MENTAL HEALTH OF ADOLESCENTS IN RELATION TO THEIR ACADEMIC ANXIETY

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ABSTRACT

This research used a randomly chosen sample of 160 pupils from the Pathankot area of Punjab state. The sample was administered using “Singh and Gupta's Academic Anxiety Scale for Children and Singh and Sengupta's Mental Health Battery, which was designed and standardised. The data was analysed and interpreted using the mean, standard deviation, and coefficient of correlation. The study found that a) there is no significant correlation between Academic Anxiety and Adolescent Mental Health; b) there is no significant correlation between Academic Anxiety and Female Adolescent Mental Health; and c) there is no significant correlation between Academic Anxiety and Male Adolescent Mental Health”.

Keywords: Mental Health, Academic Anxiety, Adolescents, Rural and Urban.

INTRODUCTION

Challenges and contests abound in today's globe. The present Education system must meet higher and more vivid needs in our contemporary day. Every nation has its unique educational system that aids it in meeting the difficulties of changing times. Only through the honest efforts of properly qualified, competent, and effective instructors can successful education be realised. Because India is a developing nation, teachers in this country have a significant obligation to prepare students to compete with their counterparts in industrialised countries so that the country may become economically self-sufficient. Education predates the human race. It is a never-ending process of human inner growth and development that begins at birth and continues until death. Education aids in the development of a man's thinking and reasoning abilities, as well as his aptitude, attitude, and talents. It aids the development of the human intellect. Man's intellect and creativity are both developed via schooling. Education is present in every moment of life. Education is, in truth, life and life education.

MENTAL HEALTH

Not just in the lives of people, but also in the lives of civilizations, mental health plays a vital role. There is no aspect of human existence that is unaffected by
mental illness. The word “mental health” does not relate to a personality trait. 'Mental' and 'health' are the two terms that make up mental health. Mental refers to the mind, while health often refers to good health or the absence of sickness. Some psychologists describe mental health as a person's ability to make choices, take on responsibilities, and find pleasure, success, and enjoyment in the completion of daily duties, as well as the ability to live well with others and demonstrate socially sensitive conduct.

Had Field (1952). “Mental health is the full and harmonies functioning of the whole personality.

Hale (1992). Mental health is the ability to perceive reality as it, to respond, to develop rational strategies for living.

Kaplan (1971). Mental health involves continuous adaptation to changing circumstances, dynamic process where a living being strives to achieve a balance between internal demands and the requirements of a changing environment.

Maslow (1971). Mental health means freedom from disabling and disturbing symptoms that interfere with mental efficiency, emotional stability or peace of mind”.

ACADEMIC ANXIETY:

Academic anxiety has come to be seemed as a central problem in dynamic psychology and learning is also one of the variables which are most important in the development of personality. Academic anxiety is a common issue among students and is associated with academic circumstances such as school environment, class tests, etc. and even productive also as it motivate the students to spend time preparing for tests. However, when anxiety elevates the productive level, it often leads to certain problems like lack of concentration while studying and difficulty in memorizing and the remembering information.


According to Cassady (2010). Academic anxiety is situation specific form of anxiety related to the educational contexts. Academic anxiety encompasses not only test anxiety, but also anxiety about certain education subjects in general.
According to Cornell University (as cited by Banga, C.L. 2014). Academic anxiety is the result of biochemical processes in body and the brain that make your attention level increase when they occur. The changes happen in response to exposure to a stressful academic situation, such as completing school assignments, presenting a project in class or taking a test. When the anxiety becomes too great, the body recoils as if threatened, which is a normal fight or flight reaction.

According to Shakir (2014). Academic anxiety is a kind of anxiety which is related to the impending danger from the environment of the academic institutions including teacher in certain subjects like Mathematics, English, etc. It is mental feeling of uneasiness or distress in reaction to a school situation that is perceived negatively”.

**STATEMENT OF THE PROBLEM:**

“Mental Health of Adolescents In Relation to Their Academic Anxiety”

**OPERATIONAL DEFINITIONS OF THE STUDY:**

**MENTAL HEALTH**

“A condition of emotional and psychological well-being in which a person can utilise their cognitive and emotional capacities and functions in society to satisfy the demands of daily life. It is a condition of well-being in which a person recognises his or her own skills in the face of regular life challenges, can work efficiently and fruitfully, and can contribute to his or her community.

**ACADEMIC ANXIETY**

Academic anxiety is a kind of anxiety that is associated with a person's academic life. It is, in reality, the looming risk posed by academic institutions' settings, which encompasses both professors and students. Academic anxiety is most often associated with disciplines such as mathematics and English.

**ADOLESCENT**

Adolescence is a period of life stress and strain and it is a period of life which begins in the childhood and end in the adult group.
OBJECTIVES OF THE STUDY:

1. To find out the relationship between academic anxiety and mental health of adolescents.

2. To find out the relationship between academic anxiety and mental health of female adolescents.

3. To find out the relationship between academic anxiety and mental health of male adolescents.

4. To find out the relationship between academic anxiety and mental health of rural adolescents.

5. To find out the relationship between academic anxiety and mental health of urban adolescents.

HYPOTHESES OF THE STUDY:

1. There exists no significant relationship between academic anxiety and mental health of adolescents.

2. There exists no significant relationship between academic anxiety and mental health of female adolescents.

3. There exists no significant relationship between academic anxiety and mental health of male adolescents.

4. There exists no significant relationship between academic anxiety and mental health of rural adolescents.

5. There exists no significant relationship between academic anxiety and mental health of urban adolescents.

REVIEW OF RELATED STUDY:

MENTAL HEALTH:

Caspi et al (2000) Because of the implications for prevention, the hypothesis that neighbourhood environments impact children's development has gotten a lot of attention. But, if genetically fragile families tend to cluster in poor neighbourhoods, does growing up in an impoverished environment impact above and beyond a genetic vulnerability to behaviour problems? Over and beyond any genetic liability, a “countrywide study of 2-year-old twins found that children in disadvantaged neighbourhoods were at an elevated risk for emotional and behavioural disorders. Environmental variables shared by family members accounted for 20% of population variance in children's behaviour issues, with neighbourhood disadvantage accounting for 5% of this family-wide environmental impact. The findings reveal that the relationship between impoverished
neighbourhoods and children's mental health is a legitimate environmental impact, and they show that genetic designs may be used to uncover modifiable risk factors for boosting children's mental health.

Kawachi and Berkman (2001) have pointed out that social bonds are widely acknowledged to be helpful in the preservation of psychological well-being. They highlight four sets of findings from the literature on social relationships and mental health outcomes in this focused review (defined as stress reactions, psychological wellbeing and psychological distress, including depressive symptoms and anxiety). First, two distinct (but not mutually incompatible) casual models may be used to explain how social networks and social supports impact mental health: the primary effect model and the stress-buffering model. Second, the protective benefits of social links on mental health are not the same for all social groupings. The greater frequency of psychological discomfort among women compared to males may be explained in part by gender variations in support gained through social network membership. Women with poor resources may have an increase in mental illness symptoms as a result of social ties, particularly if such relationships imply role pressure connected with obligations to offer social assistance to others. Third, egocentric networks are nested inside a larger social connection framework. The concept of social capital refers to the integration of individual social relationships into a larger social framework. Fourth, while some reported achievements in social support treatments for mental health, more research is required to better understand the design, timing, and dosage of effective interventions, as well as the c Sharma (2005) conducted research to see how a physical exercise programme affected the mental health of exceptional children. He gave the exceptional youngsters a specially developed physical exercise programme and used the Mental Health Battery to assess its impact on their mental health (Singh and Gupta, 2000). The findings showed that the mental health of the special children who participated in the physical activity programme improved significantly when compared to the control group who did not participate in the physical activity programme.

Walter et al (2006) conducted a poll of teachers' views on the need for mental health services in inner city primary...
schools. A total of 119 teachers from six elementary schools in a major Midwestern city were surveyed to assess their beliefs about the major mental health issues confronting their schools, the major barriers to overcoming those problems, their preference for mental health topics for in-service education, and their education, experience, knowledge, attitudes, and self-efficacy pertaining to mental health issues. Disruptive behaviour was cited by almost half of the instructors as the most serious mental health issue in their classrooms, and a lack of knowledge and training was seen as the most significant obstacle to overcoming mental health issues. Disruptive behaviour disorders and executing behaviour plans were the top two subjects for in-service education, with 118 votes each.

Hanafiah and Bortel (2015) The stigma associated with mental illness has been highlighted as a substantial obstacle to seeking assistance and receiving treatment. Basic understanding of mental disease, such as its nature, symptoms, and consequences, is lacking, allowing for mental health misconceptions and stigma”. Patients may get locked in a vicious cycle of prejudice, leading to negative effects for the person and their family, according to mental health specialists' viewpoints. This stigma research is notably scarce in Malaysia.

Andrew (2016) The results of this research revealed that social network measurements had a significant impact on MH, with social isolation having the greatest impact, followed by social connections, and finally social trust. The AIC best fit model took into account all of the social network indicators, but it left out physical functioning, which had a little role.

ACADEMIC ANXIETY:

Banga (2014) In his study, “Academic anxiety among high school students in relation to gender and type of family’ found that there is less level of academic anxiety among high school students.

Rehman and Siddiqui (2014) conduct an international study of academic anxiety in relation to socio-economic status, gender and school type among secondary school students. The finding of study shows that academic anxiety is a general problem of secondary school students. However, it is more severe among girls as compared.

Bihari (2014) Academic anxiety among secondary school students. The finding of the study shows that anxiety is utilized for
explaining many psychological problems and has become a useful construct in the field of psychology.

Mahajan (2015) Academic anxiety of secondary school students in relation to their parental encouragement. The main finding of the study shows that significant difference was found between academic anxiety of male and female secondary school students. It was therefore, concluded that gender did not account for any variation in academic anxiety of secondary school students.

Marvathi and Bhukya (2015) The impact of anxiety in language learning on academic performance of ninth standard students. This study finds out that the relationship among anxiety and performance could be important for educators who develop educational progress and implement teaching strategies.

Mark and J.O. (2016) ‘Examination anxiety and students’ academic performance Social studies approach’ examined the examination anxiety of students in Negeria higher institutions and its consequences among the students. The study noted that examination anxiety contribute negatively to students’ academic performance, hence there is the urgent need to exploring for salvaging means. The researcher raised two research questions and formulated two research hypotheses to guide the study.

Rehman (2016) ‘Academic Anxiety among higher education students of India, causes and preventive measures: an exploratory study’ found that opting higher education in itself is a big challenge mostly in developing and underdeveloped countries. Students entering in higher education system of these countries comes across various issues like academic anxiety, academic depression, academic stress, socio-economic hardships, anxious about uncertainty of future outcomes due to lack of employment opportunities, etc.

**DESIGN AND METHOD OF THE STUDY:**

The investigator used the descriptive survey method in the present study.

**VARIABLES:** Mental Health, Academic Anxiety, Rural -Urban and Male-Female Adolescents.

**SAMPLE SIZE:** Data of 160 adolescents of Pathankot district was randomly taken.

**STATISTICAL TECHNIQUES USED** Suitable statistical techniques like Mean,
Standard Deviation, Standard Coefficient of Correlation were used.

TOOLS USED

1) Academic Anxiety Scale for children by Singh and Gupta.

2) Mental Health Battery developed and standardized by Singh and Sengupta.

DELIMITATIONS OF THE STUDY

1) The study is confined only to senior secondary school students.

2) The study is delimited to a sample of 160.

3) The study is confined to schools of Hoshiarpur district only.

VERIFICATION OF HYPOTHESES

Hypothesis 1: There exists no significant relationship between academic anxiety and mental health of adolescents.

Table 1: Showing coefficient correlation between academic anxiety and mental health of adolescents.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Variable</th>
<th>N</th>
<th>Correlation (r)</th>
<th>Levels of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mental Health</td>
<td>160</td>
<td>-0.07</td>
<td>Null</td>
</tr>
<tr>
<td>2</td>
<td>Academic Anxiety</td>
<td>160</td>
<td>-0.07</td>
<td>Null</td>
</tr>
</tbody>
</table>

P<0.05= .159, P<0.01= .208 at df. 158

At both levels of significance, 0.05 and 0.01 at df. 158, the resulting coefficient of correlation value of -0.07 is smaller than the table value. “As a result, the null hypothesis, that there is no substantial association between academic anxiety and teenage mental health, is accepted. It may be concluded that there is no substantial link between academic anxiety and teenage mental health.

Hypothesis 2: There exists no significant relationship between academic anxiety and mental health of female adolescents.
Table 2 Showing coefficient of correlation between academic anxiety and mental health of female adolescents.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Females</th>
<th>N</th>
<th>Correlation (r)</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mental Health</td>
<td>80</td>
<td>-0.162</td>
<td>Null</td>
</tr>
<tr>
<td>2</td>
<td>Academic Anxiety</td>
<td>80</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

P<0.05 = .159, P<0.01 = .208 at df. 158

At both levels of significance, 0.05 and 0.01 at df. 158, the computed coefficient of correlation value of -0.149 is smaller than the table value. As a result, the null hypothesis, that there is no substantial association between academic anxiety and female teenage mental health, is accepted. It might be concluded that there is no link between academic worry and female teenage mental health.

Hypothesis 3: There exists no significant relationship between academic anxiety and mental health of male adolescents.

Table 3: Showing coefficient of correlation between academic anxiety and mental health of male adolescents.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Males</th>
<th>N</th>
<th>Correlation (r)</th>
<th>Level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mental Health</td>
<td>80</td>
<td>0.085</td>
<td>Null</td>
</tr>
<tr>
<td>2</td>
<td>Academic Anxiety</td>
<td>80</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

P<0.05 = .159, P<0.01 = .208 at df. 158

At both levels of significance, 0.05 and 0.01 at df. 158, the resulting coefficient of correlation value of 0.085 is less than the table value. As a result, the null hypothesis, that there is no substantial association between academic anxiety and teenage mental health, is accepted. It might be concluded that there is no link between academic worry and male teenage mental health.

Hypothesis 4: There exists no significant relationship between academic anxiety and mental health of rural adolescents.
Table 4: Showing coefficient of correlation between academic anxiety and mental health of rural adolescents.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Rural</th>
<th>N</th>
<th>Correlation (r)</th>
<th>Level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mental Health</td>
<td>80</td>
<td>-0.132</td>
<td>Null</td>
</tr>
<tr>
<td>2</td>
<td>Academic Anxiety</td>
<td>80</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

P<0.05 = .159, P<0.01 = .208 at df. 158

At both levels of significance, 0.05 and 0.01 at df. 158, the computed coefficient of correlation value of -0.132 is smaller than the table value. As a result, the null hypothesis, that there is no substantial association between academic anxiety and rural teenagers' mental health, is accepted. It may be concluded that there is no substantial link between academic anxiety and rural teenage mental health.

Hypothesis 5: There exists no significant relationship between academic anxiety and mental health of urban adolescents.

Table 5: Showing coefficient of correlation between academic anxiety and mental health of urban adolescents.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Urban</th>
<th>N</th>
<th>Correlation (r)</th>
<th>Level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mental Health</td>
<td>80</td>
<td>0.036</td>
<td>Null</td>
</tr>
<tr>
<td>2</td>
<td>Academic Anxiety</td>
<td>80</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

P<0.05 = .159, P<0.01 = .208 at df. 158

At both levels of significance, 0.05 and 0.01, the computed coefficient of correlation value of 0.036 is smaller than the table value at df. 158. As a result, the null hypothesis, that there is no substantial association between academic anxiety and urban teen mental health, is accepted. It may be concluded that there is no substantial link between academic anxiety and urban teen mental health.
REFERENCES:


