

RELATIONSHIP BETWEEN PERCIEVED STRESS AND SOCIAL SUPPORT AMONG SCHOOL CHILDREN



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CERTIFICATE

This is to certify that Ms. Meenakshi Hans student of B.A. Honours Psychology Semester V, Session 2021-2024, bearing Roll No : 2108012 has worked under supervision of Miss Sonika Kumari on Project entitled “A Study on the relationship between perceived stress & social support among school children”. Her mini project is fit for submission, in partial fulfilment of their requirements for the award of the Degree in B.A. Honours psychology.

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CHAPTER I

INTRODUCTION

PERCIEVED STRESS

Perceived stress is the feelings or thoughts that an individual has about how much stress they are under at a given point in time or over a given time period. Perceived stress incorporates feelings about the uncontrollability and unpredictability of one's life, how often one has to deal with irritating hassles, how much change is occurring in one's life, and confidence in one's ability to deal with problems or difficulties. It is not measuring the types or frequencies of stressful events which have happened to a person, but rather how an individual feels about the general stressfulness of their life and their ability to handle such stress. Individuals may suffer similar negative life events but appraise the impact or severity of these to different extents as a result of factors such as personality, coping resources, and support. In this way, perceived stress reflects the interaction between an individual and their environment which they appraise as threatening or overwhelming their resources in a way which will affect their wellbeing (Lazarus & Folkman, 1984). Perceived stress is commonly measured as the frequency of such feelings via a questionnaire such as the Perceived Stress Scale.(Whittaker was Phillips, 2015)

Perceived stress refers to how we think and feel about our lives. It's the way we interpret and react to the events happening around us. Everyone experiences stress, but how we each perceive it can be very different. Some people may see a stressful situation as a challenge, while others may see it as an overwhelming hurdle. Our perceptions are shaped by our past experiences, our culture, and our individual personalities. Moreover, perceived stress is not necessarily related to the actual number or severity of stressors in our lives. It's possible to have few stressors but feel a great deal of stress, or vice versa. (Himani, 2022)

Perceived stress is different. It's more about your feelings about the lack of control and unpredictability than the actual stressors. The problem is it's just as negative and the effects are negative. If you're spending hours worrying about what could be, you're causing the same physical, mental and emotional problems as you would be worrying about that massive workload we mentioned earlier.

Perceived work stress is a serious issue. It can cause:

- Tension, headaches, pain and fatigue.
- Digestive issues and stomach problems.
- Anxiety, irritability and anger
- A lack of focus and motivation.
- Eating disorders.
- Substance abuse.
- Sleep disorders

SOCIAL SUPPORT

Social support means having friends and other people, including family, to turn to in times of need or crisis to give you a broader focus and positive self-image. Social support is exceptionally important for maintaining good physical and mental health. Overall, it appears that positive social support of high quality can enhance resilience to stress, help protect against developing trauma-related psychopathology, decrease the functional consequences of trauma-induced disorders, such as posttraumatic stress disorder (PTSD), and reduce medical morbidity and mortality. Developed in the early 1980s, it's a measure of the degree of stress a person feels about their life. It tests how unpredictable, overwhelming and uncontrollable the subject feels their last 30 days have been. This sounds quite harsh, but it's possible to measure no stress at all with this test it's a sliding scale. There are 10 questions and respondents answer each with a number from zero to four. These indicate how often the respondent felt or thought a certain way.(team, 2019) morbidity and mortality. However, despite strong evidence demonstrating the beneficial effects of social support on medical and psychological wellbeing, the field of psychiatry has contributed relatively little to developing, testing, and implementing effective evidence- based interventions aimed at increasing social support for patients and at-risk populations. In this review article, we aim to summarize key studies on social support in the context of resilience to stress and explore possible brain mechanisms mediating social support's positive influence on mental health outcomes. We will begin with a brief overview of the neurochemistry of the stress response and resilience to stress. Within this framework, we will then review the emerging literature on the neurobiology and the behavioral mediators of social support. (Ozbay et al., 2007)

Social support can also provide you with comfort even when the stress feels completely unbearable. Perhaps you're feeling physically exhausted or emotionally numb from long hours at a high-stress job, caring for an ailing loved one, or coming to terms with a traumatic event. Having the love and support of people around you can help mediate even the negative health effects of burnout or ease the psychological distress that comes with post-traumatic stress disorder (PTSD). So, whether you're dealing with chronic stress or day-to-day frustrations, reaching out to others can be a go-to strategy for managing stress. Although stress relief is one major benefit, social support is also essential to maintaining your overall mental health. Connecting with others can:

- Increase happiness. If you want a quick mood boost, schedule time with a friend. Research shows that good social relations improve overall happiness. On the other hand, loneliness and low social support is linked to depression and anxiety.
- Improve physical health. Social isolation is associated with an increased risk of cardiovascular disease, cancer, high blood pressure, and inflammation. Loneliness can also have a negative effect on your immune system.
- Improve cognitive functioning. Social isolation and loneliness can accelerate cognitive decline. Maintaining an active social life is especially important for people who are at risk of dementia or in the early stages of the disease.
- Ease the pain and loneliness of grief. The death of a loved one or loss of a relationship can make you feel alone in your grief. Friends and family members can offer emotional support in troubling times.
- Make you feel understood. A friend who listens and is able to empathize can help you feel less lonely. This helps reduce feelings of isolation and gives a boost to your self-esteem.

Offer new perspectives and aid in problem-solving. If you're grappling with a difficult decision or stuck in a pattern of negative thinking, a friend's advice or words of encouragement can offer guidance. In some cases, talking with someone close can even help you identify the root causes of your emotional distress.

- Reinforce healthy habits. The people around you might influence you to make decisions that further enhance your mental and physical health, such as exercising regularly or quitting smoking.
- Add meaning to your life. Close relationships can help give you a stronger sense of meaning and purpose in life. In turn, you might be less likely to engage in risky behavior and more likely to take care of yourself.
- Increase your lifespan. Research even shows an association between supportive social relationships and a longer life. This could be due to the fact that relationships ease stress that in the long-term can harm the body and take years off your life.(Reid, n.d.)

SCHOOL CHILDREN

School children typically refer to students who are enrolled in primary or secondary education, typically ranging from kindergarten to high school. These young learners, usually between the ages of 5 and 18, are at a crucial stage of their academic and personal development. They engage in a variety of subjects and activities aimed at fostering their cognitive, social, and emotional growth. School children often form friendships, learn essential life skills, and acquire foundational knowledge that serves as the basis for their future academic pursuits. The education they receive during this period plays a vital role in shaping their perspectives, values, and abilities, setting the stage for their future endeavors and contributions to society. It is a time of exploration, curiosity, and discovery as they navigate the challenges and opportunities presented within the educational environment. School children are a diverse group of young individuals engaged in formal education within a structured learning environment. Typically ranging from kindergarten to high school, these students embark on a journey of academic and personal development. Their daily lives revolve around classrooms, teachers, textbooks, and various subjects, laying the foundation for future knowledge and skills.

RELATIONSHIP BETWEEN PERCIEVED STRESS AND SOCIAL SUPPORT AMONG SCHOOL CHILDREN

Stress and social support play major roles in children's lives and are both associated with psychological and physical well-being. Although these constructs have been shown to explain and predict well-being and health in adults and adolescents, the evidence for children is limited. From a developmental perspective, it would be premature to assume similar models for social support, stress and well-being for children as were established for

adolescents and adults. Recently, the interest in child self-reports in the assessment of constructs related to well-being has increased, and research has shown that children can provide reliable and accurate information. Since no self-report questionnaires to measure stress and social support among children aged 8–11 year are available in the Netherlands, two questionnaires were adjusted for use in this younger age group and examined for internal consistency and test-retest reliability among 223 primary school children. In addition, an exploratory factor analysis (PAF) was conducted to demonstrate the dimensionality of the questionnaires. Overall, moderate to good internal consistency and test-retest reliability were found for both questionnaires. The findings suggest that both show potential as feasible and psychometrically adequate self-report measures for primary school children.(Snoeren & Hoefnagels, 2014).

SIGNIFICANCE OF THE STUDY

This study aims to provide crucial information and knowledge about the relationship between Perceived stress and social support among school students. Studying the relationship between perceived stress and social support among school students is crucial for promoting their mental health, academic success, and overall well-being, while also informing interventions and policies aimed at creating supportive school environments

STATEMENT OF THE PROBLEM

“Relationship Between Perceived Stress and Social Support Among School Children”

OPERATIONAL DEFINATIONS

PERCIEVED STRESS: “Perceived stress refers to the degree to which events in a person’s life are assessed as stressful, unpredictable and uncomfortable “

PERCEIVED SOCIAL SUPPORT: Social support refers to everyday behaviors that whether directly or indirectly, communicate to an individual that she or he is valued and cared for by others.

OBJECTIVE OF THE STUDY

The objective of research project summarizes what is to be achieved by the study in view of the available literature & importance of the topic, the following objectives were set:

- 1: To find out relationship between perceived stress and social support among school students.
- 2: To find out the difference in perceived stress among male and female school students.
- 3: To find out the difference in social support among male and female school students

HYPOTHESIS OF THE STUDY

- 1: There will be no significant relationship between perceived stress and social support among school students
- 2: There will be no significant difference in perceived stress among male and female students.
- 3: There will be no significant difference in social support among male and female students.

DELIMITATION OF THE STUDY

1. The study has been delimited to 120 school students from Jammu districts
2. The study is quantitative in nature.

CHAPTER II

REVIEW OF LITERATURE

SOCIAL SUPPORT AGAINST CHILDREN STUDY

Drogomyretska et al., (2020) study implemented structural equation modelling to further investigate the relationship between PSS and parental stress in a sample of 454 parents of children diagnosed with ASD. Results indicate that PSS derived from friends was the most important factor in protecting against stress, with PSS from both a significant other and family appearing to be less pervasive in this regard. In addition, the importance of PSS was further underlined by the finding that it remained a significant predictor of parental stress after controlling for the absence/presence of professional support.

Heerde & Hemphill, (2018) study presents a systematic review and meta-analysis exploring both help-seeking behavior from informal sources and social support in their association with psychosocial outcomes in adolescence. The meta-analysis examines 79 effect sizes from 8 studies, analyzing data on informal help-seeking from 5285 youth aged 12–19 years. For social support, the meta-analysis examines 378 effect sizes from 51 studies, analyzing data from 196,247 youth aged 12–19 years. conclusions regarding help-seeking from informal sources, given the small number of included studies, findings of the meta-analysis showed that both help-seeking from informal sources and social support may have potential benefits in reducing the likelihood of poor psychosocial outcomes among adolescents. Implications for research and practice are discussed.

Šmigelskas et al., (2018) study aims to explore how sufficient social support can act as a possible preventive factor against fighting and bullying in school-aged children in 9 European countries. Data for this study were collected during the 2013/2014 Health Behaviour in School-aged Children (HBSC) survey. The sample consisted of 9 European countries, involving 43,667 school children in total, aged 11, 13 and 15 years. The analysed data focus on social context (relations with family, peers, and school) as well as risk behaviours such as smoking, drunkenness, fighting and bullying in adolescents. The relationships between social support and violent behaviour variables were estimated using multiple regression models and multivariate analyses. Bullying, across 9 countries, was more prevalent than fighting, except for Armenia, Israel, and Poland. The prevalence among countries differed considerably, with

fighting being most expressed in Armenia and bullying in Latvia and Lithuania. The strongest risk factors for bullying and fighting were male gender (less expressed for bullying), smoking and alcohol consumption.

Hongshan, (2014) study examined the moderator effect of psychological resilience on the relationship between social support and loneliness of the “left-behind” children. A total of 200 left-behind girls and 214 left-behind boys completed the measures of psychological resilience, social support, and loneliness. Hierarchical regression analysis showed that psychological resilience moderated the association between social support and loneliness. When left-behind children reported a low level of psychological resilience, those with high social support reported lower scores in loneliness than those with low social support. However, the impact of social support on loneliness was much smaller in the high psychological resilience group, compared with that in low psychological resilience group.

Cuzzocrea, (2016) research was to compare parental stress, coping strategies and social support perceived in families of children with low functioning autism ($n = 8$), high functioning autism ($n = 10$), Down syndrome ($n = 12$) and parents of typically developing children ($n = 20$). Specifically, the objective was to investigate which variables (coping strategies and perception of social support available) might better predict different stress outcomes in the four groups. Parents were asked to fill in three questionnaires: Parent Stress Index, Coping Orientation to Problems Experienced and Social Support Questionnaire. Significant differences among groups in all of the variables considered were found. These results suggest the advisability of fostering functional coping strategies and social support received in families of children with disabilities, and especially in those with children with low functioning autism.

Alcantara, & Mònica González, (2016) study was to analyse the relationship between peer violence in the school environment (bullying), subjective well-being and perceived social support from the perspective of 910 children and adolescents in Years 6 and 7 of primary school. The participants were taken from 27 primary schools—both state-run and private, urban and rural in Ceará state (Brazil). The following instruments were used: the Peer Victimization and Aggression Scale (EVAP); the Social Support from Family and Friends Scale (SSA); an index of satisfaction with different developmental contexts; and as indicators of subjective well-being, three scales (Single item on Overall Life Satisfaction, Personal Well-Being Index School Children, Students’ Life Satisfaction Scale). Results indicated that

aggression and victimization behaviours correlated negatively with the three well-being indicators used, while social support and satisfaction with different developmental contexts correlated positively.

Reid, (2014) study of children's subjective impressions about social support. To evaluate such an instrument, 249 children, 6-12 years old, from a population-based sample of black and white families were studied. The newly developed instrument, "My Family and Friends," consists of 12 dialogues, based on Vygotskian principles, and yields information about children's perceptions of the availability of individuals in their networks to provide different types of social support and their satisfaction with the help they receive. Children collaborate in interactive dialogues and manipulate personalized props. Collectively, the data indicate that subjective impressions about social support can be measured in a reliable and valid manner from early childhood through adolescence, and that children understand and care about the quality and the differentiation of support within their social support networks. Children report significant variations in social support when undergoing major family upheaval.

Cantwell, (2015) study explored the synergistic relationship between stigma, self-esteem and social support, as predictors of depressive symptomology in parents of children with disabilities. One hundred and seventy-three parents (115 parents of children with disabilities and 58 control parents) completed measures of perceived stigma, self-esteem, social support and depressive symptoms. Parents of children with disabilities reported more depressive symptomology; additionally, stigma, self-esteem and social support were associated with depressive symptomology.

Manuel et al., (2012) research has examined the associations of stress, social support, and depression among mothers with young children over time. Longitudinal studies are needed to identify risk and protective factors for maternal depression given that depression can be cyclical and may affect women through the early years of their children's development. This study examined the relationships among stress, social support, and depressive symptoms in a national sample of low-income urban American women with young children. A secondary data analysis of the Fragile Families and Child Wellbeing Study, a national longitudinal panel study of nearly 5000 births across 20 cities with populations of 200,000 or more in the United States, was conducted. The analytic sample included all mothers (N = 3675) who completed assessments at baseline through year 5 of the study between 1998 and 2005. The results

suggest that stress related to economic hardship, parenting, and poor physical health increases the risk of depression among low-income urban mothers with young children.

Ekas et al., (2010) study used structural equation modeling to examine the relationship between multiple sources of social support (e.g., partner, family, and friends), optimism, and well-being among mothers of children with ASD. Social support was examined as a mediator and moderator of the optimism-maternal well-being relationship. Moreover, the role of optimism as a mediator of the social support-maternal well-being relationship was also evaluated. Results revealed that family support was associated with increased optimism that, in turn, predicted higher levels of positive maternal outcomes and lower levels of negative maternal outcomes. In addition, partner and friend support were directly associated with maternal outcomes. Implications for the development of interventions directed at increasing the quality of social support networks are discussed.

Nissly et al, (2005) study examined the relationships among stress, social support, and intention to leave in 418 public child welfare workers. Workers with higher levels of stress were more likely to think about leaving, while those receiving greater social support were less likely. Social support did not buffer the effects of organizational stress, but had some effect in buffering the effects of work-family conflict. Implications for agency administration and future research are discussed.

Vedder et al, (2005) study reports on the relationship between early adolescents' evaluation of the availability of instructional and social support from parents, teachers, and peers and their well-being. The main questions are whether indigenous and immigrant youngsters differ in their evaluation of the availability of support and whether the relationship varies by group. Participants in the study were 245 Dutch and 172 Turkish/Moroccan 10- to 13-year-olds with a lower-class background. Both Dutch and immigrant youngsters clearly distinguish between the various agents of support. Dutch youngsters report more instructional support from their parents than from their teacher, whereas immigrant youngsters report more instructional support from their teacher. Both for Dutch and immigrant students, parents were seen as the primary providers of emotional support. Reported well-being in the classroom was related to available teacher support and to the frequency of occurrence of learning-related problems.

Bal et al., (2003) study investigated the role that social support plays in well-being and in coping after a stressful event in a group of non-clinical adolescents. Eight hundred and twenty adolescents between 12 and 18 years of age filled out questionnaires assessing social

support (Social Support Questionnaire, Sarason, Shearin, Pierce, & Sarason, 1987), trauma-related symptoms (Trauma Symptom Checklist for Children, Briere, 1996), behavior problems (Youth Self-Report, Achenbach, 1991), and coping (How I Cope Under Pressure Scale, Ayers, Sandler, West, & Roosa, 1996). 42% of the adolescents reported a stressful experience, and 4.4% reported sexual abuse. Sexually abused adolescents reported more stress-related symptoms and used more avoidance and fewer support-seeking coping strategies than the other adolescents.

Seeman et al., (2001) study examines the relationship of social ties and support to patterns of cognitive aging in the MacArthur Studies of Successful Aging (see L. F. Berkman et al., 1993), a cohort study of 1,189 initially high-functioning older adults. Baseline and longitudinal data provide information on initial levels as well as changes in cognitive performance over a 7.5-year period. Linear regression analyses revealed that participants receiving more emotional support had better baseline performance, as did those who were unmarried and those reporting greater conflict with network members. Greater baseline emotional support was also a significant predictor of better cognitive function at the 7.5-year follow-up, controlling for baseline cognitive function and known sociodemographic, behavioral, psychological, and health status predictors of cognitive aging. The findings suggest the potential value of further research on the role of the social environment in protecting against cognitive declines at older ages.

Chan, (1994) study showed that the two groups were comparable on all variables except abusive mothers had significantly more children . Abusive mothers showed significantly more stress on total PSI scores (, as well as in all three of the subsets: Child Domain , Parent Domain , and Life Stress. Abusive mothers scored lower in all seven items on the MSSSI. The difference was significant on the MSSSI as a whole and on four subsets: number of people to count on in time of need , perceived neighborhood support , satisfaction with spousal relationship ($p = .01$), and degree of community involvement . The greatest percentage (74.32%) of correct predictions of child abuse was achieved by combining the number of children, the Life Stress Scale and the MSSSI. Implications for future research are discussed.

Pearson & Chan, (1993) study examined the relationship between parenting stress and social support in a random sample of 100 mothers with children at a school for children with learning disabilities, and a control group of 75 mothers with similarly aged non-handicapped

children. Mothers of children at Zhi Ling school were found to have significantly more stress and significantly less support than those in the control group. Parenting stress in the control group was also found to be relatively high when compared with what are considered to be normal levels in the West. No significant correlation was found between total parenting stress and social support. It is suggested that further studies need to differentiate between satisfaction with support that is actually received and the perceived quality of available support.

Barrera et al., (1993) Studies of positive and negative social ties usually are done in isolation of each other, precluding an understanding of their relative contributions to psychological functioning. This research evaluated the effects of adolescents' conflict with and social support from key relationships (parents, siblings, and best friends) on adolescents' self-esteem, substance use, and externalizing symptoms. Ss were 296 adolescents and their parents; 145 families had alcoholic fathers, and 151 had nonalcoholic parents. Support and conflict provided by each network member showed only a mild negative correlation. Support from parents, but not siblings or best friends, was related to adolescents' reports of substance use and externalizing. Conflict with parents was consistently related to externalizing behaviors. There was no evidence that conflict within a relationship neutralizes the effectiveness of the support it provides.

White et al., (1998) research, looked at how much family social support affected the association between anxiety and exposure to neighbourhood violence in a sample of 385 mostly African American students in an urban public school system. In comparison to normative data for African American youngsters, children reported much lower levels of anxiety. Gender and violence exposure were found to have a substantial impact on concentration anxiety; females who reported higher initial exposure to violence also reported larger increases in future concentration anxiety compared to boys. Our study's results showed a substantial negative correlation between anxiety and family support, but they did not support the idea that social support from the family moderates children's exposure to violence and anxiety.

Arthur & Gregory,(1991)study examined the psychometric properties of the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988) with a diverse group of 154 students at an urban college. The following areas were investigated: internal reliability, factorial validity, social desirability bias, and the moderating effect of social support between stressful life events and depression (i.e., the buffering hypothesis). The MSPSS had good internal reliability, and the factor analysis confirmed the subscale structure of the measure: family, friends, and significant other. There was no indication that social desirability bias influenced subjects' responses. Finally, social support was related to depression only for those subjects who were experiencing high levels of life stress, which lends support for the buffering hypothesis.

Schaefer et al., (1981)study compared social network size and three types of perceived social support tangible, emotional, and informational in relation to stressful life events, psychological symptoms and morale, and physical health status in a sample of 100 persons 45–64 years old. Social network size was empirically separable from, though correlated with, perceived social support and had a weaker overall relationship to outcomes than did support. Low tangible support and emotional support, in addition to certain life events, were independently related to depression and negative morale; informational support was associated with positive morale. Neither social support nor stressful life events were associated with physical health. It was concluded that social support research would benefit from attention to the multidimensionality of support and greater specificity in hypotheses about the relationship between types of support and adaptational outcomes.

Shanas, (1979)research findings on two aspects of the family as a social support system: family care for the elderly in time of illness and family visiting patterns. The data come from a 1975 national probability survey of noninstitutionalized persons, 65 years of age and older. The immediate family of the old person is the major social support in time of illness and the extended family of the old person, children, siblings and other relatives, is the major tie of the elderly to the community.

PERCIEVED STRESS AMONG SCHOOL CHILDREN

Roy et al., (2021)study examined the prevalence and associated risk predictors of overweight/obesity and perceived stress using eating behaviors and physical activity among school-and-college-going urban adolescents in Bangladesh. A cross-sectional study with a multistage sampling technique was employed to select 4609 adolescent students, aged 13–19

years, from all eight Bangladesh divisions during January–June 2019. Data were collected using a self-administered questionnaire containing Turconi Physical Activity Questionnaire (PAQ), Adolescent Stress Questionnaire (ASQ), Dutch Eating Behavior Questionnaire (DEBQ), and Anthropometric measurements. Logistic regression and different association measures assessed relationships among adolescent characteristics. The major 61.5% of adolescents were in moderate-to-extremely-severe levels of stress, 28.2% were overweight/obese, only 2.7% had a very active lifestyle, and 30.5% had a sedentary lifestyle. Perceived stress was positively and significantly correlated with eating behaviors and body mass index, whereas physical activity was significantly associated with the prevalence of overweight/obesity and high stress.

Bach steen, (2020) study was to explore the association between SSS and perceived stress in Danish adolescent boys and girls. Data was collected in 2017 in frame of The Danish Occupation of Children and Adolescents Cohort (FOCA cohort), where Danish 9th graders (age 15/16) from 1746 schools participated in a survey (4527 girls, 3654 boys, aged 15 to 16 years). SSS in society and SSS in school were the exposure variables, and the level of perceived stress was the outcome variable. Associations between SSS in school and in society separately with perceived stress was analysed using linear regression models stratified by gender and adjusted to social and health-related factors. The mean overall PSS score was 14.7; for girls the score was 16.3, and for boys it was 12.6. The analyses revealed a strong linear association between SSS, in both society and school, and perceived stress. The lower the SSS, the higher perceived stress.

AlAteeq et al., (2020) this study explored the perceived stress level among students during the Coronavirus Disease Outbreak and suspension of in-person teaching in Saudi Arabia. A cross-sectional survey of a sample consisting of 367 students living in Saudi Arabia assessed socio-demographic characteristics, Perceived Stress Scale (PSS) and their emotions and concerns during the outbreak. Most participants were female (74.7%) and secondary school (79.8%) students. More than half of the participants showed moderate levels of stress (55%), while 30.2% registered high levels. Females and university students showed a significant association with stress level.

Borjalilu et al., (2015) study, examined perceived stress and its severity, sources and determinants. In this study, we assessed the perceived stress and its severity, sources and demographic variables in 341 (136 males, 205 females) randomly selected medical students of Tehran university of medical sciences, Iran, in October 2013. A self-administered valid

and reliable questionnaire with a possible range of scores from 0 to 56 was used to collect the data. Stress sources were determined using logistic regression analysis. The overall perceived stress mean was 32.02 (SD = 5.08). Eighty-three percent of the medical students perceived stress. Students in clinical phase perceived more stress than basic sciences. Logistic regression analysis showed demographic (including gender and residential status), psychosocial and academic factors and the phase of study as sources of stress.

Chilukuri et al., (2012) study was designed to identify levels of perceived stress amongst medical and dental students in a private institution of South India. A cross-sectional, questionnaire-based survey carried out on the first year undergraduate medical and dental students. Perceived stress was assessed using the Perceived Stress Scale. The students were given a questionnaire to be completed by them individually during January-February 2011. A total of 234 students (144 medical and 90 dental students) were studied. The mean PSS score was 16.74 (SD 5.99) for medical students and 18.23 (SD 5.52) for dental students.

Alfven et al., (2008) study is to highlight how more stress corresponds with the amount of reported perceived stress, pain symptom, and the co-occurrence of two pain symptoms headache and abdominal pain and how these three phenomena are related. The study population consisted of a representative national sample of 2597 children aged 10–18 years. Children's reports of exposure to the stressor harassment were associated with their subjective perception of stress and recurrent pain in a stepwise manner. Having both pain symptoms was more strongly associated with the stressor harassment and perceived stress than having only one pain symptom.

SCHOOL RELATED SOCIAL SUPPORT & STUDENT'S PERCEIVED LIFE SATISFACTION

Qian et al., (2023) study examine the influence of social behavior on college students' life satisfaction and the mediating effects of perceived social support and core self-evaluation. 779 college students were investigated with the online social behavior scale, life satisfaction scale, core self-evaluation scale and perceived social support scale. Online social behavior significantly positively predicted the perceived social support and life satisfaction; Perceived social support significantly positively predicted the core self-evaluation and life satisfaction; Core self-evaluation significantly positively predicted life satisfaction; Perceived social support and core self-evaluation have a significant chain mediating effect between online social behavior and life satisfaction.

Piko, (2023) study was to explore the role of psychological, school-related religious, socially supportive, other familial, and sociodemographic factors in adolescent life satisfaction. This cross-sectional survey involved a sample of middle and high school students (N = 2239, aged 11–18 years, 51.8% females) from public schools in Szeged, Hungary. Besides descriptive statistics, correlation and multiple regression analysis were applied to the data analyses. Boys scored higher on the life satisfaction scale while the level of depression (Children's Depression Inventory, CDI) was higher among girls. In the final regression model, family support was the strongest predictor of life satisfaction, followed by depression, socioeconomic (SES) self-assessment, future orientation, satisfaction with school, going to church, and friend support. School prevention programs should be focused not only on preventing mental health difficulties but also promoting adolescent well-being.

Kalaitzaki et al., (2021) study examined whether online and offline social capital and offline social support are associated with less perceived stress in 403 undergraduate Greek college students through the mediating role of resilience and life satisfaction. Gender differences were also explored. A path analysis explored the relationships among the study variables and multi-group analysis explored gender differences. Perceived stress was predicted indirectly by offline social support and offline bonding social capital through resilience and life satisfaction and directly by online bonding. However, offline bonding was associated with reduced resilience and life satisfaction, whereas social support was associated with increased levels of both. It was concluded that different personal ties/relationships are associated with perceived stress through diversified pathways and the pathways are different for men and women.

Bi et al., (2021) study examined to what extent the association between social support and life satisfaction in early adolescence varied across different social sources and countries. Also, it examined whether cross-country variations are explained by national-level generalized trust, a sociocultural factor that shapes adolescent socialization. National-level data were linked to data from 183,918 early adolescents from 42 European and North American countries/regions obtained from HBSC. Multilevel regression analyses yielded a positive association between support from different sources and life satisfaction. The revealed cross-country differences open avenues for future cross-cultural research on explanations for cross-

cultural differences in the association between social support from different sources and life satisfaction in early adolescence.

Azpiazu Izaguirre et al., (2021) study is to examine the dynamics of a set of variables that contribute to life satisfaction. A total of 1,188 adolescents (aged between 12 and 16 years) completed the Perceived Social Support from Family and Friends and Perception of the School Environment Questionnaires, the Trait Meta Mood Scale (TMMS), Connor-Davidson Resilience Scale-10 and Satisfaction with Life Scale (SWLS) for social support, emotion regulation, resilience, and life satisfaction. By applying structural equation modeling (SEM), the results reveal a direct prediction of family support, emotion regulation, and resilience on life satisfaction. Support from friends and emotion regulation was also found to explain resilience, and support from family and teachers was found to predict emotion regulation.

Saeed, (2020) study is an attempt to navigate the mediating effect of life satisfaction and the role of perceived social support as a predictor of internet addiction through moderator ethnicity condition 1 African, 2 South Asian foreign learners in Xian, China for at least six months. Questionnaire protocol comprises of demographics and the multidimensional scale of perceived social support (MSPSS) to quantify (PSS), Satisfaction with life scale to measure (LS), Problematic and risky internet use scale (PRIU) to assess internet addiction of the participants. Findings revealed significant relationship between perceived social support and life satisfaction and significant negative association between life satisfaction and internet addiction. Furthermore, moderation mediation analysis discloses that there is a direct effect of PSS to IA, and the indirect effect of PSS to IA through LS for both conditions of ethnicity . Overall, these findings highlighted implications on international student's internet addiction.

Jhang, (2019) study analyzes whether controllable negative life events, internal resources, and external resources, predict life satisfaction trajectories, and whether these resources moderate the negative impacts of controllable events on life satisfaction trajectories. Multilevel growth modeling was used to analyze a three-wave, nationally representative sample consisting of 818 adolescents from poor families in Taiwan. At time T1, participants were junior high school students. Results revealed that controllable negative events reduced the initial state of life satisfaction, whereas self-efficacy and family support enhanced the initial life

satisfaction. In addition, instead of providing a buffering effect, self-efficacy strengthened the link between baseline controllable events and changes in life satisfaction.

Kim et al.,(2019)study was to investigate the relationship between social support according to gender, grade, and residential type and between social support and life satisfaction of college student. Method/Statistical Analysis: A survey was conducted among 444 college students in Gangwon area, South Korea. Questionnaire was composed of 32 items which consist of 27 items of social support and 5 items of life satisfaction. Findings: Analysis showed that male in the relationship between social supports according to gender showed a significant difference in the teaching support. The relationship between social supports according to grade showed significant differences in parents, teaching support. The boarding house receives more friend support than other residential type. Social support and life satisfaction showed a correlation, teaching support and life satisfaction was the highest coefficient of correlation. Improvements/Applications: There was a significant difference in teaching support among males than female's students, and there was a significant difference in teaching support among the lower grades than in the upper grades.

Akanni & Oduaran, (2018)study investigated the mediating roles of academic self-efficacy and academic adjustment in the relationship between perceived social support and life satisfaction among Nigerian university freshmen. A total of 621 beginning university students completed surveys of their academic self-efficacy, academic adjustment, perceived social support, and life satisfaction. Results, following regression analysis with partial mediation, revealed only academic adjustment to significantly mediate the relationship between perceived social support and life satisfaction. Social support networks from family and faculty members might enhance freshmen's academic adjustment related life satisfaction.

Gutiérrez et al.,(2017)study aim of this work is to use structural equations to analyze the effects of the perceived academic support and the school engagement on the satisfaction with school. A battery of measurement tools was administered to 2028 Angolan students aged between 14 and 22 years. The results show the influence of the perceived academic support of teachers, family, and peers on the satisfaction with school using the school engagement as mediating variable. The perception of peer support does not show a predictive capacity for school engagement. Receiving support from family and teachers is relevant for pupil engagement and satisfied with school.

Chen et al.,(2017)study aimed to examine whether the relationship between adolescents' paternal and maternal attachment and life satisfaction was mediated by perceived social support and self-esteem and identify which mediator had a stronger indirect effect. The Inventory of Parent and Peer Attachment (IPPA), Multidimensional Scale of Perceived Social Support (MSPSS), Rosenberg Self-Esteem Scale (RSES), and Satisfaction with Life Scale (SWLS) were distributed to 1835 Chinese adolescents from seven provinces. Descriptive statistics, regression, correlation, and mediation analyses were conducted to test our hypotheses. The results indicated that perceived social support and self-esteem partially mediated the relationship between paternal and maternal attachment and life satisfaction. Furthermore, the indirect effect of perceived social support was stronger than that of self-esteem. These findings perhaps provide insight into the preliminary effect of parental attachment on life satisfaction among Chinese adolescents.

Wong,(2017)study explored the association between school climate and students' well-being within the Chinese school context. Two hundred and twenty-one secondary school students in Hong Kong participated in this exploratory study. Due to the lack of culturally relevant instruments, school climate was measured with an adapted instrument that was evaluated by factor analyses. Findings revealed six dimensions of school climate, including positive student–teacher relationships, school order and environment, perceived academic competence, perceived privileges, learning interests and academic support. Preliminary results obtained from multiple regression analyses indicated that the dimension of school order and environment significantly predicted school life satisfaction. Perceived academic competence predicted not only academic satisfaction, but also perceived popularity

Ismael Alorani, (2017)study was to identify the relationship between spiritual well-being, perceived social support, and life satisfaction among the university students in Jordan. A cross-sectional descriptive-correlation design was used to carry out on a convenience sample of 919 students at the University of Jordan. University students reported moderate levels of both spiritual well-being and perceived social support, and they were slightly satisfied with their lives. Significant positive correlation was found between spiritual well-being with perceived social support and life satisfaction respectively, and positive correlation was found between perceived social support and life satisfaction . Both domains of spiritual well-being had significant positive correlation with all sources of perceived social support. The

relationships between spiritual well-being and perceived social support should be considered in university health programs.

Tian et al., (2016) study mainly aimed to test a theoretically-based model proposing that the satisfaction of three basic psychological needs at school mediates the relationship between school-related social support and school-related subjective well-being and explore the invariance of the model across gender and age groups. A total of 1476 Chinese adolescents (males = 712; early adolescents = 676; Mage = 15.40) completed a multi-measure questionnaire tapping the targeted variables. Structural equation modeling was used to examine the hypotheses. Results indicated that school-related social support related statistically significantly to adolescents' school-related subjective well-being. Lastly, the results supported partial invariance of the model with respect to gender and age groups.

Siddall et al., (2013) study examined the cross-sectional and prospective relationships between three sources of school-related social support and early adolescents' global life satisfaction. The participants were 597 middle school students from 1 large school in the southeastern United States who completed measures of school social climate and life satisfaction on 2 occasions, 5 months apart. The results revealed that school-related experiences in terms of social support for learning contributed substantial amounts of variance to individual differences in adolescents' satisfaction with their lives as a whole.

Jiang et al., (2013) this study examined the relationship between three sources of school-related social support and early adolescents' school satisfaction across time. Participants were 547 middle school students from a middle school in the Southeastern United States who completed surveys of school social climate and school satisfaction on two separate occasions, five months apart. Results showed that overall school-related social support explained a substantial amount of the variance associated with students' school satisfaction reports at both time points.

Kapıkıran, (2013) study aimed to measure whether self-esteem and social support are mediators in the relationship between loneliness and life satisfaction. The study includes early teenagers from the 6th, 7th and 8th grades aged between 11 and 15. The study group consisted of 431 secondary school students from large and medium sized cities in Turkey, of which 196 (44.5 %) were girls and 235 (54.5 %) were boys. The study examined students' responses to life satisfaction, loneliness, self-esteem and social support scales. Data were

separated into parcels of instruments within the framework of structural equation modeling. It was determined that both self-esteem and social support were partial mediators between loneliness and life satisfaction.

Mahanta & Aggarwal, (2013) study was to study the effects of perceived social support on the life satisfaction of university students. Gender differences of perceived social support and life satisfaction, among the participants were also investigated. The sample for the present study consisted of total of 100 male and female postgraduate students from four different departments of University of Delhi. The Perceived Social Support scales by Procidano & Heller and the Satisfaction with Life Scale (SWLS) by Diener, Emmons, Larsen, & Griffin (1985) were administered to the participants. Results indicated no gender differences in perceived social support from family but a significant difference was found out for the perceived social support from friends.

Oberle et al., (2011) study examined the relationship of early adolescents' satisfaction with life to trait optimism and assets representing the social contexts in which early adolescents spend most of their time. Self-reports of satisfaction with life, optimism, and ecological assets in the school (school connectedness), neighborhood (perceived neighborhood support), family (perceived parental support), and peer group (positive peer relationships) were assessed in a sample of 1,402 4th to 7th graders (47% female) from 25 public elementary schools. Multilevel modeling (MLM) was conducted to analyze the variability in life satisfaction both at the individual and the school level. As hypothesized, adding optimism and the dimensions representing the ecology of early adolescence to the model significantly reduced the variability in life satisfaction at both levels of analysis. Both personal (optimism) and all of the ecological assets significantly and positively predicted early adolescents' life satisfaction. The results suggest the theoretical and practical utility of an assets approach for understanding life satisfaction in early adolescence.

Shahyad et al., (2011) research was to investigation of relation between attachment and perceived social support with life satisfaction in college students. The statistical community of this study was include all male and female students in Shahid beheshty University, who were enrolled in the 2009-2010 academic year. The sample group were included 293 college student that have been chosen via multistage random sampling method, and were studied.

assessment instruments were the, perceived social support scale .Adult Attachment Questionnaire (AAQ) and life satisfaction(L.S). Data was analyzed by using structural equations model. Results indicated that the direct effect of attachment and perceived social support on life satisfaction was positive significant and direct effect of attachment on perceived social support is positive significant. Furthermore results showed indirect effect of attachment on life satisfaction was positive significant and total effect of perceived social support and attachment on life satisfaction was significant.

Whitney, (2010)study examined three domains of social supports among college students in relation to indices of wellbeing and coping. Measures of positive wellbeing were most strongly associated with the safe adults domain of social support followed by the close friends domain of social support. Casual friends were associated only with measures of problem alcohol consumption but not with indices of wellbeing. Students with five or more safe adults to turn to as compared to four or fewer reported significantly lower perceived stress, greater satisfaction with life, higher emotional intelligence, better academic performance and lower problem drinking scores. The domain of safe adults was associated with the largest array of wellbeing indices of all three social support domains. Future research should examine additional measures of wellbeing that may be associated with distinct domains of support.

Danielsen, A. G., et al(2009)study examined the effect of school-related social support from teachers, classmates, and parents on students' life satisfaction that school satisfaction, scholastic competence, and general self-efficacy, respectively, mediated. The authors based the analyses on data from a nationally representative sample of 13- and 15-year-old students ($N = 3,358$) from the Norwegian part of the 6th World Health Organization international survey of Health Behaviour in School-Aged .The authors used the analytic approach of structural equation modeling through the statistical program Results confirmed the importance of self-related domains, such as general self-efficacy, to students' life satisfaction. Teacher support strongly related to school satisfaction. On the basis of significance tests between correlations, school satisfaction more strongly related to girls' life satisfaction than to that of boys.

DeSantis King, (2007)study investigated the relationships among school satisfaction, social support, and problem behaviors in adolescents. Modest associations were found between school satisfaction and the demographic variables of gender, race, age, and grade level. Support from teachers, parents, and classmates contributed unique variance to ratings of

school satisfaction; with teacher support contributing the most unique variance. School satisfaction mediated the relationship between social support and internalizing and externalizing behaviors. School satisfaction did not moderate the relationship between social support and problem behavior; however, it did serve as a protective factor across all levels of social support. Implications are discussed, including suggestions for developing interventions that focus on increasing support for adolescents in efforts to improve school satisfaction and reduce problem behaviors.

CHAPTER III

RESEARCH METHODOLOGY

INTRODUCTION

Research Methodology is a systematic way to solve a problem. It is a science of studying how research is to be carried out. Essentially, the procedure by which researchers go about their work of describing, explaining and predicting phenomenon is called research methodology. Its aim is to give the work plan of research a logical direction. It is necessary for the research undertaken but also methodology.

DESIGN OF THE STUDY

The design of the research is the actual blueprint of the procedure for the completion of various research steps and reaching valid conclusions.

METHOD

Descriptive survey method is used in the study after considering nature, need and purpose of present research. Descriptive survey studies are conducted to collect the data of existing phenomena with the view to employ data to justify current condition and practices or make intelligent plans description of the tools and the sample is given under.

POPULATION AND SAMPLE OF THE STUDY

POPULATION

In the course of our research, our targeted population comprised of school students, keeping in view the importance of studying this specific age group due to its unique challenges and distinct perspectives the sample will be collected from Jammu districts only.

SAMPLE

Sampling is the soul of scientific study. A good sample minimizes the error of estimations is less time consuming, and economical in terms of time and money. The size of sample varies from study to study, methods and nature of population. In the present study, keeping in view the limitation of time the researcher has to be contented within the limited samples. The investigator randomly selected 120 students including both male and female from school

of Jammu District.

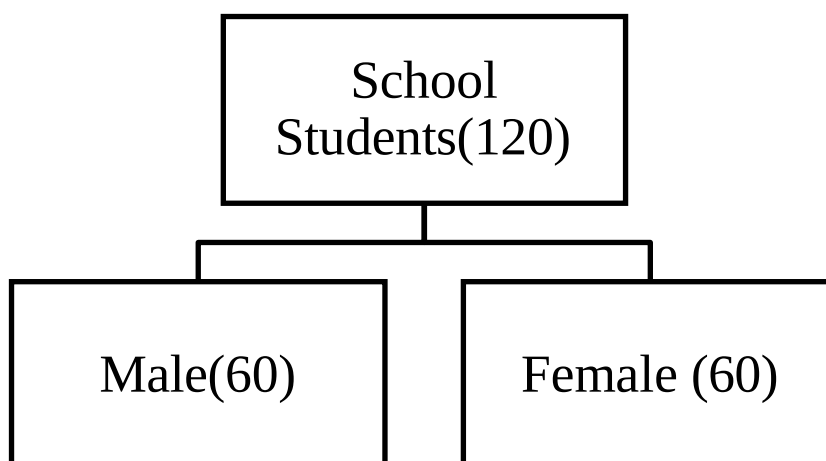


TABLE 1

Distribution of sample of school students

S.No.	Name of the College	No. of Students
1.	Model Academy School	90
2	Bright Blossom School	30
Total	2	120

SAMPLING TECHNIQUE:

In the present study the investigator used 'Random Sampling Technique' for data Collection.

RESEARCH TOOLS AND IT'S DESCRIPTION:

The selection of suitable tools is of vital importance for successful research. Different tools are suitable for collecting different kinds of information for various purposes. Selection of tools for data collection depends upon the nature of problem undertaken. For the present investigation the investigator has used the following tools of research:

1: Perceived stress scale (PSS-10):

It is developed by Cohen, a widely used 10-item psychological instrument. It is used to measure the degree to which situations in an individual's life are appraised as stressful, over the last 1-month duration. Each question is scored from 0 (never) to 5 (very often) with a total possible score range of 0 to 40. A higher score indicates a high level of stress.

2: Multidimensional Scale of Perceived Social Support:

The Multidimensional Scale of Perceived Social Support (MSPSS) is a 12-item self-report questionnaire that measures the perceived availability and adequacy of social support from three sources: family, friends, and significant other. It was developed by Zimet, Dahlem, Zimet, and Farley (1988).

CHAPTER-IV

DATA ANALYSIS & INTERPRETATION

This chapter presents the analysis and interpretation of the data collected, integral to addressing the research questions and hypotheses set forth in this study. The data, both quantitative and qualitative, has been systematically processed and analyzed using appropriate statistical and thematic techniques. The results are presented in a structured manner, highlighting key patterns, relationships, and trends that emerged from the analysis.

Table 1: Demographic profile of the respondents

S.No.	Demographic Characteristics		Percentage (%)	Total
1.	Gender	Female	15.8	19
		Male	84.2	101
2.	Locality	Rural	6.7	112
		Urban	93.3	08
3.	Age	10-14	8.4	10
		15-17	38.3	46
		18-21	53.3	64

Note: N=120.

The study was conducted on 120 students from schools of Jammu District. As per table 1 the demographic characteristics of the sample indicate an equal gender distribution, with 60% female (n = 60) and 60% male (n = 60) participants. Additionally, 6.7% of the participants were from rural areas (n = 6.7), while 93.3% were from urban areas (n = 93.3). Following figures depict the same

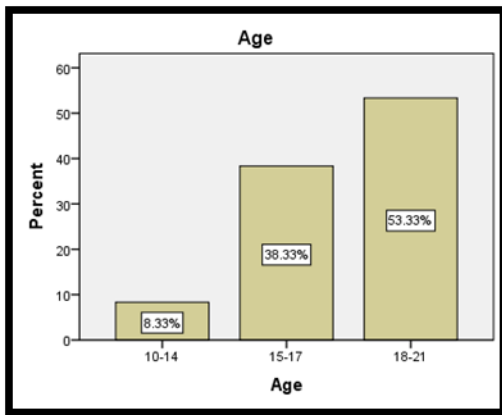


Figure 1 Distribution of gender

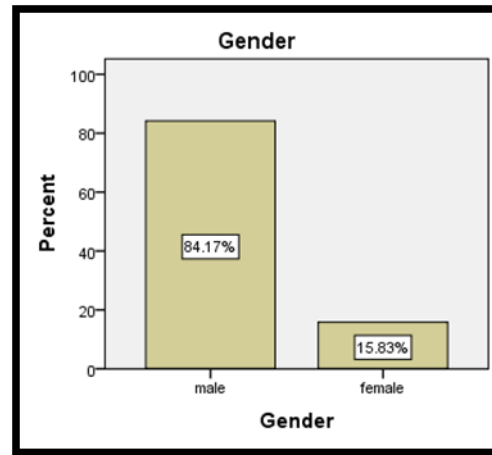


Figure 2 Distribution of age

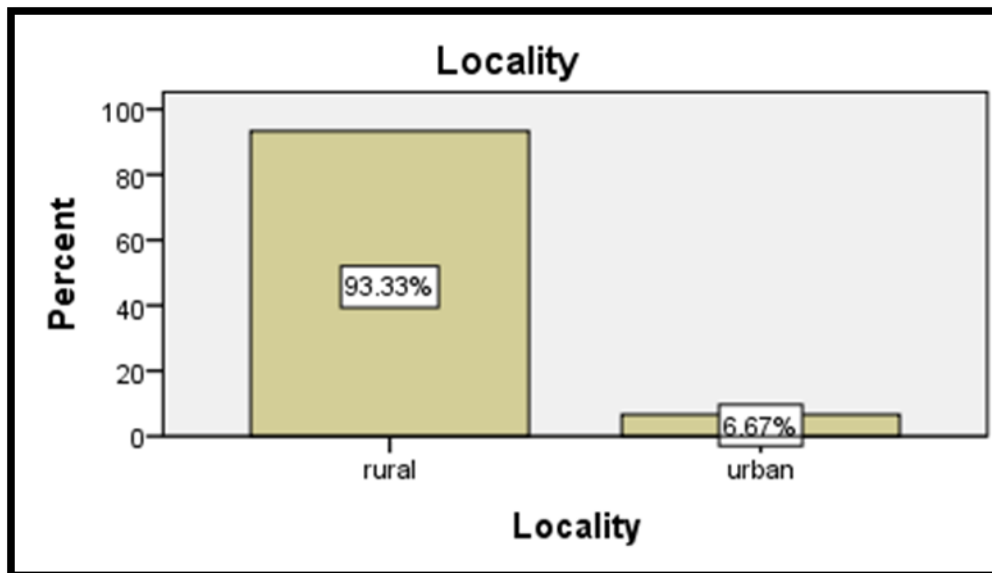


Figure 3 Distributed of locality

Table 2 Correlation Analysis

		Perceived stress	Social support
Perceived stress	Pearson Correlation	1	529
	Sig. (2-tailed)		.000
Social support	Pearson Correlation	529	1
	Sig. (2-tailed)	.000	
	N=120		

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

From Table 2 it is observed that, social support was significantly positively correlated with perceived stress. perceived stress ($r = .451$), social support ($r = .496$). social support was significantly positively correlated with perceived stress ($r = .451$). Additionally, stress was significantly positively correlated with social support ($r = .496$).

Table 3 Mean, S.D & Results of Independent t-test

VARIABLE	MEAN		SD		t-test	P-Value
	Male	Female	Male	Female		
Perceived stress	36.14	29.84	9.02	4.40	2.96	.00
Social Support	179.60	187.89	8.00	24.01	-2.78	.00

$P < .05$

To test the hypothesis that male and female differ significantly on Perceived stress & social support an independent t-test was performed. As can be seen in table 3, there was a statistical significant difference between both the genders on Perceived stress with t-value being 2.96 ($p < .05$) and statistical significant difference on Social support with t-value being -2.78 ($p < .05$)

CHAPTER V

SUMMARY, CONCLUSIONS, AND IMPLICATIONS

This chapter presents a summary of the information attained in the literature review. A critical analysis is included regarding the difference between the perceived social support and perceived stress among school children. The chapter concludes by mentioning the limitations of the study as well as recommendations for further research.

Findings of the study:

1. There is a significant association between perceived stress and social support among school children. Rejected.
2. There is no significant difference between Rejected.

Suggestions for future research:

That's a fascinating and important topic! Here are some suggestions for future research directions in the study of the perceived social support and perceived stress among school children:

1. Longitudinal Studies: Conduct long-term studies to examine how social support practices over extended periods impact stress levels. This can help determine the sustainability of social support benefits.
2. Diverse Populations: Expand your research to include diverse groups of school students, considering variables such as age, gender, ethnicity, and socioeconomic status to see if the association between perceived social support and perceived stress varies across different demographics.
3. Intervention Studies: Design intervention studies to compare different social support practices (e.g. empathy, understanding social skills, communication skills) and their specific effects on stress. This can help identify the most effective methods.
4. Comparative Studies: Compare the effects of social support with other stress reduction techniques such as interactive techniques, buddy system , social networks to evaluate relative efficacy.

5. Mechanisms of Action: Investigate the underlying mechanisms through which social support impacts stress. For instance, explore how social support influences brain activity, stress hormone levels, or cognitive processes.
6. Mindfulness Training: Study the impact of formal mindfulness training programs on anxiety, assessing factors like duration and intensity of training needed for significant anxiety reduction.
7. Technology-Based Interventions: Explore the effectiveness of mindfulness apps and online programs in reducing anxiety among college students, especially given the increasing reliance on technology for mental health interventions.
8. Academic Performance: Examine the relationship between mindfulness, anxiety, and academic performance to see if reduced anxiety through mindfulness leads to improved academic outcomes.
9. Qualitative Research: Include qualitative studies to gather in-depth insights into students' personal experiences with mindfulness and its impact on their anxiety levels.
10. Mindfulness and Other Mental Health Issues: Broaden the scope to include the impact of mindfulness on other mental health issues commonly faced by college students, such as depression, stress, and sleep disturbances.
11. Environmental Factors: Consider how environmental factors, such as campus culture, workload, and social support, interact with mindfulness practices to influence anxiety levels.
12. Measurement Tools: Develop and validate new measurement tools or refine existing ones to more accurately assess mindfulness and anxiety levels.
13. Peer Support and Group Interventions: Study the effects of peer support and group mindfulness interventions to determine if they provide additional benefits over individual practices.
14. Physiological Measures: Incorporate physiological measures (e.g., heart rate variability, cortisol levels) to provide objective evidence of changes associated with mindfulness practices.

Educational Implications:

1. **Curriculum Integration:** Incorporate mindfulness practices into the college curriculum. This could include dedicated courses on mindfulness, incorporating mindfulness exercises into existing classes, or offering workshops and seminars focused on mindfulness techniques.
2. **Mental Health Programs:** Enhance campus mental health programs by including mindfulness-based interventions. Counseling centers can offer mindfulness-based stress reduction (MBSR) programs and train counselors in mindfulness techniques to help students manage anxiety.
3. **Student Orientation Programs:** Introduce mindfulness practices during student orientation programs to equip new students with tools to manage anxiety and stress as they transition to college life.
4. **Mindfulness Spaces:** Create designated mindfulness spaces on campus where students can practice mindfulness techniques such as meditation, yoga, or deep breathing exercises. These spaces can serve as a refuge for students needing a break from academic pressures.
5. **Faculty and Staff Training:** Provide mindfulness training for faculty and staff to help them support students more effectively. This can also help create a more mindful and empathetic campus environment.
6. **Peer Support Networks:** Establish peer-led mindfulness groups where students can practice mindfulness together and support each other in managing anxiety. Peer mentors trained in mindfulness can play a key role in these networks.
7. **Research and Evaluation:** Encourage ongoing research on mindfulness and anxiety within educational institutions to continuously evaluate and improve mindfulness-based programs and interventions.
8. **Technology Integration:** Utilize technology to make mindfulness practices more accessible. Develop or recommend mindfulness apps and online resources that students can use independently to manage their anxiety.
9. **Holistic Education Approach:** Promote a holistic approach to education that emphasizes the importance of mental well-being alongside academic achievement. This can help reduce the stigma associated with seeking help for anxiety and other mental health issues.
10. **Stress-Reduction Workshops:** Offer regular stress-reduction workshops that incorporate mindfulness techniques. These workshops can be tailored to address specific stressors faced

by college students, such as exam stress, time management, and social pressures.

11. Academic Policies: Review and potentially revise academic policies to reduce unnecessary stress and anxiety. This could include policies on grading, deadlines, and workload management, with an emphasis on student well-being.

12. Collaboration with Health Services: Collaborate with campus health services to integrate mindfulness practices into overall health and wellness programs. This can provide a comprehensive approach to student health.

13. Feedback Mechanisms: Establish feedback mechanisms to gather student input on mindfulness programs and initiatives. This feedback can help tailor programs to better meet students' needs and preferences.

14. Cultural Sensitivity: Ensure mindfulness programs are culturally sensitive and inclusive, recognizing that students from diverse backgrounds may have different experiences and perceptions of mindfulness practices.

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APPENDIX

Demography:

1. Name
2. Age
3. Gender
4. Locality
5. Educational Qualification

CONSENT FORM

I, Meenakshi Hans the undersigned, voluntarily agree to participate in the research study titled "A Study of Association of Social Support and Perceived Stress Among School Students" in Jammu district. I understand that my participation involves providing information through surveys and interviews, which will be used solely for academic purposes. I am aware that my responses will be kept confidential and that I can withdraw from the study at any time without any penalty. I have been informed about the purpose of the study and understand that there are no risks involved. By signing below, I acknowledge my informed consent to participate in this research.

Date: Signature:

PERCEIVED STRESS SCALE

A more precise measure of personal stress can be determined by using a variety of instruments that have been designed to help measure individual stress levels. The first of these is called the **Perceived Stress Scale**.

The Perceived Stress Scale (PSS) is a classic stress assessment instrument. The tool, while originally developed in 1983, remains a popular choice for helping us understand how different situations affect our feelings and our perceived stress. The questions in this scale ask about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer fairly quickly. That is, don't try to count up the number of times you felt a particular way; rather indicate the alternative that seems like a reasonable estimate.

FOR EACH QUESTION CHOOSE FROM THE FOLLOWING ALTERNATIVES:

0 - never 1 - almost never 2 - sometimes 3 - fairly often 4 - very often

1. In the last month, how often have you been upset because of something that happened unexpectedly?
2. In the last month, how often have you felt that you were unable to control the important things in your life?
3. In the last month, how often have you felt nervous and stressed?
4. In the last month, how often have you felt confident about your ability to handle your personal problems?
5. In the last month, how often have you felt that things were going your way?
6. In the last month, how often have you found that you could not cope with all the things that you had to do?
7. In the last month, how often have you been able to control irritations in your life?
8. In the last month, how often have you felt that you were on top of things?
9. In the last month, how often have you been angered because of things that happened that were outside of your control?

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Figuring Your PSS Score

You can determine your PSS score by following these directions:

- First, reverse your scores for questions 4, 5, 7, and 8. On these 4 questions, change the scores like

this:

0 = 4, 1 = 3, 2 = 2, 3 = 1, 4 = 0.

- Now add up your scores for each item to get a total. **My total score is _____.**
- Individual scores on the PSS can range from 0 to 40 with higher scores indicating higher perceived stress.

- ▶ Scores ranging from 0-13 would be considered low stress.
- ▶ Scores ranging from 14-26 would be considered moderate stress.
- ▶ Scores ranging from 27-40 would be considered high perceived stress.

The Perceived Stress Scale is interesting and important because your perception of what is happening in your life is most important. Consider the idea that two individuals could have the exact same events and experiences in their lives for the past month. Depending on their perception, total score could put one of those individuals in the low stress category and the total score could put the second person in the high stress category.

SOCIAL SUPPORT QUESTIONNAIRE FOR CHILDREN.

Table 1. (continued)

Subscale/Items	Item Characteristics				Response Percentages				
	M	SD	Skewness	Kurtosis	Item-Total Correlations (Corrected)	Never or Rarely True	Sometime True	Often or Very True	Always True
Relative									
I have a relative who gives me good advice.	2.31	0.80	-6.87**	-0.39	.54	2	15	34	50
A relative helps me feel good about myself.	2.30	0.82	-6.86	-0.63	.65	2	15	32	50
A relative shows me affection.	2.47	0.74	-10.01**	3.70**	.58	2	9	29	60
A relative helps me when I am sick or injured.	2.46	0.83	-10.98**	3.88**	.57	4	11	21	64
I have a relative who is there when I need them.	2.35	0.84	-7.75**	-0.59	.67	2	16	25	56
A relative cares about my feelings.	2.53	0.69	-11.07**	5.77**	.71	1	8	28	63
I have a relative who shows me how to do things.	2.29	0.80	-6.62**	-0.59	.64	2	15	35	49
A relative will let me borrow money if I need it.	2.15	0.93	-5.98**	-1.78	.57	7	18	31	45
I enjoy spending time with a relative.	2.41	0.73	-7.68**	0.53	.66	1	11	34	54
A relative helps me when I need it.	2.45	0.74	-9.02**	1.96	.68	1	11	29	59
I have a relative who understands me.	2.40	0.081	-9.00**	1.76	.70	3	13	27	58
I have a relative who makes sure I have what I need.	2.35	0.84	-8.35**	0.68	.66	3	14	28	55
A relative explains things I don't understand.	2.18	0.85	-6.12**	-0.61	.65	4	16	38	42
A relative takes me to activities.	1.98	1.01	-3.55**	-3.77**	.48	9	25	25	41
A relative comforts me when I am upset.	2.27	0.91	-7.12**	-1.43	.67	4	18	24	53
I have a relative who accepts me for who I am.	2.57	0.68	-11.73**	6.33**	.70	1	8	25	66
A relative listens when I want to talk.	2.33	0.80	-7.41**	0.11	.68	2	14	32	51
A relative helps me take care of things I can't do alone.	2.32	0.80	-6.66**	-1.35	.69	2	16	31	52
A relative praises me when I've done something well.	2.36	0.79	-7.96**	0.63	.66	2	13	31	54
A relative helps me cope with my problems.	2.28	0.85	-7.03**	-0.81	.69	3	16	30	51
I have a relative who encourages me.	2.49	0.75	-10.02**	2.63*	.68	1	11	25	63

(continued)

Table 1. (continued)

Subscale/Items	Item Characteristics				Response Percentages				
	M	SD	Skewness	Kurtosis	Item–Total Correlations (Corrected)	Never or Rarely True	Sometime True	Often or Very True	Always True
Adult									
I have an adult I can trust too keep a secret.	2.16	1.03	–6.69**	–2.30	.53	10	17	20	53
I have an adult who accepts me for who I am.	2.57	0.72	–12.31**	6.26**	.60	1	9	20	69
An adult teaches me about teamwork or leadership.	2.21	0.84	–6.07**	–1.02	.64	3	17	35	45
An adult helps me with my schoolwork.	2.07	0.95	–4.94**	–2.35	.49	7	20	32	42
An adult encourages me.	2.49	0.72	–10.37**	4.41**	.66	2	9	29	61
An adult supports my decisions.	2.36	0.78	–7.72**	0.37	.70	2	13	32	53
I have an adult who really cares about me.	2.61	0.71	–13.99**	10.30**	.59	2	8	17	73
An adult praises me when I have done something well.	2.49	0.69	–8.33**	0.07	.64	0	11	29	60
I have an adult who understands me.	2.36	0.81	–8.40**	0.88	.69	3	13	29	55
An adult treats me like a person who really matters.	2.50	0.72	–9.90**	3.10*	.69	1	10	27	62
An adult comforts me when I'm upset.	2.35	0.81	–7.37**	–0.82	.71	2	16	28	54
An adult spends time with me when I need it.	2.14	0.96	–3.61**	0.77	.64	7	21	25	47
An adult treats me fairly.	2.46	0.74	–9.53**	2.87*	.71	2	10	29	59
I have an adult in my life who I can really count on.	2.46	0.77	–10.26**	3.31**	.63	2	11	25	62
An adult explains things I don't understand.	2.35	0.79	–8.03**	1.10	.67	2	12	33	53
An adult listens when I want to talk.	2.32	0.78	–6.94**	–0.30	.67	2	14	34	50
I have an adult who gets me what I need.	2.41	0.78	–7.96**	–0.67	.63	1	15	26	58
An adult will offer me a place to stay for a while.	2.04	1.08	–5.69**	–3.29*	.54	13	16	24	46
An adult shows me how to do things.	2.41	0.74	–7.45**	–0.44	.70	1	13	31	55
An adult helps me when I need it.	2.45	0.72	–7.84**	–0.36	.71	1	12	30	58
An adult helps me feel good about myself.	2.35	0.81	–7.82**	0.18	.74	2	14	30	54
An adult shows me affection.	2.38	0.83	–9.31**	2.04	.66	4	12	27	57

(continued)

Table 1. (continued)

Subscale/Items	Item Characteristics				Response Percentages			
	M	SD	Skewness	Kurtosis	Item-Total Correlations (Corrected)	Never or Rarely True	Sometime True	Often or Very True
An adult cares about my feelings.	2.39	0.77	-8.37**	1.09	.70	2	12	30
An adult will take care of me if my parents can't.	2.37	0.87	-9.66**	2.00	.52	5	12	24
An adult gives me good advice.	2.39	0.75	-6.75**	-1.82	.74	1	15	30
Sibling								
I enjoy spending time with a sibling.	1.83	1.00	-3.08*	-3.73**	.48	12	24	33
I have a sibling who treats me fairly.	1.84	1.07	-3.37**	-4.35**	.52	15	21	28
A sibling praises me when I've done something well.	1.59	1.05	-1.26	-4.61**	.53	20	25	33
A sibling helps me when I need it.	1.82	1.03	-3.29*	-3.89**	.54	14	21	33
A sibling will let me borrow money if I need it.	1.63	1.14	-1.43	-5.37**	.49	24	20	28
I have a sibling who understands me.	1.93	1.06	-4.24**	-3.94**	.61	13	20	28
A sibling encourages me.	1.93	1.05	-3.91**	-4.00**	.66	12	22	27
A sibling comforts me when I am upset.	1.89	1.07	-3.44**	-4.50**	.65	13	23	24
I have a sibling I can talk to.	1.89	1.11	-3.55**	-4.78**	.56	16	21	23
I have a sibling who supports my decisions.	1.85	1.07	-3.38**	-4.24**	.64	15	21	29
A sibling gives me good advice.	1.76	1.11	-2.66*	-4.95**	.59	19	20	27
A sibling shows me affection.	1.85	1.10	-3.18*	-4.70**	.61	16	21	25
I have a sibling who cares about me.	2.21	1.02	-8.16**	-.90	.59	10	13	22
I have a sibling who buys me things.	1.52	1.13	-0.11	-5.48**	.47	25	25	24
A sibling accepts me for who I am.	2.15	1.05	-7.24**	-1.68	.34	12	13	23
A sibling helps me feel good about myself.	2.01	1.10	-5.06**	-3.63**	.64	14	17	22
I have a sibling I can count on.	2.02	1.09	-5.27**	-3.68**	.62	13	18	22
I have a sibling I can trust to keep a secret.	1.81	1.21	-3.11*	-5.60**	.57	23	16	20
Peer								
A peer explains things I don't understand.	1.94	0.94	-2.94*	-0.37**	.39	7	27	32
A peer comforts me when I am upset.	2.25	0.82	-5.95**	-1.28	.57	2	17	35

(continued)

Table 1. (continued)

Subscale/Items	Item Characteristics				Response Percentages				
	M	SD	Skewness	Kurtosis	Item-Total Correlations (Corrected)	Never or Rarely True	Sometime True	Often or Very True	Always True
A peer cares about me and makes me feel wanted.	2.27	0.85	-6.85**	-0.33	.66	4	15	32	49
A peer shows me affection (hugs, pats on back).	2.16	0.95	-6.18**	-2.14	.56	6	19	27	48
A peer helps me feel good about myself.	2.30	0.78	-5.85**	-1.55	.66	4	15	35	48
A peer calls me just to see how I am doing.	1.87	1.06	-3.00*	-4.65**	.50	13	26	23	38
A peer gives me good advice	2.15	0.83	-3.62**	-3.15*	.65	2	22	35	41
A peer accepts me for who I am.	2.47	0.73	-9.87**	3.72**	.63	2	9	30	60
A peer supports my decisions.	2.27	0.76	-5.07**	-2.15	.68	1	16	38	45
I enjoy spending time with a peer.	2.62	0.63	-12.82**	9.07**	.52	1	5	25	69
I have a peer I can count on.	2.51	0.69	-10.13**	4.13**	.63	1	81	29	62
I have a peer who I can trust to keep a secret.	2.37	0.84	-8.31**	0.16	.60	3	15	25	57
A peer encourages me.	2.35	0.80	-7.78**	0.44	.71	2	13	31	53
I think I am important to a peer.	2.45	0.77	-10.05**	3.41**	.68	2	11	28	60
A peer buys me things.	1.67	0.97	-0.77	-4.01**	.41	12	33	31	24
A peer treats me fairly.	2.48	0.69	-10.04**	5.34**	.64	2	7	34	58
I have a peer I can talk to.	2.53	0.74	-11.74**	5.66**	.56	2	9	23	66
I have a peer who understands me.	2.46	0.74	-9.29**	2.20	.70	1	11	28	60
A peer will lend me money if I need it.	2.05	0.95	-4.81**	-2.78*	.51	7	21	31	41
A peer helps me when I need it.	2.36	0.79	-8.45**	1.75	.75	3	12	33	53
A peer praises me when I've done something well.	2.21	0.89	-6.52**	1.23	.68	5	17	31	47

Note. Retained items are in boldface.

* $p < .05$. ** $p < .01$.

Table 1. Item Characteristics and Distributional Properties of the 108-item Social Support Questionnaire for Children.

Subscale/Items	Item Characteristics				Item-Total Correlations (Corrected)	Response Percentages			
	M	SD	Skewness	Kurtosis		Never or Rarely True	Sometime True	Often or Very True	Always True
Parent									
I enjoy spending time with my parent.	2.32	0.77	-6.37**	-1.00	.53	1	14	35	49
A parent supports my decisions.	2.39	0.83	-8.95**	1.24	.64	3	14	26	58
I have a parent who accepts me for who I am.	2.67	0.68	-16.62**	14.92**	.66	2	7	14	77
A parent takes me to activities.	2.51	0.74	-11.64**	6.33**	.49	2	8	26	64
A parent comforts me when I'm upset.	2.53	0.73	-11.26**	4.90**	.70	2	10	23	66
A parent shows me affection.	2.56	0.74	-13.06**	7.97**	.70	2	8	20	69
A parent takes care of me when I am sick or injured.	2.76	0.51	-15.25**	11.39**	.57	0	4	17	79
A parent makes sure I have what I need.	2.72	0.58	-17.29**	17.98**	.63	1	5	16	78
A parent explains things I don't understand.	2.48	0.75	-10.23**	3.38*	.63	2	11	26	62
I have a parent I can trust to keep a secret.	2.33	0.94	-9.93**	1.89	.63	8	10	24	59
A parent helps me feel good about myself.	2.55	0.72	-12.44**	7.51**	.68	2	8	23	67
I have a parent who encourages me.	2.67	0.62	-14.76**	10.88**	.67	1	7	18	75
A parent praises me when I've done something well.	2.61	0.70	-14.51**	11.18**	.69	2	7	19	72
I have a parent who understands me.	2.46	0.78	-10.03**	2.59*	.67	2	12	24	62
I have a parent who treats me fairly.	2.49	0.77	-10.53**	3.41**	.66	2	11	23	64
I have a parent who helps me when I need it.	2.58	0.69	-11.89**	5.51**	.68	1	9	22	69
A parent gives me good advice.	2.48	0.75	-10.13**	2.95*	.70	2	11	25	63
A parent shows me how to do things.	2.53	0.71	-11.34**	6.08**	.68	2	8	27	64
A parent helps take care of things I can't do alone.	2.47	0.75	-10.17**	3.69**	.64	2	10	27	61
I have a parent that I can count on.	2.66	0.62	-14.03**	9.42**	.65	1	7	19	74
A parent cares about my feelings.	2.63	0.66	-13.13**	7.05**	.70	1	9	18	73
A parent listens when I want to talk.	2.58	1.25	17.14**	9.37**	.70	2	10	22	66
A parent helps me cope with my problems.	2.45	0.78	-9.69**	2.25	.74	2	12	25	61

(continued)