

A Quasi Experimental Study to Assess the Effectiveness of Structured Teaching Programme on Stress and Coping Strategies Among Adolescent Period in Selected School District Tarn Taran

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Abstract

Stress is a complicated and dynamic method of communication involving a person in his or her environment. It is an unpleasant psychological and physiological condition triggered because of certain internal or external requirements that extend beyond our ability. Coping is the rational and behavioral attempts to cope with particular external and internal requirements going beyond the resources of a person. Effective coping techniques are either behavioral or psychological response intended to modify the temperament of the stressor or how he/she perceives it. These cumulative stresses can cause many physical and mental issues. This will make more stress in adolescent because of academic pressure, financial problem, and separation of family. A quasi experimental study is done to assess the effectiveness of structured teaching programme on stress and coping strategies among adolescent period in selected school district Tarn Taran. The aim of the study was to assess the effectiveness of structured teaching programme on stress and coping strategies among adolescents periods. Sampling technique: The simple randomized sampling technique was adopted to select the subjects. The statistical technique used for analysis was descriptive and inferential. Result: The result showed that mean score of pre- and post-test of stress among experimental group of adolescents were 17.9(SD±4.07) and 23.4(SD±3.80) and control group were 17.7(SD±4.98) and 18.4(SD±5.51). The mean score of pre- and post-test of coping strategies among experimental group of adolescents were 50.2(SD±7.39) and 67.2(SD±5.91), and control group were 50.9(SD±5.02) and 51.6(SD±3.86), respectively. The paired t-test value of pre- and post-test was 9.49, 1.79, respectively, for coping strategies and pre- and post-test was 7.1, 0.83, respectively, for stress and coping strategies in experimental group is significant at level of $p \leq 0.05$. Conclusion: Knowledge regarding coping strategies among adolescent effect on practice with increase in the level of knowledge of the regarding coping strategies to reduce their stress.

Keywords: adolescent, coping, strategies, stress

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INTRODUCTION

“Stress is a fact of life, but it need not be a way of life” (Channing LBête co). Life today is turning out to be progressively complicated tension ridden and is a huge cause of stress. It is the totality of all non-precise biological events caused by unpleasant extremal incidences.^[1] The

term stress has lately being considered ambiguous due to the continuous task of sufficient meaning for the concept Selye, who is known as the creator of founding father of stress research.^[2] The term stress has been described in different ways throughout the literature generating medical environmental and psychological

modal of stress. In the medical model, stress is a condition of pain and suffering in a person in response to environmental precipitant. This physiological response of an organism can be assessed by increased blood pressure, elevated heart rate and the presence of hormones and neuron transmitters.^[3]

Stress is a complicated, dynamic method of communication involving a person and his or her environment. In environmental model, stress can be defined as a phenomenon that is external to an organism, including threats of immediate harm or aversive environmental conditions.^[4] Stress in the 21st century is not something novel or unknown. It is being experienced since long back, but has a higher recurrence rate than before. Stress means pressure; and denotes uneasy experience. It is an unpleasant psychological and physiological state that occurs because of certain internal or external demands that extends beyond our abilities.^[5]

Coping is the rational and behavioral attempts to cope with particular external and internal requirements going beyond the resources of a person. A distinction which is often made in literature is between active and avoidant coping strategies. Active coping techniques are either behavioral or psychological response intended to modify the temperament of the stressor or how he/she perceives it. On the other hand, avoidant coping strategies leads people into doing actions that keeps them away from directly tackling stressful events.^[6]

Stress in adolescent is usually an outcome of various factors, such as, 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. Environmental factors

include home and community type of school, violence, crowding, noise and barriers to health services.^[7]

NEED OF STUDY

Stress Is the Fact of Life That Every Human Being Deal With

The world health organization [2003] has described adolescence as a stage of life between the ages of 10 and 19. It is a transition phase from childhood to adulthood and categorized by a surge in physical, endocrinal, and mental progress with a changeover from total dependence to relative independence and is marked by intense stress and pain. This period for a girl is a time of physical and psychological preparation for safe motherhood. Almost 21% of India's population consists of adolescent girls.^[8] World health organization has developed adolescent health and developmental programmers [AHDP] in 1990, which has been developing the knowledge base, devising and testing new approaches to promote the health and development of adolescents worldwide.^[9] According to WHO (2007), adolescence is a phase of major physical and psychological changes, along with incredible changes in social communication and relationships. There is a rapid increase in height and weight along with hormonal changes that result in sexual maturation and wide swings of emotion, during this period.^[10]

The incidence of stress among adolescents during their lifetime, is around 5–70%, around the world. An Indian study has reported depression among adolescents, wherein, they collected the data using stress scale to evaluate the symptoms on dimensional basis, and using mini – international neuropsychiatric interview to evaluate on categorical basis. The students had their mean age to be 19.3 years and an average education of 14.7 years. Stress is present in 20% of students in India. Disruption to the learning process in the

college population can be avoided by adopting a critical preventive strategy that includes detection of stress related symptoms.^[11] The investigator observed that a good foundation is a fundamental step towards building a strong tower. Students everywhere are experiencing huge amounts of stress due to more stringent level of education in schools. The investigator was hence motivated to evaluate prevalence of stress and impart structured teaching programme including coping strategies among secondary school children.

OBJECTIVES

- (1) To assess the pre-test level of knowledge on stress and coping strategies among adolescent period.
- (2) To assess the post-test level of knowledge on stress and coping strategies among adolescent period.
- (3) To assess the effectiveness of structured teaching programmed on stress and coping strategies among adolescent period.
- (4) To find out the association regarding stress and coping strategies among adolescent with selected demographic variable.

RESEARCH METHODOLOGY

The research design selected for this study was quasi experimental two group pre- and

post-test design. Independent variable is the structured teaching programme on stress and coping strategies and in this study, the dependent variable is usage of coping measures in order to reduce the stress regarding adolescent period.

This study was conducted Government High School Pakhoke, District Tarn Taran. The sample size comprises of 60 adolescent. In this study, simple random sampling technique was used. The standardized tool Cohen perceived stress scale used.it consists of 10 items. The tool consists of items related to the knowledge on coping strategies. It consists of 20 items. There is a 5 point like rt scale, standardized Cohen perceived stress scale was used and there was no standardized tool was used for measuring the coping strategies, therefore specifically for the purpose a self – structured 5 point like rt scale of coping questionnaire was framed. The Karl Pearsons’ co-efficient formula was used to assess the stability by test retest method. The valve was found to be reliable of stress (r=0.60) and coping strategies(r=0.88).

RESULTS

Section A: Assess the pre- and post-test level of coping strategies among adolescent of experimental group and control group.

Table 1. Frequency and Percentage Distribution of Pre- and Post-test Level of Coping Strategies Among Adolescent of Experimental Group. N=30.

Level of coping	Pre-test		Post-test	
	Frequency	(%) Age	Frequency	(%) Age
Inadequate	0	0	0	0
Moderate	29	96.66	5	16.66
Adequate	1	3.33	25	83.33

Table 1 shows that in the pre-test majority of adolescent 29(96.66%) use moderate coping strategies, less number of 1(3.33%) use adequate coping strategies and there is none in the inadequate coping strategies.

In post-test majority of adolescent 25(83.33%) use adequate coping strategies, 5(16.66%) moderate use of coping strategies and there is none in the inadequate coping strategies.

Table 2. Frequency and Percentage Distribution of Pre- and Post-test Level of Coping Strategies Among Adolescent of Control Group. N=30.

Level of coping	Pre-test		Post-test	
	Frequency	(%) Age	Frequency	(%) Age
Inadequate	0	0	0	0
Moderate	30	100%	29	96.66
Adequate	0	0	1	3.33

Table 2 shows that in the pre-test majority of adolescent 30(100%) use the moderate coping strategies; there are none in the adequate and inadequate coping strategies. In the post test majority of adolescent 29(96.66%) use the moderate coping strategies, less number 1(3.33%) of

adolescent use the adequate coping strategies. There is none in the inadequate coping strategies.

Section B: Assess the pre- and post-test level of stress among adolescent of experimental and control group.

Table 3. Frequency and Percentage Distribution of Pre- and Post-test Level of Stress Among Adolescent of Experimental Group. N=30.

Variables	Pre-test		Post-test	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Low	2	6.66	0	0
Average	10	33.33	7	23.33
High	18	60	23	76.66

Table 3 shows that in pre-, post-test level of stress, majority of adolescent 18(60%), 23(76.66%) having high stress, respectively, mostly of the adolescent 10(33.33%), 7(23.33%) having moderate

stress, respectively, in pre-test 2(6.66%) having lower level of stress, and there is none of the adolescent having lower level of stress in post-test.

Table 4. Frequency and Percentage Distribution of Pre- and Post-test Level of Stress Among Adolescent of Control Group. N=30.

Level of stress	Pre-test		Post test	
	Frequency	(%) Age	Frequency	(%) Age
Low	3	10	3	10
Average	18	60	15	50
High	9	30	12	40

Table 4 shows that in the pre- and post-test level of stress, majority of the adolescent 18(60%), 15(50%) having the moderate level of stress, respectively, in pre- and post-test 3(10%) having the low level of stress, pre- and post-test 9(30%), 12(40%) having High level of stress.

Assess the Effectiveness of Structured Teaching Programme

Section C: compares the pre- and post-test level of stress and coping strategies among adolescent of experimental group.

Table 5. Comparison of Mean, Standard Deviation, Standard Error and Paired t-Test Score of Coping Strategies Among Adolescent. N=30.

Variables	Mean	Standard deviation	Paired t-test	Table valve 0.05
Pre-test	50.2	4.57	9.49	2.05
Post-test	67.2	9.81	7.1	2.05

Table 5 shows that mean pre-test scores of stress and coping strategies among adolescent were 50.2(SD+4.57), paired t-test valve is 9.49.

The paired t-test valve 9.49 that was significant at the probability of 0.05 levels.

In post-test mean scores of stress and coping among adolescent were 67.2, (SD-9.81) and paired t-test valve 7.1.

The paired t valve 7.1 that was significant at the probability of 0.05 level.

Section D: Association of post-test level of Stress among adolescent of experimental group.

S. no	Demographic variables	Stress						Calculated value at 0.05 level	df	Tabulated value
		Low		Average		High				
		F	%	F	%	F	%			
1	Age							15.17 (S)	4	9.49
	10–12 year	0	0	5	16.6	1	3.33			
	13–15 years	0	0	1	3.3	15	50			
	16–19 years	0	0	1	3.3	7	23.33			
2	Gender							1.66 (NS)	2	5.99
	Male	0	0	2	6.6	13	43.33			
	Female	0	0	5	16.6	10	33.33			
3	Religion							2.55 (NS)	6	12.59
	Sikh	0	0	3	10	8	26.66			
	Hindu	0	0	2	6.6	13	43.33			
	Christian	0	0	1	3.3	1	3.33			
	Muslim	0	0	1	3.3	1	3.33			
4	Type of family							4.88 (NS)	4	9.49
	Nuclear family	0	0	1	3.3	10	33.33			
	Joint family	0	0	5	16.6	6	20			
	Extended family	0	0	1	3.33	7	23.33			
5.	Education of parents							16.31 (S)*	2	5.99
	Father	0	0	6	20	2	6.66			
	Mother	0	0	1	3.33	21	70			

(S)*, significant; (NS), non-significant; (F), frequency; (P), percentage; (df), degree of freedom.

The above table 6 shows that the Chi-square valves were calculated to find out the association between the post-test scores of stress level among adolescent with age(15.17), association with gender(1.66), association with religion (2.55), association with type of family(4.88), association with education of parents (16.31).

There was association found between post-test stress scores of adolescent with age of adolescent (15.17) and education of parents (16.31) at the level of (p≥0.05).

However no association found between post-test stress score when compare to gender, religion, and type of family.

Section E: Association of post-test level of coping strategies among adolescent of experimental group.

S. no	Demographic variables	Coping strategies						Calculated value at 0.05 level	df	Tabulated value
		Inadequate		Moderate		Adequate				
		F	%	F	%	F	%			
1	Age							13.61 (S)	4	9.49
	10–12 year	0	0%	4	13.3%	2	6.66%			
	13–15 year	0	0%	1	3.33%	15	50%			
	16–19 year	0	0%	0	0%	8	26.66%			
2	Gender							2.16 (NS)	2	5.99
	Male	0	0%	1	3.33%	14	46.6%			
	Female	0	0%	4	46.6%	11	36.66%			
3	Religion							2.73 (NS)	6	12.59
	Sikh	0	0%	3	10%	8	26.66%			
	Hindu	0	0%	2	6.66%	13	43.33%			
	Christian	0	0%	0	0%	2	6.66%			
	Muslim	0	0%	0	0%	2	6.66%			
4	Type of family							1.42 (NS)	4	9.49
	Nuclear family	0	0%	1	3.33%	10	33.33%			
	Joint family	0	0%	3	10%	8	26.66%			
	Extended family	0	0%	1	3.33%	7	23.33%			
5.	Education of parents							8.72 (S)*	2	5.99
	Father	0	0%	4	13.3%	4	13.33%			
	Mother	0	0%	1	3.33%	21	70%			

(S)*, significant; (NS), nonsignificant; (F), frequency; (P), percentage; (df), degree of freedom.

The above table shows that the Chi-square values were calculated to find out the association between the post test scores of stress level among adolescent with age(13.61),association with gender(2.16),association with religion (2.73), association with type of family(1.42),association with education of parents (8.72).

There was association found between post-test stress scores of adolescent with age of adolescent (13.61) and education of parents (8.72) at the level of (p≥0.05). However no association found between post-test stress score when compare to gender, religion, and type of family.

Section F: Association of post-test level of stress among adolescent of control group.

S. no	Demographic variables	Stress						Calculated value at 0.05 level	df	Tabulated value
		Low		Average		High				
		F	%	F	%	F	%			
1	Age							14.89 (S)	4	9.49
	10–12 year	2	6.6%	12	40%	1	3.33%			
	13–15 year	1	3.3%	1	3.33%	5	16.66%			
	16–19 year	0	0%	2	6.66%	6	20%			
2	Gender							2.89 (NS)	2	5.99
	Male	2	6.6%	8	26.6%	3	10%			
	Female	1	3.3%	7	23.3%	9	30%			
3	Religion									

	Sikh	1	3.3%	9	30%	1	3.33%	8.63 (NS)	6	12.59
	Hindu	2	6.6%	4	13.3%	9	30%			
	Christian	0	0%	1	3.33%	1	3.33%			
	Muslim	0	0%	1	3.33%	1	3.33%			
4	Type of family							0.96 (NS)	4	9.49
	Nuclear family	1	3.3%	7	23.3%	5	16.66%			
	Joint family	1	3.3%	4	13.3%	5	16.66%			
	Extended family	1	3.3%	4	13.3%	2	6.66%			
5.	Education of parents							9.95 (S)*	2	5.99
	Father	2	6.6%	10	33.3%	1	3.33%			
	Mother	1	3.3%	5	16.6%	11	36.66%			

(S)*, significant; (NS), nonsignificant; (F), frequency; (P), percentage; (df), degree of freedom.

The above table shows that the Chi-square values were calculated to find out the association between the post test scores of stress level among adolescent with age(14.89), association with gender(2.89), association with religion (8.63), association with type of family(0.96), association with education of parents (9.95).

There was association found between post-test stress scores of adolescent with age of adolescent (14.89) and education of parents (9.95) at the level of ($p \geq 0.05$). However, no association found between post-test stress score when compare to gender, religion, and type of family.

Section G: Association of post-test level of coping strategies among adolescent of control group.

S. no	Demographic variables	Coping strategies						Calculated value at 0.05 level	df	Tabulated value
		Inadequate		Moderate		Adequate				
		F	%	F	%	F	%			
1	Age							1.08 (NS)	4	9.49
	10–12 year	0	0%	15	50%	0	0%			
	13–15 year	0	0%	6	20%	1	3.33%			
	16–19year	0	0%	8	26.6%	0	0%			
2	Gender							1.33 (NS)	2	5.99
	Male	0	0%	12	40%	1	3.33%			
	Female	0	0%	17	56.6%	0	0%			
3	Religion							1.78 (NS)	6	12.59
	Sikh	0	0%	10	33.3%	1	3.33%			
	Hindu	0	0%	15	50%	0	0%			
	Christian	0	0%	2	6.66%	0	0%			
	Muslim	0	0%	2	6.66%	0	0%			
4	Type of family							2.04 (NS)	4	9.49
	Nuclear family	0	0%	13	43.3%	0	0%			
	Joint family	0	0%	9	30%	1	3.33%			
	Extended family	0	0%	7	23.3%	0	0%			

5	Education of parents									
	Father	0	0%	13	43.3%	0	0%	0.79 (NS)	2	5.99
Mother	0	0%	16	53.3%	1	3.33%				

(S)*, significant; (NS), nonsignificant; (F), frequency; (P), percentage; (df), degree of freedom.

The above table shows that the Chi-square values were calculated to find out the association between the post-test scores of stress level among adolescent with age(1.08), association with gender(1.33), association with religion (1.78), association with type of family(2.04), association with education of parents (0.79).

There was no association found between post-test stress score when compare to age, gender, religion, and type of family and education of parents.

Finding Related to the Demographic Variable

Section A: A distribution of demographic variables level of the coping strategies among adolescent of experimental and control group.

Demographic variables of experimental group:

In age group of adolescent regarding knowledge of coping strategies majority 16(53.33%) belongs to the 13–15 year of age group.6(20%) less number of the belong to the 10–12 year of age group.8(27%) most of the adolescent belong to the16–19 years of age group.

In religion majority of adolescent 15(50%) belong to Hindu religion, 11(36.66%) belong to Sikh religion, least of belong to 2(6.66%) the Christian and Muslim religion.

In gender among adolescent male and female there is equal distribution of 15(50%) the adolescent.

In the type of family regarding age of adolescent, majority of adolescent 11(37%) belong to the joint family and nuclear family 8(27%) belong to extended family.

In education parents regarding adolescent, majority of adolescent 22(73.33) belong to the mother education and 8(26.66%) less belong to father education.

Demographic Variables of Control Group

In age of adolescent regarding coping strategies majority of adolescent (15(50%)) belong to the 10–15 years Of age group, 8((27%) most of the adolescent belong to the 13–15 years of age group,(7(23.33%)) les number of adolescent belong to the 16–19 years of age group.

In gender among adolescent regarding coping strategies majority of 17(57%) belong to females, and less number 13(43.33%) belong to father.

In type of family among adolescent regarding coping strategies, majority of adolescent 13(43.33%) belong to nuclear family, mostly 10(33.33%) belong to the joint family and less number 7(23.33%) belong to extended family.

In religion among adolescent majority of adolescent 15(50%) belong to the Hindu religion, less 11(36.66%) comes under the Sikh family, least number of 2(6.66%) belong to the Christian and Muslim religions.

In education of parents among adolescent majority of adolescent 17(56.66%) belong

to the mother education, less 13(43.33%) belongs to the father education.

Demographic Variables of Level of Stress Experimental Group

In age of adolescent majority of adolescent 16(53.33%) belong to the 13–15 years of age group, 8(26.66%) most of the adolescent belong to the 16–19 years, 6(20%) less number of adolescent belong to the 10–12 years of age group. This result agrees with the observations made by many psychologists, doctors and counselors that most of the children now a days face severe stress that they find very hard to cope up with. Many of the psychosomatic problems and suicides commonly seen in children are therefore a result of this stress.

In gender there is equal distribution of 15(50%) adolescent male and female.

In religion majority of adolescent 15(50%) belong to the Hindu family, 11(36.66%) most of belong to Sikh family, 2(6.66%) less belong to the Christian and Muslim family.

In type of family among adolescent majority of adolescent 11(36.66%) belong to the nuclear and joint family, minimum 8(26.66%) belong to the extended family.

In education status of adolescent maximum 22(73.33%) belong to the mother education, 8(26.66%) belong to the father education.

Demographic Variables of Control Group

- In age of adolescent regarding adolescent majority of the adolescent 15(50%) belong to the 10–12 years age group.
- In gender regarding stress majority of the adolescent 17(56.66%) belong to the female.

- In religion most of the adolescent 15(50%) belong to the Hindu religion, and 11(36.66%) belong to the Sikh religion.
- In type of family the adolescent 13(43.33%) belong to the nuclear family in others hands 10(33.33%) belong to the joint family.
- In education most of the 17(56.66%) belong to the mother education and less 13(43.33%) belong to father education.

Section B: Association of post-test level of stress and coping strategies among adolescent of experimental group and control group.

There was a significant association found between post test scores of stress level among adolescent with age of adolescent with age of adolescent ($\chi^2=15.17$) at the level of ($p>0.05$) and education of parents ($\chi^2=16.31$).and control group post test scores with age of adolescent ($\chi^2=14.89$) and education of parents ($\chi^2=9.95$) at the level of ($p>0.05$).

There was significant found between post test score of coping strategies among adolescent with age group of adolescent ($\chi^2=13.61$) and education of parents ($\chi^2=8.72$) at the level of ($p>0.05$), in control group there was no significant. pi-chi Chou, Yu-Meiychao *et al.* (2011), results revealed that high levels of stress significantly predict the adoption of active, problem focused coping strategies ($r^2=0.13$, $p<0.01$) and passive, emotional-focused coping strategies ($r^2=0.24$, $p<0.1$). The concluded that the sobel test revealed that passive coping strategies, mediated the relation between stress and depression symptoms ($z=8.06$ $p<001$).

IMPLICATIONS

Nursing Administration

Nursing is an evolving procedure to improve the quality of care so the practice should be evidence based.

The nurse as an administrator can organize and conduct teaching programmed for health personals in order to increase knowledge and keep them aware about stress its causes and effects and measures to reduce stress by using coping strategies so that they can provide knowledge to others students and people. Nursing administration should include stress and coping strategies in the area of in service education programmed and continuing programmed so that they can help the nursing personnel in updating their knowledge regarding stress reduction technique by using adequate coping measures.

Nursing Research

Practice emerges from research, evidence based practice improve the quality of nursing care.

This study focuses to assess the stress and coping strategies among adolescent. In India there is such facilities are not available to overcome these strategies among adolescent, but it is available in broad.

The research committees in India put some efforts to find out the problem solving technique towards the stress among adolescent.

This study focused on particular group and it evaluated that it is effective by giving STP on stress and coping strategies.

Nursing Education

Education is the core part off the person's life in the curriculum such type of topic must be included in their particular subject such as in mental health nursing, which will be helpful for the future caregiver.

Various training programmed can be given to improve the knowledge regarding stress and coping strategies nurse should possessed the knowledge of stress and coping to impart the knowledge at community level.

RECOMMENDEDATIONS

Based on the findings of the study the following recommendations are stated.

- (1) Similar study can be undertaken with a large sample to generalize the findings.
- (2) A qualitative study may be conducted to find the personal experience of adolescent regarding stress and coping strategies.
- (3) A descriptive study may be conducted in order to assess the stress on adolescent.
- (4) A study can be done to assess the skills of health care professionals by their practical application of defense mechanism.

CONCLUSION

This study revealed that there was a significant improvement in the scores of usage of coping strategies and there is improvement in the less level of scores of stress among adolescent followed by structured teaching programme.

Based on the statistical findings (paired t test=7.1), it is evident that STP will motivate the adolescent to use the coping strategies and help them to acquire knowledge about stress reduction technique and promote the normal defense mechanism to ensure professional, parental and child well-being.

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