

# **Psychological Stress And Its Associated Factors Among Secondary School Adolescents In District Srinagar**

**Mahrukh Mushtaq**

*Indira Gandhi National Open University IGNOU, New Delhi  
Student of Masters in Anthropology (MAAN), Department of Social sciences*

---

**Abstract:**

*Adolescence is a period when individuals become independent from their parents. The period of adolescence itself is recognized as a period of 'stress and storm' (Hall,1904) and has been regarded as the most difficult periods in life (Arnett,1999). At the root of this turbulence is the enormous number of major changes that take place during this time and affects that they have on various areas of life (Nounopolous, Ashby & Gillman, 2006). These do not only concern bodily changes and awakening sexuality, but also include other psychological changes (e.g., regarding personality/identity development, personal values, commitments and expectations and emerging desires for autonomy and independence) and social changes e.g., regarding role ambiguity (child v/s adult), influence of peer group, and sexual relationships) which can factor into the emergence of parental conflicts, mood disruptions and risk behaviour (Arnett, 1999, Marcia, 2006, Rosenberg, 1972). Over the past 20 years, the number of 16 year olds reporting stress, fatigue, psychosomatic complaints as well as psychological and physical tension has been steadily increasing (Alfven et al., 2008, Bremberg, 2006, Hjren et al., 2007, Palme et al., 2001, Socialstyrelsen, 2009). Moreover Armed conflict, political uncertainty and unavoidable circumstances prevalent in the state of Jammu and Kashmir since last two decades has a lasting and profound implication on the emotional, psychological, behavioural and other aspect of personality on the people of this region. Main objectives of this study are i. To assess the stress level among adolescents in various secondary schools of Srinagar, ii. To assess the prevalence of different stressors influencing adolescents in various schools of Srinagar. iii. To find correlation between various demographic variables (age, gender, economic status, occupation of parents, type of family, number of siblings) and iv. To introduce adolescents to various coping strategies to overcome the stress. The study is Quantitative as the researcher focused on characterizing and assessing the objectives, the Qualitative research was also used for descriptive purpose.*

**Keywords:** *Stress, anxiety, depression, adolescents, stressors ,sociodemographic variables, coping strategies*

---

Date of Submission: 18-08-2023

Date of Acceptance: 28-08-2023

---

## **I. Introduction:**

Stress can be defined as any type of change that causes physical, emotional and psychological strain. Stress is experienced by everyone as a part of life. The word "stress" as per the Oxford dictionary is defined as "state of affair involving demand on physical or mental energy". Stress is a big problem in our society (Allen, 1983) some 77% of bodily diseases are said to be stress related. At present, societies are influenced by modernization and westernization endowing the path from adolescence to adulthood with stress. However the way you respond to stress makes a bit difference to your overall wellbeing. Sometimes the best way to manage your stress involves changing your situation. At other times, the best strategy involves the way you respond to the situation. Stress can result from negative events or positive events (Stoppler et al., 2010). Stress is said to be positive when it boosts an individual's energy to achieve a desired goal thereby resulting in happiness and fulfilment , while distress occurs when an action or work does not bring happiness or relief (Mathew, 2017). Despite that the perceived effects of stress could either be negative or positive, specifically; stress is defined as the state of psychological and physiological imbalance that results from an individual not being able to manage situational demands of life which can either have a positive or negative effect based on the individual. Excessive stress can lead to poor decision making by disrupting the performance of an individual thereby resulting in a variety of emotional, behavioural and physiological problems (Muhammad and Ahmad, 2010). Based on the findings showing that stressful life events contribute to the onset and course of mental symptoms and disorders. The social stress model has guided efforts to examine social experiences and circumstances that are associated with variations in risk for mental health problems (Dohrenwend and Dohrenwend, 1969; Turner et al, 1995; Perlin, 1999). The underlying assumption of the model is that variations in stress exposure are closely related to individual life conditions and social circumstances. In line with this Ans Hensel, 1992 called for a reorientation away from

viewing stress as an isolated factor and toward its consideration as a link in a casual chain beginning with social stress model. Hence both negative life events and chronic strain in the form of poverty, family conflict and abuse have been found to predict emotional problems (Dohrenwend, 1990; Anshensel et al., 1992; Anshensel, 1992; Turner and Lloyd, 1999; Ross, 2000). The process through which stress affects psychologically is obviously complicated. Understanding the underlying biological system is vital piece in this puzzle. A body of research has implicated 22 disturbances in the HPA axis stress response system in the development of depression (Murray et al., 2010). Psychological stress is a challenging physiological and mental state in which a person lacks the ability to take good decision, manage stress effectively and take care of one's emotions adequately (Famakinwa, Olagunju and Akinlawonu, 2016). Psychological stress results from events that threaten to disrupt people's daily functioning. They are referred to as stressors (Kemp, 2011) but differ in the degree of severity and duration (Clarke, 2006). Hans Selye (1974) proposed four variations of stress. On one axis he locates good stress (eustress) and bad stress (distress). On the other is over stress (hyper stress) and under stress (hypo stress). Selye advocates balancing these: the ultimate goal would be to balance hyper stress and hypo stress perfectly and have as much eustress as possible. The school also contributes a major stressor among in-school adolescents which includes: too much homework, unsatisfactory academic performance, preparation for test/examination, lack of interest in a particular subject, peer pressure, making new friends, teacher-student relationship, difficulty in concentration. These various school stressors can result in psychological stress among adolescents, hence, leading to depression if not adequately managed (Simuforsa, 2013). In addition, poor parent-child communication often contributes to major family stressors and could also result in psychological stress among adolescents (Kemp, 2011). Romantic experiences like intense emotions, breakups, issues of rejection, need for intimacy and support, could further increase the risk of psychological dysfunction (Davila, Steinberg, Kachadourian, Cobb & Fincham, 2004). The World Health Organization stated that half of all mental conditions start by age 14 and most of them go undetected and untreated thus resulting in depression, and suicide which is observed to be the leading cause of deaths among adolescents all over the world (WHO, 2019). About 20% of adolescents around the world are estimated by the World Health Organization to have mental health problems, yet it remains under-diagnosed and under-treated (WHO, 2019). Studies have shown that the body responds to stress physically or psychologically leading to either physical illnesses or mental disorders. However, psychological stress has been observed to be more prevalent among adolescents than physical illness (Prabu, 2015). The first step towards preventing any ailment is to identify the factors responsible for it. Also, coping mechanisms among adolescents can be assessed in different ways and they include: observation, self-reports and significant others (e.g., 23 parents and teachers). This has been categorized primarily within problem-focused and emotion-focused coping mechanisms. Consequently, this study is designed to assess the stress level, prevalence of different stressors, finding correlation between various demographic variables and introducing coping strategies among senior secondary school adolescents in Srinagar. Adolescence is a period when individuals become independent from their parents. The period of adolescence itself is recognized as a period of 'stress and storm' (Hall, 1904) and has been regarded as the most difficult periods in life (Arnett, 1999). At the root of this turbulence is the enormous number of major changes that take place during this time and affects that they have on various areas of life (Nounopolous, Ashby & Gillman, 2006). These do not only concern bodily changes and awakening sexuality, but also include other psychological changes (e.g., regarding personality/identity development, personal values, commitments and expectations and emerging desires for autonomy and independence) and social changes e.g., regarding role ambiguity (child v/s adult), influence of peer group, and sexual relationships) which can factor into the emergence of parental conflicts, mood disruptions and risk behaviour (Arnett, 1999, Marcia, 2006, Rosenberg, 1972). Over the past 20 years, the number of 16 year olds reporting stress, fatigue, psychosomatic complaints as well as psychological and physical tension has been steadily increasing (Alfven et al., 2008, Bremberg, 2006, Hjren et al., 2007, Palme et al., 2001, Socialstyrelsen, 2009). Stressful life events of both major and minor magnitude in the lives of adolescents are significantly related to their emotional-behavioural problems. Stressful curriculum, parental pressure to outshine in education and peer pressure are main contributors to stress among adolescents. Moreover Armed conflict, political uncertainty and unavoidable circumstances prevalent in the state of Jammu and Kashmir since last two decades has a lasting and profound implication on the emotional, psychological, behavioural and other aspect of personality on the people of this region. Surveys conducted shows that one third of the teenagers suffer at least one episode of stress every week. Teenage stress is similar to the adult stress in terms of the signs and the symptoms but the causes of teen stress are totally different and they need somewhat different stress management programs for dealing stress. It is estimated that teens form 20% of the total population, yet they are a neglected group of population. This group is vulnerable to both physical and emotional stress. Adolescent medicine is a new concept in the field of medicine. The Adolescents cannot be treated both as an adult and as a kid because their problems are totally different. Thought stress has a kind of response in all age group. The stress factors in teens could be:

Pubertal changes:

- Changing relationship with peers.
- New demands in their neighbourhood

- Responsibilities to their families.
- Negative thoughts and the feelings.
- Separation or divorce of the parents.
- Financial problems.

**Objectives:**

- To assess the stress level among adolescents in various secondary schools of Srinagar.
- To assess the prevalence of different stressors influencing adolescents in various schools of Srinagar.
- To find correlation between various demographic variables (age, gender, economic status, occupation of parents, type of family, number of siblings)
- To introduce adolescents to various coping strategies to overcome the stress

**Hypothesis:**

Hypothesis is a tentative assumption or statement or concession made in order to draw out and test its logical or empirical consequence. It is a specific, testable prediction about what you expect to happen in the study. On the basis of the knowledge gathered, the investigator speculated the below mentioned hypothesis:

- o There exists a correlation between the stress experienced and individual's economic status.
- o Correlation of stress with family responsibility

**Universe/ Population:**

The universe consists of all survey elements that qualify for inclusion in the research study. The Universe may be individuals, groups of people, organization or even objects. The Universe of the present study comprises of 912 number of High school students of 8th , 9th and 10th grades between the age group of 13-17 from 13 Educational Institutions of Srinagar.

**Nature of Study** The study is Quantitative as the researcher focused on characterizing and assessing the objectives. The Qualitative research can also be used for descriptive purpose.

**Sample:** The accessible population was adolescent school children of age group 13-17 years in the 13 schools of Srinagar.

**Method of Data Collection:** The researcher planned to collect the information from the research subject by using structured questionnaire

**Tools Used**

**Perceived Stress Scale (PSS)** Sheldon Cohen The Perceived Stress Scale (PSS) is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the degree to which situations in one's life are appraised as stressful. Items were designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives. The scale also includes a number of direct queries about current levels of experienced stress. The PSS was designed for use in community samples with at least a junior high school education. The items are easy to understand, and the response alternatives are simple to grasp. Purpose Consisting of 30 items, the PSQ was developed as an instrument for assessing the stressful life events and circumstances that tend to trigger or exacerbate disease symptoms. With stress bearing significantly on the quality and consistency of the sleep cycle, the PSQ is a potentially valuable tool for evaluating the under-lying causes of sleep disturbances. The scale is specifically recommended for clinical settings, though it has been employed in research studies as well. Population for Testing. The PSQ has been validated with a population of in-patients, outpatients, students, and health care workers with a mean age of  $31.8 \pm 13.9$ . Administration The scale is a self-report, pencil-and-paper measure requiring between 10 and 15 min for completion. 36 Reliability and Validity Developers Levenstein and colleagues conducted a psychometric evaluation of the scale and found an internal consistency ranging from .90 to .92 and a test– retest reliability of .82. Results of the PSQ correlated highly with trait anxiety and with scores on Cohen's Perceived Stress Scale.

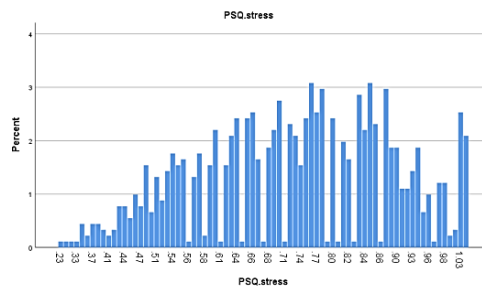


Figure 1.2  
The data presented in Table 1.3 and figure 1.2 represents the frequencies of different variables showing different frequencies with no significant PSQ stress value where as, shows 2(.2%) out of 912 , 3(.3%) out of 912 , 23(2.5%) out of 912 and 19(2.1%) out of 912 study subjects with significant PSQ stress value i.e.,  $\geq 1$  respectively.

Scoring In order to complete the PSQ, respondents receive one of two sets of scoring instructions: the general questionnaire queries stressful feelings and experiences over the course of the previous year or two, while the recent questionnaire concerns stress during the last month. Respondents indicate on a scale from 0 (“never”) to 4 (“usually”) how frequently they experience certain stress-related feelings. Higher scores indicate greater levels of stress. A total score is found by tallying each item (questions 1, 7, 10, 13, 17, 21, 25, and 29 are positive and are scored according to the directions accompanying the scale). A PSQ index can be found by subtracting 30 from the raw score and dividing the result by 90, yielding a score between 0 and 1.

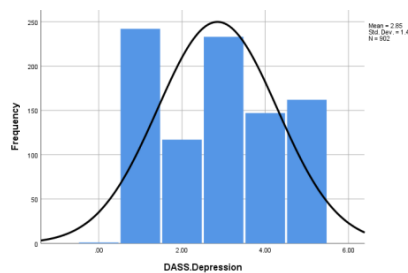


Figure 1.5  
The data presented in Table 1.7 and figure 1.5 represents the frequencies of different variables showing 242(26.8%) out of 912 with normal DASS-21 depression, 117(13.0%) out of 912 with mild DASS-21 depression , 223 (25.8%) out of 912 with moderate DASS-21 depression, 147 (16.3%) out of 912 with severe DASS-21 depression and 162 (18.0%) out of 912 with extremely severe DASS-21 depression. The figure also depicts mean =2.85, std. dev.= 1.44 and N= 902 respectively.

**Depression, Anxiety and Stress Scale - 21 Items (DASS-21)** The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress. Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale is sensitive to levels of chronic nonspecific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset / agitated, irritable / over-reactive and impatient. Scores for depression, anxiety and stress are calculated by summing the scores for the relevant items. Recommended cut-off scores for conventional severity labels (normal, moderate, severe) are as follows: NB Scores on the DASS-21 will need to be multiplied by 2 to calculate the final score

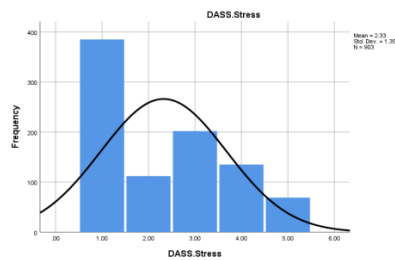


Figure 1.3

The data presented in Table 1.5 and figure 1.3 represents the frequencies of different variables showing 385(42.6%) out of 912 with normal DASS-21 stress, 112(12.4%) out of 912 with mild DASS-21 stress, 202(22.4%) out of 912 with moderate DASS-21 stress, 135(15.0%) out of 912 with severe DASS-21 stress and 69(7.6%) out of 912 with extremely severe DASS-21 stress. The figure also depicts mean = 2.33 , Std. Deviation = 1.353 and N= 903 respectively.

**Socio-Demographic variables** A demographic variable is a variable that is collected by researchers to describe the nature and distribution of the sample used with inferential statistics. Within applied statistics and research. These are variables viz., age, gender, religion etc. The socio- demographic variables , researcher included in this study are as: o Age in years o Gender of student o Class of study o Type of family o No. of siblings o Occupation of parents o Monthly Income

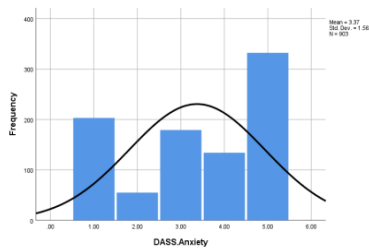


Figure 1.4

The data presented in Table 1.6 and figure 1.4 represents the frequencies of different variables showing 203(22.5%) out of 912 with normal DASS-21 anxiety, 55 (6.1%) out of 912 with mild DASS-21 anxiety, 179 (19.8%) out of 912 with moderate DASS-21 anxiety, 134(14.8%) out of 912 with severe DASS-21 anxiety and 332 (36.8%) out of 912 with extremely severe DASS-21 anxiety. The figure also depicts mean =3.37, std. dev.= 1.563 and N= 903 respectively.

**Stress Coping mechanism/Strategies** Coping strategies are behavioural and cognitive tactics used to manage crises, conditions and demands that are appraised as distressing. An important development in coping research was the creation of Robert Folk man and Susan Lazaru’s ways of coping scale. This scale was devised to assess the extent to which one uses one of two general types of coping. Problemfocused coping is directed at problem solving or taking action to change the source of stress. Emotion-focused coping, in contrast, focuses on reducing or managing the emotional distress that results from the crises. The effectiveness of any particular coping strategy varies according to the situation. No matter how mentally healthy, resilient or happy we are, everyone of us goes through times when we need to cope with something difficult. Coping is something we all do, whether we do it consciously or without thinking. Some of the ways we cope are healthy and build resilience, while others are ways to avoid dealing with a problem are destructive. 3.11.3.1 60+ Essential Positive Coping Skills: There are nearly infinite ways to cope, and we use methods that suit our unique personalities and needs. An activity that causes stress in one individual might help another person cope. It doesn’t matter whether you cope like everyone else. The important thing is that you find effective coping methods that will help you to thrive and build resilience. Blake Flannery’s master list of coping methods and skills are organized into categories (2016) that are given below: **Diversions** • Write, draw, paint, photography • Play an instrument, sing, dance, act • Take a shower or a bath • Garden • Watch cute kitten videos on you tube • Play a game • Go Shopping 44 • Clean or organize your environment • Read • Take a break or vacation Social / Interpersonal Coping • Talk to someone you trust • Set boundaries and say ‘No’ • Write a note to someone you care about • Be assertive • Use humour • Spend time with friends / family • Serve someone in need • Care for or play with a pet • Role-play challenging situations with others • Encourage other Cognitive Coping • Make a gratitude list • Brainstorm solutions • Lower your expectations of the situation • Keep an inspirational quote with you • Be flexible • Write a list of goals • Act opposite of negative feelings • Write a list of pros and cons for decisions • Reward or pamper yourself when successful • Write a list of strengths • Accept a challenge with a positive attitude 45 Tension Releasers • Exercise

or play sports • Engage in catharsis (yelling in an open place/bathroom , punching a punch bag) • Cry • Laugh Physical • Get enough sleep • Eat healthy foods • Get into a good routine • Eat a little chocolate • Limit caffeine • Practice deep/ slow breathing Spiritual • Pray or mediate • Enjoy nature • Get involved in worthy cause Limit-Setting • Drop some involvement • Prioritize important tasks • Use assertive communication • Schedule time for yourself

Fathers occupation	Pearson Correlation	-.054	-.037	.010	-.067	-.065	1	.211**	.520**
	Sig. (2-tailed)	.106	.276	.767	.093	.054		.000	.000
	N	880	881	881	870	876	881	872	871
Mothers occupation	Pearson Correlation	-.103**	-.087**	.009	.079*	-.100**	.211**	1	.232**
	Sig. (2-tailed)	.002	.009	.795	.019	.003	.000		.000
	N	896	897	897	886	891	872	897	883
Monthly income	Pearson Correlation	-.040	-.008	-.038	-.078*	-.048	.520**	.232**	1
	Sig. (2-tailed)	.229	.818	.281	.021	.152	.000	.000	
	N	889	890	890	879	884	871	883	890

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

The data represented in table 1.8 shows that there is the significant correlation between the chosen eight Socio demographic variables (i.e., age, sex, class, family type, no. of siblings, father's occupation, mother's occupation and monthly income) respectively.

**POSITIVE COPING SKILLS:** → Practicing meditation and relaxation techniques → Having time to yourself → Engaging in physical activity or exercise → Reading → Spending time with friends → Finding humour → Spending time on your hobbies → Engaging in spirituality → Spending quality time with your pets → Getting a good night's sleep → Eating healthy

**NEGATIVE COPING SKILLS** → Using drugs → Drinking alcohol excessively → Engaging in self- mutilation → Ignoring or bottling up feelings → Taking sedatives → Taking stimulants → Working too much → Avoiding your problems → Being in denial

### **10 ways to Build Resilience**

Aside from using the positive coping methods, the Mental Health Wellness Week website also suggests ten tips you can put to use to strengthen your mental state and build resilience to life's stressors: 1. Build up your confidence 2. Make time for your loved ones 3. Accept compliments when they are given to you 4. Give support to others when needed and accept support from others when needed 5. Create and stick to a realistic budget 6. Volunteer in your community 7. Share your burdens with others, especially those who have been through the same things 8. Find ways to manage your stress on regular basis 9. Identify and address your shifting moods 10. Learn how to be at peace with yourself.

## **II. TECHNIQUES USED TO ADDRESS STRESS, ANXIETY OR ANGER**

**Visualization for kids:** Employing imagery when you are feeling overwhelmed can be a great way to take you back to feeling calm and collected. With their vivid imaginations. Kids are especially adept at using imagery. This worksheet identifies two keys to effective imagery. The first is to utilize all five of your senses- the more sensory-rich the imagery is, the more effective it will be. The second is to breathe deeply and calmly throughout. It also provides some ideas for how to use imagery Example 1. To imagine your favourite place and to focus all of your senses on that place in order to go there in your mind. Example 2. To imagine your favourite person-someone that makes you feel safe, fictional characters you like, or a higher power (if believing)- and to focus on what they look like, what they say and what it feels to be with them. Imagery can be a powerful tool, especially in a particular difficult moment. Encourage the children to put his or her imagination to good use.

**Progressive Muscle Relaxation (PMR):** This is slightly more mature version of Noodle Caboodle exercise. The worksheet teaches a technique called Progressive muscle relaxation, and it can be done anywhere and anytime a child feels overwhelmed with emotions. Progressive Muscle Relaxation (PMR) can be useful technique to relax the physical tightness and tension we feel as a stress response, and works by sequentially targeting different body parts

The basic steps of PMR are as:

PMR is helpful way to feel calmer when you are anxious, angry, stressed or tense. It is a way to relax and unwind, while clearing your head so you can think better. It can be done anywhere, i.e., it is unnoticeable. Can be done in bed at night to help u fall asleep This technique works best when you are in a quite place by yourself, its duration can be both short or long depending on how and if you feel like it

2. With your back nice and straight, settle into a comfortable standing or seating position.
  3. Now gently shut your eyes
  4. Begin with three deep. Calming breathes through your nose. feel the air flowing in, and out, in and out, in... and out again
  5. First bring your attention to your feet. Feel your toes relax... Your heels... The ball of each foot...the side of each foot, just relaxing. They may feel like they are becoming lighter, looser, even softer or weightless. Relax into it
  6. Slowly, calmly, bring your mind up your body. Feel your ankles unwind and relax. Then upwards, to your calves, with each body part relaxing as you think of it.
- . Take all the time you like, and move upward, thinking about and letting go tension in your: 49 • Ankles • Calves • Knees • Upper legs (front and back) • Backside • Stomach • Lower back • Centre back • Spinal cord • Upper back • Chest and torso • Upper arms (front and back) • Elbows • Lower arms (front and back) • Wrists • Hands and Fingers • Neck • Lips and Tongue • Eyes and • Temples
8. Repeat the whole process, moving downward from the top of your head to the tips of your toes. PMR works best if practiced regularly, when we stop to relax and feel better first, making good decisions is easier. This is where Progressive Muscle Relaxation (PMR) can be super useful

### **III. Recommendations**

Stress is a part of being human, it can help motivate one to get things done. One may feel down or anxious and that is normal too for a while. In the meantime, there are things one can learn to help with management of stress before it gets too much. Based on the study and analysis of research tools provided and physical findings, this study makes the following recommendations to the policy makers (State/Central Boards of School Education) and managers of the organizations:

1. Recommending school psychology as the compulsory department in the organizational structure of the school.
2. Including mental health as a separate subject in curriculum
3. Establishing a liaison between schools and health care providing teams (Government and NGOs) for conducting workshops and proper referrals
4. Hiring the person with professional knowledge for running the department of school psychology and tackling the mental health issues in the schools at different levels as per hierarchy ( school psychologist, mental health nurse, counsellor, school social worker) in an organizational setup.
5. Establishing specific counselling department for mental health counselling, so as to conduct periodic counselling sessions as per need
6. Establish the help desk for mental health support in the Schools
7. Providing the knowledge to the students about the stress, its assessment and encouraging students to reach the established help desk for mental health support.
8. Carrying out stress assessment quarterly as a part of extra- circular activities
9. Developing a working and collaborative relationship with the students.
10. Avoiding negative techniques such as punishment, sarcasm, disagreement etc which might only reinforce feeling of incompetence and low self esteem.
11. Making adjustments and accommodations in assignments or tasks.
12. Ensuring the use of the Stress management techniques for students.
13. Providing Vocational training and conducting vocational training programs as a part of curriculum ,so as to provide opportunities for financial help and stability whenever is needed.
14. Broadening the scholarship eligibility criteria from strictly academic merit to include other significant socio economic and socio demographic variables , such as parenting pattern/family type(single parent, broken family), number of siblings, cumulative financial strength by father's/mother's occupation.

### **IV. Limitations:**

1. Limited access to the information: Though the sample collected was huge some educational institutes were non-cooperative by not granting the access for Data collection. These institutions were mostly missionaries and rejected the access since no such grant has been ever issued for research conduction purpose in the past. If the access has been granted by these institutions the data correlation between stress and economic status might have been accessed better.
2. Limited time for completion of the research work lead to data collection on small scale.
3. The research tools used were not reliable.

4. This study was limited to a particular district i.e., district Srinagar only and thus can be replicated in other districts of Kashmir valley.
5. There is the scope for replication of study to find correlation of stress with respect to following demographic variables i.e., religion and sex (males vs. females).

## V. Conclusions

As a matter of fact, the research conducted lead to the conclusion that there is the greater scope of work in the two basic structures while dealing with Stress, anxiety and depression at the foundation level of the society. First the organizational body (Schools and Boards of Education) followed by our teenage / adolescent group. There is the need for recommendation of modification in the organizational structure of School by the Boards of Education. The universe studied by the researcher which included teenagers presented broadly with bottling up of their negative feelings in view of prejudice and criticism which in turn manifested as burnouts, frustration. The lack of knowledge regarding expression and management of the above said feelings ultimately lead to stress, anxiety and depression. Provision of the knowledge regarding self-assessment, positive coping mechanisms, management skills, access to the professional help at the base level (school) and periodic follow ups might significantly show the positive outcome. There is the need for showing compassion towards this age group by not being judgmental, paying heed to what they have to say without showing any prejudice. Teaching them the skill of self-assessment, realization and acceptance. Teaching them the difference between perceived stress and actual stress, bursting the myth of perfectionism and making them aware of the FOMO scam. Moreover, clinging to the meditation and their religious beliefs seems to significantly help this age group to cope with the stress

## REFERENCES

- [1]. Van Reeth, O., Weibel, L., Spiegel, K., Leproult, R., Dugovic, C., & Maccari, S. (2000). Interactions Between Stress And Sleep: From Basic Research To Clinical Situations. *Sleep Medicine Reviews*, 4 (2), 201–219.
- [2]. Levenstein, S., Prantera, C., Varvo, V., Scribano, M. L., Berto, E., Luzzi, C., & Andreoli, A. (1993). Development Of The Perceived Stress Questionnaire: A New Tool For Psychosomatic Research. *Journal Of Psychosomatic Research*, 37 (1), –32.
- [3]. The PSS Scale Is Reprinted With Permission Of The American Sociological Association, From Cohen, S., Kamarck, T., And Mermelstein, R. (1983). A Global Measure Of Perceived Stress. *Journal Of Health And Social Behavior*, 24, 386-396
- [4]. S. And Williamson, G. Perceived Stress In A Probability Sample Of The United States. Spacapan, S. And Oskamp, S. (Eds.) *The Social Psychology Of Health*. Newbury Park, CA: Sage, 1988.
- [5]. A. Field. *Discovering Statistics Using SPSS*, Sage Publications, Thousand Oaks, CA, 2009
- [6]. Lovibond, S.H. & Lovibond, P.F. (1995). *Manual For The Depression Anxiety & Stress Scales (2nd Ed.)* Sydney: Psychological Foundation
- [7]. Aminabhavi, V.A. And Trieveni, S., (2000), Variable Causing Occupational Stress On The Nationalized And Non-Nationalized Bank Employees *J.Com.Gui.Res.*, 17 (1):20-29
- [8]. Anne, R. And Svenn-Erik Mamelund, (2011), *The Association Between Marital Status And Psychological Well-Being In Norway*. Oxford University Press. 80
- [9]. Barkat, S.A. And Asma, P., (1999), Gender And Age As Determinants Of Organizational Rolstress. *J.Com.Gui.Res.*, 16(20:141-45) P. 2003 *Psychiatric And Mental Health Nursing: The Craft Of Care*. Edward Arnold, London.
- [10]. Barlow, David H. Durand, Vincent (2008), *Abnormal Psychology: An Integrative Approach*. Cengage Learning. P.125.
- [11]. Beena, C And Poduval, P.R. (1992), Gender Difference In Work Of Executives. *Psy.Stu.* 37(2&3):109-113.
- [12]. Behagwan, S. (1997), Job Stress And Burn Out In Teachers Of Secondary School In Orissa. *J.Ednal.Res.Exnt*, 33(4):218-234.
- [13]. Bourecs, N. And Holt, G. (2007), *Psychiatric And Behavioural Disorders In Intellectual And Developmental Disabilities 2nd ed* Cambridge University Press. U.K.
- [14]. Bourne, Edmund. L., (2005), *The Anxiety & Phobia Workbook (4th)*. New Harbinger Publications. P.369.
- [15]. Cannon W.B, (1932). *Stress & Strains Of Homeostasis*. American Journal Of Medical Sciences.
- [16]. Al-Qaisy, L. M. (2011). The Relation Of Depression And Anxiety In Academic Achievement Among Group Of University Students. *International Journal Of Psychology And Counseling*, 3(5), 96–100. 81
- [17]. Amin, S., & Khan, A. W. (2009). Life In Conflict: Characteristics Of Depression In Kashmir. *International Journal Of Health Sciences*, 3(2), 213–223.
- [18]. Amr, M., Amin, T. T., Saddichha, S., Al Malki, S., Al Samail, M., Al Qahtani, N., ... Al Shoaibi, A. (2013). Depression And Anxiety Among Saudi University Students: Prevalence And Correlates. *The Arab Journal Of Psychiatry*, 44(473), 1–14.
- [19]. Ara, S., & Ahad, R. (2016). Depression And Suicidal Ideation Among Older Adults Of Kashmir. *The International Journal Of Indian Psychology*, 3(2), 136–145.
- [20]. Bhat, R. H., & Khan, S. M. (2018). Mental Health Issues In Kashmir Valley: An Overview. *Archives Of Mental Health*, 19(2), 95–96. [https://doi.org/10.4103/AMH.AMH\\_9\\_18](https://doi.org/10.4103/AMH.AMH_9_18)
- [21]. Bhat, R. M., & Rangaiah, B. (2015). Exposure To Armed Conflict And Prevalence Of Posttraumatic Stress Symptoms Among Young Adults In Kashmir. *Fontaine, N. M., Brendgen, M., Vitaro, F., Boivin, M., Tremblay, R. E., & Côté, S. M. (2019). Longitudinal Associations Between Delinquency, Depression And Anxiety Symptoms In Adolescence*
- [22]. Testing The Moderating Effect Of Sex And Family Socioeconomic Status. *Journal Of Criminal Justice*, 62, 58–65. Ganguly, S., Smetana, M., Abdullah, S., & Karmazin, A. (2019). India
- [23]. Adhiambo, W.M., Et Al., (2017). The Relationship Between Coping Style And School Adjustment Amongst Secondary School Students In Kisumu East Subcounty, Kenya. *European Scientific Journal*, .13(1), ISSN: 1857 – 7881(Print)E -ISSN 1857-7431. (N.D.). [https://en.wikipedia.org/wiki/Adjustment\\_\(Psychology\)](https://en.wikipedia.org/wiki/Adjustment_(Psychology))
- [24]. Conflict And Stress Order Revised . Lawaspect.Com. (N.D.) <https://lawaspect.com/conflict-stress-order-revised/> Coping With Stress At School. 82 (N.D.). <https://adrenalfatiguesolution.com/coping-with-stress-at-school/> Creswell, J. W. (2011). *Research Design*. Sage Publication India Pvt. Ltd. New Delhi



- [26]. Das, Samit Kumar, Et Al., (2014). A Study On Academic Anxiety And Academic Achievement On Secondary Level School Students. Indian Streams Research Journal, 4(6), ISSN 2230-7850
- [27]. Ebrahimi, A., (2013). The Relationship Between Emotional Intelligence, Perceived Stress And Academic Performance Among Iranian High School Students. International Journal Of Psychology And Behavioral Sciences, 5(1): 26-34, DOI: 10.5923/J.Ijpbs.20150501.04.  
[https://www.academia.edu/26106133/Academic\\_Stress\\_Parental\\_Pressure\\_Anxiety\\_And\\_Mental\\_Health\\_Among\\_Indian\\_High\\_School\\_Students](https://www.academia.edu/26106133/Academic_Stress_Parental_Pressure_Anxiety_And_Mental_Health_Among_Indian_High_School_Students) Emmanuel, A.O., Et Al., (2014).
- [28]. Perceived Stress And Academic Performance Of Senior High School Students In Western Region. Ghana EUROPEAN JOURNAL OF BUSINESS AND SOCIAL SCIENCES, 2(11), 88-101, ISSN: 2235-767X
- [29]. Abraham, R. (1999). Emotional Intelligence In Organizations: A Conceptualization. Genetic, Social And General Psychology Monographs, 125 (2) 209-224.
- [30]. Ahmed, H. Banu Et Al. (2009). Cognitive Emotions: Depression And Anxiety In Medical Students And Staff Journal Of Critical Care. Vol 1.24. Issue 3. Pages E 1 -E7.
- [31]. Andrews, B. J. Heijdenberg Et Al. (2009). "Student Anxiety And Depression, Comparison Of Questionnaire And Interview Assessments". Journal Of Affective Disorders, Vol. 95, Issue 1, Pages 29-37.
- [32]. Fromel, K., Safar, M., Jakubec, L., Groffik, D. & Zarka, R. (2020). Academic Stress And Physical Activity In Adolescents. Biomed Research International. DOI: 10.1155/2020/4696592 83
- [33]. Jayanthi, P., Thirunavukarasu, M., & Rajkumar, R. (2015). Academic Stress And Depression Among Adolescents: A Cross Sectional Study. Indian Pediatrics, 52(3), 217- 219.
- [34]. Rangaswamy, K. (1995). Academic Stress And Mental Health. Indian Journal Of Clinical Psychology, 22, 1-2
- [35]. Subramani, C. & Kadiravan, S. (2017). Academic Stress And Mental Health Among High School Students. Indian Journal Of Applied Research, 7(5).
- [36]. Arati, C. And Ratnaprabha, C. (2004). Influence Of Family Environment On Emotional Competence Of Adolescents. Journal Of Community Guidance And Research. 21 (2); 213- 222.
- [37]. Arulamani, G. (1989). Patterns Of Coping With Psychosocial Stressors Among Indian Adolescents, Unpublished M. Phil. Dissertation Submitted To Bangalore University.
- [38]. Astilla, Estella And Watkins, David (1986). Press For Achievement And School Grades, Educational And Psychological Measurement, 46, 107 1 - 1074.
- [39]. Babar Shaikh, And Arsalan, Kahloon (2004). Students, Stress And Coping Strategies: A .Case Of Pakistani Medical School. Education For Health. Vol 17(3)346-353.
- [40]. Bailey, - Leisa - A.; Hailey, - B - Jo. (1 983). The Influence Of Intelligence On - Coping Style Selection. Journal Of Clinical Psychology, 39 (6), 90 1-908.
- [41]. Baily - Leisa-A; Hailey, -B-Jo (1 983). The Influence Of Intelligence On Coping Style Selection. Journal Of Clinical Psychology, 39(6), 90 1-08.
- [42]. Banumathi Sharma And Neejeja Sharma (2004). Emotional Intelligence In Children A Qualitative High Analysis. National Academy Of Psychology, India Vol. 49, Nos. 2-3, 124- 127. 84
- [43]. Bossong, Bernd ( 1985). School Related ' Stress And Social Comparison, Gruppendyarnik, 295-305.
- [44]. Boy Le, Gregory 5.(1967). The Role Of Intrapersonal Psychological Variables In Academic School Learning. Journal Of School Psychology, 389-392.
- [45]. Whitman,-Neal-A.; And Others ( 1985). Student Stress: Effects And Solutions. ERIC Digest 85-1, Information Analysis – ErlcLAP'S (071).
- [46]. Sheridan, Charles L., And Smith, Leslick (1987). Stress And Academic Achievement In Teenagers. In Tmationaljournal: Of Psychosomatics, 34, 20-24.
- [47]. Stemanova, Marta ( 198 1 ). Anxiety And Intellectnal Abilities In Relations To School Progress. Psychologia A Patopsycholgiadietata, 16.50 1-522. Sciffge-Krin Kc & S. ( 1990). Coping Style In Adolescence. A Cross – Cultural Study. Journal Of Cross-Cultural Psychology. 2 13.35 1-377.
- [48]. Crrs And Milburn (1983). School Age Stress, "Stress In Children And Adolescents", Oxford Press, Pp. 1 - 1 5.
- [49]. Akanni, O. O. & Otakpor, A. N. (2016). Psychological Distress And Resilience: A Study Of Prevalence And Association Among School-Attending Adolescents In Benincity. Sri Lanka Journal Of Psychiatry, 7(1).
- [50]. Clarke, A. T. (2006). Coping With Interpersonal Stress And Psychosocial Health Among Children And Adolescents: A Meta Analysis. Journal Of Youth And Adolescence, 35(1), 10-23.
- [51]. Depression: Let's Talk WHO. (2019). Available At: <http://www.who.int/mental-health/management/depression/en/>. Assessed On 9th October, 2019. Davila, J., Steinberg, S. J., Kachadourian, L., Cobb, R. & Fincham, F. (2004). Romantic Involvement And Depressive Symptoms In Early And Late Adolescence: The Role Of A Preoccupied Relational Style. Personal Relationships, 11(2), 161-178. 85
- [52]. NILA MAJED (Doctoral Study)2015 .A Study Of Level Of Stress, General Health, Personal Values And Tendency Of Aggressive Behavior Among Adolescents Of Jammu And Kashmir Region. Aligarh Muslim University, Aligarh, India. Retrieved From [https://shodhganga.inflibnet.ac.in/bitstream/10603/110788/1/01\\_Title.Pdf](https://shodhganga.inflibnet.ac.in/bitstream/10603/110788/1/01_Title.Pdf), 2015
- [53]. Stress Among Adolescents In Jammu And Kashmir (2014) Waseem Qayoom Kachroo International Journal In Management & Social Science 2 (3), 47-60, 2014.
- [54]. Deb, S., Stordi, E., Sun, J. (2015). Academic Stress, Parental Pressure, Anxiety, And Mental Health Among Indian High School Students. International Journal Of Psychology And Behavioral Sciences, 5(1), 26-34. DOI: 10.5923/J.Ijpbs.20150501.04