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# Advocating multi-disciplinarity in studying complex emergencies: The limitations of a psychological approach to understanding how young people cope with prolonged conflict in Gaza

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Advocating multidisciplinary research in studying complex emergencies: the limitations of a psychological approach to understanding how young people cope with prolonged conflict in Gaza

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Summary
The paper looks at the limitations and strengths of using the A cope questionnaire for measuring strategies for coping with prolonged conflict by Palestinian young people in Gaza. The scale was administered to young people between the ages of 8-17. The results show some gender differences in coping strategies. However, some items on the sub scales are not relevant for Muslim societies or in situations of prolonged conflict. The authors suggest that combining an anthropological contextual perspective and qualitative data with psychological instruments is an effective way of addressing the limitations of using a single quantitative method of assessment in non-western complex social and cultural settings.

Running title: advocating multidisciplinary research

## Introduction

This paper examines to what extent psychological scales of mental-well being are generalisable in different non-western social and cultural settings. The limitations of using these scales in different cultural settings are discussed and it is argued that some of the limitations can be addressed through adopting a more contextual anthropological approach alongside the use of the psychological scales. The particular scale used as a vehicle for this discussion is the A cope questionnaire.

This paper is drawn from primary data gathered in Gaza as part of a regional study funded by the Andrew H. Mellon Foundation on exploring how Palestinian children and youth and their households cope with the effects of prolonged conflict and forced migration. The study was interdisciplinary in approach with researchers from the fields of anthropology, education, political science, public health and psychiatry. There was a core theoretical framework and research methodology but each country team developed additional variations. The use of the A cope questionnaire was part of the data collection only in the Gaza setting. The regional study was co-ordinated by researchers from the UK (Chatty & Lewando Hundt) but carried out by 5 research teams based in Jordan, Syria, Lebanon, the West Bank and Gaza. Ethical permission was obtained from an Ethics Committee at the University of Oxford and informed consent was requested from every household in the study.

Nearly all psychiatric and psychological research employs concepts that are based on Western ideas of pathology. These often do not correspond to local illness taxonomies and classifications (Kleinman 1978, 1980, Young 1982, Scrimshaw & Hurtado 1988). Furthermore, work by Kleinman and his colleagues in the field of mental health has identified clear differences between lay and professional taxonomies (Kleinman 1986). Somatization, the cultural patterning of psychological and social disorders into a language of distress of mainly physical symptoms and signs, is a serious problem encountered by mental health professionals in making psychiatric diagnoses across cultures and in different societies. The use of Western diagnostic criteria and scales developed using professional disease classification may, therefore, be conceptually at variance with local and indigenous classifications. Scales for measurement, family well-being and stress management indexes (McCubbin 1991, Langner, 1962; Goldberg, 1978. Brodzinsky et al 1989) are also liable to the same criticism even when validated cross-culturally.

More recent work on the history of social construction and use of the diagnostic category of Post Traumatic Stress Disorder (Young 1995, Bracken 1998) examines how this is socially constructed within Western psychiatry and assumed to be new and universal. Scales to measure the incidence of PTSD in Gaza have been used and reported on (Thabet et al 2002).

The methods used in much research in the domain of psychology and psychiatry also present some difficulties, since it limits the extent to which mental health can be conceptualised in the surrounding culture and society. For example, our early exploratory discussions with Western researchers in Gaza revealed some confusion among the field workers regarding their findings. The results of their questionnaires with children and adolescents trying to establish a hierarchy of fears among this cohort showed a strong community-centric focus to their worries rather than the anticipated ego-centric focus, as would be the case in Europe or North America. Such findings could only be understood by bringing into the analysis the wider cultural context of Palestinian family and community cohesion. Recent research in the psycho-social field, particularly amongst practitioners, is beginning to incorporate qualitative methods in its work (MacMullin and Oudeh 2000).

In Western societies often coping strategies are connected to the individualistic approach, where the individuals can seek help through professional channels, such as counselling. In comparison, within the context of developing countries the coping approach is more collective. The individuals are part of the community and they resolve their problems and get their support within the community network, considering that professional assistance are rarely available and often downgraded by the community. This indicates that within the settings of the developing countries, the support of the family and the community is much more vital than professional counselling.

But more needs to be done, and in the context of Palestinian refugee children, where the psycho-social or development psychological approach holds sway, further effort is required in order to effectively contextualize and thus validate research findings.

Gaza and the West Bank have faced extensive periods of active conflict with the Israeli army and settlers as well as some minor confrontations with the Palestinian National Authority. There have been some psychological and psychiatric studies of the children in this area (Abu Hein et al. 1993, Baker 1990,1991, Punamaki 1990, 1997, Qouta 1995, Thabet et al 2002) which indicate a high prevalence of PTSD amongst children and families owing to living with prolonged conflict.

**Setting and population**

The creation of Israel in May 1948 led to the displacement and forced migration of Palestinians to the Gaza Strip and elsewhere. Within a very short time after the creation of the state of Israel, 250,000 Palestinian refugees fled their homes to the Gaza Strip. The population of the Gaza Strip tripled almost overnight, and the internal dynamics of the territory were transformed forever. In 1991, there were 789,444 registered refugees in the Gaza Strip; and the total refugee population currently makes up 63% of the general population (UNRWA, 1999). More than half of the refugee population (55%) live in overcrowded refugee camps and the remaining 45% are in villages and towns. UNRWA is the main provider for education, health and relief services for refugees living in and outside (UNRWA, 1999). Unemployment is high as job opportunities in GS are limited and access to work in Israel is restricted. Many refugees live in overcrowded housing and neighbourhoods and unsanitary conditions. UNRWA is the main health and educational providers for refugees inside and outside the refugee camps. Despite the difficult living conditions, currently many refugee camps have developed and organised many significant local activities, which were often supported by UNRWA, NGOs and/or government sectors.

During the years of the Israeli occupation, the Palestinian economy was very dependent on the economy of Israel. December 1987 when four residents of Gaza were killed in a traffic accident involving an Israeli military vehicle. Civilian protests over the deaths quickly escalated into mass demonstrations. Within a week, the protests had spread to the entire areas of the Gaza Strip and the West Bank, and were being referred to as the *Intifada* (Uprising). The *Intifada* lasted for seven years. It ended with the signing of the peace treaty, partial withdrawal of the Israeli military occupation forces from areas of the West Bank and Gaza Strip and the handing over of the administration to the Palestinian Authority in 1994.

In 2000, a new period of political instability and conflict arose with the outbreak of the Palestinian *Intifadat Al-Aqsa* in September of that year. The internal chaos within the Palestinian territories accompanied with the Israeli military strikes against Palestinian areas, resulted in major damage to the Palestinian economy and administrative structures. There have been widespread closures of business, a high level of unemployment and a sharp drop in GDP. This situation is still continuing at the time of writing.

**Methods**

The study population was Palestinian refugee families living in the Gaza Strip. The Gaza team worked in three refugee camps (El Bureij camp, Khan Yunis camp and Beach camp) and two urban areas (Elzaytoun and El Sheikh Radwan area in Gaza city). The criteria for selection were ease of access in terms of being close to the homes or workplaces of the researchers.

A purposive sample of 20 households was selected according to two criteria: firstly, children ranging in age from pre-school to 20 years old; and secondly, grandparents who were more than 11 years old when they left their homes in 1948. Fifteen of these families were living inside the camps and five families were living outside the camps. Two social workers and a female nurse who took notes conducted the household interviews. Semi-structured interviews based on a topic list were held with members of different generations within the household. On the whole three visits took place to each household. On the first visit the experiences of the grandparents were elicited, and on subsequent visits, those of the parents and children. The women and girls in the household were interviewed separately from male family members. Detailed notes were written of the interviews within twenty-four hours of the interview.

Six focus group interviews took place with the children and young people aged 9-18 from these households. There were separate group interviews for boys and girls, three of each type consisting of 6-10 children. The same researchers conducted the focus groups. Boys were interviewed by the male social worker, while girls were interviewed by the female social worker with a female nurse. In addition, 154 children from these households ranging from the ages of 7-18 years of age filled in the A-Cope Questionnaire: (73 girls [53%] and 81 boys [47%]. The Statistical Package for Social Science (SPSS for windows version 8) was used to analysis the quantitative data (A-Cope questionnaire).

The Adolescents Coping Orientation for Problem Experiences (A-COPE Questionnaire, Patterson and McCubbin, 1987) is a self-report questionnaire consisting of 54 specific coping behaviour which adolescents may use to manage and adapt to stressful situations. Subjects reported on a 5-point scale (1 = Never; 5 = Most of the time) to indicate how often they use each coping strategy when feeling tense or facing a problem or difficulty. Patterson and McCubbin (1987) used factor analyses for the A-cope questionnaire and reported 12 sub-scales. Patterson and McCubbin (1987) reported that coefficients for these scales ranged from .50 to .76, with a median of .72. In another study (Randall et al, 1990) the α coefficients ranged from .45 to .92, with a median of .76. In this research, the split half reliability technique of the scale was high (r =.78). Internal consistency of the scale, calculated using Chronbach's alpha was also high (α= .81).

Findings

Table 1 shows the demographic characteristics of the 154 children and young people and their families who were included in this research sample.

**Table 1: Demographic characteristics of children and young people sample (N=154)**

The mean age of children was 14.5 years. Seventy-one percent were 15 years and less and 28.6% were above 15 years. The sample was distributed nearly equally between the three

locations. Large families are the norm therefore the vast majority of the sample (75%) had more than four children. Household income was low as more than half of the sample said that their monthly income was less than 350 US dollars. It is important to mention that they might have additional sources of income from other family members that they did not declare. Since then, unemployment and hardship has increased.

Illiteracy levels were similar between mothers and fathers. However, fathers had a higher educational level than mothers in terms of completing secondary and tertiary level education. The vast majority of women (80%) worked as housewives, compared to which more than two thirds (42%) of the men were labourers and one third were employees.

There were a range of coping strategies that emerged from the use of the Adolescents Coping Orientation or Problem Experiences A-cope Questionnaire (Patterson and McCubbin, 1987). For the purpose of this discussion on the gender variation within the setting of this research, the individual percentages are grouped within the sub-scale headings. As there is some overlap within these 12 sub-scales a few of them have been combined so that there are 6 groupings but the heading clearly shows this. The discussion focuses on a review of the gender variation and no statistical analysis on the sub-scales is used. Percentages presented in the following pages refer to strategies used always or often.

**Engaging in demanding activity and developing self reliance and optimism**

**Table 2: Engaging in demanding activity and developing self-reliance and optimism (combined sub-scales)**

This shows that girls were more studious in schoolwork, more focused on improving themselves and thinking about the good things in their lives. The boys had a sense of self-reliance and more of them felt that they could cope by figuring out problems on their own and organizing their own lives.

**Developing social support and investing in close friendships**

**Table 3: Developing social support and investing in close friendships (combined sub-scales)**

Both boys and girls helped other people but boys were more reliant on peer support and girls got more involved with school activities. This reflected how girls were more socially restricted outside the family so that they had less opportunity for mixing with friends outside of school.

**Solving problems within the family**

**Table 4: Solving problems within the family**

It seems that there were no gender differences reported in terms of talking with mothers and fathers or siblings other than boys having a preference to talk with their mothers and girls reporting that they obeyed parental rules more than boys did.

**Seeking diversions and relaxing**

**Table 5: Seeking diversions and relaxing (combined sub-scales)**

This shows that boys had more relaxation outside the home being more likely to frequently go shopping, ride in a car, or take exercise. The only two activities, which were reportedly undertaken to a similar extent, were watching TV and listening to music. Girls reported eating and sleeping more, playing video games and taking up their hobbies less often. This may reflect not only less social activity outside the home but also that they are busier in the home with domestic activity helping their mothers and sisters.

**Using drugs**

**Table 6: Using prescribed and non-prescribed drugs**

These two items about drug use are confusing since it is not clear if the use of non-prescribed drugs refers to illegal drugs or those obtained over the counter. It has been established that the use of prescribed drugs is high in Gaza and that in addition many drugs are available over the counter and are purchased by boys or young men for other members of the family. The non-prescribed drugs item is ambiguous as it is not clear if it refers to illegal drugs or over the counter medications.

**Ventilating feelings and being humorous**

**Table 7: Ventilating feelings and being humorous (combined scale)**

In terms of expressive behaviour both boys and girls complained to their friends, cried and said mean and nice things equally. They also both used humour. However, boys were more likely to get angry and yell or swear and or complain to their families and girls tended to apologise more as a coping mechanism. This would seem to indicate that boys could be more expressive in terms of negative emotions in assertive ways.

**Avoiding problems**

**Table 8: Avoiding problems**

This indicates that there was little smoking or drinking of alcohol, as one would expect in this culture. Girls cannot use staying away from home as a coping mechanism whilst boys could, and both used daydreaming or denying the importance of a problem but the boys did to a greater extent.

**Seeking spiritual support and professional support**

**Table 9: Seeking spiritual support and professional support (2 combined scales)**

This shows that both boys and girls prayed and talked to religious persons but the boys attended the mosque more frequently and the girls reported praying as a frequent coping mechanism in higher numbers than boys. This is a cultural pattern - men attend the mosque more regularly than women and women pray within the home. The boys also reported talking with teachers and using professional counselling more than the girls do which reflects perhaps a pattern of coping that is more focused on life outside the home.

The main coping strategies of the qualitative interviews are summarised in Figure 1

Figure 1 Summary of coping strategies of Palestinian young refugees in the Gaza Strip

Although quantitative questionnaires enable standardised data to be collected and compared between different settings and societies, they nevertheless represent a data set of self reported individual responses that are not contextualized within the household or wider society. These shortcomings can be addressed to a certain extent if they are combined with qualitative data either in the form of semi-structured interviews, narratives or participant observation.

For example, the understanding of PTSD is better understood when placed within the experience of family members of different generations. Repeated intergenerational trauma was one of the recurrent aspects of the narratives collected in this study on the experiences of forced migration of each generation. Children heard stories describing the traumatic experiences of their grandparents (the first generation). They also had witnessed or suffered

a wide range of traumatic experiences especially during the years of the first and current Intifada, such as the killing of a friend or a close relative. Many witnessed members of their families being killed, injured and their houses being raided by soldiers and their neighbourhoods being under military curfews. As one said:

> *"Israeli soldiers beat my friend and placed him in a dustbin. A few weeks ago, I went to buy medicine from a nearby pharmacy, the army caught me, they beat me and put me in a dustbin. I was terrified, and now I avoid the army." (teenage boy)*

Many young people saw incidents of death and they felt helpless as they could not do anything to help their dying friend, which was very frustrating. Islam remembered her experience of her classmate's death as:

> *"A few weeks ago, the Israeli soldiers conducted raids in my neighbourhood; they beat many boys and threw tear gas bombs. They shot my classmate I saw him lying on the ground. I saw the shooting and killing of the son of neighbours. I could not do anything for him. I cried. The Israeli army entered my home and beat my father and my brothers in front of me." (teenage girl)*

Stress and anxiety was reflected clearly in the responses of many interviewees. Stress occurred as a result of the uncertainty of facing the unknown and not knowing what the future would hold. The uncertainty caused by political conflict increased stress, anxiety and unhappiness for many people. Furthermore, living in overcrowded camps was reported as increasing stress and anxiety. Lack of personal space might lead to tension between family members that might lead to aggression. For instance, many young people complained that their fathers were often nervous, irritable, did not listen to their opinions, and were too busy earning a living. As one said:

> *"My father did not love my brothers or me, and he treated us as servants. He just wanted people to know how his sons were strong and had established themselves without any help. I feel I am not my own person but the son of X. I accept my father's authority, but not my mother's. I can not talk to my father, only to my mother, because father is nervous and aggressive. Being around my father is very stressful." (teenage boy)*

Stress was not only related to incidents experienced directly but also to the impact of television coverage and the involvement of friends and acquaintances in violence and fatalities. Many girls reported feelings of sadness and grief. Two girls expressed this as follows:

> *"One day, I was watching the television showing painful pictures caused by the Israeli military forces; suddenly, our telephone rang, my mother answered, she became silent and looked sad. We hesitated to ask her what happened. She told us that our friend and three other people were killed while trying to remove a suspected parcel. We were speechless, felt the size of the catastrophe and started crying in silence. Next day I went to school and could not concentrate on my lessons, I sat on the floor and started weeping. One of my teachers noticed and asked me why am I upset. When I told her the reasons for my sadness, she said 'Don't be sad, he is not the first martyr.' I went home sad, I felt better when I remembered that the martyr is God's favourite. I still remember that painful incident and I will never be able to remove it from my memory." (teenage girl)*

> *"I saw some painful and sad pictures on TV that made me sad, irritable and weepy. I saw destroyed houses, displaced women and children, burned land and uprooted trees. If I wrote down what I have seen the pages of all the papers in the whole world would not be enough. I feel speechless, because such people lack sympathy and sensitivity…"(teenage girl)*

## Discussion

The results of the A-Cope Questionnaire amongst these young people show that boys and girls share the most common coping strategies (50% and over) that relate to self-reliance and optimism. The data shows that boys and girls chose to engage in activities that were demanding of themselves and within their control, such as getting their bodies in shape and getting better grades. Both girls and boys explore ways to figure out how to deal with problems or tensions on their own. Studying hard at school is clearly an important coping strategy for these young people as it is for other Palestinian young people in other areas (Alzaroo et al 2003)

Girls were more likely to use coping strategies that involved social interaction and support close to home. These findings fit in with the traditional Palestinian society's expectations from both males and females. They also fit with the educational expectations as many people invest in education, seeing it as a way out of poverty.

Girls used religious activity more commonly, by praying at home. But due to cultural factors the boys were praying in mosques more than the girls and the boys reported seeking advice from religious persons more than girls. This is also expected as boys more than girls have the freedom to mix with people outside their households.

Using avoidance behaviour by drinking beer, alcohol, or other drugs were the least used coping strategies. These behaviours are prohibited within the society in general and it is difficult to evaluate self-reported use rather than actual behaviours. The finding that girls used prescribed drugs more than the boys seems to indicate that they would seek medical help either through seeing a physician or buying directly from pharmacies. This would fit an explanation of the somatization of distress that is often used as a means of expressing distress by people who have little power and therefore often used by women or children. In Gaza a very wide range of drugs is available over the counter in pharmacies and there is a high utilization of drugs bought over the counter or prescribed in clinics (Beckerleg et al 1999).

In using leisure activities as a means of coping with stress, girls watch TV more than boys, both will listen to music, twice as many boys as girls will play video games and pinball and boys read more than girls. This is also expected in society where girls have to help with the housework while boys have more free time to do other activities.

The outcomes show that boys have more relaxation outside the home as this is more socially acceptable - they are more likely to frequently go shopping, ride in a car, go to a movie or take exercise. The only two activities, which are done to a similar extent, are watching TV and listening to music. Girls eat and sleep more, play video games and take up their hobbies less often. This may reflect not only less social activity outside the home but also that they are busier in the home with domestic activities helping their mothers and sisters.

In terms of expressive behaviour both boys and girls complain to their friends, cry and say mean and nice things equally. They also both use humour. However, boys are more likely to get angry, yelled or swear and more likely to complain to their families and girls tend to apologise more as a coping mechanism. This would seem to indicate that boys could be more expressive in terms of negative emotions in assertive ways.

Girls cannot use staying away from home as a coping mechanism whilst boys can, and both use daydreaming or denying the importance of a problem but the boys do to a greater extent. This shows that both boys and girls pray and talk to religious persons but that boys attend the mosque more frequently and the girls report praying more frequently than boys. This is a cultural pattern - men attend the mosque more regularly then women and women pray more often solely within the home. The boys also reported talking with teachers and

using professional counselling more than the girls do which reflects perhaps a pattern of coping that is more focused on life outside the home.

In looking at doing leisure activities as a way of coping with stress, girls watch TV more than boys; both will listen to music; boys twice as girls play video games and pinball; boys read more than girls. This is also expected in society where girls have to help with the housework while boys have more free time to be encouraged in social and entertainment activities. Comparing our results with Patterson and McCubbin (1987) study of 709 adolescents that showed that the most frequent coping patterns were relaxing, social supports, investing in a friend, and developing self-reliance.

We see that Palestinian children and young people were engaged in demanding activity to overcome their stressful situations by working hard to get high school marks, and they also worked hard in developing self-reliance to fulfil parental expectations. Some researchers like Seiffge- Krenke (1993) have also documented striking gender differences in the use of coping strategies. Regardless of the type of problem, girls address problems immediately, talk about them frequently with significant others and usually try to solve the conflict with the person concerned. Boys, on the other hand, seem to tackle problems when these are imminently present, but do not put themselves under pressure as much as girls do. However others like Compas et al (1988) found no gender differences in coping strategies.

**Cultural Limitations to the interpretation of instrument findings**

The A-Cope Questionnaire instrument was created and used often within Western societies. There are general limitations to this instrument when used in non-western settings as well as particular limitations to the way in which it was used in this study where prolonged conflict is a part of life. There are several items in the A Cope questionnaire instrument, which are irrelevant in an Arab primarily Muslim setting. These are the items that obtained high scores in the Never or Hardly Ever category amongst both boys and girls. They reflect the social realities and norms of life of either life in Arab societies or in Gaza currently. An example of a coping mechanism, which would fit this category, would be the use of alcohol which 97% of girls and 92% of boys reported as never or hardly ever used. Alcohol is not available in Gaza in public places and is only used by a small minority. Its use would be covert, discreet or more prevalent amongst Christian families who are a minority in Gaza.

Other items found to be inappropriate for daily life in Gaza at the time of conducting the research included:

Going to a movie: there were no cinemas open

- Getting professional counselling: in Gaza professional counselling is very limited
- Going shopping for things you like: with the high level of unemployment, shopping is often for limited to the necessary basic items
- Using non-prescribed drugs: it was not clear if this item referred to illegal drugs or over the counter drugs and a large array of drugs are available over the counter

Additionally the age of children who filled in this instrument ranged from 7 years of age to 17 years of age. As reported by Compas (1988) and Seiffge-Krenke (1993), the coping mechanisms that young people use vary with age. This limits the generalisations one can make from this data.

Psychological instruments such as the A-Cope Questionnaire yields data from individuals whose responses become socially constructed statistical artefacts that do not adequately reflect the social and cultural context of their lives (Ahearn, 2002). However, when qualitative data such as household intergenerational narratives as gathered in this study are combined with the quantitative data, these individually reported coping strategies are then contextualized within the wider historical experience and day to day realities of families' lives. For example an activity such as watching television could be categorised as a leisure activity but experienced as a source of stress when watching media coverage of the conflict.

Through using multiple multidisciplinary approaches, triangulation is achieved, and it is argued that a deeper, more contextual understanding of coping with prolonged conflict can be developed. Rather than looking at the pathology that develops in situations of conflict and forced migration by administering standardised instruments, it would seem more appropriate to adopt a holistic approach. This would place of the findings of the psychological instruments within qualitative data which looks at the wider context of young peoples' lives. The resilient coping of these young people is extraordinary but not captured adequately by a standard psychological instrument which objectifies and decontexualises their lives. Neither do instruments of this type capture the texture of the day to day suffering and courage of these young people and their families.

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**Authorship**

Chatty and Lewando Hundt designed and co ordinated the regional study. Lewando Hundt co ordinated the Palestinian teams in Gaza and West Bank, Chatty the Lebanese, Jordanian and Syrian teams. Thabet as team leader of the Gaza team administered the A Cope Questionnaire and carried out an initial analysis and a paper was presented at the findings at the American Anthropological Association 2002 as part of a panel on the regional study. Lewando Hundt, Chatty & Thabet wrote the paper with some help from AbuAteya who presented the paper at the Society for Applied Anthropology 2003 meeting and commented on drafts.

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**Figure 1: Coping strategies among Palestinian young refugees in the Gaza Strip**

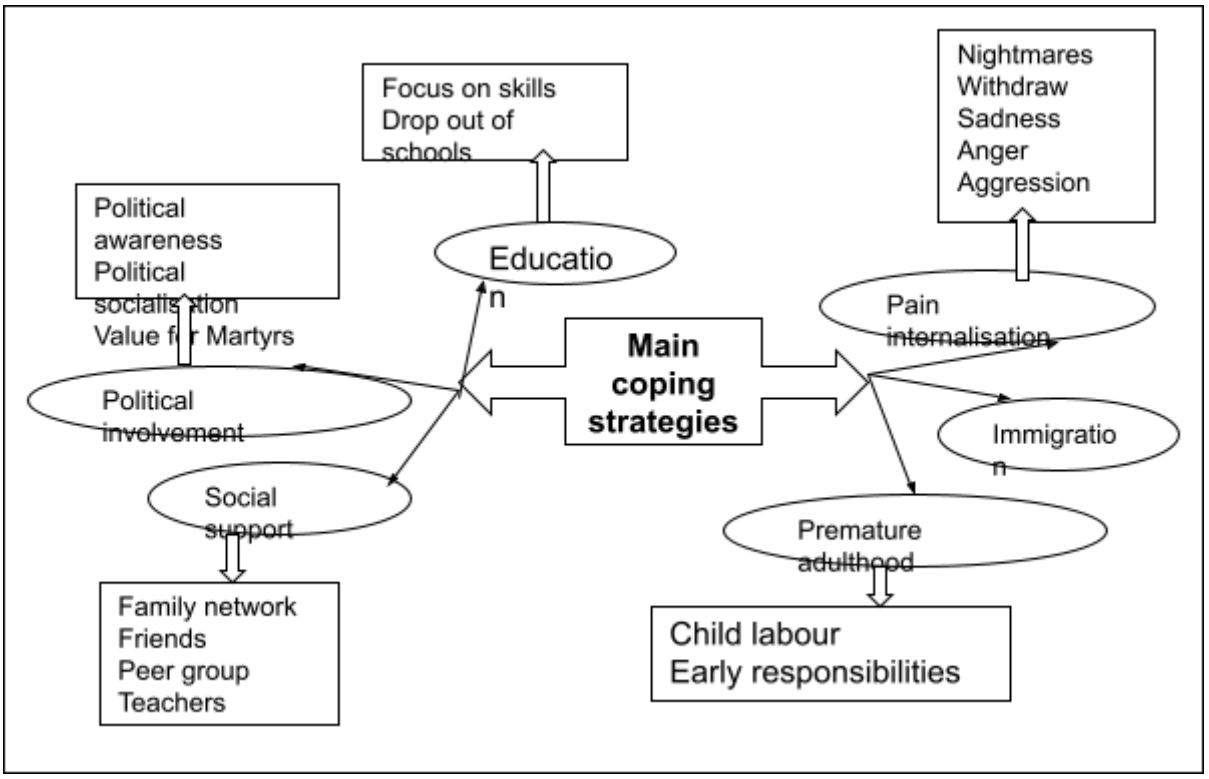

**Table 1: Demographic characteristics of children and young people sample (N=154)**

| Demographic characteristics | Main features | Frequency (number of people) | Percentage % |
|---|---|---|---|
| **Gender** | Male | 81 | 53 |
| | Female | 73 | 47 |
| **Age** | Less than 15 years | 110 | 71 |
| | Above 15 years | 44 | 29 |
| **Location** | Gaza | 55 | 36 |
| | Middle area | 50 | 32 |
| | South area | 49 | 32 |
| **Family size** (number of people in family) | 1-4 people | 39 | 26 |
| | 5-7 people | 62 | 41 |
| | 8 + people | 52 | 34 |
| **Household income** (in US $) | Less than 350 | 90 | 59 |
| | 351-750 | 40 | 26 |
| | More than 750 | 24 | 15 |
| **Fathers' educational level** | Uneducated | 6 | 4 |
| | Primary | 47 | 31 |
| | Secondary | 27 | 18 |
| | Higher degree | 74 | 48 |
| **Mothers' educational level** | Uneducated | 8 | 5 |
| | Primary | 46 | 30 |
| | Secondary | 63 | 41 |
| | High degree | 37 | 24 |
| **Fathers' occupation** | Unemployed | 19 | 12 |
| | Labourer | 65 | 42 |
| | Employee | 53 | 35 |
| | Others | 17 | 11 |
| **Mothers' occupation** | House wife | 123 | 80 |
| | Unskilled worker | 3 | 2 |
| | Employee | 24 | 15 |
| | Others | 4 | 3 |

**Table 2: Engaging in demanding activity and developing self-reliance and optimism (combined subscales)**

| Items | Girl (%) | Boy (%) |
|---|---|---|
| Improving oneself | 83 | 71 |
| Working hard at school | 65 | 55 |
| Figure out problems self | 38 | 59 |
| Organize your own life | 49 | 55 |
| Work harder/get a job | 29 | 30 |
| Think of good things | 67 | 50 |
| Try to make own decisions | 33 | 51 |

**Table 3: Developing social support and investing in close friendships (combined subscales)**

| Items | Girls (%) | Boys (%) |
|---|---|---|
| Helping others solve problems | 42 | 41 |
| Talk with friends about feelings | 14 | 24 |
| Be with friends | 12 | 50 |
| Keep up friendships | 57 | 46 |
| Be close to someone | 39 | 45 |
| Get more involved in school activities | 54 | 29 |

**Table 4: Solving problems within the family**

| Items | Girls (%) | Boys (%) |
|---|---|---|
| Talking to mother | 19 | 29 |
| Talking to father | 19 | 20 |
| Doing things with family | 51 | 51 |
| Going along with parents and rules | 62 | 51 |
| Reasoning with parents | 34 | 34 |
| Talking with siblings | 17 | 15 |

**Table 5: Seeking diversions and relaxing (combined subscales)**

| Items | Girls (%) | Boys (%) |
|---|---|---|
| Reading | 29 | 21 |
| Going shopping | 10 | 26 |
| Playing video games | 10 | 22 |
| Eat food | 45 | 30 |
| Sleep | 44 | 30 |
| Work on hobby | 32 | 46 |
| Strenuous physical activity | 10 | 28 |
| Listen to music | 33 | 32 |
| Ride around in a car | 9 | 26 |
| Watch TV | 49 | 32 |
| Go to a movie | 9 | 16 |

**Table 6: Using prescribed and non-prescribed drugs**

| Items | Girls (%) | Boys (%) |
|---|---|---|
| Use prescribed drugs | 26 | 20 |
| Use non prescribed drugs | 1.4 | 17 |

**Table 7: Ventilating feelings and being humorous (combined scale)**

| Items | Girls (%) | Boys (%) |
|---|---|---|
| Swearing | 7 | 22 |
| Complaining to family | 12 | 25 |
| Saying mean things | 54 | 53 |
| Saying nice things | 49 | 55 |
| Crying | 28 | 29 |
| Being angry and yelling | 15 | 22 |
| Blaming others | 17 | 36 |
| Apologising | 39 | 34 |
| Complain to friends | 42 | 42 |
| Joke | 45 | 34 |
| Trying to be funny | 19 | 24 |

**Table 8: Avoiding problems**

| Items | Girls (%) | Boys (%) |
|---|---|---|
| Staying away from home | 3 | 26 |
| Using alcohol | 0 | 0 |
| Smoking | 4 | 12 |
| Telling oneself that the problem not important | 13 | 15 |
| Daydreaming | 17 | 26 |

**Table 9: Seeking spiritual support and professional support (2 combined scales)**

| Items | Girls (%) | Boys (%) |
|---|---|---|
| Pray | 67 | 51 |
| Talking to a religious person | 23 | 21 |
| Going to the mosque | 21 | 42 |
| Talking to a teacher | 13 | 17 |
| Getting professional counselling | 4 | 11 |