

Study of Anxiety among Male and Female Adolescents

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Abstract

Aim: To study anxiety among male and female adolescents. **Materials and Methods:** A sample of 200 adolescents (100 males and 100 females) was selected from Schools of Hoshiarpur, Punjab. For data collection, structured questionnaire of Beck Anxiety Inventory by Beck et al. (1988) was used. **Results:** A significant difference was found between the mean scores of anxiety among male and female adolescents. **Conclusion:** It was concluded that the male and female adolescents differ in anxiety. Female adolescents have high anxiety as compared to male adolescents.

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Introduction

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 stress 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 (www.britannica.com). Costello and Angold (1995) reviewed that Adolescence is a time of substantial change both physiologically and psychologically. It is also a period of time when individuals are particularly vulnerable to developing symptoms of anxiety disorders. Chorpita and Barlow (1998) investigated the development of anxiety; the role of control in the early environment and found that in the area of anxiety and depression, helplessness, locus of control, explanatory style, animal learning, biology, parenting, attachment theory and childhood stress and resilience to articulate the model of environmental influences on the development of anxiety. Pushkar et al., (2009) found that Adolescence is a particularly important time regarding the development of psychopathology. This period often sets the stage for future beliefs about the self and others, developmental concerns, and interpersonal relationships, which all are factors that are important to the development of anxiety. Anxiety disorders are the most common mental health issues in youth, affecting 8% to 15% of children and adolescents in each

year. Altemus, M., Sarvaiya, N., & Neill Epperson, C. (2014) investigated that sex differences are prominent in mood and anxiety disorders and may provide a window into mechanisms of onset and maintenance of affective disturbances in both men and women. Jalnapurkar, I., Allen, M., & Pigott, T. (2018) found women have consistently shown to be more likely than men to meet criteria for the diagnosis of an anxiety disorder during their lifetime. Research has demonstrated that presence of an anxiety disorder confers significant risk for the subsequent development of other psychiatric disorders including another anxiety disorder and major depression. Studies investigating this increased vulnerability and burden of illness in women have implicated the role of female reproductive hormones and related cycles. Physiological differences leading to differences in symptomatology and metabolism and response to psychotropic medications. There is also evidence of differences in brain structures responsible for anxiety and panic related circulatory. In spite of these noteworthy differences, there are limited systematic reports describing the effects of biological sex on the development, course, comorbidity, and response to treatment of anxiety disorders. Hou, F.; et al, (2020) investigated gender differences of depression and anxiety and explored associated factors during the COVID-19 epidemic among Chinese social media users. 3088 participants through social media cross China was selected. Participants completed socio-demographic and the COVID-19 epidemic related questions, the 2-item Patient Health Questionnaire (PHQ-2), and the 2-item Generalized Anxiety Disorder Scale (GAD-2), the Chinese version of the 10-item Connor-Davidson Resilience Scale were used. It was found that females were experiencing more severe stress and anxiety symptoms, while males showed better resilience to stress. The severity of depression symptoms would decrease with the increase of age resilience, and it would increase if being unemployed, feeling less adapted, being more stressed. The severity of anxiety symptoms would decrease with higher education and better resilience, and it would increase if being female, spending over 60 min on COVID-19 related information, less adapted, and being more stressed. The findings show the increased prevalence of depression and anxiety in Chinese population during the COVID-19 epidemic, and females are experiencing more severe anxiety symptoms than males. Tsukamoto, R.; et al., (2021) assessed the gender differences in health and anxiety, especially pertaining to mental health problems and time-course effects. 121 patients admitted to a hospital with a COVID-19 diagnosis. Their mental status was evaluated on admission using the Japanese General Health Questionnaire-28 (GHQ-28) and State-Trait Anxiety Inventory—Form JYZ (STAI). The patients were divided into two groups depending on the period of prevalence, that is, the first and second waves of the pandemic in Japan. There was no significant difference in males. Thus, female patients were more anxious and depressed in the early phase of the pandemic, whereas male patients had difficulties in coping with anxiety.

Materials and Methods

The present study was conducted on two hundred (N=200) adolescents from which one hundred (N=100) were males and one hundred (N=100) were females. In the present study, structured questionnaire of Beck Anxiety Inventory by Beck et al. (1988) was used for data collection.

Results and Discussion

Table 1. Mean, Median, Mode, Standard Deviation, Skewness and Kurtosis of scores of Adolescents on the variable of Anxiety

Group	Mean	Median	Mode	S.D.	Skewness	Kurtosis
Adolescents (N=200)	20.65	21.00	21.70	9.76	-0.061	-0.185

The variable of anxiety among adolescents was tested for normalcy. Table 1 show that the values of mean, median and mode of the scores of adolescents on the variable of anxiety as 20.65, 21.00 and 21.70 respectively which are quite proximate to each other. The values of skewness and kurtosis in case of adolescents are -0.061 and -0.185 respectively showing the distribution as negatively skewed and platykurtic. But these distortions are quite small. Therefore the distributions can be taken as normal.

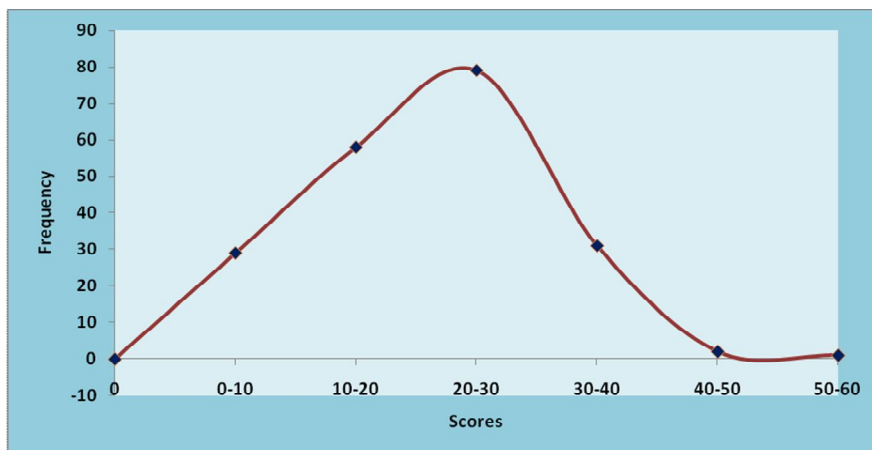


Figure 1. Frequency Polygon of scores of Adolescents on the variable of Anxiety

Table 2. Frequency Distribution of scores of Male and Female Adolescents on the variable of Anxiety

Class Interval	Male	Female
0-10	18	11
10-20	33	25
20-30	37	42
30-40	11	20
40-50	1	1
50-60	0	1
Total	100	100

Table 3. Mean, Median, Mode, Standard Deviation, Skewness and Kurtosis of scores of Male and Female Adolescents on the variable of Anxiety

Group	Mean	Median	Mode	S.D.	Skewness	Kurtosis
Male Adolescents	18.81	19.00	19.38	9.63	-0.174	-0.660
Female Adolescents	22.49	22.00	21.02	9.59	0.051	0.142

The variable of anxiety among male adolescents was tested for normalcy. Table 3 shows that the values of mean, median and mode of the scores of male adolescents on the variable of anxiety was 18.81, 19.00 and 19.38 respectively which are quite proximate to each other. The values of skewness and kurtosis in case of male adolescents are -0.174 and -0.660 respectively showing the distribution as negatively skewed and platykurtic. But these distortions are quite small. Therefore the distributions can be taken as normal.

The variable of anxiety among female adolescents was tested for normalcy. Table 3 shows that the values of mean, median and mode of the scores of female adolescents on the variable of anxiety were 22.49, 22.00 and 21.02 respectively which are quite proximate to each other. The values of skewness and kurtosis in case of female adolescents are 0.051 and 0.142 respectively showing the distribution as positively skewed and leptokurtic. But these distortions are quite small. Therefore the distributions can be taken as normal.

Table 4. Significance of Difference between Mean Scores of Anxiety among Male and Female Adolescents

Group	Variable	N	M	S.D	SE _M	t-ratio	Sig./Not Sig.
Male	Anxiety	100	18.81	9.63	0.96	2.71	Sig. at .01 level
Female		100	22.49	9.59	0.96		

Table 4 shows that the mean scores of the variable of anxiety of male and female adolescents as 18.81 and 22.49 respectively. The t-ratio is calculated was 2.71 with $d_f=198$ which is significant at 0.01 level of confidence. This revealed that a significant difference exists between mean scores of the variable of anxiety of male and female adolescents. Therefore a statistical significant difference was found between anxiety of male and female adolescents.

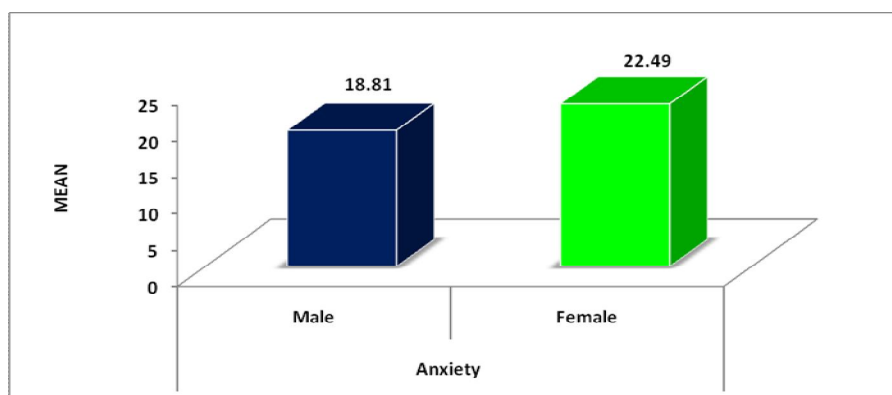


Figure 4. Difference between Mean Scores of Anxiety among Male and Female Adolescents

Further it was found that a mean score of female adolescents was found to be higher than that of male adolescents, therefore it may be concluded that female adolescents suffer from higher level of anxiety than their male counterparts.

Conclusion

The adolescents were normally distributed on the variable of anxiety. A significant difference exists between mean scores of the variable of anxiety of male and female adolescents. Hence, it may be concluded that male and female adolescents differ significantly in anxiety. Further the mean score of female adolescents was found to be higher than that of male adolescents, therefore it may be concluded that female adolescents suffer from more anxiety than their male counterparts.

Reference(s)

- Altemus, M., Sarvaiya, N.& Neill Epperson, C. (2014). Sex differences in anxiety and depression clinical perspectives. *Frontiers in neuroendocrinology*, 35(3), 320–330. <https://doi.org/10.1016/j.yfrne.2014.05.004>
- Beck, A.T., Epstein, N., Brown, G., & Steer, R.A. (1998). Beck Anxiety Inventory Manual. San Antonio, TX: Psychological Corporation. APA PsycTests. <https://doi.org/10.1037/t02025-000>
- Chorpita, B. F.& Barlow, D. H.(1998).The development of anxiety; The role of control in the early environment. *Adolescent Psychological Bulletin*, 124-132.
- Costello, E. J. & Angold, A.(1995).Epidemiology. In J. S. March (Ed.), *Anxiety disorders in children and adolescents* (pp. 109–124). New York: Guilford Press.
- Hou, F., Bi, F., Jiao, R. et al.(2020). Gender differences of depression and anxiety among social media users during the COVID-19 outbreak in China: a cross-sectional study. *BMC Public Health* 20, 1648. <https://doi.org/10.1186/s12889-020-09738-7>
- Jalnapurkar, I., Allen, M., & Pigott, T.(2018).Sex differences in anxiety disorders: a review. *J Psychiatry Depress Anxiety*, 4(12), 3-16.
- Pushkar, K., Bernardo, L. M.,Ren, D.,Stark, K. H.& Lester, S. (2009). Sex differences in self reported anxiety in rural adolescents. *International journal of Mental Health Nursing* 18, 417-423.
- Tsukamoto, R., Kataoka, Y., Mino, K., Ishibashi, N., Shibata, M., Matsuo, H. and Fujiwara H.(2021) Gender Differences in Anxiety Among COVID-19 Inpatients Under Isolation: A Questionnaire Survey During the First and Second Waves of the COVID-19 Pandemic in Japan. *Front. Public Health* 9:708965. doi: 10.3389/fpubh.2021.708965.

Weblinks

<https://www.britannica.com/science/anxiety>

Conflict of Interest: None declared