Research Paper

Manifest Anxiety of University Students as related to their Sex and Educational Qualification

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ABSTRACT

The central objective of the study was to investigate manifest anxiety of the University students in terms of sex and educational qualification. The data of the study were collected by the Bangla adaptation (Ahmed and Keya, 1995) of Taylor's Manifest Anxiety Scale (Taylor, 1953). Along with the questionnaires, personal information blank ware also administered to collect demographic information of the respondents. The samples of the present study consisted of 80 respondents among them 40 were male and 40 were female students. The respondents were aged from 19-26 years. Finally, the data were analyzed by applying t-test through IBM SPSS version 25. The result of the study revealed that there was a significant difference of manifest anxiety among the University students in terms of sex. The study also indicated that there was a significant difference of manifest anxiety among the University students in terms of educational qualification.

Keywords: *Anxiety, Academic Performance, Sex Differences, University Students.*

Anxiety is the most common term among people all over the world. It is common condition, which is biological and philosophical function of instinct, reason, personality and culture. Every day we experience anxiety. So, the level of anxiety is very important because it interferes our daily activities. Optimum level of anxiety is helpful for us, it increases our competency or ability. But sometimes the anxiety gets out of hand causes anxiety disorders. Cattell (1906) defined anxiety is a function of the magnitude of all unfulfilled needs and the degree of uncertainty that they will be fulfilled or more simply stated, anxiety corresponds to uncertainty of rewards or of total require fulfillment. Lazarus & Folkman (1984) defined *anxiety* as an imprecise, uncomfortable feeling exacerbated by prolonged stress and therefore the presence of multiple stressors. Taylor (1953) used the term "Manifest Anxiety" as a general indicator of anxiety as a personality trait, it is not intended as a specific measure of clinical entity (Anxiety Disorder). Taylor explained that personality characteristics would be lighted in the intensity of manifest anxiety. Essau et al. (2003) & Muris et al. (2010) reported that anxiety is one of the most prevalent mental health concerns for children and adolescents. Wang et al. (2005) mentioned that men but not women were more likely to visit a professional for either an emotional or substance use

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issue in the past year if they had an anxiety disorder, probably due to differential access to appropriate services. Studies have been found that worldwide neurological disorder in one out of four people (World Health Organization, 2001). Madhav (2001) has been examined that the prevalence rates of anxiety neurosis and hysteria were 18.5 and 4.1 per 1000 population respectively in India. Studies also found in Bangladesh in 2021 that about 82.5% undergraduate students were experiencing mild to extreme level of anxiety (Hoque et al., 2021). World Health Organization (2017) has been estimated that 10.2% adolescents in total population in Bangladesh were suffered from anxiety, suicidal behavior, and loneliness. A cross-sectional and web-based study have been conducted in Bangladesh in 2020 within 476 university students and the results of this study revealed that around 15% students were experienced severe depression whereas 18.1% were experienced severe anxiety (Islam et al., 2020).

Anxiety and Academic Performance
An optimum level of anxiety is normal for academic performance, but severe anxiety can be a serious problem. It decreases academic performance. Anxiety can affect several tasks like as: completing assignments, concentrating on work, doing homework, getting good grades, giving exams, writing in class and so on (Nail et al., 2015). Another study was conducted on the students of Brigham Young University in US (United States), to test the hypothesis that honors students with high academic ability have less anxiety than honors students with lower academic ability (Robinson, 1966). Studies have been found that when student's certain academic tasks, their anxiety level also increases then their academic activity suffers badly (Huberty, 2009).

Nelson & Harwood (2011) have been found that students with learning disabilities often experience more anxiety than general students. In another study, Tobias (1979) has been recognized that anxiety plays a significant role in student's learning and academic performance that affects on academic achievement. Graduate students tend to be older and therefore they are experiencing more life changes at the same time experiencing least anxiety. Undergraduates are usually younger and are not experienced as many life changes and experienced more anxiety. Greenberg (1996) found that anxiety for college students is to make new friends and building up a new friendship with new ones is often a stressful condition. Students must accommodate to being far from home for the first time, maintain a high level of academic activity, and suit a new social setting (Ross et al., 1999). Another study has been shown that the period of greatest stress during their transition to college is in the first weeks and months of classes. The more life changes they go through, the more stress they will likely feel (Altmaier, 1983 and Pancer et al., 2000). Studies also found that some important factors like cognitive ability, physical health, intellectual aptitude and mental health that affect student's performance in their college life (Dusselier et al., 2005).

Anxiety and Sex Differences
Anxiety is not uncommon in sex differences. Recently McLean et al. (2011) have been stated that females are more likely to develop anxiety disorder with lifetime and also found the rates of anxiety disorders were 1.5-2 times higher among females than males. Quarter and Laxer (1969) have found that females tend to more anxious than males. Another studies (Howell et al., 2001) also explained that sex differences in general anxiety levels emerge before the age of four, and by age six, anxiety levels in girls are twice more as in boys. Studies also found that lifetime prevalence of anxiety disorders in DSM-IV was from 1.1% AG to 11.1% SAD in males and from 1.6% AG to 15.8% SP in females (DSM-IV, 2001).

Figure: Lifetime prevalence of DSM-IV anxiety disorder in adult males and females (2001).

Diagnosis	Males (%)	Females (%)	Female: Male(ratio)	Classification
Generalized Anxiety Disorder (GAD)	4.2	7.1	3:1	Moderate
Agoraphobia (AG)	1.1	1.6	4:1	Substantial
Obsessive-compulsive Disorder (OCD)	-	-	1:1	Moderate
Panic Disorder (PD)	3.1	6.2	2:1	Substantial
Post-traumatic Stress Disorder (PTSD)	3.6	9.7	2:1	Substantial
Social Anxiety Disorder (SAD)	11.1	13.0	1:1	Moderate
Specific Phobias (SP)	8.9	15.8	2:1	Moderate

Significance of the Study
Review of literature showed that all of the studies were done in western culture to measure manifest anxiety. No such study has been conducted yet in Bangladesh. At this stage it is the dire need to investigate the level of manifest anxiety in Bangladesh. Beside this it is also beneficial for acquiring knowledge about existing level of anxiety and by knowing this, it helps to formulate appropriate policy to maintain the manifest anxiety.

Objectives of the Study
Here, some specific objectives of the study have been presented below:
- To investigate the effect of sex (male and female) on manifest anxiety.
- To study the effect of educational qualification (Undergraduate and Graduate) on manifest anxiety.

Hypotheses of the Study
Considering above objectives and reviewing literature in detail two hypotheses were formulated.
H₁: Female students would express higher rates of manifest anxiety than male students.
H₂: Undergraduate students would express higher rates of manifest anxiety than graduate students.

METHODOLOGY

Sample
The sample of the present study were comprised of 80 students of Rajshahi University among them 40 were males and 40 were females. The samples were randomly selected from nine residential halls out seventeen of Rajshahi University campus. The respondent's ages were from 19-26 years.

Instrument
- **Personal Information Blank:** Personal information blank was used to collect personal information of the subjects such as sex, marital status, educational qualification, socio-economic status, residential area, etc.
- **Description of the Scale:** The instrument of this study was Bangla version of Taylor's Manifest Anxiety Scale (Taylor, 1953), which was adapted by Ahmed and Keya in 1995. This scale consists of 114 items in which 50 items are anxiety indicative, both in positive and negative form. The rest 64 items were buffer items drawn from F and K scale of the Minnesota Multiphasic Personality Inventory (MMPI). The positive form of items of the TMAS scale covers the following 39 items- 2, 6, 9, 10, 15, 16, 17, 19, 27, 28, 34, 37,38, 40, 41, 44, 46, 49, 51, 52, 61, 64,

66, 67, 70, 73, 75, 76, 79, 84, 87, 94, 99, 103, 106, 107, 108, 109, 110. The negative form of items of the TMAS Scale covers the following 11 items: 3, 13, 18, 31, 57, 69, 83, 92, 95, 101, and 114. Score of TMAS ranges from 0 to 50. A high total score indicates higher level of anxiety and a low total score indicates a lower level of anxiety. The scale is self-administered in nature.

The reliability of Bangla version of Taylor's Manifest Anxiety Scale was measured using test-retest and parallel form method. These were .92 (p< 0.001) and .73 (p<0.001) respectively. Kuder-Richardson internal consistency estimates were 0.78 and 0.84 in two samples, whereas being reported a median alpha of 0.82 in an unspecific number of studies. A coefficient alpha of 0.70 was obtained from a sample of graduate students.

Procedure

In this research, standard data collection procedure was followed to collect information from the subjects. The data of the respondents were collected from different residential halls of Rajshahi University. During the data collection researchers had met with selected respondents. Then necessary rapport was established before administering the questionnaire. They were assured that their information would be kept confidential and not used for another purpose. The subjects were instructed to read all of the items of the scales attentively and to respond attentively. If he/she felt the statement of the item true or maximum true for him/her, then he/she was drawn a cross marks (X) inside the related box of the "Yes" column. Similarly, if he/she felt the item false or not usually true for him/her, then he/she was drawn a cross marks (X) of the "No" column. Finally, after completion to fill up of all items of questionnaire, the researchers thanked to the respondents for their kind co-operation.

Data Processing and Statistical Analysis

After completion of data collection from the respondents, their responses were scored according to scoring procedure of the TMAS scale. For analyzing these scores, the data were assembled, recorded and input into the IBM SPSS version 25. As the present research is comparative in nature, the obtained data were analyzed through *t*-test.

RESULTS

The results of the study were tabulated and interpreted by *t*-test through IBM SPSS version 25. The results of the present study are given in the following tables.
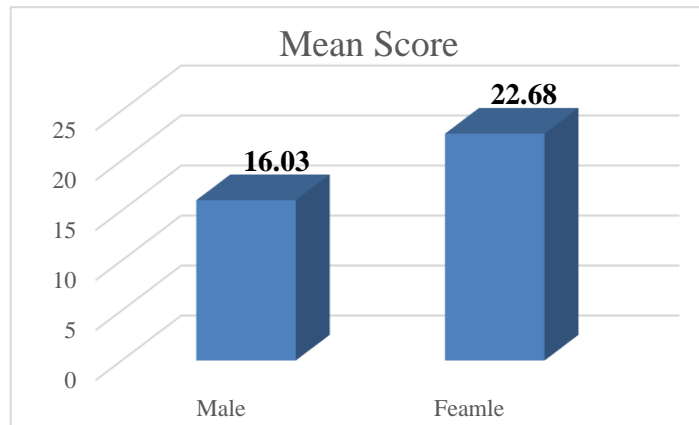
Table 1: Value of Manifest Anxiety scores in terms of sex

Dependent Variable	Types of respondent	N	Mean (M)	Standard Deviation (SD)	*df*	*t*	*p*
Manifest Anxiety	Male	40	16.03	5.014			
	Female	40	22.68	5.279	78	5.762	.000*

From table-1 shows that, the mean (M) of the male and female respondents are 16.03 and 22.68 respectively. The standard deviations (SD) of the male and female respondents are 5.014 and 5.279 respectively. The degrees of freedom (*df*) is 78 and the calculated value of 't' is 5.762.

Figure 1: Graphical representation of mean scores of manifest anxiety in terms of sex


Table 2: Value of Manifest Anxiety scores in terms of educational qualification

Dependent Variable	Types of respondent	N	Mean (M)	Standard Deviation (SD)	df	t	p
Manifest Anxiety	Undergraduate	40	22.28	5.364			
	Graduate	40	16.43	5.444	78	4.841	.000*

From the above table-2, shows that the mean (M) of the undergraduate and graduate respondents are 22.28 and 16.43 respectively. The standard deviations (SD) of the undergraduate and graduate respondents are 5.364 and 5.444 respectively. The degrees of freedom (*df*) is 78 and the calculated value of 't' is 4.841.

Figure 2: Graphical representation of mean scores of manifest anxiety in terms of educational qualification
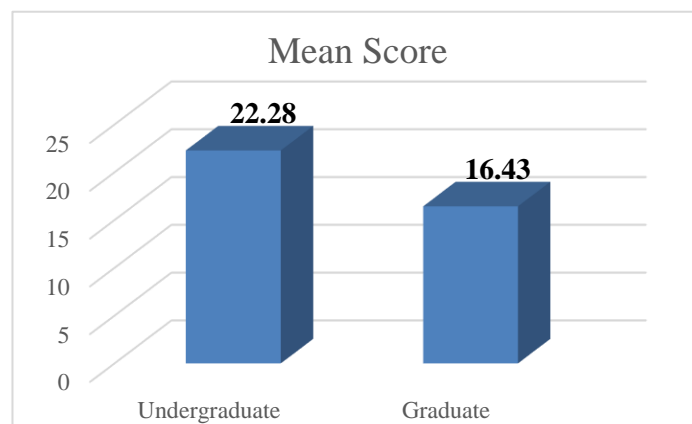
DISCUSSION AND CONCLUSION

The main objective of the present study was to investigate the manifest anxiety of University students. In order to investigate manifest anxiety an adapted Bangla version (Ahmed and Keya, 1995) of Taylor's Manifest Anxiety Scale (Taylor, 1953) was administered. For this reason, the respondents were randomly selected from University of Rajshahi. Two hypotheses were formulated to investigate manifest anxiety of University students.

The *first* hypothesis of the study stated that "Female students would express higher rates of manifest anxiety than male students". The result table-1 showed that the mean (M) of the male and female respondents were 16.03 and 22.68 respectively. The standard deviation

(SD) of the male and female respondents were 5.014 and 5.279 respectively and the calculated value of 't' was 5.762. Figure-1 indicated that manifest anxiety of male and female students differed significantly (*df* = 78 and *P* = 0.000). Thus, the hypothesis was supported by the findings that female students have higher rates of manifest anxiety than male students. This result was consistent with the findings of Quarter and Laxer (1969), McLean et al., (2011).

The *second* hypothesis of the study stated that "Undergraduate students would express higher rates of manifest anxiety than graduate students". The result table-2 revealed that the mean (M) of the undergraduate and graduate respondents were 22.28 and 16.43 respectively. The standard deviation (SD) of the undergraduate and graduate respondents were 5.364 and 5.444 respectively and the calculated value of 't' was 4.841. Figure-2 indicated that manifest anxiety of undergraduate and graduate students differed significantly (*df* = 78 and *P* = 0.000). Thus, the hypothesis was supported by the findings that undergraduate students have higher rates of manifest anxiety than graduate students. This result was consistent with the findings of Tobias (1979).

University students have experienced anxiety in their daily life. There are many causes of anxiety (especially for undergraduate students) such as: shift from one institution to another institution, adjustment with a new environment, build up a new relationship with others, stay away from home, academic pressure and so on. For graduate students such as break up a relation, marriage, find out a job, academic stress and so on. For overcoming their anxiety, they can consult with a counselor, psychologist or clinical psychologist, that enhances their physical exercise, meditation, breathing relaxation etc. Every family should increase their mental support both of their male and female child. For developing countries like-Bangladesh, the government should take necessary step to manage psychological problem like anxiety. Besides, they should take necessary step to increase public awareness about mental health from primary level, appoint clinical psychologist/school psychologist, create sufficient scope to consult with psychologist and clinical psychologist in every universities, increase awareness program about mental health through television, internet, social media, and so on.

Limitation of the study
Although the present study was tried to conduct with sound methodology of sampling procedure it is not free from limitations. Firstly, this study relies on self-report measures, so there is sufficient scope of biasness. Secondly, the study has conducted on a small sample situation because of limited resources. Despite of these limitations, the findings of the study have been able to help the researcher for further research of the manifest anxiety.

REFERENCES
Ahmed & Keya, M. K. (1995). Adaptation of the Bengali Version of Taylor's Manifest Anxiety Scale. Unpublished manuscript. Department of Psychology, University of Rajshahi.

Altmaier, E. M. (1983). Helping students manage stress. San Francisco: Jossey Boss Inc.

Cattell, J. M. (1906). A Statistical Study of American Men of Science III. The Distribution of American Men of Science, Science; 24 (623), 732-742.

Dusselier, L., Dunn, B., Wang, Y., Shelley, M. C., & Whalen, D. F. (2005). Personal, health, academic and environmental predictors of stress for residence hall students. *Journal of American College Health*, 54(1), 15-24.

Essau, (2003). Co-morbidity of anxiety disorders in adolescents. *Depression & Anxiety* (1091-4269), 18(1), 1-6.

Greenberg, J. S. (1996). Comprehensive stress management (5th edition). Chicago: Brown & Bencmark.

Hoque, M. N., Hannan, A., Imran, S., Alam, M. A., Matubber, B., & Saha, S. M. (2021). Anxiety and its determinants among undergraduate students during E-learning in Bangladesh a mid COVID-19. *Journal of Affective Disorders Reports*. Vol(6)100241

Howell, H. B., Brawman-Mintzer, O., Monnier, J., K. A. (2001). Generalized anxiety disorder in women. *Psychiatric Clinics of North America*; 24(1) 165–178.

Huberty, T. J. (2009). Test and performance anxiety. Principal Leadership, 10, 12–16.

Islam, M. A., Barna, S. D., Raihan, H., Khan, M. N. A., & Hossain, M. Depression and anxiety among university students during the COVID-19 pandemic in Bangladesh: A web-based cross-sectional survey. PLoS ONE 15(8): e0238162.

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal and coping. New York: Springer.

McLean, C. P., Anderson, E. R., (2011). Brave men and timid women; A review of the gender differences in fear and anxiety. *Clinical Psychology Review*; 29: 496–505.

McLean, C. P., Asnaani, A., Litz, B. T., Hofmann, S. Gender differences in anxiety disorders: Prevalence, course of illness, comorbidity and burden of illness. *Journal of Psychiatric Research*; 45(8) 1027–1035.

Madhav, M. (2001). Epidemiological study of prevalence of mental disorders in India. *Indian Journal of Community Medicine*. 26 (4): 10-2.

Muris, P., Mayer, B., Freher, N. K., Duncan, S. & Hout A. V. D. (2010). Children's internal attributions of anxiety-related physical symptoms: Age related patterns and the role of cognitive development and anxiety sensitivity. *Child Psychiatry &Human Development*, 41(5), 535-548.

Nail, J., Christofferson, J., Ginsburg, G., Drake, K., Kendall, P., McCracken, J., & Sakolsky, D. (2015). Academic impairment and impact of treatments among youth with anxiety disorders. *Child & Youth Care Forum*, 44(3), 327-342.

Nelson, J. M., & Harwood, H. (2011). Learning disabilities and anxiety: A meta-analysis. *Journal of Learning Disabilities*, 44(1), 3–17.

Pancer, S. M., Hunsberger, B., Pratt, M. W., & Alisat, S. (2000). Cognitive complexity of expectations and adjustment to university in the first year. *Journal of Adolescent Research*, 15, 38-57.

Quarter, J. J., & Laxer, R. M. (1969). Sex differences in the Taylor manifest anxiety scale. *Journal of Educational Measurement*, 6(1), pp. 21–23.

Robinson, B. W. (1966). A study of anxiety and academic achievement. *Journal of Consulting Psychology*, 30(2), 165–167.

Ross, S. E., Niebling, B. C., & Heckert, T. M. (1999). Sources of stress among college students. *College Student Journal*, 33, 312-318.

Taylor, J.A. (1951). The relationship of anxiety to the conditioned eyelid response. *Journal of Experimental Psychology*, 41, 81–92.

Taylor, (1953). A personality scale of manifest anxiety. *Journal of Abnormal and Social Psychology*, 48(2), 285–290.

Taylor, (1956). Drive theory and manifest anxiety. *Psychology Bulletin*; 53, 303–320.

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (2001). American Psychiatric Association. Washington, D.C.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (2013). American Psychiatric Association. Washington,.

Tobias, S. (1979). Anxiety Research in Educational Psychology. *Journal of Educational Psychology*, 71, 573-582.

Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., R. C. (2005). Twelve-Month Use of Mental Health Services in the United States: Results from the National Comorbidity Survey Replication. *Archives of General Psychiatry*; 62: 629–640.

World Health Organization (2001). World Health Organization Mental disorders affect one in four people. doi: 10.1192/bjp.180.1.29.

World Health Organization (2017). Mental Health Status of Adolescents in South-East Asia: Evidence for Action.