

**A STUDY ON ANXIETY AMONG COLLEGE STUDENTS OF  
GOVERNMENT J.BUANA COLLEGE, BAZAR VENG LUNGLEI**

*Submitted for the partial fulfilment of Bachelor of Social Work, 2023*

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## CERTIFICATE

This is to certify that the research in ‘**Study on Anxiety among college student of Government J.Buana college, Bazar Veng Lunglei**’ submitted by Vanlalthmuaki for the partial fulfilment of the Bachelor of Social Work is carried out under my guidance and incorporates the student's bonafide research and this has not been submitted for any award for any degree in this or any other university or institution of learning.

Date: 30<sup>th</sup> October, 2023

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## **LIST OF ABBREVIATIONS**

APA	- American Psychological Association
PRA	- Participatory Rural Appraisal
SPSS	- Statistical Package for the Social Sciences
MS Excel	- Microsoft Excel
J.B College	- J.Buana College
HATIM	- Higher and Technical Institute, Mizoram
Kms	- Kilometres
BCM	- Baptist Church of Mizoram
UPC	- United Pentecostal Church
BPL	- Below Poverty Line
APL	- Above Poverty Line
AAY	- Antyodaya Anna Yojana

# CHAPTER 1

## INTRODUCTION

### 1. What is anxiety?

Anxiety is an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure. Anxiety is not the same as fear, but they are often used interchangeably. Anxiety is considered a future-oriented, long-acting response broadly focused on a diffuse threat, whereas fear is an appropriate, present-oriented, and short-lived response to a clearly identifiable and specific threat.

Anxiety is a feeling of fear, dread, and uneasiness. It might cause you to sweat, feel restless and tense, and have a rapid heartbeat. It can be a normal reaction to stress. For example, you might feel anxious when faced with a difficult problem at work, before taking a test, or before making an important decision. It can help you to cope. The anxiety may give you a boost of energy or help you focus. But for people with anxiety disorders, the fear is not temporary and can be overwhelming.

The American Psychological Association (APA) defines anxiety as “an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure.”

**Anxiety may be caused by a mental condition, a physical condition, the effects of drugs, stressful life events, or a combination of these. (Dan Brennan, 2022)**

#### 1.1. Common causes of anxiety include these disorders:

**1.1.1 Panic disorder:** In addition to anxiety, common symptoms of panic disorders are palpitations (feeling your heartbeat), dizziness, and shortness of breath. These same symptoms also can be caused by coffee (caffeine), amphetamines ("speed" is the street slang for amphetamines when they are not prescribed by a doctor), other stimulants such as cocaine, an overactive thyroid, abnormal heart rhythms, and other heart abnormalities (such as mitral valve prolapse).

**1.1.2. Generalized anxiety disorder:** Generalized anxiety disorder is a mental health disorder that produces fear, worry, and a constant feeling of being overwhelmed. It is characterized by excessive, persistent, and unrealistic worry about everyday things. This activity illustrates the evaluation and management of generalized anxiety disorder and explains the interprofessional team's role in managing patients with this condition.

**1.1.3 Phobic disorders:** A phobia is a type of anxiety disorder that causes an individual to experience extreme, irrational fear about a situation, living creature, place, or object.

When a person has a phobia, they will often shape their lives to avoid what they consider to be dangerous. The imagined threat is greater than any actual threat posed by the cause of terror.

**Symptoms : Symptoms is any feeling of illness or physical or mental change that is caused by a particular disease**

### **1.2 Common anxiety signs and symptoms include:**

- Feeling nervous, restless or tense
- Having a sense of impending danger, panic or doom
- Having an increased heart rate
- Breathing rapidly (hyperventilation)
- Sweating
- Trembling
- Feeling weak or tired
- Trouble concentrating or thinking about anything other than the present worry
- Having trouble sleeping
- Experiencing gastrointestinal (GI) problems
- Having difficulty controlling worry
- Having the urge to avoid things that trigger anxiety

Some anxiety is normal, but if your anxiety is severe or you worry excessively, it's crucial to discuss your concerns with a mental health professional. Psychologists are not medical professionals; instead, they concentrate more on psychotherapy. Doctors that specialise in treating mental illness are known as psychiatrists. Psychologists and psychiatrists both have the ability to identify and treat anxiety problems using psychotherapy, and psychiatrists also have the ability to prescribe drugs. It is not typical or commonplace for psychologists to be able to prescribe medication, yet this may be the case in a few jurisdictions.

## **2. What is Anxiety Disorder?**

Anxiety disorders differ from normal feelings of nervousness or anxiousness and involve excessive fear or anxiety. Anxiety disorders are the most common of mental disorders. They affect nearly 30% of adults at some point in their lives. However, anxiety disorders are treatable with a number of psychotherapeutic treatments. Treatment helps most people lead normal productive lives.

Anxiety disorders involve excessive fear, anxiety, or worries that interfere with your well-being and ability to function. For example, recurring anxious thoughts and behaviours can have a big impact on your work life, school life, hobbies, or relationships.

Examples of anxiety disorders include generalized anxiety disorder, social anxiety disorder (social phobia), specific phobias and separation anxiety disorder. You can have more than one anxiety disorder. Sometimes anxiety results from a medical condition that needs treatment

Anxiety disorders are defined by the situations or objects that cause your anxiety. Some anxiety disorders have different symptoms and types of negative thoughts associated with them.

According to the Anxiety and Depression Association of America (ADAA), around 40 million people in the United States have an anxiety disorder. It is the most common group of mental illnesses in the country. However, only 36.9% of people with an anxiety disorder receive treatment.

## **2.1 Causes of Anxiety Disorder**

**Some causes of anxiety disorders are:**

**2.1.1. Genetics.** Anxiety disorders can run in families.

**2.2.2. Brain chemistry.** Some research suggests anxiety disorders may be linked to faulty circuits in the brain that control fear and emotions.

**2.2.3 Environmental stress.** This refers to stressful events you have seen or lived through. Life events often linked to anxiety disorders include childhood abuse and neglect, a death of a loved one, or being attacked or seeing violence.

**2.2.4 Drug withdrawal or misuse.** Certain drugs may be used to hide or decrease certain anxiety symptoms. Anxiety disorder often goes hand in hand with alcohol and substance use.

**2.2.5 Medical conditions.** Some heart, lung, and thyroid conditions can cause symptoms similar to anxiety disorders or make anxiety symptoms worse. It's important to get a full physical exam to rule out other medical conditions when talking to your doctor about anxiety.

In order to be a successful student, focus, concentration, and adequate sleep are all required. However, high levels of anxiety can lead to restlessness, difficulty concentrating, and sleep disturbance (APA, 2013). Each of these symptoms have the potential to disrupt academic performance. Although there are numerous factors that contribute to anxiety in the general population, striving for academic achievement may be a major contributor among college students. Jones et al. (2018), found that anxiety among college students was highly related to academic concerns. These concerns could include time management, managing course rigor, or performance expectations. Additionally, anxiety and other mental health issues have been shown to have a negative effect on exam performance (Andrews & Wilding, 2004; Woldeab & Brothen, 2019). These findings suggest that students who experience anxiety, possibly caused by academic concerns, are at a greater risk to perform poorly on exams.

## **2.3. General symptoms of an anxiety disorder include:**

- Physical symptoms:
- Cold or sweaty hands.
- Dry mouth.
- Heart palpitations.
- Nausea.
- Numbness or tingling in hands or feet.
- Muscle tension.
- Shortness of breath.
- Mental symptoms:



- Feeling panic, fear and uneasiness.
- Nightmares.
- Repeated thoughts or flashbacks of traumatic experiences.
- Uncontrollable, obsessive thoughts.
- Behavioural symptoms:
- Inability to be still and calm.
- Ritualistic behaviours, such as washing hands repeatedly.
- Trouble sleeping.

### 3. Types of Anxiety Disorder

**3.1. Agoraphobia (ag-uh-ruh-FOE-be-uh)** is a type of anxiety disorder in which you fear and often avoid places or situations that might cause you to panic and make you feel trapped, helpless or embarrassed.

**3.2. Anxiety disorder due to a medical condition** includes symptoms of intense anxiety or panic that are directly caused by a physical health problem.

**3.3. Generalized anxiety disorder** includes persistent and excessive anxiety and worry about activities or events — even ordinary, routine issues. The worry is out of proportion to the actual circumstance, is difficult to control and affects how you feel physically. It often occurs along with other anxiety disorders or depression.

**3.4. Panic disorder** involves repeated episodes of sudden feelings of intense anxiety and fear or terror that reach a peak within minutes (panic attacks). You may have feelings of impending doom, shortness of breath, chest pain, or a rapid, fluttering or pounding heart (heart palpitations). These panic attacks may lead to worrying about them happening again or avoiding situations in which they've occurred.

**3.5. Selective mutism** is a consistent failure of children to speak in certain situations, such as school, even when they can speak in other situations, such as at home with close family members. This can interfere with school, work and social functioning.

**3.6. Separation anxiety disorder** is a childhood disorder characterized by anxiety that's excessive for the child's developmental level and related to separation from parents or others who have parental roles.

**3.7. Social anxiety disorder (social phobia)** involves high levels of anxiety, fear and avoidance of social situations due to feelings of embarrassment, self-consciousness and concern about being judged or viewed negatively by others.

**3.8. Specific phobias** are characterized by major anxiety when you're exposed to a specific object or situation and a desire to avoid it. Phobias provoke panic attacks in some people.

**3.9. Substance-induced anxiety disorder** is characterized by symptoms of intense anxiety or panic that are a direct result of misusing drugs, taking medications, being exposed to a toxic substance or withdrawal from drugs.

**3.10. Other specified anxiety disorder and unspecified anxiety disorder** are terms for anxiety or phobias that don't meet the exact criteria for any other anxiety disorders but are significant enough to be distressing and disruptive.

#### **4. Anxiety and Youth**

Anxiety is very common among youth because it is a time of emotional, physical and social change, which is happening at the same time as youth brain are changing. It's natural for youth to feel anxious about these changes, opportunities and challenges. Anxiety in youth isn't always a bad thing. Feeling anxious can help to keep youth safe by getting them to think about the situation they're in. It can also motivate them to do their best. And it can help them get ready for challenging situations like public speaking or sporting events.

A bit of anxiety from time to time is normal, especially for youth. It can help with motivation at school, sport or work. But if anxious feelings don't go away, they can interfere with concentrating at school, socialising with friends and enjoying life.

By 2020, 5.6 million kids (9.2%) had been diagnosed with anxiety problems and about 5 million kids also experienced behaviour and conduct problems in 2020, a 21 per cent increase from the previous year. Aubrianna Osorio (2022)

#### **5. Operational Definitions**

##### **5.1. Anxiety**

Anxiety is an uncontrollable, diffuse, unpleasant, and persistent state of negative affect, characterized by apprehensive anticipation regarding unpredictable and unavoidable future danger, and accompanied by physiological symptoms of tension and a constant state of heightened vigilance (Barlow, 2002).

Anxiety is a feeling of fear, dread, and uneasiness. When we are experience something traumatic and our worries are piling, we can have anxiety disorder

##### **5.2. College students**

According to Low insider" College Student means any individual enrolled either on a part-time or full-time basis in any undergraduate, graduate or professional college in the United States."

Someone who is enrolled in a college or university for a specific course is known as a college student. Throughout the course of their studies, students are affiliated with the institution, and after they graduate, they join the alumni association.

#### **6. Anxiety among college students in Mizoram**

A study on comparative study of anxiety among male and female college student by Laldinsangi Renthlei et.al. (2023) states that the majority of students have high Anxiety, although the samples is limited to only 100 students. It was also found that Females \Women are more anxious than Males. These may be because of the lack of awareness among parents, teachers and students regarding anxiety and other mental and emotional problem can be one of the major causes of anxiety among women.

For better academic achievement good mental and emotional health is needed. When students enter college, they experience many first things in their life which can often be stressful for them. Stress is one of the major factors leading to anxiety. Female children or women in general in Mizo society have a very heavy responsibility in their homes. Even if they want to study, they need to do various chores at home which can be very stressful both mentally and physically which can lead to anxiety. In order to enjoy college life, one must have good academic achievements and if one does not have enough time to study how one will have good academic achievements? As women have so many responsibilities at home, they may not have much time to study. This may be one of the causes of female dropouts in college.

## **7. STATEMENT OF THE PROBLEMS:**

The study mainly focused on Anxiety among college students as it is observed that anxiety is acknowledged as a mental illness, especially among young people. When college students are unable to discover answers for their relationship or academic challenges, worry becomes their biggest problem. College students confront a lot of new challenges. Often, it is their first time living away from their family and communities. Suddenly, students have to get used to new surroundings, new social situations, and a rigorous academic program. These new challenges can feel overwhelming, which can lead to feelings of melancholy or anxiety. There are several reasons why college students could experience anxiety which bring about shifts in one's situation, expectations not met, peer pressures, school pressure, and unfamiliar social settings. The present study aims to explore the anxiety level, its causes, effects and symptoms among Mizo students as there is a lack of focus from the academic circle and research has not been conducted among the youth of Mizo society.

## **8. OBJECTIVE OF THE STUDY**

1. To understand the level of anxiety among college students.
2. To study the effect and symptoms of anxiety among college students.
3. To study causes of anxiety among college students.

## **9. CHAPTER SCHEME**

9.1. Introduction

9.2. Review of Literature

9.3. Methodology

9.4. Results and Discussion

9.5. Conclusion

## CHAPTER 2

### REVIEW OF LITERATURE

1. **Madhuri Hooda, Anu Saini (2017)** in her research on Academic anxiety: An overview stated that Academic anxiety is one of the important factors to detraining the academic achievement of student, so there is need to manage academic anxiety to improve the academic performance. There are so many factors that increase anxiety among students that effect academic activities in so many ways. However, there are ways to reduce anxiety in students which parents, teachers, students should have known and should followed that's why future generation achieve their target & able to face their life with courage. This paper helps to know more about academic anxiety, component of academic anxiety and ways to manage academic anxiety in classroom.

2. **Rasit Avci, *et.al.* (2021)** in their research on the role of post-divorce parental conflict in predicting aggression, anger, and symptoms of anxiety and depression among university students studied that post-divorce parental conflict predicted physical aggression, anger and symptoms of anxiety and depression among university students. Statistically observed variables. The findings of the current study revealed that post-divorce parental conflict predicted physical aggression, anger, and symptoms of anxiety and depression in the university students. Post-divorce parental conflict explained 7% of the variance in physical aggression, 5% of the variance in anger, 15% of the variance in anxiety symptoms, and 13% of the variance in depression symptoms.

3. **Derek P, *et.al.* (2020)** in their study financial anxiety among college students: The role of generational status stated that both financial anxiety and first-generation student status have been linked to negative academic outcomes, mental health issues, and poor social adjustment among college students; however, each factor has been studied in isolation. This article examines the predictors of financial anxiety, including generational status, using the Roy Adaptation Model and ordinary least squares (OLS) regression analysis on data from a large, Midwestern public university. First-generation student status was positively associated with financial anxiety in multivariate modelling. Proxies for students' self-concepts, including financial comparisons to peers and perceived mastery, had the largest contribution to the model. Financial counselling programs geared toward first-generation college students may impact their self-concepts and reduce financial anxiety

4. A study on behavioural tests to evaluate different types of anxiety and anti-anxiety effects by **Deepa Sarkar (2020)** states that behavioural tests are very useful to understand the Neuro-psychotic disease and also helpful in finding the treatment of the particular disease. Nowadays various tests are available to evaluate the anxiolytics effect of a new entity or even for comparative studies with the standard drug. As per the ethics, a new compound or drug believes to have possible pharmacological effects should be tested on animals before tested on humans which have similar physiology than humans. First, rats were used for behavioural test for evaluation of anti-anxiety drug but later on the various strain of mice were added for evaluation of anxiolytics because of better genetic possibilities than rats

5. A research on Social networks, group exercise, and anxiety among college students by **MS Patterson, et.al.** (2021) stated that a connection between group exercise membership, activity habits of peers, and anxiety. Encouraging group exercise participation could be an effective way of combating anxiety for college students.

6. **Bruce F Chorpita, et.al.** (2018) in their research the development of anxiety: The role of control in the early environment stated that developments in cognitive and emotion theory suggest that anxiety plays a rather central role in negative emotions. This chapter reviews findings in the area of anxiety and depression, helplessness, locus of control, explanatory style, animal learning, biology, parenting, attachment theory, and childhood stress and resilience to articulate a model of the environmental influences on the development of anxiety. Historically, studies of childhood and adult anxiety and depression have been characterized by a discontinuity between major theoretical frameworks, methodologies, and research paradigms particular to each area. Evidence from a number of sources suggests that, when defined in such a manner, anxiety may actually be a common component of both anxiety disorders and depressive disorders. In light of the present model relating control and anxiety, the general contrast between evidence for a meditational model in early childhood and a moderational model for late childhood and adulthood offers a useful conceptual framework.

7. **Charles D Spielberger** (2013) in his research on Anxiety and behaviour Stated that Anxiety and Behaviour focuses on the analysis of factors and conditions that contribute to anxiety, including stress, emotional disturbance, and psychosomatic disorders. The selection first offers information on theories and research on anxiety and the nature and measurement of anxiety. Topics include objective anxiety (fear) and neurotic anxiety, trends in anxiety research, anxiety and personality dynamics, and laws of anxiety change in pathology.

8. According to the study conducted by **Autumn Asher BlackDeer(2023)** in her study it is state that Given the prevalence of depression and anxiety among college-aged students, continued research into help seeking behaviours and their effects on outcomes like grade average is an essential part of understanding the toll these disorders take.

9. A research on Depression, Anxiety and Stress Level among University Students of Class Re-entry Post Covid-19 Pandemic by **Sawsan S Al-Rawi, et.al.,(2022)** in their studies it is states that Since the breakdown of the COVID-19, tertiary education in Malaysia is still using online classes. Returning to normal study routines might have some positive effects or opposite and causes anxiety for other students as with class reentry.The results show higher levels of anxiety and perceived stress among Malaysian university students towards class re-entry which causes moderate depression. The findings revealed a significant correlation between depression, anxiety, and perceived stress. Thus, policies should be implemented by educational institutions and instructors to help understand the students' mental strain and deal with future pandemic to overcome students' anxiety and emotional distress.

10. A study on gender differences in depression, anxiety, and stress among college students: a longitudinal study from China by **W Gao et, al.** (2020) in their research both female and male students suffered from mild anxiety in the first three years, and the mean anxiety score of female

students significantly overtook that of the males in the first and second years. There were no significant gender differences in students' average depression and stress levels.

A significantly higher proportion of female students struggled with anxiety above the normal levels; whereas a significantly higher percentage of male students endured different degrees of depression. Particularly in the junior year, there were significant gender differences in the severity distribution of anxiety and depression. The anxiety problems of freshman students were positively correlated with their introverted personality, while the anxiety levels of female students were also associated with their body image, drinking habits and academic performance.

In sum, anxiety turned out to be the most prevalent and serious mental issue for Chinese college students, especially for female students; while a growing prevalence of depression was found among male students during college.

## CHAPTER 3

### METHODOLOGY

**3. Methodology and Field Settings:** The methodology and field setting chapter includes the methodology applied in the present study and back ground of the data collected as a field setting were also presented.

**3.1 Methodology:** The description of methodology is presented. The success of the study depends upon the quality of methods and techniques applied in the study. The chapter deals with methodological aspects such as universe of the study, research design, sampling, tools and method of data collection, data processing and analysis.

**3.1.1 Universe of the study:** The universe of the study is a student of J. Buana College at Bazar Veng Lunglei. This study is to understand and identify the anxiety level among college students.

**3.1.2 Research Design:** The study is exploratory research in design using both qualitative and quantitative method. Attempt is made to explore the anxiety level among college students.

**3.1.3 Sampling:** The respondents are mostly selected from J.Buana College as it is where the researcher went for fieldwork. Proportionate stratified random sampling method is used to select sample. The strata are the nine departments in JB College, 6 samples from each stratum are randomly selected. The total number of sample collected is 54 respondents.

**3.1.4 Data Collection:** Primary data was collected using qualitative and quantitative methods. Qualitative data was collected using Participatory Rural Appraisal (PRA) to understand the field settings. Quantitative data was collected through survey using a pre tested questionnaire as the information collected were about causes, effects and symptoms of anxiety and Hamilton Anxiety Rating Scale were also used to collect information.

**3.1.5 Data processing and Analysis:** The Quantitative data collected from the respondents is processed using MS Excel and SPSS. Data is interpreted and presented in the form of simple percentage and mean.

### 3.2 Field Settings:

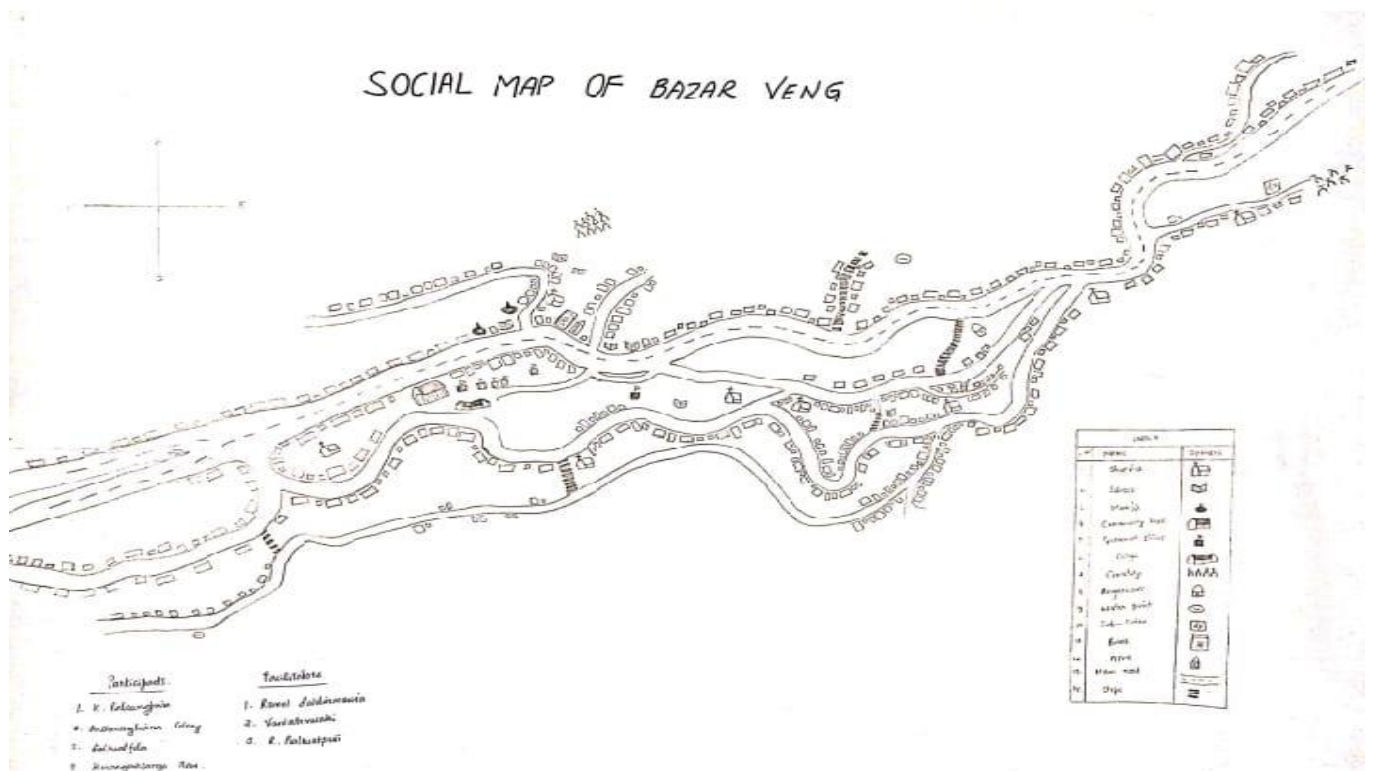
- **Name of the community** : Bazar Veng, Lunglei
- **Name of the constituency** : Lunglei West
- **Name of MLA** : Mr Lalrosanga
- **Name of Village Council President** : Mr Biakthankima
- **Name of RD Block** : Lunglei
- **Pin code** : 796701
- **Population** : Total population - 5318

**Male - 2609**  
**Female - 2709**  
**Household - 750**

- **Institution : 11**
- **Government Offices : 8**
- **Churches : 6**
- **Public water point : 4**
- **Anganwadi Centre : 4**
- **Sub-Centre : 4**
- **Community Hall : 1**
- **Public Library : 1**
- **Area : Breadth - 4 kms**  
**: Length - 9 kms**

Bazar Veng is a village in Lunglei block in Lunglei district of Mizoram state, India. The length area of Bazar Veng is 9 kms and Breadth is 4 kms. Bazar Veng community is located in the integral part of Lunglei Area which is surrounded by different locality such as Venglai in the south, College Veng in the west, Venghlun in the east and Serkawn in the north. It is an urban community which is famous for its commercial area as it is a commercial centre for Lunglei town. It consists of various important governmental institutions as well as educational institutions. It is one of the populated areas in Lunglei district, the total population of Bazar Veng is 5318. As there are various people who come to the community in performing important works in regards to government works as well as institutions for various students.

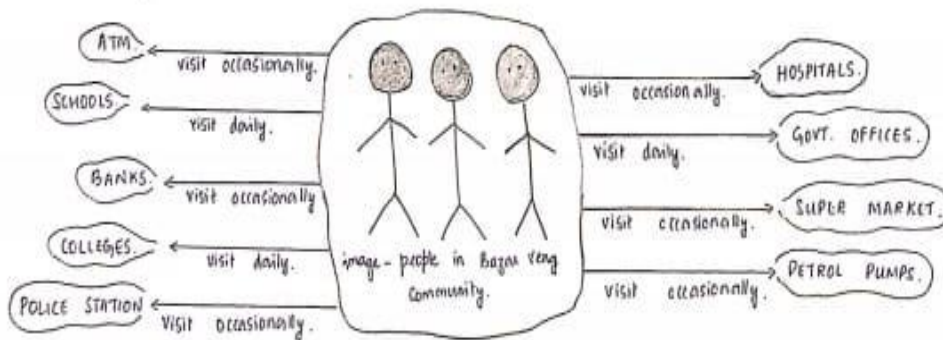




Social mapping is a visual method of showing the relative location of households and the distribution of different people (such as male, female, adult, child, landed, landless, literate, and illiterate) together with the social structure, groups and organizations of an area.

## Mobility Map of people living in Bazar Veng Community

### MOBILITY MAP OF PEOPLE LIVING IN BAZAR VENG COMMUNITY



#### PARTICIPANTS:

NGHUSANGUANI  
LOISI MALSANIMZUALI  
EMMANUEL LALPEKHUA  
LAWMKIMA

\* Auto-rickshaws and private motors are the main modes of transportation.

#### FACILITATORS:

R. LALRUATPHI  
ROMEL LALDINMAWA  
VANLALHUALUAKI

Mobility map is a *method used to explore the movement pattern of an individual, a group, or a community.*

**Figure 3: Pairwise ranking**

### PAIRWISE RANKING.

	Public Urinal	Street Light	CCTV	Market Shed	Footpath	Sidewalk Dustbin
Public Urinal	X	Street Light	Public Urinal	Market Shed	Footpath	Sidewalk Dustbin
Street Light		X	Street Light	Street Light	Street Light	Street Light
CCTV			X	Market Shed	Footpath	CCTV
Market Shed				X	Market Shed	Market Shed
Footpath					X	Footpath
Sidewalk Dustbin						X

Street Light = 5.

Market Shed = 4.

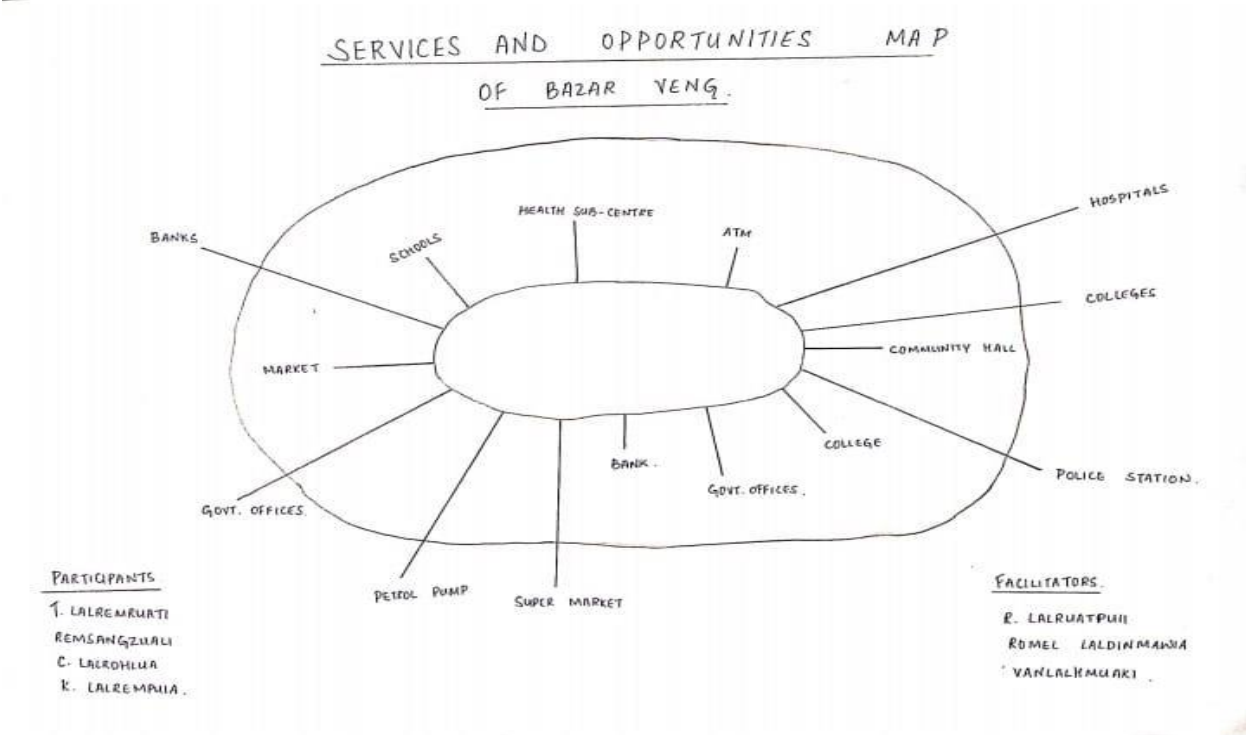
Footpath = 3.

\* From the above pairwise ranking, it can be seen that street lights are the most needed item in Bayan Veng Community.

Pairwise ranking is the process of pairwise comparing alternatives and ranking them by choosing the alternative in the pair that is higher ranked (e.g. preferred) or choosing them both if they are equally ranked (e.g. indifference).

This process is repeated with different pairs of alternatives, typically until all possible pairs have been pairwise ranked. The pairwise rankings are usually combined to produce an overall ranking of the alternatives or to identify the top-ranked or preferred ('best') one.

Figure 4: Service and opportunities map of Bazar Veng, Lunglei



The Opportunity Map is a process to identify successful areas of market penetration and potential untapped areas for market expansion.

## CHAPTER 4

### RESULTS AND DISCUSSIONS

#### **1. Structural Bases of Respondents:**

A structural base of respondents is studied in order to understand the nature and background of the respondents. It is studied by analysing the profile of the respondents and family profile.

**1.1. Profile of the respondents:** To study the profile of the respondents, the variables taken are age, gender, religion, denomination, educational qualification, source of income and monthly income.(See Table no 1.1)

**1.1.1 Age:** The age group of the respondents in the present study is classified into 3 which are 19-21, 22-24 and 25-27. Mostly the age group of 19-21 years constitute the highest respondents (57.4%) while the age group of 25-27 constitute the lowest respondents (3.7%) and the mean age is 25 years.

**1.1.2 Gender:** The gender of the respondents is divided into two categories; male and female. The gender of respondent male (50%) and female (50%) are equal.

**1.1.3 Religion:** The present study analyse the religion followed by the community wherein Christianity (94.4%) constitute the majority and Hindu (1.9%) constitute the minority. This shows that the community is a Christian dominated region.

**1.1.4 Denomination:** The religious denomination observed in the study is classified into Baptist Church of Mizoram, Presbyterian Church of India, United Pentecostal Church (Mizoram), United Pentecostal Church (North East), Salvation Army, Salvation Church, Evangelical Free Church of India, Roman Catholic and others. Among the respondents Baptist Church of Mizoram (72.2%) constitute the highest followed by United Pentecostal Church (North East) (13%) Presbyterian Church of India (7.4%), Others (3.7%), Evangelical Free Church of India (1.9%) and United Pentecostal Church (Mizoram) (1.9%). BCM comprise the highest rate because the southern part of Mizoram is known to be a place where the denomination is in majority.

**1.1.5 Education Qualification:** The educational qualification of the respondents is classified viz., high school, and higher secondary, undergraduate, postgraduate, employed and unemployed. The educational qualification of respondents in the present study consists of Undergraduate (100%).The percentage of the respondents' shows that majority of the respondents are pursuing Undergraduate studies.

**1.1.6 Source of Income:** Source of Income in the present study was divided into government servant, labourer, business, petty shops, agriculturalist and others. In the source of income of the respondents, others 48.1%) constitute the highest followed by labourer (22.2%), agriculturist (11.1%), business (9.3%), government servant (7.4%), and petty shops (1.9%).

**1.1.7 Monthly income:** Income of the Respondents: The monthly income of the respondents in the present study is classified into four viz., 10000-20000, 21000-30000, 31000-40000, 41000-50000, 51000-60000, 61000-70000. In the present study the monthly income of the respondents stated 10000-20000(64.8%), 21000-30000 (16.7%), 31000-40000 (3.7%), 41000- 50000(9.3%) and 61000-70000(5.6%).

Table 1.1 Profile of respondents

		<b>N=54</b>	
<b>Sl.no</b>	<b>Particulars</b>	<b>Frequency</b>	<b>Percentage</b>
<b>I</b>	<b>Age</b>		
	19-21	31	57.4
	22-24	21	38.9
	25-27	2	3.7
<b>II</b>	<b>Gender</b>		
	Male	27	50
	Female	27	50
<b>III</b>	<b>Religion</b>		
	Christian	51	94.4
	Hindu	1	1.9
	Others	2	3.7
<b>IV</b>	<b>Denomination</b>		
	Baptist	39	72.2
	Presbyterian	4	7.4
	UPC(M)	1	1.9
	UPC(NE)	7	13
	EFCI	1	1.9
	Others	2	3.7
<b>V</b>	<b>Education Qualification</b>		
	Undergraduate	54	100
<b>VI</b>	<b>Source of income</b>		

	Government servant	4	7.4
	Labourer	12	22.2
	Petty shops	1	1.9
	Agriculturist	6	11.1
	Others	26	48.1
	<b>Monthly income</b>		
<b>VII</b>	10000-20000	35	64.8
	21000-30000	9	16.7
	31000-40000	2	3.7
	41000-50000	5	9.3
	61000-70000	3	5.6
	<b>Mean annual income</b>		

**Source computed**

**1.2 Family Profile:** The second variable taken in order to understand the structural bases of the respondents is family profile. To study the profile of the family five variables are taken for studies viz., source of family income, annual income, family type, socio-economic status and number of family member. (See Table no 1.2)

**1.2.1 Source of family income:** Source of family income of the present study was divided into government servant, labourer, business, petty shops, private company, agriculturalist and others. In the source of income of the respondents' others (50%) constitutes the highest followed by labourer (18.5%), agriculturist (9%), agriculturalist (11.1%) business (9.3%), government servant (9.3%) and petty shops (1.9%) constitute the lowest source of family income.

**1.2.2 Annual income of family:** The annual income of family in the present study is classified into seven viz., 10000-100000, 110000-200000, 210000- 300000, 310000- 400000, 410000-500000 and 510000-600000. In the present study, the respondents' family annual income stated 10000-100000 (35.2%), 110000-200000(29.6%), 210000-300000(18.5%),310000-400000(7.4%),410000-500000(7.4%),510000-600000(1.9%).

**1.2.3 Types of family:** The present study analysed the respondents family status by observing the type of family the respondents is living in. The type of family in the present study is divided into three type viz., joint family, nuclear family and extended family. Majority of the respondents belong to joint (45%), followed by nuclear (6%) and extended (3%). The

respondents' type of family is mostly joint where they live with two or more family in one house.

**1.2.4 Socio- Economic Status:** The socio economic status of the family in the present study is analysed in order to understand the present socio-economic condition of the family. The socio-economic status of the family was classified into three viz., Below Poverty Line (BPL), Above Poverty Line (APL) and Antyodaya Anna Yojana (AAY). More than half of the respondents' family belongs to Below Poverty Line (55.6%), Above Poverty Line (27.8%), and the rest of the family belongs to Antyodaya Anna Yojana (16.7%).

**1.2.5 Number of family member:** The size of family in the present study is analysed number of family member of the respondents. Number of the family in the present study is classified into three as 4-6, 7-9 and 10- 12. Majority of the respondents belong to 4-6 (77.8%), followed by 7-9 (18.5%) and 10-12(3.7%).

**Table No 1.2 Family Profiles**

		<i>N=54</i>	
SI.no	Particulars	Frequency	Percentage
<b>I</b>	<b>SOURCE OF FAMILY INCOME</b>		
	Government servant	5	9.3
	Labourer	10	18.5
	Business	5	9.3
	Petty Shops	1	1.9
	Agriculturist	6	11.1
	Others	27	50
<b>II</b>	<b>ANNUAL INCOME</b>		
	10000-100000	19	35.2
	110000-200000	16	29.6
	210000-300000	10	18.5
	310000-400000	4	7.4
	410000-500000	4	7.4
	510000-600000	1	1.9
<b>III</b>	<b>FAMILY TYPE</b>		
	JOINT	45	83.3
	NUCLEAR	6	11.1
	EXTENDED	3	5.6
<b>IV</b>	<b>SOCIO-ECONOMIC STATUS</b>		
	AAY	9	16.7



	BPL	30	55.6
	APL	15	27.8
<b>V</b>	<b>NO. OF FAMILY MEMBER</b>		
	6-Apr	42	77.8
	9-Jul	10	18.5
	12-Oct	2	3.7
	<i>Mean annual income</i>		

*Source computed*

## 2. Hamilton Anxiety Rating Scale (HAM-A)

The present study is analysed according to the Hamilton Anxiety Rating scale. The statement of the respondent in the present study is to know the level of anxiety. The statement consist of positive and negative statement such as anxious mood, tension, fear, insomnia, intellectual, depressed mood, somatic(muscular), somatic(sensory), cardiovascular, respiratory symptoms, gastrointestinal symptoms, genitourinary symptoms, autonomic symptoms, behaviour at interview.

**Table 2.1. . Hamilton Anxiety Rating Scale (HAM-A)**

Sl.NO.	Particulars	Not present	Mild	Moderate	Severe	Very severe	Mean
1	Anxious mood	13(24.1)	23(42.6)	10(18.5)	7(13)	1(1.9)	1.2
2	Tension	13(24.1)	22(40.7)	9(16.7)	8(14.8)	2(3.7)	1.3
3	Fears	28(51.9)	18(33.3)	7(13)	1(1.9)	0(0)	0.6
4	Insomnia	26(48.1)	20(37)	6(11.1)	1(1.9)	1(1.9)	0.7
5	Intellectual	19(35.2)	21(38.9)	6(11.1)	8(14.8)	0(0)	1.0
6	Depressed mood	20(37)	22(40.7)	7(13)	4(7.4)	1(1.9)	0.9
7	Somatic(muscular)	32(59.3)	14(25.9)	4(7.4)	4(7.4)	0(0)	0.6
8	Somatic(sensory)	29(53.7)	11(20.4)	6(11.1)	4(7.4)	2(3.7)	0.9
9	Cardiovascular	36(66.7)	9(16.7)	5(9.3)	3(5.6)	1(1.9)	0.5
10	Respiratory symptoms	41(75.9)	7(13)	2(3.7)	3(5.6)	1(1.9)	0.4
11	Gastrointestinal symptoms	36(66.7)	8(14.8)	6(11.1)	2(3.7)	2(3.7)	0.6
12	Genitourinary symptoms	36(66.7)	9(16.7)	4(7.4)	4(7.4)	1(1.9)	0.6
13	Autonomic symptoms	44(77.8)	6(11.1)	3(5.6)	1(1.9)	2(3.7)	0.4
14	Behavior at interview	39(72.2)	10(18.5)	2(3.7)	1(1.9)	2(3.7)	0.4

*Source computed*

*Figure in parentheses is percentage*

In the present study majority of the respondent never have fear(0.6), insomnia(0.7), somatic(muscular)(0.6), somatic(sensory)(0.9), cardiovascular(0.5), respiratory symptoms(0.4), gastrointestinal symptoms(0.6), genitourinary symptoms(0.6), autonomic symptoms(0.4) and behaviour at interview(0.4). The respondents sometimes have anxious mood (1.2), tension (1.3), intellectual (1.0) and depressed mood (0.9).

**Table 2.2**

Sl.no	Particulars	Frequency	Percent
1	Mild	43	82.7
2	Moderate	7	13.2
3	Severe	4	5.7

*Source computed*

Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0–56, where <17 indicates mild severity, 18–24 mild to moderate severity and 25–35 moderate to severe. The majority of the respondent

**3. Causes of Anxiety:** To understand the causes of anxiety, the perception of respondents in the present study are analysed through 11 statement which is rated by the respondents viz., when I faced difficulties in academics, when I faced problems in my family, when I faced problems in my friends circle, due to my health issues, when I faced financial constraints, when I have relationship issues with others, when I think about my future / career growth, due to family pressure and critical incident in the past haunts me (See Table No 3). The causes of stress are rated with a four point scale viz., never (1), sometimes (2), often (3) and always (4).

Table No 3: Causes of Anxiety

SI.NO	PARTICULAR	NEVER	SOMETIMES	OFTEN	ALWAYS	MEAN
1	When I faced difficulty in academic	20(37.0)	30(55.5)	3(5.5)	1(1.8)	1.7
2	When I faced problem in my family	18(33.3)	22(40.7)	11(20.4)	3(5.6)	1.9
3	When I faced problem in my friend circle	29(53.7)	19(35.1)	5(9.2)	1(1.8)	1.5
4	Due to my health issue	25(46.3)	20(37)	9(16.7)	0(0)	1.7
5	When I faced financial constraint	20(40.7)	20(37)	10(18.5)	2(3.7)	1.8
6	When I have relationship issues with other	16(29.6)	21(38.8)	16(29.6)	1(1.8)	2
7	When I think my future/career growth	14(25.9)	21(38.9)	14(25.9)	5(9.3)	2.1

8	Due to my family pressure	30(55.6)	19(35.2)	2(3.7)	3(5.6)	1.5
9	Critical incident in the past haunt me	32(59.3)	15(27.8)	3(5.6)	4(7.4)	1.6

*Source computed*

*Figure in parenthesis is percentage*

In the present study, most of the respondents often faced difficulties in terms of academics(1.7) and agrees that sometimes they faced problems in their family(1.9), and have relationship issues with others(2), thinking about future and career growth(2.1) and majority of the respondents never faced problems in their friend circle(1.5), due to health issues(1.7), family pressure(1.5) financial constraints(1.8), and critical incidents in the past(1.6).

**4. Effect of Anxiety:** To understand the effect of anxiety among the respondents, the present study analysed the effect of anxiety through the following statement such as I had trouble sleeping, I felt tired during the day, my academic life is affected, I had less communication with my family, I faced conflicts with friends and peer groups, I have a feeling of fear, I woke up earlier than desired and I woke up for no reason during the night. See Table no 4). The effect of anxiety is rated into four point scale viz., never (1), sometimes (2), often (3) and always (4).

**Table No 4 Effect of Anxiety**

SI.NO	PARTICULAR	NEVER	SOMETIMES	OFTEN	ALWAYS	MEAN
1	I had a trouble sleeping	19(35.2)	29(53.7)	6(11.1)	0(0)	1.7
2	I felt tired during the day	21(38.9)	21(38.9)	12(22.2)	0(0)	1.8
3	My academic life is affected	27(50)	20(37)	7(13)	0(0)	1.6
4	I had less communication with my family	28(51.9)	20(37)	6(11.1)	0(0)	1.5
5	I faced conflict with friends and peer groups	33(61.1)	15(27.8)	5(9.3)	1(1.9)	1.5
6	I have a feeling of fear	29(53.7)	18(33.3)	4(7.4)	3(5.6)	1.6
7	I woke up earlier than desire	33(61.1)	15(27.8)	3(5.6)	3(5.6)	1.5
8	I woke up for no reason during the night	37(68.5)	14(25.9)	2(3.7)	1(1.9)	1.3

*Source computed*

*Figure in parenthesis is percentage*

It can be observed that the respondents sometimes have trouble sleeping when they are in anxiety (1.7), majority of them felt tired during the day (1.8). The respondent with (1.5) never have less communication with their family, and (1.6) claimed that it never affected their academic life, never have a feeling of fear were (1.6) as well as conflict with their friends and

peer groups (1.5), they never woke up earlier than desired (1.5) or woke up for no reason at night (1.3). (See Table no 5)

**Symptoms of Anxiety:** To understand the symptoms of anxiety, the perception of respondents in the present study are analysed through 11 statement which is rated by the respondents viz., I have headache, I feel fatigue/tired, I feel depressed, having trouble sleeping, I feel terrified, I feel restless about anything, I lost my appetite, Feeling weak or tired, I have difficulty in breathing, Having an increased heart rate, I have had difficulty in concentrating. The symptoms caused by anxiety is in the present study are rated using a four point scale viz., never (1), sometimes (2), often (3), always (4).

**Table No 5: Symptoms of Anxiety**

SI.NO	PARTICULAR	NEVER	SOMETIMES	OFTEN	ALWAYS	MEAN
1	I have headache	26 (48.1)	22(40.7)	6(11.1)	0(0)	1.6
2	I feel fatigue/tired	19 (35.2)	24(44.4)	11(20.4)	0(0)	1.8
3	I feel depressed	24(44.4)	23(42.6)	7(13)	0(0)	1.6
4	Having trouble sleeping	19(35.2)	25(46.3)	8(14.8)	0(0)	1.8
5	I feel terrified	23(42.6)	26(48.1)	5(9.3)	0(0)	1.6
6	I feel restless about anything	30(55.6)	19(35.2)	5(9.3)	0(0)	1.5
7	I lose my appetite	25(46.3)	21(38.9)	5(9.3)	0(0)	1.7
8	Feeling weak/tired	30(55.6)	17(31.5)	5(9.3)	2(3.7)	1.6
9	I have difficulty in breathing	40(74.1)	6(11.1)	7(13)	2(3.7)	1.4
10	Having an increased heart rate	47(87)	5(9.3)	2(3.7)	0(0)	1.1
11	I have had difficulty in concentrating	19(35.2)	25(46.3)	2(3.7)	8(14.8)	1.9

*Source computed*

*Figure in parenthesis is percentage*

The respondents' sometimes I feel fatigue/tired (1.8), having trouble sleeping (1.8), and feel terrified (1.6).The majority of the respondent never have headache (1.6), depressed (1.6), feel restless about anything (1.5), loss their appetite (1.7), feeling weak or tired (1.6), difficulty in breathing (1.4).

## **CHAPTER 5**

### **CONCLUSION**

The conclusion chapter includes the summary findings and conclusion of the findings. A suggestion for improvement and development is also highlighted in this chapter.

#### **5.1 Major findings**

The unit of the study is a college student. The gender of the respondents is comparatively distributed between male and female. The educational qualifications of all the respondents are under-graduate. Majority of the respondents do not have any source of income as they are college students but there are some respondents who have income through business, and other sources. Almost all the respondents are Christian and minimal Hindu respondents are also observed. Among the Christian the largest denomination constitute Baptist Church of Mizoram as the area taken for study is in the southern part of Mizoram dominated by Baptist Church of Mizoram. Other denomination like Presbyterian Church of India, UPC, Salvation Army, and Roman Catholic were also observed.

The majority of the respondents belong to joint family followed by nuclear and extended family. It can be observed that the respondents live with their two or more generations of kindred related through either the paternal or maternal line. More than half of the respondents family belongs to Below Poverty Line (BPL) in the socio-economic status and the source of income of the family others constitutes the highest followed by labourer and the annual income of the respondents' family is highest among income 10000-100000. The size of the family is medium 4-6 members as Mizo society is known to be a culture who practice leaving their home only after marriage, so it can be observed that the respondents stays with their family and have a share in the income of the family.

The level of anxiety among college student are measured by Hamilton Anxiety Rating Scale, from this study majority of the respondents never encountered fear, insomnia, somatic (muscular), somatic (sensory), cardiovascular, respiratory, gastrointestinal, genitourinary, autonomic, gastrointestinal symptoms or behaviour at interview.

The causes of anxiety are studied through the perception of the respondents in order to understand the factors that cause anxiety. The causes of anxiety mainly includes family problems, thinking about their future and career growth, academics pressure, relationship issues, health issues, family pressure and financial constraints.

Each person experiences anxiety differently; for instance, some people experience difficulty falling asleep and fatigue, which can negatively impact their physical and emotional well-being. They experience too much worry and fear, which leads to overthinking and disrupts daily life as well as the respondents' relationships with their families. It is evident that anxiety

does not always have a significant negative impact on the respondents, even though they sometimes faced all of these issues.

Due to the effect of anxiety, various symptoms occur in the life of the respondents which does not occur on a regular basis but sometimes which the respondent have trouble sleeping and feel terrified when they are in anxiety and the majority of them felt tired during the day. Most respondents said they never experienced headaches, depression, breathing difficulties, feeling tired, or restlessness.

**5.2 Conclusion:** The major objective of this research was to understand the cause, symptoms, and level of anxiety experienced by college students. According to this research, college students do not experience especially high levels of anxiety, but moderate level could be observed.

Based on the results of these studies, it was concluded that most respondents never encountered fear, insomnia, somatic (muscular), somatic (sensory), cardiovascular, respiratory, gastrointestinal, genitourinary, autonomic, gastrointestinal symptoms or behaviour at interview. The majority of respondents are between the ages of 19 and 21, and any respondent is pursuing studies in undergraduate courses. A majority of respondents were from joint families, which were followed by nuclear and extended families. The major objective of this research was to understand the cause, symptoms, and level of anxiety experienced by college students. According to this research, college students do not experience especially high levels of anxiety.

A large number of participants in the current study reported difficulties in their academic pursuits, as well as sometimes family and relationships issues and thoughts about their future and career growth.

The respondent sometimes has difficulty falling asleep, tiredness, and terror during moments of anxiousness.

### **5.3 Suggestion:**

Those who suffer from anxiety need to talk their issues with loved ones and other trusted individuals. Talk with people you trust about your concerns and how you are feeling. Share your problems and how you are feeling and coping with a parent, friend, counsellor, doctor, or pastor. Learn about your disorder, talk to your health care provider to find out what might be causing your specific condition and what treatments might be best for you. Involve your family and friends, and ask for their support.

Both positive and negative outcomes can arise from anxiety in oneself. For their lives to improve, they so require expert assistance. To assist individuals in learning coping mechanisms for anxiety disorders, mental health professionals (psychiatrists), physicians, counsellors, and social workers should be consulted. Both positive and negative outcomes can arise from anxiety in oneself. For their lives to improve, they so require expert assistance. To assist individuals in learning coping mechanisms for anxiety disorders, mental health professionals (psychiatrists), physicians, counsellors, and social workers should be consulted.

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## Appendices

Anxiety among college students of Government J.Buana College, Bazar Veng, Lunglei

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Department of Social Work  
Higher and Technical Institute,

(The statements given below are **confidential** and it will be used for research purpose only)

### I. Profile of the Respondent

Schedule no	
Age	
Gender	Male Female
Locality	
Religion	1.Christian 2.Muslim 3.Hindu 4.Others
Denomination	1. Baptist 2. Presbyterian 3.UPC (M) 4. UPC (NE) 5.Salvation Army 6.Salvation Church 7.EFCI 8. Roman Catholic 9.Others
Education Qualification	1. HSLC 2.HSSLC 3. Undergraduate 4. Postgraduate 5.Employed 6.Unemployed
Source of Income	1.Government Servant 2.Labourer 3.Business 4.Petty Shops 5.Private Company 6.Agriculturalist 7.Others
Monthly Income	Rs
Source of family Income	1.Government Servant 2.Labourer 3.Business 4.Petty Shops 5.Private Company 6.Agriculturalist 7.Others
Annual Income	Rs
Family type	1.Joint 2.Nuclear 3.Extended
Socio-Economic Status	1. AAY 2.BPL 3. APL
Number of family	Member

## II. Mark according to the Hamilton Anxiety Rating Scale (HAM-A).

Sl.NO.	Particulars	Not present	Mild	Moderate	Severe	Very severe
1	Anxious mood	0	1	2	3	4
2	Tension	0	1	2	3	4
3	Fears	0	1	2	3	4
4	Insomnia	0	1	2	3	4
5	Intellectual	0	1	2	3	4
6	Depressed mood	0	1	2	3	4
7	Somatic(muscular)	0	1	2	3	4
8	Somatic(sensory)	0	1	2	3	4
9	Cardiovascular	0	1	2	3	4
10	Respiratory symptoms	0	1	2	3	4
11	Gastrointestinal symptoms	0	1	2	3	4
12	Genitourinary symptoms	0	1	2	3	4
13	Autonomic symptoms	0	1	2	3	4
14	Behavior at interview	0	1	2	3	4

## III. The main causes of Anxiety are: (Mark accordingly)

(a)The main source of Anxiety that happens to me are:

Sl.no	Particulars	Never	Sometimes	Often	Always
1	When I faced difficulties in academics	1	2	3	4
2	When I faced problems in my family	1	2	3	4
3	When I faced problems in my friends circle	1	2	3	4
4	Due to my health issues	1	2	3	4
5	When I faced financial constraints	1	2	3	4
6	When I have relationship issues with others	1	2	3	4
7	When I think about my future/career growth	1	2	3	4
8	Due to family pressure	1	2	3	4
9	Critical incident in the past haunt me	1	2	3	4

#### IV. Daily effect of Anxiety in my life are:

(a) When I am in Anxiety

Sl.no	Particulars	Never	Sometimes	Often	Always
1	I had trouble sleeping	1	2	3	4
2	I felt tired during the day	1	2	3	4
3	My academic life is affected	1	2	3	4
4	I had less communication with my family	1	2	3	4
5	I faced conflict with friends and peer groups	1	2	3	4
6	I have a feeling of fear	1	2	3	4
7	I woke up earlier than desire	1	2	3	4
8	I woke up for no reason during the night	1	2	3	4

(b) Major symptoms caused by Anxiety are:

Sl.no	Symptoms	Never	Sometimes	Often	Always
1	I have headache	1	2	3	4
2	I feel fatigue/tired	1	2	3	4
3	I feel depressed	1	2	3	4
4	Having trouble sleeping	1	2	3	4
5	I feel terrified	1	2	3	4
6	I feel restless about anything	1	2	3	4
7	I lose my appetite	1	2	3	4
8	Feeling weak/tired	1	2	3	4
9	I have difficulty in breathing	1	2	3	4
10	Having an increased heart rate	1	2	3	4
11	I have had difficulty in concentrating	1	2	3	4