at which persons form his/her self-image, the integration of ideas about his/her self and what others think of him/her. People who emerge from this stage with a strong sense of self-identity are equipped to face adulthood with certainty and confidence. Those who experience an identity crisis will exhibit confusion roles (Schultz & Schultz, 2005).According to Department of Probation and Child Care, Northern Province (2014), in Kilinochchi there were 476 Parentless School Going Adolescents (PSGAs) reported. In this study PSGAs are taken to be school going adolescents in the age group of 12-18 years, and those who have lost their both parents or parents subject to enforced disappearance due to the war.

Adolescence is a transitional period from child hood to adulthood (Ajidahun, 2011). It is a period of marked change in a person's cognitive, physical, psychological, and social development and in the individual's relationships with people and institutions. Adolescence is a period of rapid change, requiring adjustments to changes in the self, in the family, and in the peer group and in the institutions (Bhat & Aminabhavi, 2011).The peculiarities of this period make it a unique period of development. This period is sometimes referred to as a period of stress and storm due to the biological changes experienced in their bodies. The presence of the parents is crucial at this period to guide them properly. Adolescence is also referred to "no man's land." As explained (Ajidahun, 2011) adolescence is a time in a young person's life where they move from dependency on their parents to independence, autonomy and maturity. The young person begins to move from the family group being their major social system, to the family taking a lesser role and being part of a peer group becomes a greater attraction that will eventually lead to the young person to standing alone as an adult.

The act of nurturing the young ones to adolescence stage is a great responsibility for every parent. It is a dichotomous stage wherein the children are on the boundary between childhood and adulthood not knowing how to react to situations. Such a state calls for careful handling of the children to groom them to become responsible adults (Ajidahun, 2011; Bhat & Aminabhavi, 2011). The development of the personality of adolescents begins from their parents with home and its environment. Therefore, has to provide the right atmosphere with one or both parents taking the responsibility in their upbringing. Adolescents are said to need sound life skills to face demands, stresses and conflicts of life effectively (Perera, 2004). Life skills include, self awareness, showing empathy, ability to communicate effectively, ability to maintain interpersonal relationships, ability to cope with emotions and stress, ability to think creatively and critically, ability to make decisions and to solve problems.

Complex emergencies are said to cause multifaceted impacts on children's well-being, including effects on psychological, physical and social development, on education, on health, on nutrition, and on parental support and guidance as well as on dynamics within the community (Somasundaram, 2013). It is therefore imperative that these different facets to be addressed when choosing to understand the impact and design interventions for children affected by such complex emergencies. Interventions will be most useful when they take into account the parents psychological state, the dynamics of family and community, the availability and appropriateness of formal education, the availability of health care services, what leisure activities the child has accessed. Given that children/adolescents during wartime are exposed to many traumatizing events over prolonged periods, it is perhaps inappropriate to generalize from peacetime studied to war (Tol et al., 2012; Somasundaram & Sivayokan, 2013). However, a number of recent studies(Miller et al., 2009; Perera, 2004; Fernandoet al.,2010; Jeavana & Ashvinie, 2014) have confirmed that among the most distressing experiences are the war death of a parent, witnessing killing, especially of close family members, separation and displacement, terror attacks, bombardment and shelling, torture, exposure to bodies and body parts. Studies have repeatedly shown that the greater than number of incidents to which a Adolescent is exposed, the higher the level of distress that is displayed.

Adolescences and Self-esteem

Self-worth or self-esteem refers to how much a person likes himself or herself. Self-esteem is one of the key factors in determining a child's behavior. Harter (1990), stated that one third to one half of the adolescents struggle in the early adolescence due to low self-esteem. Low self-esteem in adolescence and young adulthood is a risk-factor for negative outcomes in important life domains (Erol & Orth, 2011). Low self-esteem causes various mental disorders such as depression, anxiety and learning problems, difficulties in dealing with failures, losses and other setbacks. Self-esteem can be defined as a person's evaluation of the discrepancy between their self-image and their ideal self (Lawrence, 2000). Study conducted by Mann, Hosman, Schaalma & De Vries (2004) illustrated that self-esteem can lead to better health and social behavior and that poor self-esteem is associated with a broad range of mental disorders and social problems. Ross & Broh (2000), reported that adolescents who feel good

Coping

Coping is defined as the person's all the time changing cognitive and behavioral efforts to handle specific external and/or internal stress that are appraised as taxing or exceeding the person's resources (Lazarus &Folkman, 1984). Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events. Two general coping strategies have been distinguished: problem-solving strategies are efforts to do something active to alleviate stressful circumstances, whereas emotion-focused coping strategies involve efforts to regulate the emotional consequences of stressful or potentially stressful events. Research indicates that people use both types of strategies to combat most stressful events (Folkman& Lazarus, 1980).

According to Hurlock (1980), during adolescence, boys and girls find it difficult to cope up with problems, because throughout childhood, the problems were met and resolved by parents and teachers. Therefore, they are inexperienced in coping with problems alone and at times they feel that they are independent and they can cope up with their own problems. In their effort to cope up with the problems of life, some may seek support by discussing the problems with parents, peers or other concerned persons, some may search for possible solutions and others may try to withdraw from stressors of life (Krenke, Aunola, &Nurmi, 2009).

Chapman & Mullis (1999) conducted a study on adolescent coping strategies and self-esteem and the study revealed that adolescents with lower self-esteem utilized more avoidance coping strategies than adolescents with higher self-esteem. Rijavec, &Brdar, (1997) conducted a study on coping with school failure and suggested that high achievers use more positive coping strategies than low or average achievers. Study conducted by Frydenberg & Lewis, (2000) reported that of the coping strategies, seeking social support, solving the problem, self-blame, keep to self and tension reduction remained stable for adolescents between the ages of 12 and 14 but increased significantly in the next two years. Therefore coping plays a vital role in the developmental process. Lyons, Huebner, & Hills, (2015) conducted a study and results suggests that personality, environmental stressors and coping behaviors may play a role in the development of life satisfaction among early

adolescents. Appropriate focuses on an efficient coping with age-related developmental issues are important prerequisites of successful adaptation during adolescence.

METHODS

Data source

Data used in the current study was drawn from a small, repeated, cross sectional research design conducted in Kilinochchi District, Northern province Sri Lanka. Among 476 PSGAs, 60 were recruited randomly. Data were gathered from Adolescents age between 12 to 18 (Male-27, Female-33) and Mean age =15.16 years (SD=1.65)living out-of-children home care. Out-of-children home care in this study included only non-formal foster and kinship care (Relative such as uncle, aunty, and grandparents). In kilinochchi, non-formal foster and kinship care refers to arrangement were the family based carer is authorized and reimbursed by the Department of Probation and Child Care with the order of Court. Whereas non-formal foster carers are usually known to the adolescents prior to placement, kinship care is distinguished because the carer is a close relative or member of the adolescent's community known to them.

Instrumentation

The demographic characteristics measured were age, gender, religion, and their socio-economic status. Rosenberg Self-Esteem Scale (Rosenberg, 1965) is a 10-item self-report measure of global self-esteem. It consists of 10 statements related to overall feelings of self-worth or self-acceptance. The items are answered on a four-point scale ranging from 1 (strongly agree) to 4 (strongly disagree). A sample item was: "I feel that I have a number of good qualities."Higher scores reflect a higher self-esteem. Brief COPE (Carver, 1997) was used to assess coping using a 4-point scale ranging from 1 (I have not been doing this at all) to (I have been doing this a lot). Coping types included self distraction, active coping, denial, substance use, emotional support, instrumental support, behavioral disengagement, venting, positive reframe, planning, humour, acceptance, religion, and self-blame. A sample item was: "I've been turning to work or other activities to take my mind off things." The items of brief COPE are an abbreviated version of the COPE Inventory.

Statistical analysis

The SPSS was used to analyze the quantitative data collected. Descriptive statistics were conducted for demographic variables, self-esteem and coping. Pearson *r* correlation analysis was used to assess the relationship between self-esteem and coping

Procedure

Before questionnaire administration, researcher obtained approval to conduct this study from Faculty of Graduate Studies, University of Colombo and questionnaire validated by professionals from Kilinochchi District. Both PSGAs and caretakers were told participation was voluntary. With the help of professionals, trained two-research assistant were enrolled the data collection process,

constant form was taken from caretakers and PSGAs, emphasized with them issues such as confidentiality and anonymity.

RESULTS

Table 1
Socio –demographic information of the respondents

Variables	Categories	N (%)
Gender	Male	27(45%)
	Female	33(55%)
Educational Level	Grade 10	24(40%)
	Grade 11	26(43.3)
	Grade 12	10(16.7%)
Religion	Hindu	41(68.3%)
	Catholic	11(18.3%)
	Non Catholic	8(13.3%)
Socio economic Stats	Low	35(58.3%)
	Middle	25(41.7%)

Socio-Demographic characteristics of the respondents

The findings indicated that the respondents' mean age was 15.16(SD=1.65) years, among PSGAs over half (see table-1) of the respondents (55%) were females, fewer than half (45%) were males. The higher proportion of respondents belongs to Hindu religion (68.3%), other religions respectively Catholic (18.3%) and non-Catholic (13.3%). Study also revealed that most of the caretakers were in low socio economic status (58.3%) and middle socioeconomic status was (41.7%).

Table 2
Self-esteem score of the respondents

Variables	Categories	N (%)	Male	Female
Self-esteem	Low	13(21.7%)	4(30.8%)	9(69.2%)
	Middle	43(71.7%)	20(46.5%)	23(53.5%)
	High	4(6.7%)	3(75%)	1(25%)

Respondents' perceived self-esteem

Each PSGAs were asked 10 questions to measure both positive and negative feelings about the self-esteem (see table-2). Responses were 1-strongly agree, 2-Agree, 3-Disagree, 4-Strongly disagree. The study revealed that nearly three quarter of the (71.7%) of the respondents was under felt within the middle range of self-esteem. Nearly (21.7%) of the respondents were in the low level of self-esteem and only (6.7%) of the respondents' self-esteem was in the higher level.

Table 3

Means and standard deviations of subscales of cope

Variables	Mean	SD
Self Distraction	5.68	1.43
Active Coping	5.53	1.22
Denial	4.14	1.53
Substance Use	2.42	1.31
Use of emotional support	5.10	1.30
Use of instrument support	6.07	1.37
Behavioral disengagement	4.09	1.70
Venting	5.93	1.39
Positive reframing	4.44	1.50
Planning	6.23	1.38
Humour	3.44	1.59
Acceptance	5.58	1.54
religious practice	5.51	1.68
Self –blame	4.11	1.33

Respondents' perceived coping

Study showed that (see the table-3) the use of planning and instrumental support as coping strategies is high score among PSGAs and this study further reveled that, those on active coping, acceptance, self-distraction, and use of emotional support shown within the medium range. This study highlighted PSGAs' scores fell in the low range in their use of venting, self-blame, denial, behavioural disengagement, humour, and substance use as their coping skills.

Table 4

Correlation between self-esteem and coping

Coping	**Self -esteem**
Self Distraction	0.219*
Active Coping	0.208
Denial	-0.214*
Substance Use	-0.26
Use of emotional support	0.173
Use of instrument support	0.151
Behavioral disengagement	0.052
Venting	0.16
Positive reframing	0.174
Planning	0.022
Humour	0.168
Acceptance	0.89
religious practice	0.195*
Self –blame	-0.026

* $p<0.05$.

Correlation between self-esteem and cope

Pearson's correlations used for analyzing the relationship between self-esteem and coping. The relationship (see table-4) between self-esteem and self-distraction was highly significant(r=0.219). The findings showed that respondents with higher self-esteem potentially utilize self-distraction as their coping strategy when tackled with stressful situation. The correlation between self-esteem and religion (r=0.195) was also relatively significant. Studies further investigating the important of this propose that respondents with higher self-esteem also employ religion as a means to treaty with their daily psychosocial challenges. Since P=0.05, this correlation showed to be statistically significant as it can explain 95% of preferences are not being by chance. Study could have observed a significant negative correlation between denial (r=-0.214) and self-esteem. These results pointed out those respondents with higher levels of self-esteem are less likely to use denialas a coping strategy. A negative correlation too found between the domains of substance use (r= -0.26) and self-blame (r= -0.026) with self-esteem. It is also noticed that other domains like active coping (r= 0.208), use of emotional support (r= 0.173) use of instrumental support (r= 0.151), behavioral disengagement(r=0.052), venting (r=0.16), positive reframing (r= 0.174), planning (r= 0.022), and acceptance(r=0.89) also have a positive correlation with self-esteem.

DISCUSSION

In this study, the findings showed that majority of PSGAs under study fell within the average range of self-esteem, irrespective of their genders. All of the respondents were caring with their non-formal foster, kinship care at relative home parents, and the most frequently used coping mechanism was instrumental support and an optimistic correlation found between instrumental support and self-esteem in the study. It shows caring and protection as an important coping mechanism which in turn enhanced their self-esteem. This finding is consistent with the study conducted by (Tol et al., 2012; Somasundaram & Sivayokan, 2013; Hariharathamotharan & Dilrukshi, 2016). According to their findings, relatives and other caretakers act as a protective factor for adolescents to develop their self-esteem. Further, those caretakers provide proper family environment and support as well.

The instrumental support may have also come from the community whereas PSGAs living, care takes' home and school environment "to develop a well-balanced personality for the good of the community and for the formation of a better world. Whereas love, good moral support by teachers and pears, religious belief, School Social Workers support and community initiatives" which recognizes the potentials of each adolescents and respecting the individual needs of adolescents, fosters a caring and creative environment, and emphasizes the social, emotional, physical, intellectual development of each child. Referring to the study conducted by Scott, Murray, Mertens & Dustin, (1996) highlights that school experience acts as a significant determinant of a student's sense of self that affects self-concept, values, and self-esteem.

The most frequently used coping strategies among respondents were planning, instrumental support, and the least frequently used coping strategies were venting, self-blame, denial, behavioral disengagement, humour, and substance use. This finding is consistent with the study (Tol et al., 2012) by reported that the students were more likely to use planning, reinterpreting, active coping

and seeking instrumental support to deal with problems and less likely to use substance use, behavioural disengagement and denial.

A significant positive relationship was found between self-distraction and self-esteem. This shows that PSGAs who have a considerable self-esteem are more likely to distract themselves and thus may give the emotion some time to decrease in intensity, making it easier to manage. In the same way a significant relationship is found between religion and self-esteem, which may mean that those who have a sense of religion scored higher in religion and higher seems to be their self-esteem. Perhaps the young ones who were brought up in a religious family atmosphere have developed a sense of religion as they face with unfavorable situation in their life.

A significant negative correlation was found between denial and self-esteem and substance use and self-blame is negatively correlated with self-esteem. This shows that PSGA who have a higher self-esteem are less likely to use denial, self-blame and substance use as their coping strategies. It may also mean that instead of blaming themselves or depending on alcohols or other substance used, PSGAs are ableto use more coping strategies to deal with stress and anxieties. It shows that people with highself-esteem seems don't deny or blame themselves that they have a problem but they acknowledge their problem apparently and deal with it through self-distraction and religion. It seems that their sense of religious beliefs, practices and rituals and learning to distract themselves from the current problems helps them to sustain their self-esteem.

CONCLUSION

The results showed that the respondents under study fell within average self-esteem. This can be attributed to school settings, service provision, caretaker's relationships, peer groups, community cohesion, and culture. Self-esteem depends on the functioning of the whole family in which adolescent is intimately related to the dyadic relationship in a family but in these PSGAs were unable received the such support from their caretakers. Nearly the three-quarter population scored average self-esteem, which partly may be attributed to intervention strategy made by care professionals in Northern Provence. The Homegrown intervention, a partly to be attributed to the availability of religion and traditional practice as coping strategies. The self-esteem scores of the participants were positively correlated with self-distraction and religion practice and negatively correlated with denial, substance use and self blame (Cocorad & Mihalascu, 2012; Krenke, 1992; Somasunderam, 2013; Siriwardhana et al., 2013a;Tol et al., 2012). In fact, the result showed that they are able to see through religious beliefs, practices and rituals to deal with difficult and challenging situation. Hence happy to note that denial, substance use and self-blame is negatively correlated means they don't try to overcome their sorrows with substance use or they don't deny there is a problem exist or they don't blame themselves for the existing problem. The presence of religion as a socio-cultural fabric supports them and the tendency to distract themselves with other preoccupations and concerns are effective coping strategies.

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