

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 **H.Vanlalmalsawmkima** under my supervision. **H.Vanlalmalsawmkima** 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 **H.Vanlalmalsawmkima** 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, **H. Vanlalmalsawmkima**, 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.

**(H. VANLALMALSAWMKIMA)**

## ACKNOWLEDGEMENT

It is a great opportunity to be able to conduct a research on gender differences of stress and anxiety among college students of HATIM, and the correlation of stress and anxiety under the supervision of Deborah Zonunpuii, Department of Psychology.

I would like to express my utmost gratitude thanks to my Psychology teachers, Miss Deborah Zonunpuii, Miss R. Lalfamkimi, Miss H.Rinmuanawmi and Miss Lalvenhimi Ralte, as well as our principal Mr. Vuansanga Vanchhawng who gave me the golden opportunity to do this wonderful project on the topic 'Prevalence of stress and anxiety among the college students of Higher and Technical Institute, Mizoram'.

I would also like to thank my parents and friends who helped me a lot in finalizing this project within the limited time frame.

Lastly, I like to thank all my supporters who have motivated me to fulfill their project before the time.



(H.VANLALMALSAWMKIMA)



## 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.

Keywords: Stress, Anxiety, Gender, Gender Differences, 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.

According to Teachment, 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. The college student learns various things during the college days like, discipline, better ways of communication, preparing project reports, hosting fests, etc. Students should surely give their best while they are still in college because the college years play a major role in the growth & development of students. College students are expected to be hardworking, disciplined, dedicated, and goal-oriented.

According to the American Psychological Association, anxiety and depression are both emotional responses leading to a very similar set of symptoms, including difficulty sleeping, fatigue, muscle tension and irritability. Whereas stress is usually caused by an external factor and can be short-term, anxiety is persistent, even in the absence of a stressor. Depression is characterized by a set of symptoms including a lack of interest in daily activities significant weight loss or gain, sleep pattern alterations, lack of energy, loss of concentration, feelings of worthlessness or guilt and even recurrent thoughts of death or

suicide . Most mental health problems appear by early adulthood, yet young adults rarely get any support for their mental health. Furthermore, mental health issues in this population are associated with higher incidence of physical and emotional problems in the mid to long term, labour market marginalization , worse quality of sleep and dysfunctional relationships among others. College students are at risk of experiencing stress, anxiety and depression, which cause psychological distress and may impact on their academic performance . Worldwide, it is estimated that 12–50% of college students present at least one diagnostic criterion for one or more mental disorders.

Causes of stress during college life include academic pressure stemming from factors such as exams and workload, lack of leisure time, competition, concerns about not meeting parents' expectations, establishing new personal relationships and moving to a strange location biological factors such as age and gender, specifically being female and financial burden. Globally, studies conducted on different samples of undergraduate students have identified a moderate to high prevalence of depression, anxiety and stress in this population. Early diagnosis and management of psychological distress lead to better management and patient outcomes. Thus, it is necessary to identify those students who are at a higher risk of developing mental health problems during college 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. Everyone experiences stress to some degree. The way you respond to stress, however, makes a big difference to your overall well-being (WHO). The term “stress”, as it is currently used was coined by Hans Selye in 1936, who defined it as “the non-specific response of the body to any demand for change”. Selye had noted in numerous experiments that laboratory animals subjected to acute but different noxious physical and emotional stimuli (blaring light, deafening noise, extremes of heat or cold, perpetual frustration) all



exhibited the same pathologic changes of stomach ulcerations, shrinkage of lymphoid tissue and enlargement of the adrenals. He later demonstrated that persistent stress could cause these animals to develop various diseases similar to those seen in humans, such as heart attacks, stroke, kidney disease and rheumatoid arthritis. At the time, it was believed that most diseases were caused by specific but different pathogens. Tuberculosis was due to the tubercle bacillus, anthrax by the anthrax bacillus, syphilis by spirochete, etc. What Selye proposed was just the opposite, namely that many different insults could cause the same disease, not only in animals, but in humans as well. Selye's theories attracted considerable attention and stress soon became a popular buzzword that completely ignored Selye's original definition. Some people used stress to refer to an overbearing or bad boss or some other unpleasant situation they were subjected to. For many, stress was their reaction to this in the form of chest pain, heartburn, headache or palpitations. Others used stress to refer to what they perceived as the end result of these repeated responses, such as an ulcer or heart attack. Many scientists complained about this confusion and one physician concluded in a 1951 issue of the British Medical Journal that, "Stress in addition to being itself, was also the cause of itself, and the result of itself." The roller coaster analogy is useful in explaining why the same stressor can differ so much for each of us. What distinguished the passengers in the back from those up front was the sense of control they had over the event. While neither group had any more or less control their perceptions and expectations were quite different. Many times, we create our own stress because of faulty perceptions you can learn to correct. You can teach people to move from the back of the roller coaster to the front, and, as Eleanor Roosevelt noted, nobody can make you feel inferior without your consent. While everyone can't agree on a definition of stress, all of our experimental and clinical research confirms that the sense of having little or no control is always distressful – and that's what stress is all about.

According to Richard Lazarus and his colleagues, stress involves an assessment process, which they call Cognitive appraisal (Cohen & Lazarus, 1983; Lazarus, 1999; Lazarus & Folkman, 1984b). The first factor is called the primary appraisal and the second one is the secondary appraisal (Lazarus & Launier, 1978). When people face potentially stressful event, they first assess and evaluate it from the point of their wellbeing. They try to mentally calculate whether it will affect their happiness, security, health, comfort, prestige, interests or anything else that they value. Primary appraisal seeks to find answers to these questions. Anil finds the promotion stressful because he has to shift to a place where the weather is very hot and humid. He has always found it difficult to adjust to such a climate. He cannot take his family because it would disturb his children's education. Having the family split will involve extra expenditure. Besides, his diabetic status makes it difficult to take too much stress. However, Ravi is being posted to a place where he has an ancestral house so he and his family can reside there. His only child is pursuing higher education in one of the major cities. He has a large extended family most of whom stay there. People experiencing stress also engage in secondary appraisal wherein they assess the resources available for coping with the situation. They search their social network to find people who can help, assess their physical condition and financial position that may come handy in overcoming the situation. According to the Cognitive Appraisal Theory, it is only after a proper assessment has been made that individuals react through physiological, emotional, cognitive or behavioural changes. This theory takes into account that humans are thinking beings. The impact of a particular stressor will tend to have different consequence for different people depending on whether the stressor is appraised or assessed as mildly or strongly stressful. According to Walter Cannon stress is the study of the body physiological responses. The flight or fight response is also known as an acute stress response or



hyperarousal; it is an automatic physiological response (survival instinct) to the perceived threat that allows people to rapidly act on the threat. Cannon's stress theory highlights that the various hormones are responsible for the feeling of stress. According to his theory, when you face any threatening situation, the amygdala present in your brain processes the threatening situation, and it gets activated and sends signals to the hypothalamus, which further sends messages to the adrenal gland that alerts the sympathetic nervous system. Due to the pumping of adrenaline glands through the individual's veins, he/she feels various physiological responses like rapid breathing, increased heartbeat, and blood pressure. All these physiological responses prepare you to take necessary actions, and it takes place so rapidly that you instantly act on the flight or fight response. Hence, the release of the stress hormones due to the signals sent by the amygdala activates the flight or fight response, i.e., it activates the survival instinct in the body to either fight with the situation or runs away (Cannon, 1932). Both the endocrine system and the sympathetic nervous system get activated during the fight or flight mode, and the arousal of both these systems helps to tackle the perceived threat. Cannon stated that the flight or fight response helps in maintaining the state of homeostasis; a homeostasis state is a built-in mechanism of the body at which the various physiological factors like respiration, digestion, blood pressure, and temperature are balanced according to the optimum survival conditions. Hence, due to the adaptive nature of the fight or flight mode, people become able to tackle the perceived threat, both internally as well as externally, and enabling them to survive. For example, imagine you are alone in a jungle, and you saw a wild animal approaching you, instead of wasting time thinking about the right decision to make when encountering a wild animal, your brain instantly gives you signals to run away to survive due to the action of fight or flight response. Fight or flight response is a great survival mechanism that helps to immediately act on any threatening situation, but the

mechanism could also become a problem if the person is constantly dealing with the threatening situation. The individual's fight or flight mode will get activated even in normal or less threatening situations. This may lead to both mental and physical health problems. The chances of the person to suffer from chronic stress will become very high if the stress is not managed properly. The other drawback is the severe impact on the nervous system of your body due to the excessive release of stress hormones. Some tips suggested by Cannon to manage the fight or flight responses involves analysing the amount of time you spent stressing about things and do some relaxation techniques like breath-in & breathe-out and training your mind to stay relax and respond with less eagerness if you are experiencing the fight or flight response in normal daily life conflicts. The American Psychological Association (APA) defines anxiety as "an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure."

Knowing the difference between typical feelings of anxiety and an anxiety disorder requiring medical attention can help a person identify and treat the condition.

Anxiety is a complex response to real or perceived threats. It can involve cognitive, physical, and behavioural changes. Real or perceived danger causes a rush of adrenaline, a hormone and chemical messenger in the brain, which in turn triggers these anxiety reactions in a process called the fight-or-flight response. Some people may experience this response in difficult social situations or around important events or decisions. The duration or severity of feelings of anxiety can sometimes be out of proportion to the original trigger or stressor. Physical symptoms, such as increased blood pressure and nausea, may also develop. These responses move beyond anxiety into an anxiety disorder. Once anxiety reaches the stage of a disorder, it can interfere with daily function.

There are several different anxiety disorders, which can present with different symptoms. Typical symptoms of anxious feelings include the following- restlessness, uncontrollable

feelings of worry, increased irritability, difficulty concentrating, and sleep difficulties. While many people will occasionally experience these symptoms in daily life, people with general anxiety disorder (GAD) will experience them at persistent or extreme levels. The Diagnostic and Statistical Manual of Mental Health Disorders (5th Edition) (DSM-5-TR) classifies anxiety disorders into several main types. Anxiety disorders include the following:

#### General Anxiety Disorder

This chronic disorder involves, long lasting anxiety and worries about nonspecific life events, objects, and situations. GAD is the most common anxiety disorder, and people with it are not always able to identify the cause of their anxiety.

#### Panic Disorder

Brief or sudden attacks of intense terror and apprehension characterize panic disorder. These attacks can lead to shaking, confusion, dizziness, nausea, and breathing difficulties. Panic attacks tend to occur and escalate rapidly. Panic disorders usually occur after frightening experiences or prolonged stress but may also occur without a trigger.

#### Specific Phobia

This is a fear and avoidance of a particular object or situation. Phobias are not like other anxiety disorders, as they relate to a specific cause. A person with a phobia might acknowledge fear as illogical or extreme but remain unable to control feelings of anxiety around the trigger. Triggers for a phobia range from situations and animals to everyday objects.

#### Agoraphobia

This is a fear and avoidance of places, events, or situations from which it may be difficult to escape or where help would not be available in emergencies. People often misunderstand



this condition as a phobia of open spaces and the outdoors. A person with agoraphobia may fear leaving home or using elevators and public transport.

#### Selective Mutism

Some children experience this form of anxiety, in which they cannot speak in certain places or contexts, even though they may have excellent verbal communication skills around familiar people.

#### Social Anxiety Disorder

This is a fear of adverse judgment from others in social situations or of public embarrassment. Social anxiety disorder includes a range of feelings, such as stage fright, a fear of intimacy, and anxiety around humiliation and rejection.

#### Separation Anxiety Disorder

High anxiety levels after separation from a person or place that provides feelings of security or safety characterize separation anxiety disorder. Separation anxiety is most common in young children but can affect people of all ages.

According to Sigmund Freud anxiety is a feeling of dread, fear, or apprehension, often with no clear justification. Anxiety is distinguished from fear because the latter arises in response to a clear and actual danger, such as one affecting a person's physical safety. Anxiety, by contrast, arises in response to apparently innocuous situations or is the product of subjective, internal emotional conflicts the causes of which may not be apparent to the person himself. Some anxiety inevitably arises in the course of daily life and is considered normal. But persistent, intense, chronic, or recurring anxiety not justified in response to real-life stresses is usually regarded as a sign of an emotional disorder. When such an anxiety is unreasonably evoked by a specific situation or object, it is known as a phobia. A diffuse or persistent anxiety associated with no particular cause or mental concern is called general, or free-floating, anxiety. There are many causes (and psychiatric explanations) for

anxiety. Austrian neurologist Sigmund Freud viewed anxiety as the symptomatic expression of the inner emotional conflict caused when a person suppresses (from conscious awareness) experiences, feelings, or impulses that are too threatening or disturbing to live with. Anxiety is also viewed as arising from threats to an individual's ego or self-esteem, as in the case of inadequate sexual or job performance. Behavioural psychologists view anxiety as a learned response to frightening events in real life; the anxiety produced becomes attached to the surrounding circumstances associated with that event, so that those circumstances come to trigger anxiety in the person independently of any frightening event. Personality and social psychologists have noted that the mere act of evaluating stimuli as threatening or dangerous can produce or maintain anxiety. An anxiety disorder may develop where anxiety is insufficiently managed, characterized by a continuing or periodic state of anxiety or diffuse fear that is not restricted to definite situations or objects. The tension is frequently expressed in the form of insomnia, outbursts of irritability, agitation, palpitations of the heart, and fears of death or insanity. Fatigue is often experienced as a result of excessive effort expended in managing the distressing fear. Occasionally the anxiety is expressed in a more acute form and results in physiological symptoms such as nausea, diarrhea, urinary frequency, suffocating sensations, dilated pupils, perspiration, or rapid breathing. Similar indications occur in several physiological disorders and in normal situations of stress or fear, but they may be considered neurotic when they occur in the absence of any organic defect or pathology and in situations that most people handle with ease. Other anxiety disorders include panic disorder, agoraphobia, stress and post-traumatic stress disorders, obsessive-compulsive disorder, and generalized anxiety. 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**

Xinqiao Liu et al., (2020) conducted a longitudinal study to examine the gender differences in college students' depression, anxiety, and stress over the four academic years, and to explore possible anxiety-related factors among first year 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, etc. 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.



Response bias may exist considering that self-reported data was used. Due to data unavailability, we only explored the anxiety-related factors in freshman year, which cannot sufficiently reflect the consistency of correlations over time. Anxiety turned out to be the most prevalent and serious issue for college students, especially for female students; while a growing prevalence of depression was found among male students during college. It is of great significance to adopt collegiate policies reflecting the gender differentials.

Wafaa Yousif Abdel Wahed, Safaa Khamis Hassan (2017) conducted health issues are increasing in severity and number on college campuses. Improving adolescent mental well-being remains a challenge for most societies. A total of 442 students participated in the study with the mean age of  $20.15 \pm 1.9$  years. Overall, the prevalence of stress, anxiety and depression with various degrees was 62.4%, 64.3%, and 60.8% among studied sample respectively. Higher stress and anxiety scores were significantly associated with female sex, older age, and BMI  $P \geq 25 \text{ kg/m}^2$ . Higher depression score was associated with increasing age, low socioeconomic standard and among students from other governorates.

Cheryl Regehr, Dylan Glancy, Annabel Pitts (2013) has revealed concerning rates of anxiety and depression among university students. Nevertheless, only a small percentage of these students receive treatment from university health services. Universities are thus challenged with instituting preventative programs that address student stress and reduce resultant anxiety and depression. Retrieved studies represented a variety of intervention approaches with students in a broad range of programs and disciplines. Twenty-four studies, involving 1431 students were included in the meta-analysis. Cognitive, behavioral and mindfulness interventions were associated with decreased symptoms of anxiety. Secondary outcomes included lower levels of depression and cortisol.

Mohammad Nadeem, Akhtar Ali, Muhammad Ayub Buzdar (2017) found that anxiety, and stress are among major psychological disorders being predominant in present day. This study proposed to analyze the role of Muslim religiosity in male students showing these mental indications. A sample including 723 Pakistani young adults enrolled at college level was randomly chosen. Muslim Religiosity Measurement Scale and Depression, Anxiety and Stress Scale were utilized to gather information. Discoveries uncover an inverse relationship between conduct and affiliation with the symptoms of mental disorders, anxiety and stress among the respondents. Results bolster the of religious dimensions in psychological wellness and mental well-being thought of young adults in Pakistan.

Ziauddin Quvanch , Kew Si Na (2022) found that writing anxiety leads to poor writing performance among learners as it hinders their writing. This study investigated the level, types, and causes of writing anxiety among Afghan EFL students. A total of 133 undergraduates was selected as the respondents. The study used a quantitative research method and the data was collected using a questionnaire derived from Second Language Writing Anxiety Inventory and Cause of Writing Anxiety Inventory. Both descriptive and inferential statistics of SPSS were used to analyze the data. A result statistically significant difference was found among students from different backgrounds who possessed different English proficiency levels (beginner, intermediate, high-intermediate, and advanced). Moreover, linguistic problems, time pressure, the pressure to be perfect, and the fear of teachers' negative evaluation were discovered to be the leading causes of writing anxiety..

Changwon Son et.al.,(2020) did a study that aimed to conduct a timely assessment of the effects of the COVID-19 pandemic on the mental health of college students. Methods we conducted interview surveys with 195 students at a large public university in the United States to understand the effects of the pandemic on their mental health and well-being. The data were analyzed through quantitative and qualitative methods. Results Of the 195



students, 138 (71%) indicated increased stress and anxiety due to the COVID-19 outbreak. Multiple stressors were identified that contributed to the increased levels of stress, anxiety, and depressive thoughts among students. These included fear and worry about their own health and of their loved ones (177/195, 91% reported negative impacts of the pandemic), difficulty in concentrating (173/195, 89%), disruptions to sleeping patterns (168/195, 86%), decreased social interactions due to physical distancing (167/195, 86%), and increased concerns on academic performance (159/195, 82%). To cope with stress and anxiety, participants have sought support from others and helped themselves by adopting either negative or positive coping mechanisms.

Prima Vitasari, et.,el (2010) conducted a study anxiety intervention program that is designed to manage students study anxiety in order to improve academic performance among students is proposed. The results show that the experiment groups performed better in coping anxiety levels as well as increasing academic performance compared to the control groups. Based on these results, study anxiety intervention can be concluded as an effective program to improve academic performance among university students.

Sheela Sundarassen, Kamilah Kamaludin(2020) was focus the anxiety level of university students during the COVID-19 pandemic in Saudi Arabia. The study was conducted between March and June 2020. A questionnaire was administered online, and 400 completed questionnaires were returned. In this study, the Zung self-rating anxiety scale was used to determine the anxiety levels among the respondents. The results indicated that about 35% of the students experienced moderate to extreme levels of anxiety. Anxiety was highly associated with age, sex, and level of education. These findings can enlighten government agencies and policy makers on the importance of making prompt, effective decisions to address students' anxiety during the COVID-19 pandemic.

Bernice Andrews, John Wilding(2004) had conducted the research investigated whether student anxiety and stress increases after college entry, the extent to which adverse life experiences contribute to any increases, and the impact of adversity, anxiety and depression on exam performance. Method: 351 UK-domiciled undergraduates completed questionnaires one month before university entry and mid-course. The Hospital Anxiety and Depression Scale (HADS: Zigmond & Snaith, 1983) was administered at both time points and a modified List of Threatening Experiences (Brugha, Bebbington, Tennant, & Hurry, 1985) was administered mid-course. Results: By mid-course 9% of previously symptom-free students became depressed and 20% became anxious at a clinically significant level. Of those previously anxious or depressed 36% had recovered. After adjusting for pre-entry symptoms, financial difficulties made a significant independent contribution to depression and relationship difficulties independently predicted anxiety. Depression and financial difficulties mid-course predicted a decrease in exam performance from first to second year.

Zarina Ahmed, Sheela Hemalatha Julius ( 2015) had conducted the relationship between anxiety and stress among college students. College students go through significant negative emotions, such as stress and anxiety, especially when they have problems in achievement. Added to the stress of preparing for tests and exams, they also go through the stress of failure and the other implications such as facing the wrath of parents and teachers. A study by Bayram and Bilgel (2008) showed that anxiety and stress scores were higher among female students. Emotional and cognitive reactions to stressors occurred more frequently and females experienced higher self-imposed stress and more physiological reactions such as sweating, stuttering and headaches to stressors than males (Misra & McKean, 2000). Expost facto research design was used for the study. The sample consisted of 446 college going women, currently pursuing their second year of

under graduation in city colleges. The tool used was the DASS scale by Lovibond and Lovibond (1995), measuring depression, anxiety and stress. Correlation was found using the Pearson's Product moment method. Results indicate that depression, anxiety and stress were positively correlated among women college students.

## CHAPTER 2

### STATEMENT OF THE PROBLEM

This topic was chosen because it is important to 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 student 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 (WHO).

**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 (WHO).

**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 DIFFERENCES:** 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 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.

#### **OBJECTIVE 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 student.

#### **HYPOTHESIS:**

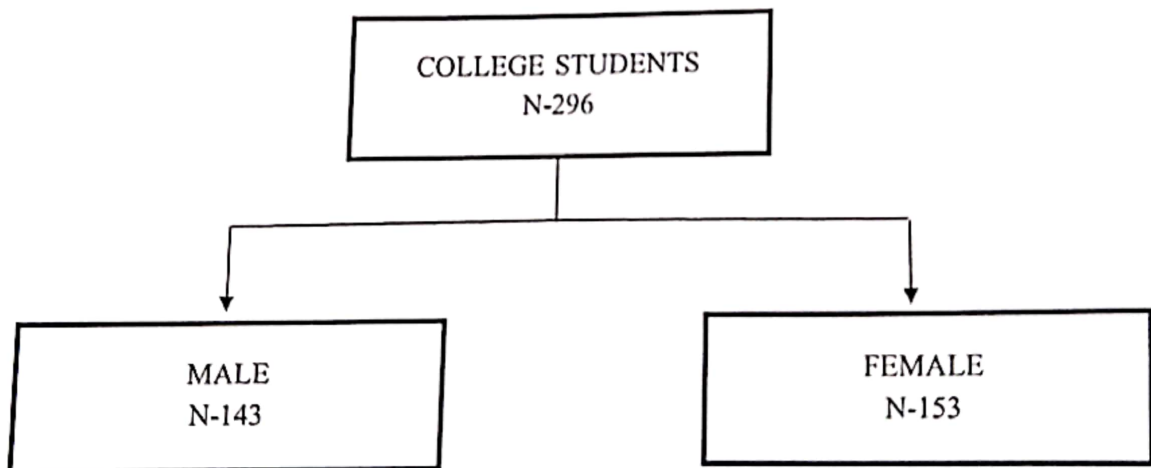
1. It is expected that there will be significant positive relationship between Stress and Anxiety.
2. It is expected that there will be a significant gender difference in the levels of stress and anxiety among HATIM college students.

## 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 male and 153 were female. The participants in the study age ranges between 18 to 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 1 :Showing the classification of the sample based on gender.*

#### **PROCEDURE:**

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:**

Depression, Anxiety and Stress Scale-21 Items (DASS 21) (Lovibond et al, 1995): 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. 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 statistic (Mean, SD, Skewness, Kurtosis)
- T-test
- Pearson's correlation

## CHAPTER 4

### RESULT 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.*

		Statistic	Std. Error
Stress	Mean	7.34	.216
	95% Confidence Interval Lower Bound for Mean	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 Lower Bound for Mean	6.98	
	Upper Bound	7.91	



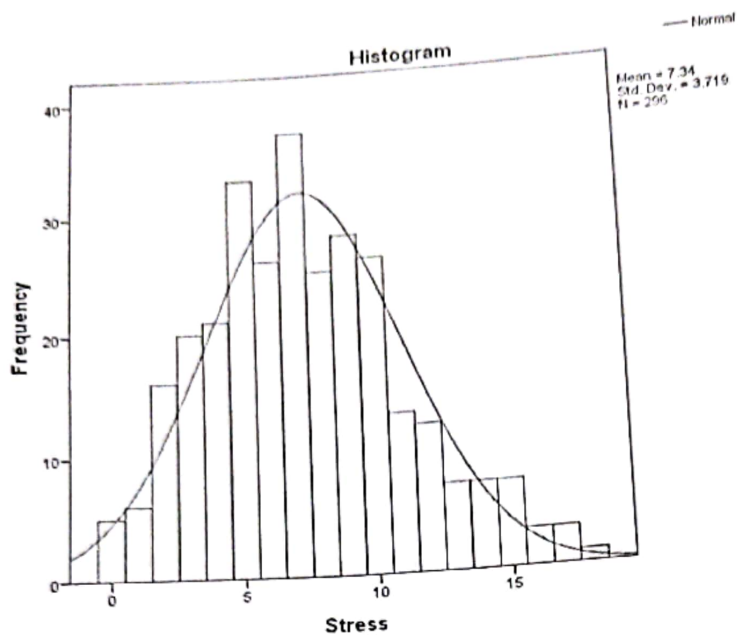
5% Trimmed Mean	7.36	
Median	7.00	
Variance	16.349	
Std. Deviation	4.043	
Minimum	0	
Maximum	19	
Range	19	
Interquartile Range	6	
Skewness	.224	.142
Kurtosis	-.594	.282

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

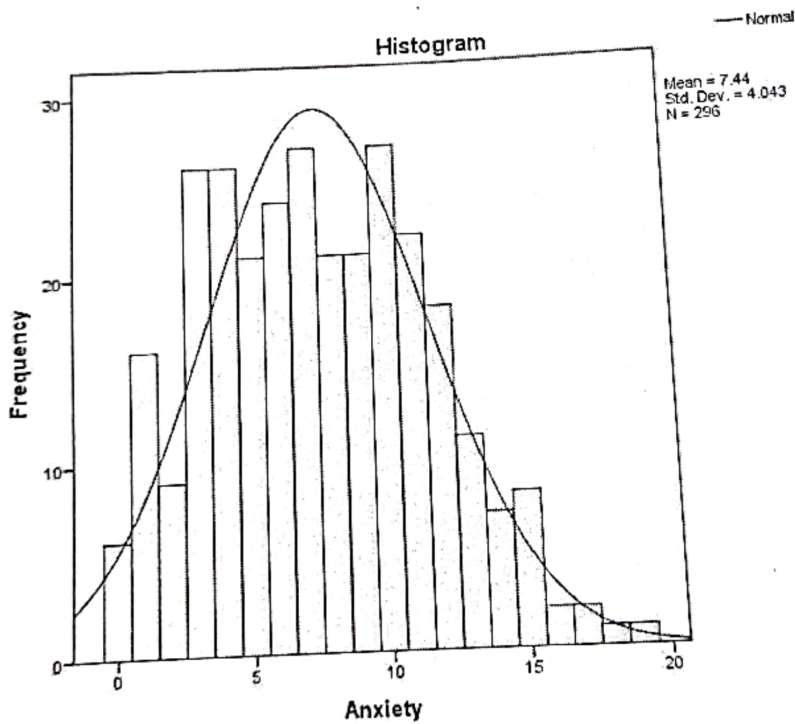
The raw data of the study was checked for any missing and outlier which can effect, attenuate the results of the study, and such data were not found in the present study.

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

The results (Table-1) of the study was 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.



*Figure 2 Showing the mean of stress*



*Figure 3 Showing the mean of Anxiety*

Table 2 : Showing the mean differences 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

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

## DISCUSSION

The aim of the study was to find the gender differences on stress and anxiety among college students of HATIM. Depression, Anxiety and Stress Scale – 21 Items (DASS-21). (Lovibond et al, 1995) was used for the research. It was hypothesized that (I) It is expected that there will be significant positive relationship between Stress and Anxiety. (II) It is expected that 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 students. This is supported by finding of Xinqiao Liu et al., (2020) who found that there is significant gender difference in the level of stress and anxiety.

It was found there is positive correlation between stress and anxiety among college students. This is supported by the findings of Zarina Ahmed et, al., (2015) who found 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 participant from the college students of HATIM, comprising 153 male 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 were followed.

It was found that there is a significant difference between males and females on Stress ( $M=8.02$ ;  $6.61$ ;  $t'=3.317$ ;  $p<.05$ ) and Anxiety ( $M=8.37$ ;  $6.45$ ;  $t'=4.176$ ;  $p<.05$ ) and the results showed the significant positive relationship between dependent variables the correlation between the two dependent variables was calculated by employing Pearson - Stress and Anxiety,  $r=.655$ ;  $p<0.01$  level (2 tailed).



### **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.

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 one college, therefore, it cannot represent the whole students of Lungles college. Thirdly, some of the participants were non-compliant and some data were not received. Lastiy, since there was limited time and resources, the results were insufficient.

### **SUGGESTIONS:**

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

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**PURPOSE OF THE RESEARCH:**

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

(Name of the student/researcher)

**CONSENT OF THE PARTICIPANT****APPENDIX II**

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

(Signature of participant)

**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

	0	1	2	3
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 (s) 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 (s) 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 effect. 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:

NE 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	26-35
Extremely Severe	28+	20+	36+

Lovibond, S.H. & Lovibond, P.F. (2002). Manual for the Depression Anxiety & Stress Scales (2<sup>nd</sup> ed) (Sydney: Psychology Foundation).