

DIFFERENCE OF COPING STRATEGIES BETWEEN EARLY ADOLESCENT MALES AND FEMALES

Fatmawati¹, Nuszep Almigo², Siti Maryam³, Fadli A.Gani⁴

¹Undergraduate Student at Education and Human Development Faculty
Sultan Idris Education University, Perak-Malaysia

²Lecturer at Education and Human Development Faculty
Sultan Idris Education University, Perak-Malaysia

³Lecturer at Medical Faculty, Malikussaleh University, Lhokseumawe-Indonesia

⁴Lecturer at Veterinary Faculty, Syiah Kuala University, Banda Aceh-Indonesia

ABSTRACT

Background: A number of studies argued that women and men have differences in both quantity and quality of psychosocial health problems, and women are more prone to depression (Compas, Orosan, & Grant, 1993). This latter may be explained by the gender differences of the ways of coping (Nolen-Hoeksema, 1991). **Objective:** To determine the differences of coping strategies between early adolescents male and female. **Methods:** Independent Sample T-Test was operated to examine the difference of coping strategies between early adolescents male and female. **Instrument:** Coping strategies were assessed using the newly developed Self-Report Coping Scale (SRCS, Causey & Dubow, 1992). **Results:** Results indicated a non-significant trend in approach coping strategy for early adolescent females ($M = 48.20$, $SD = 6.48$) over early adolescent males ($M = 45.00$, $SD = 8.78$), $t(79) = -1.88$, $p = .06$. On the other hand, there was a significant effect for gender in avoidance coping strategy, $t(79) = -2.40$, $p = .02$, with early adolescent females receiving a higher score than early adolescent males. **Conclusion:** The findings supported the previous evidence that the coping strategy between early adolescents male and female was differ.

Keywords: *coping strategy, early adolescent male, early adolescents female*

Introduction

Adolescence is the stage where one starts to explore oneself, tries to identify one's real self and gets an insight about one's own self (Parameswari, 2011). According to Puspitawati (2009), adolescence is the most critical transition period in human life because it is a stage where adolescents enter into the age of vitality through performance of various activities. On the other hand, adolescence is also a period of storm and stress when tension increases as a result of emotional and physical changes (Downey, Johnston, Hansen, Birney, & Stough, 2010). Furthermore, Santrock (2011) suggested that these emotional tensions can bring about many problems in various aspects of life that may cause stress in adolescents.

Research conducted by Seiffge-Krenke, Aunola, and Nurmi (2009) found that 46%-82% of all everyday stressful events named by adolescents pertain to interpersonal relationships and other stressors stemmed from concerns about one's own identity (e.g., dissatisfaction about changes in one's body, appearance, traits, and characteristics). Despite this stressful period, at the same time

adolescents also begin to demand more autonomy from their parents (Qin, Pomerantz, & Wang, 2009). Seiffge-Krenke et al. (2009) found that adolescence is a transition period in which they establish themselves as an autonomous individual.

Autonomy is indicated by individualism, which involves self-identity separating from the parents, to start depending on the independent self. This proves adolescents are trying to cope with their own problems without interference from parents (Daddis, 2011). However in early period, it is not easy because they are emotionally unstable (Brunswick, Lewis, & Messeri, 1992). Santrock (2011) found that the appropriate competent coping skills will be realized when they are calm rather than emotionally aroused. That may be especially true for adolescents who have a tendency to be emotionally intense.

If it is examined more deeply, we will find a complex dynamics in the early adolescents (McKinney & Renk, 2011). According to Kiesner, Dishion, Poulin, and Pastore (2009), early adolescence period is particularly stressful, compared to middle and late adolescence, because they have just left childhood. Furthermore, Larson, Moneta, Richards, and Wilson (2002), described early adolescence as a time of developmental transitions (including the change from elementary to middle or junior high school), changes in peer expectations, increased life stress, and changes in relationships and role within the family and other contexts. Besides that, early adolescents during first year of junior high school will face many stressors, including adjustment with a new classroom environment, pressure from academic performance, and exploitation a new relationship with new friends (Midgley, Anderman, & Hicks, 1995).

In addition, early adolescent's analytical thinking is still immature because most of them do not have enough knowledge to make appropriate decisions in all areas of life, so their coping alternatives tend to be ineffective (Reyna & Farley, 2006). Santrock (2011) has showed a model to explain adolescent's decision making process called dual process model which is influenced by two cognitive systems, analytical and experiential. However, adolescents have not been able to develop analytical thinking properly, so they tend to use the experiential system in decision making characterized by low capacity for reflective, detailed, level of cognitive analysis about a decision, especially in high risk and real world contexts (Santrock, 2011).

Nevertheless, early adolescents showed a higher level of overall withdrawal coping than middle or late adolescents (Reyna & Farley, 2006). A consistent use of withdrawal in response to many different kinds of stressful situations may put early adolescents on a less favorable developmental pathway, leading to higher depression, and other symptomatology (Ge, Conger, & Elder, 1996).

Mainstream psychology research suggests that coping does change through adolescence, but the results from these studies are equivocal. Blanchard-Fields and Irion (1988) and Groer, Thomas,

and Shoffner (1992) found evidence to suggest that early adolescents use more emotion-focused coping than older adolescents, who in turn use more problem-focused coping strategies. However, Williams and McGillicuddy-De Lisi (1999) and Skinner and Zimmer-Gembeck (2007) found that emotion-focused strategies such as relaxing and social support increased with age. Williams and McGillicuddy-De Lisi also reported that older adolescents used more coping strategies than younger adolescents, because of increased cognitive ability and skill in developing coping strategies.

Moreover, a number of studies argued that women and men have differences in both quantity and quality of psychosocial health problems, and women are more prone to depression (Compas, Orosan, & Grant, 1993). This latter may be explained by the gender differences of the ways of coping (Nolen-Hoeksema, 1991). Boys and girls increase their use of emotion-focused coping strategies during early adolescence which girls continue in late adolescence, boys tend to use more and more emotion-distracting coping (Piko, 2001). In line with this statement, Copeland and Hess (1995) stated that adolescents female reported engaging in social relationships and creating change either in actual or cognitive terms more frequently, whereas adolescents male tended to rely on stress reduction activities or diversions.

Literature Review

Coping processes have been a topic of interest to researchers around the world. Perhaps the most influential theory of coping to date was the Transactional Theory of Coping presented by Richard Lazarus and Susan Folkman (Lazarus & Folkman, 1984). In their groundbreaking work, Lazarus and Folkman proposed that coping was tied to appraisal and that stress was a product of primary appraisal, secondary appraisal, and coping.

In primary appraisal, the individual perceives that a possible stressor may be present. During secondary appraisal, the individual assesses what resources he or she has that may help deal with the stressor. If the individual finds that he or she has the resources necessary to deal with the stressor at hand, he or she may reappraise the stressor as nonthreatening. However, if the individual believes that he or she does not have the ideas or resources necessary to deal with the stressor, then stress ensues. The resources or tools available to an individual to deal with a presented stressor are called coping mechanisms. Therefore, coping is a goal-directed endeavor in which the individual directs his or her emotional and behavioral resources toward the presenting stressor (Lazarus, 1991).

In addition, Frydenberg (2008) also said that coping is an action, regulated under stress, which refers to how people mobilize, guide, manage, energize, and direct behavior, emotion, and orientation, or how they fail to do so under stressful conditions. Thus coping refers to the behavioral and cognitive efforts used by individuals to manage the demands of a person-environment

relationship. An individual's access to available resources, styles, and strategies subsequently influences the coping process.

Furthermore, Synder (1999) said that coping is a response aimed at diminishing the physical, emotional, and psychological burden that is linked to stressful life events and daily hassles. Therefore, by this definition, coping strategies are those responses that are effective in reducing an undesirable load (i.e., the psychological burden. Another clear trend in recent definitions is to see coping as "what one does" rather than "what one is" (Carpenter, 1992). In spite of this, most definitions suggest that individual differences ought to be influential in the process of selecting and using coping activities and in perceiving coping outcomes. To the extent that this is true, the impact of stable personality characteristics ought to lead to coping activities which operate like individual difference variables (John & Gross, 2004; Zeidner & Endler, 1996). Based on the description above, it could be concluded that coping is efforts used by an individual to deal with stressful conditions. According to Lazarus and Folkman, there are two types of coping strategies, problem-focused coping and emotion-focused coping. Problem focused coping is a coping strategy where individuals feel that something constructive can be done in the situation or believe that self-resources can change the situation. This coping strategy consist of: (1) planned problem solving is characterized by conducting certain efforts to change the situations and using an analytical approach to solve the problem, (2) confrontative coping is characterized by changing the situations and taking a high level of risk, and (3) seeking social support is characterized by seeking support from the outside, whether it is information, tangible assistance, and emotional support.

However, emotion focused coping is a coping strategy where the individuals feel unable to change a stressful situation and they just accept the situation because their self-resources are unable to cope with the situation. This coping strategy consist of: (1) self- controlling is characterized by conducting regulation, both in feeling and action, (2) distancing is characterized without involving in the problem, (3) scape avoidance is characterized by avoiding the problem, (4) accenting responsibility is characterized by growing role awareness in the problem and trying to put everything as it should, and (5) positive reappraisal is characterized by creating a positive sense of self, including engage in religious matters.

The paper written by Piko (2001) focused on the interrelationships between the ways of coping and some health-related variables in adolescence. Data were collected among secondary school students ($n = 1039$) in Szeged, Hungary. Factor analysis of the shortened and adapted version of the Ways of Coping Questionnaire gave a four-factor solution: passive coping, problem-analyzing coping, risky coping, and support-seeking coping. Correlational Analysis was used in this study. Passive and support-seeking ways of coping were more common among girls, however, this latter way of coping proved to be a more significant correlate of psychosocial health among boys.

Both among boys and girls, passive and risky coping factors played a negative role, and problem-analyzing and support seeking coping factors played a positive role in psychosocial health. Findings suggest that maladaptive coping and psychosocial health problems might form a vicious circle in which risk-taking as a way of coping might play a central role in adolescence. When adolescents despair of their problems, they often use drugs, smoke, or drink alcohol. They perceive it, however, rather as a form of risk-taking or sensation-seeking than a way of coping. That is why they do not reckon with its harmfulness and future consequences.

Broderick and Korteland (2002) investigated the interrelationships among coping styles, gender roles, and level of depression for early adolescents. Participants consisted of 396 4th, 5th, and 6th grade students (205 girls and 191 boys) in three public, three parochial, and two private schools in the Northern U.S. Coping styles were measured by Children's Coping Styles Questionnaire. Multivariate Analysis of Variance was used in this study. Girls displayed more depression than boys, and more highly depressed girls demonstrated coping patterns similar to those of depressed adolescent and adult women. Individuals who identified with the feminine gender role showed increases in depression with age. Participants' implicit beliefs about what constituted appropriate coping behavior were also linked to gender. Both genders believed that men should not ruminate but that they should distract themselves from problems.

Hampel and Petermann (2005) conducted a study to investigate age and gender effects of children's and adolescents' coping with common stressors in 3 age groups (late childhood, early, and middle adolescence). Furthermore, age and developmental differences in situation-specific coping with 2 stress domains were examined. 1,123 participants (ages 8 to 13 years) were asked to complete the German Coping Questionnaire for Children and Adolescents in response to both an interpersonal and an academic stressor. Multivariate Analysis of Variance was conducted to examine the different utilization of coping strategies. Adolescent boys and girls, as well as girls from all age ranges scored lower on adaptive and higher on maladaptive coping strategies. With regard to interaction effects, female early adolescents coped maladaptively with common stressors, showing a decreased employment of adaptive (e.g., distraction, positive self-instructions) and an enhanced use of maladaptive coping strategies (e.g., rumination, aggression). Situation-specific coping did not differ consistently with age and gender.

Eschenbeck, Kohlmann, and Lohaus (2007) focused on gender effects and interactions between gender, type of stressful situation, and age-group in coping strategies in childhood and adolescence. The sample consisted of $n = 1,990$ children and adolescents (957 boys, 1,033 girls; grade levels 3–8). Participants responded to a coping questionnaire (Fragebogen zur Erhebung von Stress und Stressbewältigung im Kindes- und Jugendalter) with the five subscales: seeking social support, problem solving, avoidant coping, palliative emotion regulation, and anger-related emotion

regulation. Repeated Analysis of Variance with Gender and Grade Level as the between-subject factors and Situation (social, academic) as the within-subject factor was performed separately for each of the subscales. In general, girls scored higher in seeking social support and problem solving, whereas boys scored higher in avoidant coping. Compared to the academic situation (homework), gender differences were more pronounced for the social situation (argument with a friend), especially in adolescence. The results are discussed with respect to a gender-specific development of coping strategies.

Objective and Hypothesis Research

The objective of this study was to determine the differences of coping strategies between early adolescents male and female; and the hypothesis was “there was a significant difference in coping strategies between early adolescent males and females”.

Research Method

The approach used is a quantitative method. This is because a quantitative approach has many advantages for this study, such as providing systematic process to obtain quantifiable information and presenting numerical form. In addition, quantitative approach also uses a statistical method that emphasizes on the analysis of the numerical data (numbers).

Samples were taken using random sampling with proportionate stratified random sampling technique. The number of samples taken was stratified because the population was also stratified, based on the classes that consist of VII-1, VII-2, VII-3, and VII-4. Population in this study was seventh grade students SMPN 19 Percontohan Banda Aceh that meet the established criteria, specifically at least 12 years old and still have father. So, the numbers of samples taken were 81 students with 30 males and 51 females.

The method used in this study was a survey method which took samples from a certain population and used questionnaires as the main data collection instrument (Singarimbun & Effendi, 1989). So, the primary data obtained directly from the respondents through a questionnaire given. In the filling up process, the author handed the instrument directly to the respondent and return it back immediately. This way selected to get more certainty in obtaining the data, saving time and cost as well.

Coping Strategy

Based on coping definition described by Lazarus and Folkman (1984), coping strategy in this study was defined as a strategy taken by seventh grade students of SMPN 19 Percontohan Banda Aceh to solve problems in order to eliminate the stressor. This refers to how adolescents mobilize, guide, manage, energize, how they direct behavior, emotion, and orientation, or how they fail to do so under stressful conditions. Operationally, coping strategy was measured by the score of Self-Report Coping Scale (SRCS, Causey & Dubow, 1992), which consist of two dimensions, approach coping and avoidance coping. Approach coping is divided into two subscales consisting of seeking social support and problem solving/ self-reliance, whereas avoidance coping is divided into three subscales consisting of distancing, internalizing, and externalizing. The highest statistical mean score from the two dimensions indicated the most dominant coping strategy was used by seventh grade students of SMPN 19 Percontohan Banda Aceh.

Early Adolescent

Early adolescent is adolescent who has at least 12 years old and maximum 15 years old.

Instruments

Demographic Information

A brief demographic questionnaire would be used to obtain background characteristics of the participants. Items in this questionnaire would request information on gender, age, and number of siblings.

Coping Strategy

Coping strategies were assessed using the newly developed Self-Report Coping Scale (SRCS, Causey & Dubow, 1992). This scale was designed to examine five coping subdomains based on Roth and Cohen's approach/ avoidance conceptualization (Roth & Cohen, 1986). The approach scale includes seeking social support and problem solving/ self-reliance. The avoidance scale consists of distancing, internalizing, and externalizing.

SRCS consist of 34 items with each dimension including several items: 8 items of problem solving/ self-reliance, 8 items of seeking social support, 7 items of distancing, 7 items of internalizing, and 4 items of externalizing. Problem solving/ self-reliance is stated in item number 2, 6, 10, 14, 18, 23, 27, and 33, such as (2) "Try to think of different ways to solve it". Seeking social support is described in item number 1, 5, 9, 13, 17, 22, 31, and 34, such as (1) "Tell a friend or family member what happened". Distancing is explained in item number 3, 11, 15, 20, 24, 28, and 29, such as (3) "Make believe nothing happened". Internalizing is expressed in item number 7, 8,

12, 16, 19, 25, and 32, such as (7) "Go off by myself". Lastly, externalizing is illustrated in item number 4, 21, 26, and 30, such as (4) "Take it out on others because I feel sad or angry".

The original scale had 5-point likert types, but researcher modified into a 4-point likert types with deleting neutral as the third point, in order to avoid central tendency. In each item there is a statement that should be selected based on a range from 1 to 4, choosing from Never (N), Almost Never (AN), Almost Always (AA), and Always (A). Never got a score of 1, Almost Never got a score of 2, Almost Always got a score of 3, and Always got a score of 4.

Data Quality Analysis

Validity Test

Statistical technique used to find the correlation coefficient was Pearson Product Moment Correlation technique. In this case the calculation of the items validity would be analyzed by the SPSS program. Below is the formula:

$$r_{xy} = \frac{n \sum XY - \sum X \cdot \sum Y}{\sqrt{(n \sum X^2 - (\sum X)^2)(n \sum Y^2 - (\sum Y)^2)}}$$

Description: r_{xy} is correlation coefficient, $\sum X$ is total score of each item of all try-out respondents, $\sum Y$ is total score of entire item of all try-out respondents, and n is total of try-out respondents (Arikunto, 2000).

The calculation results would be compared with the table of r values correlation with significant level of 5%, if the calculation of Pearson Product Moment Correlation above the r values at significant level of 5%, then the items has good validity (Azwar, 1999).

Reliability Test

Reliability is the extent to which the results of the measurement can be trusted (Azwar, 1999). Reliability estimation technique used was the Cronbach's Alphacoefficient technique with the following formula.

$$r_{11} = \left[\frac{k}{(k-1)} \right] \left[1 - \frac{\sum \delta_b^2}{\delta_t^2} \right]$$

Description: r_{11} is scale reliability, k is total of items, $\sum \delta_b^2$ is total of items variance, and δ_t^2 is sum of variance total.

Ghozali (2001) said that a construct or variable could be said reliable if value of Cronbach's Alpha $> .60$.

Research Results

The present study generated value of Cronbach Alpha's coefficient as big as .91 on the whole for SRCS. In detail, the test results showed Cronbach Alpha's coefficients of .87 for approach coping (problem solving/ self-reliance and seeking social support) and .83 for avoidance coping (distancing, internalizing, and externalizing). For validity, the items in SRCS had inter-item correlation ranged from .33 to .61. This indicated that SRCS was valid and reliable.

Assumption of Normality results obtained $z_{value} = .96, p = .31$ for SRCS. This means the data distribution of SRCS had a normal spread because $p > .05$. Results obtained from this test were the probability for two-tailed, which then was compared with significant level in amount of .05. Calculation results could be seen in Table 1.

Table 1.
Homogeneity of Variance Test Results

	Levene Statistics	P
SRCS Subscales		
Approach	3.10	.08
Avoidance	.32	.58

From table above, the probability value for approach subscale and avoidance subscale were more than the significant level of .05. So, the variance between groups was homogenous and the assumption used was equal variance assumption (Equal variances assumed).

Results from Homogeneity of Variance Test as a requirement test before conducting Independent Sample T-Test, showed that the variance between groups in SRCS subscales was homogeneity and the assumption used was the same variance assumption (Equal variances assumed). The results of Independent Sample T-Test with the same variance assumption (Equal variances assumed), are in table below.

Table 2.
Independent Sample T-Test Results

Coping Strategy Subscales	n	M (SD)	t	df	p
Approach					
Male	30	45.00 (8.78)	-1.88	79	.06
Female	51	48.20 (6.48)			
Avoidance					
Male	30	48.63 (8.07)	-2.40	79	.02
Female	51	52.65 (6.77)			

The mean differences in coping strategies between early adolescent males and females are more clearly seen in the following graph.

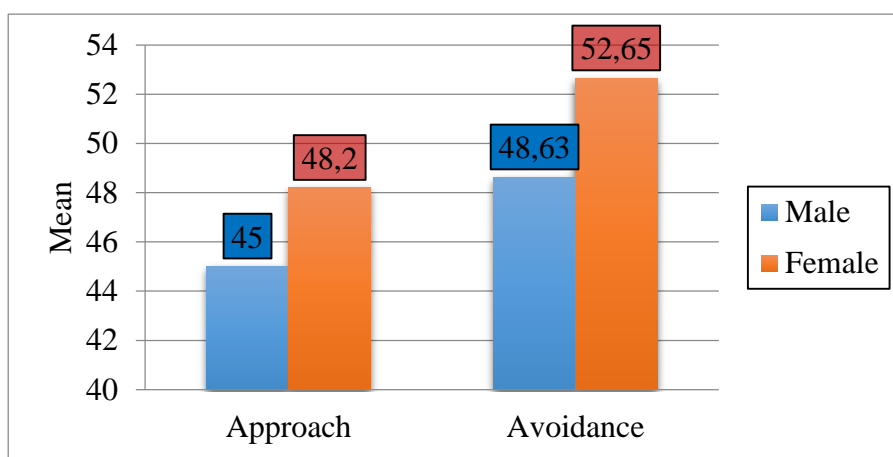


Figure 1. Mean Differences

between Gender and Coping Strategies in Independent Sample T-Test

Results indicated a non-significant trend in approach coping strategy for early adolescent females ($M = 48.20$, $SD = 6.48$) over early adolescent males ($M = 45.00$, $SD = 8.78$), $t(79) = -1.88$, $p = .06$. On the other hand, there was a significant effect for gender in avoidance coping strategy, $t(79) = -2.40$, $p = .02$, with early adolescent females receiving a higher score than early adolescent males. Thus, the hypothesis failed to be rejected; there was a significant difference in coping strategies between early adolescent males and females at seventh grade classes of SMPN 19 Percontohan Banda Aceh.

Discussions

Result from Independent Sample T-Test for SRCS subscales, showed that there was no significant difference in approach coping strategy between early adolescent males and females at seventh grade classes of SMPN 19 Percontohan Banda Aceh. However, there was a significant difference in performing avoidance coping strategy between early adolescent males and females at seventh grade classes of SMPN 19 Percontohan Banda Aceh. It is suggested that early adolescent males and females had differentiation in performing avoidance coping strategy, where early adolescent females showed more avoidance than early adolescent males. These findings were contrary with Giudice and Belsky's (2010) opinion that stated males tended to have higher avoidance than females in moderate levels of environmental stress.

Based on a study conducted by Easterbrooks and Goldberg (1984), the father is usually tougher to his early adolescent males than females. This indicated that the father teaches his sons to become braver facing their life. Furthermore, Akhtar (2012) found that the father trained male adolescents to perform out of the home tasks, so they spent more time outside, in comparison to female adolescents. The father's strict behavior forces them to avoid and not to indulge themselves in wrong activities. Because of that, early adolescent males showed less avoidance coping than

females because the father made them learn to adapt to the stressful conditions and learn how to properly solve problems.

The result showed there was no gender difference in performing approach coping strategy, and could be understood by Lazarus and Folkman (1984) who is opinion stated coping strategy was influenced by the characteristics social skills. Social skills related with communication ability and behavior that appropriate with values in the society. The better social skills of a person, the better way he did in dealing with stressful situations.

Conclusion

Independent Sample T-Test showed there was no significant difference in approach coping strategy between early adolescent males and females at seventh grade classes of SMPN 19 Percontohan Banda Aceh. However, there was a significant difference in performing avoidance coping strategy between early adolescent males and females at seventh grade classes of SMPN 19 Percontohan Banda Aceh, where early adolescent females showed more avoidance than early adolescent males.

Recommendation

For the next researchers who would like to raise the same theme, they are expected to develop new study with other instruments, especially to see the coping strategies during early adolescence, such as observations and interviews in order to obtain more in-depth results. Besides that, they are also expected to develop a new study by using different analytical techniques besides Independent Sample T-Test, so the results and discussions gained would be more specific and in-depth. Moreover, different research methods should also be considered for use, especially qualitative methods, so the results and discussions would be more specific and in-depth. Other variables related to coping strategies, such as social skills, personality characteristics, birth order, and child-parent relationship should also be explored.

Limitation of Research

The first limitations of this study was the results could not be generalized to a broader scope, because the study only conducted on students at Junior High School 19 Banda Aceh. The following was the method used to collect data. If qualitative method used with performing interview and observation, perhaps the data would be more detail and comprehensive.

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