

## STUDY OF ANXIETY LEVEL IN INDIAN COLLEGE STUDENTS

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### ABSTRACT

Depression and anxiety are prevalent problems in colleges across the world. Hence keeping in view, the study work 'Study of anxiety level in college students' was taken to achieve the goal of good mental health of college students. Sample size of sixty college students from several socioeconomic status was randomly selected and divided into two groups according to gender. Sinha's Comprehensive Anxiety Test (SCAT) was selected as tool of the study and statistical analysis was done. The overall results showed that there was significant difference between anxiety level of male college students on the basis of different socioeconomic status. Students with low socioeconomic status were found to be in majority suffering from anxiety disorders.

**Keyword:** Depression, Anxiety, Students, Scat

### INTRODUCTION

Mental disorders are estimated to account for nearly one half of the total burden of disease for young adults in the United States (World Health Organization, 2002). In addition, a growing body of evidence suggests that mental health problems are numerous and increasing among students in institutions of higher education, which the majority of young adults attend<sup>1</sup> Mental health has been shown to vary across several characteristics in the general population<sup>2</sup> but less is known about potential risk factors within young adults, and student populations in particular. Much of the literature on risk factors among students has focused on suicidality and has found higher risks for students who are over age 25 or male undergraduates<sup>3</sup>.

Lower socioeconomic status is a known risk factor in the general population for mental health problems (Yu & Williams, 1999), but much less is known about students from lower socioeconomic backgrounds in the university setting. A British study found that student with greater financial strains and more hours spent working at a job had poorer mental health (Roberts, 1999). Keeping in view the above factors the study 'Study of anxiety level in college students' was taken to achieve the goal of good mental health of college students. Sinha's Comprehensive Anxiety Test (SCAT) was selected as tool of the study. This study seeks to provide further evidence for this uncertain relationship between social anxiety and gender and

verify the prevalence of these problems among college students across several socioeconomic status.

### **Literature Survey**

Epidemiological studies report prevalence rates for psychiatric disorders from 9.5 to 370/1000 populations in India. This review critically evaluates the prevalence rate of mental disorders as reported in Indian epidemiological studies. Most of the epidemiological studies done in India neglected anxiety disorders, substance dependence disorders, co-morbidity and dual diagnosis. The use of poor sensitive screening instruments, single informant and systematic under-reporting has added to the discrepancy in the prevalence rate. NIMH-Epidemiological Catchment Area study<sup>4</sup> of US reported psychiatric morbidity as follows: one-month prevalence of 151/1000 population; lifetime prevalence of 322/1000 population; one-year incidence of 60/1000 population. National Comorbidity Study of US<sup>5</sup> reported 12 months prevalence of 277/1000 population and lifetime prevalence of 487/1000 population. Compared to these studies it is clear that prevalence rates and incidence rates reported in India are very low. Possible reasons for this difference may be (i) Indian epidemiological studies did not adequately measure psychiatric morbidity; (ii) The psychiatric prevalence rates are truly low in India; and (iii) Combination of both the above factors. Available evidence supports the first possibility of the under-reporting by Indian epidemiological studies because of poor sensitivity of the screening instrument, high-risk populations (children and adolescents, elderly) were not assessed, neurotic disorders and substance use disorders were not assessed adequately, stigma and single informant method would have led to under-reporting. However, the possibility of genuine low prevalence of psychiatric disorders in Indian population cannot be disregarded because of low rates of substance use in general population compared to western countries and good outcome of psychiatric disorders due to various factors like religious, cultural, social and family support. Answer to this question can be obtained through multi-centered studies involving

various countries with prospective design using single/ common research protocol. A cross-sectional study was conducted to determine prevalence of current depressive, anxiety, and stress-related symptoms on a Dimensional and Categorical basis among young adults in Ranchi city of India. Ranging from mild to extremely severe, depressive symptoms was present in 18.5% of the population, anxiety in 24.4%, and stress in 20%. Clinical depression was present in 12.1% and generalized anxiety disorder in 19.0%. Co morbid anxiety and depression was high, with about 87% of those having depression also suffering from anxiety disorder.

### **Methodology**

Minimum of 60 college students of age 18 to 26 yrs were selected randomly Including 30 male and 30 female and each group was again assigned into three groups on the basis of socioeconomic status. Statistical analysis was done in their SCAT score respectively using ANOVA with F values. Questions were designed to elicit self ratings on items descriptive of anxiety reactions to the following areas: (1) Health, appearance and injury, (2) Ambition (success and failure in work, money and occupation), (3) Family anxieties regarding friendship and love (4) Social relations and social approval (5) Anxiety regarding future (6) Anxieties about civilization, war, virtue (7) Guilt and shame (8) Physical and psychological manifestations and (9) Purely psychological manifestations. The scale consists of 90 items of Yes-No type questions. The minimum possible score is '0' and the maximum possible score is '90', as the scoring involves the counting of all the 'Yes' responses only. This scale consists of five anxiety levels. They are extremely high anxiety level, high anxiety level, average anxiety level, low anxiety level and extremely low anxiety level. An individual with a score above the 75th percentile may be considered hyper anxious and in need of counseling and psychotherapy. Score below the 25th percentile is under-motivated, sluggish and possess low drive level. The middle scores are normal without the drive level providing a hindrance.

**Table 1: Statistical Results**

Groups	F Ratio	Results
IN B/W SIX GROUPS	2.64	Significant
B/W MALE AND FEMALE	1.07	Insignificant
MALES (According To Socioeconomic Status)	6.91	Highly Significant
FEMALES (According To Socioeconomic status)	2.62	Insignificant

## DISCUSSION

Mixed results were found during study. Out of total 60 students 20 students were found suffering from high or extremely high anxiety and 22 students were suffering from low anxiety. Among 20 students who were suffering from anxiety, 13 were male students and 7 were female students. This shows the prevalence of high rates of anxiety disorder in male college students as compare to female college students. This can be justified in following words; in the rural areas the male students have to face a pressure from the society including family for better performance and to lead a role model and to be a financial caretaker as soon as possible. This results in the anxiety disorders in male college students as compare to females. Females are also the sufferers, but their problems are different in comparison to males. Social anxiety is the major role play for anxiety cause in females. Male dominance and lack of family support for education are the other factors which play a major role in anxiety disorders in females.

## CONCLUSION

The overall results showed that there was significant difference between anxiety level of male college students on the basis of different socioeconomic status. Students with low socioeconomic status were found to be in majority suffering from anxiety disorders. Hence it can be interpreted that low socioeconomic status has significant effect on anxiety disorders in college students.

## Suggestions For Further Work

1. Further study about the topic is needed to set the advanced assessment tools and parameters for different types of anxiety disorders e.g. Social anxiety, GAD etc.

2. Same study can be worked out with different assessment tools.
3. Comparative Study of anxiety level in urban and rural college students can be elaborated.
4. Study or work can be carried on a specific type of anxiety disorder such as SAD, GAD, Phobia etc.
5. Difference in Anxiety Level before and after university exams can be studied.

## REFERENCES

1. U.S. Department of Education, National Center for Education Statistics, 2005
2. Kessler, Chiu, Demler, & Walters, 2005; U.S. Department of Health & Human Services, 1999
3. Silverman, Meyer, Sloane, Raffel, & Pratt, 1997
4. Regier DA, Myers JK, Kramer M, Robins LN, Blazer DG, Hough RL, *et al.* The NIMH Epidemiologic Catchment Area program. Historical context, major objectives, and study population characteristics. *Arch Gen Psychiatry* 1984; 41: 934-41.
5. Kessler RC, McGonagle Ka, Zhao S, Nelson CB, Hughes M, Eshleman S, *et al.* Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States. Results from the National Comorbidity Survey. *Arch Gen Psychiatry* 1994; 51: 8-19.
6. Romitti P A, Burns TL. Feasibility of collecting disease reports from relatives for genetic epidemiologic investigations. *Hum Hered* 1997; 47: 351-7
7. Reddy MV, Chandrasekar CR. Prevalence of mental and behavioural disorders in India: A metaanalysis. *Indian J Psychiatry* 1998; 40: 149-57.
8. Ganguli HC. Epidemiological finding on prevalence of mental disorders in India. *Indian J Psychiatry* 2000; 42: 14-20
9. Sahoo S, Khess CR. Prevalence of depression, anxiety, and stress among young male adults in India: a dimensional and categorical diagnoses-based study. Source Department of Psychiatry, National Institute of Mental Health & Neurosciences, Bangalore, India. [saddichha@gmail.com](mailto:saddichha@gmail.com)

10. <http://www.panichub.com/anxiety-disorders-symptoms.html>
11. Katja Beesdo, PhD,<sup>a,\*</sup> Susanne Knappe, Dipl-Psych,<sup>a</sup> and Daniel S. Pine, Md<sup>b</sup> Anxiety and Anxiety Disorders in Children and Adolescents: Developmental Issues and Implications for DSM-V <http://www.ncbi.nlm.nih.gov>
12. Sinha, D. (1968) Manual For Sinha W.A. Self Analysis form Anxiety Scale In hindi. Varanasi, Rupa Psychological Centre
13. Sanderson, Dinar do, Rapee & Barlow, 1990
14. Schneier, Johnson, Hornig, & Liebowitz, 1992; as cited by Bruce & Saaed, 1999
15. Frost, Marten, Lahart, & Rosenblate, 1990
16. e.g. Frost, Marten, Lahrt, & Rosenblat, 1990; Rheaume, Freeston, Dugas, Latarte, & Ladouceure, 1995
17. Alden & Wallace, 1991; Juster et al., 1996; Saboonchi, Lundh, & Ost, 1999
18. National Survey of College Counseling Center Directors, 2006
19. American College Health Association, 2002
20. Ashby & Rice, 2002; Preusser, Rice, & Ashby, 1994
21. Holland, 1997; Smart, Feldman, and Ethington, 2000
22. Smart, Feldman, and Ethington, 2000; Pike, 2006
23. Hackett & Lent, 1992; Walsh & Holland, 1992
24. (Feldman, Ethington, and Smart, 1999; 2001; Shepard, 2006
25. Barlow, 1998; Clark & Wells, 1995; Scholing & Emmelkamp, 1993
26. Pohjavaara, Telaranta, & Vaisanen, 2003
27. Stein, Heuser, Juncos, Uhde, 1990
28. Mohler & Okada, 1977; Squires & Braestrup, 1977
29. Insel, 1986; Gray 1985, as cited by Barlow, 2002
30. Kagan, Reznick, & Snidman, 1987; as cited by Marcin & Neweroff, 2003
31. Stemberger, Turner, Beidel, & Calhoun, 1995
32. Halmi et al., 2000; Ashby, Kottman, and Shoen, 1998; Hewitt, Flett, and Ediger, 1995
33. Halmi et al., 2000; Ashby, Kottman, and Shoen, 1998; Hewitt, Flett, and Ediger, 1995
34. Bauer & Anderson, 1989; Mizes, 1988; Lilienfeld et al., 2000
35. Tartakovsky, M. (2008). Depression and Anxiety Among College Students. *Psych Central*. Retrieved on February 23, 2013, from <http://psychcentral.com/lib/2008/depression-and-anxiety-among-college-students>
36. <http://www.insidehighered.com/users/allie-grasgreen>
37. <http://www.insidehighered.com/news/2012/10/30/colleges-dont-always-help-mental-health-issues-student-survey-shows>

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