Journal of Advances and Scholarly Researches in Allied Education
Vol. 19, Issue No. 5, October-2022, ISSN 2230-7540

# Importance of resilience among school children

**Dr. Roopa B***

***Abstract - The capacity of a person to handle stress is influenced by their level of resilience. This research was carried out to aid in the creation of efficient preventative measures for high-risk adolescents residing in residential care facilities associated with the Bangalore Welfare Organization. The current research was a descriptive analysis of 214 youths in 14 different government-run residential care facilities in the year 2014. Convenience sampling was used to pick the study subjects. The necessary information was obtained by means of the Wagnild and Young Resilience Scale, which has been shown to be both reliable (α=0.77) and valid (S-CVI=0.92). Descriptive and inferential statistics, such as the Chi-square test, the independent t-test, and the analysis of variance (ANOVA), were used to the collected data in SPSS-20. With a mean score of 84.4111.01, the teenagers demonstrated remarkable levels of resilience. Students showed resilience, and in univariate logistic regression analysis, characteristics including "class," "family type," "time spent with father," "time spent with mother," "physical activities," and "self-rated school success" were linked to high levels of resilience. Overall, 46.2% of participants scored at the moderate level of resilience; this was more common among female than male teenagers (P=0.006), and the score was lower among elementary school students than among those in middle school and high school (P0.001). Adolescents, especially boys, benefit greatly from preventative resilience-based tactics, which should be adopted by residential care facility directors and staff. Preventing teenage academic failure and placing a higher importance on education than in the past requires a solid foundation.***

***Keywords - Resilience; Adolescents; Residential care facilities***

----------X----------

## INTRODUCTION

Everyone might benefit from cultivating more resilience, but it is especially crucial for the next generation. No matter where they at home, in class, in after-school care, or at a programme during the school break children who have developed resilience are happier and less worried. High levels of toughness can do nothing but help.

The term "resilience" is used to describe a person's capacity to weather negative experiences. This concept extends to children's responses to the difficulties they may encounter during their formative years. Situations like a family member passing away, beginning a new school, or participating in a new school break programme are all examples of such changes. The mental health is where we feel the most benefit from developing resilience. It's an important talent to have as an adult. It has been hypothesized that those who are more robust to the stresses of daily life feel less stress overall.

Developing a child's resilience makes it easier for them to cope with adversity and lowers their risk of developing anxiety and other stress-related illnesses later in life. A child's upbringing and culture have a role in shaping their resilience, but resilience may also be taught via the cultivation of social skills. Encourage resilience in children by modelling resiliency themselves, teaching problem-solving skills, and providing aid when children experience difficulties. Children's resilience may be greatly bolstered by the efforts of both teachers and parents. When children get social, emotional, and academic supports, they are more likely to be resilient. Kids who have a safe place to go before and after school usually have more positive peer interactions and are better equipped to handle adversity.

Sometimes life presents terrifying challenges. Being a father has made me acutely aware of the ways in which I may control my reaction to situations involving potential danger or uncertainty. As a result of tragic events like murder, disease, separation, kidnapping, war, natural disasters, and terrorist attacks, the environment in which we raise our children has changed. How can we, as parents, approach our children with compassion and understanding rather than suspicion?

We can't shield our kids from life's inevitable challenges forever. However, it is possible to raise children who are resilient, and this may equip them with the skills they'll need to deal with the difficulties they'll face as adolescents and young adults and to succeed as adults. Daily stress and difficult situations are inevitable no matter how hard we try to avoid them, but we can strengthen our resilience by shifting our perspective.

The stress that modern families, and our children in particular, are under has the potential to negatively affect their physical and mental health. Family life

that is always on the go, filled to capacity with extracurriculars and the constant pressure from peers are all sources of stress. Anxiety and pressure to get into "the" college are common throughout adolescence. In today's world, kids and teenagers need to build resilience, learn to deal with adversity, and learn to plan ahead for the future. Their success in life depends on their ability to overcome adversity.

Dr. Kenneth Ginsburg, an adolescent medicine specialist at CHOP, wrote A Parent's Guide to Building Resilience in Children and Teens: Giving Your Child Roots and Wings in collaboration with the American Academy of Pediatrics (AAP). The new book is an engaging resource for those who are interested in supporting children, adolescents, and young adults in developing their inherent capacity for resilience. Given that "resilience isn't a simple, one-part thing," Dr. Ginsburg has developed a seven-point checklist to help people develop it. These suggestions may be used by parents to aid their children in developing an appreciation for their own strengths.

Although it has become somewhat of a buzzword, teaching children to be resilient is crucial. You may aid your youngster by setting a good example when it comes to handling problems and bolstering his or her confidence. We hope that our children will be strong and independent, but please reassure them that it is OK to seek assistance when they need it. A child's upbringing and culture have a role in shaping their resilience, but resilience may also be taught via the cultivation of social skills. Encourage resilience in children by modelling resiliency themselves, teaching problem-solving skills, and providing aid when children experience difficulties.

Children's resilience may be greatly bolstered by the efforts of both teachers and parents. When children get social, emotional, and academic supports, they are more likely to be resilient. Kids who have a safe place to go before and after school usually have more positive peer interactions and are better equipped to handle adversity. The concept of teaching children to be resilient has become something of a buzzword, but it is nevertheless crucial. As a parent, you may assist by serving as an example of problem resolution and by bolstering your child's sense of self-worth. Having said that, it's also important to teach kids that it's alright to ask for assistance, even while we want them to develop as much resilience as possible.

**LITERATURE**

**Amanda Fenwick-Smith, et al (2018)** When it comes to avoiding and lessening the severity of mental health issues, wellbeing and resilience are crucial. In order to help children, adapt successfully to change and problems in life, it is important to teach them coping skills and protective behaviors. This systematic review analyses the implementation and assessment of universal, resilience-focused mental health promotion programmes center on elementary schools. Methods: Keywords related to (a) health education, health promotion, mental health, mental health promotion, social and emotional wellbeing; (b) school health service, student, schools, whole-school; (c) adolescent, child, school child, pre-adolescent; (d) emotional intelligence, coping behavior, emotional adjustment, resilience, problem spotting; and (e) emotional intelligence, coping behavior, emotional adjustment, resilience, problem spotting were used in a systematic review of the literature Featured programmes in the articles were those that were uniformly applied in a primary school environment and taught kids skills such as coping, help-seeking, stress management, and mindfulness with the ultimate objective of strengthening students' resilience. Results: Of 3087 peer-reviewed publications originally discovered, 475 articles were further analyzed with 11 reports on assessments of 7 school-based mental health promotion programmes matching the inclusion criteria. Successful evaluation patterns are also highlighted, along with a discussion of the evaluation instruments utilized in programme evaluation. When the curriculum was implemented by educators in the classroom, positive outcomes were seen. The length of the programming did not seem to have any impact on the results. Few lasting benefits were seen months or years after the conclusion of any of the seven programmes studied. Conclusions: This analysis demonstrates the efficacy of mental health promotion programmes that teach kids to be resilient and develop effective coping mechanisms in the face of adversity.

**Sompoch Ratioran et al (2014)** This study used a mixed-methods strategy to investigate how resilience-building programmes may best serve pupils living in urban slums. To be more precise, we set out to investigate (a) resilience characteristics, (b) protective factors at home, at school, and in the wider community, (c) adaptive outcomes, (d) variables predictive of resilience and adaptive outcomes, and (e) procedures for fostering resilience. Students from low-income areas of Bangkok's cities were chosen to participate in the quantitative research. Their hundred and six people filled out a questionnaire, and the results were evaluated using descriptive and inferential statistics. In-depth interviews and content analysis were used to perform the qualitative research with a purposefully chosen sample of cluster groups. According to the data, the average levels of resilience were high with regards to qualities like sense of purpose and ethics, protective variables like having a stable family and supportive teachers, and adaptive outcomes like high levels of academic success. Personality, problem-solving, and social skills were all weak points. The degree to which protective variables predicted resilience characteristics was 37.2%, and certain resilience qualities themselves predicted adaptive outcomes. Specifically, the qualitative findings revealed three processes that promote resilience in children who are exposed to risk factors: (a) promoting and competency developing was important to establish and maintain self-esteem and self-efficacy and

promote positive behaviors; (b) risks were reduced by prevention or suppression so children could deal with problems; and (c) the process of problem-solving and healing management occurred in children exposed to risk factors, including problem-solving management and reducing negative impaction. According to the findings, the family, the school, and the community all play a significant role in helping children build resilience by emphasizing topics like risk reduction, problem resolution, and healing management.

**Macalane Junel Malindi et al (2012)** Many troubled youths throughout the world choose not to finish their education, preferring instead to drop out and live on the streets. These kids are able to make it through daily life in settings that provide them no opportunities to build resilience. In South Africa, NGOs provide safe havens and education for kids living on the streets. In a qualitative study conducted in South Africa, researchers looked at the effects of education on the resilience of male street children residing in residential care. The street kids who agreed to take part in this research were interviewed in three different semi-structured focus groups. Seventeen homeless kids, ages 11 to 17, took part in the research. The volunteers had spent anything from three months to five years living on the streets. Students from sixth through eleventh grades took part. The interviews were transcribed and then analyzed thematically. Participation in school was shown to increase participants' resilience by providing possibilities for pro-social change, a focus on the future, social support, the acquisition of essential skills, and a return to a sense of youthful wonder. Researchers, healthcare providers, and educators can learn from the results that involving schools in the lives of children living on the streets can provide those children with access to healthy social and academic environments, increasing the likelihood that the children will return to school and thrive. This study's results reaffirm the importance of school involvement as a robust, diverse resource for fostering resilience, especially for children who have lived on the streets.

**T. Edwards, et al (2016)** include parental separation and divorce (Kessler, et al., 1997), abuse of different sorts (Dube and al., 2001), witnessing domestic violence (Davies et al., 2006), and economic hardship (Bollini, Walker, Hamann, & Kestler, 2004). (Evans & English, 2002). Various mental health disorders, such as depression, anxiety disorders, post-traumatic stress disorder (PTSD; Scheeringa & Zeanah, 2001), and psychosis, have been linked to such traumatic experiences. These include emotional and behavioural problems (De Prince et al., 2009), poor academic performance (Lacour & Tissington, 2011), and suicide attempts (Dube et al., 2001). (Varese et al., 2012). However, most people go on normally and escape the detrimental results linked with this adversity despite being exposed to traumatic events (Herbers et al., 2014; Rutter, 2013). Strong degrees of resilience, described as "the process, ability, or consequence of effective adaptation despite difficult or threatening conditions," may be attributed to such people (Masten et al., 1990, p. 426). Therefore, Campbell-Sills, et al. (2006) found that the strength of an individual's resistance moderated the link between poor outcomes and exposure to adversity. Numerous studies have shown that traumatic events may negatively affect the person who goes through them (e.g.,Scheeringa & Zeanah, 2001). However, those who are able to bounce back from adversity are the ones that really achieve and thrive (e.g.,Zolkoski & Bullock, 2012). Low levels of resilience tend to be associated with an increased likelihood of bad consequences in response to adversity (Min et al., 2015). For example, studies show that people who have faced hardship are more likely to try suicide, while those who have developed strong levels of resilience are less likely to engage in such harmful actions (Roy et al., 2011). In addition, a dose-response relationship between the number of adverse experiences and the number of negative outcomes in people with low resilience has been found (Herbers et al., 2014). This means that more negative outcomes occur with more adverse experiences in people who already have low resilience.

**Jenifer Siegelet al (2019)** Community violence increases the likelihood that individuals would engage in antisocial conduct, which in turn dramatically increases their involvement with the criminal justice and social assistance systems. The theoretical theories show that the relationship between exposure to violence and maladaptive behaviors is grounded in disturbances in learning. However, there is a lack of hard data detailing these procedures. Here, we examined, among a population of male inmates, how exposure to violence influences the acquisition of knowledge about the potentially dangerous nature of others and the adaptive modulation of trust behavior. The capacity to form reliable ideas about agents' harm preferences and anticipate their actions is unaffected by exposure to violence. However, being exposed to violence interferes with the formation of moral perceptions that differentiate between agents with varied damage preferences and, therefore, the capacity to modify trust behavior towards various agents. These results provide light on a mechanism that may account for the correlation between seeing violence and engaging in maladaptive behaviors.

## MATERIALS AND METHODS

The current research was a descriptive analysis of the experiences of youth ages 13-18 in 15 different Indian Welfare Organization-affiliated government residential care facilities (also known as "pseudo-family centers"). The researcher visited 15 different government residential care homes for teenagers throughout the Bangalore region and chose samples using convenience sampling after obtaining authorization to do so from the Indian Welfare Organization. Every single teen who spent at least three years in a residential treatment facility. Based on the centers'

medical records, we excluded the adolescents who had a history of developmental, psychiatric, seizure, or physical-motor disorders; those who were unable or unwilling to continue participating in the study; those who were diagnosed with chronic or acute diseases during the course of the study; and those who were moved to different centers or substitute families.

Twenty-five percent (or 220) of the 250 youths between the ages of 13 and 18 who called one of the fifteen government-run residential care institutions home were considered research-worthy. Each qualified Hindu applicant completed the Hindu version of the Wagnild and Young Resilience Scale. In all, 214 teenagers were surveyed after excluding the four who did not respond to all survey questions or who were replaced by another family due to illness or hospitalization. Of the 105 teenagers who did not make the cut for the research, 56 percent refused to take part, 32 percent had a medical history or were currently unwell, and 12 percent had been in residential care for less than three years. At the time of the research, there were no residential care facilities in the Bangalore counties for teenagers ages 13 to 18.

Cronbach's alpha for the Hindu version of the scale was determined to be 0.77 based on the views of 11 experts in the fields of psychology, psychiatry, nursing, and social welfare. Two of the five subscales had internal consistency values below 0.70, while the other three had values between 0.53 and 0.72. After two weeks, the Hindus' version of the resilience scale had a 0.83 (P0.001) Pearson's correlation coefficient for test-retest reliability. Participants' demographic factors and their levels of resilience were analyzedusing the chi-square test, independent t-test, and analysis of variance (ANOVA) in SPSS-20 at a significance level of 0.05 and a confidence interval of 0.95.

## RESULTS

In this research, we evaluated information from 214 young adults. Based on the data collected, it was determined that 68.2% of participants were male and that 29.4% had spent a significant amount of time in residential care. Average participant age was 15.221.73, with a wide range of ages represented (13-19). The average participant's age was 7.064.01 when they entered residential care, and the average length of their stay was 8.0264.04 years (range: 3- 19 years). The remaining demographic information for participants is provided in Table 1. All of the teenagers (100%) were found to be resilient, with levels of resilience ranging from extremely low to high, and the mean overall resilience was 84.4111.01. To be more precise, only 14 of the teenagers (6.3%) exhibited a very high degree of resilience, while 103 (46.2%) showed a moderate level, 87 (39%) showed a low level, and 19 (8.5%) showed a very low level. Table 2 shows that the participants' greatest scores on the resilience scale were found on the "equanimity" scale (M=12.92, SE=3.11).

There was a statistically significant correlation between male and female resiliency. Results showed that female adolescents scored better on all aspects of resilience: overall score (P=0.006), "perseverance" (P=0.044 and t=2.032), "self-reliance" (P0.001 and t=3.899), and "equanimity" (P= 0.009 and t=2.630). There was a statistically significant difference between the levels of education and the resilience scores.

**Table 1: Comparison of the score of resilience in adolescents living in residential care centers of Bangaloreprovince by demographic variables**

| Variable | Category | N (%) | Mean ± SD | Statistics | P |
|---|---|---|---|---|---|
| Gender | Female | 68 (31.8) | 87.03±9.71 | T=2.76 | 0.006 |
| | Male | 146 (68.2) | 83.04±11.34 | Df=221 | |
| Reason for entering care | Without Supervision | 73 (34.1) | 82.72±11.28 | T=-1.65 | 0.099 |
| | Poor Supervision | 141 (65.9) | 85.29±10.80 | Df=221 | |
| Educational stage | Primary School | 46 (21.5) | 77.98±13.49 | F=11.43 | <0.001 |
| | Middle School | 59 (27.8) | 86.31±9.42 | Df1=2 | |
| | High School | 109 (50/7) | 86.12±9.65 | Df2=220 | |
| Having visitors (at least once a weak) | Yes | 156 (73.1) | 85.02±11.41 | T=1.36 | 0.175 |
| | No | 58 (26.9) | 82.07±9.75 | Df=221 | |
| Parents' visiting (at least once a week) | Yes | 106(49.8) | 85.31±11.49 | T=1.98 | 0.226 |
| | No | 108 (50.2) | 83.52±10.49 | Df=221 | |
| Age (in years) | 12-15 | 104 (48.4) | 84.01±11.32 | T=-0.560 | 0.576 |
| | 15-19 | 110 (51.6) | 84.84±10.72 | Df=221 | |
| Age at the time of entering care (in years) | <1 | 15 (7.2) | 84.06±11.71 | F=1.194 | 0.310 |
| | 1-3 | 20 (9.4) | 80.33±11.21 | Df1=4 | |
| | 3-7 | 51 (23.8) | 83.36±9.30 | Df2=218 | |
| | 7-12 | 93 (43.) | 85.60±12.06 | | |
| | 12-19 | 35 (15.7) | 85.31±9.66 | | |
| Duration of time spent in care (in years) | 3-7 | 111 (52.0) | 84.46±11.70 | F=0.037 | 0.964 |
| | 7-12 | 72 (33.6) | 84.56±9.94 | Df1=2 | |
| | 12-19 | 31 (14.3) | 83.94±11.18 | Df2=220 | |

**Table 2: The total and subscale scores of resilience in adolescents living in residential care centers of Bangalore province**

| Subscale | Minimum | Maximum | Mean±SD |
|---|---|---|---|
| Perseverance (5 items) | 5.00 | 25.00 | 15.28±3.12 |
| Meaningfulness (5 items) | 6.00 | 25.00 | 19.36±3.73 |
| Self-reliance (5 items) | 6.00 | 25.00 | 17.78±3.68 |
| Existential Aloneness (5 items) | 7.00 | 25.00 | 19.04±3.46 |
| Equanimity (3 items) | 3.00 | 15.00 | 12.92±3.11 |
| Total Score | 23 | 113.00 | 84.41±11.01 |

The mean total score of resilience (P0.001) and the three dimensions of "perseverance" (P0.001 and F=11.274), "meaningfulness" (P0.001 and F=12.917), and "existential aloneness" (P 0.001 and F=8.846) were significantly lower in the primary school children than in the middle school and high school students, according to Tukey's multiple comparison test.

Adolescents whose parents and other loved ones paid them regular visits showed a little but discernible increase in resilience. Age, age at entry into care, length of stay in care, and cause for entry into care were not significantly related to overall resilience score or its aspects (Table 4).

However, the findings showed that female adolescents had a considerably higher resilience score than their male counterparts (P=0.008). Table 4 shows that there is a statistically significant correlation between years of schooling and resilience (P 0.001).

**Table 3: Distribution of study participants according to life style and behavioral characteristics (N=214).**

| Characteristics | No. (%) |
|---|---|
| **School performance (self-rated)** | |
| Very good | 45 (21.2) |
| Good | 94 (43.7) |
| Average | 75 (35.1) |
| **Involvement in social work*** | |
| Yes | 181 (84.8) |
| No | 33 (15.2) |
| **Time spent with father (in completed hours)** (Mean=3.92, Median=4, S.D.=1.99, Range=8) | |
| 0-4 | 122 (57.0) |
| 5-8 | 92 (43.0) |
| **Time spent with mother (in completed hours)** (Mean=6.44, Median=6, S.D.=2.04, Range=9) | |
| 1-5 | 67 (31.2) |
| 6-10 | 147 (68.8) |
| **Physical activities**** | |
| Yes | 112 (52.3) |
| No | 102 (47.7) |
| **Takes part in competition** | |
| Yes | 139 (64.9) |
| No | 75 (35.1) |
| **Extracurricular activity***** | |
| Yes | 194 (90.72) |
| No | 20 (9.28) |

*Social work= cultural program, flood relief volunteer, tree planting program; **Physical activities= sports, yoga, swimming, cycling, dancing; ***extracurricular activities= drawing, recitation, drama, singing, reading story books

Table 3 shows that most people who participated in the survey engaged in some type of physical activity, with 52.3% engaging in yoga and 44.7% engaging in some form of athletic competition, such as sketching, reciting, quizzing, debating, singing, athletics, etc. Eighty-four percent had participated in some kind of community service, such as planting trees or helping with disaster relief, while the remaining 90.72 percent had engaged in some form of extracurricular activity, such as painting, music, acting, reading, reciting, etc. Only 21.2% of respondents considered themselves excellent students, while 43.7% considered themselves decent and 35.1% considered themselves ordinary.

## DISCUSSION

All of the teenagers exhibited signs of resilience, although the amounts ranged widely. Half of the individuals showed a moderate amount of resilience, which is in line with prior research revealing that relatively few teenagers had a high amount of resilience. Research has shown that different populations have different mean scores of resilience, but this finding is inconsistent with the results of some studies. This discrepancy may be attributable to cultural and social differences, differences in

residential care centre characteristics, and differences in the tools and methods used to assess resilience.

**Table 4: Comparison of the level of resilience in adolescents living in residential care centers of Bangaloreprovince by demographic variables**

| R. Variable | Level | Very Low N (%) | Low N (%) | Moderate N (%) | High N (%) | Chi-Square Test |
|---|---|---|---|---|---|---|
| Gender | Female | 4 (5.6) | 17(25.4) | 40(59.2) | 7(9.9) | P= 0.008 |
| | Male | 15 (9.9) | 66(45.4) | 58(40.1) | 7(4.6) | X2=11.921 |
| | Total | 19 (8.5) | 83(39) | 98 (46.2) | 14 (6.3) | |
| Educational stage | Primary School | 12 (25) | 21(45.8) | 11(22.9) | 3(6.2) | P< 0.001 |
| | Middle School | 1 (1.6) | 23(38.7) | 30(50.0) | 6(9.7) | X2=26.74 |
| | High School | 6 (5.3) | 39(36.3) | 58(54) | 5(4.4) | |
| | Total | 19 (8.5) | 83(39.0) | 98(46.2) | 14(6.3) | |
| Reason for entering care | Without Supervision | 8 (10.5) | 30(40.8) | 34(47.4) | 1(1.3) | P=0.158 X2=5.195 |
| | Poor Supervision | 10 (7.5) | 54(38.1) | 76(54.6) | 12(8.8) | |
| | Total | 18 (8.5) | 84(39.0) | 110(46.2) | 13(6.3) | |
| Having visitors (at least once a week) | yes | 14 (8.6) | 53(34.4) | 77(49.1) | 13(8.0) | P=0.064 |
| | no | 5(8.3) | 30(51.7) | 22(38.3) | 1(1.7) | X2=7.249 |
| | Total | 19 (8.5) | 83(39.0) | 99(46.2) | 14(6.3) | |
| Parents' visiting (at least once a week) | yes | 10(9.0) | 35(33.3) | 52(49.5) | 9(8.1) | P=0.307 |
| | no | 9(8.0) | 48(44.6) | 46(42.9) | 5(4.5) | X2=3.609 |
| | Total | 19(8.5) | 83(39.0) | 99(46.2) | 14(6.3) | |
| Age (in years) | 12-15 | 10(9.7) | 41(39.8) | 44(42.5) | 8(8.0) | P=0.536 |
| | 15-19 | 9(7.3) | 42(38.2) | 55(50) | 6(4.5) | X2=2.156 |
| | Total | 19(39.0) | 83(39.0) | 99(46.2) | 14(6.3) | DF=3 |
| Age at the time of entering care (in years) | <1 | 2(12.5) | 7(43.8) | 6(37.5) | 1(6.2) | P=0.910 |
| | 1-3 | 2(9.5) | 10(52.4) | 8(38.1) | 0(0.0) | Fisher's Exact |
| | 3-7 | 3(5.7) | 20(39.6) | 26(50.9) | 2(3.8) | Test =6.236 |
| | 7-12 | 9(9.2) | 32(34.7) | 44(46.9) | 9(9.2) | |
| | 12-19 | 3(8.6) | 14(40.0) | 16(45.7) | 2(5.7) | |
| | Total | 19(8.5) | 83(39.0) | 98(46.2) | 14(6.3) | |
| Duration of the time spent in care (in years) | 1-7 | 12(10.3) | 42(37.9) | 48(43.1) | 10(8.6) | P=0.782 |
| | 7-12 | 5(6.7) | 28(38.7) | 37(50.7) | 3(4.0) | Fisher's Exact |
| | 12-19 | 6(6.2) | 10(33.8) | 14(46.9) | 1(3.1) | Test =3.280 |
| | Total | 19(8.5) | 83(39.0) | 99(46.2) | 14(6.3) | |

Girls were found to have more resilience than males at the time of release from out-of-home care, according to research that examined the overall score of resilience in six domains (as outcomes). Despite the fact that several research have highlighted the correlation between gender and resilience, others have found no such correlation. Results may have varied since the research by Mahmoodi et al. was done on teenagers who had undergone mental traumas but who were older and did not live with their families. The fact that the teenagers in Mahmoodi's research were college students living on campus may further account for the absence of disparities between the sexes. Resilience was shown to be greater among boys than girls in the quantitative stage of a mixed-methods research using the same instruments, contradicting the current study's findings. Results were inconsistent in this mixed-methods research of high-risk teenagers, which may have been due to the participants' varying ages, environments, and, most crucially, personal and social traits. The observed disparities between the sexes may be explained by the fact that boys and girls are wired differently and that females are better able to take use of the resources offered at supportive care facilities. Teens whose parents visited often and who had additional visits at least once a week were shown to be more resilient, although this difference was not statistically significant.

Although previous research has suggested that resilience is weaker among younger teenagers, this study did not uncover any statistically significant variations in resilience between the two age groups. When examining the link between age and resilience, most research have ignored high-risk youth. Although Wagnild and Young found a link between resilience and favorable outcomes and healthy ageing, the findings of the current research may have been skewed by the individuals' accumulation of unpleasant life events. Methodological variations account for the contradictory results on this problem.

Self-report biases and poorly operationalized variables also limit the generalizability of the results in this study. The sample was limited to adolescents living in counties of Bangalore province, which may not be representative of the entire population of adolescents in residential care. It is advised that future research expand its scope to include factors at the level of care facilities and communities beyond those obtained in this study, which were confined to information about individual children. A further issue worth highlighting was the study's cross-sectional nature. Examining resilience and the elements that contribute to it over time requires longitudinal research. It's worth noting that the Wagnild and Young Resilience Scale includes responses from kids under 12, however that age group was not included in this analysis.

## CONCLUSION

The value of resilience in the classroom is distinct. Schools can help kids and teens become more resilient by providing them with the resources they need. The support and encouragement of local governments may greatly aid in this endeavor. What works to boost students' well-being in the classroom has been well-documented, and there is even some evidence that resilience may be fostered in the academic setting. Since greater levels of resilience tend to be more frequent among female adolescents and those with higher levels of education, resilience-based treatments are necessary for maximizing resilience in this at-risk group of adolescents. Increased success in school is a well-established factor in building character strengths and mitigating stress. This study's findings may be useful in informing policymakers and caregivers about the

importance of providing extra-curricular activities and encouraging academic success for children in residential care centers, particularly for male adolescents and those who need extra support to succeed academically. However, after controlling for additional variables using multivariate logistic regression, the effect was no longer statistically significant. Our research shows that characteristics such as "time spent with father," "time spent with mother," "family style," and "physical activities" are connected with strong resilience and are persistently important. There is a complicated interaction between an individual's internal regulatory mechanisms, their surroundings, their emotions, and their circumstances that affects the development and decline of their sense of self-efficacy. With this information in hand, a comprehensive programme may be designed to teach youngsters the skills they'll need to face adversity with confidence and resolve. School councilors should meet with their pupils on a regular basis to learn about and address any acclimatization issues that may arise.

**REFERENCE**

1. Amanda Fenwick-Smith, Emma E. Dahlberg and Sandra C. Thompson (2018) Systematic review of resilience-enhancing, universal, primary school-based mental health promotion programs. BMC Psychology (2018) 6:30 https://doi.org/10.1186/s40359-018-0242-3

2. SompochRatioran and SupavanPhlainoi (2014) Promoting Resilience in Schoolchildren in Urban Slums. Department of Education, Faculty of Social Sciences and Humaniti. s (2014) Vol.1 No.1 Doi: 10.12982/cmujASR.2014.0005

3. Malindi, Macalane&Machenjedze, Nyika. (2012). The Role of School Engagement in Strengthening Resilience among Male Street Children. South African Journal of Psychology. 42. 71-81. 10.1177/008124631204200108.

4. Edwards, T., Catling, J.C., & Parry, E. (2016). Identifying Predictors of Resilience in Students. Psychology Teaching Review, 22, 26-34.

5. Siegel, Jenifer & Estrada, Suzanne & Crockett, Molly & Baskin-Sommers, Arielle. (2019). Exposure to violence affects the development of moral impressions and trust behavior in incarcerated males. Nature Communications. 10. 1234567890. 10.1038/s41467-019-09962-9.

6. Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C. & Yehuda, R. (2014). Resilience definitions, theory, and challenges: interdisciplinary perspectives. European Journal of Psych Traumatology, 5(1), 25338.

7. Thabet, A. A. M. (2017). Palestinian children: victims of decades of violence and trauma. JOJ Nurse Health Care, 2(3).

8. Thabet, A. A., &Thabet, S. (2015). Trauma, PTSD, anxiety, and resilience in Palestinian children in the Gaza strip. British Journal of Education, Society &Behavioural Science, 11(1), 1-13.

9. Trujillo, S. (2017). Beyond barriers: re-thinking education abroad using a strengths-based approach.

10. Ungar, M. (2012). Social ecologies and their contribution to resilience. In The social ecology of resilience (pp. 13–31). New York, NY: Springer

11. United States Agency for International Development (USAID) (2011). 2011 lot quality assurance sampling survey in Liberia.

12. Woolf, A.M. (2013). Social and emotional aspects of learning: teaching and learning or playing and becoming. Pastoral Care in Education: An International Journal Of Personal, Social And Emotional Development, 31(1), 28–42.

13. Zhao, F., Guo, Y., Suhonen, R. &Leino-Kilpi, H. (2016). Subjective wellbeing and its association with peer caring and resilience among nursing vs medical students: a questionnaire study. Nurse Education Today, 37, 108–113.

14. Rutter, M. (2012). Resilience as a dynamic concept. Development and psychopathology, 24(2), 335-344.

15. Sagone, E. & Elvira De Caroli, M. (2016). Are value priorities related to dispositional optimism and resilience? A correlational study. Contemporary Educational Researches Journal, 6(1), 11–20. doi:10.18844/cerj.v6i1.481

**Corresponding Author**

**Dr. Roopa B***