

A STUDY ON STRESS AND ANXIETY AMONG HATIM COLLEGE STUDENTS

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CERTIFICATE

This is to certify that the present piece of research titled "*A study on Stress and Anxiety among HATIM college students*" is a bonafide research conducted by Matthew Vanlalramluahpuia under my supervision. Matthew Vanlalramluahpuia 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 Matthew Vanlalramluahpuia has not been submitted in support of an application to this or any other college or institution of learning.

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DECLARATION

I, Matthew Vanlalramluahpuia, hereby declare that the subject matter of this dissertation is the record of work done by me, that the contents of this dissertation did not form basis for the 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.

(MATTHEW VANLALRAMLUAHPUIA)

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(MATTHEW VANLALRAMLUAHPUIA)

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 stress and anxiety as well as a mean difference in the levels of stress and anxiety between male and female students.

KEYWORDS: Anxiety, Stress, Gender, Gender Difference, College Student.

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CHAPTER-1

INTRODUCTION

The Society for Adolescent Health and Medicine defines young adulthood as including the age 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, researched, and implemented during this time to improve health and well-being of young adults. From a psychosocial developmental perspective, young adults have challenges and milestones distinct from both adolescents and adults. 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 or college for a particular course (Teachmint). 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 fests, etc. College students are expected to be hardworking, disciplined, dedicated, and goal-oriented.

If a student is having a difficult time adjusting to one or more aspects of college life, they may find themselves feeling down and experiencing anxious thoughts. These thoughts usually include negative self-talk, self-doubt, worry, cycles of obsessing about various outcomes, and many other self-critical thoughts. As these thoughts continue to escalate, there is a possibility that the student will start to become more anxious and possibly isolate themselves to avoid being exposed. Anxiety in college students is more than just feelings of nervousness or worry. The symptoms of anxiety that can present during this time tend to be debilitating, and without the right interventions can have a long-lasting impact on the student, even beyond the college years (Michelle Freidman, 2023).

More than half of college students have experienced stress, which is associated with worse mental health issues. Stress among students may be particularly worrisome, since it's linked to a variety of mental and physical health problems. And while rates of acute stress are relatively consistent across groups of students, some groups report stress at elevated rates. These include students with physical disabilities or chronic illnesses and students with mental health conditions (Colleen Flaherty, 2023).

Stress is a pattern of negative physiological responses occurring in situations where people perceive threats to their well-being which they may be unable to meet (Lazarus et al, 1984). It is a state of physiological and physical tension produced, according to the transactional model, when there is a mismatch between the perceived demands of a situation (the stressor) and the individual's perceived ability to cope. The consequent state of tension can be adaptive or maladaptive (Roz Brody et al, 2002).

According to the General Adaptation Syndrome (Hans Selye, 1936), adaptation consisted of three phases: the alarm phase, the phase of adaptation, and the phase of exhaustion. Selye

held that the stress syndrome was always a nonspecific response of the body to any demand and included a triad of responses: enlargement of the adrenal cortex, decrease in size of the thymus and lymphatic tissue, and ulceration of the stomach and duodenum. Selye also promoted the concept of diseases of adaptation that were connected to stressful stimulation.

The psychological theories of stress gradually evolved from the Theory of Emotion (James-Lange, 1885), The Emergency Theory (Cannon-Bard, 1927), and to the Theory of Emotion (Schachter-Singer, 1962).

According to William James and Carl Lange, emotions do not immediately succeed the perception of the stressor or the stressful event; they become present after the body's response to the stress.

According to Walter Cannon, emotion in response to stress can actually occur even when the bodily changes are not present. Cannon said that the visceral or internal physiologic response of one's body is more slowly recognized by the brain as compared with its function to release emotional response. Philip Bard further expanded the ideals of Cannon by arguing 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 signals 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 physiologic response to stress. Therefore, this theory argues that emotional response to stress is not a product of the physiologic response; rather, they occur simultaneously.

According to Stanley Schachter and Jerome Singer, the appropriate identification of the emotion requires both cognitive activity and emotional arousal in order to experience an emotion. The theory explains that we become aware of the reason behind the emotional response, and when the reason is not obvious, we start to look for environmental clues for the proper interpretation of the emotion to occur.

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 may be defined as apprehension, tension, or uneasiness that stems from the anticipation of danger, which may be internal or external (Diagnostic and Statistical Manual of Mental Disorders, 1980). An anxiety disorder is a type of mental health condition. A person having an anxiety disorder may respond to certain things and situations with fear and dread. They may also experience physical signs of anxiety, such as a pounding heart and sweating. It's perfectly normal to have some anxiety (Cleveland Clinic, 2020).

5 major types of anxiety disorders (DSM-5-TR):

1. Phobias are intense fears of specific animals, objects or situations. This would include a fear of dogs, spiders, heights, blood draws, the dentist, or anything else. A person with a phobia either goes out of their way to avoid the feared object or situation, or they face it, but they experience extreme distress. The fear has to last at least six months before it is considered a phobia. Children with age-appropriate fears are not the same as phobias; e.g., a 3-year-old who is afraid of the dark.

2. Generalized anxiety is when someone worries about a range of different topics, which may include school or job performance, finances, world events, natural disasters, relationships with others, and other topics. These worries are hard to control and keep popping up, making it hard for people to focus on their activities. Worries happen often and intensely enough that they make it difficult to concentrate and may cause or worsen headaches, stomach aches, muscle tension, and irritability.

3. Panic disorder is when someone experiences panic attacks that get in the way of their life in some way. Panic attacks can include any combination of sensations, including racing heart, rapid breathing, chest pain, dizziness, nausea or abdominal pain, blurred vision, sweating, shaking, feelings of doom, feeling like the world isn't real (as though you are in a dream or a movie), or experiencing the moment as though you are outside of yourself. The person may also experience fear of losing control, or fear of dying or going crazy.

4. Social anxiety disorder (also known as social phobia) is a persistent fear of being judged or evaluated by others, accompanied by intense discomfort interacting with others. Someone may be intensely afraid of saying the wrong thing or feeling stupid or embarrassed. This anxiety can happen in just one specific situation, such as giving presentations at school, or in many situations wherein a child is very uncomfortable interacting with peers and adults. As a result, the person with anxiety may avoid interacting with others but still feel comfortable with close friends and family.

5. Separation anxiety disorder is when someone has persistent and excessive worry about being separated from or losing a caregiver or attachment figure. Separation anxiety can be a normal part of a child's early development, but when the anxiety becomes excessive it can impair their development. Separation anxiety generates thoughts about what will happen to their caregiver when they are separated, such as whether the caregiver die or become ill. The individual also worries about what would happen to themselves if they are separated from their caregiver, such as will they get hurt or will something bad happen to them.

There are two key theories/viewpoints when it comes to anxiety; Psychoanalytic Theory (Sigmund Freud, 1896) and Cognitive Theory (Aaron Beck, 1936).

Freud recognized the importance of anxiety. He was one of the first people to argue that anxiety was a critical component of neurosis. Freud distinguished between 'objective' and 'neurotic' anxiety. By objective, Freud meant the reaction we have to external danger or expected injury. Neurotic anxiety was viewed as free-floating and something likely to hinder or even paralyze actions. Freud also wrote about a form of anxiety that was not groundless but was fairly focused on one or more objects or situations. Today, we think of these as phobias. Freud reasoned that anxiety was largely sexual in origin. Sexual thoughts and impulses were repressed and were then transformed into some symbolic representation.

Cognitive theory suggests that once an individual has experienced the negative thinking associated with anxiety, there is an increased risk that a person will develop maladaptive cognitive schemas, which, with repetition, can become entrenched (Beck, 1995).

According to the World Health Organization (WHO), "Gender refers to the socially constructed characteristics of women and men, such as norms, roles, and relationship of and 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

adaptations 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 disorders and anxiety disorders.

Review of Literature:

Husky M.M., Masfety V.K., Swendsen D.J. (2020) conducted research on Stress and anxiety among university students in France during Covid-19 mandatory confinement. In this study, data was taken from an ongoing online survey among first-year university students in the French portion of the World Mental Health International College Student surveys. It was observed that University students who did not relocate were more likely to endure confinement months in a residence where they lived alone or with roommates while a majority (60.2%) of the sample indicated that their level of anxiety had increased since the beginning of the confinement period, those who remained in their usual residence were more likely to report such increases as compared to those who relocated, there were no reported changes in alcohol use for either group. The experience of moderate to severe life stress was elevated in the overall sample (61.6%), but a particularly high percentage of students who did not change residences (71.6%) reported general stress at moderate or severe levels compared to those who relocated (50.5%). When stress was recoded to reflect severe to very severe stress vs moderate, mild, or no stress, the findings indicated those who did not relocate had significant higher levels of severe overall stress (27.6% vs 15.5%) and levels of stress regarding the health of loved ones (32.5% vs 16.3%).

Kumari A., Jain J. (2014) conducted research on Examination stress and anxiety among college students. The study was conducted to know the examinations stress felt by college students under Arts, Science and Commerce stream of education. In this study, data was taken using a questionnaire developed by the researchers to access examination stress and anxiety among college students. The sample consisted of 90 college students drawn using stratified a random sampling method. 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. There was no significant difference found in the stress and anxiety level of undergraduate and postgraduate students.

Margulis A., Andrews K., He Z., Chen W. (2021) had conducted research on the effects of different types of physical activities on stress and anxiety in college students. The study aimed to examine the effectiveness of team sports and strength and conditioning programs in improving perceived stress and anxiety among college students. 140 students (71 male, 69 female) in the team sports group and 215 students (127 male, 88 female) in the strength and condition group participated in one 90-min team sport or strength and conditioning class per week for 12 weeks. The students completed Perceived Stress Scale and Generalized Anxiety Disorder Scale before and after the intervention. The ANOVA repeated measures indicated

that the two groups did not significantly increase perceived stress over time and there was no group difference in the perceived stress scores over time. However, the two groups showed significant increased mean scores of anxieties over time, though no significant main effect of group and interaction effect.

Chernomas W.M., Shapiro C. (2013) conducted research on Stress, depression, and anxiety among undergraduate nursing students. This cross-sectional descriptive exploratory study investigated levels of Stress, Depression and Anxiety among nursing students in 3 years of a university-based program. Through an online survey, 437 participants from one mid-western Canadian undergraduate nursing program completed the Depression Anxiety Stress Scales and provided data on quality-of-life indicators and demographic information. Participants also were invited to provide narrative data about their experiences with SDA. Students in the final years of the program were reported to have less depression than students in their second and third years. Students who were better able to balance school load with personal life were more satisfied with their overall state of health had lower anxiety scores. Higher stress scores were among those with ineffective coping, more anxiety the night before clinical practice, and presence of higher stress prior to entering the faculty.

Rawson H.E., Bloomer K., Kendall A. (1994) had conducted research on Stress, anxiety, depression, and physical illness in college students. The sample consisted of 184 college students where significant correlations were found in the stress-illness, anxiety-illness, depression-illness, and anxiety-depression relationships. Significant differences in reported stress and anxiety by year in school and in reported illness incidence by gender were found. Possible ties between these results and research on coping, social support, and gender roles were discussed.

Haidar S.A., Vries N.D., Karavetian M., El-Rassi R. (2019) conducted a systematic review on Stress, anxiety, and weight gain among university and college students. The aim of this systemic review was to investigate whether stress and anxiety levels encountered during university and college enrollment were associated with higher adiposity or weight changes among students. A search strategy was used to identify peer-reviewed studies published between 1985 and March 2017. Data was extracted and quality assessment was conducted for the included studies. The study revealed that stress and anxiety might be associated with higher or lower weight status, thus there is a possibility that stress can increase or decrease weight, demonstrating that a bidirectional influence on body mass index may exist.

Battashi N.A., Omari O.A., Sawalha M., Maktoumi S.A., Alsuleitini A., Qadire M.A. (2021) conducted cross-section research on the relationship between smartphone use, insomnia, stress, and anxiety among university students. A convenience sample of 404 students from one public university completed questionnaires with items from the Smartphone Addiction Scale, the Depression Anxiety Stress Scale and the Insomnia Severity Index, with some demographic data. It was found that high smartphone addition scale score was significantly associated with higher anxiety and stress scores of the Depression Anxiety Stress scale, and higher insomnia severity index score.

Gao W., Ping S., Liu X. (2020) conducted research on gender differences in depression, anxiety, and stress among college students. The study analyzed 1892 undergraduate students from 15 universities in China, with 898 females and 994 males. The students have been followed for four years and completed a survey containing the Depression Anxiety Stress

Scale-21 questionnaire, students' socio-demographic information, and their educational background. It was found that on average, both female and male college students suffered from mild anxiety in the first three years. Female students scored significantly higher in anxiety than males in the first and second years, and there was no significant gender difference in students' average depression and stress levels. A significantly larger proportion of female students experienced anxiety above the normal threshold, whereas a higher percentage of male students endured different degrees of depression; no significant gender differences were found in stress problems. Anxiety had a significant positive correlation with introversion. Female freshmen's anxiety levels were also associated with their body image, drinking habits, and academic performance.

Muhammad A.H, Dar I.S., Aslam M., Mahmood Q.K. (2018) had a psychometric study of depression, anxiety and stress among university students. This research explores a relationship between depression, anxiety, and stress, and socio-demographic characteristics of university students. For this purpose, depression, anxiety and stress scale (DASS-21) was used for data collection along with socio-demographic variables. The data were collected from 361 students of various academic disciplines and degree programs through self-reported questionnaire. The findings reveal that male students had more depression, stress, and anxiety in comparison to female students. There were no significant differences in depression, anxiety and stress on the basis of family type. In addition, there was significant difference in the perception of depression, anxiety, and stress on the basis of their residential status and parents' education.

Asif S., Mudassar A., Shahzad T.Z., Raouf M., Pervaiz T. (2020) conducted research on the frequency of depression, anxiety and stress among university students. The main objective of the present study was 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 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%).

CHAPTER-2

STATEMENT OF THE PROBLEM

This topic was chosen because of limited research on stress and anxiety among college students. Since there is an increasing prevalence of stress and anxiety among young adolescents especially college students, promoting psychological as well as physiological well-being is critical in keeping a positive and healthy body and mind for adolescents. College studies as well as exams and tests can increase stress and anxiety levels among students and as a result can have adverse effects on the students' mental and physical well-being.

Operational Definitions:

Stress –

Stress is the physiological or psychological response to internal or external stressors. Stress involves changes affecting nearly every system of the body, influencing how people feel and behave.

Anxiety –

Anxiety is an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure.

Gender –

Gender refers to the characteristics of women, men, girls or 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.

Gender Difference –

Gender differences are defined as biological differences between sexes. Perceived differences may be culturally reinforced gendered behavior that occur with supervision as well as biological differences among sexes.

College Student –

A college student is a student enrolled in a college or university. It is an individual who is a full-time or part-time student attending an institution of higher education.

Objectives of the study:

1. To determine the correlation between Stress and Anxiety among college students.
2. To determine Gender Difference in Stress and Anxiety among 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 153 were male and 143 were female. The participants in the study age ranges between 18-25 years with a mean age of 21.5.

Research Design:

In order to achieve the specified results regarding the objective of the test. The study incorporated a two-way system of classification of the variables into two 'Genders' as shown below:

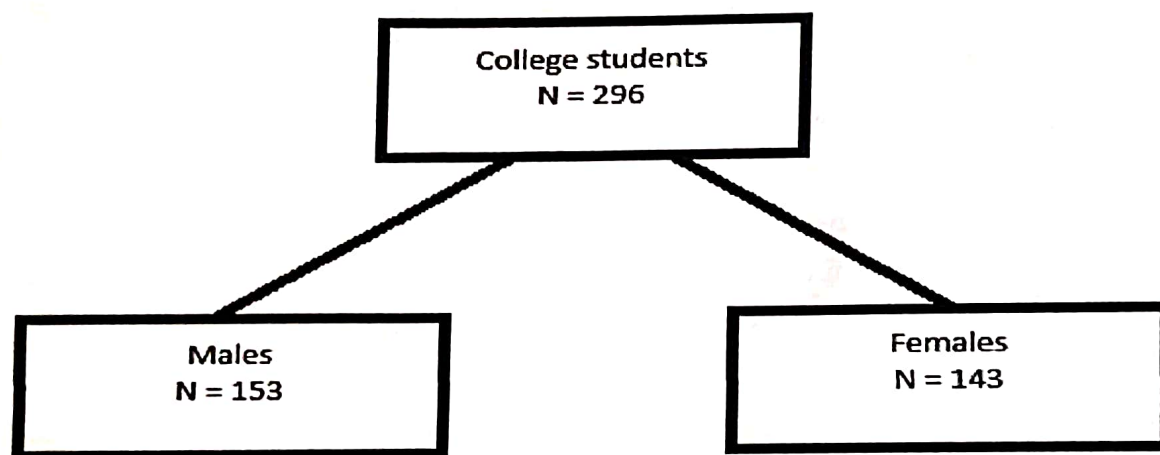


Fig. 1: Showing the classification of the sample based on gender.

Procedure:

Prior to the collection of data from the students, permission was requested and granted by the Principal and the Head of Departments of each class. After proper rapport was established between the researcher and the aforementioned students, the researcher gave the instructions to ensure that there is no confusion and that the questions are answered honestly. Permission was taken from the students through consent form. After the students finished answering the test, the data was collected for further analysis.

Psychological Tool:

For the purpose of this research, the Depression, Anxiety and Stress Scale-21 Items (DASS-21) was used. 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 contain 7 items, divided into subscales with similar content. Respondents rate each item on a 4-point 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-

- Descriptive Statistics (Mean, SD, Skewness, Kurtosis)
- T-test
- Pearson's Correlation Method



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 statistic; (iii) presentation of descriptive statistics to illustrate mean difference and any significant difference on level of Stress and Depression (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.

(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 affect, 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 were analyzed 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.

			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

Table-1: Showing the mean, Standard Deviation, skewness and kurtosis for Stress and Anxiety.

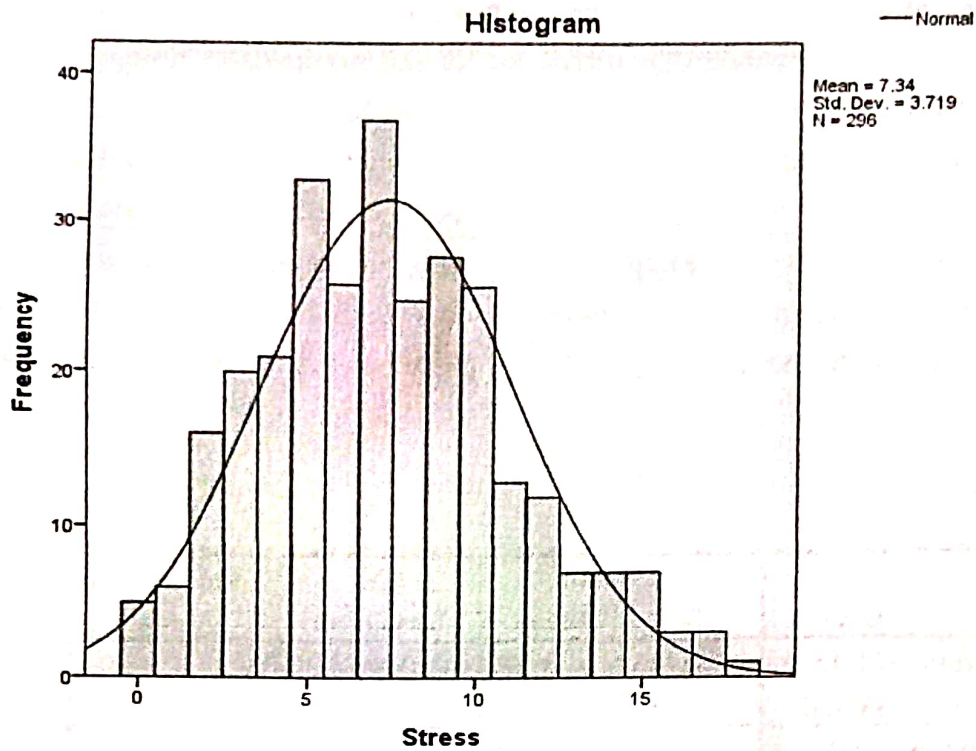


Fig-2. Showing score of distribution of stress.

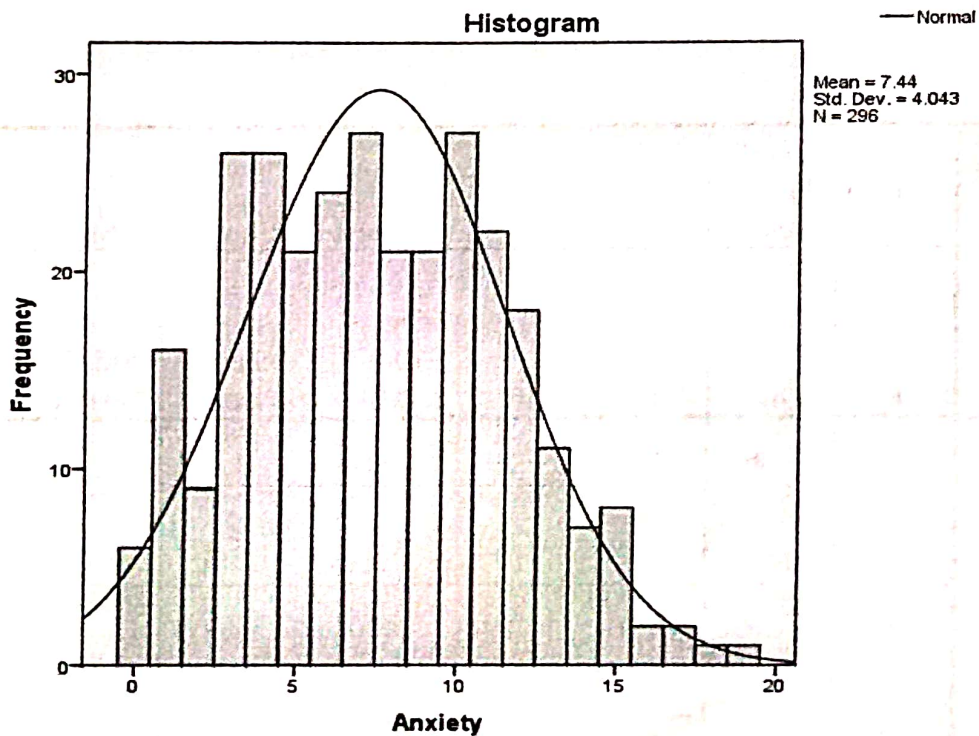


Fig-3. Showing score of distribution of anxiety.

(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.

As shown below 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; $p < .05$).

	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-2. Showing mean value of Stress and Anxiety.

		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	Equal variances assumed	.016	.899	-3.317	294	.001	-1.411	.425	-2.248	-.574
	Equal variances not assumed			-3.319	293.086	.001	-1.411	.425	-2.248	-.574
Anxiety	Equal variances assumed	7.623	.006	-4.176	294	.000	-1.911	.458	-2.812	-1.011
	Equal variances not assumed			-4.203	289.524	.000	-1.911	.455	-2.807	-1.016

Table-3. Showing T-Statistics for Stress and Anxiety.

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

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

		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).

Table-4. Showing correlation of Stress and Anxiety

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 depression 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:

- (i) There will be significant gender difference in the level of Stress and Anxiety among HATIM college students.
- (ii) There will be positive correlation between 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 students. This is supported by findings of Gao W. et.al. (2020) who found that there is significant gender difference in the level of Stress and Anxiety. The findings of Mahmood Q. K. et.al. (2017) also showed evidence of gender difference on stress and anxiety between male and females.

It was found there is positive correlation between gender Stress and Anxiety among college students. This is supported by the findings of Asif S. et.al. (2020) who found that there is indeed a positive correlation between stress and anxiety among college students. This evidence is also supported Pervaiz T. et.al. (2020) who found evidence of positive correlation between stress and anxiety.

CHAPTER-5

SUMMARY AND CONCLUSION

After computation of the raw scores of the students, the mean of stress was calculated to be 7.34, with standard deviation being 3.719, skewness was found to be .398 and kurtosis being -.164. For anxiety, mean was calculated to be 7.44, with standard deviation being 4.043, skewness was found to be .224 and kurtosis was calculated to be -.594. Using Pearson's Correlation Method, correlation was found to be .655 and significant at the 0.01 level.

Gender differences among male and female students was found to be significant, with female students having significantly higher levels of stress and anxiety (Mean for stress = 8.02 and Mean for anxiety = 8.37) compared to male students (Mean for stress = 6.61 and Mean for anxiety = 6.45).

Implications:

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 is a positive correlation between stress and anxiety among college students. It also revealed that female students are affected more by stress and anxiety as compared to male 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 adults in Lunglei. Secondly, since it was conducted only in one college, therefore, it cannot represent the whole students of Lunglei college. Thirdly, some of the participants were non-compliant and some data were not received. Lastly, since there was limited time and resources, the results were insufficient.

Suggestions:

1. Research on not only one college but different colleges across different areas would greatly benefit the research.
2. Not only differences among genders but differences among different age groups would also give some interesting data.

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APPENDICES

PURPOSE OF THE RESEARCH

APPENDIX I

This academic research is conducted for partial fulfilment of B.A. Psychology course at HATIM. All the information given will be kept with full confidentiality.

(MATTHEW VANLALRAMLUAHPUIA)

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/students in the fulfilment of their course.

(_____)

APPENDIX III

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. (2nd Ed.) Sydney: Psychology Foundation.