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Coping Strategies of Preadolescent Girls with Early Puberty

K.M. Jolly^{1*} and Molly Babu²

¹Mar Sleeva College of Nursing, Palai, Cherpunkal, Kottayam, Kerala, India

²Obstetrical Nursing Department, R.A.K College Nursing, Lajpat Nagar, New Delhi, India

*Corresponding author

Abstract

The preadolescent girls who experiences puberty earlier, compared to their peers feel more stressed as they have to adjust with the new changes in their body and mind. Coping strategies may act as mediators of stress that may aid or inhibit positive adolescent adaptation. Coping is individual capacity to deal and manage with various stressors of life. It is an essential aspect of regulation of emotions. Learning effective coping skills may help the girls to overcome the stress of pubertal changes. The aim of the study was to identify the coping strategies used by preadolescent girls with early puberty. Purposive sampling technique was used to collect data from preadolescent girls studying in 5-7th standards of rural schools in Kottayam District. The results of the present study reveal that the preadolescent girls used coping strategies to a different extent. Avoidance coping strategies shows the highest average score (M= 24.90, SD=6.058), followed by Active coping strategies score (M= 49.13, SD=6.397). The lowest scores are obtained by Support Seeking Strategies (M=16.39, SD=4.736). Considering the sub scale dimensions, Wishful thinking has highest mean percentage scores followed by Seeking understanding. Physical Release of Emotion (44.31) and Support for Feeling (44.56) scored comparatively less.

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Early puberty; Preadolescent girls; Menarche; Stress; Coping strategies

Introduction

Adolescent period may be a stressful time of life. The transitional stressors may be intensified for those children who have not developed effective coping skills. Coping strategies influence how people deal with stressors in their lives, both in positive and negative ways. The pubertal changes affect the adolescents psychologically, in different ways, with its time of onset and gender. Girls attaining puberty earlier may tend to experience feelings of low self- esteem and are over conscious about their body image as they have no adequate time to acquire adaptive coping skills (Hyde et

al., 2008). Such girls may also experience greatest emotional disturbance at the onset of menarche as it is a landmark of female puberty and a stressful event which might create negative responses such as shame, fear, anxiety and depression in girls (Ge et al., 1996). Cognitive capacities are still developing in middle childhood and adolescence and therefore older adolescence generally have a wider repertoire of coping strategies (Compas et al., 2001). Learning effective coping strategies are important for the preadolescent girls to overcome the stressors associated with early puberty, as these girls are more vulnerable of developing psychosocial morbidities.

Development of different coping strategies may be accomplished through a sequence of stages. The coping behaviour in childhood and adolescence significantly depends on the type of normative stressors (Gelhaar *et al.*, 2007). Adolescents usually employ more active coping strategies in dealing with peer-related stressors, but use more dysfunctional coping strategies when troubled by school- or parent-related problems. The highest percentages of cognitive-reflective coping strategies were used in dealing with future-related problems (Seiffge-Krenke *et al.*, 2000).

Adolescent girls perceived more interpersonal stress, used more maladaptive coping strategies, and had more internalized problems than did adolescent boys (Hampel *et al.*, 2005).

A descriptive study was conducted in Udupi, Karnataka to assess the anxiety and coping pattern regarding pubertal changes among 231 preadolescent girls who attained menarche in the age of 10-12 years. The results showed that 55% had moderate anxiety and 52.4% had adaptive coping pattern (Sequeira *et al.*, 2016).

A study conducted in Germany to assess effects and interactions between gender, type of stressful situation, and age-group in coping strategies in childhood and adolescence among 1990 children and adolescents. The sample consisted of 957 boys and 1033 girls from grade levels 3-8. The Participants responded to a coping questionnaire with five subscales such as seeking social support, problem solving, avoidant coping, palliative emotion regulation, and anger-related emotion regulation. The result of the study revealed that girls scored higher in seeking social support and problem solving, whereas boys scored higher in avoidant coping (Eschenbeck *et al.*, 2007).

In a study conducted in Australia to identify the general coping behaviour of 168 adolescent girls and boys at grade levels 7, 9, and 11 highlighted that boys and girls develop differently in their patterns of coping with age. The girls reported significantly higher levels of an inability to cope by the time they are 16. Among the coping strategies, Self-blame and social support in girls' were found moderately increased between the ages of 12 to 14 years but significantly increased between ages 14 and 16 (Frydenberg *et al.*, 2000).

A prospective study conducted among 327 students (167 females, 160 males) in two Norwegian secondary schools to assess the interactive effect of approach and

avoidant like coping styles and school related stress on depressive symptoms showed that there is a significant relationship existing between these two variables (Murberg *et al.*, 2005).

Adolescence is a crucial period in a woman's life. The transition through adolescence is an unavoidable stress and the extent of these changes may overburden the capacity of preadolescent girls to cope up. Psychosocial problems can arise if the child is unable to cope up with the changes associated with puberty. However preadolescent girls can cope up with this stress by developing positive and effective coping strategies.

Objectives

To identify the coping strategies of preadolescent girls with early onset of puberty.

Materials and Methods

A quantitative approach with descriptive survey design was used to identify the coping strategies of preadolescent girls with early onset of puberty.

Setting of the study: The setting of the research study was private schools from the selected villages of Kottayam district in Kerala.

Study population and sample

All the preadolescent girls between the age group of 10 – 12 years studying in 5th, 6th and 7th standard and attained the menarche and available during the data collection period. Purposive sampling technique was used to select 150 preadolescent girls.

Investigation tool

The instrument used for the study was Children's Coping Strategies Checklist-Revision-1 (CCSC-R1). It is a standardized self-report inventory developed by Dr. Tim S. Ayers and Dr. Irwin N. Sandler and in which children describe either coping efforts. The items of this tool are seen as appropriate for children ages 9 – 13. Items for the CCSC-R1 are grouped by four major factors and their thirteen subscales/dimensions. The four major Dimensions are 1) Active coping strategies 2) Distraction strategies 3) Avoidance strategies 4) Support seeking coping strategies. The scale consists of 54 statements with four options as 'never', 'sometimes' and 'often' and 'most of the time'. To score the dimensions of coping,

the mean of the items that make up that subscale or the total score of the items that represent that dimension was taken. The English version of the CCSC-R1 was translated to Malayalam version by two independent translators.

Procedure

Ethical clearance from institutional ethical committee and formal permission from Head of the schools were obtained. Written consent from parents and written assent from preadolescent girls’ were obtained before the data collection. The purpose and the procedures of the study were explained and confidentiality of the data was assured. Data was collected through self-administered questionnaire.

Results and Discussion

Among the study participants, most of the preadolescent girls (95.3%) were in the age group of 12 years and 66.7% were from nuclear family. Most of them (90.7%) had one or more sibling. Majority of the girls (88.7%) attained menarche between 10-12 years and 11.3% had menarche before 10 years.

Results from the present study revealed that all coping strategies are used by the preadolescent girls. Table 1 shows that Avoidance coping strategies gets the highest average score (M= 24.90, SD=6.058), followed by

Active coping strategies score (M= 49.13, SD=6.397), and Distraction Strategies (M=18.03, SD=5.514). The lowest scores are obtained by Support Seeking Strategies (M=16.39, SD=4.736). On the subscale dimensions of coping strategies, the mean percentage scores obtained above average were Cognitive decision making (53.89), Distracting Action (54.65), Seeking Understanding (56.66), Optimism (51.81), Avoidant Action (51.93) and Wishful Thinking (57.38). Among the subscale dimensions of coping, Wishful thinking scored highest average score followed by Seeking Understanding. Physical Release of Emotion (44.31) and Support for Feeling (44.56) were comparatively scored less (Figure 1).

A study documented on the coping style levels showed that avoidant coping strategies were used by female adolescents for stress and anxiety. Girls used more coping strategies than boys (Griffith *et al.*, 2000). Similar results were found in the present study also. A cross sectional study was conducted among girls with 10-12 years who had stress associated with pubertal changes used seeking diversions (22.6±6.8) and avoiding problems (20.4±2.5) as the major coping strategies (Rashmi *et al.*, 2016). These findings are consistent with present study result where Avoidance coping strategies gets the highest average score (M= 24.90) and 56.66% of the subjects used seeking understanding as their coping dimension.

Fig.1 Distribution of mean percentage scores of subscale dimensions of different coping strategies among preadolescent girls with early puberty

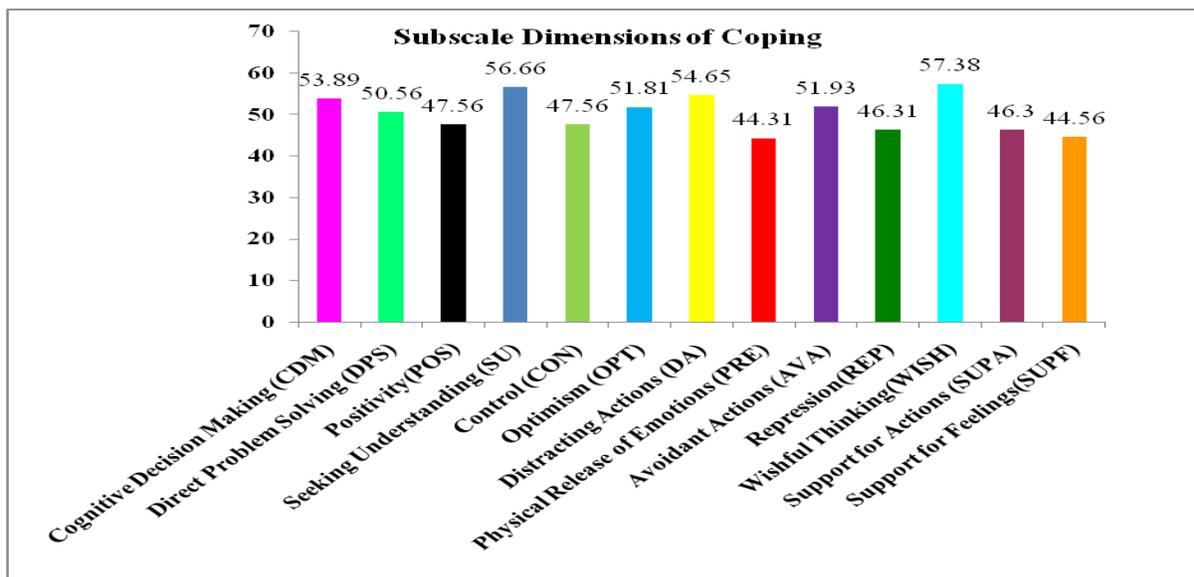


Table.1 Distribution of scores of different coping strategies showing mean and SD among preadolescent girls with early puberty

| Dimensions of Coping | Maximum Score | Mean | SD (N=150) |
|----------------------------|---------------|-------|------------|
| Active Coping Strategies | 96 | 49.13 | 6.397 |
| Distraction Strategies | 36 | 18.03 | 5.514 |
| Avoidance Strategies | 32 | 24.90 | 6.058 |
| Support Seeking Strategies | 36 | 16.39 | 4.736 |

The result of the present study revealed that the subjects used active coping strategies (49.13±6.397.5) when they are stressed. This finding is supported by a study conducted by Sequeira (2016) to assess the anxiety and coping patterns regarding pubertal changes among preadolescent girls of 10-12 years. Among the preadolescent girls who attained menarche (52.4%) used adaptive coping patterns.

Majority of the adolescent girls, age 15-19 years in Riyadh rely on emotion related coping strategies than problem solving coping strategies during the time of stress (Raheel, 2014).

However in the present study, the mean percentage score of Direct Problem Solving was 50.56 compared to Physical Release of Emotion (44.31).

Regarding subscale dimensions of coping, one of the most consistent findings is that girls tend to use more wishful thinking (57.38%). The findings are supported by the similar results noted in a cross sectional descriptive study conducted by Cunningham *et al.*, (2002) in preadolescents studying in 5th and 6th classes to increase coping resources, where the children used wishful thinking as non-productive coping strategy.

Pubertal changes in preadolescent girls may be associated with stressful event like menarche. Research revealed that psychosocial morbidities are significantly higher among girls who had early puberty.

The present study examined coping strategies used by preadolescent girls with early puberty and the result revealed that the girls used more avoidance strategies than active coping strategies.

As coping strategies have been found to have either positive or negative implications in adolescent adjustment, these findings suggest that more attention need to be given to train the preadolescent girls with early puberty to use positive coping strategies to adapt with pubertal changes.

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