

Anxiety Among University Students



Psychology

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ABSTRACT

The purpose of the present study was to investigate the anxiety level of university students. The sample consisted of 120 students (60 males & 60 females) of age range 22 to 25 years from Ranchi University. All of these belong to middle socio-economic status. Respondents were given Sinha Anxiety Scale (1976). Data was analyzed by using means, standard deviations and "t". The mean of male students were 25.41 and female students were 33.48. The difference between the means was significant and the "t" was 2.83. This indicates that the level of anxiety is higher in females than males.

Introduction

Anxiety is an automatic biological product of undischarged tension. It is a feeling of mingled dread and apprehension about the future without a specific cause for such fear. Anxiety is a psychological and physiological state characterized by somatic, emotional, cognitive, and behavioral components. The physical effects of anxiety may include heart palpitations, tachycardia, muscle weakness and tension, fatigue, nausea, chest pain, shortness of breath, headache, stomach aches, or tension headaches. The root meaning of the word anxiety is 'to vex or trouble'; in either presence or absence of psychological stress, anxiety can create feelings of fear, worry, uneasiness, and dread. Anxiety is a normal and acceptable facet of human emotion, however, it is when this level of anxiety becomes excessive, when it disrupts normal living, that it becomes a cause for concern. Normal anxiety is an advantageous response that is activated in times of danger or uncertainty and it allows us to take action to deal with the situation at hand. When anxiety levels reach extreme degrees, such that it interrupts a person's everyday normal functioning, it becomes an anxiety disorder. Anxiety is one of the most common psychological disorders in school-aged children and adolescents worldwide (Costello, Mustillo, Erkanli, Keeler & Angold, 2003). Anxiety is associated with substantial negative effects on children's social, emotional and academic success (Essau, Conradt & Petermann, 2000). Generally, more females than males develop anxiety disorders and symptoms. Adolescent females report a greater number of worries, more separation anxiety, and higher levels of generalized anxiety (Campbell & Rapee, 1994; Costello, Egger & Angold, 2003; Poulton, Milne, Craske & Menzies, 2001; Weiss & Last, 2001). In India, the main documented cause of anxiety among school children and adolescents is parents' high educational expectations and pressure for academic achievement (Deb, 2001). Admission to courses in Medicine, Engineering and Management are the most preferred choices for parents because these qualifications are seen to guarantee future job prospects. It is relevant to mention here that in one year alone in India, 2320 children, or more than six children per day, committed suicide because of failure in examinations (National Crime Records Bureau, Ministry of Home Affairs, Government of India, 2000). According to the results of the National Survey of Mental Health and Wellbeing of Australian Adults (Australian Bureau of Statistics [ABS], 1998) women are more likely than men to experience an anxiety disorder (12% compared with 7% respectively). The one year prevalence rates for generalized anxiety disorder were 2.4 % for women compared to 0.9 % for men, suggesting that women experience generalized anxiety disorder more frequently than their male counterparts. The literature surrounding the topic of anxiety suggests that while females appear to have a higher prevalence rate than males in all anxiety disorders except social phobia (Oakley Browne, 1995). In a study of gender differences in anxiety disorders and anxiety symptoms in adolescents, Lewinsohn et al. (1998) found that among current and recovered cases, female participants reported experiencing a significantly higher degree of anxiety symptomatology than male participants. Similarly, Hewitt and Norton (1993) have confirmed that women with anxiety disorders appear to report a significantly higher severity level of the cognitive and somatic symptoms of anxiety, compared to men. Based on the available research that reports

females manifest higher levels of anxiety symptoms and anxiety sensitivity, it is reasonable to expect that females would also interpret anxiety related cognitions as more catastrophic and dangerous compared to males.

Hypothesis

- The anxiety of males and females university student differs significantly.

Sample

The sample of the proposed study will be selected from the different post – graduate departments of Ranchi University, Ranchi. There were 60 male and 60 female respondents ranging age – group 22 to 25 years. All of these belong to middle socio-economic status.

Instrument

Sinha Anxiety Scale:- The scale has been developed and standardized by Professor Durganand Sinha of Allahabad University (1976). It has 100 items. The reliability by split half method was 0.88. Applying Spearman Brown formula, the index was found to be 0.94 indicating good reliability. As for validity, scores were correlated against Taylor's MAS. The coefficient of correlation was 0.73 which was quite significant.

Procedure

The anxiety scale was administered to both groups with instructions to complete all questions honestly and not to discuss the questions with fellow students. Scoring was done according to the respective scoring keys. In order to fulfill the objective of the study the score obtained were analysed with Means, SD's and t values.

Result

Table Means, SDs and t value of male and female students on Anxiety scale.

Group	N	Means	SDs	t	P value
Male	60	25.41	15.27	2.83	0.01
Female	60	33.48	15.95		

Discussion

For verification of the hypothesis t – test was applied for comparing the means and standard deviation. At a 0.01 level of significance, the hypothesis "The anxiety of males and females student differs significantly" was accepted.

Anxiety score for males was found to be lower than the females. Result showed that females are more prone to anxiety than males. There are many causes of anxiety and various explanations have been put forward to explain the gender discrepancy. One such explanation is that the social position that women occupy precipitates anxiety. Women from all sectors of society seem to have more that their fair share of difficulties. Perhaps one of the most crucial roles that women play is that of caregiver and homemaker, not only to children but also to the elderly, the infirm, disabled and the ill. These pressures impact on women's well being, often with all these responsibilities these women seldom have time or energy left to invest in their own

interests. There are many phases in a woman's life, which are influenced by the level of the different hormones in the body and which may have an effect on emotional and behaviour patterns. The most important hormones dominating throughout a woman's life span are oestrogen and progesterone. These hormones fluctuate at the onset of puberty, during the menstrual cycle, during and after pregnancy and pre and post menopause. This has many implications for the treatment of anxiety, as if one seeks the aid of a medical practitioner, the choice of treatment available could be contingent on a woman's particular biology and age. The higher rates of anxiety among women are recorded simply because women find it easier to seek help, en-

hanced by the fact that is socially sanctioned, while for men it is often considered taboo to seek help for emotional difficulties. Females are more anxious because they believe that worry is useful and helps them to prevent future bad events and keep them aware of warning signs. The findings of the present study have support from the observation made by (Campbell & Rapee, 1994; Costello, Egger & Angold, 2003; Poulton, Milne, Craske & Menzies, 2001; Weiss & Last, 2001).

Conclusion

The findings of the present study indicated that females are more anxious than males.

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