

Assessment of Anxiety Levels In Male and Female Adolescents

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ABSTRACT

Background: Adolescence is a period of fast change incorporating physical, mental, social and passionate domain. Mainstream share of teenagers encounter dissatisfaction and perplexity in taking choice while going through youth to adulthood. The present study was planned to assess the level of Anxiety among Male and Female Adolescents. **Materials and Methods:** The sample consisted of 30 adolescents. The number of male and female subjects was 15 each. The age of subjects ranged from 12-18 years. For the measurement of anxiety levels of the adolescents, Teat anxiety scale given by Dr. VP Sharma in 1971 was employed. **Results:** Mean anxiety scores of males were higher as compared to females. The level of anxiety in male adolescent subjects was observed to be higher than female subjects due to over monitored life, accommodation because of socialization design, mildness, and sentiment rivalry in each work and Confusion in taking choices. **Conclusion:** We conclude that the level of anxiety in male adolescent subjects is higher than female subjects.

Keywords: Adolescent, anxiety, stress, teenager

Adolescence is a period of fast change incorporating physical, mental, social and passionate domain. Mainstream share of teenagers encounter dissatisfaction and perplexity in taking choice while going through youth to adulthood. Youth is alluded to as the stormy time of life, crisis of youth", „clumsy age“, „difficult age“ and so forth. The time of adolescence ranges from 12 to 18 years (Erikson 1968) which is especially vital and furthermore it is the time the question of one's essential inner self personality is met and should be settled. The overall performance of the adolescents is negatively affected due to emotional statutes of the patients.

The student's overall performance is greatly dependent on their emotional status which leads to a variety of consequences at both individual and expert levels. Anxiety can be joined by an assortment of physical manifestations. Most regularly, these manifestations are identified with the cardiovascular, respiratory, apprehensive and gastrointestinal frameworks. The

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physiological appearances of any circumstance particular uneasiness for the most part incorporate expanded circulatory strain, fast heart rate with palpitations and tachycardia, sweating, dryness of the mouth, queasiness, discombobulating, hyperventilation, fretfulness, tremors, sleep deprivation, poor fixation and sentiments of shortcoming. Students in outrageous anxiety or despondency require genuine consideration. Research has demonstrated that if left untreated are at high hazard to perform ineffectively in school, to have less created social aptitudes and to be more helpless against drug use. Anxiety is more typical among the female sexual orientation. The present study was planned to assess the level of Anxiety among Male and Female Adolescents.

MATERIALS AND METHOD

The sample consisted of 30 adolescents. The number of male and female subjects was 15 each. The age of subjects ranged from 12-18 years. The ethical clearance for the study was obtained from the ethical committee of the institute prior to initiation of the study. An informed consent was obtained from the subject's parents.

For the measurement of anxiety levels of the adolescents, Teat anxiety scale given by Dr. VP Sharma in 1971 was employed. The test is standardized and having reliability = 0.75 and validity =0.64.

The test consisted of questionnaires having 48 items. The test was conducted for each subject individually. The subjects were briefly instructed about the procedure of the test and to answer the questions. After collection of answered questionnaires, questionnaires were scored following the given manual. Statistical analysis of the obtained score was done. Calculation of measures of Central tendency and variability were done. The statistical analysis of the data was done using SPSS software for windows. To verify the statistical significance of data, Student's t-test was used. A p-value of 0.05 and less were predefined to be statistical significant.

RESULTS

Table 1 shows mean anxiety scores of male and female groups. We observed that mean anxiety scores of males were higher as compared to females. The level of anxiety in male adolescent subjects was observed to be higher than female subjects due to over monitored life, accommodation because of socialization design, mildness, and sentiment rivalry in each work and Confusion in taking choices, squandering the time and overabundance work to get target, less stamina, Lack of capacity to do work and so on. This might be expected to amid the transmission to adulthood, absence of learning and mindfulness, physiological changes advance psycho-social anxiety.

Table 1: Mean Anxiety Scores of Male and Female group

Group	Mean Anxiety Scores	N	p-value
Male	61.25	15	0.03
Female	65.9	15	

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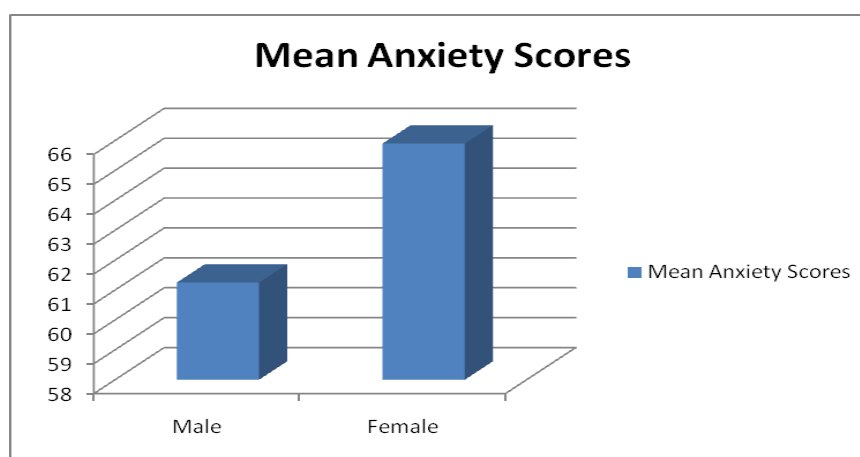


Fig 1: comparison of mean anxiety scores in males and females

DISCUSSION

With regards to daily problems as a source of stress, adolescents use different coping strategies, which points to a high degree of flexibility in responding to problems and thus to better adaptation capacities. In general, adolescents avail themselves of predominantly positive and constructive ways of coping with problem situations, including social support seeking, which is consistent with the findings of previous studies. In spite of some similarities in the use of coping strategies in the group of athletes and non-athletes, there are also some significant differences between them. In comparison with non-athletes, athletes indicated sports activities that support maintenance of physical fitness as a way of coping with stress much more often. The present study was conducted to assess the anxiety levels of male and female adolescent subjects. We observed that due to a variety of reasons, the anxiety level of males was higher as compared to females. McLean CP et al examined gender differences in DSM-IV anxiety disorders in a large sample of adults ($N = 20,013$) in the United States using data from the Collaborative Psychiatric Epidemiology Studies (CPES). The lifetime and 12-month male: female prevalence ratios of any anxiety disorder were 1:1.7 and 1:1.79, respectively. Women had higher rates of lifetime diagnosis for each of the anxiety disorders examined, except for social anxiety disorder which showed no gender difference in prevalence. No gender differences were observed in the age of onset and chronicity of the illness. However, women with a lifetime diagnosis of an anxiety disorder were more likely than men to also be diagnosed with another anxiety disorder, bulimia nervosa, and major depressive disorder. Furthermore, anxiety disorders were associated with a greater illness burden in women than in men, particularly among European American women and to some extent also among Hispanic women. The authors concluded that anxiety disorders are not only more prevalent but also more disabling in women than in men. Bennett DS et al conducted a study to examine whether gender differences in depressive symptoms are present during adolescence. The Childhood Version of the Schedule for Affective Disorders and Schizophrenia and the Beck Depression Inventory were administered to adolescents presenting for evaluation at an outpatient clinic ($n=383$; ages 11.9 to 20.0). Depressed girls and boys had similar symptom prevalence and severity ratings for most depressive symptoms. However, depressed girls had more guilt, body image dissatisfaction, self-blame, self-disappointment, feelings of failure, concentration problems, difficulty working,

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sadness/depressed mood, sleep problems, fatigue, and health worries than depressed boys on some comparisons. In contrast, depressed boys had higher clinician ratings of anhedonia, depressed morning mood, and morning fatigue. The authors concluded that the experience of depression is highly similar for adolescent girls and boys. However, some gender differences previously found among depressed adults appear to be present by adolescence, possibly suggesting somewhat distinct etiologies for depression among males and females.

Pabst SR conducted study to examine the differences in depressive symptoms and anxiety between (a) normal weight and overweight, and (b) morning type and evening type (sleep chronotype) adolescent girls. The interaction of sleep chronotype and weight and depressive symptoms and anxiety were also examined. The design consisted of a cross-sectional study of 264 adolescent females (mean age = 14.9 ± 2.2 , range 11–17 years). Sleep chronotype, depressive symptoms, and anxiety were obtained by self-report questionnaire. The mean of three measurements of height and weight was used to calculate the body mass index (BMI). BMI was plotted on the CDC BMI-for-age growth charts to obtain percentile ranking. Participants were categorized into two groups according to BMI percentile: normal weight (<85th percentile) and overweight (≥ 85 th percentile). Compared with normal-weight females, overweight females were more likely to be non-Caucasian, lower socioeconomic status, have more advanced pubic hair and breast stages, and earlier age at menarche. No differences were observed with respect to sleep chronotype, depressive symptoms, and trait anxiety between normal weight and overweight females. Evening chronotype was associated with more depressive symptoms and higher trait anxiety. Evening chronotype was associated with more depressive symptoms in both normal-weight and overweight females. However, the association was stronger in overweight females. Authors concluded that sleep and weight impact physical and mental health during adolescence. Needham BL et al conducted a study to: (a) extend previous research on the association between overweight status and depressive symptoms among adults to adolescents, (b) consider whether this association varies across social structural contexts and school context, and (c) explore additional mechanisms linking overweight status to depressive symptoms. They used survey regression procedures to analyze data from the first wave of the National Longitudinal Study of Adolescent Health. Degree of overweight was indicated by body mass index (BMI), which they calculated using self-reported height and weight information, whereas depressive symptoms were assessed with the Center for Epidemiological Studies Depression Scale (CES-D). Data were analyzed to determine (a) the social groups in which being overweight was least common, (b) the association between overweight status and depressive symptoms, and (c) potential mediators of the association between relative weight and symptoms of depression, including dieting and self-rated health. The analytic sample contained 18,924 adolescents aged 11 to 21 years (mean age was 15.68). Approximately half the sample consisted of females ($n = 9634$). Adjusting for exercise and sociodemographic characteristics, we found that relative weight was associated with depressive symptoms for girls but not boys. For both, the association between overweight status and symptoms of depression was stronger among adolescents in lower grades. Dieting explained the positive association between relative weight and

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depressive symptoms for girls, whereas self-rated health mediated the association between relative weight and symptoms of depression for adolescents in lower grades.

CONCLUSION

From the results of present study, we conclude that the level of anxiety in male adolescent subjects is higher than female subjects.

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Conflict of Interests: The author declared no conflict of interests.

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