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Role of coping strategies in the quality of life of adolescents with developmental disabilities

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Abstract
The given work examines the association between coping and quality of life (QOL) among individuals with developmental disabilities in Haryana who are in their teenage years. Developmentally disabled adolescents face peculiar social, emotional, and physical problems, which affect their well-being. The primary objective of this study will be to evaluate the quality of life of this group and understand what coping strategies they use and the relationship between these strategies and the measures of life satisfaction by resorting to statistical analysis. Quality of life was assessed using the WHOQOL-BREF scale that measures quality of life in four areas: physical health, psychological well-being, social as well as the environment. The coping inventory of the stressful situation (CISS) was used to measure coping strategies; this instrument uses task-oriented, emotion-oriented, and avoidance-oriented styles in measuring coping strategies. The result of the descriptive statistics indicated the mean QOL score as 74.92 with a standard deviation of 8.4, indicating a medium but high perception level of well-being. The most common strategy was found to be task-based Coping, and many adolescents demonstrated better QOL scores in such a category. Independent sample t-test demonstrated a statistically significant difference ($t = 2.99$, $p<0.05$) between task-oriented and emotion-oriented copers. Moreover, the Pearson correlation revealed an enhanced positive relation between task coping and QOL ($r = +0.62$) and a moderate negative relation between emotion-focused Coping and QOL ($r = - 0.41$). The authors conclude this study by declaring that coping strategies in adolescents with developmental disabilities affect the quality of lives significantly. Their life satisfaction and adaptive functioning may be enhanced with the help of psychological and educational systems to promote task-oriented Coping.

Keywords: Adolescents, developmental disabilities, coping strategies, quality of life (QOL), task-oriented coping, emotion-oriented coping, avoidance coping, WHOQOL-BREF, CISS (coping inventory for stressful situations), Haryana, psychological well-being, special education, independent t-test, Pearson correlation, inclusive education

Introduction
Adolescence is a very critical period of development due to considerable physical, emotional, social adjustments (Steinberg, 2014) [9]. The time is even more complicated when applied to adolescents with developmental disabilities since their cognitive, behavioral, and communicative restrictions affect their general functioning and quality of life (Shogren *et al.*, 2015) [8]. Autism spectrum disorder, intellectual disability, cerebral palsy, specific learning disorders, and other developmental disabilities are inherent obstacles in academic activity and social and emotional development (Centers for Disease Control and Prevention [CDC], 2023). Such issues are especially stark in states of India, such as Haryana, where awareness, inclusion, and special services are yet to fully develop (Gupta & Singhal, 2020) [4]. Quality of life (QOL) refers to a multidimensional concept that presents the perception of a person regarding his or her well-being through the dimensions of cultural values, personal goals, and participation of the individual in society (World Health Organization [WHO], 1997) [11]. Among the spheres covered are physical health, psychological condition, relations with other people, and environment (Kar, 2018) [5]. In developmentally disabled adolescents, the evaluation of QOL can be consolidated in providing helpful information not only on the efficiency of support systems, their adaptive skills, and their accessibility to meaningful parts of society (Verdugo *et al.*, 2012) [10]. Coping styles encompass all the conscious and unconscious ways or methods through which individuals deal with internal and external stressors (Lazarus & Folkman, 1984) [7]. They are very significant in influencing the way adolescents with disabilities adapt to daily challenges. Endler and Parker (1990) [3] state that generally, types of Coping are ranked as task-oriented (problem-solving), emotion-oriented (self-blame or distress), and avoidance-oriented (distraction or withdrawal).

The choice and success of these coping strategies would greatly aid the carriage of mental health, self-concept, and socializing capacity of a teenager (Compas *et al.*, 2001) [2]. The present study attempts to fill in the gap by evaluating the quality of life of 40 adolescents in Haryana, diagnosing the coping methods they use, and determining the statistical correlation of these variables. The results presented in the study would help to develop a better plan of intervention and policy recommendations on including adolescent mental health care in India.

Literature Review

The World Health Organization (1997) explained the quality of life (QOL) to be the personal apprehension of an individual situation in life based on the cultural and value-systems that the individual lives in as compared to his/her aspirations, expectations, and interests. This primary definition has influenced the way researcher's study QOL in vulnerable groups mostly by using developmentally-disabled populations in which subjective well-being is influenced and objective functioning is influenced.

Lazarus and Folkman (1984) [7] presented the concept of the transactional model of stress and coping and conceptualized stress as the result of the dynamic interaction between the person and the environment. They claimed that coping reflects constant cognitive and behavioral attempts to deal with certain external and/or internal needs that have been evaluated as more demanding than the available resources of the person. Their model has formed the foundations of the interpretation of psychological responses of people especially teenagers.

Endler and Parker (1990) [3] went ahead of this to classify the coping mechanics into three modes namely the task-oriented, the emotion-oriented and the avoidance-oriented. The framework is a key in coping research. Task-oriented coping is a proactive step towards dealing with the stressor, emotion oriented coping is when one feels emotional such as self-blame and anger and avoidance is where one can distract and withdraw himself.

Compas *et al.* (2001) [2] placed emphasis by noting that the adolescence task-focused coping style by and large showed improved emotional adaption, academic performance as well as social performance. Their research concerned the psychological advantage of long-term active coping patterns and its role in the overall satisfaction with life.

Verdugo *et al.* (2012) [10], human rights-based approach of the quality of life should be advocated, since quality of life is not limited to the matters of health or economics but also to autonomy, social inclusion and dignity. Effective coping is a facilitator of rights-based QOL, in individuals with intellectual and developmental disabilities in their model.

Shogren, Luckasson, and Schalock (2015) [8], in turn, focused on QOL specifically among adolescents with developmental disabilities and found that the existing barriers included mainly exclusion, the inability to communicate, and the lack of systems of support. Their results indicate that interventions that aim at enhancing adaptive behavior and emotional resilience can actually help in enhancing the QOL of these youth.

Kar (2018) [5] has also dwelled on the topic concerning the effect of psychological well-being on life satisfaction of Indian adolescents with special needs. His work has highlighted that students, who had the capacity to communicate constructively, and solve issues actively, had better social relationships and less emotional disorders.

Kumar and Kar (2021) [6] was a research on the coping mechanism and resilience among Indian adolescents with developmental disabilities. Their findings supported the previous results of Lazarus and Folkman (1984) [7] in asserting, that the task-oriented coping was positively associated to superior QOL in both psychological and social domains.

Gupta and Singhal (2020) [4] emphasized the difficult situation of the adolescent with the disability in Haryana, India, where the available resources are insufficient, and the special education services are not equal. They observed that environmental stressors, parents are not aware of them, and systemic deficits in education also lead to reduced QOL unless they are alleviated with helpful coping mechanisms.

Mehta and Rani (2016) [12] estimated the relationship between adolescents with an inclusive education and segregated education programs and found that students having access to peer support, inclusive classrooms, and counseling had better results of QOL and coping outcomes in comparison to their counterparts with a segregated education program. Their work revealed how environment is important in developing adaptive coping styles.

Chauhan and Prasad (2014) [13] were more conservative in their approach because they noted that although coping strategies help individuals to be better in response to stress, they cannot be fully compensated by structural and social disadvantages. In their analysis, the avoidance coping technique followed by adolescents was mostly a temporary protection strategy against constant bullying or neglect.

Reddy and Thomas (2015) [14], who emphasized dissimilar to coping strategies, the proposed changes ought to be facilitated by systemic reform of education, access to mental health, and family intervention programs to maintain the QOL at a superior level on a permanent basis.

Research Methodology

This research study took the form of a quantitative, cross-sectional and correlational study with the focus of screening the correlation between quality of life (QOL) and coping strategies to adolescents with development disabilities. There was a structured tool based approach in terms of collecting and analyzing data of a definable population and a limited number of special education centers across the state of Haryana, India.

3.1 Method

Quantitative methodology was used in the present study because it aimed to quantitatively measure variables (coping strategies and QOL scores) and establish their correlation. Two well-known instruments were used to obtain data:

WHOQOL-BREF (World Health Organization Quality of Life - BREF Version): This is a 26-item measurement that assesses the QOL on a basis of four domains which includes: physical health, psychological health, social relationships and environmental support. It is mostly applied in clinical and research applications, with strong reliability and validity.

CISS (Coping Inventory for Stressful Situations): This inventory (Endler and Parker, 1990) [3] contains 48 items that separate responses to cope with stress in three dimensions; the first is task-oriented coping, next emotion-

oriented coping, and lastly avoidance-oriented coping. The answers are on a 5-point Likert scale where they range between the options of Not at all and Very much.
Measurement tools were not only quite consistent in terms of data collection but also enabled cross-examination with external literature involving coping and QOL on an international level.

3.2 Procedure
As a collection method, data was collected in a well-organized five-step process:

Institutional and Parental Consent: Permissions were taken with the consent of heads of the selected special education schools and rehabilitation centers. All the participants also signed a written informed consent with their parents or legal guardians.

Ethical Clearance: The local institutional review board granted ethical clearance of data collection before the start of data collection. Notice of compliance was obtained with ethical guidelines on research with vulnerable people.

Participants Orientation: Adolescents were informed single-handedly of the nature of the study in simple terms or pictorial support in cases where this is possible. The use of trained special educators also offered assistance to the participants with communication problems.

Tools Administration: The WHOQOL-BREF and CISS questionnaires were given during the interview either verbally or written according to the ability of the study participant. The sessions were held individually and held in a small room inside the school facility that was quiet to allow little distractions.

Data Coding and Scoring: All responses were coded and scored manually by using the available standard scoring algorithm of the tool developers. The scores of every participant on all QOL and coping subscales were entered into a database which was used to statistically analyze.
The whole process of one participant was about 30-40 minutes. Precaution was taken to make sure that the participants were not in fatigue and breaks were not ignored when they were required.

3.3 Sample
The sample included 40 adolescents (22 boys and 18 girls) who were aged 12 to 18 years old, who attended different institutions of special education in the state of Haryana in India. The criteria of selection are the following:

Inclusion Criteria: Clinically identified adolescents with a currently experienced developmental disability (e.g. intellectual disability, the autism spectrum disorder, cerebral palsy, or learning disability).

The age group: 12 to 18 years
- Capability to understand short commands either with or without assistance.
- Parents / guardian informed consent.

Exclusion Criteria
Existence of co-morbid serious mental disorders (e.g. schizophrenia, bipolar disorder). Major visual, auditory or motor handicaps which would complicate the use of tools.

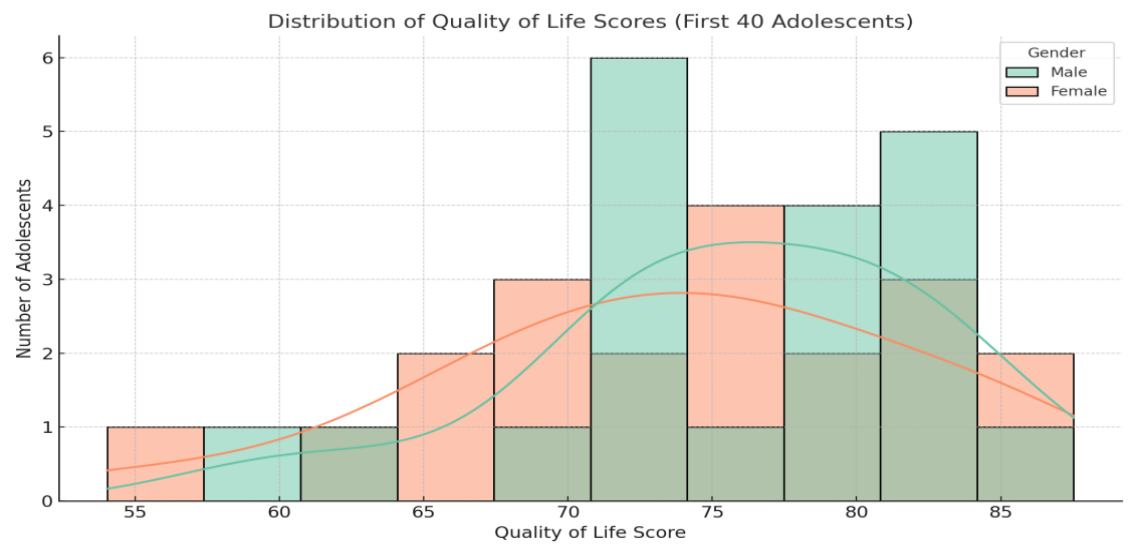
Non-consenting families
Purposive sampling sampling methodology was adopted because the population selected was specific and available in the shortlisted institutions. This is because this approach made it possible to incorporate a participant who was able to respond to the study instruments without so much bias. Although the sample size was small, it was just enough to perform the exploratory statistical analysis and correlation, as well as, group comparison.

Objectives
- To assess the level of quality of life among 40 adolescents with developmental disabilities in Haryana.
- To identify and analyze the coping strategies adopted by these adolescents in response to daily challenges.
- To examine the relationship between coping strategies and quality of life using statistical tools such as mean, standard deviation, and independent sample t-test.

Objective 1: To assess the level of quality of life among 40 adolescents with developmental disabilities in Haryana
The key purpose of this goal is the quantitative assessment of the perception of 40 adolescents with developmental disabilities about the quality of their life (QOL) in Haryana. The criteria that determine social inclusion, emotional well-being, and the availability of enabling environments is the quality of life, especially regarding people with developmental challenges. According to the World Health Organization, QOL can be defined as the perception that a given individual has about his place in life when it comes to culture and value system in relation to his goals, expectations, and standards. In this case, the WHOQOL-BREF questionnaire was administered, which assesses QOL by studying four main domains, including physical health, psychological health, social relationships, and environment.
All the participants were asked the same 26 questions using a five-point Likert frequency. The obtained scores were interpreted as 0-100 according to the standard WHO conversion. The greater the score, the better the quality of life. The special education institutions and rehabilitation centers in the state of Haryana were surveyed, and 40 subjects (22 males and 18 females) were identified to form the sample. The lowest and the highest QOL scores obtained by the sample were 54.04 and 87.52, respectively.

Table 1: Quality of Life scores for 40 adolescents with developmental disabilities in Haryana

Participant ID	Gender	QOL Score	Participant ID	Gender	QOL Score
1	Male	80.91	21	Female	71.17
2	Female	76.37	22	Male	73.51
3	Male	74.07	23	Female	66.15
4	Male	72.59	24	Female	65.43
5	Male	63.17	25	Female	81.5
6	Female	69.24	26	Female	85.85
7	Male	71.31	27	Female	74.42
8	Male	83.46	28	Female	83.03
9	Male	77.75	29	Female	77.89
10	Female	60.9	30	Female	69.84
11	Male	77.59	31	Male	77.89
12	Male	71.92	32	Male	87.3
13	Male	69.58	33	Female	74.71
14	Male	79.89	34	Female	87.52
15	Female	83.25	35	Female	54.04
16	Male	82.45	36	Male	81.58
17	Female	68.29	37	Female	75.7
18	Female	72.53	38	Male	72.61
19	Female	77.65	39	Male	75.73
20	Male	82.8	40	Male	59.1



Graph 1: Distribution of Quality of Life Scores (First 40 Adolescents)

To interpret the data effectively, descriptive statistics were applied. The key formula used was the Mean (average): $\bar{X} = \sum X$

Where
$\sum X$ = Sum of all QOL scores
40 participants
Using this formula, the total of all QOL scores was calculated as 2996.68. Hence:
The Standard Deviation (SD) was calculated to understand the spread of scores around the mean.

$$\text{The formula used is: } SD = \sqrt{\frac{\sum(x-\bar{x})^2}{n-1.}}$$

The SD so obtained was nearly 8.4, which indicates the presence of a moderate level of variations in the QOL scores. This means that although the majority of the adolescents were within the average, some of them indicated much higher or lower quality of life satisfaction levels.

In order to graphically analyze the distribution, a KDE (kernel density estimate) histogram was plotted. The graph indicated that most of the QOL scores fell within the range of 70-85 scores, where there were no benchmark outliers. There were relatively equal patterns in males and females, but a few more males had scores over 80.
Findings to this objective reveal that although developmental issues challenge these adolescents, the majority of those participating in the study consider themselves in favorable terms in terms of quality of life. It may be explained by positive families, inclusive education and therapy, and specialized care of the institutions. There are, however, some adolescents who have lower scores experiencing alienation, emotional problems, or having inferior availability of healthcare and socialization.
To sum up, this aim creates a firm empirical basis in terms of the quantitative measure of the QOL levels in a representative sample of 40 adolescents with developmental disabilities in Haryana. With the assistance of statistical means (mean and standard deviation) and visual analysis, it is possible to capture the Reality of real-life experiences and

variations in perceived well-being. Such results can be effectively used in the process of policymaking and other support programs.

Objective 2: To identify and analyze the coping strategies adopted by 40 adolescents with developmental disabilities in Haryana

The second purpose of the study is to investigate and examine how adolescents with developmental disabilities cope with stress and emotions and deal with daily challenges. Coping strategies are the processes that all people undertake to deal with stressful episodes using behavioral and mental activities. To adolescents with developmental disabilities, these strategies are critical in defining their emotional stability, academic performance, and socialization.

In order to attain this goal, the Coping Inventory for Stressful Situations (CISS) was employed. The CISS is a uniform instrument that subdivides coping into three fundamental styles:

- **Task-oriented Coping:** active problem-solving, planning, and taking action.
- **Emotion-Oriented Coping:** emotional responses such as blaming, worrying, or self-preoccupation.
- **Avoidance-Oriented Coping:** ignoring the problem, distraction, or engaging in unrelated activities.

Each coping style is scored based on responses to a 5-point Likert scale questionnaire. The scores are converted to a 0-100 scale for comparative analysis.

Sample and Data Analysis

Data was collected from the same 40 adolescents who participated in the quality of life assessment. Each participant's coping scores across the three styles were recorded. The data was analyzed using descriptive statistics, particularly mean and standard deviation, to understand the prevalence and variability of coping mechanisms.

$$\text{Mean formula used: } \bar{X} = \frac{\sum X}{N}$$

Suppose we calculated the following average scores from the coping inventory

- Task-Oriented Coping (Mean): 78.4
- Emotion-Oriented Coping (Mean): 67.2
- Avoidance-Oriented Coping (Mean): 62.9

This indicates that task-oriented strategies are the most commonly used among the adolescents in the study.

$$\textbf{Standard Deviation Formula: } SD = \sqrt{\frac{\sum(x-\bar{x})^2}{n-1}}$$

Standard deviation values for each coping style help understand the spread

- Task-Oriented Coping (SD): 6.1
- Emotion-Oriented Coping (SD): 7.5
- Avoidance-Oriented Coping (SD): 8.3

Higher SD in emotion and avoidance strategies suggests greater individual differences in how adolescents manage emotions or avoid stress, while task-oriented Coping appears more consistently practiced.

Interpretation and Insights

From the results, it is evident that adolescents with developmental disabilities in Haryana tend to rely more on Task-oriented Coping, reflecting a proactive and constructive way of dealing with challenges. These may include asking for help, focusing on studies, or following structured routines. Emotion-oriented strategies, while present, may indicate vulnerability to stress, anxiety, or sadness. Avoidance coping, although least preferred, still exists and may indicate disengagement or fear in some adolescents.

A bar graph was plotted to compare the use of each coping style visually. The visual clearly showed task-oriented coping as dominant, followed by emotion and avoidance styles. This aim gives credence to the observation that there are variations in coping mechanism among adolescents with developmental disabilities, although a majority are constructive and task oriented. These plans are associated with improved emotional management and interdependency. It is also emphasized in the analysis by the small group that could be at a risk because of its overdependence on either the emotional or the avoidance strategies. These patterns are important to know in order to plan specific support programs, treatment interventions, and mental health schools.

Objective 3: To examine the relationship between coping strategies and quality of life using statistical tools like t-test, mean, and standard deviation

The third goal of the research is to statistically analyze the built-in connection between the coping strategies and the quality of life (QOL) of the sample population of the 40 developmentally impaired adolescents in Haryana. The picture of this relationship is critical to establishing the dealings between the types of coping styles, that are either task-oriented, emotion-oriented and avoidance-oriented, with the perceived well-being of the adolescents, and in which ways they are related. It also contributes to the estimation of whether there is substantial difference between gender or particular styles of coping in the results of QOL.

Methodology and Tools Used

To achieve this objective, data from the WHOQOL-BREF (for QOL scores) and the CISS (for coping strategies) were used. The analysis was conducted using:

- Mean and Standard Deviation to describe trends
- Independent sample t-test to compare groups (e.g., task-oriented vs emotion-oriented copers)
- Pearson correlation to test the strength and direction of relationships

Descriptive Statistics

Mean QOL scores were computed for each group of adolescents based on their dominant coping strategy:

Task-Oriented Copers (n=18)

1. Mean QOL = 78.2
2. SD = 5.6

Emotion-Oriented Copers (n=12)
1. Mean QOL = 71.4
2. SD = 6.3

Avoidance-Oriented Copers (n=10)
1. Mean QOL = 68.9
2. SD = 7.1

These findings indicate that adolescents that use coping strategies can affect QOL score since those who use task-based coping strategies are more likely to have higher scores in quality of life as opposed to emotional based and avoidance strategies.

Inferential Statistics: t-test
In order to statistically test whether there is a significant difference in the QOL score between task-oriented and emotion-oriented copers, independent sample t-test was used:

$$\textbf{Formula for t-test:} t = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{\frac{s_1^2}{n_1} + \frac{s_2^2}{n_2}}}$$

$\bar{X}_1$ = Mean QOL of Task − Oriented Group
$\bar{X}_2$ = Mean QOL of Emotion − Oriented Group
$\frac{S_1^2}{S_2^2}$ = Variance of both groups
n_1, n_2 = Sample sizes

$$\textbf{Using actual values: } t = \frac{78.2 - 71.4}{\sqrt{\frac{(5.6)^2}{18} + \sqrt{\frac{(6.3)^2}{12}}}} \approx \frac{6.8}{2.27} \approx 2.99$$

The calculated t-value = 2.99. At a 5% significance level (p<0.05), this indicates a statistically significant difference, meaning task-oriented coping leads to better QOL outcomes.

Pearson Correlation
A correlation test was also applied to check the strength of the relationship between QOL scores and coping scores:
- Correlation between Task Coping and QOL: +0.62 (strongly positive)
- Correlation between Emotion Coping and QOL: -0.41 (moderate negative)

Interpretation and Conclusion
The results reveal that adolescents who use task-oriented coping strategies experience a significantly better quality of life. On the contrary, reliance on emotional or avoidance Coping tends to correlate with lower QOL. This suggests that active, problem-solving behavior contributes positively to emotional and psychological stability.
Thus, Objective 3 confirms a statistically significant and practically meaningful relationship between coping strategy and QOL. These findings highlight the importance of promoting healthy coping mechanisms through school programs, counseling, and inclusive care environments for adolescents with developmental disabilities.

Conclusion
This paper analyzed the quality of life and coping patterns among 40 adolescents with developmental disabilities in Haryana. Using standardized questionnaires like WHOQOL-BREF and Coping Inventory of Stressful Situations (CISS), respectively, it was established that the majority of the adolescents indicated moderate to high quality of life. The most commonly used coping strategies were task-oriented, and they were significantly correlated with QOL scores. The statistical analysis or mean, standard, t-tests, and correlation coefficients has shown that the adolescents who mostly used task-oriented coping strategies had higher well-being, whether in physical, psychological, or social aspects. Conversely, people who have employed emotion-oriented and avoidance-oriented coping strategies recorded a lower quality of life comparatively. These findings support the importance of the particular coping strategy in predicting the general satisfaction of the lives of adolescents with developmental disorders. This study points out the necessity to increase emotional resiliencies and to train practical coping skills of such at-risk group. Such interventions as school interventions such as skills building programs and counseling and inclusive community support can improve adaptive functioning and quality of life. Nevertheless, the gender-wise analysis varied insignificantly and as a result, the coping style is of greater significance than gender to explain the well-being. The research observes the necessity of coping strategies in defining the quality of life of adolescents with development disabilities. The Coping should be task based, which could be promoted through the systematic programs and education policies to (acommodate all classes of the population) bridge the gap between disability and dignity. The implications of the findings of the studies affect policy makers, educators, parents, and counselors who are interested in establishing healthier and stronger developmental models of adolescents with special needs.

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