

**A STUDY ON STRESS AND ANXIETY AMONG COLLEGE STUDENTS OF  
HIGHER AND TECHNICAL INSTITUTE, MIZORAM**

**Submitted by**

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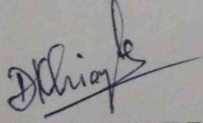


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**CERTIFICATE**

This is to certify that the present piece of research titled '*A study on stress and anxiety among the college students of Higher and Technical Institute, Mizoram*' is a bonafide research conducted by Mesak Lalfakkima Rokhum under my supervision. Mesak Lalfakkima Rokhum worked methodologically for his dissertation for the Under Graduate Degree in Psychology of Higher and Technical Institute, Mizoram, Mizoram University.

This is to further certify that the research conducted by Mesak Lalfakkima Rokhum has not been submitted in support of any application to this or any other college or institute of learning.

  
(DEBORAH ZONUNPUII)

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**DECLARATION**

I, Mesak Lalfakkima Rokhum, hereby declare that the subject matter of this dissertation is the record of the work done by me, that the content of this dissertation did not form basis for award of any previous degree to me or to the best of my knowledge to anybody else, and that the dissertation had not been submitted by me for any research degree in any other university or institute.

This is submitted to Higher and Technical Institute, Mizoram for the undergraduate degree in Psychology.

  
(MESAK LALFAKKIMA ROKHUM)

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## ABSTRACT

The purpose of this study was to determine whether there is a gender difference in the levels of stress and anxiety among HATIM college students, as well as the relation between the two variables. A total of 296 college students participated in the study (male=143, female=153). It was found that there is a significant relationship between anxiety and depression as well as a mean difference in the levels of stress and anxiety between male and female students.

KEY WORDS: Anxiety, stress, gender difference, mean

## LIST OF TABLES

Table 1: showing the mean, SD, skewness, and kurtosis.

Table 2: Showing the mean difference in gender for stress and anxiety.

Table 3: Showing the result for independence sample test for stress and anxiety

Table 4: Showing the correlation between stress and anxiety.

## LIST OF FIGURES

Figure 1: Showing the classification of the sample based on gender.

Figure 2: Showing the mean of stress.

Figure 3: Showing the mean of anxiety.

## TABLE OF CONTENT

	Page Number	
List of Tables	v	
List of Figures	vi	
Chapter-1	INTRODUCTION	1-11
Chapter-2	STATEMENT OF THE PROBLEM	12-13
Chapter-3	METHODS AND PROCEDURE	14-15
Chapter-4	RESULT AND DISCUSSION	16-21
Chapter-5	SUMMARY AND CONCLUSION	22-23
REFERENCES		24-26
APPENDICES		viii-x



## CHAPTER-1

### INTRODUCTION

The society for Adolescent Health and Medicine defines young adulthood as including the range 18-25 years. Young adulthood is a unique and critical time of development where unmet health needs and health disparities are high. Purposeful prevention and intervention strategies should be developed, research, and implemented during this time to improved health and well-being of young adults.

From a psychosocial development perspective, young adults have challenges and milestones distinct from both adolescent and adult. They must transition from school to career work goals, from parental supervision to individual responsibility.

A college student is an individual who is enrolled in a university on college you a particular course. They are a part of the institution while they pursue the course and then become the part of the alumni association once they complete the course. The college student learns various things during the college days like, discipline, better ways of communication, preparing project reports, hosting guests, etc. College students are expected to be hardworking, disciplined, dedicated and goal - oriented. In short College Student means any individual enrolled either on a part-time on full-time basis in any undergraduate, graduate or professional college in any institute.

Mental illnesses are health conditions involving changes in emotion, thinking or behaviour (or a combination of these). Mental illnesses can be associated with distress and/or problems functioning in social, work or family activities (American Psychiatric Association,2023).

Mental illness can make it difficult for someone to cope with work, relationship and other demand college students are at the brink of experiencing new things. While barely reaching at the home they are exposed to a world that is unique and different from the restricted one in high school. They also get freedom which while being desirable is also pretty scary. All of

these factors contribute to pressure which intern affect the psychology of college student in their young budding years. Students transitions from young adult to proper adult takes place; they both have responsibility and freedom. They are targeted by society in burden with expectation which affect their mental health making them prone to various unfortunate issue. Stress and anxiety: Rigorous college curriculum brings along with a huge amount of stress but academics is not the only contributing; constant worry, over choices in the struggles to fit in, can pile up on them. Many people are also unhappy and satisfied with college. They end up in this can turn the brightness of student into the underperforming ones. It also affects them, physically, making them lose their appetite and disturbing them their sleep cycle at depression and suicidal thought this mess and you have a deadly cocktail of sorrow. Most student say the mental health has worse in college here's how many experiences, or prevalence mental health conditions.

The American College Health Association (ACHA) spring, 2022, National College Health Assessment surveyed over 54,000 undergraduate students. It reviewed that approximately 77% were experiencing moderate to serious psychological distress. 79% of survey student reported that they had experienced moderate or high stress level within the last 30 days; 54% met the criteria for experiencing loneliness; 29% met the criteria for suicidal ideation, while three person reported attempting suicide in the past years.

Anxiety and depression are some of college students most commonly diagnosed mental health conditions in ACHA's survey. Violence anxiety is a common and normal reaction to stress anxiety disorder can disrupt students' daily life.

Stress can be defined as any type of change that causes physical, emotional, or psychological strain. Stress is your body's response to anything that requires attention or action (Elizabeth Scott, 2022). Stress is hurting college student. More than half of college student have experienced chronic stress, which is associated with worst mental health The new students voice survey

health and wellness finds 86% of student who says the mental health is poor, have experience chronic stress while in college, according to the new voice survey.

Various factors can impact mental health at any age or stage in life. The transitions to college come with special challenges such as academic pressure.

Students often face new academic pressure throughout their transitions into college life

The study found that during the spring 2022 term, approximately 51% of survey students said that over the last 12 months, they had problems or challenges with their academics. 89% of student who reported the issue or suicide these challenges cause them moderate or high-level of this stress. Even so, 78% of student survey in winter, 2021 they were confident they will finish their degree, no matter the challenge Isolation.

Stress is a state of worry or mental tension caused by a difficult situation and these are some of the psychological theories of stress which are gradually evolved from Hans Selye's theory, the theory of emotion (James-Lange), The Emergency theory (Cannon-Bard) and the theory of emotion (Schachter-Singer).

#### Hans Selye's Theory.

Selye's theory was the first that focused on stress as a biological function rather than the term used in physics to describe the interaction between objects. He hypothesised that stress is likely to be a manifestation of the body defending itself against overwhelming stimuli or demands [3] and therefore is interconnected with inflammatory diseases and other physical diseases. Selye found that over time, resistance to stress can cause the body to become exhausted, and as a result of weakened resistance, the body is more susceptible to inflammatory diseases, chronic fatigue and a shorter life.

James-Lange: Theory of Emotion.

In 1884 and 1885, theorist, William James, and Carl Lange might have separately proposed their respective theories on the correlation of stress and emotions, but they had a unified idea on this relationship—emotions do not immediately succeed the perception of the stressors or the stressful event; they become present after the body's response to the stress. For instance, when you see a growling dog, your heart starts to rise, your breath begins to go faster, then your eyes become wide open. According to James and Lange, the feelings of fear or any other emotions only begin after you experience these bodily changes. This means that the emotional behaviour is not possible to occur unless it is connected to one's brain.

Cannon-Bard: The Emergency Theory.

This theory is quite the opposite of James and Lange proposed. According to theorist Walter Cannon, emotion in response to stress can actually occur even when the bodily changes are not present. Cannon says that the vice or internal psychological response of one's body is more slowly recognised by the brain as compared with its functions to release emotional response. He attempted to prove his theory by means of creating the so-called "decorticated cats", where the neural connection of the body is separated from the cortex in the brain of the cats. When faced with a stressful response, the decorticated cats showed emotional behaviour, which means feelings of aggression and rage. This emotion was then manifested by bodily changes such as bearing of teeth, growling and erect hair.

To further enhance Cannon's theory, serious, Philip Bard expanded the ideas of Cannon by giving that a lower brain stem structure called the Thalamus is important in the production of emotional responses. According to Bard, the emotional response is released first, and then sent as a signal by the Thalamus to the brain cortex for the interpretation alongside with the sending of signals to the sympathetic nervous system or SNS, to begin the psychological response to

stress. Therefore, this theory argues that emotional response to stress is not a product of the psychological response; rather, they occur simultaneously.

#### The Schachter-Singer Theory.

Theorists Stanley Schachter and Jerome Singer argue that the appropriate identification of the emotion requires both cognitive activity and emotional arousal in order to experience an emotion. Attribution, or the process where in the brain can identify the stress stimulus producing an emotion is also proposed by Schachter and singer. The theory explains that we become aware of the reason behind the emotional response, and when we the reason is not obvious, we start to look for environmental clues for the proper interpretation of the emotion to occur.

Anxiety is an emotion, characterised by feelings of tension, worried thoughts, and physical change like increase blood pressure (American Psychological Association). People with anxiety disorder usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of worrying. They may also have physical symptoms such as sweating, tramplng, dizziness or rapid heartbeat.

Anxiety is not the same as fear, but they are often use interchangeably. Anxiety is considered a future-oriented, long-acting response, broadly focus on diffused strength, whereas fear is an appropriate, present-oriented, and short-live response to a clearly identified and specific threat.

#### Psychoanalytic.

This approach was mainly developed from Sigmund Freud in the late 1800's. He believed that the cause of most disordered stem from or unconsciousness. Freud, then determine a firm therapy using his beliefs which were highly opposed, called psychoanalysis. Psychoanalysis is generally, a time-consuming process often taking years to treat the patient.

### Biological.

This theory is based on the concept that your personality is influenced by genetics. Hans Eysenck was a large contributor to the biological approach. He did many studies and gathered much data trying to show that it was impossible that genetics didn't play a large role in our personality. Therapy according to this approach is a treatment meant to alter the brain function to repair behaviour that is causing suffering to the patient. This could generally include drugs to try and balance out the brain chemistry. Medication is very common for treating anxiety, however, if these do not suit the individuals a different approach may be needed.

### Humanistic.

Basically, the humanistic focus is on personal responsibility and personal growth; it has a more positive outlook of life. They also focus on being a fully-functioning adult, being able to process and accept information no matter how unpleasant it is. "Although it may be unpleasant, anxiety isn't always a bad thing. In fact, anxiety can help us stay alert and forecast. Spur us up to action, and motivates us to solve problems (Smith, R. Segal, J. Segal 2010)".

According to the World Health Organization (WHO), "Gender refers to the socially constructed characteristics of women and men, such as norms, roles, and relationships of any between groups of women and men. It varies from society to society and can be changed." Gender differences are variants between males and females that are based on biological adaptation that are the same for both sexes. Connections between gender and mental health manifest differently for each child and young person, in combination with a wide range of individual, social and structural factors, and in ways that change over the course of childhood and shift over time. The gender gap in the prevalence of diagnosable mental health conditions begins to narrow in adolescence, as emotional problems become more common in girls. By early adulthood, women are more likely to be diagnosed with a mental health condition than men. Girls and young

women are more likely than boys and young men to have depressive disorder and anxiety disorder.

### **Review of literature**

K Sathish and Brogen Singh Akoijam (2017) had conducted research to determine the prevalence of depression, anxiety and stress among higher secondary school. In this cross sectional study, the sample size was calculated to be 750. Seven schools were randomly selected, and all the students in that school were enrolled in the study. The study tool used was a questionnaire containing DASS (Depression Anxiety Stress Scale) and sociodemographic characteristics. The prevalence's of depression, anxiety, and stress among 830 valid respondents were 19.5%, 24.4%, and 21.1%, respectively. In total, 81.6% of the respondents had at least one of the studied disorders and 34.7% of the respondents had all the three negative states. The prevalence's of depression, anxiety, and stress were high among females and were significant for anxiety ( $P = 0.00$ ) and stress ( $P = 0.04$ ). The prevalence's of depression and stress were significantly higher among 12th standard students with P-values of 0.00 and 0.02. The prevalence's of depression, anxiety, and stress were high with anxiety and stress significantly higher among females, whereas prevalence of depression and stress were significantly higher among 12th standard students.

Saba Asif, Azka Mudassar, Talala Zainab Shahzad, Mobeen Raouf and Tehmina Pervaiz (2020) conducted a research to explore the frequency of Depression, anxiety and stress among university students in Sialkot, Pakistan. Survey research method was used to collect data from three universities of Sialkot by using simple random sampling technique from 500 university students. The study was conducted at GC Women University, Sialkot in total duration of five months from February 2019 to June 2019. A demographic sheet and DASS-21 (Depression, Anxiety Stress Scale) were used to measure the level of depression, anxiety and stress. Data was scored according to the standard scoring procedure for each subscale and for further analysis frequency distribution method was applied through statistical package for social sciences (SPSS, 21). The means of Depression, Anxiety and stress are  $M=15.08$ ,  $M=18.24$  and  $M=19.02$  respectively. The frequency of depression, anxiety and stress among university students was found 75%, 88.4% and 84.4% respectively. The findings of the study showed

the prevalence of Depression within the range of normal (25%), mild (16%), moderate (35.8%), severe (14.6%) and extremely severe (8.6%). The prevalence of anxiety was found to be in the range of normal (11.6%), mild (4.4%), moderate (19.4%), severe (17.8%) and extremely severe (46.8%). Stress was normal (15.6%), mild (33.8%), moderate (35.4%), severe (13.2%) and extremely severe (2.8%). It is concluded that symptoms of anxiety and stress are more prevalent with moderate to extremely severe range than depression in the current sample. These findings suggest urgent need of some preventive measures and interventions to improve the mental health of students.

Archana Kumari, Jagrati Jain (2014) conducted a research to find a stress among college students. The present study was conducted to know the examinations stress felt by college students under Arts, Science and Commerce stream of education. The sample consisted of 90 college students drawn using stratified random sampling method from two girls "s colleges. A questionnaire was developed by the researcher to assess examination stress and anxiety among college students. The result shows correlation between examination stress and anxiety of college students. On comparing the stress and anxiety among students of different stream, the students of Arts were found having highest stress and anxiety during examination followed by commerce students.

Shaher H Hamaideh, Hanan Al-Modellable, Mu'ath Tanash, Ayman Hamdan-Mansour (2022) conducted a research to assess the prevalence and predictors of depression, anxiety and stress among university students in Jordan during "home- quarantine" due to the outbreak of COVID- 19. They used a cross-sectional descriptive study. Data were collected from a convenience sample of 1,380 Jordanian university students. A web-based survey was used to collect data from the participants using the DASS-21. The prevalence of depression, anxiety and stress in different levels was 78.7%, 67.9% and 58.7%, respectively, which are higher during "home-quarantine." The mean scores of depression, anxiety and stress were at moderate levels. Strong correlations were found between depression, stress and anxiety, with demographic, health-related, lifestyle variables. Several variables also predicted depression, stress and anxiety.

Nasih Othman, Farah Ahmad, Christo El Morr and Paul Ritvo (2019) had conducted a cross-sectional survey with students attending a large university in Toronto, Canada. The questions asked about contextual determinants related to personal, interpersonal, family, social, socio-economic and political



factors along with levels of depression, anxiety and stress as measured by Patient Health Questionnaire-9, Beck Anxiety Inventory and Perceived Stress Scale. A total of 148 students completed the questionnaire (37 males and 111 females) with an age range of 19–54 years (median 22, IQR 21–24.8). English was reported as first language by 62.8% while 34.5% self-identified as white and 58.1% reported being born in Canada. Overall, 39.5% reported symptoms of moderate to severe depression, 23.8% reported moderate–severe anxiety and 80.3% reported moderate–severe levels of perceived stress, with no significant differences between males and females. In the final multivariate analysis, variables significantly associated with depression were grade-point-average (aOR 2.46, 95% CI 1.017–5.97), family factors (aOR 3.46, 95% CI 1.50–7.94), social factors (aOR 3.24, 1.30–8.1), self-rated health (aOR 0.34, 95% CI 0.14–0.82) and political factors (aOR 0.40, 95% CI 0.16–0.97). Anxiety was significantly associated with family factors (aOR 2.79, 1.09–7.18), socioeconomic factors (aOR 2.59, 95% CI 1.05–6.42) and age (aOR 0.33, 95% CI 0.11–0.98). The significant factors for stress were grade-point-average (aOR 2.41, 1.01–5.75) and social factors (aOR 3.87, 95% CI 1.59–9.43). The study found strong to moderate impact of several determinants on depression, anxiety and stress.

Jungmin Lee, Hyun Ju Jeong, Sujin Kim (2021) conducted this study to describes stress, anxiety, and depression symptoms for students in a public research university in Kentucky during an early phase of COVID-19 and their usage of mental health services. Results show that about 88% of students experienced moderate to severe stress, with 44% of students showing moderate to severe anxiety and 36% of students having moderate to severe depression. In particular, female, rural, low-income, and academically underperforming students were more vulnerable to these mental health issues. However, a majority of students with moderate or severe mental health symptoms never used mental health services. Our results call for proactively reaching out to students, identifying students at risk of mental health issues, and providing accessible care.

Mirna Fawaz and Ali Samaha (2021) had a research aims at evaluating the prevalence of anxiety, and stress symptomatology among Lebanese University Students during the COVID-19 Quarantine. A quantitative cross sectional research design, where 520 undergraduate university students were surveyed regarding their satisfaction with e-learning and the prevalence of depression, anxiety, and stress symptomatology using depression, anxiety, and stress scale-21 elements (DASS-21). Learning

through online platforms have given rise to depression and anxiety disorders among undergraduate university students, where there was a significant correlation between student satisfaction and prevalence of depression, anxiety, and stress.

Kin Cheung, Kin Yuen Tam, Ms Hilda Tsang, Lillian Weiwei Zhang and Siu Wai Lit (2020) had done a research to investigate the mental health status of subgroups of university students. This was a cross-sectional survey study. Since 2014, first-year university students in a university in Hong Kong were invited to complete the Depression Anxiety Stress Scale (DASS-21) before the commencement of their study. These DASS data were then merged with objectively measured data from university records. 9,479 students completed the DASS survey, this being 56.5% of the total student population in the records. Kruskal-Wallis Tests were applied to compare the differences among student subgroups. Community college transfer (CCT) students were the highest-risk group for depression, anxiety and stress, and their study load was the highest as well.

Leslie R Rith-Najarian, Maya M Boustani, and Bruce F Chorpita (2019) conducted a research to find the prevalence of anxiety, depression, and stress among university students. This review examined effective (i.e., outcome-producing) prevention programs targeting depression, anxiety, and/or stress in university students. Programs could be delivered in a group-based, online/computer-delivered, or self-administered format and at the universal, selective, or indicated prevention level. The resulting sample of 62 articles covered 68 prevention programs for college, graduate, or professional students across 15 countries. Average effect sizes for programs were moderate (overall  $g = 0.65$ ), regardless of delivery format or prevention level. The most common practice elements (overall and for programs producing large effects) were: psychoeducation (72%), relaxation (69%), and cognitive monitoring/restructuring (47%). Many programs were limited by: (a) symptom target-outcome mismatches, (b) disproportionately female samples, and (c) inconsistently reported adherence data.

Zhang Chi, Liu Qian, Liu Haihua, Lin Nuoxun (2021) conducted a research to explore the underlying mechanism of the impact of perceived stress on anxiety of the Chinese college students during the COVID-19 epidemic. The Perceived Stress Scale, Irrational Belief Scale, and General Anxiety Scale were adopted in the current study. College students were randomly selected for online questionnaire survey. There were 1,598 valid questionnaires, and the proportion of women was 47.81%. The

perceived stress and anxiety, as well as the three dimensions of irrational beliefs (catastrophizing, low frustration tolerance, and depreciation) were significantly positively correlated. The perceived stress of the COVID-19 epidemic had a positive effect on the anxiety of Chinese college students, this was partly mediated by irrational beliefs.

## CHAPTER-2

### STATEMENT OF THE PROBLEM

This topic was chosen because it is important for all to know that college students' mental health is important. Since college life acts as a bridge between school life and career of an individual. This bridge is huge, when we differentiate both childhood and adulthood phase. Lucky are those who get to enjoy and experience their college life, because most of the students cannot study higher due to personal reasons and mental health issues. Promoting psychological well-being and protecting college students from adverse experiences and risk factors are critical for their wellbeing as well as physical and mental health in adulthood. Since stress and anxiety factors play an important role in the day-to-day activities of human beings, stressful life events strongly relate to the onset of various mental illnesses. Parents' expectations, sibling rivalry, status issues, academic stress, financial issues are very common stressors for college students. So, developing a full understanding and examining their prevalence amongst college students is important for awareness and effective interventions.

#### **Operational definitions**

STRESS: Stress can be defined as any type of change that causes physical, emotional, or psychological strain. Stress is your body's response to anything that requires attention or action. Everyone experiences stress to some degree. The way you respond to stress, however, makes a big difference to your overall well-being.

ANXIETY: Anxiety is an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure. People with anxiety disorders usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of worry.

GENDER: Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man,

girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time (World Health Organisation).

GENDER DIFFERENCE: Gender difference is defined as biological difference between sexes. Perceived differences may be culturally reinforced gendered behaviour that occur with supervision as well as biological difference among sexes.

COLLEGE STUDENT: A college student is an individual who is enrolled in a university or college for a particular course. They are a part of the institution while they pursue the course and then become the part of the alumni association once they complete the course.

#### **OBJECTIVES OF THE STUDY:**

1. To determine the correlation between stress and anxiety level among the college student.
2. To determine the gender difference among the college students.

#### **HYPOTHESIS:**

1. It is expected that there will be significant positive relationship between Stress and Anxiety.
2. It is expected that there will be a significant gender difference in the levels of stress and anxiety among HATIM college students.

**CHAPTER 3**  
**METHOD AND PROCEDURE**

A population study was utilized among HATIM college students. For the research, a total population of 296 students participated in the study. Among them 143 were males and 153 were females. The participants in the study age ranges between 18-25 years with a mean age of 21.5.

**RESEARCH DESIGN:**

To achieve the objectives of the study, a quantitative exploratory design had been utilized. The study incorporated a two-way classification of variables of 'gender' (male and female) as depicted below.

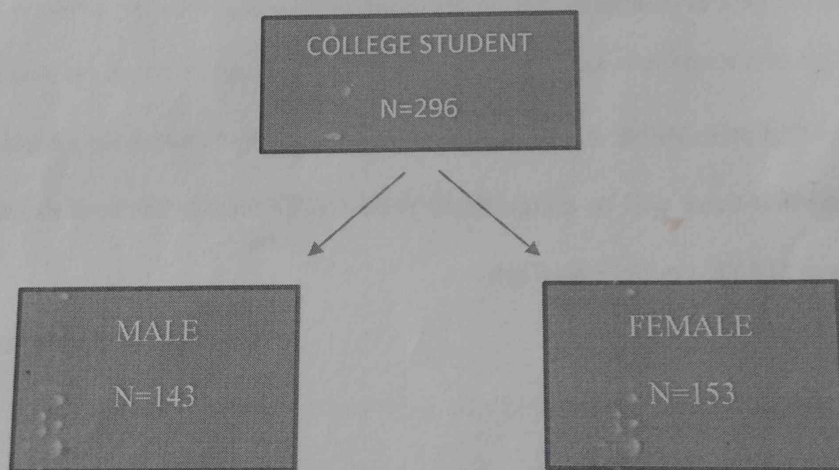


Figure I: Showing the classification of the sample based on gender.

**PROCEDURES:**

Permission was sought from the authorities of the colleges by the researcher, prior to the conduction of data collection from its students. The researcher ensured that a good rapport was established between students and the researcher. Proper instruction was given as to assure honest and independent responses are given. With permission from the participants through informed consent form, the researcher provided any necessary information about the study and

purpose of the study, any doubts raised were clarified. Proper instruction was given about the scoring of the scale, then the researcher thoroughly checked the scoring sheets to ensure that proper responses are answered completely. Finally, the collected data were stored for further analysis.

#### **PSYCHOLOGICAL TOOL:**

The Depression, Anxiety and Stress Scale-21 Items (DASS 21) is a set of three self-report scale designed to measure the emotional state of depression, anxiety, and stress. Each of the three DASS-21 scales contain 7 items, divided into subscale with similar content. Respondent rate each item on a 4 points Likert scale ranging from 'Did not apply to me at all' to 'Applied to me very much or most of the time'. DASS-21 has good internal consistency reliability with Cronbach's alpha ranged between .74 and .93.

#### **STATISTICAL ANALYSIS:**

The current study employs the following analysis:

1. Descriptive statistic (Mean, SD, skewness, Kurtosis)
2. T-test
3. Pearson's correlation

## CHAPTER 4

### RESULTS AND DISCUSSION

The results of the study were computed in a stepwise manner: (i) raw data was checked for missing and outlier of data; (ii) checking the assumption of parametric statistics (skewness, kurtosis and homogeneity) were done for selection of appropriate statistics; (iii) presentation of descriptive statistics to illustrate mean difference and any significant difference on level of Stress and anxiety (mean comparison between the groups); and (iv) Checking relationship between dependent variables (Pearson's' correlation analysis) in a sequential manner. The result table-1 shows the Mean, Standard Deviation (SD), Skewness, and Kurtosis for the samples.

Table:1 showing the mean, SD, skewness, and kurtosis

#### Descriptive statistics

		Statistic	Std. Error	
Stress	Mean	7.34	.216	
	95% Confidence Interval for Mean	Lower Bound	6.91	
		Upper Bound	7.76	
	5% Trimmed Mean	7.23		
	Median	7.00		
	Variance	13.831		
	Std. Deviation	3.719		
	Minimum	0		
	Maximum	18		
	Range	18		
	Interquartile Range	5		
	Skewness	.398	.142	
	Kurtosis	-.164	.282	



Anxiety	Mean	7.44	.235
	95% Confidence Interval for Mean		
	Lower Bound	6.98	
	Upper Bound	7.91	
	5% Trimmed Mean	7.36	
	Median	7.00	
	Variance	16.349	
	Std. Deviation	4.043	
	Minimum	0	
	Maximum	19	
	Range	19	
	Interquartile Range	6	
	Skewness	.224	.142
	Kurtosis	-.594	.282

**(i) Check raw data for missing and outlier of data:**

The raw data of the study was checked for any missing and outlier which can effect, attenuate the results of the study, and such data were not found in the present study.

**(ii) Checking the assumption of parametric statistics:**

The results (Table-1) of the study was analysed to check the skewness, kurtosis and homogeneity on selected dependent variables (Stress and Anxiety) for selection of appropriate statistics to use. The skewness and kurtosis were within acceptable range of Normal Probability Curve; the Levene's statistics was showing significance for Stress (.899) which portrayed the homogeneity of the data while for Anxiety it was at non-significance (.006). This suggested that parametric statistics may be used for further analysis with caution

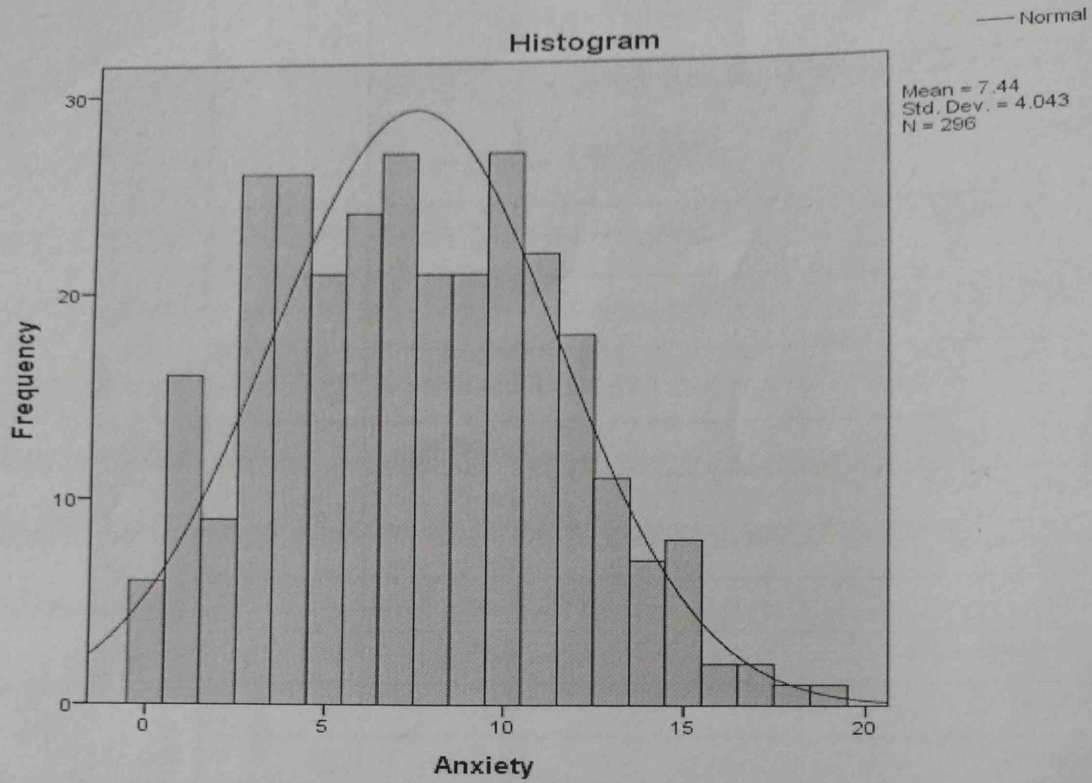


Figure: 2 Showing the mean of anxiety.

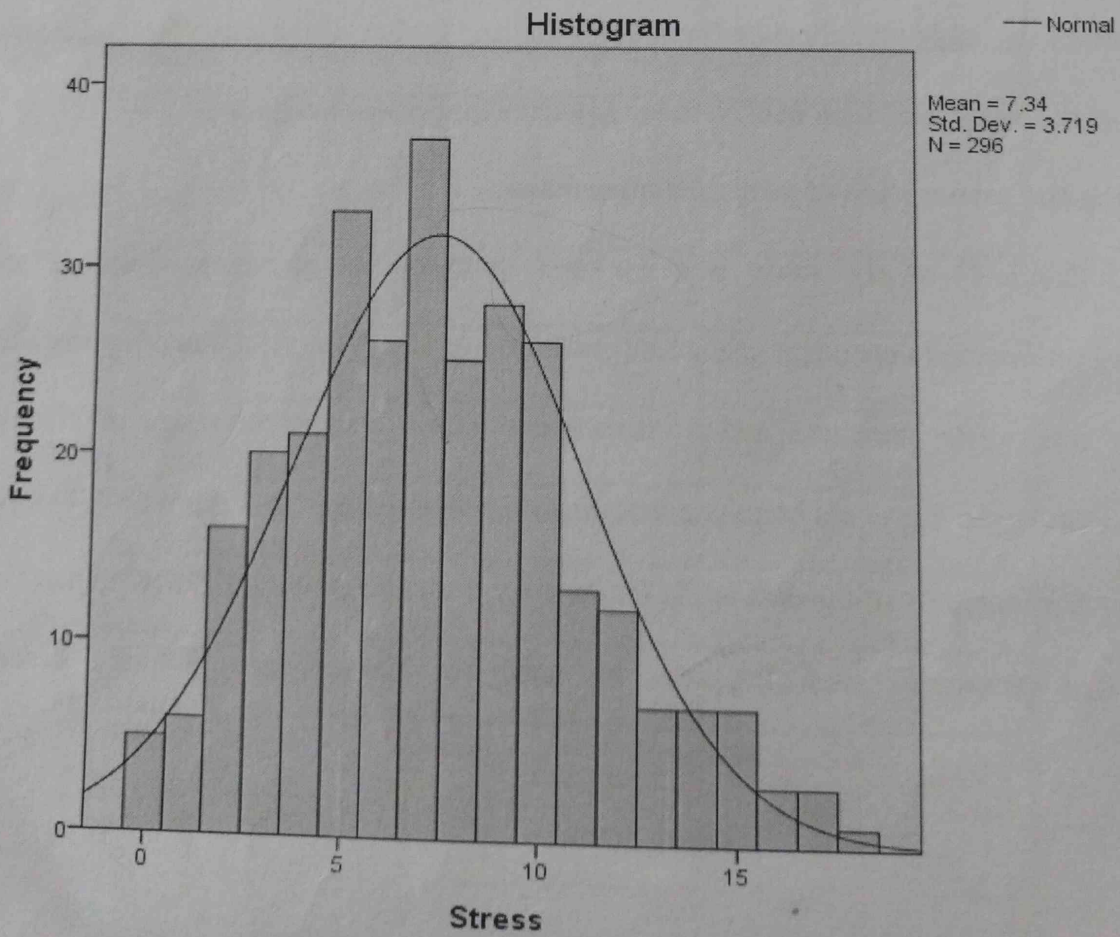


Figure: 3 Showing the mean of stress.

(iii) Presentation of descriptive statistics (mean comparison between the groups):

The results in Table-2 showed mean difference of the comparison groups on selected dependent variables (Stress and Anxiety) which portrayed that female students scored higher on Stress (M=8.02; 6.61) and anxiety (M=8.37; 6.45) among the sample population.

Table:2 Showing the mean difference in gender for stress and anxiety.

Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Stress	Male	143	6.61	3.635	.304
	Female	153	8.02	3.679	.297
Anxiety	Male	143	6.45	3.528	.295
	Female	153	8.37	4.281	.346

Table:3 Showing the result for independence sample test for stress and anxiety

Independent Samples Test

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Stress	.016	.899	-3.317	294	.001	-1.411	.425	-2.248	-.574
			-3.319	293.086	.001	-1.411	.425	-2.248	-.574
Anxiety	7.623	.006	-4.176	294	.000	-1.911	.458	-2.812	-1.011
			-4.203	289.524	.000	-1.911	.455	-2.807	-1.016

(As shown in table:3) T- test was also employed to checked any significant difference between the comparison groups – female and male college students on Stress and Depression among the samples. The results of the study illustrated a significant difference between males and females on Stress (M=8.02; 6.61; 't'= 3.317; p<.05) and Anxiety (M= 8.37; 6.45; 't'= 4.176; p<.05).

(iv) **Checking relationship between dependent variables (Pearson's correlation analysis):**

The result was analysed to see any significant relationship between the dependent variables (Stress and Anxiety) as presented in Table-4..

**Correlations**

		Stress	Anxiety
Stress	Pearson Correlation	1	.655**
	Sig. (2-tailed)		.000
	N	296	296
Anxiety	Pearson Correlation	.655**	1
	Sig. (2-tailed)	.000	
	N	296	296

\*\* . Correlation is significant at the 0.01 level (2-tailed).

The correlation between the two dependent variables was calculated by employing Pearson correlation, and the results showed the significant positive relationship between dependent variables- Stress and Anxiety,  $r = .655$ ;  $p < 0.01$  level (2 tailed).

## DISCUSSION

The aim of the study was to find the gender difference on stress and anxiety among college students of HATIM. Depression, Anxiety and Stress Scale-21 Items (DASS) (Lovibond et al, 1995) was used for the research. It was hypothesized that - (1) there will be a significant positive relationship between Stress and Anxiety; and (2) there will be a significant gender difference in the levels of stress and anxiety among HATIM college students.

It was found that there is a significant gender difference in the level of stress and anxiety among HATIM college student. This is supported by findings of Wunjuan et al., (2019) and Mathilde

M. Husky (2020) who found that there is a significant gender difference in the level of stress and anxiety.

It was found that there is a positive correlation between gender stress and anxiety among college students. This is supported by the findings of Shaher H Hamaideh et. al., (2022) who found that the anxiety is not only common but also significantly and increasingly associated with stressful life events.

## CHAPTER 5 SUMMARY AND CONCLUSION

The present study entitled 'Prevalence of Stress and Anxiety among HATIM college students' aimed to study the gender differences between males and females on how Stress and Anxiety effect.

To achieve the objectives and hypothesis of the study, 296 participants from the college students of HATIM, comprising 153 males and 143 female of the age group 18-25 years (young adult) were selected to serve as samples by employing sample random sampling procedure.

A quantitative exploratory design had been utilized to achieve the objectives of the study. The study incorporated a two-way classification of variables of "gender" (male and female).

Depression, Anxiety and Stress Scale -21 (DASS-21) was employed for psychological evaluation of the samples, all prescribed instructions are given in the manual, and APA guidelines for research was followed.

### IMPLICATION

Many researchers had research on stress and anxiety on college level but there is few research on district of Lunglei, especially among college students. The study revealed that there are significant positive relationship between anxiety and stress and also there is a significant gender difference in the level of stress and anxiety among HATIM college students.

Research on prevalence of stress and anxiety among college students is important. Research is key to transforming the next generation of treatments for stress and anxiety disorders. The present study gives us information about what disorder are most prevalent among genders. This can enable any awareness programs to provide the most relevant information among the population, regarding the stress and anxiety.

### **LIMITATIONS**

This research was done in the light of some limitations.

Firstly, as the sample size is small, it cannot represent the whole population of young adult in Lunglei. Secondly, since it was conducted only in 1 college, therefore, it cannot represent the whole students of Lunglei college. Thirdly, some of the students, even after giving them a clear instruction, they still tend to answer the questionnaire not so seriously and also there are always some students who were absent and they are also not returning the questionnaire as well. Lastly, since the time given to us was less and also due to the insufficient of the system like laptops or computers, the work progress was slow.

### **SUGGESTIONS**

- i. There should be more sample, so that the research may include a wider population.
- ii. The research may be conducted in the same field with alternative topics.
- iii. The research should be done more extensively in order to prevent systematic errors.

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APPENDICES

APPENDIX I

PURPOSE OF THE RESEARCH:

This academic research is conducted for partial fulfilment of B.A. Psychology 5<sup>th</sup> semester course at HATIM. All the information given will be kept with full confidentiality.

(Name of the student/researcher)

APPENDIX II

CONSENT OF THE PARTICIPANT

I have gone through the purpose of this research, and I am willing to participate in it to help the researcher/student in the fulfilment of their course.

(Name of participant)

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**SOCIO DEMOGRAPHIC PROFILE:**

1. NAME: \_\_\_\_\_
2. AGE: \_\_\_\_\_
3. SEX:                      Male ( )    Female ( )
4. SUBJECT/COURSE: \_\_\_\_\_
5. SEMESTER: \_\_\_\_\_
6. NAME OF COLLEGE: \_\_\_\_\_
7. CITY/TOWN: \_\_\_\_\_

**DASS21**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all  
 1 Applied to me to some degree, or some of the time  
 2 Applied to me to a considerable degree or a good part of time  
 3 Applied to me very much or most of the time

1 (s)	I found it hard to wind down	0	1	2	3
2 (a)	I was aware of dryness of my mouth	0	1	2	3
3 (d)	I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a)	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d)	I found it difficult to work up the initiative to do things	0	1	2	3
6 (s)	I tended to over-react to situations	0	1	2	3
7 (a)	I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s)	I felt that I was using a lot of nervous energy	0	1	2	3
9 (a)	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d)	I felt that I had nothing to look forward to	0	1	2	3
11 (s)	I found myself getting agitated	0	1	2	3
12 (s)	I found it difficult to relax	0	1	2	3
13 (d)	I felt down-hearted and blue	0	1	2	3
14 (s)	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a)	I felt I was close to panic	0	1	2	3
16 (d)	I was unable to become enthusiastic about anything	0	1	2	3
17 (d)	I felt I wasn't worth much as a person	0	1	2	3
18 (s)	I felt that I was rather touchy	0	1	2	3
19 (a)	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20 (a)	I felt scared without any good reason	0	1	2	3
21 (d)	I felt that life was meaningless	0	1	2	3

### DASS-21 Scoring Instructions

The DASS-21 should not be used to replace a face to face clinical interview. If you are experiencing significant emotional difficulties you should contact your GP for a referral to a qualified professional.

#### Depression, Anxiety and Stress Scale - 21 Items (DASS-21)

The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress.

Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset / agitated, irritable / over-reactive and impatient. Scores for depression, anxiety and stress are calculated by summing the scores for the relevant items.

The DASS-21 is based on a dimensional rather than a categorical conception of psychological disorder. The assumption on which the DASS-21 development was based (and which was confirmed by the research data) is that the differences between the depression, anxiety and the stress experienced by normal subjects and clinical populations are essentially differences of degree. The DASS-21 therefore has no direct implications for the allocation of patients to discrete diagnostic categories postulated in classificatory systems such as the DSM and ICD.

Recommended cut-off scores for conventional severity labels (normal, moderate, severe) are as follows:

NB Scores on the DASS-21 will need to be multiplied by 2 to calculate the final score.

	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety & Stress Scales. (2<sup>nd</sup> Ed.) Sydney: Psychology Foundation.