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Loneliness and coping strategies adopted by adolescents during covid-19 pandemic

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Abstract

Youth is a transition period from the dependant stage of childhood to the independent stage of adulthood. The age group that constitutes youth is from 15 years to 29 years and 27.5% of the population in India constitute the youth. Loneliness is an unpleasant response to isolation. The purpose of this study is to assess the loneliness as perceived by the youngsters and the coping strategies adopted by adolescents during the covid pandemic. A descriptive design was chosen for this study. A descriptive design was chosen for this study. Data was obtained from 150 adolescents. The perceived loneliness was assessed using modified De Jong Gierveld Scale and the coping strategies was assessed using a checklist. The findings of the study revealed that 68% of the youth were in the age group of 17 to 19 years and 32% of the youth were in the age group of 14 to 16 years in that 80.67% were male and 19.33% were female. There was negative correlation between loneliness and coping strategy. There was a significant difference among the male and female adolescents in the coping strategies adopted. Generally, we always relate the term loneliness to the elderly. But from this study findings, we conclude that this covid-19 pandemic has made the most energetic group of youngsters also feel this loneliness caused by the isolation.

Keywords: Covid-19, pandemic, adolescent, loneliness, coping strategy

Introduction

The covid-19 pandemic has been affecting the economy and health of many all over the world during the past one year. The health implications are serious considering the mortality rates. As a measure to control the pandemic, the children are on online classes. The physical and social distancing that is imposed are imposed as a measure to curtail the spread of the disease has its impact on the individuals. Adolescents are facing social isolation and this has an effect on the emotional and psychological wellbeing leading to loneliness. Loneliness, a negative subjective experience in an individual which arises when social relations and interactions are perceived to be insufficient (Peplau & Perlman, 1982) [9], has been identified as a potential consequence of the mandatory lockdown imposed by the government to limit the spread of the coronavirus infection (Bu *et al.*, 2020; Rauschenberg *et al.*, 2020) [2, 10]. Mounting evidence has shown a higher prevalence rate of loneliness among young people during the COVID-19 pandemic, when compared to older adults (Barreto *et al.*, 2020) [11]. The loneliness can lead to psychological issues like anxiety, depression etc and cognitive issues. The measures adopted by the adolescents has to be found out to prevent the impact on mental health. Generally, individuals try to overcome the adverse effects by adopting measures that act as protecting factors. Available studies have shown that during stressful events, a resilient individual and those who have an adequate support system and coping skills are less likely to be stressed or feel lonely (Ogińska-Bulik & Michalska 2020; Wu *et al.*, 2016) [8]. The closing down of the schools and forced isolation has been imposed as a measure to control the spread of covid-19. Also, the adolescents are also restricted to move out of the house and meet their peers by the parents as a protective measure. This has led to less social interaction and loneliness for the adolescents. Although the above facts are true, still the adolescents reporting with mental issues during the pandemic is less. Hence, this study was undertaken to explore the relationship between level of loneliness and the coping strategies adopted by the adolescents.

Statement of the problem

A study to assess the relationship between the perceived loneliness and coping strategies adopted by adolescents during covid-19 pandemic residing at selected setting, Chennai.

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Objectives of the study

- To assess the perceived loneliness and coping strategies adopted by the adolescents
- To correlate the perceived loneliness with coping strategies adopted by the adolescents
- To compare the perceived loneliness and coping strategies adopted by the male and female adolescents
- To associate the perceived loneliness and coping strategies adopted by the adolescents with age

Background of the study

Evidence has identified loneliness as a strong precursor of stress, depression, anxiety, and suicide, which could potentially exacerbate pre-existing psychological and mental issues (Holmes *et al.*, 2020; Lim *et al.*, 2020) [5]. Recent studies have shown that social isolation and loneliness due to home confinement measure increase the risk of psychological distress, depression, and anxiety in an individual, with a longer duration of loneliness considered as a strong precursor of adverse psychiatric symptoms (Rauschenberg *et al.*, 2020; Loades *et al.*, 2020) [10, 7]. Further, other reports have strongly linked loneliness to various diseases such as stroke, hypertension, and other heart issues, as well as other cognitive issues such as dementia (Valtorta *et al.*, 2016; Kuiper *et al.*, 2015) [13]. Social support, personal resilience, and coping abilities were identified as protective factors against adversity and stressful conditions such as disaster situations and disease outbreaks (Turner, 2015; Labrague *et al.*, 2016; Yu *et al.*, 2020; Xiao *et al.*, 2020) [12, 15, 14]. Social isolation will be making the adolescents experience varied degree of loneliness which will be influenced by the adopted coping strategies.

Materials and Methods

The Research approach was evaluative in nature. Descriptive design was used. The study was conducted among 150 adolescents. Samples were selected using Non probability convenient sampling technique. Demographic

data of the was collected using structured questionnaire. The perceived loneliness was assessed using modified De Jong Gierveld Scale, which consists of 10 questions on a rating of three as all the time, Some of the time and None of the time. The minimum score was 1 and the maximum was 30. A score of 1-10 was categorised as not lonely, 11-20 moderately lonely and 21-30 as severely lonely. The coping strategies was assessed using a checklist with 10 items. The total score was 10. A score of 1-5 was categorised as negative coping and 6-10 was categorised as positive coping. Informed assent was obtained from the samples and consent was obtained from the parents to participate in the study.

Results

Demographic Information

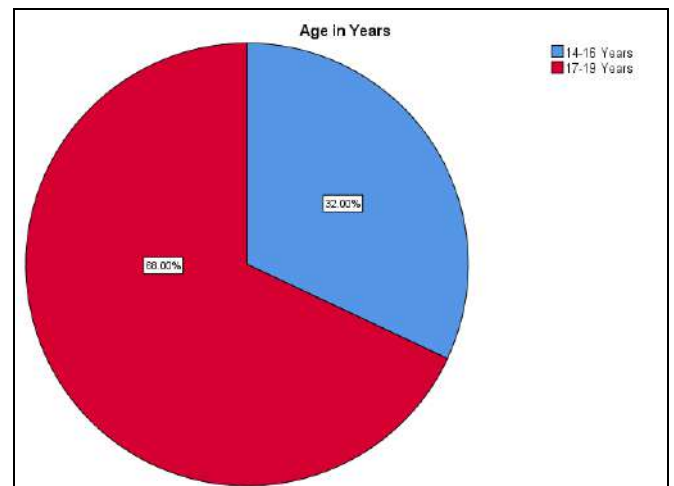


Fig 1: Frequency and Percentage distribution of the adolescents based on their age N=150

Figure 1 shows that majority (68%) of the adolescents were in the age group of 17 to 19 years and 32% of the adolescents were in the age group of 14 to 16 years.

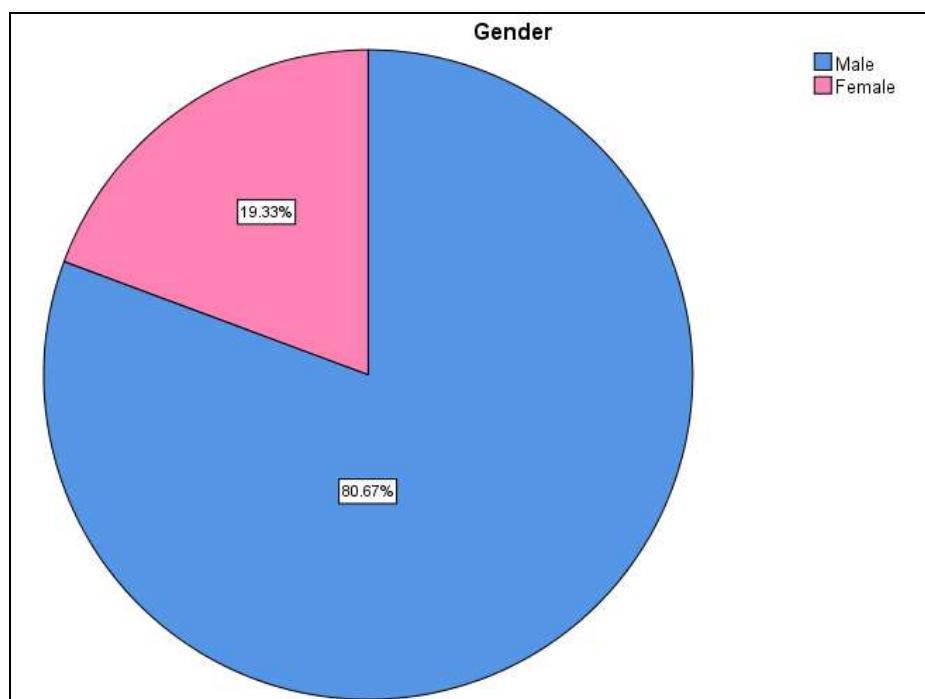


Fig 2: Frequency and Percentage distribution of the adolescents based on their gender N=150

Figure 2 shows that majority (80.67%) of the adolescents were male and 19.33% of the adolescents were female.

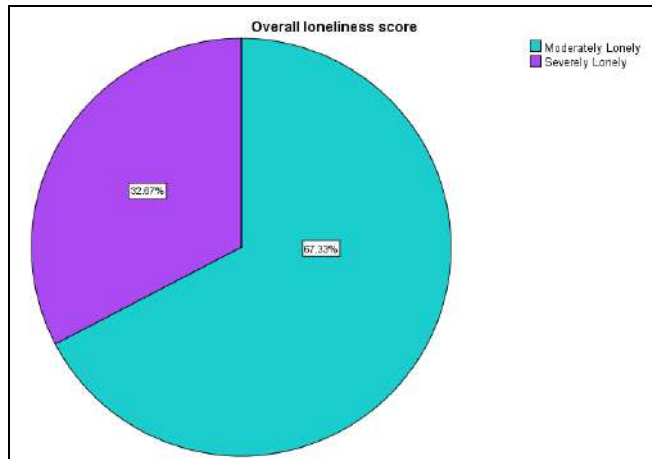


Fig 3: Frequency and Percentage distribution of the adolescents based on Overall Perceived Loneliness N=150

Figure 3 shows that the majority (63.33%) of the adolescents had reported moderately perceived loneliness and 32.67% of the adolescents had reported severely perceived loneliness.

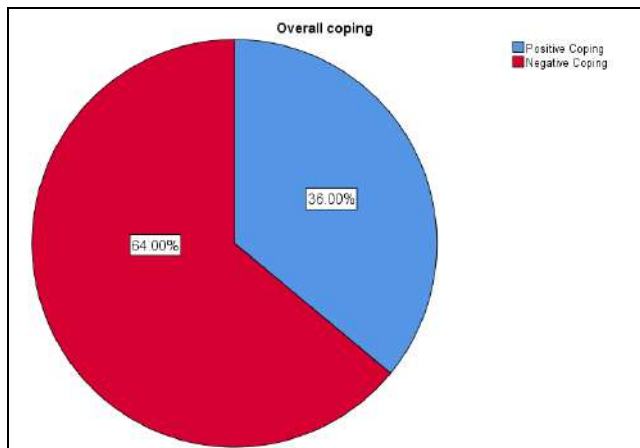


Fig 4: Frequency and Percentage distribution of the adolescents based on Overall coping strategies N=150

Figure 4 shows that the majority (64%) of the adolescents had adopted negative coping strategies and 36% of the adolescents had had adopted positive coping strategies.

Correlation of Perceived loneliness with Coping Strategies adopted by adolescents

Table 1: Correlation of Perceived loneliness with Coping Strategies adopted by adolescents N=150

Sl. No	Variables	Correlation Coefficient Value
1	Perceived Loneliness	$r = -0.688$ $p < 0.001$
2	Coping Strategies	***S

Table 1 shows that there was a negative correlation between perceived loneliness and coping strategies $r = -0.688$ at $p < 0.001$ level of significance.

Comparison of Perceived loneliness and Coping Strategies adopted.

Table 2: Comparison of Perceived loneliness and coping strategies adopted by male and female adolescents N=150

Variables	Male		Female		Student Independent t-test
	Mean	SD	Mean	SD	
Perceived Loneliness	19.73	3.91	18.66	2.13	$t = 2.028$ $p = 0.157$ NS
Coping Strategies	5.19	1.77	6.04	0.82	$t = 6.109$ $p = 0.01$ **S

Table 2 shows that the mean perceived loneliness score of male adolescents was 19.73 with a standard deviation of 3.91 whereas mean score of the female adolescents was 18.66 with a standard deviation of 2.13. There was no statistically significant difference between the perceived loneliness score of male and female adolescents.

The mean coping strategies adopted score of the male adolescents was 5.19 with a standard deviation of 1.77 whereas mean score of the female adolescents was 6.04 with a standard deviation of 0.82. There was a statistically significant difference between the coping strategies adopted by male and female adolescents at $p < 0.01$ level of significance.

Association of Perceived loneliness and Coping strategies with the demographic variable

Table 3: Association of Perceived Loneliness with the age and gender N=150

Sl. No	Demographic Variable	Perceived Loneliness				Chi-square Test
		Moderate Loneliness		Severe Loneliness		
		F	%	F	%	
1	Age in Years					4.494 df=1 $p = 0.025$ *S
	14-16 Years	38	25.33	10	6.67	
	17-19 Years	63	42	39	26	
2	Gender					0.054 df=1 $p = 0.489$ NS
	Male	82	54.66	39	26	
	Female	19	12.67	10	6.67	

Table 3 shows that there was a statistically significant association between perceived loneliness and age in years at $p < 0.05$ level of significance. There was no statistically

significant association between perceived loneliness and gender.

Table 4: Association of Coping Strategies adopted adolescents with age and gender

Sl. No	Demographic Variable	Coping Strategies				Chi-square Test
		Positive Coping Strategies		Negative Coping Strategies		
		F	%	F	%	
1	Age in Years					15.281 df=1 p=0.000 ***S
	14-16 Years	28	18.67	20	13.33	
	17-19 Years	26	17.33	76	50.67	
2	Gender					16.957 df=1 p=0.000 ***S
	Male	34	22.67	87	58	
	Female	20	13.33	09	06	

There was a statistically significant association between coping strategies adopted and age in years at $p < 0.001$ level of significance and gender at $p < 0.001$ level of significance.

Discussion

The findings of this study showed that moderate to severe level loneliness was found to be prevalent among 66% adolescents which was high in the older age group of 17 to 19 years. In three previous studies conducted, the percentage of participants reporting moderate to severe loneliness ranged from 2.5% to 18.4% (Diehl *et al.*, 2018; Hysing *et al.*, 2020; Singh *et al.*, 2020) [3]. In addition, closure of schools could partly play a role in the development of loneliness among students as school routines and activities were identified as essential coping mechanisms, especially for young people (Auger *et al.*, 2020). Also, this result confirms previous studies showing a higher tendency of younger individuals to feel emotionally lonely during the coronavirus pandemic (Bu *et al.*, 2020; Rauschenberg *et al.*, 2020) [2, 10]. In a large-scale study comprising 35,712 UK adults, younger adults were found particularly at risk of experiencing severe loneliness during the pandemic in comparison to the older age group (Bu *et al.*, 2020) [2]. This result also lends support to earlier studies, which reported younger people to be significantly lonelier than older respondents (Barreto *et al.*, 2020; Child & Lawton, 2019) [1].

The correlation between loneliness and coping strategy showed that there was a negative correlation between perceived loneliness and coping strategies $r = -0.688$ at $p < 0.001$ level of significance. This shows that the loneliness will be severe if the coping skills are negative. So, as the coping skills adopted are positive less severe is the loneliness. In a recent study by Savitsky *et al.* (2020) [11], higher levels of resilience and positive coping skills related to decreased levels of pandemic related anxiety among students during the mandatory lockdown.

In relation to the perceived loneliness score the male had a mean score of 19.73 with a standard deviation of 3.91 whereas mean score of the female adolescents was 18.66 with a standard deviation of 2.13. There was no statistically significant difference between the perceived loneliness score of male and female adolescents. The mean coping strategies adopted score of the male adolescents was 5.19 with a standard deviation of 1.77 whereas mean score of the female adolescents was 6.04 with a standard deviation of 0.82. There was a statistically significant difference between the coping strategies adopted by male and female adolescents at $p < 0.01$ level of significance. The findings

reveal that the female adolescents used more of positive coping skills in comparison to the male counterpart.

Association of the perceived loneliness and demographic variables revealed that there was a statistically significant association between perceived loneliness and age in years at $p < 0.05$ level of significance. Labrague L J, *et al* (2021) [6] found that age predicted emotional loneliness, with younger students experiencing higher levels of emotional loneliness during the COVID-19 pandemic. There was no statistically significant association between perceived loneliness and gender.

Association of the coping strategies with the demographic variables revealed that there was a statistically significant association between coping strategies adopted and age in years at $p < 0.001$ level of significance and gender at $p < 0.001$ level of significance. In a study involving young adolescents, adequate coping skills and resilience were identified as protective factors against loneliness and other negative effects of social distancing and lockdown measures during the pandemic (Groarke *et al.*, 2020) [4].

Conclusion

Loneliness can be overcome by positive coping strategies. The study suggested that the loneliness was found to be more among the older adolescents and female had higher mean value of positive coping strategies. There was a negative relationship between loneliness and type of coping strategies. More positive the coping lesser is the loneliness. Age and gender are the influencing factor for the coping strategy adopted. The loneliness has to be addressed to improve mental wellbeing of the adolescents.

Implications

- Teachers and parents have to consciously address the loneliness aspect.
- Positive coping strategies have to be reinforced.
- Parents should take an active role in helping the adolescents to be involved in constructive activities at home.
- Parents should spend time along with the adolescents.

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