

# **Psychological Distress and Coping Mechanisms among Street Children**



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## **Psychological Distress and Coping Mechanisms among Street Children**

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**AbirahNadeem**



## ABSTRACT

The present research was designed to find out the relationship between psychological distress and coping mechanism among street children. A sample of ( $n = 150$ ) children were approached through different areas i.e, slums (adjacent to F11, H/9.4) ( $n= 78$ ), roadsides of G11 ( $n = 23$ ), main Sunday bazar ( $n=10$ ) and G.10 markaz slum area ( $n =39$ ). The research was carried out by applying depression anxiety stress scale – 21 (Aslam, 2008), and Brief COPE (Sabih, 2006). Urdu translated versions were used in the present study. The sample was mainly based upon the children who were out in streets to earn money, the age range of the sample was 10- 17 years of age ( $M= 14.21$ ;  $SD = 1.22$ ). The children were involved in different labor types i.e, selling things ( $n=77$ ), begging ( $n=38$ ), trash collectors ( $n=25$ ), car wash ( $n=10$ ). The findings revealed positive correlation between the psychological distress avoidant coping mechanisms. Problem focused coping mechanism positive coping and religious denial is found to be negatively related with psychological distress. Further analyses were done on the different demographic variables such as age, gender, labor type, working hours, time duration of being on street. The mean differences on age groups (early adolescent, middle adolescent) revealed that middle adolescent group uses more problem focused coping mechanism and active coping mechanism, whereas psychological distress is found to be more in early adolescent group, analysis on gender showed that girls experience more distress as compare to boys, and boys use more problem focused coping mechanism as compare to girls, analysis on labor type showed no significant result, but analysis on working hours showed that the children who work for more hours face more distress. The study's findings raise concern that many of our street children are facing psychological distress for which they adapt a particular coping mechanism, the implication of the study is in social psychology field it can be used for making certain educational programs for the children so that they are able to handle themselves in any stressful situation.

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## Chapter 1

### INTRODUCTION

Children living on streets have turned into a social issue in numerous nations, an issue that must be experienced by any methods conceivable. Youngsters on streets are defenseless against various dangers yet they figure out how to add to certain coping strategies which make them flexible (Adato & Hoddinott, 2007).

As referred to in Lusk (1992) street children were characterized by The United Nations Children's Fund (1985) as any boy or a girl for whom the street has turned into his routine dwelling place wellspring of work. The indication of relinquishment singles these children out as fitting in with the same gathering of street children; however their backgrounds, family qualities, life histories and anticipations are altogether different (Dallape, 2006). A few specialists characterize street children on the premise of a couple of attributes, for example, dozing spot, family ties, school ties, relaxation, exercises and occupation on street, these definitions can prompt a more extensive classification like children of street, children in street (Felsman, 2009). Children of the streets are the individuals who really live on street throughout the day and night, who don't have stable family ties, interestingly children in street are the individuals who spend their daytime for acquiring cash for themselves or their family and they invest their night energy at their home with their guardians (Benitez, 2011).

The emotional wellbeing of the children is a major concern (Gore, 2011). Street children are avoided from standard society (Dooley, 2003). They need access to essential life necessities, as well as every now and again separated and manhandled by others (Clark, 2006). This rejection against street children forces a major effect upon the children's psychological wellbeing. As per Mirowsky and Ross (2002) psychological distress is a wide idea which is characterized by the state of internal enduring that comprises of the side effects of depression (low inclination, loss of interest etc), Anxiety (alarm ,etc). These side effects of depression and anxiety can be joined with some substantial dissensions like cerebral pains, shortening of breath, dry mouth (Kleinman 1991, Kirmayer 1989). Lovibond and Lovibond (1995) added to a scale that measures the parts of psychological distress (depression, anxiety & stress). As indicated by Lovibond (1995) depression is a state portrayed by cynicism, bleak mind-set, loss of enthusiasm, getting to be apathetic, though anxiety is controlled by

frenzy, trembling, dampness, being additional stressed, and stress is dictated by more than pressure, not able to unwind, effortlessly startled, apprehension. Introduction to the stressor can encourage all these three components, for example, neuroticism and negative mind-set (Watson & Clark, 1988).

As per Ali, Shahab, Ushijima, and Muynck (2014) street children are powerless against a mixed bag of dangers which makes them helpless against mental pain so they need to battle to survive utilizing the coping instruments by staying away from the problem or by drawing closer the problem. Lazarus and Folkman (1980) logically characterized coping as the aggregate of psychological and behavioral endeavors, which are always showing signs of change, that expect to handle specific requests, whether inward or outer, that are seen as burdened or requesting. Basically, coping is an action we do to look for and apply answers for distressing circumstances or problems that develop in view of our stressors. Coping strategies are the behavioral and mental endeavors of individuals to oversee in distressing circumstances. Two sorts of coping are for the most part utilized by the individuals as indicated by Lazarus and Folkman (1980) these are problem focused coping and feeling focused coping, problem focused coping spotlights on the problems and approaches to manage them and emotional focused coping spotlights on managing or controlling the feelings.

Present study deals with the psychological distress, and coping mechanism of street children in Pakistan. In the following pages, theory, methodology results and discussion is presented. The sequence of the chapters will be presented in the following manner; chapter 1 discusses the literature review of the variables (street children, psychological distress and coping mechanism) and their relationship. Chapter 2 is based upon the methodology which will present the objective, hypothesis, sample and procedure of the study, Chapter 3 presents the results and chapter 4 presents the discussion. Some limitations are also mentioned and conclusions are drawn which maybe of relevance for those working with this population.

## **Street Children**

Street children is a term utilized for the children who have not come to the adulthood, for whom the street has turned into their essential issue to live (Benitez, 2007). As per United Nations International Children's Emergency Fund (2000) any kid or a young lady who is beneath the age of 18 and living on street is a street tyke. United Nations International Children's Emergency Fund (1986) evaluated 100 million children living on streets around the globe, though in 2005 United Nations International Children's Emergency Fund reported that the careful number of these children is not identifiable but rather the number is in many millions over the world which is expanding as the populace is developing.

Street children are diverse structure then other children as they attempt to win for their families or themselves (Agnelli, 2006). As indicated by Kilbride (2000) the term street children collects the encounters of these children as per their occupation. As per Klees (2000) these children don't rely on any one, yet some of them are still in contact with their guardians, for the most part from the mother likewise that these children need to utilize their intelligences to survive (gathering rubbish, taking stuff and so on). Children who are with no course, supervision, consideration, assurance and who have made streets their house are called street children (McLaglan, 2004).

As indicated by Koller and Hutz (2001) children's guardians why should gathered be dealing with their children and giving them insurance have turned into the fundamental driver for the children to live on streets to win or to escape from the viciousness at home. Smith and Le Roux (2005) guarantee that the principle underlying driver of these children being on street is to discover nourishment and a spot to live and these children don't have a perpetual home rather they have a tendency to live in a roaming manner. Smith (2005) found that these children do not buy nourishment generally they eat from the waste or scraps from some eatery.

Lugalla(1995) recognizes street children in two ways; Children who have no grown-up supervision, they gain frame the streets and the children who are on streets at day time, around evening time they go to their homes to live with their guardians or any overseer. United Nations International Children's Emergency Fund (2001) separated these children into three gatherings on the premise of their contacts with their families; The children who invest day energy in the streets to play or win and at

evening they go their homes, these children have a little supervision of their families, children in these class are called "children at high hazard". The children who have connection with their family yet from separation that is they could be living in different urban communities sending cash back home. They are called as "children in the streets". The children who originate from the poorest foundation that has no contact from their families; these children are called as "children of the street".

As per Aptekar (1988) there are different reasons for these children to live in streets like destitution, monetary issues, physical abuse, child disregard, companion weight, rush looking for, medications and so on. As indicated by a study directed by Silbert (2006) children who are looking for fundamental needs of life have a tendency to move into streets. Troublesome home environment and great family clashes additionally make children leave their homes (Kobayashi, 2004). Inquires about have demonstrated that more the children invest energy in streets more probable they get to be powerless against go into unlawful exercises, young men are more prone to participate in criminal acts while young ladies may take part in prostitution. These exercises are there methods for getting by on streets, by winning (Baron et al, 2001). Another critical part of these children is their informal communities, these children move in gatherings where they feel feeling of belongingness which they are inadequate with regards to at their homes (Kobayashi, 2004).

Greater part of the street children are boys(Mufune, 2000;Volpi, 2003) as either the folks fears the risks of street life to females (Veale,1993; Lalor,1999) or they are more inclined to be occupied with a business sex work (Richter, 1991 ; Volpi,2003) Their enthusiastic and psychological improvement likewise genuinely influenced as they encountered unfriendly, dismissing, and/or oppressive conduct from their home and/or people in general (Ward, 2007).Therefore, their fundamental passionate security and trust influenced significantly (Ward, 2007).

### **Causes of Being on Street**

There are two fundamental reasons of the wonder of street children. The primary is the financial anxiety and poor conditions that families confront because of industrialization and urbanization. The second cause is changes in the conventional family structure, particularly when ladies turned into the primary supporter to families' economies (Patel, 1990; Le Roux and Smith, 1998; Lugalla and Mbwambo,

1999). By and by, destitution can't remain solitary as the main explanation for the marvel of street children, as a similar exploration led on street children and working children in Brazil (kidd,2003) demonstrates that the per capital family unit salary of groups of street children is higher than that of working children's families Research recommends that a huge number of push and draw elements join to bring about children to leave home and acquire a living or live on the streets in Pakistan (Hyder, 2007). Push components incorporate destitution, extensive family measure, family viciousness, misuse and abuse at home, urbanization and deficient parental direction (Ali et al., 2004). Draw components incorporate money related open doors and a longing for freedom because of the energy and charm of living in urban areas (Ali et al., 2004). These reasons can be separated into three fundamental topics which are talked about efficiently in this area: financial components, family calculates, individual elements and wellbeing and security variables.

**Economic Factors.** For quite a long time, the Pakistani state has drawn nearer the idea of advancement by concentrating on urbanization by finding commercial ventures in significant urban areas and giving unequal appropriation of assets with a particular country urban uniqueness which consolidate to efficiently uproot individuals to towns and urban areas (Tufail, 2005). Fast industrialization and urbanization intensify societal stretch and expand levels of unemployment prompting the breakdown of the family structure thus more kids wind up on the streets (Densley & Joss, 2000). The late financial emergency has put generous strain on the family structure in Pakistan as higher expansion levels have made fundamental food items altogether more extravagant (Mukhtar, 2008). Lack of food accessibility in the house was a standout amongst the most regularly referred to explanations behind living on the street in Pakistan (Ali et al.,2004).

**Family Factors.** It has been found that the street children left home with a specific end goal to escape broken families and absence of guardian care as disregard and physical and sexual savagery (Price, 1989). Despite the fact that the studies in Pakistan are for the most part constrained, they do demonstrate that children are influenced by disregard, and verbal, physical and sexual abuse (Amal, 2004). Societal mentalities towards tyke abuse are essential as reports infer that physical discipline in Pakistan is still viewed as typical, represented by the generally low 1,439 reported



instances of physical and sexual abuse against children in Pakistan from January to November 2002 (Amal, 2004).

Disregard of children is more prone to influence quantities of street children and is unequivocally affected by substantial family size which is additionally embroiled as a component for creating children to leave home (Murrell 1974). Family arranging and regenerative wellbeing administrations stay out of scope for a large number of Pakistanis thus the aggregate ripeness rate continues at an abnormal state of 4.1 children for every lady; moreover, an investigation of 10,023 ladies of conceptive age showed that 24% of late births were undesirable (Hardee & Leahy 2008). This study suggests that carelessness turns into an issue as ladies are compelled to bolster children they might not have fundamentally arranged.

**Personal Factors.** Evidence suggests that numerous children in Pakistan settle on an individual choice to live and chip away at the streets to secure self-standard (Human Development Network, 2004). However one of the biggest studies directed in Pakistan demonstrated that the yearning to pick up opportunity and autonomy was cited by just 5.4% of the interviewees showing that is was not a sufficiently imperative explanation behind going out (Azad Foundation, 2005). This longing is connected to the financial circumstance albeit there are more profound implications as Pakistan is administered by strict Islamic standards, and children have little extension to follow up on their common senses and slants. A portion of the street children (2.4%) portrayed how they had fled from home because of adoration and fascination for the inverse sex, which was not endured in their home (Tufail, 2005).

Children living in urban settings are especially at danger to companion weight as earlier fellowship with street children essentially expands the possibilities of a youngster leaving their home and living on the streets (Matchinda, 1998). This is bolstered by studies in Pakistan which demonstrate that the impact of companions and companions is the second most noteworthy referred to reason affecting street children's choice to leave home (19.7%), second just to destitution (26.4%) (Tufail, 2005). Another issue identified with urban living is drug abuse and an investigation of street children in Brazil demonstrated that drug utilization is an in number element pulling children to the streets because of simple accessibility and absence of supervision (Abdelgalil ,2004). This was upheld by the way that drug abuse and

enslavement was referred to as purposes behind leaving home in every single major study of street children in Pakistan (Tufail 2005).

### **Street Children in Pakistan**

As per a study led by Abro (2012) Karachi the greatest city of Pakistan with the number of inhabitants in 15-18 million, numerous individuals from different districts have moved to this city for occupations and therefore it contains the biggest number of street children from all over Pakistan, among these children for the most part were included in trash picking, then daily paper offering, auto washing, taking and asking keeping in mind the end goal to survive. As indicated by Sahab (2004) for the most part the street children originate from the foundation where the folks are uneducated or doing the occupations which does not fit to their aptitude, destitution is a noteworthy explanation behind these children to prowl on the streets, a large portion of the children were boys and the normal age extent was under 10 years, they worked 8 - 12 hours for every day and earned around 40-60 rupees for each day. The issues these children for the most part face were parental issues, police badgering, and companion weight.

As per The Nation (2008) street children are the casualties of monetary development, war, aggressive behavior at home. It was reasoned that a large portion of the children are among the age scope of 13-17 years, among which most normally found are Punjabi, then Urdu or Pashto or Afghani, the exploration found that most children are either from the broken family foundation or vagrants, most children were included in medications like, burns, heroin, plain cigarettes, breathing in paste. Discouragement was found in these children. Few of the extent were included in self-hurting additionally, such as cutting oneself with sharp edge or blades.

As indicated by the Justice Foundation, Pakistan (2011) these children are destitute so they are helpless before their supervisor at the occupation or regular circumstances. At the point when these children leave their homes because of any reason they don't expect the future hardships. In addition this gathering of children is all that much powerless against sexual misuse, they are compelled to enjoy such exercises to bring home the bacon. The unhygienic states of these children lead them to hunger and wellbeing issues. These children effortlessly turn towards solitary conduct or medication admission; additionally these children are seen as hoodlums so

no one trusts to utilize them as a worker at home even. These children have no considerations about future, no religion, they take after no law, no instruction, and no framework, and in short they have no life.

As indicated by Irfan (2008) found that right around 90% of the sexual brutality among children happens on street. Among the defrauded gathering 33% uncovered that they have been sexually bothered by the cops. Rest of the populace faulted the businesspeople of the street, drivers, pack pioneers, private security watchmen of the houses in the street. As indicated by David (2008) Pakistan has an extensive number of destitute or lost children more or less more than 70,000 children. As indicated by SPARC (2010) 70% of these children age ranges from 9-10 years, the biggest gatherings in Islamabad, Hyderabad and in Peshawar is of age 11-12 years. However in Multan and in Quetta children in age scope of 5-6 years were likewise discovered taking a shot at streets.

As indicated by an examination led by Azad Foundation (2005) the mean number of years living on the street was  $2.6 \pm 1.1$  yrs. 78.5% of the children that they stay inside of a bigger gathering of kindred street children. These gatherings are normally controlled by a gathering pioneer, who is typically a senior, either the most grounded kid or the person who claims the place more than a large portion of these children had been considering the streets at pathways (57%) or parks (33%) in the most recent 30 days. Give or take 5% of the children reported that they had been dozing at different Mazars or Darbars. Azad establishment (2011) study observed that Cigarette smoking is a to a great degree predominant (95%) trademark found in all urban communities from where test was gathered. The utilization of Hashish was observed to be to a great degree common among this gathering. An aggregate number of 641 children (56%) affirmed they have utilized Hashish. While infusion medication utilization was not reported by any of the children talked with, 2% of the children reported utilizing heroin. A high number of children (630 children (55.3%)) were observed to be routinely utilizing different types of dissolvable medications. Further investigation into the practice demonstrated that Adhesive pastes are the essential medication of decision devoured by more than 85% of the talked with children, despite the fact that utilization of petrol and thinners was additionally reported

## **Psychological Distress**

Street children lose their essential parental warmth (UNICEF, 2001; Ward, 2007) and experience the ill effects of low self-regard, disregard, submission to the inevitable, anxiety, depression, or somewhere in the vicinity relapsed practices (Richter, 1991; Mufune, 2000). Psychological distress is not thought to be a sole idea it is regularly portrayed as far as mix of different ideas like strain, stress and distress (Bonanno, 2006). As per Lerutta (2002) distress is an enthusiastic state which one experiences while adapting to any hardship. Distinctive therapists have given different ideas of psychological distress, According to Mirowsky and Ross (2002) psychological distress is a wide idea which is characterized by the state of inward enduring that comprises of the side effects of depression (low mind-set, loss of interest and so forth), Anxiety (alarm and so forth). These side effects of depression and anxiety can be joined with some substantial objections like migraines, shortening of breath, dry mouth (Kleinman & Kirmayer 1989). As indicated by another idea the psychological distress can be brought on when there is display to a stress inciting occasion and the insufficiency to subsist with that stressor may put the physical and mental state in jeopardy (Horwitz 2007, Ridner 2004). As indicated by Ridner (2004) when the stressor vanishes so does the distress if the individual has the better capacity to cope.

Psychological distress is characterized as an interruption in feelings that put impact on our day by day working (Wheaton, 2007). Distress can prompt numerous issues likewise, similar to post-traumatic stress issue, real depressive issue, over the top habitual issue and so forth (Phillips & Watson 2009). As per Payton (2009) this issue and the distress are the unmistakable phenomena yet they are not by any means autonomous of one another. Distress is identified with the physical protests which are distinguished by low inclination, sentiments of uselessness, loss of longing and so on (Desrosiers & Fleurose, 2002).

Lovibond and Lovibond (1995) added to a scale that measures the segments of psychological distress (depression, anxiety & stress). As per Lovibond (1995) depression is a state portrayed by cynicism, miserable inclination, loss of enthusiasm, getting to be apathetic, while anxiety is dictated by frenzy, trembling, dampness, being additionally stressed, and stress is controlled by more than pressure, not able to

unwind, effortlessly startled, apprehension. Presentation to the stressor can encourage all these three elements, for example, neuroticism and negative disposition (Watson & Clark, 1984).

It is clear through the different studies that there exists gender distinction in confronting psychological distress, which is that the females encounter more distress as contrast with the guys (Almeida & Kessler, 1998; Gove & Tudor, 1973; McDonough & Stroschein, 2003; Mirowsky & Ross, 1995; Mirowsky & Ross, 1989). Gender contrast point of view uncovers that the ladies are more inclined towards distress in light of the fact that their parts show's them to more stressors and other enthusiastic realities (Walters, 2001)

**Components of Psychological Distress.** Psychological distress includes three basic components that are depression, anxiety and stress.

***Depression.*** Depression is usually described in terms of emotional distress and emotional, behavioral and physical symptoms are manifestation of it. Feeling dull, tired, sad, and feeling no pleasure in ordinary enjoyable activities then people are included in emotional symptoms of depression. It is also manifested in the form of behavioral symptoms which involves irritability, excessive complaints about small disturbances, impaired memory, inability to concentrate, difficulty to concentrate, difficulty in making decision, loss of sexual desire, excessive crying and guilt feelings, loss of appetite and weight loss (Schafer, 1992). Depression is also defined as the feeling of dysphoria (blue mood), helplessness and depreciation of life, self-condemnation and feeling of no interest in pleasurable activities, involvement anhedonia and apathy (Lovibond, S.H & Lovibond, 1995). In specific situation these negative cognitions of a person are called automatic thoughts. These thoughts are called automatic thoughts because the person is not aware of these rather only the emotional results of these thoughts. Depression occurs, when major loss is perceived and it is related to loss of cognition (Beck, 1976).

***Anxiety.*** Anxiety is a mood state which refers to manifest negative affect and symptoms of bodily tension, in which a person fearfully anticipates future danger and misfortune. Feelings, behaviors and psychological responses are part of anxiety. Anxiety is future oriented; a person with anxiety disorder must have negative evaluations of upcoming event. The individual will be fearful and take safety

measures to protect him. Anxious affect which might be someone's experience and automatic stimulation of skeletal muscles effects, are considered as anxiety (Lovibond, S.H & Lovibond, 1995).

**Stress.** Stress is defined as the body's physiological reaction to a stressor which is any event or change that requires adjustment (Davisson et al., 2010). Increased stress may lead to smoking, disrupted sleep, and altered diet,

### **Models of Psychological Distress**

There are many theoretical perspectives of psychological distress like medical model, interpersonal theory, psychodynamic theory, cognitive theory.

**Medical Model.** Psychological distress is considered as a disease comparable as the classification of a psychiatric ailment. As indicated by this model there is some kind of neurological brokenness in charge of the disturbed conduct of speculation which requires legitimate medicine for the treatment (Carson, Butcher & Mineka, 1996).

**Interpersonal Theory.** This theory clarifies the idea that the person is a social creature, and what we are is dictated by how we identify with others. So as indicated by this model mental pain is brought on by the unacceptable relations of the past or present that prompt maladaptive practices (Carson et al., 1996).

**Psychodynamic Theory.** This hypothesis clarifies the idea that the oblivious procedure and our defense systems help to focus our ordinary or unusual conduct. Our childhood encounters are reflected upon our later identities. Henceforth mental misery as indicated by this idea is characterized as the method for adapting to the hardships utilizing the defense instruments of childhood or past (Box, 1998 & St. Clair, 1996).

**Cognitive Theory.** This hypothesis clarifies the idea that the individual is a social creature, and what we are is controlled by how we identify with others. So as indicated by this model psychological distress is brought on by the inadmissible relations of the past or present that prompt maladaptive practices (Weinrach, 1988).

**Integrated Model.** As indicated by the model proposed by Lazarus and Folkman (1996) in upsetting occasion's positive intuition prompts helpful speculation and versatile adapting style like critical thinking, while negative deduction prompts maladaptive adapting which can be shirking.

### **Psychological Distress in Pakistan**

An research directed by Basharat, Zubair, and Mujeeb (2014) on Psychological Distress and Coping Strategies among Families of Missing Persons in Pakistan the outcomes demonstrated that the ladies encounter more distress as contrast with men, additionally that the ladies utilize more feeling centered adapting and non-critical results were found if there should be an occurrence of issue centered adapting. An examination directed by Aslam (2007) on Coping Strategies as a Predictors of Psychological Distress and Post Traumatic Growth among Flood Affected Individuals demonstrated the outcomes that the avoidant adapting, for example, substance use, dissent, self-diversion and self-fault is utilized all the more by both genders as contrast with the dynamic adapting that incorporates issue centered adapting or religious adapting.

A study directed by Hussain (2014) on Prevalence and danger elements for psychological distress and utilitarian incapacity in urban Pakistan demonstrated that lower level of instruction was identified with more elevated amounts of distress and ladies indicated more psychological distress as contrast with guys. A study led by Qadir (2015) on Social Support, Marital Adjustment, and Psychological Distress among ladies with Primary Infertility in Pakistan demonstrated that social backing was contrarily identified with psychological distress.

A study directed by Najam (2011) on Assessment of Psychological Distress in Epilepsy: Perspective from Pakistan, demonstrated that greater part of the ladies with epilepsy was confronting more psychological distress as contrast with the male specimen. Another study directed by Rana (2014) on Demographic elements, social problems and material enhancements as indicators of psychological distress: a cross-sectional study in Karachi, Pakistan demonstrated that females were more distressed then guys and the low wage and training were connected with the distress.

Nadia (2012) in her examination found that self-awareness is connected with the psychological wellbeing and adversely connected with the psychological distress. Fatima (2013) in her study found that low wages and home environment were a noteworthy foundation for the psychological distress among the females for premature delivery.

Azeem (2013) found that the parents of children with scholarly inability were confronting anxiety and depression, and the mothers were confronting more distress than the fathers. Najma (2014) found that home environment impact the psychological well-being of the children, misuse causes more distress in children than whatever other variable. Niaz (2013) found that parental dismissal and maladjustment brought about depressive side effects in female young people.

Iqbal (2000) discovered depressive manifestations in the folks of children with leukemia; the folks reported different variables of their depressive indications like family's wellbeing, society concern and gigantic obligation. Raheel (2004) found that conjugal disunity brought on distress in the children at home, as these children confronted different modification problems. Riaz (2003) found that the children living in joint family system working mothers had confronted more distress as contrast with the children living in nuclear family system. What's more, the children living in joint family system with non-meeting expectations moms had less psychological problems as contrast with the ones living in nuclear family system. Additionally that the children living in nuclear family system with working moms have less psychological problems as contrast with the ones with non-living up to expectations moms.

### **Psychological Distress among Street Children**

Street children are at risk of developing distress. Living on the street, with no supervision, insurance or direction, frequently makes street children powerless against an extensive variety of problems or perils and are influenced from anxiety, depression, stress (Beitchman et.al,1994) and are defenseless against physical and sexual misuse and abuse (Asia Child Rights,2005) and they crosses all outskirts (Beitchman,1994). Again the individuals who are physically and/or sexually mishandled in their more youthful age and presented to family roughness have more experienced of stress, anxiety and depression than others. The same encounters are



appropriate to the street children. Along these lines it is assumed that the street children in dominant part are presented to distress.

Street Children are extremely influenced from ailing health, particularly in their initial life, bringing about intellectual, social and behavioral shortages (Pollitt & Gorman,1994) like subjective and engine delays, anxiety, depression, social problems and problems with consideration and they get to be baffled, these children utilize more evasion adapting system to lead an ordinary life (Shonkoff & Phillips ,2000). Presentation to brutality and misuse can bring about genuine psychological wellness problems including depression, anxiety and psychosomatic protests and substance utilization issue, which are extremely regular among street children. Because of social and State disregard these most defenseless gathering of children influenced from psychological well-being problems as well as are prohibited from instruction. The physical and emotional wellness of street children was easily helpless against diverse sorts of mental and physical ailments because of their immediate or circuitous introduction to unfavorable ecological conditions (UNICEF, 2012).

Vogel and Mello raise that to exist as a tyke on the street proposes a renunciation of youthfulness for an immersion in the domain of work and individuals by and large circle, tolerating each one of the threats this includes. Expecting to work all together not to go hungry means losing time to play, to hang out, and to investigate legitimately with the world, this may prompt an increased possibility of creating distress among these children (Vogel and Mello 2009).

Destitution, family brokenness, association with folks can have a critical impact over their children. The 'Family Stress Model' (Conger et al. 2000) suggests that the experience of destitution is one of the more imperative elements that can put extreme strains on spousal connections, achieve sentiments of depression and increasing family brokenness. As per the 'Family Stress Model' family adds to enthusiastic distress (e.g. depression) and family brokenness. Family distress causes problems in the relationship between adults that are, thus, connected to less powerful child rearing – an intricate thought that includes deficient observation, absence of control over the youngster's conduct, absence of warmth and bolster, irregularity, and showcases of animosity or threatening vibe by folks which thusly influences the tyke's emotional wellness.

By and large there could be taking after three impacts of poverty on parents and children (McClelland, 2000): 1. Hardship and stress 2. Disengagement and exclusion. 3. Longer-term impacts as adult

### **Hardship and Stress**

Individuals with insufficient wage ordinarily give records of their troubles in meeting basic expenses, including attempting to pay for sustenance, settlement, garments, instruction, social insurance, utilities, transport and amusement and attempting to adjust contending demands. The hurtful effect of neediness on parents and children originates from the stress and distance associated with having a low wage; the ceaseless juggling of accounts, money related vulnerability sometimes and all the time the feeling of being diverse and less beneficial. For children, the effect of stress and despondency may be immediate and aberrant through the parents' encounters and conduct.

### **Isolation and Exclusion**

Homelessness is maybe the amazing appearance of separation and stress for children emerging from the blend of low salary and lodging challenges. In poor families children could feel vagrancy because of absence of parents' consideration in light of the fact that destitution is hindering the methods for parents to perform the part of good child rearing. In the vast majority of the poor families, normally both mother and father work for the survival (Taylor & Macdonald, 1998).

### **Longer-term Impacts**

Poverty and low financial status are reliably identified with poorer mental health, school execution and low school maintenance rates. Youngsters from low financial foundations are early school leavers. Those with low accomplishment at school are more inclined to be unemployed, out of the work market, in low maintenance occupation (McClelland et al. 1998). In amazingly poor conditions parents enthusiastically impel their children into the work market which opens children to numerous dangers, for example, sexual and physical misuse which thus prompts psychological distress.

## **Coping Mechanism**

Street children need to face various problems, so they need to apply an adapting system with a specific end goal to live. Lazarus and Folkman (1980) deductively characterized adapting as the total of psychological and behavioral endeavors, which are continually changing, that intend to handle specific demands, whether inner or outer, that are seen as saddling or demanding. Basically, adapting is a movement we do to look for and apply answers for stressful circumstances or problems that develop as a result of our stressors. Adapting methodologies are the behavioral and psychological endeavors of individuals to oversee in stressful circumstances. Two sorts of adapting are for the most part utilized by the individuals as indicated by Lazarus and Folkman (1980) these are issue centered adapting and feeling centered adapting, issue centered adapting spotlights on the problems and approaches to manage them and feeling centered adapting spotlights on managing or controlling the feelings.

A refinement was made between the avoidant and dynamic adapting styles, dynamic adapting is a method for adapting which permits a man to change the way of the stressor and avoidant adapting is however diverse it makes the individual take part in negative methods for managing the stressor (getting occupied with substance misuse and so on) (Holahan & Moos, 1987).

Park and Adler (2003) emphasized that using powerful adapting systems can help allay the negative impacts of stress. Adapting procedures can be seen as what an individual really thinks and does in a specific stressful circumstance (Folkman & Lazarus, 1980). All in all, adapting endeavors may change always for any one individual (Lazarus & Folkman, 1984). The stress-strain relationship is an element of adapting systems or component utilized by the people. Versatile adapting diminishes stress and advances long haul health. Whereas maladaptive adapting decreases stress however advances long haul sick health. Positive deduction and issue centered reactions despite stressors are regularly alluded to as versatile adapting methods; negative speculation and shirking reactions are alluded to as maladaptive adapting systems (Nowack, 1990). It is found by numerous studies that evasion adapting predicts more elevated amounts of psychological distress (Carver et al., 1993; Terry & Hynes, 1998), and essential and optional control engagement adapting foresee lower

levels (Compass et al,2001). The four main types of coping that people use to attempt to resolve a situation or remove stressor are problem focused coping, active avoidance coping, positive coping and religious denial coping.

**Problem Focused Coping.** Problem-focused coping spotlights on the changing or adjusting the central reason for the stress. This can be a compelling system for coping when it is viable, and the stressor is alterable or modifiable. The general objective for this kind of coping is to lessen or evacuate the reason for the stressor. This kind of coping spotlights on people's taking control of the relationship in the middle of them and the stressor (Lazarus, 1991). Also, problem-focused coping may incorporate utilizing data looking for, or creating methods to evade the wellspring of the stress.

**Active Avoidant Coping.** Active coping is the procedure of making active moves to attempt to evacuate or bypass the stressor or to improve its belongings. Active coping incorporates starting direct activity, expanding one's endeavors, and attempting to execute a coping endeavor in stepwise manner what Lazarus and Folkman (1984), whereas avoidance coping provides a sense of mastery over the stressor; it helps to divert a person's attention from the problem, when engaged in task oriented behavior and discharges energy following exposure to threat (Perlin & Schooler, 1978). According to Carver and Scheier (1992) avoidance coping (e.g, wishful thinking, self-distraction, escapism, overt effort to delay, mental disengagement) typically works against the people rather than to their advantage.

**Positive Coping.** Positive coping systems effectively reduce the measure of anxiety being experienced and give productive input to the client (Craver, 1992).

**Religious Denial Coping.** Religious coping is turning towards religion in order to cope with the hardships (Craver, 1992). It is frequently proposed that denial is valuable, minimizing pain what's more, along these lines encouraging adapting (Brennitz, Cohen & Lazarus, Wilson, 1981). On the other hand, it can be contended that denial just makes extra issues unless the stressor can productively be overlooked. That is, denying the truth of the occasion permits the occasion to end up more genuine, along these lines making more troublesome the adapting that in the end must happen (Matthews, Siegel, Kuller, Thompson, & Varat, 1983).

## **Theoretical perspective**

Four related perspectives have shaped the current concept of coping: evolutionary theory and behavioral adaptation, psychoanalytical concepts and personal growth, development of life cycle theories, coping with life crisis and transitions.

**Evolutionary Theory and Behavioral Adaptation.** Darwin's theory of evolution examined the process of adaptation to the environment. The two central elements of Darwinian Theory are variation of living organism and natural selection. Darwin's ideas shaped the formation of ecology, which focused on communal adaptation. Communal adaptation is an outgrowth of individual adaptation and of specific coping strategies that serve to contribute to group survival and promote human community. A sense of self efficacy is thought to be an essential coping resource, and it leads to more persistent efforts to master new tasks (Bandura, 1989).

**Psychoanalytical Concepts and Personal Growth.** Freud's (1920) psychoanalytical perspective explained the concept of coping from an intra-psychic and cognitive aspect. He believed that ego processes served to resolve conflicts between an individual's impulses and the constraints of external reality. The neo Freudians objected this stance and posited "a conflict free ego sphere with autonomous energy that fuels reality oriented processes such as attention and perception. They thought that people search for novelty and excitement to master their environment.

**Development of Life Cycle Theories.** In contrast to psychoanalytical theories which believe that life events in infancy have a strong relationship with adult personality formation. Erikson (1963) described the eight stages of life each of which encompasses the "crisis "that must be negotiated successfully in order, for an individual to cope adequate with the next stage.

## **Coping Mechanism in Street Children**

As indicated by the research led by Abdul (2014) street children are defenseless against different dangers so they need to battle to survive utilizing the coping systems by keeping away from the issue or drawing closer the issue. Both

genders use different coping methodologies as a component to manage stressful circumstance.

In a review led by Invernizzi (2001) it was found there are number of coping methods which are embraced by the street children to get by on streets these are as per the following; Boys bolster one another when they are wiped out or in any issue candidly or physically, this is a technique of companion backing. Being forceful is another method for coping, by releasing outrage verbally, this helps these children to ease their psyche. This system is again generally utilized by boys. At the point when these children are gotten by police they lie and control them by acting blameless. This is another method for coping so as to escape from the undesirable situation, which demonstrates that boys utilize more issue centered coping and dynamic evasion coping. These children likewise have a tendency to get included in high hazard exercises like bouncing off the trains, playing perilous diversions of dare and chance, they additionally utilize tobacco or substance utilization to cope with their stresses or now and again they utilize it to satisfy their craving. These children have a tendency to end up numb mentally as they do no express their feelings to any one, they close themselves in a shell Sometimes fantasizing is additionally a sort of coping component utilized by these children.

An examination directed by komba (2010) demonstrated that the street boys are more included in critical thinking strategy as contrast with the street girls, where as positive coping has less huge results among both of the genders, and dynamic coping is more utilized by boys, these children however do not have the religious teachings so religious dissent coping is utilized less among these children. As these children do not have their basic needs so they keep themselves persistent and experience the issue to discover its answer. This routine of persistence and persevering through the issue is an indication of coping. In the event that it was the issue of sustenance they ate the remains, or skipped suppers, the street children who stayed in gatherings additionally cooked nourishment as per their purchasing force or by taking. So this demonstrates that in this matter street children can utilize both methodology and voidance coping system at once.

As the street children have no fitting approaches to scrub down they needed to stay without cleaning up for a few days, this refusal kind of coping is incorporated in

evasion coping system (Abdul, 2014). As indicated by Abdul these children are denied of the basic needs of life, so as to satisfy those needs these children may get included in solitary exercises and other hurtful practices which is negative method for coping with the stressors. Street children attempt to flee from the risk on the off chance that they are discovered into something which is again evasion coping component.

Right now there is an absence of duty to an extensive plan to handle the street children circumstance as the administration strategies and private organizations that exist to help children are deficient both subjectively and quantitatively In Pakistan there is absence of a satisfactory information accumulation system inside of the state which has prompted an absence of mindfulness about the quantity of street children in the nation. With a specific end goal to completely understand the constraints of the present mediations in Pakistan, successful projects which have been actualized in different nations will be investigated in terms of their appropriateness in Pakistan (Tufail et al. 2004).

### **Relationship between Psychological Distress and Coping**

The most adaptive coping mechanism is problem focused coping as it is identified with decreased psychological distress and avoidant coping is the most maladaptive coping mechanism as it increases the psychological distress (Ben-Zur, 1999).

In another study it was observed that problem focused coping is adversely identified with psychological distress and avoidant coping is positively identified with psychological distress (Basharat, 2010). At the point when discouraged patient take part in avoidant coping mechanism they encounter less change and their brokenness increases. As contrast with the other coping mechanisms, active avoidant coping has been indicated to be positively identified with psychological distress (Billings & Moos, 1984). In a ten year longitudinal study it was observed that avoidant coping is positively identified with distress (Holahan et al., 2005).

As a rule populace it was found that the individuals who use avoidant coping more experience more distress (Wijnadele et al., 2007). Corkett (2007) discovered a noteworthy positive connection between the active avoidance coping and the distress.

The best method for coping adjusted by the all-inclusive community was the problem focused coping with a specific end goal to lessen distress and fulfill the objectives (Folkman & Moskowitz, 2004).

Levels of depression, anxiety and stress lessen when the children include themselves in problem focused mechanism. Penland (2001) found that members who adapt problem focused coping mechanism have lower levels of distress as contrast with the members who have a tendency to embrace different methods for coping.

Komba (2010) found that the most widely recognized methods for coping received by the street children are problem focused coping and active avoidance coping. Whereas positive and religious denial coping have non-noteworthy or negative connection with stressors among the street children. As these children need in religious teachings so there is a less use of this mechanism among the street children. Folkman and Moskowitz (2000) found a positive relation between problem focused coping mechanism and stress.

Individuals swing to religion when they are confronting a traumatic or stressful occasion (Gene, 2004), However there are blended discoveries about the connection between religious denial coping and distress, in an investigation of religious coping and psychological modification it was found that the positive and negative religious denial coping is positively and adversely identified with the psychological conformity separately.

In a study led by Danub (2013) on the religious denial coping and psychological distress among the malignancy patients it was found that there is a negative huge connection in the middle of distress and religious denial coping however females are all the more closer to God as contrast with guys.

A study directed by David (2009) on the parents of extremely introverted children demonstrated a positive connection between religious denial coping and psychological distress. However among the children with incessant disease there was a negative connection found between the both variables (Alexis, 2012).

In a study directed by Goriss (2014) it was found that there was a negative relationship among the disease patients, positive coping and distress. In another study



among the patients of AIDS it was found that the positive coping mechanism is adversely identified with the psychological distress (Davis, 2006).

In a study led by Catherine (2001) demonstrated that there is a negative connection between the positive coping mechanism and distress among the children who fit in with the broken families, Also among the vagrants same discoveries were accounted for by Yu li (2007).

### **Demographic Factors**

There are various demographic factors of street children. Street children face difficulties in providing themselves with good sources of food, clean drinking water, health care services, toilets and bath facilities, and adequate shelter. They also suffer from absence of parental protection and security due to the missing connection with their families. In addition, there are various differences between psychological distress and coping mechanisms among these children on the basis of gender, age family system, place of sleeping at night (habitat) etc.

**Psychological Distress, Coping Mechanism and Gender.** With respect to representation, the dominant part of road youngsters is boys (Lugalla & Mbwambo, 1999; Le Roux and Smith, 1998). An exploration led by Schimmel (2006) demonstrated that girls have more trouble as contrast with boys, girls utilize more emotional focused coping while boys utilize more problem focused mechanism and dynamic avoidance coping mechanism. Almeida and Kessler (1998) observed that ladies encountered a higher pervasiveness of high distress than men. Research on ceaseless anxiety suggested that gender contrasts in emotional well-being happened as a consequence of differential introduction and weakness to the stressors (McDonough & Strohschein, 2003). Girls tend to use ruminative tasks to cope, while boys tend to use distracting tasks (Compas, et al., 1993).

**Psychological Distress ,Coping Mechanism and Age.** The normal age at which street children begin living on the streets is somewhere around 9 and 12 years of age, and they continue living on the streets until they achieve the age of 15 to 16. When they got to be more established they begin to search for stable occupations with better wages (Rizzini et al., 1994). With respect to culture, ethics and conventions, street children more often than not will be not worried about society and ethics,

attributable to being far from their family since youth Lugalla and Mbwambo (1999). An examination led by Schimmel (2006) demonstrated that children in the age assemble 14+ (-18) years have more distress and they utilize more problem focused adapting than the children of lesser age groups. According to Aldwin (2007) early adolescent (12-14 years) faces more psychological distress as compare to the middle adolescent group (15-17 years). Girls in early adolescence (12-14 years) experience more psychological distress as compare to the girls of middle adolescence due to puberty issues (Lewinsohn & Essau, 2002). Problem-focused coping and distractive coping are significantly common among the middle adolescence, whereas denial coping is more common among the younger age group (Li et al., 2006). Religious coping mechanism is slightly negatively associated with depressive symptoms among the adolescence (Smith et al., 2003). The depressive symptoms increased from early adolescence to middle adolescence, and then decreased during late adolescence, and problem focused coping mechanism was found to be more common among the middle and late adolescent group (Ge et al., 2006).

**Psychological Distress, Coping Mechanism and Substance Abuse.** In a study completed in 1998 by Abdel on a specimen of street children in Cairo to investigate sexual orientation contrast and sorts of substances they expended, the discoveries uncovered that it is more basic in young men as a dynamic avoidance coping technique and sniffing paste was the most widely recognized sort (97.14%), then came Solvents (Petrol) (85.71%), hack syrups or solution (62.86%), Tobacco (Nicotine) (57.14%), tablets (5.71%), and hashish (2.85%). The different purposes behind substance or medication misuse among street children, as uncovered were: • Relief from the weights of the street (70%), • Peer Pressure (60%), • to rest effortlessly (half), and • to have the capacity to persist agony, savagery, and yearning (30%). The dependent children have more distress than the not dependent children, and they embrace more avoidance coping mechanism as contrast with the children who are non addictant (Schimmel, 2006). A study conducted by Roseli (2011) it was found that addicted young adolescent experience more anxiety and stress as compare to the children who are not addicted. In a study conducted by Clark (2006) it was found that avoidance coping mechanism is more common among the drug addicted young adolescent.

**Psychological Distress, Coping Mechanism and Street as Home.** A few children live on street and some arrive to their home it was found that the street children who stayed with parents or others have more distress than the children stayed alone (Schimmel, 2006). As per Gordon (2011) children at home experience more distress as contrast with the children living in streets, and the children who live with their parents utilize more religious dissent coping strategies as contrast with the children who live with no supervision, While the children who live in streets utilize more problem focused coping mechanism and dynamic avoidance coping mechanism as contrast with the children living with their parents. According to another research conducted by Joseph (2009) it was found that children living at home experience more distress then the children living in streets, alone without any supervision.

**Psychological Distress, Coping Mechanism, and Family System.** Child is psychologically powerless against everything going ahead between his parents. Pressure and clash in the family actuates passionate excitement in the youngster, activating physiological and mental reactions (Crane & Wang, 2001), it was found that the children who live in joint family system have better emotional well-being as contrast with the children who live in nuclear family system, in this way children in nuclear family system have more risks of creating distress as contrast with the ones living in joint family system and these children adjust more dynamic avoidance coping mechanism as contrast with the children in joint family system (Baumrind, 2001). As per the exploration directed by Kandyotti (2008) in nuclear family system there exists more distress as contrast with the joint family system.

**Psychological Distress, Coping Mechanism and labor type.** In a research conducted by kandyotti (2008) it was found that there was more stress among the children who worked under some supervision, as compare to the children who have been working and earning solely, the children who collected trash had been found to be more prone towards using drugs. In a research conducted by (Ge et al, 2006) it was found that there was more distress among the children who had been working as trash collectors, these children had more health issues and therefore active avoidance coping mechanism was found to be more common among these children.

**Psychological Distress, Coping Mechanism Working Hours.** In a research conducted by Wang (2001) on child labor it was found that a critical rate (41.9%) of

respondents was mentally upset who have been working from morning till nights as compare to the groups who worked for lesser durations. The element which added to their misery was their conditions at home. The positive relationship between hoisted mental misery including substance use (sniffing glue, smoking) is of specific concern. In another study conducted by Gordon (2011) it was found that the children who work for more hours adapt more problem focused coping mechanism.

**Psychological Distress, Coping Mechanism and Duration of Being on Street.** In a research conducted by Corkette (2007) it was found that the children who have been on street for years are less mentally upset as compare to children who are new to this environment, in another study done by Shonkoff (2000) it was found that the children who have been on streets for a few days experience more depression and stress as compare to the children who have been living on streets for long, the children who are new to this environment tend to adapt more active avoidance coping mechanism.

### **Rationale of the Present Study**

In Pakistan the number of children on streets is increasing day by day. It is likely that the numbers are increasing as the worldwide populace develops and as urbanization proceeds apace: 6 out of 10 urban occupants are relied upon to be under 18 years old .Once on the street, children get to be powerless against all types of misuse and misuse and their day by day lives are liable to be far expelled from the adolescence (UNICEF, 2005). Street children are denied of the basic needs of life, so as to satisfy those needs these children may get included in standoffish exercises and other hurtful practices which is negative method for coping with the stressors. Street children attempt to flee from the peril in the event that they are found into something which is again avoidance coping mechanism.

The present exploration demonstrates that what kind of coping mechanism is adjusted by the street children who are confronting psychological distress (depression, anxiety and stress). Writing uncovers that the children who experience poverty, vagrancy, family brokenness and the negative child rearing gives hints depression anxiety and stress, or poor mental health. At the point when psychological inconveniences go natural they can prompt various different problems like fleeing from homes, utilizing medications, and so on. Searchers discovered next to no accessible research on psychological danger and defensive variables for street

children. One and only quantitative study focused particularly on this (Wild et al., 2004): Using standardized surveys, more noteworthy parental figure association and companion regulation were associated with less anxiety and depression.

The studies done on street children are generally focused on their demographic information. Larger part of the street children (88.9%) were inside of the age aggregate 15-17 years with more guys (58.3%) than females (41.7%). Up to 64.7% had achieved auxiliary level instruction while just 3.9% had no formal training. A high rate, (61.4%) was all the while going to class and 15.8% had no work. Of the individuals who take a shot at the streets, being a disciple (16.4%), frivolous exchanging (15.0%), low maintenance driving (9.5%) and auto washing (5.0%) were the commonest sorts of work. Of those as yet educating, 41.6% had no type of low maintenance chip away at the streets. None of the street children lived on the street with 65% as yet living with parents. In any case, 75% had been included in the street life for 1-2 years with a middle time of 2 years. More than 30% of their parents work outside town (UNICEF, 2009).

As there is no research that examined the relationship between psychological distress and coping mechanism among street children in Pakistan, so the present study will contribute to develop an understanding of to the distress and coping mechanism and their differences/ individuality among the sample. This study can be used by the social psychologists to develop the preventive programs and intervention plans to overcome this growing issue of children on street.

### METHOD

In the present study, the correlational method has been used to study depression, anxiety, stress and coping mechanism among the street children.

#### Objectives

The present study aimed to identify the correlation of psychological distress and coping mechanisms among the street children, following objectives were made to achieve this goal.

1. To see the relationship between psychological distress (i.e., depression, anxiety, and stress) and coping mechanisms (i.e., active avoidant, problem focused, positive, and religious denial) among street children.
2. To see the differences of demographic variables (e.g., age, gender, duration of being spent on street, labor type, and working hours) with psychological distress (i.e., depression, anxiety, and stress) and coping mechanism.

#### Hypotheses

1. Avoidance coping is negatively related with psychological distress (depression, anxiety, stress) among street children.
2. Problem focused coping mechanism, positive coping and religious denial coping mechanisms are negatively related with psychological distress (depression, anxiety, and stress) among street children.
3. Girls experience higher levels of psychological distress (depression, anxiety, stress) as compare to boys among street children.
4. Boys use more problem focused coping and active avoidance coping mechanism as compare to girls among street children.
5. The children working for more hours on street experience more psychological distress (depression, anxiety, and stress).
6. Children working for more hours on street adapt problem focused coping mechanism more as compare to the children working for lesser duration.

7. Early adolescent group experiences more psychological distress (depression, anxiety, stress) as compared to middle adolescent group.
8. Middle adolescent group scored higher on problem focused coping and active avoidance coping mechanisms as compared to early adolescent group.
9. Children who have been on street for lesser time experience more psychological distress (depression, anxiety, stress) as compared children who have been on street for longer time period.
10. Children who have been on street for lesser time adapt active avoidance coping mechanism as compare to the children who have been on street for longer period of time.

### **Operational Definitions of Variables**

In this study, mainly two variables have been studied psychological distress, coping mechanism, among the street children. Furthermore four types of coping mechanism have been studied which are problem focused coping, active avoidance coping, positive coping, and religious denial coping. The operational definitions of the variables are as follows:

**Street children.** According to United Nations International Children's Emergency Fund (UNICEF;2000) any boy or a girl who is below the age of 18 and living on street is a street child.

**Psychological distress.** Psychological distress is rarely defined as a distinctive concept and is often embedded in the concept of depression, anxiety and stress (Lovibond,1995). In the present study depression, anxiety and stress have been measured with the help of depression anxiety and stress scale, higher the scores on scale means more psychological distress.

**Depression.** Depression is a state characterized by pessimism, gloomy mood, loss of interest, becoming lazy (Lovibond,1995). In the present study depression, have been measured with the help of depression anxiety and stress scale, higher the scores on subscale means more depression

**Anxiety.** Anxiety is determined by panic, trembling, sweatiness, being extra worried (Lovibond, 1995). In the present study anxiety, have been measured with the help of depression anxiety and stress scale, higher the scores on subscale means more anxiety.

**Stress.** Stress is determined by over tension, unable to relax, easily startled, nervousness (Lovibond, 1995). In the present study stress have been measured with the help of depression anxiety and stress scale, higher the scores on subscale means more stress.

**Coping mechanism.** Craver (1997) defined coping as continually changing mental and behavioral efforts to manage specific external or internal demands that are evaluated as challenging or exceeding the resources of the person. Craver also defined various types of coping.

**Active avoidance coping.** Taking steps to try to remove the stressor to improve its effects by initiating direct action, increasing one's efforts and trying to cope in a systematic way (Craver, 1997). In the present study active avoidance coping was measured with the help of Brief COPE and the higher the scores on the subscale of active avoidance coping means higher the individual is adapting this coping mechanism in his/ her life.

**Positive coping.** Extracting the positive out of the negative events through positive thinking (Craver, 1997). In the present study positive coping was measured with the help of Brief COPE and the higher the scores on the subscale of positive coping means higher the individual is adapting this coping mechanism in his/ her life.

**Religious denial coping.** Refusal to believe that the stressor exists or trying to act as though the stressor is not real, or turn towards religion in order to deal with the stressor (Craver, 1997). In the present study religious denial coping was measured with the help of Brief COPE and the higher the scores on the subscale of religious denial coping means higher the individual is adapting this coping mechanism in his/ her life.

**Problem focused coping.** Problem-focused coping seeks to solve problems or change the source of stress (craver, 1997). In the present study problem focused coping was measured with the help of Brief COPE and the higher the scores on the



subscale of problem focused coping means higher the individual is adapting this coping mechanism in his/ her life.

### **Sample**

For conducting the study, snowball sampling technique was used. Two questionnaires along with the demographic sheet were used (see Appendix A-1). For the street children age range was from 10- 17 ( $M = 14.21$ ,  $SD = 1.22$ ). The data was collected from Islamabad. 150 children were approached through different areas i.e, slums (adjacent to F11, H/9.4) ( $n= 78$ ), roadsides of G11 ( $n = 23$ ), main Sunday bazar ( $n=10$ ) and G.10 markaz slum area ( $n =39$ ). The criterion for the participant selection was the person who tends to spend most of his daytime in street selling goods or collecting trash (in order to make a living), who are deprived of proper clothing, food, and shelter. The demographic information of the street children is presented in the table

**Table 1***Frequencies and percentages of demographic variables*

Demographics	<i>n</i>	%
Gender		
Boys	82	54.6
Girls	68	45.3
Labor type		
Selling things	77	51.3
Begging	38	24.1
Trash collector	25	16.2
Car wash	10	6.15
Duration since being on street		
5-12 Days	36	24
4-6 Months	52	34.6
2-3 Years	62	41.3
Working hours		
4-5 hours	56	37.3
6-7 hours	48	32
8-9 hours	49	32.6

Table 1 represents the frequencies and distributions of the demographic variables, from the table it is clear, and that majority of the street children are boys. Most common labor type is of selling things.

**Procedure**

The sample was approached through various places through snowball sampling technique, by taking informed consent was taken from the children, first the children were asked about their demographic characteristics, and then the Urdu version of the scales (Brief cope and depression anxiety stress scale) were administered on the children of age 10- 17 years. The instructions were given properly and the children were assisted on every point of difficulty, as the street children were

uneducated so structured interviews were conducted. The children were assured that the data will be used for research purpose only and it will be kept confidential. The procedure took about 20-25 minutes on each young adolescent.

## **Instruments**

### **Brief COPE**

The scale aims to identify the different coping styles that people use in the stress provoking situation. The instrument was used in Urdu version which has been translated by Sabih in 2006 (see Appendix –A2). The total number of items in the scale is 28. The subscales used in the scale are; Active avoidance coping (items are 1,4,6,9,11,13,16,19,21,26). Problem Focused Coping includes (items 2,5,7,10,14,23,25) Positive Coping includes (12,15,17,18,20,24,28). Religious Denial Coping (3, 8, 22, 27). Brief cope is a 4-point likert type scale 1=*never*, 2=*very less*, 3=*sometimes* and 4=*a lot*. For the subscales active avoidant coping score ranges from 10-40 and cutoff score is 20. Problem focused and positive coping score range is 7-28 and cut off score is 18, and for religious denial coping score range is 4-16 and cutoff score is 10. There are no negative items in the instrument. High scores on each factor indicates the higher use of that particular coping mechanism and low score indicates the lesser use of that particular mechanism

### **Depression Anxiety Stress Scale**

The DASS 21 is a 21 item self-report questionnaire designed to measure the severity of a range of symptoms common to both Depression and Anxiety. The translated version by Aslam (2008) of DASS has been used (see Appendix A-3). In completing the DASS, the individual is required to indicate the presence of a symptom over the previous week. Each item is scored from 0 (*did not apply to me at all over the last week*) to 3 (*applied to me very much or most of the time over the past week*).The essential function of the DASS is to assess the severity of the core symptoms of Depression, Anxiety and Stress. Accordingly, the DASS allows not only a way to measure the severity of a patient's symptoms but a means by which a patient's response to treatment can also be measured. The depression items are 3, 5, 10,13,16,17, and 21. The anxiety items are 2, 4,7,9,15,19, and 20. The stress items are 1, 6, 8,11,12,14 and 18. The normal range for depression is 0-9, mild is 10-13,

moderate 14-20, severe 21-27 and extremely severe is 28+ , The normal range for anxiety is 0-7, mild is 8-9, moderate 10-14, severe 15-19 and extremely severe is 20+. The normal range for stress is 0-14, mild is 15-18, moderate 19-25, severe 26-33 and extremely severe is 34+. Higher scores indicate the presence of higher psychological distress.

## RESULTS

The present study has been intended to find out the relation between psychological distress (depression, anxiety, and stress) and coping mechanism among street children. Different statistical procedures were used to analyze the data.

### Descriptives and Reliability Estimates

The following table shows the alpha reliabilities, means, standard deviations, ranges, skweness, and kurtosis of the subscales of the instruments

**Table 2**

*Psychometric properties of the scales and the subscales of DASS and brief Cope (N= 150)*

Scales	No. of items	A	M	SD	Ranges		Skew	Kur
					Potential	Actual		
DASS	21	.85	61.23	12.17	0-63	0-59	.39	.21
Depression	7	.74	20.02	4.73	0-21	0-20	.14	.62
Anxiety	7	.76	18.21	3.47	0-21	0-18	-.05	.55
Stress	7	.72	23.00	4.61	0-21	0-21	.29	.34
Brief Cope								
ACC	10	.72	28.21	3.87	10-40	12-31	.73	.07
PFC	7	.71	25.58	3.31	7-28	8-26	.20	.24
PC	7	.80	13.02	2.09	7-28	7-23	-.65	.35
RDC	4	.70	6.94	2.18	4-16	4-12	.29	.34

Note, *M* = mean, *SD* = standard deviation, skew = skewness, kur = kurtosis, ACC= active avoidance coping, PFC = problem focused coping, PC = positive coping, RDC = religious denial coping.

Table 1 shows the computed means, standard deviation, alpha reliabilities, skewness and kurtosis for the instrument's subscales. It is observed that the skewness of the subscales is within the desired range -1 to +1 indicating that the data is normally distributed and the parametric tests can be carried out. The mean of depression anxiety stress scale is 61.23 with  $SD = 12.17$ , depression ( $M= 20.02$ ;  $SD = 4.73$ ), anxiety ( $M= 18.21$ ;  $SD= 3.47$ ), stress ( $M= 23.00$ ;  $SD= 4.61$ ), active avoidance coping ( $M=28.21$ ;  $SD= 3.87$ ), problem focused coping ( $M= 25.58$ ;  $SD = 3.31$ ), positive coping ( $M=13.02$ ;  $SD=2.09$ ), religious denial coping ( $M=6.94$ ;  $SD = 2.18$ ). Mean scores on DASS are the providing evidence of presence of moderate depression, severe anxiety and stress among street children.

### Relationship between Depression, Anxiety, Stress and Coping Mechanism

To find out the relationship between depression anxiety stress and coping mechanism the correlation table is formed below.

**Table 3**

*Correlations between the subscales of brief COPE and Depression Anxiety Stress Scale.*

Variables	<i>M</i>	<i>SD</i>	1	2	3	4	5
PD	61.23	12.17	-	-.39**	.25**	-.46**	-.32**
D	20.02	4.73	-	-.22**	.31**	-.16**	-.26**
A	18.21	3.47	-	.16**	.24**	-.29**	.18**
S	23.00	4.61	-	-.12**	.25**	-.11**	-.14**
PFC	25.58	3.31	-	-	.50**	.14**	.05**
AAC	28.21	3.87	-	-	-	.73**	.31**
PC	13.02	2.09	-	-	-	-	.21*
RDC	6.94	2.18	-	-	-	-	-

*Note* \*\* $p < .05$  \*\*\* $p < .01$ . PD = psychological distress, D= depression, A= anxiety, S = stress PFC = problem focused coping, AAC = active avoidance coping, PC =positive coping, RDC = religious denial coping

The table 3 represents the correlations among the subscales of brief COPE and Depression Anxiety and Stress Scale, it shows that active avoidance coping has a significant positive relation with psychological distress as hypotheses 1 states "avoidance coping mechanism is positively related with psychological distress",

whereas problem focused coping, positive coping and religious denial coping mechanisms are negatively correlated with psychological distress as hypotheses 2 states “problem focused coping, positive coping and religious denial coping are negatively correlated with psychological distress”.

### **Gender Differences on Psychological distress and coping mechanism among Street Children**

Mean, standard deviation, and *t* values of psychological distress and coping mechanisms have been represented genders.

**Table 4**

*Mean standard deviation and t values across gender on psychological distress and coping subscales (N = 150).*

Variable	Boys (n = 82)		Girls (n =68)		<i>t</i> (150)	<i>p</i>	95% CI		Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
PD	22.42	6.70	28.17	10.2	2.93	.01	6.32	13.33	.38
D	7.23	1.34	9.01	2.12	.62	.00	2.12	7.88	.12
A	6.13	1.22	8.31	1.32	1.32	.00	3.64	4.44	.24
S	9.02	2.20	11.01	2.10	1.54	.01	.54	2.30	.02
ACC	23.02	2.21	21.43	1.72	1.85	.04	1.36	1.74	.02
PFC	26.21	3.21	18.22	2.20	2.66	.02	.28	1.98	.11
PC	14.23	3.50	13.51	4.73	2.11	.33	.73	1.66	.17
RDC	7.02	2.13	6.71	2.24	1.21	.24	-6.29	2.01	.12

Note: CI = confidence interval, LL= lower limit, UL= upper limit, PD = psychological distress, D = Depression, A = Anxiety, S = Stress, ACC= active avoidance coping, PFC = problem focused coping, PC= positive coping, RDC = religious denial coping

Table 4 indicates that girls (*M*=28.17, *SD*=10.2) experience more psychological distress as compare to boys (*M*=22.42, *SD*=6.70) the results support hypotheses 3 stated as “girls experience more psychological distress (depression, anxiety and stress) as compare to boys among street children. Boys use more active avoidance (*M*=23.02, *SD*=2.21) and problem focused coping mechanism (*M*=26.21, *SD*=3.12) as compare to girls (*M*=18.22, *SD*=2.20) as stated in hypotheses 4 “ boys

use more problem focused and active avoidance coping mechanism as compare to girls”. Where is there is non-significant use of positive and religious denial coping mechanism among both genders. The results are significant at (t= 2.93, 1.85, 2.66)  $p < .05$ .

### **Labor Types related Differences on Psychological Distress and Coping Mechanism among Street Children**

The tables shows the variability of coping mechanism and psychological distress among the five different types of labor; i.e., selling, begging, trash collector, others

**Table 5**

*Mean standard deviation and one way ANOVA of scores on the type of labor and brief cope subscale and psychological distress (N = 150).*

Subscale	Types of labor				F	P
	Selling things (n = 77)	Begging (n = 35)	Trash collector (n = 25)	Car wash (n = 10)		
	M(SD)	M(SD)	M(SD)	M(SD)		
PD	20.02(2.1)	17.63(1.9)	19.32(1.2)	18.22(2.6)	.46	.97
PFC	19.05(1.5)	15.88(2.3)	12.08(2.8)	16.98(1.9)	.22	.88
ACC	17.64(1.4)	13.42(2.4)	14.28(2.2)	15.30(1.7)	.17	.67
PC	14.33(1.8)	15.21(2.6)	16.07(1.1)	13.32(3.2)	.42	.63
RDC	8.22(1.0)	19.21(1.2)	11.81(3.1)	15.62(2.7)	.26	.54

Between groups  $df = 4$ ; within groups  $df = 146$ ; groups total  $df = 150$ . Note: PD = psychological distress, ACC= active avoidance coping, PFC = problem focused coping, PC= positive coping, RDC = religious denial coping

Table 5 indicates the one way analysis of variance for coping mechanism and psychological distress among five different labor types of street children, the data shows that there exist non-significant differences in coping mechanism and distress on the basis of labor types among street children.

### **Psychological distress, coping mechanism and working hours**

The table shows the one way analysis of brief cope subscales and psychological distress among the three different groups of working hours among street children.



**Table 6**

Mean standard deviation and one way ANOVA of scores on the groups of working hours and brief cope subscale and psychological distress ( $N = 150$ ).

Variables	4-5 hours	6-7 hours	8-9 hours	<i>F</i>	<i>p</i>	(I-J)	D(I-J)	<i>SE</i>	95% CI	
	( <i>n</i> = 56)	( <i>n</i> = 48)	( <i>n</i> = 49)						<i>LL</i>	<i>UL</i>
	<i>M</i> ( <i>SD</i> )	<i>M</i> ( <i>SD</i> )	<i>M</i> ( <i>SD</i> )							
PD	21.23(3.22)	23.41(3.81)	27.01(4.57)	1.43	.00	4-5 hours <	-7.81*	1.45	-6.00	-1.9
						6-7 hours <	5.59*	.87	.32	1.35
						8-9 hours	2.48*	.88	.41	5.12
PFC	20.13(3.34)	24.60(4.32)	29.81(4.08)	3.23	.03	4-5 hours <	5.56*	1.12	2.33	6.18
						6-7 hours <	3.59*	1.08	.10	4.13
						8-9 hours	4.48*	.98	1.32	2.10
ACC	16.23(1.17)	17.67(2.31)	17.21(4.15)	2.46	.43	-	-	-	-	-
PC	11.71(1.10)	12.81(1.77)	13.42(1.61)	1.18	.67	-	-	-	-	-
RDC	9.12(1.02)	6.09(1.16)	4.57(2.31)	.26	.32	-	-	-	-	-

Note: *CI* = confidence interval, *LL*= lower limit, *UL*= upper limit, PD = psychological distress, ACC= active avoidance coping, PFC=Problem focused coping, PC= positive coping, RDC = religious denial coping, *M*= mean, *SD*= standard deviation, and *SE* = standard error.

Table 6 indicates that the psychological distress is higher ( $M=27.01$ ,  $SD=4.57$ ) among the group working for more hours a day as compare to the other groups who work for lesser hours, and problem focused coping mechanism is more adapted by the children working for more hours (8-9 hours) ( $M=29.81$ ,  $SD=4.08$ ) as hypotheses 5 states “The children working for more hours on street experience more psychological distress (depression, anxiety, and stress)” and hypotheses 6 states “The children working for more hours on street experience adapt problem focused coping mechanism more as compare to the children working for lesser duration”. The other coping mechanisms have non-significant results.

### Psychological Distress, Coping Mechanism between age groups

This table represents the variability of distress and coping mechanisms among early, middle adolescent. Age range for early adolescents are 12-14 years and for middles adolescents’ age ranges from 15-17 years (Aldwin, 2007; Lewinsohn & Essau, 2002; Li et al., 2006)

**Table 7**

*Mean standard deviation and t values between early and middle adolescence on psychological distress and coping subscales (N = 150).*

Variable	Early Adolescence (12-14) <i>n</i> = 92		Middle Adolescence (15-17) <i>n</i> = 58		<i>t</i> (150)	<i>p</i>	95% CI		Cohen’s <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
PD	20.42	3.70	17.17	2.23	3.22	.02	2.33	3.77	.38
D	12.32	1.21	10.72	1.21	1.01	.01	1.02	1.12	.12
A	4.43	1.01	3.23	1.43	1.21	.00	.31	1.20	.15
S	4.21	1.50	4.01	1.23	1.00	.01	1.00	1.45	.11
ACC	16.02	2.45	24.43	1.56	2.50	.01	1.18	2.34	.30
PFC	21.24	4.43	25.22	2.34	3.79	.00	2.48	5.40	.45
PC	13.22	1.50	15.51	2.73	1.11	.36	.73	1.66	.18
RDC	9.02	1.13	10.71	1.24	.39	.27	-3.29	2.76	.16

Note: CI = confidence interval, LL= lower limit, UL= upper limit, PD = psychological distress, ACC= active avoidance coping, PFC = problem focused coping, PC= positive coping, RDC = religious denial coping

Table 8 indicates that psychological distress is more common among the early adolescence group ( $M= 20.42$ ,  $SD= 3.70$ ) as compare to the middle adolescence group ( $M= 17.17$ ,  $SD= 1.23$ ). Active coping mechanism is more adapted by the middle adolescence group ( $M= 24.43$ ,  $SD= 1.56$ ). Problem focused coping mechanism is also more adapted by the middle adolescence group ( $M= 25.22$ ,  $SD= 2.34$ ) as hypotheses 7 states “Early adolescent group experiences more psychological distress (depression, anxiety, stress)” and hypotheses 8 states “Middle adolescent group scored higher on problem focused coping and active avoidance coping mechanisms as compared to early adolescent group.”. Results are significant at  $t = 3.22, 2.50, 3.79$ .

### **Psychological Distress, Coping Mechanism and Time Duration being on Street**

Time duration being on street for present sample were found to be from days to years. To see the differences on psychological distress and coping mechanisms among street children based on their duration on the street following comparable groups were established. The following table shows the one way analysis of variance for brief cope subscales and psychological distress among the children on time duration being on street for three groups i.e., 5-12 days, 4-6 months, and 2-3years.

**Table 8**

Mean standard deviation and one way ANOVA of scores on duration of being on street and brief cope subscale and psychological distress (N = 150).

Variables	5-12 Days	4-6 Months	2-3Years	F	P	(I-J)	D(I-J)	SE	95% CI	
	(n= 36)	(n= 52)	(n= 62)						LL	UL
	M(SD)	M(SD)	M(SD)							
PD	28.42(6.21)	22.13(4.27)	19.87(4.10)	.36	.01	Days >	6.81*	2.46	-4.00	-1.5
						Months>	4.21*	1.54	.12	2.34
						Years	3.48*	.98	.34	4.12
PFC	15.03(3.36)	16.72(4.17)	20.52(2.12)	.44	.00	Days<	4.26*	3.12	1.33	5.18
						Months<	3.59*	2.08	.14	4.18
						Years	8.20*	1.48	.32	2.07
ACC	26.23(2.17)	19.37(1.03)	17.67(4.05)	1.15	.04	Days>	5.10*	1.22	-2.13	3.36
						Months>	3.03*	1.97	2.14	4.55
						Years	2.24*	2.43	.09	1.67
PC	6.89(1.23)	5.66(2.34)	3.22(1.01)	.23	.16	-	-	-	-	-
RDC	7.09(1.40)	4.51(1.88)	5.11(1.12)	.38	.41	-	-	-	-	-

Table 8 indicates the one way analysis of variance for coping mechanism and psychological distress among three different groups of street children who have been on street since days, months and years. The result indicates that psychological distress is more common among the children who have been on street for days ( $M = 28.42$ ,  $SD = 6.21$ ). Active avoidance coping mechanism is more adapted by the street children who have been on street for days ( $M = 26.32$ ,  $SD = 2.17$ ), and problem focused coping is more common among the children who have been on street for years ( $M = 20.52$ ,  $SD = 2.12$ ) as hypotheses 9 states “Children who have been on street for lesser time experience more psychological distress (depression, anxiety, stress) as compared children who have been on street for longer time period.” Hypotheses 10 states” Children who have been on street for lesser time adapt more active avoidance coping mechanism as compare to the children who have been on street for longer period of time”.

### DISCUSSION

The stresses in life require some coping mechanism in order to lead a normal and healthy life (Aldwin, 2007). Hence it is important to have proper instruments for accurate assessment of the behaviors that are valid and reliable for a particular context. The present study was carried out to find out the psychological distress (anxiety, depression and stress) and the various different coping mechanisms adopted by these children. Along with this the different demographic variables like gender, age, labor type, working hours, and duration of being on street have also been studied. This study is the first of its kind in Pakistan that has covered a diverse sample of street children. The study used two scales to find out the relation between psychological distress (depression anxiety stress scale) and various coping mechanisms (brief COPE) among the street children. The age range of the sample was from 10-17 years.

The sample was collected keeping in mind the classification made by United Nations International Children's Emergency Fund (2001) who differentiated these children into three groups on the basis of their contacts with their families. Children who spend day time in the streets to play or earn and at night time they go their homes, these children have a little supervision of their families, children in these category are called “children at high risk”. Children who have relation with their family but from distance that is they could be living in other cities sending money back home. They are called as “children in the streets”. Children who children come from the poorest background that has no contact from their families; these children are called as “children of the street”. On the basis of this classification children who are out on streets in order to earn were targeted. These children were involved in various activities to earn i.e. selling things, beggary, washing cars, trash collectors. These activities are more prevalent in our society. No steps are currently been taken to address the daily hassles of these children or to modify the existing problem of our society.

The major purpose of the study was to see the relationship between the psychological distress and coping mechanisms among the children. Another objective of the research was to find out the differences of psychological distress and coping

mechanisms on the basis of demographic variables that are, age, gender, labor type, working hours, duration of being on street.

The analyses were done on the sample of 150 street children from the various areas of Islamabad. Since there is no literature supporting the relationship between the three variables (psychological distress, coping mechanism and street children), the findings reveal a significant relation between the psychological distress and various coping mechanism among the street children.

### **Descriptive Analyses of Depression Anxiety Stress and Coping Mechanisms**

The objectives of this research were accomplished through data collection from adolescent using the Urdu versions of depression anxiety and stress scale (Aslam, 2008) and brief COPE (Sabih, 2006). Brief COPE has four subscales; problem focused coping, active avoidance coping, positive coping, and religious denial coping, while depression anxiety and stress scale was used to evaluate the presence of psychological distress. Total scores on these scales revealed the presence of psychological distress and the use of particular coping mechanism along with it (see table 2). An important observation in the reliability estimates was that the Cronbach's alpha reliability of the scales and the subscales were acceptable. The skewness and kurtosis of scales and the subscales were observed in order to determine the appropriateness of the data according to the assumptions of the normality. Both of the values of the scales were found to be quiet appropriate for the scales and subscales of depression, anxiety and stress scale and brief cope subscales. Positive value of the kurtosis determines that the curve was light tailed and pointed.

### **Relationship between Depression Anxiety Stress, and Coping Mechanisms**

Keeping in view the objectives of the research analysis was performed to explore the relationship between the variables. The results of this research after data analysis from SPSS revealed that problem focused coping has a significant negative relation with the psychological distress among the total adolescent sample ( $p < .01$ ). These results are in agreement of the similar researches of similar nature (Folkman & Moskowitz, 2004; Basharat, 2010; Ben Zur, 1999). Another important finding is that avoidant coping mechanism is positively correlated and significant with psychological distress among the total adolescent sample ( $p < .01$ ) (see table 3). These findings are

supported by the past researches (Holahan et al., 2005; Billings & Moos, 1984; Wijnadele et al, 2007; Corkette, 2007). Whereas positive coping and religious denial coping mechanism have been found to be significantly negatively correlated with psychological distress among the total adolescent sample ( $p < .01$ ) these findings are supported by past researches (Komba,2010; Danub,2013; Alexis, 2012; Goriss, 2014; Davis, 2006; Catherine, 2001; Yu li, 2007).

### **Demographic related differences on Depression Anxiety Stress Scale and coping mechanisms**

Mean differences were assessed on depression, anxiety and stress scale brief cope subscales (problem focused coping, active avoidance coping, positive coping, and religious denial coping). The difference was assessed for the demographic variables including gender, age, labor type, duration of being on street, and working hours.

**Gender.** The gender differences observed in the total adolescent sample were significant with girls scoring more on psychological distress ( $M=28.17, SD=10.2$ ) as compare to boys ( $M= 22.42,SD = 6.70$ ) ( $p = .01$ ). This finding is supported by the past researches (Schimmel, 2006; Almieda & Kessler, 1998). Whereas boys scored higher on problem focused coping mechanism ( $M= 26.21, SD = 3.21$ ) and active avoidance coping mechanism ( $M= 23.02, SD = 2.21$ ) ( $p = .04, .02$ ) these findings are supported by the past researches (McDonough & Strohschein, 2003; Compas et al, 1993). Whereas there was non-significant difference found on the positive coping and religious denial coping ( $p = .33, .24$ ). (See table 4)

**Age.** The age difference observed in the total adolescent sample were significant with the age group of early adolescent scoring higher on psychological distress ( $M= 20.42, SD = 3.70$ ) ( $p = .00$ ) this finding is supported by past researches (Aldwin, 2007; Lewinsohn & Essau, 2002). Active avoidant coping mechanism is more common among the middle adolescent group ( $p = .01$ ) ( $M= 24.43, SD = 1.56$ ) and problem focused coping ( $M= 25.22, SD = 2.34$ ) is also more common among the middle adolescent group ( $p = .00$ ). These findings are supported by past researches (Li et al, 2006; Ge et al, 2006; Smith et al, 2003). (See table 8)



**Labor type.** There were different types of labor taken for the research purpose who were approached through the different sites of Islamabad. There is a lack of research in this category so there was no evidence found that which different coping mechanisms are used or adapted by the children indulged in different labor type. The labor type differences of psychological distress and coping mechanisms between selling things, begging, trash collecting and car wash were found to non-significant ( $p < .05$ ). (See table 5)

**Working hours.** Children on street had different hours of working on this basis three categories were made 4-5 hours, 6-7 hours and 8-9 hours. There is a lack of research in this section as well however some important findings were revealed through the analysis, working hours differences observed in the total sample were significant with the result that the psychological distress is more common among the children who work for more hours (8-9 hours), and problem focused coping is also common among the same group, as the children who have been working in streets for more hours have become more adaptable to the environment so they use more of the problem focused mechanism. ( $p = .03$ ). (See table 6).

**Duration of being on street.** Children on street have been on the streets for days, months and years, on this basis an analysis was done to find out the differences on psychological distress and coping mechanisms among the children who have been on streets for days, months and years. There is a lack of research on this section however some important findings were revealed through the analysis, The duration for being on street observed in the total sample were significant indicating that psychological distress is more common among the children who have been on streets for days (Corkette, 2007 ; Shonkoff, 2000), as these children are new to this environment so they tend to face more difficulty to settle in the atmosphere these children adapt more active avoidance coping mechanism which mostly involves the usage of drugs such as sniffing glue or cigarettes and problem focused coping mechanism is more common among the children who have been on street for years, as these children are more mature and adaptable to the environment so they are more capable of facing there problems. (See table 7)

## **Implication of the Present Research**

As an initial effort to find out the relation between psychological distress and coping mechanism, there are certain limitations in the research. The findings of this study can play an important role for future research and for policy development. The data utilized in this project has number strengths. First, the study is one of the first to ensure the relation between psychological distress and coping mechanism among the street children. Further the study achieved good responses rates for participation in the research, which included a good sized sample across the areas of Islamabad, ranging from 10-17 years of age. In doing so, the study can add to growing literature on psychological distress and coping mechanism among street children.

In summary, the results of this study have important implications for practice and making prevention programs. So this study is important in determining the relationship between distresses and coping mechanism among street children.

## **Limitations of the Present Research**

Limitations are influences that the researcher cannot control. They are the shortcomings, conditions or influences that cannot be controlled by the researcher that place restrictions on your methodology and conclusions. Therefore these limitations should be mentioned so that the limitations motivate the researcher for further exploration and work on other possible alternatives. Similarly there are some limitations in this research which are as follows.

1. The most significant limitation of the research is the objectivity of the data. There is a strong social desirability element on the responses and it may suggest that there can be faking in data.
2. The size of the sample used in the research is not large enough.
3. There are a large number of ways of earning for street children like snatching, stealing, which have not been addressed.
4. There is lack of literature on various demographic variables for these children such as family system, police arrest, hours of working, parents alive.
5. Another important limitation of the research is that the sample is only taken from the urban areas and rural areas are totally being avoided.

## **Suggestions**

On the basis of above mentioned limitations of present research, some suggestions have been preceded for further researchers who are interested to do research in similar areas.

1. Sample can be taken from the rural areas to see the noticeable differences in the psychological distress and coping mechanisms
2. Another important future research question is to find out more factors as the leading causes of being on street
3. Another important future research question would be to find more ways of coping with the stressors, by highlighting the stressors first.

## **Conclusion**

The findings of the research recommend that the developing countries like Pakistan have a growing number of street children, who are out on streets due to a number of reasons, and the street life is causing them psychological problems, therefore a great amount of attention is required to focus on these children and plan a prevention and educational programs for these children. There is a wide chance that these children grow up to become criminals so there should be a proper planning to address the psychological as well as behavioral problems of these children in order to eliminate this growing problem of our country, and there should be proper zakat system implemented in our country to eliminate this curse of poverty.

REFERENCES

- Abdel, R. (1998). Prevalence and individual differences of street children. *American Journal of Psychiatry*, 123(17), 1320- 1325.
- Abdelgalil, S. (2004). Problems of street children: Developing an interview schedule and some preliminary results. *Journal of Adolescents*, 20(6), 73- 92.
- Abro, A. (2012). Street children in Karachi: A situational analysis Karachi: Dawn printing press.
- Adato, M., & Hoddinott, J, (2007). Programs for reducing poverty. *Journal of Development Studies*, 45(10), 1684-1706.
- Agneli, F. (2006). Family structure and personality of street kids. *British journal of psychiatry*, 16(3), 332-341.
- Aldwin, C. (2007). *Stress, coping and development: An integrative perspective*. NY: The Guilford Press.
- Alexis, D. (2012). Coping with the challenge of transition in older adolescents with epilepsy. *Seizure*, 11, 33–39.
- Ali, Moazzam; Shahab, Saqib; Ushijima, Hiroshi; Muynck, Aime De. (2004). Street Children in Pakistan: A situational Analysis of Social conditions and Nutritional status. *Social Science and Medicine*. 59 (1), 1707-1717.
- Almeida, D. (2013). *Psychological testing* (3<sup>rd</sup> ed). New York: Prentice Hall, Inc.
- Almieda, D.M., & Kessler, R.C. (1998). Everyday stressors and gender differences in daily distress. *Journal of personality and social psychology*, 75(3), 670-680.
- AMAL Human Development Network. (2004). Street children and juvenile justice in Pakistan. The consortium for street children.
- Amal, A. (2004). Risks of street children. *The Daily News*, p. 4. Retrieved February 12, 2015, from <http://www.dailytimes.com.pk/defaultT SP?page4>.

- Aptekar, L. (1988). The street children of Colombia: How families define the nature of childhood. *International Journal of Sociology of the Family*, 18,283-296.
- Asian Human Rights Commission. (2005). Pakistan: Number of street children on the rise. Available :<http://acr.hr.school.org/mainfile.php/0236/483/>.last accessed 25 March 2009.
- Aslam, N. (2007). Trauma, Depression Anxiety and Stress among individuals living in earthquake affected and unaffected areas. *Journal of Psychological Research*, 2, 131-148.
- Azad Foundation. (2005). Study for street children in Karachi. *Journal of Pakistan Voluntary Health and Nutrition Association*, 4,663-679. Retrieved March 9, 2015 from <http://www.azadfoundation.org/>
- Azeem, A. (2013). Gender differences in distress. *Psychological Assessment in Asia: Introduction to the Special Section. Psychological Assessment*, 23(5), 45-56.
- Bandura, A. (1989). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191-215
- Baron, R. M., & Kenny, D. A. (2001). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 5, 1173–1182.
- Basharat, A. (2010). Coping mechanism and psychological distress. *Journal of Child Psychology and psychiatry*, 30, 1228-1237.
- Baurmring, T. (2001). Children’s behavioral and cognitive adjustment. *Journal of Family Issues*, 12(2), 344-366.
- Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. New York: International Universities Press
- Beitchman , J.H., Zucker,K.J., Hood,J.E., Dacosta,G.A., Akman,D., & Cassavia,E. (1992). A Review of the long-term effects of child sexual abuse. *Child Abuse and Neglect* 16,101-118.

- Benitez, S. T. (2007). What works in street children programming: the JUCONI Model. 2007: International Youth Foundation.
- Benitez, S. T. (2011). Street children: A mapping and grapping of the literature review 2000 to 2010. *Consortium for Street Children*.
- Ben-Zur, H. (1999). Coping strategies and leadership in the adaptation to social change: The Israeli kibbutz. *Anxiety, Stress, and Coping*, 18, 87–103.
- Billings, A., & Moos, K. (1984). A longitudinal study of the relationship between distress and both active avoidance coping & emotion-focused coping strategies. *Social Behavior and Personality: An International Journal*, 34, 499 –510.
- Bonano, W. (2006). Concept of psychological distress. *British Journal of Psychology*, 39,109-122.
- Box, C. (1998). Model of psychological distress: psychodynamic theory, 16(2), 240- 251.
- Breznitz, D.S., Cohen, S. Wislon, W. (1981). Vulnerability to childhood and coping mechanism. *Journal of Child Psychology and psychiatry*, 31, 1145-1167.
- Butcher, J. N., Mineka, S. & Hooley, J. (1996). *Abnormal psychology and modern life*. New York: Oxford University Press.
- Campos, M.,Iraurgi, J., Paez, D., & Velasco, C. (2001). Coping and emotional regulation of stress events. A meta-analysis of 13 studies. *Boletin-de-Psicologia*, 82,25– 44.
- Carson, R., Butcher, J. N. & Mineka, S. (1996). *Abnormal psychology in modern life* (10<sup>th</sup> Edition). New York: Harper Collins.
- Carver, C. S., & Scheier, M. (1992). Vigilant and avoidant coping in two patient groups. H. W. Krohne (Ed.). *Attention and avoidance* (pp. 295–319). Seattle, WA: Hogrefe & Huber
- Carver, C.S., Pozo, C.Harris, S.D.,Noriega, V., Scheier, M.F., Robbinson, et al. (1993). How coping mediates the effect of optimism on distress: A study of women with early stage breast cancer. *Journal of Personality and Social Psychology*, 65, 375-390.
- Catherine, M. (2001). Coping with examination stress: Resources, strategies, outcomes. *Anxiety, Stress, and Coping*, 8, 279 –298.

- Clair, L. (1996). Perspective of psychodynamic theory, *A Psychological Review*, *11*(1) , 23-36.
- Clark, L. (2006). Unique effects of depressive and anxious symptomatology on daily stress and coping. *Journal of Social and Clinical Psychology*, *21*, 583– 609.
- Clark, L. A., & Watson, D. (1988). Mood and the mundane: Relations between daily life events and self-reported mood. *Journal of Personality and Social Psychology* ,*54*, 296-308.
- Clark, L., Watson, D. (2001). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, *54*, 1063–1070.
- Compas, B. E., Connor-Smith, J. K., Saltzman, H., Thomsen, A. H., & Wadsworth, M. E. (1993). Coping with stress during childhood and adolescence: Problems, progress, and potential in theory and research. *Psychological Bulletin*, *127*, 87–127.
- Conger, R.D., K.J. Conger, G.H. Elder Jr., F.O. Lorenz & R.L. Simons (2000) Economic stress, coercive family process and developmental problems of adolescents, *Child Development*, *65*: 541 – 61, 1994.
- Dallape, J.S. (2006). *Human development across the life span*. New York: Harper Collins
- Danub, C. L. (2013). Religious denial coping and psychological distress among cancer patients. *Journal of Urban and Regional Research*, *65*, 126 –1354
- David, E. (2009). Predicting hopelessness and psychological distress: The role of perfectionism and coping. *Journal of Counseling Psychology*, *50*,362–372.
- Davisson, O. & Padesky, C. A. (2010). Science and philosophy: Comparison of cognitive therapy (CT) and rational emotive behavior therapy (REBT). *Journal of Cognitive Psychotherapy: An International Quarterly*, *17*, 211–224.
- Densley, M. K., & Joss, D.M. (2000). Street children: causes, consequences, innovative treatment approaches. *Global Health Issues*, *15*, 217-225.
- Desrosiers, R., & Fleurose. M. (2002). Coping strategies, and the impact of challenging behaviors on special educators’ burnout. *Mental Retardation*, *40*, 148 –156.

- Donald, D. (2006). The South African street child: developmental implications. *S. Afr. J. Psychol.* 244:169-74.
- Dooley, B. (2003) My world survey: National study of youth mental health in Ireland, 87,301–321.
- Emmanuel, F., Iqbal, F., & Khan, N. (2005). Street children in Pakistan: a group at risk for HIV/ AIDS. Karachi: The Azad Foundation, Pakistan.
- Erikson, E.H. (1963). *Young man Luther: A study in psychoanalysis and history*. New York: Norton.
- Fatima, N. (2013). Financial strain and Distress: *a cross-sectional study in Karachi, Pakistan*. 3, 34–39.
- Felsman, F. (2009). Street children: psychological perspectives. *International Encyclopedia of the Social & Behavioral Sciences*, 15, 157-164.
- Freud, S. (1920). A general introduction to psychological Trans by: G. Stanelly Hall. New York: Boni and Liver night.
- Ge, X., Conger, R. D., & Elder, G. H. Jr. (1996). Coming of age too early: Pubertal influences on girls' vulnerability to psychological distress. *Child Development*, 67 (6), 3386-3400. doi: 10.1111/j.1467-8624.1996.tb01919.x
- Gene, S. (2004). *Children, law and justice: a south Asian perspective*. New Dehli: Sage
- Gore, J. (2011). Street working children, children's agency and the challenge of children's rights: evidence from Minas Gerais, Brazil. *Journal of International Development*, 24, 828-840.
- Goriss, J. (2014). Does trait coping exist? A momentary assessment approach to the evaluation of traits. *Journal of Personality and Social Psychology*, 77, 360 –369.
- Gove, W.R., & Tudor, J.E. (1973). Adult sex roles and mental illness. *American Journal of Sociology*, 78(4), 812-835.
- Holhan, Z., Avizur, E., & Mikulincer, M. (2005). Coping styles and psychopathology among students. *Personality and Individual Differences*, 11, 451– 45.



- Horwitz, J. (2007). The association of coping to physical and psychological health outcomes: A meta-analytic review. *Journal of Behavioral Medicine*, 25, 551– 603
- Hussain, A. (2014). Prevalence of psychological distress in urban Pakistan: A comparative perspective, 23(8), 759-770.
- Hyder, K. (2007). Risk and resiliency in childhood: The lives of street children: *Studies in the development of resiliency* (pp. 56-80). New York: Brunner/Mazel.
- Invernizzi A. (2001). Street Children in Africa, Asia and Eastern Europe-Annotated Bibliography (Straßenkinder in Afrika, Asien und Osteuropa-Eine kommentierte Bibliographie). Bonn: Deutsche Kommission Justitie et Pax
- Iqbal, M.W.(2000). Depressive symptoms in the parents of children with leukemia. *Psychological perspective*, 17; 201-209.
- Irfan, F. (2008). Literature review on the sexual abuse and juvenile and street children in Sindh. Karachi social welfare department PCCWD Government of Sindh.
- Kidd, Sean (2003). Street youth: coping and interventions. *Child and Adolescent Social Work Journal*, 20(4), 235-261
- Kilbride, E. (2000). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin*, 131, 803– 855.
- Klees,A.(2000). Impact of mindfulness-based stress reduction training on intrinsic brain connectivity. *Neuroimage*. 2011; 56(1):290–298.
- Kleinman, L. & Kirmayer.F. (1989). Gender and locality difference: A study of Adolescents mental health. *Journal of Education Research and Behavioral Sciences*. 2, (5) 068–075
- Koller, S. H., & Hutz, C. S. (2001). Street children: psychological perspectives. *International Encyclopedia of the Social & Behavioral Sciences*, 15157-15160
- Komba,A. (2010). A new paradigm for social change: social movements and the transformation of policy for street and working children in Brazil. See Mickelson 2000a, pp. 79-98

- Lalor, K. J. (1999). Children living and working in the street: A comparative perspective. *Child abuse & neglect*, 23(8); 759-770.
- Lazarus, R. S. (1983). The costs and benefits of denial. In S. Breznitz (Ed.), *The denial of stress*. New York: International Universities Press.
- Lazarus, R. S. (1999). *Stress and emotion: A new synthesis*. London: Free Association Books.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping*. New York: SpringerVerlag.
- Le Roux, J., & Smith C. (1998). Is the street child phenomenon synonymous with deviant behavior. *Adolescence*, 33(132), 915-25.
- Lerutta, K. (2002). Depression in children: preliminary results from a European and US cross-cultural study. *British Journal of Psychiatry*. 184. 31-3
- Lewinsohn, P. M. & Essau, C. A. (2002). Depression in adolescents. In I. H. Gotlib & C. L. Hammen (Eds.), *Handbook of depression* (pp. 541-559). New York: Guilford Press
- Li, C. E., DiGiuseppe, R., & Froh, J. (2006). The roles of sex, gender, and coping in adolescent depression. *Adolescence*, 41 (163), 409-415.
- Lovibond, S., & Lovibond, P. (1995). *Manual for the depression anxiety stress scales*. Sydney, Australia: School of Psychology, University of New South Wales.
- Lugalla, J. & Mbwambo, J. (1999) Street children and street life in urban Tanzania: the culture of surviving and its implications for children's health. *International Journal of Urban and Regional Research*, 23 (2), 329-344.
- Lusk, M. (1992). "Fieldwork with Rio's Street Children." In Rizzini, I., ed. *Children in Brazil Today: A Challenge for the Third Millennium*. Rio de Janeiro: *Editora Universitaria Santa Ursula*.
- Matchinda, B. (1998). The impact of home background on the decision to run away: The case of yaounde aty street children in Cameroon. *Child & Neglect*. 23(3), 245-255.

- Mathews, M., Siegel, L., Kuller, T; & Thompson.V.(1983).Religious denial coping mechanism: Reducing risk for psychological distress, 1, 87- 102.
- McClland,K., R. Henley ,M. Muller & S.Veller.(1998). A survey of street children: Impacts of poverty. *Mental Health Journal*.
- McDonough. P., & Strohschien.,L.(2003). Age and the gender gap in the distress. *Women & Health, 38(1), 1-20.*
- Mclaghlan, R. (2004). Personality, coping, and coping effectiveness in an adult sample. *Journal of Personality, 54, 385– 405.*
- Mirowsky, J., & Ross, C. E. (2002). *Social causes of psychological distress*. New York: Aldine de Gruyter.
- Mirowsky.J., & Ross, C.E. (1989). *Social causes of psychological distress*. New York: Aldinede Grutter.
- Mirowsky.J., & Ross, C.E. (1995). Sex differences in distress: Real or artifact? *American Sociological Review. 60(3), 449- 468.*
- Mufune,P.(2000).Street youth in Southern Africa. *International Social Science Journal,53(2),233.*
- Mukhtar, A. (2008). Causes of being on street: Economic factors . *Child, Youth and Environment, 11(2), 20-28.*
- Murrel, R. (1974). *Street children: A concept in search of an object*. Unpublished paper,University of Fribourg, Switzerland.
- Nadia, A. (2012). Depression and social stress in Pakistan. *Psychol Med. 30(2):395–402.*
- Najam, A. (2011). Assessment of Psychological Distress in Epilepsy: Perspective from Pakistan,” *Social Science & Medicine. 31, 165–170.*
- Najama, N. (2014). Psychological wellbeing of children: Perspective from Pakistan,” *Social Science & Medicine. 28, 161–169.*

- Niaz, I. (2013). Risk factors, prevalence, and treatment of anxiety and depressive disorders in Pakistan: *systematic review*. 4, 328-794.
- Pakistan; Justice Foundation. (2011). Street children and adolescent in Pakistan: work as an agent of socialization childhood, *10*(4), 319-441.
- Park, C. L., & Adler, N. E. (2003). Coping style as a predictor of health and well-being across the first year of medical school. *Health Psychology*, 22, 627–631.
- Payton, J. (2009). The association of coping to physical and psychological health outcomes: A meta-analytic review. *Journal of Behavioral Medicine*, 25, 551– 603.
- Penland, J. (2001). The association of coping to physical and psychological health outcomes: A meta-analytic review. *Journal of Behavioral Medicine*, 25, 551– 603
- Perlin, M.L., & Schooler.S. (1978). Active avoidant coping strategy: Mental health program, *3*(2):167-70.
- Pollit, W., & Gorman.L. (1994). Street children, human rights and public health: A critique and future directions, *Annual review, Anthropology*, 31: 147-71.
- Price, J. (1989). *Child abuse and neglect: Cross-cultural perspectives*. Berkeley: University of California Press.
- Qadir, F. (2015). Social Support, Marital Adjustment, and Psychological Distress among Women with Primary Infertility in Pakistan. *9*, 16–20.
- Raheel, S. (2004). Home environment and distress: Perspective from Pakistan,” *Psychol Med.* 17, 123-134.
- Rana, A. (2014). Demographic elements, social problems and material enhancements as indicators of psychological distress: a cross-sectional study in Karachi, Pakistan. *4*, 26–30.
- Riaz, M. (2003). *Effects of family system on children’s mental health*. Islamabad: Riaz.
- Ridner, E. (2004). Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. *Psychological Bulletin*, 129, 216 –269.

- Ritcher, L. (1991). Children living and working in the street in rich and poor countries. *Child worker*, 9, 5-7.
- Rizzini, A. J., Seifer, R., & McDonough, S. C. (1993). Contextual contributors to the assessment of infant mental health. In R. DelCarmen-Wiggins & A. Carter (Eds.), *Handbook of infant, toddler, and preschool mental health assessment* (pp. 61–76). New York, NY: Oxford University Press.
- Sahab, M. (2004). Street children and juvenile justice in Pakistan Consortium for street children.
- Schafer, I. (1992). Psychological distress in youth of the streets of Ibadan , Nigeria , Child abuse & Neglect. (30), 271-287.
- Schimmel, N. (2006). Freedom and autonomy of street children. *International Journal of Children's Rights*, 14(3), 211-234.
- Shonkoff, T. & Phillips, O. (2000). *At Home in the Street: Street Children in Northeast Brazil*. Cambridge: Cambridge University Press
- Silbert,R. (2006). "Theory, Method and Triangulation in the Study of Street Children." *Childhood* 3: 131-145.
- SPARC. (2010). *Street Children*. Islamabad: Society for the Protection of the Rights of the Child
- Taylor.F., & Macdonald. E. (1998). Effects of poverty on child's mental health . *Journal of Interntional Dvelopment*, 14: 117-28.
- Tufail, P. (2005). Situational analysis of street children Education for All policy review and best practices studies on basic NFE for children living and/or working on the streets in Pakistan. AMAL Human Development Network.
- UNICEF. (1985). *Children in especially difficult circumstances: Supporting annex, exploitation of working and street children*. New York: United Nations Children's Fund.
- Veale, A. (1993). Children living and working in the street and political violence: A socio-demographic analysis of children living and working in the streets in Rawanda.

- Vogel, K. & Mello, L. (2004). "Youth System Dynamics: A Theoretical Framework for Analyzing Runaway and Homeless Youth Policy." *Families in Society* 85(3): 379-390.
- Volpi, E.(2003). 'Children living and working in the street: promising practices and approaches'. *Child, Youth and Environments*, 13(1), 1-30.
- Walters, W. (2001). Gender and Health: reassessing patterns and explanations . *Social science and medicine*, 52(4), 547-559.
- Watson, D., & Phillips, A. (2009). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, 54, 1063–1070.
- Wheaton, M. (2007). Parent and adolescent responses to poverty-related stress: Tests of mediated and moderated coping models. *Journal of Child and Families Studies*, 14, 285–300.
- WHO. (2002). Working with street children: Monitoring and evaluation of a street children project . World Health Organization. Geneva
- Wienrach, W. (1998). Models of psychological distress: A cognitive theory, 22(3), 222-271.
- Wijnadele, M. E., Raviv, T., Compas, B. E., & Connor-Smith, J. K. (2007). Parent and adolescent responses to poverty-related stress: Tests of mediated and moderated coping models. *Journal of Child and Families Studies*, 14, 285–300.
- Word, C.L. (2007). Monitoring the wellbeing of the children and working in the street from a rights perspective, monitoring child well-being; A South African rights based approach, pp 233-246. Cape Town: HRC press.
- Yu li, K. (2007). Anxiety and coping among vagrants: The China experience. *Journal of Research in Personality*, 41, 213–220.