Stress Coping Mechanisms and Psychological Distress among Adolescents in Informal Settlements in Tororo Municipality, Tororo District

Onyango David[1], Dr. Elijah Macharia Ndung'u[2] & Rev. Fr. Dr. Joyzy Pius Egunjobi[3]

[1]Postgraduate student, Counseling Psychology, Catholic University of Eastern Africa

[2]Lecturer, Catholic University of Eastern Africa

[3]Lecturer and Director Psycho- Spiritual Institute of Lux Terra (An affiliate of the catholic university of Easter Africa)

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ABSTRACT

Adolescents in informal settlements face significant poverty-related stress and psychological distress, yet limited research exists on stress coping mechanisms in East African contexts. This study investigated the relationship between stress coping mechanisms and psychological distress among adolescents in informal settlements of Tororo Municipality, Uganda. A quantitative cross-sectional survey design was employed with 376 adolescents aged 13-19 years from Kasoli and Bison informal settlements, selected through multistage cluster sampling. Data collection utilized the Brief COPE inventory for coping mechanisms assessment and an adapted psychological distress scale measuring poverty-related psychological difficulties. Statistical analysis included simple linear regression using SPSS version 28.0. The investigation revealed a statistically significant but weak positive correlation ($r = 0.144$, $p = 0.005$), with psychological distress explaining only 2.1% of the variance in coping mechanism utilization ($R^2 = 0.021$), contradicting theoretical expectations and indicating that factors such as individual resilience, social support availability, cultural factors, and resource access play larger roles in determining adolescent coping responses than psychological distress severity alone. This finding suggests that psychological distress-focused interventions alone are insufficient and supports multi-factorial intervention approaches that address environmental stressors, strengthen social support systems, and build individual coping capacity simultaneously. Mental health professionals should develop comprehensive assessment protocols while community organizations should implement programs addressing both environmental stressors and individual coping capacity. Future research should investigate the role of resilience, social support, and resources in mediating the coping-psychological distress relationship among adolescents in informal settlement contexts to better understand the substantial unexplained variance in this complex relationship.

Keywords: Coping mechanisms, psychological distress, correlation, interventions, resilience, adolescents, Tororo District

INTRODUCTION

Adolescents living in informal settlements worldwide face complex challenges that significantly impact their psychological well-being and developmental trajectories (UN-Habitat, 2020). Among the most pressing concerns is how these young people develop and utilize stress coping mechanisms when confronted with the multifaceted psychological distress associated with poverty (Evans & Cassells, 2014). The intersection of adolescent development, poverty-related stressors, and coping strategy formation represents a critical area of mental health research that requires urgent attention, particularly in contexts where traditional support systems are inadequate or entirely absent (Patel et al., 2018). Understanding how adolescents navigate these challenging circumstances through various coping approaches is essential for developing effective interventions and support systems that can promote resilience and positive developmental outcomes (World Health Organization, 2021).

The relationship between stress coping mechanisms and psychological distress among adolescents is complex and multidimensional, involving psychological, social, environmental, and cultural factors that interact in ways that are not yet fully understood (Lazarus & Folkman, 1984; Steinberg, 2013). Young people experiencing poverty-related psychological distress may develop both adaptive and maladaptive coping strategies as they attempt to manage overwhelming stressors that extend beyond their developmental capacity to handle effectively (Compas et al., 2001). These coping responses can significantly influence their immediate psychological functioning, academic performance, social relationships, and long-term mental health outcomes (Frydenberg, 2004). The critical nature of adolescence as a formative period means that coping patterns established during this time may have lasting implications for adult functioning and well-being (Patton et al., 2016).

Current research gaps in understanding stress coping mechanisms among adolescents experiencing poverty-related psychological distress limit the development of evidence-based interventions tailored to this vulnerable population (Kieling et al., 2011). While extensive research exists on adolescent stress and coping in general populations, limited investigation has been conducted specifically examining how poverty-related psychological distress influences coping strategy selection and effectiveness among adolescents in informal settlement contexts (Ungar et al., 2007). This knowledge gap is particularly pronounced in developing countries where the majority of adolescents experiencing extreme poverty reside, yet research infrastructure and mental health services remain inadequately developed to address their unique needs and circumstances (Patel et al., 2018). Systematic reviews indicate that less than 5% of adolescent mental health research originates from low- and middle-income countries, despite these regions bearing 90% of the global burden of adolescent mental health problems (Kieling et al., 2011).

This study investigated the influence of stress coping mechanisms on psychological distress among adolescents in informal settlements, addressing critical gaps in understanding how young people in these environments manage chronic stressors and psychological difficulties. By examining the relationship between coping strategies and psychological distress outcomes, this research aimed to provide evidence that can inform the development of culturally appropriate interventions, policy recommendations, and support systems designed to enhance resilience and promote positive developmental outcomes among this vulnerable population. The findings are expected to contribute to the broader understanding of adolescent mental health in challenging socioeconomic contexts and provide practical insights for mental health professionals, community organizations, and policymakers working to support young people facing poverty-related adversity.

Background of the study

Stress coping mechanisms represent fundamental psychological processes through which individuals manage demands that exceed their perceived resources, forming the cornerstone of human adaptation to challenging circumstances (Lazarus & Folkman, 1984). The World Health Organization (2022) emphasizes that effective stress management is crucial for maintaining mental health, particularly among vulnerable populations facing chronic environmental stressors. The transactional model of stress and coping established by Lazarus and Folkman provides the foundational framework for understanding how individuals appraise stressful situations and deploy various cognitive and behavioral strategies to manage them. This theoretical foundation has shaped decades of research demonstrating that coping strategy quality significantly influences both immediate stress responses and long-term psychological adjustment.

The conceptualization of coping mechanisms has evolved significantly since the initial problem-focused and emotion-focused dichotomy proposed in the 1980s (Carver et al., 1989). Contemporary research has identified four distinct categories of stress coping strategies: problem-focused coping, emotion-focused coping, social support seeking, and meaning-making coping. The Brief COPE inventory, developed by Carver (1997), operationalizes these concepts by identifying fourteen specific coping mechanisms including active coping, planning, positive reframing, acceptance, humor, religion, emotional support, instrumental support, self-distraction, denial, venting, substance use, behavioral disengagement, and self-blame. Problem-focused coping involves direct action strategies aimed at changing or managing the stressful situation itself, representing one of the most consistently adaptive approaches when stressors are controllable, while emotion-focused coping encompasses strategies designed to manage emotional distress associated with stressful situations rather than changing the situation itself (Folkman & Lazarus, 1988).

Adolescence represents a critical developmental period characterized by heightened vulnerability to stress due to ongoing neurobiological, psychological, and social changes (Steinberg, 2013). The World Health Organization (2021) reports that one in seven adolescents aged 10-19 experiences a mental disorder, with stress-related conditions being particularly prevalent during this developmental stage. The adolescent brain's ongoing development, particularly in areas responsible for executive functioning and emotional regulation, creates both vulnerabilities and opportunities for intervention, as research demonstrates that the prefrontal cortex does not fully mature until the mid-twenties, meaning adolescents may rely more heavily on emotional brain regions when making coping decisions. The development of coping mechanisms during adolescence is influenced by cognitive maturation, social learning opportunities, cultural context, and available environmental resources, with adolescents often experimenting with various coping strategies before establishing more stable patterns that can persist into adulthood (Compas et al., 2001).

Poverty creates a constellation of chronic stressors that can overwhelm traditional coping mechanisms and lead to significant psychological distress (Evans & Cassells, 2014). The World Bank (2022) defines poverty not merely as income insufficiency but as a multidimensional phenomenon encompassing lack of access to basic services, educational opportunities, healthcare, and social exclusion. The relationship between poverty and psychological distress has been extensively documented, with chronic deprivation creating conditions that contribute to complex psychological difficulties, as Shonkoff et al. (2012) describe how poverty creates "toxic stress environments" where the stress response system is chronically activated without adequate recovery periods. The American Psychiatric Association (2022) recognizes that exposure to chronic poverty constitutes a form of complex stressor that differs from single-incident stress through its pervasive effects on multiple developmental domains, manifesting through disrupted emotional regulation, impaired cognitive functioning, and compromised social relationships.

Informal settlements represent environments where poverty-related stressors are concentrated and amplified through overcrowding, inadequate infrastructure, and social marginalization (UN-Habitat, 2020). The United Nations Human Settlements Programme estimates that approximately 1.6 billion people live in inadequate housing globally, with over 1 billion residing in slums and informal settlements. These environmental conditions create unique challenges for adolescent development through concentrated risk factors while limiting access to protective resources such as quality education, healthcare, and mental health services. The stress experienced by adolescents in informal settlements differs qualitatively and quantitatively from that experienced by peers in more stable environments, as research demonstrates that adolescents in informal settlements face multiple, simultaneous stressors including food insecurity, exposure to violence, educational disruption, family instability, and social stigma (Ungar et al., 2007).

Sub-Saharan Africa faces particular challenges regarding adolescent mental health due to rapid urbanization, limited mental health infrastructure, and cultural transitions (Patel et al., 2018). The African Union Commission (2021) reports that rapid urbanization has led to a 4.5% annual growth in informal settlements, with over 60% of urban populations living in inadequate housing conditions, creating unprecedented challenges for adolescent development as traditional support systems are disrupted while formal systems have not developed to fill gaps. Uganda exemplifies these challenges, with the Uganda National Household Survey 2019/20 indicating that 41.6% of Uganda's population lives below the national poverty line, with urban poverty increasingly concentrated in informal settlements. The Ministry of Health Uganda (2020) reports alarming increases in adolescent mental health concerns, with specialized services largely unavailable in informal settlements, while Uganda's young population structure, with over 50% under age 15, means large numbers of adolescents experience poverty during critical developmental periods.

Despite extensive global research on adolescent stress and coping, significant gaps exist in understanding these phenomena within Sub-Saharan African informal settlements (Kieling et al., 2011). A systematic review published in The Lancet indicates that less than 5% of adolescent mental health research comes from low- and middle-income countries, despite these regions bearing 90% of the global burden of adolescent mental health problems. Research motivation for this study emerged from documented community concerns about adolescent behavioral problems in Tororo Municipality's informal settlements, where systematic investigation of coping mechanisms was lacking, with community stakeholder reports indicating widespread concern about increasing

rates of adolescent substance abuse, early pregnancy, school dropout, and involvement in illegal activities, but limited understanding of underlying stress processes. This study addressed identified knowledge gaps by providing empirical evidence on stress coping mechanisms and their relationship to psychological distress among adolescents in Tororo Municipality's informal settlements, with the research framework recognizing that understanding both adaptive and maladaptive coping strategies employed by this population was essential for developing culturally appropriate, evidence-based interventions.

LITERATURE REVIEW

Theoretical framework

This study was guided by two complementary theoretical frameworks: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Sigmund Freud's Psychodynamic Approach, which provided the conceptual foundation for understanding how adolescents develop and employ coping mechanisms when facing poverty-related trauma in informal settlement contexts. The integration of these theories recognized that effective coping involves both conscious skill application and unconscious psychological processes, enabling examination of immediate coping behaviors and underlying psychological patterns that influence trauma recovery. TF-CBT contributed understanding of conscious coping skill development and evidence-based trauma recovery processes, while psychodynamic theory explained unconscious motivations and personality factors influencing coping strategy selection, together providing a comprehensive framework for investigating the influence of stress coping mechanisms on trauma of poverty among adolescents.

Trauma-Focused Cognitive Behavioral Therapy, developed by Cohen, Mannarino, and Deblinger (2006), demonstrates direct relevance through its emphasis on cognitive restructuring, which provides a framework for understanding how adolescents in informal settlements appraise poverty-related stressors, develop meaning from their experiences, and formulate corresponding coping responses based on their cognitive interpretations of environmental challenges. The theory's recognition of complex trauma resulting from chronic exposure to multiple stressors rather than single-incident PTSD directly applies to poverty-related trauma where adolescents face persistent, interconnected challenges including food insecurity, educational barriers, family instability, and social marginalization. TF-CBT's systematic approach to building adaptive coping skills provides the theoretical foundation for understanding how effective coping mechanisms can be developed, strengthened, and maintained among adolescents facing persistent adversity, with the framework's inclusion of family and community factors acknowledging the crucial social context that influences coping effectiveness in informal settlements.

The psychodynamic approach demonstrates strong relevance through its comprehensive explanation of how unconscious conflicts create observable stress symptoms and influence coping strategy selection among adolescents living in poverty contexts. In poverty contexts, the ego constantly struggles to mediate between Id demands for basic survival needs and Superego expectations based on internalized social norms, creating persistent internal tension that manifests as measurable anxiety and stress symptoms. The theory's concept of defense mechanisms corresponds directly to the coping strategies examined in this study, with displacement involving redirecting anger about poverty toward safer targets, sublimation channeling negative emotions into constructive activities, and regression reverting to earlier developmental behaviors under stress. Freud's emphasis on how early traumatic experiences shape personality formation explains why poverty-related experiences during adolescence have lasting effects on coping capacity and emotional regulation, with the theory's concept of repetition compulsion helping understand why some adolescents may unconsciously recreate familiar patterns of stress and conflict through their behavioral choices, even when these patterns are harmful.

Review of empirical studies

Empirical research demonstrates that stress coping mechanisms significantly influence psychological distress recovery and psychological outcomes among adolescents experiencing poverty-related stressors in informal settlements. Lazarus and Folkman (1984) established foundational evidence showing that teenagers' behavioral, psychological, and emotional aspects are substantially affected by their chosen coping strategies, with different

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mechanisms producing both positive and negative outcomes depending on implementation and context. Research conducted by Colten and Gore (1991) and Hobfoll (1998) revealed that emotion-focused coping often involves negative responses such as avoidance behaviors, concentration on negative feelings, or denial of reality, significantly limiting goal-directed efforts and reducing adolescents' capacity to actively address underlying causes of poverty-related psychological distress. Conversely, studies by Brdar et al. (2006) documented that seeking comfort from friends provided essential emotional support and validation during distressing experiences, while Doron et al. (2009) found that using humor as a coping strategy helped maintain psychological resilience while processing difficult circumstances related to poverty-induced psychological distress.

Gender-specific patterns in how coping mechanisms influence psychological distress outcomes have been extensively documented through empirical investigations across multiple contexts. Horwitz et al. (2011) identified venting as a problematic emotion-focused strategy that often intensified rather than alleviated emotional distress among adolescents, while Brdar et al. (2011) documented emotional reactivity as a maladaptive response pattern that complicated psychological distress recovery processes. Research indicates that male adolescents in informal settlements demonstrate greater likelihood of engaging in externalized maladaptive behaviors such as aggression, substance use, and behavioral disengagement when utilizing avoidance coping strategies, with studies showing that some teenagers develop maladaptive coping mechanisms including drug use, alcohol consumption, aggression, and social withdrawal as means of dealing with stressful situations. These mental and behavioral disengagement patterns, while providing temporary relief from poverty-related stress, often create additional complications including health risks, academic problems, and social difficulties that exacerbate rather than resolve underlying psychological distress.

Social support mechanisms have been empirically demonstrated to significantly moderate the relationship between stress exposure and psychological distress outcomes among adolescents in informal settlements. Lewis et al. (2015) and Camara et al. (2007) provided empirical evidence that social support serves as a crucial psychological resource for teenagers under pressure living in socio-economically disadvantaged environments, with research showing that assessment of available social support by teenagers proves especially relevant in enabling social support-seeking behaviors and active coping strategies during crisis periods. Religious coping mechanisms demonstrate complex empirical relationships with psychological distress recovery outcomes among adolescents facing poverty-related stressors. Analysis of 76 published studies examining Spanish teenagers revealed that religious belief and practice showed modest but positive correlations with psychological well-being in 70% of selected articles, with research consistently showing that negative life events had reduced impact on teenagers who demonstrated strong degrees of positive religious coping. Carpenter et al. (2012) and Pargament et al. (2003) provided empirical evidence that adolescents who abandoned religious practices such as prayer or meditation often experienced increasing negative psychological outcomes, while Pirutinsky et al. (2012) documented associations between positive religious coping and better psychological adjustment, reduced anxiety levels, and improved quality of life for individuals suffering from poverty, interpersonal difficulties, or chronic diseases.

The existing empirical literature reveals significant gaps in understanding how stress coping mechanisms specifically influence psychological distress among adolescents in Sub-Saharan African informal settlements, with most research conducted in Western or other cultural contexts that may not adequately reflect the unique environmental, social, and cultural factors characterizing East African informal settlement contexts. While studies provide valuable insights into general relationships between coping mechanisms and psychological distress outcomes, the specific ways these relationships operate within the cultural values, social structures, and resource constraints of Tororo Municipality's informal settlements remain largely unexplored. The limited research available from Sub-Saharan African contexts suggests important cultural variations in coping mechanism effectiveness and psychological distress recovery processes, yet comprehensive understanding of these patterns specific to Uganda adolescent populations remains absent from the literature. This study addresses this critical knowledge gap by providing the first empirical investigation of how different stress coping mechanisms influence psychological distress specifically among adolescents in Tororo Municipality's informal settlements, offering essential insights for developing culturally appropriate interventions that build upon existing adaptive coping patterns while addressing maladaptive responses that perpetuate psychological distress in this vulnerable population.

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume X Issue VII July 2025

Conceptual framework

A conceptual framework is characterized as a graphical or diagrammatic representation that elucidates the relationships among variables within a specific study, facilitating the reader's understanding of the proposed connections. Figure 1 presents the conceptual framework.

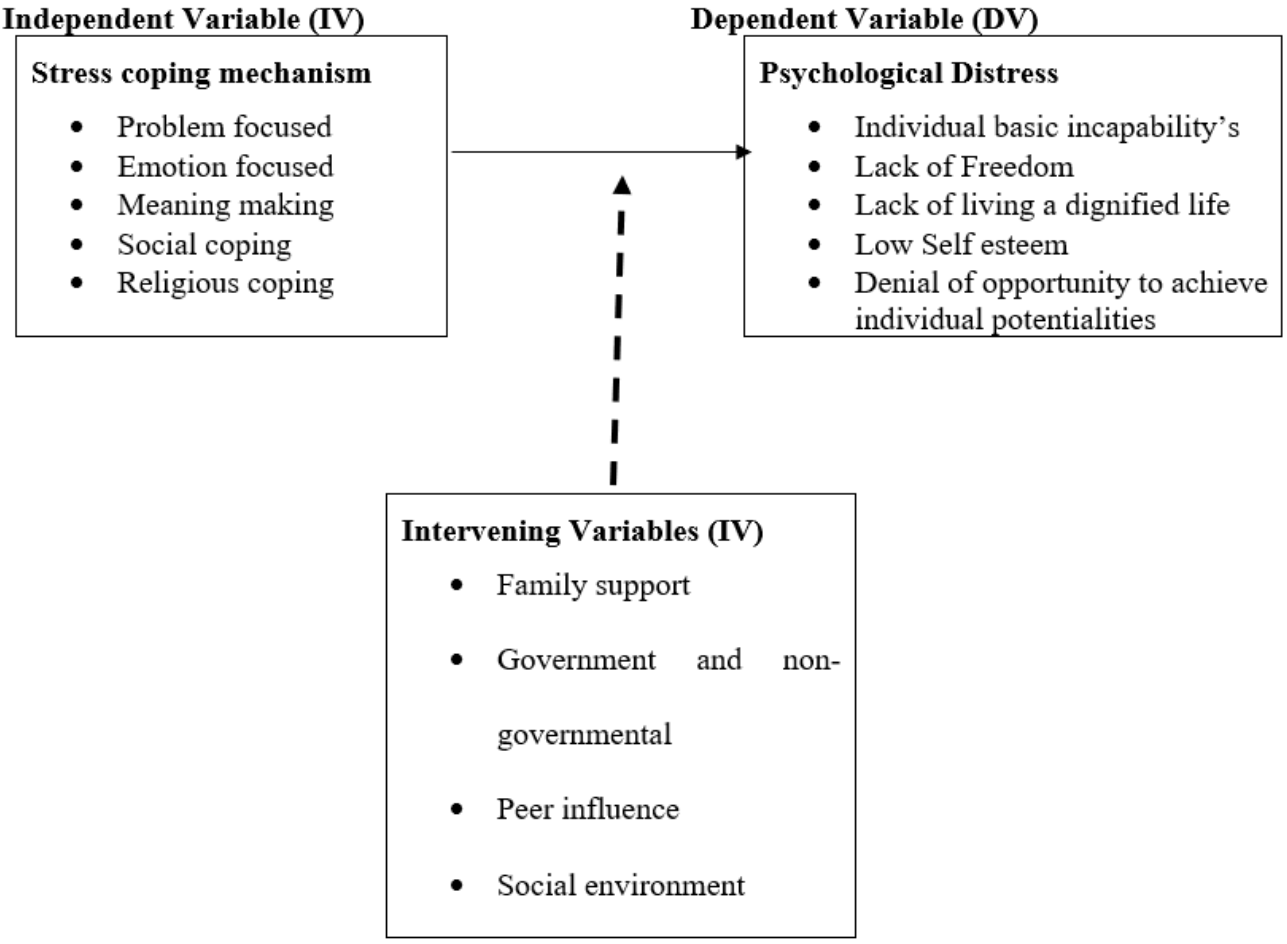

Figure 1: Conceptual Framework

Source: Researcher (2025)

METHODOLOGY

The study employed a quantitative cross-sectional survey design to examine the relationship between stress coping mechanisms and psychological distress among adolescents in informal settlements. The study population comprised adolescents aged 13-19 years residing in Kasoli and Bison informal settlements in Tororo Municipality. A sample of 376 adolescents was selected through multistage cluster sampling with systematic random sampling to ensure representativeness. Data collection utilized two standardized instruments. The Brief COPE inventory (Carver, 1997), a 28-item instrument assessing 14 different coping strategies including problem-focused coping, emotion-focused coping, social support seeking, religious coping, and meaning-making approaches, with each strategy measured using 2 items rated on a 4-point Likert scale from 1 (I haven't been doing this at all) to 4 (I've been doing this a lot). Psychological distress was measured using an adapted poverty-specific psychological distress scale developed for this study, assessing five domains: emotional dysfunction, cognitive impairment, social/interpersonal problems, behavioral manifestations, and self-concept impairment, with each dimension assessed using 4-5 items rated on a 5-point Likert scale. The decision to develop a poverty-specific psychological distress scale was based on the need to capture psychological distress manifestations specifically relevant to adolescents experiencing poverty in informal settlements, focusing on broader psychological difficulties that emerge from chronic poverty exposure rather than clinical diagnostic symptoms.

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume X Issue VII July 2025

Both instruments demonstrated excellent reliability with Cronbach's alpha coefficients of 0.82 for the Brief COPE inventory and 0.84 for the adapted psychological distress scale. Data analysis involved descriptive statistics to summarize participant characteristics and variable distributions. The relationship between stress coping mechanisms and psychological distress was examined through Pearson product-moment correlation analysis, followed by simple linear regression analysis to determine the predictive relationship between the variables. The Brief COPE inventory was scored according to standardized procedures with coping strategies calculated as mean scores, while the psychological distress scale was scored by calculating subscale means before computing an overall composite score. Statistical analysis was conducted using SPSS version 28.0, with significance set at $p < 0.05$.

FINDINGS

Response rates

From the questionnaire as well as the interview participants responded robustly in the study. Table 1 offers a synopsis of the response rate.

Table 1: Response Rate

Data Collection Method	Target Sample	Valid Responses	Response Rate (%)
Questionnaires	398	376	94.5
Interviews	20	20	100

Out of the target sample of 398 teenage responders for surveys, the study revealed that 424 legitimate answers—a response rate of 94.5%—were obtained. All twenty of the intended participants—10 parents and 10 opinion leaders, equally divided between men and women—completed their interviews and obtained a 100% response rate. The validity and dependability of the research results are much improved by this high response rate for quantitative and qualitative data collecting techniques. The high participation rate shows the success of the data collecting strategy as well as the eagerness of local people to interact with studies on trauma and teenage poverty in unofficial areas. Such high response rates surpass the usually acknowledged benchmark of 70% for social scientific study. Baruch & Holtom (2008); Richardson, (2005); Nulty (2008); Fincham (2008); Rogelberg & Stanton (2007); Babbie, (2007); suggesting that the results can be considered representative of the target population and providing a strong foundation for drawing meaningful conclusions about stress coping mechanisms and trauma of poverty among adolescents in informal settlements in Tororo Municipality.

Statistical Analysis Findings

The study investigated stress coping strategies used by adolescents using a five-point Likert scale (1-strongly agree to 5-strongly disagree). Lower scores (1-2) indicated higher utilization of coping strategies, while higher scores (4-5) indicated lower utilization. Table 2 presents the descriptive statistics for stress coping mechanisms.

Table 2: Descriptive Statistics of Stress Coping Mechanisms

Coping Strategy	N	Mean	Std. Deviation
I am doing things that interest me (sleeping, sports, walks, watching TV)	376	2.11	1.135
I usually pray or meditate	376	2.13	1.233
I seek advice and help from people on how to manage my situation	376	2.15	1.000
I usually seek assistance from others when in difficult situation	376	2.20	1.372
I usually say encouraging things to myself	376	2.23	1.216
I have been finding comfort from my religion or spiritual belief	376	2.24	1.105
I keep around company of fellow peers with similar situation	376	2.33	1.104
Whenever I feel bad about my situation I blame myself	376	2.38	1.390
I direct my efforts on doing something to improve any situation	376	2.44	1.249
I usually engage in productive activities to keep my mind off things	376	2.62	1.192
I engage in negative acts as a way to solve my situations	376	2.61	1.286

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume X Issue VII July 2025

Whenever I feel helpless my parents are supportive to me	376	2.63	1.245
I keep away from stressful situations whenever they come	376	2.64	1.301
I talk out my bad feelings regarding my situation with friends	376	2.65	1.363
I avoid keeping around bad company of friends	376	2.69	1.240
Sometimes I live in denial of situation I am in	376	2.71	1.306
I have been striving hard to change my situation	376	2.72	1.286
I have friends I have tried coming with plans to change my situation	376	2.77	1.281
I resort to using drugs and alcohol to feel good	376	2.78	1.348
I make fun of my situation with others	376	2.83	1.442
I look for positive things from the situation I am in	376	2.94	1.271
I look at my current situation in a positive way	376	3.01	1.431
I usually discuss with my family about our situation	376	3.08	1.410
I have accepted my state of life living in poverty	376	3.14	1.436
I usually isolate myself from people	376	3.24	1.450
I have learnt to live with the situation I am in	376	3.25	1.413
I have given up to try to cope with my situation	376	3.30	1.355

The study revealed diverse patterns of coping strategy utilization among adolescents in informal settlements. The most frequently employed coping strategies included engaging in personal interest activities such as sleeping, sports, walks, and watching television (M = 2.11, SD = 1.135), indicating that adolescents commonly used recreational activities for stress relief and mental distraction. Prayer and meditation emerged as highly utilized spiritual coping mechanisms (M = 2.13, SD = 1.233), reflecting the importance of religious and spiritual resources in managing stress among this population. Help-seeking behaviors demonstrated moderate to high utilization, with adolescents actively seeking advice and assistance from others (M = 2.15, SD = 1.000; M = 2.20, SD = 1.372), suggesting some willingness to access social support despite potential barriers in informal settlement contexts.

Positive cognitive coping strategies showed moderate utilization levels. Self-encouragement demonstrated reasonable frequency (M = 2.23, SD = 1.216), while religious comfort-seeking was commonly employed (M = 2.24, SD = 1.105), indicating that adolescents utilized both internal and external spiritual resources for emotional regulation. Peer support with others in similar situations showed moderate usage (M = 2.33, SD = 1.104), suggesting that shared experiences provided some coping benefits. However, concerning patterns emerged with self-blame showing notable frequency (M = 2.38, SD = 1.390), indicating potential maladaptive cognitive processing of stressful circumstances. Problem-focused coping strategies demonstrated mixed utilization patterns. Directing efforts toward situation improvement showed moderate engagement (M = 2.44, SD = 1.249), while productive activity engagement was reasonably frequent (M = 2.62, SD = 1.192). However, problematic coping approaches also emerged, with engagement in negative acts showing concerning utilization (M = 2.61, SD = 1.286), indicating that some adolescents resorted to potentially harmful strategies when managing stress.

Social coping mechanisms revealed variable effectiveness and accessibility. Parental support when feeling helpless demonstrated moderate availability (M = 2.63, SD = 1.245), while talking about feelings with friends showed similar utilization (M = 2.65, SD = 1.363). Avoidance strategies were moderately employed (M = 2.64, SD = 1.301), and adolescents showed some success in avoiding negative peer influences (M = 2.69, SD = 1.240). Collaborative planning with friends demonstrated moderate frequency (M = 2.77, SD = 1.281), suggesting some capacity for social problem-solving approaches. Maladaptive coping strategies showed concerning prevalence levels. Substance use including drugs and alcohol demonstrated notable frequency (M = 2.78, SD = 1.348), representing a significant risk factor requiring intervention attention. Denial of circumstances showed moderate utilization (M = 2.71, SD = 1.306), while humor as a coping mechanism was less frequently employed (M = 2.83, SD = 1.442). The pattern of trying hard to change situations (M = 2.72, SD = 1.286) indicated that adolescents maintained some motivation for active coping despite challenging circumstances.

The least utilized coping strategies revealed concerning patterns of resignation and withdrawal. Family discussions about circumstances showed lower engagement (M = 3.08, SD = 1.410), suggesting potential barriers to family-based support systems. Positive reframing strategies were less frequently employed (M = 2.94, SD =

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume X Issue VII July 2025

1.271; M = 3.01, SD = 1.431), indicating limited utilization of cognitive restructuring approaches. Most concerning were the high scores for acceptance of poverty conditions (M = 3.14, SD = 1.436), social isolation (M = 3.24, SD = 1.450), learning to live with circumstances (M = 3.25, SD = 1.413), and giving up on coping efforts (M = 3.30, SD = 1.355), suggesting that some adolescents had developed patterns of resignation and withdrawal that could limit their access to support and opportunities for positive change. The psychological distress scale used a five-point Likert scale (1-strongly agree to 5-strongly disagree), where lower scores indicated higher levels of psychological distress. Table 3 shows the descriptive statistics of psychological distress summarized.

Table 3: Descriptive Statistics of Psychological Distress

Statements	N	Range	Sum	Mean	Std. Deviation	Variance
I am always feeling sad	376	4	841	2.24	1.464	2.144
I easily get angry with people/things	376	4	926	2.46	1.312	1.721
I find it difficult to control situation	376	4	942	2.51	1.162	1.349
I find difficulty sleeping at night	376	4	1007	2.68	1.300	1.691
I find it difficult to communicate my needs to people	376	4	938	2.49	1.356	1.840
I easily give in to peoples demands	376	4	1038	2.76	1.299	1.687
I have a problem with processing information	376	4	982	2.61	1.350	1.822
I fail to focus on/ complete a task when given	376	4	996	2.65	1.312	1.722
I prefer always being alone	376	4	1132	3.01	1.457	2.123
I find it difficult trusting other people	376	4	876	2.33	1.042	1.086
I reluctant seeking assistance from others	376	4	944	2.51	1.202	1.445
I am too attached to people	376	4	944	2.51	1.265	1.600
I usually fear when amidst friends	376	4	996	2.65	1.324	1.754
I have a feeling of shame and guilt on myself	376	4	977	2.60	1.392	1.937
I have a challenge of low self-esteem when with people	376	4	866	2.30	1.241	1.540
I have been involved in self-distraction behaviors like using drugs, alcohol, unhealthy relationships, self-negative talk, impulsive decisions	376	4	1021	2.72	1.339	1.793
I usually have suicidal ideation when I am alone	376	4	1087	2.89	1.426	2.033
I have a problem with my eating habits	376	4	1176	3.13	1.374	1.888
I find trouble in learning things taught to me	376	4	945	2.51	1.302	1.696
I have opposition tendencies in me	376	4	1024	2.72	1.445	2.089

The study revealed widespread psychological distress manifestations affecting multiple domains of adolescent functioning in informal settlements, with emotional symptoms demonstrating particularly severe patterns. Persistent sadness emerged as a primary psychological distress indicator (M = 2.24, SD = 1.464), exceeding rates typically documented in general adolescent populations and surpassing those reported in Nairobi slums where approximately 50% of adolescents had traumatic exposure. Anger manifestation demonstrated concerning levels (M = 2.46, SD = 1.312), with emotional control difficulties also prominent (M = 2.51, SD = 1.162), substantially exceeding rates documented in previous research and revealing more pervasive emotional dysregulation than typically reported, with qualitative data indicating that many adolescents experience uncontrolled anger leading to violence and destructive behaviors.

The study established significant cognitive and sleep-related psychological distress manifestations that directly interfere with adolescents' daily functioning and academic performance. Sleep difficulties affected adolescents at concerning rates (M = 2.68, SD = 1.300), while information processing problems demonstrated significant prevalence (M = 2.61, SD = 1.350), and learning difficulties showed substantial impact (M = 2.51, SD = 1.302). These cognitive psychological distress manifestations exceed those typically documented in clinical adolescent populations, with contributing factors including teenagers attending school during the day and working at night to earn money, directly interfering with sleep cycles and cognitive recovery processes, leading to school dropouts among those who cannot concentrate or keep up with their studies.

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume X Issue VII July 2025

The study indicated extensive social and interpersonal psychological distress effects that compromise adolescents' ability to form healthy relationships and access support systems. Social disengagement emerged as one of the highest psychological distress expressions (M = 3.01, SD = 1.457), representing one of the highest mean scores among psychological distress indicators, while trust difficulties demonstrated significant prevalence (M = 2.33, SD = 1.042), communication difficulties showed substantial impact (M = 2.49, SD = 1.356), attachment problems revealed concerning patterns (M = 2.51, SD = 1.265), and social fear was evident (M = 2.65, SD = 1.324). These findings contrast sharply with research emphasizing social support as protective against psychological distress, with adolescents avoiding people and preferring to be alone due to shame about their situation and to avoid negative peer influences.

The study indicated severe impacts on self-concept and dangerous behavioral manifestations requiring immediate intervention attention. Shame and guilt demonstrated moderate prevalence (M = 2.60, SD = 1.392), while low self-esteem emerged as one of the most concerning psychological distress consequences (M = 2.30, SD = 1.241), self-destructive behaviors demonstrated worrisome frequency (M = 2.72, SD = 1.339), and suicidal ideation showed concerning levels (M = 2.89, SD = 1.426). These rates exceed those typically documented in general adolescent populations, with qualitative data revealing destructive behaviors including drugs, smoking, alcohol consumption, prostitution, gambling, alcoholism, drug abuse, and theft as harmful coping strategies emerging from psychological distress, with many teenagers feeling ashamed because they have to beg for food or lack basic necessities.

The study indicated concerning survival-related symptoms and vulnerability patterns that expose adolescents to additional psychological distress and exploitation risks. Eating behavior abnormalities ranked among the highest psychological distress symptoms (M = 3.13, SD = 1.374), vulnerability to exploitation was significant with adolescents frequently giving in to others' demands (M = 2.76, SD = 1.299), and oppositional tendencies demonstrated concerning prevalence (M = 2.72, SD = 1.445). These findings indicate psychological distress affects fundamental self-care and daily functioning beyond psychological symptoms, with gender-specific exploitation patterns including young girls engaging in prostitution for money and boys stealing materials to sell, representing survival strategies that expose adolescents to additional psychological distress and legal risks while providing temporary relief from immediate economic pressures.

The relationship between stress coping mechanisms and psychological distress was established through conducting regression analysis that included model fitness assessment and regression coefficient evaluation. The analysis involved creating composite scores for both variables by calculating mean scores across all relevant scale items, followed by Pearson product-moment correlation analysis to determine the strength and direction of the linear relationship between the two variables. Simple linear regression analysis was then conducted with psychological distress as the predictor variable and stress coping mechanisms as the outcome variable to establish the predictive relationship and determine the proportion of variance explained by the model. Table 4 features the model summary results.

Table 4: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.144a	.021	.018	.351

Predictor: (Constant), Psychological distress

The study revealed that among teenagers living in informal settlements in Tororo Municipality, Uganda, stress coping strategies and psychological distress have a weakly positive link. Table 4, the model summary table, demonstrates that the two variables have a weakly positive correlation coefficient (R), 0.144. With a coefficient of determination (R Square) of 0.021, the psychological distress cannot adequately explain just 2.1% of the variance in stress coping methods. This implies that although psychological distress affects the coping strategies used by teenagers, it is not the only or even the main factor determining them. Adolescents' coping mechanisms are probably shaped in great part by other elements including personal resilience, social support, and resource availability. Furthermore suggesting that interventions meant to reduce psychological distress by themselves might not be enough to encourage adaptive coping strategies among teenagers living in informal settlements is

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the low R Square value. Resilience and good coping need a more all-encompassing approach that tackles the several difficulties teenagers experience. Table 5 shows the findings of the investigation concerning the regression coefficient.

Table 5: Regression Coefficient

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	2.375	.095		25.036	.000
Psychological distress	.100	.036	.144	2.811	.005

a. Dependent Variable: stress coping mechanisms

The study found that stress coping strategies among teenagers in informal settlements show a statistically significant positive influence from psychological distress ($\beta = 0.144$, $p = 0.005$), with the unstandardized coefficient indicating that stress coping methods rise 0.101 unit for every unit increase in psychological distress, suggesting that teenagers experiencing higher degrees of poverty-related psychological distress are more likely to employ both adaptive and dysfunctional coping mechanisms to manage their stressors. The findings confirmed previous research showing that growing up in informal areas increases stress levels among teenagers, potentially leading to negative personality traits, skill deficiencies, motivational issues, and mental health problems including PTSD, while psychological distress affects brain development, information processing, and academic performance. The study identified five primary coping strategies used by individuals under stress - problem-focused coping, emotional coping, social support, religious coping, and meaning-making - with positive religious coping linked to better psychological adjustment and quality of life, while negative religious coping showed reduced self-esteem levels. The modest positive relationship between psychological distress and stress coping mechanisms indicates that teenagers' coping strategies may not always be effective in mitigating psychological distress's harmful effects, emphasizing the need for targeted interventions that combine psychological therapies to improve coping capacities, poverty reduction strategies, strong social support systems, quality education and skill-building opportunities, and safe environments for emotional expression and treatment access to help teenagers develop resilience and break the cycle of psychological distress and poverty.

DISCUSSION OF FINDINGS

The relationship between stress coping mechanisms and psychological distress revealed a statistically significant but weak positive correlation ($r = 0.144$, $p = 0.005$), with psychological distress explaining only 2.1% of variance in coping utilization ($R^2 = 0.021$), contradicting theoretical expectations and indicating that factors beyond psychological distress severity—including individual resilience, social support, cultural factors, and resource access—significantly influence coping strategy selection. This finding differs from Lazarus and Folkman's (1984) stress and coping model expectations but supports recent research suggesting coping is influenced by multiple factors rather than stressor characteristics alone, with the critical implication that psychological distress explains only 2.1% of coping variance directly supporting recommendations for multi-factorial interventions addressing resilience, social support, and resource access rather than psychological distress-focused approaches alone.

CONCLUSION

This study revealed a weak positive correlation between stress coping mechanisms and psychological distress among adolescents in informal settlements, with psychological distress explaining only 2.1% of variance in coping utilization, indicating that factors beyond psychological distress severity—including individual resilience, social support, cultural context, and resource access—significantly influence coping strategy selection. The findings contradict theoretical expectations and demonstrate that psychological distress-focused interventions alone are insufficient, supporting multi-factorial approaches that simultaneously address environmental stressors, social support systems, and individual coping capacity. The study recommends that mental health professionals implement comprehensive assessment protocols and crisis intervention strategies for severe indicators such as suicidal ideation and self-destructive behaviors, while community organizations should

establish social inclusion programs and prevention education initiatives, with future research investigating the mediating roles of resilience, social support, and resources in the coping-psychological distress relationship through longitudinal studies in informal settlement contexts.

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