

Resiliency in children in their late childhood

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Abstract: Resiliency in late childhood was studied on a sample of 310 children of Dharwad and Tura regions drawn from third to sixth classes through sociometry. Child's resiliency was assessed by using Prince Embury's (2006) scale. Results revealed no significant association between region and resiliency or vulnerability. But, children of both regions were in low level of resiliency and vulnerability. Among Tura region girls were significantly higher on resiliency while boys were significantly higher on vulnerability. Children of 8-9 years were found to be significantly more vulnerable than 10- 12 years old.

Key words: Children, Gender, Region, Resiliency, Vulnerability

Introduction

The development of children around the world is threatened by divorce, parental abuse and neglect, poverty and other adversities that can have life altering consequences for individuals, families and the future of all societies. These adversities have raised concern of dangers posed to children and such experiences are established risk factors for development in that there is good evidence that these conditions predict higher rates of negative or undesirable outcome. In spite of all odds against them, some children seem to have been blessed with a natural tendency to "bounce back" from adversity. Masten *et al.* (1990) defined resilience as "the process of capacity for, or outcome of, successful adaptation despite challenging or threatening circumstances. Resilient individual escape psychological dysfunction in spite of being in difficult circumstances. While less resilient individuals get worn out and negatively impacted by stressors in life, and those high on resilience display dynamic self-renewal when faced with similar stressors.

Resilience is influenced by supportive elements and positive reinforcements in a wider environment. These positive reinforcements are called "protective factors". A protective factor refers to anything that prevents or reduces vulnerability for the development of a disorder (Bee and Boyd, 2010). Vulnerability is defined as the individual's predisposition "susceptibility to negative developmental outcome that can occur under high risk conditions" (Kaplan and Owens, 2004). Risk factors are individual or environmental hazards that increase children's vulnerability to negative developmental outcomes.

The period referred to as late childhood starts from eight years when the child is in primary school and ends at twelve years when puberty transitions starts. Children in late childhood learn about the wider world and master new responsibilities that increasingly resemble those they will perform as adults. Improved athletic abilities, participation in organized games with rules, more logical thought processes, mastery of basic literacy skills, and advances in self understanding, morality and friendship are hallmark of this period.

As children mature, their school milieu and neighbourhood can increasingly contribute to their exposure to traumatic events. Developing possible protective factors that can be adapted to nurture the child's well being and help them to enter into adolescence and adulthood without any adversities is essential for an individual to excel in life. Hence, the present study was taken up to have a better understanding of factors that promote resiliency in children with the objectives to compare resiliency between children of Dharwad and Tura, and in boys and girls in late childhood as well as by age.

Material and methods

The study was conducted in Dharwad, Karnataka and Tura, Meghalaya in 2013-2014. The population of the study comprised of boys and girls of late childhood (8-12 years) who were studying third to sixth standard from government and private schools. Two each government and private schools were selected randomly from each regions. Through sociometry 10 students (5 peer accepted and 5 peer rejected) from each class were selected. Children were asked to write down three friends whom "they like the most" and three friends who "trouble" them in the class. In accordance with the peers nomination children were categorized as peer accepted and peer rejected. The peer nominations were cross checked with teachers nomination.

Thus, a total of 310 (145 Dharwad, Karnataka and 165 Tura, Meghalaya) comprised the sample for the study. Child's resiliency was assessed by using "Resiliency scale for children and adolescents" by Prince Embury (2006). It consists of 64 items. It uses a four point likert style format in which the students were asked to rate 64 items as: never (0), rarely (1), sometimes (2), often (3) and almost always (4). Age was categorized into three: 8-9 years, 10-11 years and 12 year olds. Chi square, one way ANOVA and correlation was employed to test the differences/association between children of two regions, gender and age.

Results and discussion

The results (Table 1a) revealed that majority of children from both the regions were in low levels with 91.5 per cent were from Tura region and 87.6 per cent were from Dharwad region. There was only 2.1 per cent of children of Dharwad in high level and 0.7 per cent in above average category. The frequency distribution by level of resiliency was similar for children from both the regions. The association between resiliency and regions were found to be non-significant and the mean scores were also similar as indicated by student 't' test. In case of vulnerability majority of children were found in low level with 93.1 per cent of Dharwad region and 88.5 per cent of Tura region (Table 1b). Chi square analysis revealed no significant association between vulnerability and regions.

The genetic, cultural and environmental forces such as individual's temperamental traits, cognitive factors, parenting practices, maternal and paternal influences, peer, school influences and community resources might have influenced similar outcome in children of the two regions. Maddi (2005) stated that resilience has three basic elements; challenge, commitment and control. If an individual is strong in the element of challenge he/she views 'stress and change' as a learning opportunity. These individuals expect adversity and have a 'bring it on' mentality when faced with obstacles. Commitment

Table 1a. Association between region and resiliency

Category	Dharwad n=145	Tura n=165	Total N=310
High	3(2.1)	-	3(1.0)
Above average	1(0.7)	-	1(0.3)
Average	5(3.4)	6(3.6)	11(3.5)
Below average	9(6.2)	8(4.8)	17(5.5)
Low	127(87.6)	151(91.5)	278(89.7)
Mean (SD)	26.73(11.46)	26.93(9.71)	-
Modified χ^2	4.95 NS		
t-value	0.16 NS		

Table 1b. Association between region and vulnerability

Category	Dharwad n=145	Tura n=165	Total N=310
High	-	-	-
Above average	-	1(0.6)	1(0.3)
Average	4(2.8)	6(3.6)	10(3.2)
Below average	6(4.1)	12(7.3)	18(5.8)
Low	135(93.1)	146(88.5)	281(90.6)
Mean (SD)	23.57(15.22)	24.81(13.23)	-
Modified χ^2	2.55 NS		
t-value	0.76 NS		

Table 2a. Association between gender and resiliency among children of Dharwad and Tura region

Category	Dharwad			Tura		
	Boys n=88	Girls n=57	Total N=145	Boys n=83	Girls n=82	Total N=165
High	1(1.1)	2(3.5)	3(2.1)	-	-	-
Above average	1(1.1)	-	1(0.7)	-	-	-
Average	5(5.7)	-	5(3.4)	5(6.0)	1(1.2)	6(3.6)
Below average	3(3.4)	6(10.5)	9(6.2)	6(7.2)	2(2.4)	8(4.8)
Low	78(88.6)	49(86.0)	127(87.6)	72(86.7)	79(96.3)	151(91.5)
Mean(SD)	26.41(11.03)	27.23(12.18)	-	19.70(12.15)	29.99(12.28)	-
Modified χ^2	7.68 NS			4.99 NS		
t value	0.41 NS			5.40**		

-** $p \leq 0.01$ level of significance, NS- Non significant

relates to the ability to engage fully in the matters at hand. Resilient individuals exhibit control in the face of adversity by trying to influence outcomes rather than lapse into passivity and powerlessness. It may also be because of the independence and over protection of the parents that might not have fostered resiliency in late childhood. Individual differences where in some are blessed with a natural tendency to 'bounce back from adversity', some have a strong sense of self belief, positive energy and an optimistic outlook regarding often daunting circumstances. These children do face adversity but with a static advantage. For these reasons may be there was commonness across the two regions.

Tusaie and Dyer (2004) reported that inter-personal and environmental factors influences resiliency. The intra- personal factors include cognitive factors and competencies. Cognitive factors include intelligence (McKnight and Loeper, 2002), optimism, creativity, humour and a belief in oneself. Competencies include a wide range of coping strategies, social skills, above average memory and educational abilities. Environmental factors include perceived social support. Folk's (1997) model of resilience states four patterns of resilience, the dispositional pattern, the relational pattern, the situational pattern and the philosophical pattern. These patterns contribute individually and in combination to a web of resilience. The dispositional pattern includes both physical and psychosocial attributes. Physical factors comprise intelligence, health and temperament whilst psychosocial attributes include personal competence and sense of belief. Positive temperament traits include children who are more responsive and cuddly, and caring to others. A sense of mastery, self-worth and positive self-esteem, self-confidence, a sense of self efficacy, autonomy and self-reliance are all psychosocial attributes that have been associated with resilience.

Association of gender and resiliency revealed that among the children of Dharwad (Table 2a), of both gender reported low level of resiliency *i.e.*, 88.6 per cent (boys) and 86 per cent (girls). In case of average level 5.7 per cent of boys were found, while 10.5 per cent girls were observed in below average. A similar trend was observed for children of Tura region, where majority of boys and girls *i.e.*, 86.7 per cent and 96.3 per cent fell under low level, followed by 6.0 per cent (boys) in average category and 1.2 per cent of girls in average category. The association of was non-significant ($\chi^2 = 4.99$), but on comparison of mean scores, results revealed that girls

had higher scores (29.99) of resiliency than boys (19.70) and which was significant at one per cent level ($t=5.40$).

In case of vulnerability (Table 2b), it is evident that majority of children from Dharwad region were in high level for both the gender with males of 69.3 per cent and girls 77.2 per cent. A higher percentage of boys were also noticed in above average and average category with 11.4 and 14.8 per cent, respectively. Similarly, among the children of Tura region, majority of boys (60.2%) and girls (87.8%) fell under high level, followed by boys in all the categories with 20.5 per cent in above average, 16.9 per cent in average and 2.4 in below average category. Further, the statistical analysis (χ^2) showed significant association between gender and vulnerability among Tura children ($\chi^2=17.24$). On comparison of mean scores, boys were found to be more vulnerable than girls ($t=3.70$). These differences may be due to parenting practices and better attachment in case of Dharwad and Tura region where boys seem to be exposed to the external world with more of peer pressures much more than the girls. However, boys of Tura region only, showed signs of vulnerability. This may be due to the fact that Tura being a matrilineal society more preference for girls than boys may have been responsible for boys showing symptoms of vulnerability. Being female itself is a resilience factor in childhood; they cope well and better than males. Girls tend to have a greater socialization skill which enables them to cope better. The different expectations of the genders in terms of their behaviour and roles in society also play a part. Honeya *et al.* (2011) revealed that boys had significantly more risk factors for example, maternal depression, family violence, child abuse and neglect

than girls and girls had a significantly higher balance of protective factors like strong family and community connections, supportive peers, good health and access to health care than boys.

The findings are in line with Kaplan and Owens (2004) who found that pre-pubescent girls tended to be more resilient than pre-pubescent boys. This is probably in part due to the fact that girls are significantly less likely to be disabled because girls are encouraged to express their feelings whereas boys are more likely to be socialized in ways that encourage inhibition of their emotional expression. Being female itself is a resilience factor in childhood; they cope well and better than males. Girls tend to have greater socialization skills which enable them to cope better. The different expectation of the genders in terms of their behaviour and roles in society also plays a part. However, Sandanger *et al.* (2004) revealed that women reported more stressful events than men and showed a stronger relationship between stress and symptoms, suggesting heightened vulnerability to stress.

With regard to (Table 3a) association of resiliency and age, among Dharwad children, it was observed that majority of children were in low level, with 100 per cent of 12 year old. In high level, 3.3 per cent were children of 10-11 years, while in average and above average, 4.3 per cent and 8.6 per cent were children of 8-9 year olds. In Tura region, majority of children had low level of resiliency with 92.8 per cent (table 3a). Statistical analysis showed no significant association between age and resiliency among children in both Dharwad ($\chi^2=4.80$) and Tura ($\chi^2=3.17$). But, with comparison of mean scores, it was noticed that 12 year old children of Dharwad region had higher resiliency

Table 2b. Association between gender and vulnerability among children of Dharwad and Tura region

Category	Dharwad			Tura		
	Boys n=88	Girls n=57	Total N=145	Boys n=83	Girls n=82	Total N=165
High	61(69.3)	44(77.2)	105(72.4)	50(60.2)	72(87.8)	122(73.9)
Above average	10(11.4)	6(10.5)	16(11.0)	17(20.5)	7(8.5)	24(14.5)
Average	13(14.8)	3(5.3)	16(11.0)	14(16.9)	3(3.7)	17(10.3)
Below average	2(2.3)	2(3.5)	4(2.8)	2(2.4)	-	2(1.2)
Low	2(2.3)	2(3.5)	4(2.8)	-	-	-
Mean(SD)	22.21(13.76)	25.68(17.15)	-	29.61(8.50)	24.22(10.10)	-
Modified χ^2	3.53 NS			17.24**		
t value	1.34 NS			3.70**		

Table 3a. Comparison between age and resiliency among children of Dharwad and Tura region

Category	Dharwad				Tura			
	8-9 years n=58	10-11 years n=45	12 years n=42	Total N=145	8-9 years n=68	10-11 years n=59	12 years n=38	Total N=165
High	1(1.4)	2(3.3)	-	3(2.1)	-	-	-	-
Above average	-	1(1.6)	-	1(0.7)	-	-	-	-
Average	3(4.3)	2(3.3)	-	5(3.4)	3(4.3)	3(5.2)	-	6(3.6)
Below average	6(8.6)	3(4.9)	-	9(6.2)	2(2.9)	3(5.2)	3(7.9)	8(4.8)
Low	60(85.7)	53(86.9)	14(100.0)	127(87.6)	64(92.8)	52(89.7)	35(92.1)	151(91.5)
Mean(SD)	22.78(9.25)	26.36(7.47)	32.58(15.01)	-	25.40(9.75)	27.07(9.90)	29.50(8.97)	-
Modified χ^2	4.80 NS				3.17 NS			
F-test	10.05**				2.22 NS			
r	0.34**				0.16*			
S.E.m.± (C.D. at 5%)	1.26(2.50)				1.06			

** $p \leq 0.01$ level of significance, * $p \leq 0.05$ level of significance, NS- non significant

Table 3b. Comparison between age and vulnerability among children of Dharwad and Tura region

Category	Dharwad				Tura			
	8-9 years n=58	10-11 years n=45	12 years n=42	Total N=145	8-9 years n=68	10-11 years n=59	12 years n=38	Total N=165
High	49(70.0)	43(70.5)	13(92.9)	105(72.4)	52(75.4)	43(74.1)	27(71.1)	122(73.9)
Above average	6(8.6)	9(14.8)	1(7.1)	16(11.0)	9(13.0)	8(13.8)	7(18.4)	24(14.5)
Average	9(12.9)	7(11.5)	-	16(11.0)	7(10.1)	7(12.1)	3(7.9)	17(10.3)
Below average	4(5.7)	-	-	4(2.8)	1(1.4)	-	1(2.6)	2(1.2)
Low	2(2.9)	2(3.3)	-	4(2.8)	1(1.4)	-	1(2.6)	2(1.2)
Mean(SD)	29.16(11.52)	24.56(11.36)	14.83(19.17)	-	25.93(13.49)	25.12(13.79)	22.32(11.79)	-
Modified χ^2	8.73 NS				2.34 NS			
F-test	12.68**				0.86 NS			
r	-0.38**				-0.10 NS			
S.Em.±(C.D. at 5%)	1.65(3.27)				1.45			

**p≤0.01 level of significance, NS- Non significant

than younger ages ($F=10.05^{**}$). Correlation analysis revealed positive significant relation between resiliency and age among Dharwad children ($r = 0.34$). This indicates that as children advance in age they tend to become more resilient.

In case of vulnerability among Dharwad children (Table 3b), 92.9 per cent were children from 12 year olds were in high level, while, in average and below average category 12.9 and 5.7 per cent, respectively were from 8-9 years children. Among 10-11 year old children, 14.8 per cent were noticed in above average and 3.3 per cent in low levels. In Tura region, majority of children were in high level of vulnerability. In average level, 12.1 per cent were 10-11 year old children while, 8-9 and 12 year olds were in below average and low level of vulnerability with 1.4 and 2.6 per cent, respectively. Statistical analysis showed

no significant association between age and vulnerability among children in both Dharwad ($\chi^2= 8.73$) and Tura ($\chi^2= 2.34$). But, with comparison of mean scores, it is revealed that 8-9 year old children in Dharwad region were found to be more vulnerable ($F=12.68$). Further, correlation analysis revealed negative and significant relation between vulnerability and age among Dharwad children ($r = 0.38$). Prince Embury (2006) revealed more impairment associated with emotional reactivity among the younger children (9-11 years) than 12 year old older age children.

It was observed that there was similarity in the pattern of distribution of children by levels of resilience in late childhood among the two regions; Dharwad and Tura. Girls were better than boys and younger children were more vulnerable and less resilient than older children.

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