

Perceived Social Support, Coping Strategies and Stress among School Going Adolescents:

A Case of Mbale senior secondary school in Mbale City

Norah Nabudduwa


2016/HD03/1965U

A Dissertation Submitted to the Department of Mental Health, School of Psychology in Partial
Fulfillment for the Award of a Master of Science Degree in Clinical Psychology of Makerere
University

January, 2023

Declaration

I, Nabudduwa Norah, hereby declare that this dissertation titled "*Perceived Social Support, Coping Strategies and Stress Among School Going Adolescents: a Case of Mbale senior secondary school in Mbale City*" is my original work and that it has never been submitted to any University, college or institution of higher learning for any academic award.

Signature:  Date: 9th/Jan/2023

Nabudduwa Norah

Student

Approval

This dissertation titled "*Perceived Social Support, Coping Strategies and Stress among School Going Adolescents: a Case of Mbale senior secondary school in Mbale City*" has been under my supervision and is ready for examination with my approval as the University Supervisor.

Signature: 

Date: 9/1/2023

Karugahe Wilber PhD

Supervisor

Dedication

I dedicate this dissertation with gratitude to Mr. Paul Wakoko and his wife Gladys Wakoko whose hidden strength never ceases to amaze me and for opening the academic door in my life. I will always bless The Lord for meeting you both along my path.

Acknowledgment

First and foremost, I thank the Almighty God for having enabled me to conduct this research smoothly and for all those who contributed to the success of my academic this far.

Secondly, I am greatly indebted to all my lecturers who inspired me greatly to love this course and become focused more especially my supervisor Dr. Wilber Karugahe who never gave up on me all the times I approached him for advice.

Special thanks to all people who supported me emotionally and financially during my academics especially Mr. & Mrs. Wakoko, Dr. Shinyekwa Isaac, Dr. Leone Matagi, Mr. Birungi Peter, & Mrs. Winnie Wandukwa (RIP). Thank you so much for standing with me during difficult times when I needed you.

I would like to thank the respondents who participated in the interviews and provided information for the study.

May The Lord Bless you!

Table of Contents

Declaration.....	i
Approval	ii
Dedication.....	iii
Acknowledgment.....	iv
Table of Contents.....	v
List of Tables	viii
List of Figures.....	ix
List of Abbreviations	x
Abstract.....	xi
Chapter One:Introduction	1
<i>Background</i>	1
<i>Statement of the Problem</i>	4
<i>Purpose</i>	5
<i>Objectives</i>	5
<i>Scope</i>	6
<i>Significance</i>	7
<i>Conceptual Framework</i>	9
Chapter Two:Literature Review	13
<i>Introduction</i>	13
<i>The Relationship between Perceived Social Support and Stress</i>	13
<i>The Relationship between Perceived Social Support and Coping Strategies</i>	16
<i>The Relationship between Stress and Coping Strategies</i>	18

<i>Hypotheses</i>	27
Chapter Three:Methods	28
<i>Introduction</i>	28
<i>Study Design</i>	28
<i>Study Population</i>	28
<i>Sample Size Determination</i>	29
<i>Sample Size and Sampling Technique</i>	29
<i>Data Collection Methods</i>	30
<i>Questionnaire Survey</i>	30
<i>Instruments and Measures</i>	30
<i>Reliability</i>	31
<i>Procedure and Data Management</i>	32
<i>Data Analysis</i>	33
Chapter Four:Results	34
<i>Introduction</i>	34
<i>Demographic Characteristics of Respondents</i>	34
Chapter Five:Discussion, Conclusion and Recommendations	43
<i>Introduction</i>	43
<i>In this Chapter, a discussion of the findings in relation to the previous study findings is presented according to the study hypothesizes, conclusions are drawn, recommendations and areas for further research and limitations of the study.</i>	43
<i>Discussion</i>	43
<i>Perceived Social Support and Stress among School Going Adolescent</i>	43

<i>Perceived Social Support And Coping Strategies Among School Going Adolescents.</i>	<i>45</i>
<i>Stress and Coping Strategies among School Going Adolescents</i>	<i>46</i>
<i>Conclusion.....</i>	<i>52</i>
<i>Recommendations</i>	<i>52</i>
<i>Recommendation for Further Studies</i>	<i>54</i>
<i>Limitations.....</i>	<i>54</i>
References	55
Appendices	71
Appendix A: Consent form.....	71
Appendix B: Key respondents’ questionnaires	72
Appendix C: Work Plan/Time Schedule (Time Framework) – Oct-Dec 2020	80
Appendix D: Estimated budget for the research proposal – Oct-Dec 2020	81
Appendix E: Krejcie and Morgan Table 1970.....	82

List of Tables

Table 1: Demographic Characteristics of Respondents.....	35
Table 2: Perceived Social Support and Stress among the School Going Adolescents.....	37
Table 3: Perceived Social Support and Coping Strategies	38
Table 4: Stress and Coping Strategies among the School Going Adolescents.....	39
Table 5: Mediated Model on the Mediational Role of Coping Strategies in the Relationship between Perceived Social Support and Stress	41

List of Figures

Figure 1: Conceptual framework showing the relationship between perceived social support as the independent variable, coping strategies as the mediating variable and stress as the dependent variable. 9

List of Abbreviations

APA	American Psychological Association
NGOs	Non-Government Organizations
PTS	Posttraumatic Stress
PTSD	Posttraumatic Stress Disorder
RCT	Relational Cultural Theory
SPSS	Statistical Package for Social Sciences
UK	United Kingdom
UNICEF	United Nations Children's Fund
U.S	United States
WHO	World Health Organization
CSOs	Civil Society Organizations
COVID	Corona Virus Disease
PFCS	Problem focused coping strategies
ECS	Emotional Coping Strategies
ACS	Avoidant Coping Strategie

Abstract

This study aimed at examining the relationship between perceived social supports, coping strategies and stress among school-going adolescents. The study employed a quantitative approach and a sample size of 260 composed of 130 girls and 130 boys between 14 to 19 years from Mbale senior secondary school in Mbale City. A Correlational study design was adopted to assess the interrelationships between the first three study objectives and Regression Analysis for the fourth objective. Data was, therefore, entered into SPSS and analyzed using Pearson Product Moment Correlational Analysis and Regression Analysis. The study results indicated that there was a significant relationship between perceived social support and stress at $r = 0.392$, $P=0.001$, a significant relationship exists between stress and coping strategies among school-going adolescents as indicated (emotional $r = 0.481$, $p = 0.001$); (avoidant $r = 0.535$, $P = 0.001$); (problem-focused $r = 0.407$, $P = 0.001$). There was a significant relationship between perceived social support and coping strategies among school-going adolescents (emotional $r = 0.391$, $P = 0.001$); (avoidant $r = 0.297$, $P = 0.001$); (problem-focused $r = 0.373$, $P = 0.001$).

In the presence of coping strategies sub-scales (Emotional coping and Avoidance coping sub scales), the relationship between perceived social support and stress, the adjusted r increased from 15% in Model 1 to 35% in Model 2. This implies that even in the presence or inclusion of coping strategies sub-scales (especially emotional and avoidance) as mediating variables, the relationship between stress and perceived social support remain significant ($P = .001 < .05$). Based on this finding, the study recommends that school management, mental health practitioners, and the ministry of education should focus on interventions that promote stress management skills and healthy coping behaviors among adolescents. This will probably help adolescents who are using avoidance coping.

Chapter One

Introduction

Background

About 18% of the world's population are adolescents between 10 to 19 years. Adolescence is a very critical period of physical development and psychological changes where there is a need for support on the rightful coping strategies as they drift into adulthood (Alhajri et al., 2020). With the changing trends in family systems as it weakens, economic mobility, and technological advancement all around the world, where children are growing up in schools, the support that they need is questionable hence dictating a support change (Essa & Burnham, 2019). It should be noted that adolescence is a risk stage where developing anxiety, depression and many other psychological issues are common as a result of experiencing stressful as well as negative life events. Being exposed to these issues as an adolescent increases risk of more mental health complications in adulthood (Blakemore, 2019). Both parents, at least one, go searching for employment and currently many are migrating to western countries for greener pastures abandoning their children to either relative who is ever busy or leaving them in boarding schools where they are not given enough time and support that they need to be heard and helped (Goodman, 2019). These children have their perceptions of the support that they need which may not be necessarily what they get leading to stressful experiences resulting in either positive or negative ways of coping or dealing with all the overwhelming emotions (Zheng et al., 2021).

Stress, on the other hand, is the major cause of health problems in the U.S for teens between 9th and 12th grade and psychologists recommend that if coping with it is poor, it can result in long-term health problems (Lazarus, 2020). Children fail to receive enough support within the family yet schools are more concerned with academic achievements where social life is filled with

bullying from fellow students, which increases their levels of stress and lowers concentration (Bautista et al., 2019). Darling-Hammond & Cook-Harvey reported that adolescents and children in general exercise limited control over their external circumstances (Darling-Hammond & Cook-Harvey, 2019). Vaidya et al., (2021), also found out that adolescents between 15-19 years suffer from psychological disorders like depression if they use improper mechanisms to cope with stress. Students mostly in secondary schools face extensive series of stressors concerning their academic demands, which may result in, low academic attainments, low motivation and an amplified risk of school dropout (Evans et al., 2018). This in the end may result in psychological health problems like depression, anxiety, sleeping disturbance and drug abuse (Castaldelli-Maia et al., 2019). To manage stress, some adolescents engage in problem-solving which include doing different activities to keep their minds off stressor and yet some of them try handling the problems alone (Skinner & Wellborn, 2019).

Ochieng in his carried out in Tanzania reported that secondary school students get engaged in psychoactive substance abuse like Marijuana (Cannabis), cigarettes and alcohol as a result of peer pressure, and the family environment. He emphasized that adolescence is a very vulnerable aged group which require more support (Ochieng J., 2022). This therefore calls for attention to the adolescents' surroundings both at school and home for their physical and psychological well-being. This is because peers and significant others as well as family can at one time incite negative coping mechanisms with stressors among students who may be poor performers in school due to high academic demands. Mutumba and others in their study of adolescents infected with HIV aged 12 to 19 years in Uganda, discovered that adolescents especially those affected with HIV face psychosocial challenges like stigma resulting in stress. These tend to utilize coping strategies like social support, spirituality, avoidance and distraction to cope. This therefore, calls for a special

attention to the adolescents both at home and in school for their physical and psychological wellbeing.

According to the National Multi-Sectorial Coordination Framework for Adolescent Girls 2017/2018 -2021/2022. It reports that adolescents especially girls fail to get effective support from family members, community support systems as well as teachers in schools who misinterpret their needs and at times lack of knowledge on how to best support them. More so, some parents fail to get enough resources to support their adolescents leading to multiple challenges like early pregnancy and school dropout as they struggle to cope with the prevailing challenges and lack of proper guidance and support from those close to them and community members as well.

There are significant relationships between positive and negative adjustment and students' perceptions of social support (Shu et al., 2020). Therefore, Perceived social support may act as a protective factor against personal and school maladjustment. Perceived social support has been investigated in adolescents both as a shield against negative physical and psychological effects and as a key construct in increasing positive physical and psychological growth and development (Wang & Zhang, 2020). Kosic and friends examined the relationship between perceived social support and a variety of positive and negative outcomes where he found significant positive relationships between social support and a variety of positive indicators including social skills, academic competence, leadership, and adaptive skills (Kosic et al., 2021). In addition, significant negative relationships were found between perceived social support and a variety of negative indicators such as conduct problems, aggression, hyperactivity, anxiety, depression, and withdrawal all of which are great distress to an individual (Szkody & McKinney, 2019).

According to Stapley et al., (2020) when adolescents are faced with difficult emotions and challenges, they tend to seek support from others like friends, parents, and siblings, as a way of

coping. Adolescents place more emphasis on social virtues and always want to be liked and recognized positively by others. Parents and peers are both vital providers of social support (Forster et al., 2020). However, if one's insight into the social support given is positive, he/she has better psychological and physical health. This, therefore, puts an adolescent in a position to cope with stressful life events. Hence this study seeks to examine the relationship between perceived social support, stress and coping strategies among school-going adolescents.

Statement of the Problem

According to the Uganda National population and housing Census 2014, 17.1% of the whole population is adolescents between 13-19 years. Adolescence is a very key period of an individual's life characterized by rapid physical, cognitive changes, and social and psychological growth that prepares them for adulthood (Goodway et al., 2019). Adolescents face several challenges during this transition from childhood to adulthood like emotional turmoil where there is a desire for the opposite sex, physical growth with body changes and always a perception of getting social support to sail throughout this period of their lives (Abbott, 2021). They always have specific perceptions of the support that they expect to get from parents, friends, siblings and significant others as they go through developmental and psychological adjustments (Campion-Barr & Killoren, 2019). Parents and peers are both vital providers of social support according to most adolescents (Attar-Schwartz et al., 2019). Therefore, depending on the support they get from family, friends and significant others to their perceptions, they may end up stressed because some people for example parents undermine adolescents' challenges as just a transition to adulthood, denying them the actual support they need even when they get involved into risky sexual behaviors, defiance, and drug abuse as a way of coping. It is, therefore, not clear whether these adolescents get the support that they perceive they need given the changes they experience or do they utilize the available

coping strategies to deal with inadequate or lack of perceived support which in the long run, is likely to increase their levels of stress most especially while at school. Thus, this study aimed at examining the relationship between perceived social support, coping strategies and stress among school-going adolescents.

Purpose

The purpose of the study was to examine the relationship between perceived social support and coping strategies among school-going adolescents, to find out the relationship between stress and coping strategies among school-going adolescents, to examine the relationship between perceived social support and stress among school-going adolescents, and to find out the mediating effect of coping strategies on the relationship between perceived social support and stress among school-going adolescents.

Objectives

1. To examine the relationship between perceived social support and stress among school-going adolescents.
2. To examine the relationship between perceived social support and coping strategies sub scales among school-going adolescents.
3. To find out the relationship between stress and coping strategies sub scales among school-going adolescents.
4. To find out the mediating effect of coping strategies sub scales on the relationship between perceived social support and stress among school-going adolescents.

Scope

Geographical

The study was carried out amongst school-going Adolescents both female and male of Mbale Senior Secondary School, in Namatala Parish, Mbale district, Eastern Uganda. Skylstad, et al., (2022) reported that majority of children are initiated into taking alcohol before the age of 10. It is therefore, noted that a great number of adolescents are at risk of substance abuse particularly alcohol which they can access it through their parents or buy it by themselves. Early 2019, The Independent newspaper after their survey in Mbale district, discovered that a number of Adolescents or young people in Mbale secondary schools were involved in ganga activities like breaking into people's houses and drug abuse. Therefore, most secondary schools have been witnessing violence, bullying and yet those that are innocent seems to suffer the influence of the others (The Independent, 2019). Adolescents seem to have failed to receive the perceived social support from friends/peers, family and significant others and as the events continue unfolding, they get stressed on addition to academic stress. The area was chosen due to the ever increasing number of adolescents in the rural setting which could give the researcher an opportunity to collect data from the right population. This study therefore, focused on assessing the relationship between perceived social support and stress and whether it is mediated by coping strategies or mechanisms.

Content Scope

Perceived social support, according to Hupcey, (1998) "is an exchange of resources between at least two individuals perceived by the provider or the recipient to be intended to enhance the well-being".due to experiencing stressful life events which is either positive or negative. Therefore, in this study, perceived social support will mean the resources at the exposure for an adolescent to enable him/her to cope with the situation at hand or lack of it as experienced and interpreted. It

will also mean feelings of being loved, respected and cared for all of which act as a protective mechanism against stressful life experiences or events (Folkman, 2008).

Coping strategies refer to a variety of cognitive and behavioral strategies individuals use to manage their stress (Lewis et al., 1984) as well as other challenges of life. Coping strategies will be the way how an adolescent behaves and handle the stressful event or situation at hand as perceived which may be either negative or positive.

Stress, according to American Psychiatric Association & Association, (2013). “Is any uncomfortable emotional experience accompanied by predictable biochemical, physiological and behavioral change” it can be in form of acute, episodic acute and chronic stress. For this study, stress will mean feelings of discomfort or distressing emotions experienced by an adolescent as seen through behaviors and physiological changes.

Time Scope

The study was conducted from January 2019 -December, 2020. This period was considered to be enough time to enable the researcher to collect the data and write the related literature to the study as well as analyze the data.

Significance

The findings of this study could assist policy makers and different stakeholders in different sectors like education, to understand and include in their planning, strategies that help adolescents’ psychological well-being. Adolescents often shift the blame for any negative happenings in their lives to the external world. Therefore, if such knowledge is known at the initial planning, adolescents will be helped and live a productive and satisfying life.

The results of this study may help counselors to be more equipped in helping adolescents who may be facing challenges with those who support them for example parents on how to handle

and support them. With this in mind, parents will know how to support their children when approached.

The study findings might help teenagers and adolescents to understand their beliefs about themselves and the world around them. This is hoped to help them to develop positive beliefs about themselves rather than always blaming the world and people around them for whatever negative happenings in their lives making them responsible for their actions.

The findings from the study may be used by the NGOs working with adolescents, like Youth Alive to plan for their programs to support youths and adolescents as a whole with a focus on their Mental Health Well-Being. It should be noted that much of the focus for these organizations is on physical challenges like scholastic materials and the psychological side is left unattended.

Conceptual Framework

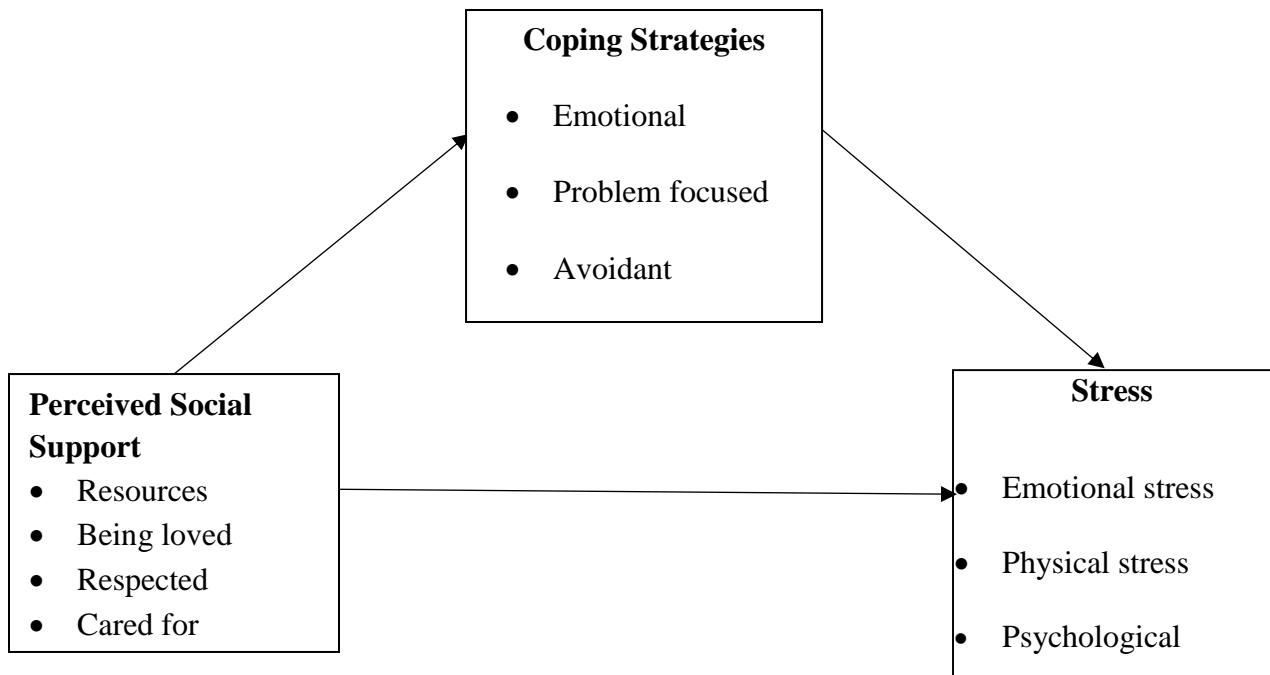


Figure 1: Conceptual framework showing the relationship between perceived social support as the independent variable, coping strategies as the mediating variable and stress as the dependent variable.

The above figure shows the relationship between perceived social support and stress which is mediated by the coping strategies, and both perceived social support and stress also influences the coping strategies which vary depending on the support received being perceived as either negative or positive. If an adolescent fails to get the perceived social support from family, friends/peers and significant others, or depending on how they interpret the support given, they end up stressed and get involved in unhealthy behaviors, such as withdrawal or avoidant which is a (negative coping strategies) or be happy with their lives and work hard to succeed as they adjust and engage in healthy behaviors which is problem focused (positive coping) depending on the

support they receive and perceive it. The adolescents can either cope by being avoidant and self-blame, emotional focused or problem-focused.

Theoretical Framework: A review of Cognitive Appraisal Theory

In this theory of Cognitive Appraisal, the focus was on the individual's perceptions of the psychological situation as the major cause of stress for example getting married may be a great opportunity yet to another, it may be a source of stress. This shows how perceived social support leads to stress and how one devises how to cope with the situation or stress at hand. They, therefore, looked at humans' interpretation and perceptions of things that it is different due to higher levels of cognitive abilities. According to this theory, stress affects people differently depending on how an individual feels about the threat, or event, vulnerability and ability to cope. In this case, an adolescent who perceives social support as good and positive about it may experience low levels of stress and those who perceive it as bad and negative may blame external factors and thus high levels of stress.

Lazarus & Folkman explain three kinds of evaluation; primary, secondary and re-evaluation. In primary evaluation, they state that if an individual encounters an event or situation for the first time, he/she might interpret it as stressful or a threat leading to poor performance in managing life's demands. In secondary assessment, a person's insights center on his or her capability to deal with the stressful event and consequently starts questioning him/herself questions like; "what choices are available for me? What is the probability that I can effectively apply? Will this method work? That is, will it lessen my stress?" In re-evaluation, the emphasis is that the person's perceptions change persistently as new information becomes available. Therefore, an individual's strategies of coping with a stressful event or threat largely depend on his or her vulnerability depending on the resources like social support or lack of it when needed.

They looked at the ability of the individual to cope with a threat or stressful situation as constantly changing cognitive and behavioral efforts to manage specific external and internal demands that may exceed the person's resources to cope. In other words, coping with a perceived threat or event depends largely on the available resources at the person's exposure. Therefore, Low levels of both friends/peers, family support and significant others or community support will most likely be associated with adjustment and behavior. A higher level of family support is more often associated with better school adjustment, high self-concept and higher academic performance (Prince & Nurius, 2014). In this study finding, adolescents had three ways of coping which included avoidant, emotional focus and problem-focused.

Cognitive Appraisal Theory embodies the following assumptions: 1) emotions are differentiated by appraisals; 2) differences in appraisal can account for individual and temporal differences in emotional response; 3) all situations to which a similar evaluation form is allocated will suggest the equal reaction; 4) assessments precede and provoke reactions; 5) the evaluation progression makes it probable that reactions will be suitable responses to the circumstances in which they happen; 6) inconsistent, involuntary, or unsuitable evaluation may account for illogical aspects of the reaction; and 7) deviations in the evaluation may account for developmentally and clinically induced changes in emotions. Other beliefs of this theory are that evaluations are not conscious and that they are automated short-cuts that are suitable on average, but may also be elicited unsuitably, for example when careful consideration would suggest alternative reactions.

Cognitive Appraisal Theory has many strengths among which one is that the model is not restricted to discrete categorical reactions, and therefore can expound extensive series of emotional capabilities. This model also clarifies why persons may experience a similar provoking event but

report, unlike reactions. Also, gauging the cognitive evaluations dimensionally permits us to find clear differences between emotions.

One weakness is that many cognitive appraisal proportions exist. For example, (Scherer, 1997) identified eight appraisal dimensions and other researchers (Carter et al., 2016) have identified additional ones beyond Scherer's eight. Another weakness is that assessing is quick, and non-conscious appraisals can be difficult. Lastly, this model does not answer whether we can experience a reaction without an appraisal at all.

Chapter Two

Literature Review

Introduction

Several scholars have attempted to investigate perceived social support, stress, and coping strategies. Most of these studies have been done in developed countries, such as the United States, the UK, Germany, the Netherlands, and Sweden. In Uganda, research into this subject is increasing, although in the past much of it tended to focus on stress management in a work environment, the literature shows little about perceived social support and coping strategies. This chapter explores the available literature on perceived social support, stress, and coping strategies. The literature presented below gives the theoretical, conceptual, contextual and historical perspectives of the study.

The Relationship between Perceived Social Support and Stress

Social support is a social relationship that provides people with actual assistance which is perceived as loving, caring and always available when needed (Ioannou et al., 2019). Most literature shows that there has been a limited social supportive relationship to individuals at the time when stressed yet it is very vital for psychological well-being as well as physical health (Agha, 2021). In 2020, Wilson and his colleagues indicated that perceived social support affected many aspects of an individual's life which include emotional and behavioral signs of distress (Wilson et al., 2020).

In the same accord, Lu et al., (2021) in their study showed that people with lower levels of perceived social support portrayed signs of universal distress, depression, alienation and anxiety. Social support increases well-being and reduces distress after a traumatic experience. Poudel et al., (2020). Reported that school-going adolescents with higher perceived social support had higher

levels of self-esteem which in turn influenced their psychological well-being and that social support from family, friends, and significant others always acted as a protective factor against distress (Luo et al., 2020).

Social support includes the provision of psychological and material resources, it can prevent a situation from being regarded as stressful by enhancing the solution to the situation at hand, reducing its perceived importance and enabling healthy behavioral responses (Giao et al., 2020). Therefore, stress and support in early adolescence may have a significant influence. Watson et al., (2019), stated that social support is a vital resource for both mental and psychological wellbeing. However, it takes different forms of social support which include the received contrast to perceived social support. Therefore, there is a belief that there is always a social network in form of family, friends, or significant other support and explains that individuals who perceive having high levels of support from such experience decrease PTSD symptoms. Prabhu SG, & Shekhar R., (2017). Reported that school-going adolescents' perceived social support from family, friends and significant others was very important in their lives when faced with distress or mental problems (Wang et al., 2020).

Harasemiw et al., (2019), in their study, discovered three types of support emotional, instrumental and perceived quality. The more a child receives instrumental and high-quality support from siblings the lower the mental health problem-related indications. When an individual receives social support, it feels that there is a relationship and bond with such a person and the perception of the quality of support offered to a child makes him or her feel either supported or the opposite if perceived to be of poor quality (McLeod et al., 2020). With emotional support, one feels that she has received empathy, love, trust and care yet instrumental support one feels he/she has been provided for with things like finances or tangible needs. Therefore, family members,

caregivers, friends and community members are very important for social support leading to lower levels of mental health problem-related symptoms (Ta et al., 2020).

Preadolescence and adolescence periods of an individual's life are characterized by most biological, cognitive and social growth (Rapee et al., 2019). She explains that those affected by family as well as peers; support received may be perceived as negative resulting in stress or positive leading to the psychological well-being of an adolescent. According to Folkman et al (1986), stress involves two aspects which are the environment and the individual's response to his/her perception and ability to cope with the situation at hand. In the same way, Morales-Rodríguez & Pérez-Mármol, (2019) in their study on interparental conflicts discovered that if the parental relationship is characterized by conflict, it increases children's vulnerability to adjustment problems in adolescence.

Scholte & Van Aken, (2020), reported that family support is very vital in an adolescent's life in any context. They emphasized that a female figure which in this case is the mother is the most important in terms of support since they are considered to reinforce other relationships within the family and other aspects of life. This shows that if an adolescent is denied such an opportunity directly or indirectly to his or her perceptions, such a child might end up distressed.

Reiss et al., (2019), discovered that life stress increase throughout childhood more so between the ages of 12 to 14. It should be noted that a few research work focusing on life before college or among adolescents has been done but rather, most research done on adolescents in Uganda has been specifically on Depression, PTSD and anxiety disorders or mental challenges with a major focus on those who have experienced wars or internally displaced. Therefore, perceived social support to an adolescent can highly and greatly influence his or her psychological well-being as well as physical health and thus more studies concerning these needs to be done to

give genuine support to them as they transition into adulthood. Charlson et al., (2019) in their study with university students in late adolescence, revealed that students who had higher levels of psychological problems had lower perceptions of social support.

According to the National Multi-Sectorial Coordination Framework for Adolescent Girls 2017/2018 -2021/2022. It reports that adolescents especially girls fail to get effective support from family members, community support systems as well as teachers in schools who misinterpret their needs and at times lack of knowledge on how to best support them. More so, some parents fail to get enough resources to support their adolescents leading to multiple challenges like early pregnancy and school dropout as they struggle to cope with the prevailing challenges and lack of proper guidance and support from those close to them and community members as well.

The Relationship between Perceived Social Support and Coping Strategies

Adolescents feel encouraged to disclose their HIV status to their peers if they perceive levels of stigma to be low and if they have experienced family (Madiba & Josiah, 2019).

Adolescence is an essential period of life in human development, providing different possibilities for dynamic exchanges between the individual and his/her diverse contexts (Cantor et al., 2019). It is a phase of great changes that begins at puberty with biological changes and culminates in social, professional, and economic integration (Del Ciampo & Del Ciampo, 2019). Given the contextual and transactional nature that is hypothesized for stress processes, the development model emphasized that a basic condition for studying human development is investigating the dynamic interaction between processes and the characteristics of people, contexts, and time as they relate with them (Moritsugu et al., 2019; Roth, 2022). Process, according to the bio-ecology of human development, represents the most enduring interactions and the closest relationships (parental relationships and romantic relationships) (Huang et al., 2020).

They are the wheels of development that permits a person to comprehend the world, take their place in it, and change it. Family relationships are investigated from the perspective of adolescents. They reported an association between family ties, faith, and educational aspirations (Siegel, 2020). For example, an individual's characteristics partially structure his/her developmental trail over time. He describes a person as a component that consists of Force (temperamental differences, such as self-efficacy, hope, and resilience), Resources (psychological deficiencies or skills), and Demands (personal qualities). Self-esteem, for example, is a variable that is identified by (Patnaik, 2021) as a force that has a protective role in encouraging positive emotional states. In his theory, Beck, (1967, 1983) explained that some people possess a thought deficit which he termed schemas. They tend to have inaccurate beliefs which tend to be dormant and only come into action after activation by a stressful experience (Szymanek, 2021).

Hallmarks of the growth of resiliency in the early stages of life are high expectations, caring and support, and meaningful involvement within their communities. Identification with one's own cultural ethnic or racial group increases resiliency traits as well (Smith et al., 2021). To this end, a main component of the model is the council form design of one group member talking at a time, with the anticipation of attentive listening from other participants and an adolescent will always expect such and failure to receive it will lead to distress.

"Relational-Cultural Theory (RCT) proposes that growth-fostering associations are a vital human necessity and interruptions are the basis of mental problems" according to the Jean Baker Miller Training Institute at Wellesley Stone Center, Wellesley Center for Women (McNiel, 2020). The theory views a girl's (adolescents') connections with others as a central organizing feature in her psychological make-up. The quality of these connections regulates her overall mental health, self-perception, and relations. Vital mechanisms of healthy connections include the ability to speak

experience honestly and to get attentive, empathic listening (Wolf & Jonker, 2020). Sassen et al., (2005), state that "connection and responsive relationships are crucial for psychological development" and suggested the serious need for girls to have the prospect to experience genuineness within relationships with peers and grown-ups, to counter the "crisis of connection" which portrays adolescent female experience. Within the relational-cultural theory, the Girls' Circle model purposes to rise protective factors and decrease risk factors, as defined by resiliency researchers (Osher et al., 2020).

The Relationship between Stress and Coping Strategies

Stress is characterized by feelings of tension, withdrawal, frustration, worry and sadness that commonly last from a few hours to a few days. Psychological stress is a peculiar relationship between the individual and the environment (Perrotta, 2020). This may endanger his/her wellbeing. In other words, if an individual assesses that the situation is dangerous, he organizes resources to cope. Therefore, to an adolescent, if the situation seems too dangerous, he/she may resort to health risk behaviors which may cause a negative effect to him/her in the end. According to Priyanka & Kshipra, (2017), adolescents use more distractive methods of coping when experiencing stress. These include watching television, internet chatting and many more. He found out that 58% and 86% of boys and girls respectively used distractive methods (Murray et al., 2021). Therefore, it should be noted that the more the increase in stress, the more the consequences may appear to be. This is because adolescents are at a transitional developmental period of their lives facing cognitive as well as neurobiological changes (Napolitano et al., 2021). Therefore, social support, emotional relationships with parents, relatives and peers, and a sense of self-efficacy for coping with stress are very vital to these adolescents (Jhang, 2019).

Stress in adolescents is a consequence of personal, environmental and social factors (Peng et al., 2019). Personal factors include perception of stress, interpersonal conflict, coping response and prior knowledge of puberty and cultural norms for handling stress (Liu et al., 2020).

Environmental aspects include home and communal situation, nature of school, violence, crowding and obstacles to health services. Among social factors, social support, parental support, parental education, parental psychological problems, poor monitoring and inconsistent discipline are strong predictors of adolescent psychological health outcomes (Bradley, 2020).

Cao et al., (2021) revealed that the social environment which included family at home, and peers in both neighborhood and school with peers was a great contributor to stress and most of them utilized emotional coping strategies and were less of a problem-focused (Cao et al., 2021).

Family support is a key component to foster reduced rates of maladjustment symptoms.

Traditionally in African settings household functions as a support network surrounded by the community and plays a central part in the recovery of an individual in case of challenges, sickness, or loss of a loved one. The support given helps in the reduction of PTS (posttraumatic stress) as well as depression and anxiety and it should be noted that many mental disorders initiate in adolescence (Fegert et al., 2020). If left unidentified and therefore not managed, these conditions may lead to several long-lasting mental illnesses later in life. High prevalence rates of anxiety, depression, mental and behavioral disorders have been found among adults in Pakistan.

Adolescent mental health issues in the country have remained a fairly neglected area of research (Merikangas et al., 2022).

School-going adolescents are exposed to stress and females are particularly at higher risk. Academic pressure is one of the main signs of stress. In the contemporary era, the phenomenon of stress is not restricted to grownups alone but also affects children and adolescents. Studies have

revealed that adolescents with mothers' education below graduation are less stressed as compared to students whose mothers had higher educational levels. Contrary to this, adolescents with fathers' educational levels below graduation were more stressed (Fletcher & Fuller, 2021). This result was similar to the results stated by Atri et al., (2022) who revealed that adolescents from families with lower parent education are less optimistic than those from more educated families. Furthermore, the results revealed that when boys and girls are compared, more girls were found to have higher stress than a boy. The study points out that there was gender and age variation in stress levels of children. This result was similar to the result of Mathew; Nagabharana et al., (2021) which stated that girls were having more stress than boys. But it is contrary to the results which indicated that boys tend to have significantly higher stress than girls.

Some coping strategies turn out to be more maladaptive in periods of high stress and low social support could facilitate adverse emotion regulation according to Cano et al., (2020). They went ahead to explain that high levels of exposure to stressful challenges and violence of an individual by family and neighborhood can lead to an increased prospect of psychopathology (Cano et al., 2020). In the same way, young adolescents who may experience community violence present with signs of depression depending on the level of parental social limits. When individuals are faced with stressful life events, they use cognitive emotion regulations which may involve biological, behavioral and social factors existing as either conscious or unconscious with them to tolerate the situation at hand in the best way possible. people whose perceptions of social support are low experience high levels of distress, low-quality life as well as low self-esteem and some resort to drug abuse as a way of coping and the opposite is experienced if the perception of social support is high and as a result (Porcelli, 2020).

The Mediating Effect of Coping Strategies on the Relationship between Perceived Social Support and Stress among School-going Adolescents.

It was hypothesized that coping strategies significantly mediate the relationship between perceived social support and Stress among school-going adolescents. Previous scholars such as Baron and Kenny 1986 have argued that a variable can play the role of a mediating variable to establish the relationship between the independent variable and dependent variables as explained in the path diagram which explains the causal chain of mediation.

Active or participative coping mechanisms are viewed as protective factors well as negative coping for example avoidant coping strategies are looked at as risk factors. This therefore indicates that an adolescent's reinterpretations of support offered to him by family, friends and significant others should be given to an adolescent carefully putting into consideration that they might perceive it differently (Roohafza, et al., 2014). Ochiengo in his carried out in Tanzania reported that secondary school students get engaged in psychoactive substance abuse like Marijuana (Cannabis), Cigarette and alcohol as a result of peer pressure, and the family environment. He emphasized that adolescence is a very vulnerable aged group which require more support (Ochieng J., 2022). This therefore calls for attention to the adolescents' surroundings both at school and home for their physical and psychological well-being. This is because peers and significant others as well as family can at one time incite negative coping mechanisms with stressors among students who may be poor performers in school due to high academic demands.

Mutumba and others in their study of adolescents infected with HIV aged 12 to 19 years in Uganda, discovered that adolescents especially those affected with HIV face psychosocial challenges like stigma resulting in stress. These tend to utilize coping strategies like social support,

spirituality, avoidance and distraction to cope. This therefore, calls for a special attention to the adolescents both at home and in school for their physical and psychological wellbeing.

Poudel et al., (2020) revealed that a perceived social support measure which includes family, friends and significant others plays a great role in influencing coping strategies to be utilized by adolescents when faced with stress. The quality of social support perceived and received enhances psychological wellbeing more than the quantity of it received. Perceived social support involves the faith by an individual that necessary resource or help is there whenever needed and the actual help attained (Wilson et al., 2020). Social support rises the efficiency of coping strength by an individual in case of major stressors of life, therefore, governing the effects of stress among adolescents. This aids to decrease on the harmful coping strategies such as avoidance, denial, and withdrawal (Xin et al., 2021). This, therefore, provides a basis for positive thinking and cognitive restructuring because of the support provided by family, friends, and significant others giving them warmth, behavioral control and psychological autonomy-granting giving them positive self-conceptions and social skills that enable them to lessen the psychological problems (Mir, 2020).

Both perceived social support and positive coping mechanisms have been associated with enhanced quality of life while maladaptive coping strategies have been associated with reduced quality of life (McFadden et al., 2021). Adolescents suffer from stress, body image, suicide, self-esteem and eating disorders however support from teachers, peers and family has been a predictive factor in academic goals and motivation for co-curricular activities (Limone & Toto, 2022). Perceived social support has been associated with academic achievement among school-going adolescents.

Adolescents' perceived social support contributes through and affective outcomes. Studies agree that teacher and peer relationships influence an adolescent's beliefs (Ryan et al., 2019). People think that students were the less affected by stress because all they had to do was study, 1.8% of students committed suicide due to poor performance in examinations. Incidences of stress were found among students due to fear of failure, they, therefore, resort to alcohol & drugs, unprotected sexual activities, and physical inactivity (Asfaw et al., 2020).

Academic environments are very competitive; students must rely on their coping abilities to handle school-related stress. Adolescence is a period with a lot of hormonal changes, stress must be carefully managed to prevent negative outcomes like depression, anxiety and suicide. To prevent negative outcomes, students be supported to improve their coping strategies (Wahab, 2019). Stress is often seen as harmful however moderate stress can stimulate growth. Dealing with stress is more of a process, strategy, or style, learning how to deal with stress helps in reducing it. Improper ways of dealing with stress release tension and impair the functioning of an individual (Updegraff & Taylor, 2021).

Perceived social support refers to how an individual perceives the available social support (Wilson et al., 2020). This is portrayed through emotions, instruments, information and evaluation of an individual. Social support is a shield that supports individuals against stressful events or situations. Social support can be affected by certain factors such as communication difficulties, social relationships (distance and separation from an individual's family, conflict with people and desire for social conflict (Yousefi Afrashteh, 2021). The higher an adolescent's perceived social support, the higher the psychological capital he or she will have. This in turn influences the choice of a coping strategy an adolescent is likely to utilize as they struggle with daily life stressors.

Social support with an adaptive coping mechanism is known as one of the moderators of stress (Worsley et al., 2019). According to Fuss et al., (2019) Social support can be in form of tangible assistance provided by family, peers, and communities while perceived social support is the assessment of an individual's analysis of adequate social support when needed. Low perceived social support has been the result of psychological problems such as social problems, high levels of stress, anxiety and depression. Perceived social support is important in buffering stress.

Perceived social support has been reported to have more positive results than the quantity of social support received (Szkody et al., 2021). Students with higher perceptions of social support had higher levels of academic achievements. This, therefore, indicates that failure to receive social support from family, peers and significant others is likely to lead to high levels of psychological problems like stress, anxiety and depression among the adolescents (Shu et al., 2020). If they receive support, then they can cope with everyday stressors of life with a perception that there is social support; students can perform well in their academics because they know someone who cares is there which helps in reducing their psychological disturbances. Physical social support provided may comprise appraisal of diverse situations, effective coping strategies and emotional support. Social support helps individuals in dealing with life crises such as bereavement, illness and any other major life stressors (Pollock et al., 2020).

According to Mazzola & Disselhorst, (2019), Stress is experienced by all people though we find it difficult to define it however we can explain how it feels and what we do under stress. Moderate stress once in a while helps to give an individual a push but and enables him or her to think deeply about different things while seeking advice on the challenges. Stress is defined as an event or situation that can cause people to feel tension, pressure, or negative emotion such as anxiety and anger.

According to Skinner & Wellborn, (2019) Coping is defined as cognitive and behavioral efforts made in response to a threat. Men and women differ in styles of coping while men either confront a problem head-on or deny that the problem does not exist, Women express an emotional response to challenges and spend more time talking about the problem with family and friends. Females are more probable to pursue social support than men. Therefore, adults need social support from family, friends and significant others as much as adolescents.

Child and adolescent coping strategies include seeking social support, problem-solving, information seeking, acceptance, self-criticism, blaming others, cognitive restructuring, seeking understanding, wishful thinking, humor, suppression, social withdrawal, resigned acceptance, denial, alcohol or drug use, seeking social support, seeking information and use of religion. Coping aspects and functionality during childhood and adolescence are crucial in advancing the process of adaption to stressful events or situations (Anand, 2020).

Coping involves cognitive and behavioral strategies for managing day-to-day challenges/events. Adaptive coping is related to mental health adjustment (Booker et al., 2021). Coping involves self-regulation of emotion, cognition, behavior, and physiology with the environment in relation to the prevailing situations or challenges or stressors of life. Most measures of coping have been developed for adults; less work has been done on a modification for children and adolescents (Skinner & Wellborn, 2019). There is a limitation on the ways how young individuals cope with stress. Coping will also include thoughts and behavior that are implemented by individuals when faced with stressful situations. There are different dimensions of coping, problem versus emotional based coping, primary versus secondary control coping, engagement versus disengagement coping (avoidant) coping (Johnson et al., 2019). Others include self-focus and external focus of coping, cognitive and behavioral coping, and active and passive

coping. Problem and emotional-based coping reflect on responses such as information seeking to generate solutions, emotional based coping also involves relaxation and seeking social support. Primary versus secondary control coping is all about a sense of personal control over the environment. Primary control coping is all about adapting to the environment which includes acceptance or cognitive restructuring. Engagement coping involves being oriented towards the source of stress or one's emotions and thoughts (Kraaij & Garnefski, 2019). Disengagement is when an individual gets oriented away from stressors or one's emotions or thoughts. Avoidance represents only one way in which an individual can disengage. It is, therefore, important to consider the dimensions of coping. Active coping is all about problem-solving, seeking social support and self-isolation. Passive coping involves self-isolation, behavioral disengagement and acceptance (VanMeter et al., 2020). Accommodative coping involves acceptance of the stressors at hand while doing nothing about it, distract-ignore and self-encouragement. There are different life stressors; some of these stressors are the result of a very competitive academic performance, peer pressures, avoidant home environment and delinquency lifestyles however adaptive coping mechanisms like problem-solving, acceptance, communication, and seeking information will reduce stress. Perceived social support from family, peers and significant others will contribute to low levels of stress and improve the quality of life (Gustems-Carnicer et al., 2019).

Identified Gaps within the Literature Review Section

Most studies reviewed were carried out in Western countries and this current study aimed to study adolescents in the Ugandan context. Furthermore, most studies carried out in Uganda among adolescents have focused on estimating the prevalence rates of PTSD, depression and anxiety. According to Gromada et al., (2020) 10.6% of students between 13-15 years had experienced loneliness and had poor health lifestyles influenced by Television and peers as well as adults

within their environment and their ways of coping included tobacco smoking, getting involved in sexual activities and so many other negative ways of coping with stressors of life. This, therefore, created a need for more research about perceived social support, coping strategies and stress in the Ugandan context.

Hypotheses

Based on the reviewed literature in this study, it was hypothesized that;

1. There is a significant relationship between perceived social support and stress among school-going adolescents.
2. There is a significant relationship between perceived social support and coping strategies sub scales among school-going adolescents.
3. There is a significant relationship between stress and coping strategies sub scales among school-going adolescents.
4. Coping strategies significantly mediate the relationship between perceived social support and Stress among the school going adolescents.

Chapter Three

Methods

Introduction

This chapter presents the approach and methodology that guided this study. The chapter specifically presents the research design, study population, sample size determination, sampling techniques and procedure, data collection methods, data collection instruments, validity and reliability, the procedure of data collection, data analysis and ethical clearance.

Study Design

The study adopted a correlational study design to assess the interrelationships between perceived social support and stress, between stress and coping strategies, between perceived social support and coping strategies and whether the relationship between perceived social support and stress is mediated by coping strategies. The researcher applied quantitative techniques of data collection to ensure structured and less biased capture of information to help the researcher gather data and make inferences to wider stakeholders. This study design was adopted due to the relational nature of the hypotheses. Therefore, the need to measure the existing level of the relationship among the study variables (Pandey et al., 2019).

Study Population

The study population comprised school-going adolescents in Mbale secondary school, from senior three to six, aged between 14-19years, both female and male. This school was selected through simple random technique. All secondary schools in Mbale City had chances of being selected and therefore Mbale senior secondary school was by chance. Adolescents were selected because they represent a critical period of physical development and psychological changes where there is a need for support on the rightful coping strategies as they drift into adulthood. According to

Demographic and Health Survey (DHS) 2011, reported that Ugandan education system, a child starts school at the age of 6 years and studies for seven years. By the time most of them join secondary school, they are either 12 years or entering 13. By the time a child is 14, he or she is still in senior two level of education or just entering senior three. It was therefore important to select those that have 14 years in full to 19 years which is from senior 3 to senior 6 level of education. Children at this age are affected by different psychological problems as a result of experiencing stressful as well as negative life events.

Sample Size Determination

The sample size was determined using Krejcie & Morgan's sample size determination guide (Krejcie & Morgan, 1970). According to this guide, a population size of 800, and a sample of 260 is suggested. In this respect, the researcher sampled (130) adolescent boys and (130) and adolescent girls as shown in the table below. To guard against incomplete, unreturned and errors of omission, instruments to avoid interfering with the sample size, a total of 300 instruments were given to the subjects; 282 were returned, and 22 had errors of omission, above the proposed age which is between 14 to 19 years and some were incomplete. Therefore, the researcher was able to retain the actual sample size of 260. The researcher also put into consideration the cost and logistical issues related to the organization of the data collection process.

Sample Size and Sampling Technique

Category of respondents	Target population	Sample Size	Sampling Technique
Adolescent Boys	400	130	Simple random sampling
Adolescent Girls	400	130	Simple random sampling
Total	800	260	

Source: Adapted from (Krejcie and Morgan, 1970) and modified by the researcher.

Data Collection Methods

The research applied both primary and secondary data collection methods. For primary data, a survey questionnaire was applied while for secondary data, the study adopted a literature review. These methods are described below:

Questionnaire Survey

The study used self-administered questionnaires to collect data from respondents. These were distributed to students and collected within two weeks after the distribution. The questionnaires were drafted in such a way that the respondents could easily understand them.

Instruments and Measures

The questionnaire was designed to capture information from respondents. As recommended by Macmillan and Schumacher, (2001) if the researcher is sure that the respondent can give a response on his or her own without the researcher, then it is a better option. The questionnaire consisted of four sections; A, B, C and D. Section A focused on obtaining the bio data of the respondent which included age, sex and the class in which he/she is. Section B covered the standardized assessing instrument for Perceived social support developed by Zimet et al., (1988). Was used to measure the levels of perceived social support among the adolescents. The instrument has 12 items. The scale ranges from 1 to 7 and each statement on the scale is to find out an individual's feelings about the support he/she receives from family, friends and significant others who seem important in the person's life. The scale indicates; (1= very strongly disagree; 2= strongly disagree; 3=mildly disagree; 4=neutral; 5-mildly agree; 6= strongly agree; 7=very strongly agree).

Section C covered Perceived Stress Scale with 10 Items to measure the levels of stress among adolescents. This scale was developed first by (Cohen, Kamarck, & Mermelstein, 1983)

and then modified by (Cohen & Williamson, 1988). The questionnaire has the measurement scales of the variables using a five-point scale ranging from 0=never, 1=almost never, 2=sometimes, 3=fairly often, 4=very often.

Lastly, section D focused on coping strategies and the Brief Cope developed by (Carver, 1997) was used. The brief Cope modified scale by Miller, Norman, Bishop, & Dow, (1991), was used in assessing coping strategies among adolescents. The scale is composed of 14 items for measuring a variety of coping strategies and each scale has 2 items totaling 28 items. The scoring of the items ranges from 0= I haven't been doing this at all, to 3= I have been doing this a lot. The scoring ranged from a minimum of 2 to a maximum of 8 where the highest indicate more use of a given coping strategy. As categorized by Pozzi et al., (2015) this tool has been grouped into three strategies among which each has subscales: Emotional focus strategy; five subscales which are Accepting, religion, positive reframing, emotional support and humor, Problem-focused; with three subscales as Active coping, planning and instrument support, Avoidant strategy has six subscales among which includes; distraction, denial, substance use, behavioral disengagement, venting and self-blame.

Reliability

The researcher ran Cronbach's reliability test to establish the reliability of the questionnaire. Reliability is the extent to which a test or procedure of data collection yields similar results under constant conditions on all occasions (Bell, 1993). The reliability of the study's instruments was ascertained by pre-testing the questionnaires on a small percentage of respondents. According to (Mugenda & Mugenda, 1999), reliability is a measure of the degree to which a research instrument yields consistent results after repeated trials. The researcher used test-retest coefficient stability and internal consistency. This was administered to 15 people in the study population who are not

included in the sample size to determine the internal consistency of the instrument. A great mark of stability portrays a high degree of reliability, which means the results are repeatable. The results obtained from the pre-test were correlated using Crobanche's coefficient alpha since multiple response items were involved. According to Cohen et al., (2000), correlations ranging from 0.65 to 0.85 make possible group predictions that are accurate enough for most purposes.

Procedure and Data Management

After acquiring approval from the School of Community Psychology Higher Degree Committee & obtaining an introductory letter from the supervisor, the researcher traveled to the site (Mbale Senior Secondary School) to distribute Questionnaires. This letter helped the researcher to seek authorization from the school administration to collect data from the targeted sample. During the visit to the school, the researcher introduced her and the purpose of the study and then presented the Introduction letter, permission was granted by the school administration after reading the letter. This enabled the researcher to introduce herself to the study participants with an informed consent/ Assent letter, after which, questionnaires were distributed. Respondents were given two weeks within which to return the filled questionnaires. After two weeks of fieldwork, the researcher collected the filled questionnaires and sorted and coded them to make them ready for entry and analysis.

Respect for the dignity, well-being and rights of all research participants, children and other vulnerable groups were central to the implementation of this study. Ethical considerations included the following strategies: I) the researcher obtained a letter of introduction from Makerere University before the commencement of fieldwork. This was presented to Mbale Secondary School administration for approval and authorization of the study; ii) the researcher inserted a consent section in the questionnaire to inform participants about the nature of the study, its risks

and benefits, right to terminate the interview at any time, refusal to answer any question that they deem sensitive, voluntary participation and assurance of confidentiality; iii) questionnaires were given a unique identification number. The names of the respondents were not recorded in the questionnaires, reports and any communication emanating from the study so that research participants are not identifiable in the publication and dissemination of the findings.

Data Analysis

The data collected from the structured questionnaires were organized, coded and entered into the computer using a Statistical Package for Social Scientists (SPSS). The data was analyzed to establish the relationship between the variables under study. Pearson's Correlation Co-Efficient was employed to determine the degree of significance among the study variables. The first three objectives of the study were analyzed using correlational analysis and the fourth objective was analyzed using regression analysis. The justification for the statistical tools used is based on the continuous data and the fact that this study aimed at examining the relationship between the study variables. Data from questionnaires were presented in form of frequency tables for easy interpretation.

Chapter Four

Results

Introduction

In this chapter, the researcher presents the findings, analyses and interpretation of the results of the study. To fully understand the study findings, the study first presents the demographic characteristics of respondents such as gender, age, and class or level of education of the respondents. This is followed by presenting the relationship between perceived social support and stress; stress and coping strategies; perceived social support and coping strategies; the mediating effect of coping strategies on the relationship between perceived social support and stress among school-going adolescents.

Demographic Characteristics of Respondents

The social demographic characteristics of respondents presented here are gender, age in completed years, as well as education level. The table below shows the selected social demographic aspects that were investigated in this research.

Table 1: Demographic Characteristics of Respondents

	Responses	Frequency	Percentage
Gender	Male	130	50.0
	Female	130	50.0
	Total	260	100.0
	14	23	8.8
	15	23	8.8
	16	43	16.5
	17	55	21.2
	18	64	24.6
	19	52	20.0
	Total	260	100.0
Educational Level	Form three	64	24.6
	Form four	73	28.1
	Form five	79	30.4
	Form six	44	16.9
	Total	260	100.0

According to table 1 above; in terms of gender, out of a total of 260 student respondents, 130 (50.0%) were female and 130 (50.0%) were male implying there were gender equality in terms of respondents interviewed.

The study also sought to establish the age of respondents and findings showed that the majority of the interviewees were 18 years of age accounting for about 24.6% of the total respondents, followed by 17 years of age accounting for 21.2% and 19 years of age accounting for 20% of respondents. The implication is that over 65.8% of the respondents were adult teenagers who had gone through the adolescent period and experienced the stress that comes with this age group and there were also respondents between 14 and 16 years of age accounting for 34.2%.

In terms of class, seniors five and four contributed the most number of respondents that is 79 and 73 respectively. There were fewer senior three students (64) because they were not in school at that time due to presidential directives and therefore the researcher was able to get a few who were invited to the school to participate in this study, and the least were from senior six contributing just about 44 respondents due to voluntary participation and some were not willing to participate with an excuse that they were preparing for Mock Examination. Therefore, some of these students were reluctant to participate in the study.

Table 2: Perceived Social Support and Stress among the School Going Adolescents

		Perceived Social Support	Stress
Perceived Social Support	Pearson	1	
	Correlation		
	Sig. (2-tailed)		
	N	260	
Stress	Pearson	.392**	1
	Correlation		
	Sig. (2-tailed)	.000	
	N	259	259

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

Table 2 above shows that the Pearson's correlation coefficient between perceived social support and stress is $r = 0.392$, $p = 0.001$. Since the level of significance is lesser in magnitude at $0.01 (p < 0.001)$, the alternative hypothesis was retained since there was a significant relationship between perceived social support and stress among school-going adolescents. This indicates that despite adolescents getting support from family members and significant others, it does not guarantee that they are stress-free. This, therefore, implies that an adolescent has other alternative ways through which they should manage their stressors and they are active participants if they are to manage them effectively.

Table 3: Perceived Social Support and Coping Strategies

		Social Support	Emotional	Avoidance	Problem Focused
Social Support	Pearson Correlation	1			
	Sig. (2-tailed)				
	N	260			
Emotional	Pearson Correlation	.391**	1		
	Sig. (2-tailed)	.000			
	N	260	260		
Avoidance	Pearson Correlation	.297**	.644**	1	
	Sig. (2-tailed)	.000	.000		
	N	260	260	260	
Problem Focused	Pearson Correlation	.373**	.667**	.629**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	260	260	260	260

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

Table 3 above shows that the Pearson's correlation coefficient between perceived social support and coping strategies was (emotional $r = 0.391$, $p = 0.001$); (avoidance $r = 0.297$, $p = 0.001$); (problem-focused $r = 0.373$, $p = 0.001$). Since the level of significance of 0.001 is lesser in magnitude than 0.01 ($p < 0.001$), the alternative hypothesis was retained since there was a significant relationship between perceived social support and coping strategies among school-going adolescents. The significant level of emotional coping strategy was greater compared to other coping strategies, this indicates that family support, as well as the significant others, are

influence greatly the adolescent's choice of coping strategy which in this case is positive for example accepting the stressor and positively coping with it in a healthy way.

Table 4: Stress and Coping Strategies among the School Going Adolescents

		Perceived			Problem
		Stress	Emotional	Avoidance	Focused
Perceived Stress	Pearson Correlation	1			
	Sig. (2-tailed)				
	N	259			
Emotional	Pearson Correlation	.481**	1		
	Sig. (2-tailed)	.000			
	N	259	260		
Avoidance	Pearson Correlation	.535**	.644**	1	
	Sig. (2-tailed)	.000	.000		
	N	259	260	260	
Problem Focused	Pearson Correlation	.407**	.667**	.629**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	259	260	260	260

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

Table 4 above shows that the Pearson's correlation coefficient between stress and coping strategies was (emotional $r = 0.481$, $p = 0.001$); (avoidance $r = 0.535$, $p = 0.001$); (problem-focused $r = 0.407$, $p = 0.001$). Since the level of significance of 0.001 for all the different coping strategies is lesser in magnitude than 0.01 ($p < 0.001$), the alternative hypothesis was, therefore, retained since there was a significant relationship between stress and coping strategies among

school going adolescents. This indicates that the level of avoidance coping strategy was utilized by the adolescents more than emotional and problem-focused coping. However, it should be noted that avoidance coping may not necessarily imply that an adolescent endangers him or herself instead an adolescent may try to avoid stress by turning to spiritual support or resorting to prayer as a way of coping with stressors.

Mediated Model on the Mediation Role of Coping Strategies in the Relationship between Perceived Social Support and Stress

Previous scholars such as Baron and Kenny 1986 have argued that a variable can play the role of a mediating variable to establish the relationship between the independent variable and dependent variables.

Table 5: Mediated Model on the Mediation Role of Coping Strategies in the Relationship between Perceived Social Support and Stress

		Coefficients^a					Adjusted R Squared
		Unstandardized Coefficients		Standardized Coefficients			
Model		B	Std. Error	Beta	t	Sig.	
1	(Constant)	48.437	2.219		21.829	.000	.151
	Stress	.538	.079	.392	6.838	.000	

a. Dependent Variable: Perceived social support

		Coefficients^a					Adjusted R Squared
		Unstandardized Coefficients		Standardized Coefficients			
Model		B	Std. Error	Beta	T	Sig.	
2	(Constant)	-2.045	2.689		-.761	.448	.347
	Perceived social support	.160	.040	.220	3.967	.000	
	Emotional coping	.342	.147	.173	2.323	.021	
	Avoidance coping	.432	.082	.374	5.260	.000	
	Problem focused coping	-.036	.090	-.029	-.400	.690	

a. Dependent Variable: Stress

Table 5 results in Model 1 show that there is a significant relationship between perceived social support and stress ($P=0.001<.05$ and $B=.538$).

Results in Model 2 show that Emotional and Avoidance coping sub scales mediate the relationship between perceived social support and stress. This is revealed by $P=.021 < .05$ and $B= .342$ for emotional coping sub scale. Avoidance coping sub scale has $P=.001 < .05$ and $B=.432$.

However, problem focused coping does not mediate the relationship between perceived social support and stress ($P = .690 > .05$ and $B -.036$)

Thus, in the presence of coping strategies sub-scales (Emotional coping and Avoidance coping sub scales), the relationship between perceived social support and stress, the adjusted r increased from 15% in Model 1 to 35% in Model 2. This implies that even in the presence or inclusion of coping strategies sub-scales (especially emotional and avoidance) as mediating variables, the relationship between stress and perceived social support remain significant ($P = .001 < .05$).

Chapter Five

Discussion, Conclusion and Recommendations

Introduction

In this Chapter, a discussion of the findings in relation to the previous study findings is presented according to the study hypothesizes, conclusions are drawn, recommendations and areas for further research and limitations of the study.

Discussion

The general objective of the study was to examine the relationship between perceived social support, coping strategies and stress among school-going adolescents.

Perceived Social Support and Stress among School Going Adolescent

It was hypothesized that there would be a significant relationship between perceived social support and stress among school-going adolescents. The study findings indicate that there is a significant positive relationship between perceived social support and stress among school-going adolescents ($r = 0.392, p = 0.001$). The study findings are, therefore, in agreement with Ioannou et al., (2019) who emphasized that family support is very vital in an adolescent's life and that the immediate biological family members for example siblings and parents were perceived by the adolescents to be more supportive compared to other extended family members, friends and significant others. The possible explanation for the similarities in the findings could be that in both studies participants perceived family support to be more important in their lives when distressed and the subjects were adolescents. The current study focused on adolescents in schools which is more in line with the findings of Prabhu SG, & Shekhar R., (2017). They carried out a similar

study among school-going adolescents and found out that their perceived social support from family, friends and significant other was very important. It is therefore of critical importance for adults especially parents to have a higher regard for what emotional support can do for adolescents.

The study findings are also in agreement with, Poudel et al., (2020). Who reported that school-going adolescents with higher perceived social support had higher levels of self-esteem which in turn influenced their psychological well-being. He further reported that social support from family, friends and significant other always acted as a protective factor against distress. The possible explanation for the similarity is that both study participants were school-going adolescents who looked at their perceived social support as a dependent variable therefore with many similarities and that adolescents turned to their family, friends and significant other for support when under distress. It is therefore important to note that a social supportive relationship with an adolescent at the time when under stress is very vital for psychological well-being as well as physical health.

All in all, the results are in agreement with those (Agha, 2021) in their study on interparental conflicts discovered that if the parental relationship is characterized by conflict, it increases children's vulnerability to adjustment problems in adolescence. It is therefore important to note that the general surroundings of an adolescent are very vital as he or she receives social support because even when it is offered and yet the environment for example there is conflict in the home between the parents, such an adolescent will most likely experience distress. Wilson et al., (2021) in their study with university students in late adolescence, revealed that students who had higher levels of psychological problems had lower perceptions of social support. This,

therefore, indicates that the quality of social support an adolescent gets to his or her perceptions, they are likely to have low levels of distress and vice versa.

Perceived Social Support And Coping Strategies Among School Going Adolescents.

It was hypothesized that there would be a significant relationship between perceived social support and coping strategies among school-going adolescents. The study results indicate that there is a significant positive relationship between perceived social support and coping strategies among school-going adolescents (emotional $r = 0.391$, $p = 0.001$); (avoidant $r = 0.297$, $p = 0.001$); (problem-focused $r = 0.373$, $p = 0.001$). The results are therefore in agreement with Madiba & Josiah, (2019). They noted that Some coping strategies turn out to be more maladaptive in periods of high stress and low social support could facilitate adverse emotion regulation and that when individuals are faced with stressful life events, they use cognitive emotion regulations which may involve biological, behavioral and social factors existing as either conscious or unconscious with them to tolerate the condition at hand in the finest way possible. People whose perceptions of social support are low experience high levels of distress, low-quality life as well as low self-esteem and the opposite is experienced if the perception of social support is high and as a result, the majority resort to drug abuse as a way of coping (Cantor et al., 2019). In this case, social support from family, peers, and significant others is a protective factor for adolescents. However, the respondents were more oriented towards the family for social support than friends and significant others. This might be due to the cultural factors wherein continued parental care and family involvement even at this stage made the adolescents perceive to have better support from family than others. Therefore, the results indicate that parents continue to provide the secure base from which adolescents explore other relationships. The findings reveal that, at this stage, students

may not manage to do self-guidance or make the best decision to address their challenges; they still need guidance from parents or guardians, peers, and significant others. There are also higher chances that the initiatives students make on their own might breed stress factors like drinking alcohol which only postpones the problem for the time one is drunk and after, the problem resurfaces and he or she might become worse off than they were before using alcohol.

The study findings are in agreement with Del Ciampo & Del Ciampo, (2019) who revealed that the social environment which included family at home, and peers in both neighborhood and school were a great contributor to stress and most of them utilized emotional coping strategies and less of problem-focused. Therefore, those adolescents that have positive perceptions of their social environment most likely use more emotional strategies of coping and are problem-focused unlike those that have negative identification who may turn into more avoidant ways of coping with stressors.

Stress and Coping Strategies among School Going Adolescents

It was hypothesized that there would be a significant relationship between stress and coping strategies among school-going adolescents. The findings indicate that there is a significant positive relationship between stress and coping strategies among school-going adolescents (emotional $r = 0.481$, $p = 0.001$); (avoidant $r = 0.535$, $p = 0.001$); (problem-focused $r = 0.407$, $p = 0.001$), which is in agreement with Perrotta, (2020), who noted that child and adolescent coping strategies include seeking social support, problem-solving, information seeking, self-criticism, blaming others, cognitive restructuring, seeking understanding, wishful thinking, humor, suppression, social withdrawal, resigned acceptance, denial, alcohol or drug use, and use of religion. In this respect, therefore, the coping aspects and functionality of friends and peers during childhood and adolescence are crucial in advancing the process of adaption to stressful circumstances. The

possibility of the similarity with this current study is that the adolescents seem to resort to avoidant coping strategies which include seeking religious support through prayer which does not necessarily mean that they are coping with it in a damaging way but rather doing nothing about it and seeking God while passively doing nothing to get rid of the stressful event or negative emotions.

The findings are in agreement with Priyanka & Kshipra, (2019), who noted that adolescents use more distractive methods of coping when experiencing stress. These include watching television, internet chatting and many more. He found out that 58% and 86% of boys and girls respectively used distractive methods. Therefore, it should be noted that the more the increase in stress, the more the consequences may appear to be Murray et al., (2021). This is because adolescents are at a transitional developmental period of their lives facing cognitive as well as neurobiological changes (Jhang, 2019). The possible cause for similarity with this current study is that the adolescents cope with stress using distractive methods like taking alcohol or drugs. Therefore, social support, emotional relationships with parents, relatives and peers, and a sense of self-efficacy for coping with stress are very vital to these adolescents.

Furthermore, the study findings are in agreement with Peng et al., (2019). Who revealed that stress in adolescents is a consequence of personal, environmental and social. Personal factors include perception of stress, interpersonal conflict, coping response and prior knowledge of puberty and cultural norms for handling stress (Liu et al., 2020). Environmental factors include home and community situation, type of school, violence, crowding, noise and barriers to health services (Bradley, 2020). Among social factors, social support, parental support, parental education, parental psychological problems, poor monitoring and inconsistent discipline are strong predictors of adolescents' psychological health outcomes Cao et al., (2021). Therefore, the way

how an adolescent will cope with the prevailing stressor highly depends on the factors that cause it and the knowledge that such an adolescent has about different strategies of coping.

The findings are also in agreement with (Merikangas et al., 2022). Who reported that family support is a key component to fostering reduced rates of maladjustment symptoms as well as ways of coping with stressors. Traditionally in African settings household functions as a support network surrounded by the community and plays a central part in the recovery of an individual in case of challenges, sickness, or loss of a loved one. The support given helps in the reduction of PTS (posttraumatic stress) as well as depression and anxiety and it should be noted that many mental disorders initiate in adolescence. If left unidentified and unattended to, these situations may lead to some long-lasting psychological illnesses in later life. High prevalence rates of anxiety, depression, and mental and behavioral disorders have been found among adults in Pakistan. Adolescent mental health concerns in the country have remained a fairly deserted area of investigation (Fletcher & Fuller, 2021). This, therefore, is a whistle to the academia to do more research with a focus on the adolescents' mental well-being to be able to reduce maladaptive or avoidant ways of coping with stressors the adolescents.

However, the findings are not consistent with Atri et al., (2022) who revealed that adolescents from families with lower parent education are less optimistic than those from more educated families and that when boys and girls are compared, more girls were found to have higher stress levels than boys and that there is gender and age variation in stress levels of children. The possible cause for the difference could be because the current study focuses more on the perceived social support when under stress as well as the coping strategies utilized by the school-going adolescents and not necessarily focusing on differences in terms of gender yet the previous focused on the stress and the difference in terms of gender and did not look at the coping strategies

utilized at such a moment in their lives. The findings, therefore, indicate that the stress levels may be similar for both girls and boys but the forms of coping may vary according to the stressor; for example, some may engage in emotional ways of coping, some in a avoidant and yet others in a problem-focused form of coping.

The Mediating Effect of Coping Strategies on the Relationship between Perceived Social Support and Stress among the School Going Adolescents

Lastly, it was hypothesized that coping strategies significantly mediate the relationship between perceived social support and Stress among school-going adolescents. The regression analysis in Model 1 indicated that there was a significant relationship between perceived social support and stress ($P=0.001<.05$ and $B=.538$). Model 2 show that Emotional and Avoidance coping sub scales mediate the relationship between perceived social support and stress ($P=.021<.05$ and $B=.342$, $R^2=.151$) for emotional coping sub scale. Avoidance coping sub scale has ($P=.001<.05$ and $B=.432$) and $R^2=.347$. However, problem focused coping sub scale does not mediate the relationship between perceived social support and stress ($P=.690>.05$ and $B=-.036$), the results show that the adjusted R^2 in Model 1 which is .151 increased to .347 in Model 2. This shows that DV (Stress) was significantly related to Perceived social support (IV). This is in agreement with the previous studies of (Wilson et al., 2020). Who noted that Perceived social support is how an individual perceives the available social support and that it is portrayed through emotions, instruments, information and evaluation of an individual. They reported that Social support is a shield that supports individuals against stressful events or situations. (Yousefi Afrashteh, 2021) their study revealed that the higher an adolescent's perceived social support, the higher the psychological capital he or she will have. This in turn influences the choice of a coping strategy an adolescent is likely to utilize as they struggle with daily life stressors. Social support can be

affected by certain factors such as communication difficulties, social relationships (distance and separation from an individual's family, conflict with people and desire for social conflict (Worsley et al., 2019). This, therefore, indicates that the perception with which an adolescent will interpret the stressor is likely to determine the type of coping strategies he or she is to apply within a particular context. Although in this context, the adolescents focused more on the avoidant strategies of coping which included passively doing nothing about the stressor like going to church to pray about the situation or meditating. The result indicates that, overall, the model applied is significantly good enough in predicting the outcome variable after conducting a linear regression analysis.

Furthermore, the findings are also in agreement with Fuss et al., (2019). Revealed that perceived social support measures which include family, friends and significant other plays a great role in influencing coping strategies to be utilized by adolescents when faced with stress. According to (Szkody et al., 2021) Social support can be in form of tangible assistance provided by family, peers, and communities while perceived social support is the assessment of an individual's analysis of adequate social support when needed. Low perceived social support has been the result of psychological problems such as social problems, high levels of stress, anxiety and depression. (Shu et al., 2020). Revealed that students with a higher level of stress experienced low levels in their academic achievements. This, therefore, indicates that failure to receive social support from family, peers and significant others leads to high levels of adolescent stress which in turn forces an adolescent to resort to different ways of coping among which may include emotional, problem-focused as well as avoidant.

More so, the study findings are in agreement with (Pollock et al., 2020). Who indicated that the quality of social support perceived and received enhances psychological wellbeing than

the quantity of it received and that Social support rises the efficiency of coping strength by an individual in case of major stressors of life, therefore, governing the effects of stress among adolescents. This aids to decrease on the harmful coping strategies such as avoidance, denial, and withdrawal. This, therefore, provides a basis for positive thinking and cognitive restructuring because of the support provided by family, friends, and significant others giving them warmth, behavioral control and psychological autonomy-granting thus a positive self-conceptions and social skills that enable them to lessen the psychological problems.

The current study findings are in agreement with Poudel et al., (2020). Who noted that Child and adolescent coping strategies include seeking social support, problem-solving, information seeking, acceptance, self-criticism, blaming others, cognitive restructuring, seeking understanding, wishful thinking, humor, suppression, social withdrawal, denial, alcohol or drug use and use of religion. Coping aspects and functionality during childhood and adolescence are crucial in advancing the process of adaption to stressful events/situations. This, therefore, calls for a joint effort to support adolescents during stressful moments in their lives.

Conclusion

This current study's findings indicate that there was a significant positive relationship between perceived social support and stress among school-going adolescents, a significant relationship between perceived social support and coping strategies among school-going adolescents. The significant level of emotional coping strategy is greater compared to other coping strategies, and that there was a significant relationship between stress and coping strategies among school going adolescents. Thus, in the presence of coping strategies sub-scales (Emotional coping and Avoidance coping sub scales), the relationship between perceived social support and stress, the adjusted r increased from 15% in Model 1 to 35% in Model 2. This implies that even in the presence or inclusion of coping strategies sub-scales (especially emotional and avoidance) as mediating variables, the relationship between stress and perceived social support remain significant.

Recommendations

Based on the findings of this study, the researcher suggests the following recommendations:

The results revealed that perceived social support significantly relate to stress among adolescents. Based on this finding, the study recommends that school management, mental health practitioners and ministry of education should focus on interventions that promote stress management skills and healthy coping behaviors among adolescents through counseling as well as sensitization thus being equipped with skills that can help them develop healthy coping mechanisms and be exposed to the consequences of poor coping strategies. This will help mostly those that are likely to be victims of such behaviors to avoid it.

Secondly, the results further revealed that stress and coping strategies were significantly related. Based on this study findings, the current study recommends that school management, school counselors and other mental health providers should monitor students' learning conditions to be able to identify possible stressors, which might be related to school fees and family wellbeing, students' performance in exams, and boy-girl relationships. These are some of the causes of stress among students. In addition, schools should provide lessons on life stress and coping regularly to consolidate students' psychology and teach them how to care for themselves along with stress management skills.

Thirdly, the findings revealed that perceived social support and coping strategies were significantly related. Based on this finding, the current study recommends that the government through the ministry of education needs to prioritize the provision of mental health services to adolescents and students as a whole including mental health education and counseling within schools to identify stressors as soon as possible so that they can provide support and care in time before they opt for alternatives which might put their lives at risk. This can be attained by employing personnel with skills in clinical, community and health psychology in significant numbers to meet the need. This will be to support the adolescents to make an informed decision and choice about a particular coping strategy and thus influencing their perceptions and general attitude towards a given negative event in their lives.

Lastly, the findings revealed that coping strategies (emotional, problem focused & avoidant) significantly mediates the relationship between perceived social support and stress. Based the findings, the study recommends that the school management team and the parents with children in Secondary schools most especially in Mbale district should be equipped with stress management and basic counseling skills. These skills will enable both the parents and the teaching

staff to jointly support the adolescent when in school and at home to influence positively their ways of coping with daily stressors and thus increasing on healthy coping strategies and reduction in the negative or unhealthy coping like avoidance.

Recommendation for Further Studies

Future research will need to examine the dynamics of these study variables, for although there is a significant relationship between perceived social support and stress, between stress and coping strategies, between perceived social support and coping strategies, the study focused only on one school within one district. This therefore, calls for a need for further studies that must cover all schools in Uganda and not leave out those adolescents that could be out of school. Probably, more studies could be done using the qualitative research method to make an in-depth investigation of the perceived social support by the adolescent, stress and their coping strategies.

Limitations

The study engaged adolescents from a secondary school, the adolescents who had dropped out of school due to COVID 19 effects and restrictions were not considered. There is a likelihood that these if engaged would provide different results. This, therefore, limits the generalizability of the study findings to adolescents who are left out of school.

The other limitation is that the study findings trusted the response of students from a self-administered questionnaire which may be affected by recall bias, under-reporting of information and particular students' response.

The study engaged respondents from one secondary school in Mbale City, so cautions should be taken while generalizing these findings to other parts of the country.

References

- Abbott, T. (2021). *Social and personality development*. Routledge.
- Agha, S. (2021). Mental well-being and association of the four factors coping structure model: A perspective of people living in lockdown during COVID-19. *Ethics, Medicine and Public Health, 16*, 100605.
- Alhajri, R. K. Castor-Guyonvarch, N., & Massioui, F. El., (2020). The impact of parental treatment on resilience in adolescents. *Journal of Education and Social Sciences, 15*(1), 79–87.
- American Psychiatric Association, D. S., & Association, A. P. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (Vol. 5). American psychiatric association Washington, DC.
- Amin, M.E., (2005). *Social Science Research: Conception, Methodology and Analysis*. Kampala: Makerere University Press.
- Anand, A., (2020). *Coping strategies used by children living with a genetic muscular disorder in New Zealand*. Auckland University of Technology.
- Asfaw, H., Yigzaw, N., Yohannis, Z., Fekadu, G., & Alemayehu, Y. (2020). Prevalence and associated factors of suicidal ideation and attempt among undergraduate medical students of Haramaya University, Ethiopia. A cross sectional study. *PloS One, 15*(8), e0236398.
- Atri, K., Randhawa, R., & Devasirvadam, S. V. (2022). A Pre-Experimental Study to Assess the Effectiveness of Structured-Teaching Programme on knowledge and practice regarding stress. *Journal of Advanced Medical and Dental Sciences Research, 10*(3), 77–81.

- Attar-Schwartz, S., Mishna, F., & Khoury-Kassabri, M. (2019). The role of classmates' social support, peer victimization and gender in externalizing and internalizing behaviors among Canadian youth. *Journal of Child and Family Studies*, 28(9), 2335–2346.
- Bautista, L., Relajo, D., Pilao, S. J., Tubon, G., & Andal, M. (2018). Link between lifestyle and self-regulated development as components of academic performance: basis for a psychoeducational intervention. *Journal of Educational Sciences & Psychology*, 8(1).
- Beck, A. T., (1983). *Cognitive therapy of depression: New perspectives*. In P. J. Clayton & J. E. Beck, A. T. (1967). *Depression: Clinical, experimental, and theoretical aspects*. New York:
- Bell, M. (1993). What Constitutes Experience? Rethinking Theoretical Assumptions. *Journal of Experiential Education*, 16(1), 19–24. <https://doi.org/10.1177/105382599301600103>
- Blakemore, S.-J. (2019). Adolescence and mental health. *The Lancet*, 393(10185), 2030–2031.
- Booker, J. A., Fivush, R., & Graci, M. E. (2021). Narrative identity informs psychological adjustment: Considering three themes captured across five time points and two event valences. *Journal of Personality*.
- Bradley, R. H. (2020). *The child's environment*. Cambridge University Press.
- Braun-Lewensohn, O. (2015). Coping and social support in children exposed to mass trauma. *Current Psychiatry Reports*, 17(6), 1–10.
- Campione-Barr, N., & Killoren, S. E. (2019). Love them and hate them: The developmental appropriateness of ambivalence in the adolescent sibling relationship. *Child Development Perspectives*, 13(4), 221–226.
- Cano, M. Á., Castro, F. G., De La Rosa, M., Amaro, H., Vega, W. A., Sánchez, M., Rojas, P.,

Ramírez-Ortiz, D., Taskin, T., & Prado, G. (2020). Depressive symptoms and resilience among Hispanic emerging adults: Examining the moderating effects of mindfulness, distress tolerance, emotion regulation, family cohesion, and social support. *Behavioral Medicine, 46*(3–4), 245–257.

Cantor, P., Osher, D., Berg, J., Steyer, L., & Rose, T. (2019). Malleability, plasticity, and individuality: How children learn and develop in context¹. *Applied Developmental Science, 23*(4), 307–337.

Cao, C., Zhu, C., & Meng, Q. (2021). Chinese international students' coping strategies, social support resources in response to academic stressors: Does heritage culture or host context matter? *Current Psychology, 40*(1), 242–252.

Carter, J. A., Gordon, E. C., & Palermos, S. O. (2016). Extended emotion. *Philosophical Psychology, 29*(2), 198–217.

Castaldelli-Maia, J. M., Lewis, T., Marques dos Santos, N., Picon, F., Kadhum, M., Farrell, S. M., Molodynski, A., & Ventriglio, A. (2019). Stressors, psychological distress, and mental health problems amongst Brazilian medical students. *International Review of Psychiatry, 31*(7–8), 603–607.

Casu, G., Zaia, V., Fernandes Martins, M. do C., Parente Barbosa, C., & Gremigni, P. (2019). A dyadic mediation study on social support, coping, and stress among couples starting fertility treatment. *Journal of Family Psychology, 33*(3), 315.

Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., & Saxena, S. (2019). New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *The Lancet, 394*(10194), 240–248.

- Cohen, S., Gottlieb, B. H., & Underwood, L. G. (2000). *Social relationships and health*.
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of health and social behavior*, 385-396.
- Cohen, S., & Williamson, G. (1988). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), *The social psychology of health: Claremont Symposium on applied social psychology*. Newbury Park, CA: Sage. [Link to full-text \(pdf\)](#).
- Cooke, E. M. (2021). *Polygenic Resilience on the Association Between Childhood Maltreatment, Delinquency, and Victimization*. Sam Houston State University.
- Darling-Hammond, L., & Cook-Harvey, C. M. (2018). *Educating the Whole Child: Improving School Climate to Support Student Success*. Learning Policy Institute.
- Del Ciampo, L. A., & Del Ciampo, I. R. L. (n.d.). *Physical, emotional and social aspects of vulnerability in adolescence*.
- Demographic and Health Survey (DHS) 2011
- Essa, E. L., & Burnham, M. M. (2019). *Introduction to early childhood education*. Sage Publications.
- Evans, D., Borriello, G. A., & Field, A. P. (2018). A review of the academic and psychological impact of the transition to secondary education. *Frontiers in Psychology*, 1482.
- Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health*, 14(1), 1–11.

- Fletcher, K. E., & Fuller, M. B. (2021). Does the House Always Win? An Analysis of Barriers to Wealth Building and College Borrowing. *Journal of Student Financial Aid*, 50(1), 3.
- Folkman, S. (2008). The case for positive emotions in the stress process. *Anxiety, Stress, and Coping*, 21(1), 3–14.
- Folkman, S., Lazarus, R. S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R. J. (1986). Dynamics of a stressful encounter: cognitive appraisal, coping, and encounter outcomes. *Journal of Personality and Social Psychology*, 50(5), 992.
- Forster, M., Grigsby, T. J., Gower, A. L., Mehus, C. J., & McMorris, B. J. (2020). The role of social support in the association between childhood adversity and adolescent self-injury and suicide: findings from a statewide sample of high school students. *Journal of Youth and Adolescence*, 49(6), 1195–1208.
- Fuss, B. G., Dorstyn, D., & Ward, L. (2019). Computer-mediated communication and social support among community-dwelling older adults: A systematic review of cross-sectional data. *Australasian Journal on Ageing*, 38(4), e103–e113.
- Georgia Sassen, Renée Spencer, & Philip C. Curtin, (2005) Art from the Heart, *Journal of Creativity in Mental Health*, 1:2, 67-79, DOI: [10.1300/J456v01n02_07](https://doi.org/10.1300/J456v01n02_07).
- Giao, H. N. K., Vuong, B. N., & Tushar, H. (2020). The impact of social support on job-related behaviors through the mediating role of job stress and the moderating role of locus of control: Empirical evidence from the Vietnamese banking industry. *Cogent Business & Management*, 7(1), 1841359.
- Goodman, C. B. (2019). Selling Ghana Greener Pastures: Green Card Entrepreneurs, Visa Lottery, and Mobility. *Journal of Social History*, 53(1), 27–52.

- Goodway, J. D., Ozmun, J. C., & Gallahue, D. L. (2019). *Understanding motor development: Infants, children, adolescents, adults*. Jones & Bartlett Learning.
- Gromada, A., Rees, G., & Chzhen, Y. (2020). *Worlds of influence: Understanding what shapes child well-being in rich countries*. United Nations Children's Fund.
- Gustems-Carnicer, J., Calderón, C., & Calderón-Garrido, D. (2019). Stress, coping strategies and academic achievement in teacher education students. *European Journal of Teacher Education, 42*(3), 375–390.
- Harasemiw, O., Newall, N., Mackenzie, C. S., Shooshtari, S., & Menec, V. (2019). Is the association between social network types, depressive symptoms and life satisfaction mediated by the perceived availability of social support? A cross-sectional analysis using the Canadian Longitudinal Study on Aging. *Aging & Mental Health, 23*(10), 1413–1422.
- Hira, T. K., & Mugenda, O. M. (1999). The relationships between self-worth and financial beliefs, behavior, and satisfaction. *Journal of family and consumer sciences, 91*(4), 76.
- Huang, L., Picart, J., & Gillan, D. (2020). Toward a generalized model of human emotional attachment. *Theoretical Issues in Ergonomics Science, 22*(2), 178–199.
- Hupcey, J. E. (1998). Clarifying the social support theory-research linkage. *Journal of Advanced Nursing, 27*(6), 1231–1241.
- Ioannou, M., Kassianos, A. P., & Symeou, M. (2019). Coping with depressive symptoms in young adults: perceived social support protects against depressive symptoms only under moderate levels of stress. *Frontiers in Psychology, 2780*.
- Jhang, F.-H. (2019). Life satisfaction trajectories of junior high school students in poverty:

Exploring the role of self-efficacy and social support. *Journal of Adolescence*, 75, 85–97.

Johnson, A. E., Perry, N. B., Hostinar, C. E., & Gunnar, M. R. (2019). Cognitive–affective strategies and cortisol stress reactivity in children and adolescents: Normative development and effects of early life stress. *Developmental Psychobiology*, 61(7), 999–1013.

Kosic, M., Wium, N., & Dimitrova, R. (2021). Social support among Slovene minority and Italian majority youth in Italy: Links with positive identity, social competence and academic achievement. In *Handbook of Positive Youth Development* (pp. 175–186). Springer.

Kraaij, V., & Garnefski, N. (2019). The behavioral emotion regulation questionnaire: development, psychometric properties and relationships with emotional problems and the cognitive emotion regulation questionnaire. *Personality and Individual Differences*, 137, 56–61.

Krejcie, R & Morgan, D. (1970). Determination of sample size. *Educational and Psychological Measurement*, 3(30), 607-610.

Lazarus, R. S. (2020). Psychological stress in the workplace. In *Occupational stress* (pp. 3–14). CRC Press.

Lewis, C. E., Siegel, J. M., & Lewis, M. A. (1984). Feeling bad: exploring sources of distress among pre-adolescent children. *American Journal of Public Health*, 74(2), 117–122.

Limone, P., & Toto, G. A. (2022). Factors that predispose undergraduates to mental issues: A cumulative literature review for future research perspectives. *Frontiers in Public Health*, 10.

Liu, X., Zhao, Y., Li, J., Dai, J., Wang, X., & Wang, S. (2020). Factor structure of the 10-item perceived stress scale and measurement invariance across genders among Chinese

adolescents. *Frontiers in Psychology*, *11*, 537.

Lu, M., Wang, R., Lin, H., Pang, F., & Chen, X. (2021). Perceived social support and life satisfaction of Chinese parents of children with autism spectrum disorder: Loneliness as a mediator and moderator. *Research in Autism Spectrum Disorders*, *87*, 101829.

Luo, S., Liu, Y., & Zhang, D. (2020). Psychological maltreatment and loneliness in Chinese children: The role of perceived social support and self-esteem. *Children and Youth Services Review*, *108*, 104573.

Madiba, S., & Josiah, U. (2019). Perceived stigma and fear of unintended disclosure are barriers in medication adherence in adolescents with perinatal HIV in Botswana: a qualitative study. *BioMed Research International*, 2019.

Mazzola, J. J., & Disselhorst, R. (2019). Should we be “challenging” employees?: A critical review and meta-analysis of the challenge-hindrance model of stress. *Journal of Organizational Behavior*, *40*(8), 949–961.

McFadden, P., Ross, J., Moriarty, J., Mallett, J., Schroder, H., Ravalier, J., Manthorpe, J., Currie, D., Harron, J., & Gillen, P. (2021). The role of coping in the wellbeing and work-related quality of life of UK health and social care workers during COVID-19. *International Journal of Environmental Research and Public Health*, *18*(2), 815.

McLeod, S., Berry, K., Hodgson, C., & Wearden, A. (2020). Attachment and social support in romantic dyads: A systematic review. *Journal of Clinical Psychology*, *76*(1), 59–101.

McMillan, J. H., & Schumacher, S. (2001). *Research in Education. A Conceptual Introduction* (5th ed.). New York: Longman.

- McNiel, M. S. (2020). *An Exploration of the Experiences of College Counselors Using Relational Competencies with Suicidal Students*. The University of Texas at San Antonio.
- Merikangas, K. R., Nakamura, E. F., & Kessler, R. C. (2022). Epidemiology of mental disorders in children and adolescents. *Dialogues in Clinical Neuroscience*.
- Miller IW, Norman WH, Bishop SB, & Dow MG, (1986) The Modified Scale for Suicidal Ideation: reliability and validity. *J Consult Clin Psychol.*; 54(5):724-5. doi: 10.1037//0022-006x.54.5.724. PMID: 3771893.
- Mir, Z. (2020). *Examining young students' preference for parenting styles and the effects of gender and emotions*. The University of Waikato.
- Morales-Rodríguez, F. M., & Pérez-Mármol, J. M. (2019). The role of anxiety, coping strategies, and emotional intelligence on general perceived self-efficacy in university students. *Frontiers in Psychology*, 1689.
- Moritsugu, J., Vera, E., Wong, F. Y., & Duffy, K. G. (2019). *Community psychology*. Routledge.
- Murray, M. A., Obeid, N., Buchholz, A., Flament, M., & Goldfield, G. S. (2021). Recreational Screen Time Activities and Depressive Symptomatology Among Adolescents: the Moderating Role of Interpersonal Factors and Gender. *Journal of Technology in Behavioral Science*, 6(1), 88–99.
- Mutumba, M., Bauermeister, J. A., Musiime, V., Byaruhanga, J., Francis, K., Snow, R. C., & Tsai, A. C. (2015). Psychosocial challenges and strategies for coping with HIV among adolescents in Uganda: a qualitative study. *AIDS patient care and STDs*, 29(2), 86–94.
<https://doi.org/10.1089/apc.2014.0222>

- Nagabharana, T. K., Joseph, S., Rizwana, A., Krishna, M., Barker, M., Fall, C., Kumaran, K., & Krishnaveni, G. V. (2021). What stresses adolescents? A qualitative study on perceptions of stress, stressors and coping mechanisms among urban adolescents in India. *Wellcome Open Research*, 6.
- Napolitano, C. M., Sewell, M. N., Yoon, H. J., Soto, C. J., & Roberts, B. (2021). Social, emotional, and behavioral skills: An integrative model of the skills associated with success during adolescence and across the life span. *Frontiers in Education*, 6, 234.
- National Multi-Sectoral Coordination Framework for Adolescent Girls 2017/2018 -2021/22
- Ochieng, J., (2022), Prevalence of Psychoactive Substance Use and Associated Behavioral Risks among Secondary School Students in Tanzania. *East African Journal of Education and Social Sciences* 3(4)185-196. Doi: <https://dx.doi.org/10.4314/eajess.v3i4.211>.
- Osher, D., Cantor, P., Berg, J., Steyer, L., & Rose, T. (2020). Drivers of human development: How relationships and context shape learning and development1. *Applied Developmental Science*, 24(1), 6–36.
- Pandey, L. K., Park, J., Son, D. H., Kim, W., Islam, M. S., Choi, S., Lee, H., & Han, T. (2019). Assessment of metal contamination in water and sediments from major rivers in South Korea from 2008 to 2015. *Science of the Total Environment*, 651, 323–333.
- Patnaik, G. (2021). *Positive Psychology for Improving Mental Health & Well-Being*. Notion Press.
- Peng, W., Li, D., Li, D., Jia, J., Wang, Y., & Sun, W. (2019). School disconnectedness and Adolescent Internet Addiction: Mediation by self-esteem and moderation by emotional intelligence. *Computers in Human Behavior*, 98, 111–121.

- Perrotta, G. (2020). Borderline personality disorder: Definition, differential diagnosis, clinical contexts, and therapeutic approaches. *Annals of Psychiatry and Treatment*, 4(1), 43–56.
- Pollock, A., Campbell, P., Cheyne, J., Cowie, J., Davis, B., McCallum, J., McGill, K., Elders, A., Hagen, S., & McClurg, D. (2020). Interventions to support the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic: a mixed methods systematic review. *Cochrane Database of Systematic Reviews*, 11.
- Porcelli, P. (2020). Fear, anxiety and health-related consequences after the COVID-19 epidemic. *Clinical Neuropsychiatry*, 17(2), 103.
- Poudel, A., Gurung, B., & Khanal, G. P. (2020). Perceived social support and psychological wellbeing among Nepalese adolescents: the mediating role of self-esteem. *BMC Psychology*, 8(1), 1–8.
- Pozzi G., Frustaci A., Tedeschi D., Solaroli S., Grandinetti P., Di Nicola M., & Janiri L. (2015). Coping strategies in a sample of anxiety patients: *factorial analysis and associations with psychopathology*. *Brain and behavior*, 5(8), e00351. <https://doi.org/10.1002/brb3.351>.
- Prabhu SG, & Shekhar R., (2017). *Resilience and perceived social support among school-going adolescents in Mangaluru*. *Indian Journal of Social Psychiatry* | Published by Wolters Kluwer - Medknow. www.indjsp.org; DOI: 10.4103/ijsp.ijsp_108_16.
- Prince, D., & Nurius, P. S. (2014). The role of positive academic self-concept in promoting school success. *Children and Youth Services Review*, 43, 145–152.
- Rapee, R. M., Oar, E. L., Johnco, C. J., Forbes, M. K., Fardouly, J., Magson, N. R., & Richardson,

C. E. (2019). Adolescent development and risk for the onset of social-emotional disorders: A review and conceptual model. *Behaviour Research and Therapy*, *123*, 103501.

Reiss, F., Meyrose, A.-K., Otto, C., Lampert, T., Klasen, F., & Ravens-Sieberer, U. (2019).

Socioeconomic status, stressful life situations and mental health problems in children and adolescents: Results of the German Bella cohort-study. *PLoS One*, *14*(3), e0213700.

Roohafza, H. R., Afshar, H., Keshteli, A. H., Mohammadi, N., Feizi, A., Taslimi, M., & Adibi, P.

(2014). What's the role of perceived social support and coping styles in depression and anxiety?. *Journal of research in medical sciences : the official journal of Isfahan University of Medical Sciences*, *19*(10), 944–949.

Roth, T. (2022). *The Stress-Buffering Effect of Receiving Social Support on Resilience in Families of Children with Medical Complexity*. The University of Nebraska-Lincoln.

Ryan, A. M., North, E. A., & Ferguson, S. (2019). Peers and engagement. In *Handbook of student engagement interventions* (pp. 73–85). Elsevier.

Scherer, K. R. (1997). The role of culture in emotion-antecedent appraisal. *Journal of Personality and Social Psychology*, *73*(5), 902.

Scholte, R. H. J., & Van Aken, M. A. G. (2020). Peer relations in adolescence. In *Handbook of adolescent development* (pp. 175–199). Psychology Press.

Shu, F., Ahmed, S. F., Pickett, M. L., Ayman, R., & McAbee, S. T. (2020). Social support perceptions, network characteristics, and international student adjustment. *International Journal of Intercultural Relations*, *74*, 136–148.

Siegel, D. J. (2020). *The developing mind: How relationships and the brain interact to shape who*

we are. Guilford Publications.

- Skinner, E. A., & Wellborn, J. G. (2019). Coping during childhood and adolescence: A motivational perspective. In *Life-span development and behavior* (pp. 91–134). Routledge.
- Skylstad, V., Nalugya, J., Skar, A. et al., (2022). ‘As soon as they can hold a glass, they begin taking alcohol’: A qualitative study on early childhood substance use in Mbale District, Uganda. *BMC Public Health* **22**, 812: <https://doi.org/10.1186/s12889-022-13140-w>
- Smith, E. P., Yunes, M. A. M., & Fradkin, C. (2021). From prevention and intervention research to promotion of positive youth development: Implications for global research, policy and practice with ethnically diverse youth. In *Handbook of Positive Youth Development* (pp. 549–566). Springer.
- Stapley, E., Demkowicz, O., Eisenstadt, M., Wolpert, M., & Deighton, J. (2020). Coping with the stresses of daily life in England: A qualitative study of self-care strategies and social and professional support in early adolescence. *The Journal of Early Adolescence*, *40*(5), 605–632.
- Suryavanshi, Priyanka & Kshipra, (2017) Stress faced by adolescents and coping strategies used to face stress: Journal of Humanities and Social Science. DOI: 10.9790/0837-2206041620.
- Szkody, E., & McKinney, C. (2019). Stress-buffering effects of social support on depressive problems: Perceived vs. received support and moderation by parental depression. *Journal of Child and Family Studies*, *28*(8), 2209–2219.
- Szkody, E., Stearns, M., Stanhope, L., & McKinney, C. (2021). Stress-buffering role of social support during COVID-19. *Family Process*, *60*(3), 1002–1015.
- Szymanek, P. (2021). I did not expect to be dreaming: Explaining realization in lucid dreams with

a Bayesian framework. *Consciousness and Cognition*, 93, 103163.

Ta, V., Griffith, C., Boatfield, C., Wang, X., Civitello, M., Bader, H., DeCero, E., & Loggarakis, A. (2020). User experiences of social support from companion chatbots in everyday contexts: thematic analysis. *Journal of Medical Internet Research*, 22(3).

The Independent, (2019). : <https://www.independent.co.ug/gangs-dominate-secondary-schools-in-Mbale-town-survey/>

Uganda Bureau of Statistics, (2016), The National Population and Housing Census 2014 – Main Report, Kampala, Uganda

Updegraff, J. A., & Taylor, S. E. (2021). From vulnerability to growth: Positive and negative effects of stressful life events. In *Loss and trauma* (pp. 3–28). Routledge.

Vaidya, R., Kaza, S. K., Gupta, P., Weine, S. M., Nooyi, S. C., & Chaudhury, N. (2021). Depression, Anxiety, and Stress among Indian Youth during the COVID-19 Lockdown—A Cross-Sectional Survey. *Journal of Mental Health and Human Behaviour*, 26(2), 153.

VanMeter, F., Handley, E. D., & Cicchetti, D. (2020). The role of coping strategies in the pathway between child maltreatment and internalizing and externalizing behaviors. *Child Abuse & Neglect*, 101, 104323.

Wahab, D. R. F. B. (2019). *Prevalence of stress and its associated factors among secondary boarding school students in Kelantan*. Universiti sains Malaysia.

Wang, S., & Zhang, D. (2020). The impact of perceived social support on students' pathological internet use: The mediating effect of perceived personal discrimination and moderating effect of emotional intelligence. *Computers in Human Behavior*, 106, 106247.

- Wang, X., Gao, L., Yang, J., Zhao, F., & Wang, P. (2020). Parental phubbing and adolescents' depressive symptoms: Self-esteem and perceived social support as moderators. *Journal of Youth and Adolescence*, *49*(2), 427–437.
- Watson, R. J., Grossman, A. H., & Russell, S. T. (2019). Sources of social support and mental health among LGB youth. *Youth & Society*, *51*(1), 30–48.
- Wilson, J. M., Weiss, A., & Shook, N. J. (2020). Mindfulness, self-compassion, and savoring: Factors that explain the relation between perceived social support and well-being. *Personality and Individual Differences*, *152*, 109568.
- Wolf, J. R. L. M., & Jonker, I. E. (2020). Pathways to empowerment: the social quality approach as a foundation for person-centered interventions. *The International Journal of Social Quality*, *10*(1), 29–56.
- Worsley, J. D., McIntyre, J. C., & Corcoran, R. (2019). Cyberbullying victimisation and mental distress: Testing the moderating role of attachment security, social support, and coping styles. *Emotional and Behavioural Difficulties*, *24*(1), 20–35.
- Xin, T., Siponen, M., & Chen, S. (2021). Understanding the inward emotion-focused coping strategies of individual users in response to mobile malware threats. *Behaviour & Information Technology*, 1–25.
- Yousefi Afrashteh, M. (2021). The relationship between coping self-efficacy and social support with psychological well-being in pregnant women referring to health centers during the coronavirus outbreak. *Preventive Care in Nursing & Midwifery Journal*, *11*(3), 9–17.
- Zheng, Y., Cai, D., Zhao, J.-L., Yang, C., Xia, T., & Xu, Z. (2021). Bidirectional Relationship

Between Emotional Intelligence and Perceptions of Resilience in Young Adolescents: A Twenty-Month Longitudinal Study. *Child & Youth Care Forum*, 50(2), 363–377.

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52(1), 30–41.

Appendices

Appendix A: Consent form

My name is Nabudduwa Norah a clinical psychology student of Makerere University School of Psychology; I am required to carry out research as part of my course. I am therefore conducting a study about perceived social support, stress and coping strategies among the school going adolescents for academic purposes. However, you are also informed that you can drop out of the exercise at any time if you so wish and there will be no any repercussions.

Your participation will be of great importance to my academic achievement and for the well-being of the adolescents once the information is used in supporting their psychological well-being.

For confidential purposes, your name will not appear anywhere on the informed consent. The information that you will provide will only be used for academic purposes. Therefore, if you have any questions regarding the assessment, you may ask.

By signing below, acknowledge that I have read and understood the above information. I am aware that I can discontinue my participation in the assessment at any time.

Signature of the respondent: Date:

Signature of the researcher: Date:

Appendix B: Key respondents' questionnaires

Section A: Personal data

1. Age_____
2. Sex: (a) Male (b) Female
3. What is your level of education (class?)

1. What is your level of education (class)	1 Form three	2 Form four	3 Form five	4 Form six
---	-----------------	----------------	----------------	---------------

Section B: Questionnaires

Instructions: We are interested in how you feel about the following statements.

Read each statement carefully. Indicate how you feel about each statement.

Circle the “1” if you Very Strongly Disagree Circle the “2”

if you Strongly Disagree Circle the “3” if you Mildly

Disagree Circle the “4” if you are Neutral Circle the “5” if

you Mildly Agree Circle the “6” if you Strongly Agree

Circle the “7” if you Very Strongly Agree

1.	There is a special person who is around when I am in need.	1	2	3	4	5	6	7	SO
2.	There is a special person with whom I can share my joys and sorrows.	1	2	3	4	5	6	7	SO
3.	My family really tries to help me.	1	2	3	4	5	6	7	Fam
4.	I get the emotional help and support I need from my family.	1	2	3	4	5	6	7	Fam
5.	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7	SO
6.	My friends really try to help me.	1	2	3	4	5	6	7	Fri
7.	I can count on my friends when things go wrong.	1	2	3	4	5	6	7	Fri
8.	I can talk about my problems with my family.	1	2	3	4	5	6	7	Fam
9.	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7	Fri
10.	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7	SO
11.	My family is willing to help me make decisions.	1	2	3	4	5	6	7	Fam
12.	I can talk about my problems with my friends.	1	2	3	4	5	6	7	Fri

NB: The items tended to divide into factor groups relating to the source of the social support, namely family (Fam), friends (Fri) or significant other (SO)

Section C: Perceived Stress Scale- 10 Item

Section C: *Perceived Stress Scale- 10 Item*

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate with a check how often you felt or thought a certain way.

1. In the last month, how often have you been upset because of something that happened unexpectedly?

0=Never

1=Almost never

2=Sometimes

3=Fairly often

4=Very often

2. In the last month, how often have you felt that you were unable to control the important things in your life?

0=Never

1=Almost never

2=Sometimes

3=Fairly often

4=Very often

3. In the last month, how often have you felt nervous and "stressed"?

0=Never

1=Almost never

2=Sometimes

___3=Fairly often

___4=Very often

4. In the last month, how often have you felt confident about your ability to handle your personal problems?

___0=Never

___1=Almost never

___2=Sometimes

___3=Fairly often

___4=Very often

5. In the last month, how often have you felt that things were going your way?

___0=Never

___1=Almost never

___2=Sometimes

___3=Fairly often

___4=Very often

6. In the last month, how often have you found that you could not cope with all the things that you had to-do?

___0=Never

___1=Almost never

___2=Sometimes

___3=Fairly often

___4=Very often

7. In the last month, how often have you been able to control irritations in your life?

___0=Never

___1=Almost never

___2=Sometimes

___3=Fairly often

___4=Very often

8. In the last month, how often have you felt that you were on top of things?

___0=Never

___1=Almost never

___2=Sometimes

___3=Fairly often

___4=Very often

9. In the last month, how often have you been angered because of things that were outside of your control?

___0=Never

___1=Almost never

___2=Sometimes

___3=Fairly often

___4=Very often

10. In the last month, how often have you felt difficulties were piling up so high

that you could not overcome them?

___0=Never

___1=Almost never

___2=Sometimes

___3=Fairly often

___4=Very often

Section D: Brief Cope

These items deal with ways you've been coping with the stress in your life as an adolescent.

There are many ways to try to deal with problems. These items ask what you've been doing to cope with this one. Obviously, different people deal with things in different ways, but I'm interested in how you've tried to deal with it. Each item says something about a particular way of coping. I want to know to what extent you've been doing what the item says. How much or how frequently. Don't answer on the basis of whether it seems to be working or not—just whether or not you're doing it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can. 0 = I haven't been doing this at all; 1 = I've been doing this a little bit; 2 = I've been doing this a medium amount; 3 = I've been doing this a lot

	ITEM	1	2	3	4
1.	I have been turning to work or other activities to take my minds off things	1	2	3	4
2.	I have been concentrating my efforts on doing something about the situation I am in.	1	2	3	4
3.	I have been saying to myself "this isn't real"	1	2	3	4
4.	I have been using alcohol or other drugs to make myself feel better.	1	2	3	4
5.	I have been getting emotional support from others.	1	2	3	4
6.	I have been giving up trying to deal with it.	1	2	3	4
7.	I have been taking action to try to make the situation better.	1	2	3	4
8.	I have been refusing to believe that it has happened.	1	2	3	4
9.	I have been saying things to let my unpleasant feelings to escape.	1	2	3	4
10.	I have been getting help and advice from other people.	1	2	3	4
11.	I have been using alcohol or other drugs to help me get through it.	1	2	3	4

12.	I have been trying to see it in a different light, to make it seem more positive.	1	2	3	4
13.	I have been criticizing myself.	1	2	3	4
14.	I have been trying to come up with a strategy about what to do.	1	2	3	4
15.	I have been getting comfort and understanding from someone.	1	2	3	4
16.	I have been giving up the attempt to cope.	1	2	3	4
17.	I have been looking for something good in what is happening.	1	2	3	4
18.	I have been making jokes about it.	1	2	3	4
19.	I have been doing something to think about it less, such as going to movies, watching TV, reading, day dreaming, sleeping, or shopping.	1	2	3	4
20.	I have been accepting the reality of the fact that it has happened.	1	2	3	4
21.	I have been expressing my negative feelings.	1	2	3	4
22.	I have been trying to find comfort in my religion or spiritual beliefs.	1	2	3	4
23.	I have been trying to get advice or help from other people about what to do.	1	2	3	4
24.	I have been learning to live with it.	1	2	3	4
25.	I have been thinking hard about what steps to take.	1	2	3	4
26.	I have been blaming myself for things that happened.	1	2	3	4
27.	I have been praying or meditating.	1	2	3	4
28.	I have been making fun of the situation.	1	2	3	4

Appendix D: Estimated budget for the research proposal – Oct-Dec 2020

	Expenses	Frequency	Unit cost	Number of units	Total cost
A	Travel costs	14 days (2 Weeks)	50,000/=	1 Researcher	200,000/=
B	Accommodation	14 days (2 weeks)	50,000/=	1 person	700,000/=
C	Library services				200,000/=
D	Stationery materials	4 weeks			200,000/=
E	Photocopying and binding				200,000/=
F	Phone and internet charges	12 weeks			300,000/=
G	Miscellaneous				500,000/=
	Grand total				2,300,000/=

Appendix E: Krejcie and Morgan Table 1970

Table 3.1									
<i>Table for Determining Sample Size of a Known Population</i>									
N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	1000000	384

Note: N is Population Size; S is Sample Size *Source: Krejcie & Morgan, 1970*