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MENTAL HEALTH OF ADOLESCENTS IN RELATION TO THEIR ACADEMIC ANXIETY

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ABSTRACT

This research aims to study the relationship between the mental health of adolescents and their academic anxiety. The technique used for selecting participants was random sampling and 160 participants from the Pathankot area of Punjab state was chosen. 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 current educational system must match greater and more vivid needs. Every country has its own educational system that helps it deal with the challenges of changing times. Successful education can only be realised via the honest efforts of adequately qualified, competent, and effective instructors. Because India is a developing country, instructors have a special responsibility to prepare pupils to compete with their peers in developed countries so that the country can become economically self-sufficient. Education predates the existence of the human race. It is a never-

ending process of human inner development and growth that begins at birth and continues until death. Education helps a person's thinking and reasoning ability, as well as his aptitude, attitude, and capabilities, to improve. It contributes to the intellectual growth of humans. Schooling helps to improve a person's intelligence and creativity. Education pervades every aspect of life. Education is, in fact, lifelong learning. Students acquiring education face many challenges. All those who try to overcome these obstacles may change their habits. This could have a detrimental impact on their mental health and induce worry. College students are the ones that suffer the most from anxiety. Many students experience

anxiety when they believe they will be unable to attain their academic or non-academic objectives; yet, worry can often motivate students to think critically about how to achieve their objectives. Students deal with anxiety in a variety of ways, although some may have difficulty. This is likely to induce a slew of symptoms that have an impact on their mental health. As a result, individuals must manage their anxiety in order to maintain their mental health and stay in the facility.

MENTAL HEALTH

Mental health is important not just in people's lives, but also in the lives of civilizations. Mental illness has an impact on every element of human existence. Mental health is made up of two terms: 'mental' and 'health.' Mental refers to the mind, whereas health usually refers to physical well-being or the absence of disease. Mental health is defined by some psychologists as a person's ability to make decisions, take on responsibilities, and find satisfaction, success, and delight in the performance of everyday tasks, as well as the ability to live well with others and display socially aware behaviour. Our emotional, psychological, and social well-being are all part of our mental health. It has an impact on the way we think, feel,

and act. It also influences how we deal with stress, interact with others, and make decisions. Mental health is crucial at all stages of life, including childhood, adolescence, and adulthood. If a person has a mental health difficulties, then his thinking, mood, and behaviour may be altered over the course of his life. Many factors play a role in mental illness, including: Genes and brain chemistry are examples of biological influences, Trauma or abuse are examples of life experiences, Mental health issues run in the family

Had Field (1952) has defined mental health as -'the full and harmonies functioning of the whole personality'. Hale (1992), has defined Mental health as the ability to perceive reality as it, to respond, to develop rational strategies for living. Kaplan (1971) has inferred that Mental health involves continuous adaptation to changing circumstances and is a dynamic process where a living being strives to achieve a balance between internal demands and the requirements of a changing environment. For Maslow, 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 emerged as a major concern in dynamic psychology, and learning is also one of the most essential variables in personality development. Academic anxiety is a typical problem among students, and it is linked to academic circumstances such as the school atmosphere, class tests, and so on. It can also be beneficial, since it motivates students to study for tests. When anxiety rises above a specific level, it can cause issues such as a loss of attention while studying and trouble memorising and recalling material. According to “Tohill and Holyoak (2000). Academic anxiety is situation specific form of anxiety related to academic circumstances.

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 the 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”.

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 the transitional stage between childhood and adulthood. Although there is no universally accepted definition of adolescence, it is commonly seen as the second decade of life or the period between puberty and legal adulthood, owing to the lack of a distinct delineation between the two. Adolescence is a phase of transition marked by significant changes in physical maturity, cognitive capacities, and social relationships. Physical maturation is the most obvious difference between adolescent and childhood. Pubertal development is a feature of early adolescence that combines rapid physical growth with reproductive system maturation.

Adolescents are people aged 10 to 19 years old, according to the World Health Organization (WHO). As a result, the vast majority of adolescents are included in the Convention on the Rights of the Child's 4 age-based definition of "child" as a person under the age of 18. Adolescence is a unique and formative period for adolescents, as they go through rapid physical, cognitive, and psychological development. This has an impact on how individuals feel, think, make decisions, and interact with others. Adolescents are vulnerable to mental health difficulties due to physical, emotional, and social changes, such as poverty, abuse, or violence.

Adolescence is a crucial time for acquiring fundamental social and emotional habits for mental health. Adopting healthy sleep patterns, exercising regularly, learning to control emotions, and building coping, problem-solving, and interpersonal skills are just a few of them. Protective and supportive surroundings are critical in the home, at school, and in the community. Adolescence is classified into three stages: early adolescence, which occurs between the ages of eleven and fourteen; middle adolescence, which occurs between the ages of fifteen and

seventeen; and late adolescence, which occurs between the ages of eighteen and twenty-one.

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:**

According Caspi et al the concept that neighbourhood settings influence children's development has gained a lot of attention because of the implications for prevention. But, since genetically vulnerable families tend to cluster in poor neighbourhoods. Can growing up in a disadvantaged environment have an impact on behaviour problems beyond a genetic vulnerability? A "countrywide research of 2-year-old twins indicated that children in underprivileged neighbourhoods were at an increased risk for emotional and behavioural disorders, regardless of genetic liability." Family-wide environmental variables accounted for 20% of population variance in children's behaviour concerns, with neighbourhood

disadvantage accounting for 5% of this family-wide environmental influence. The findings reveal that the relationship between impoverished neighbourhoods and children's mental health has 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. First, two distinct 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. There is greater frequency of psychological discomfort among women in comparison of males and may be explained in part by gender variations gained through social network membership. Women with poor resources may experience an increase in mental illness symptoms as a result of social ties,

especially if such relationships indicate role pressure associated with responsibilities to help others. Third, egocentric networks are nested inside a larger social connection framework. The concept of social capital refers to the integration of individual's social relationships into a larger social framework. Fourth, while some researchers have reported successes in social support treatments for mental health, more research is needed to better understand the design, timing, and dosage of effective interventions, as Sharma (2005) discovered when investigating how a physical exercise programme affected the mental health of exceptional children. He offered the exceptional youngsters a specifically designed physical exercise programme and assessed its influence on their mental health using the Mental Health Battery (Singh and Gupta, 2000). When compared to the control group who did not participate in the physical activity programme, the data demonstrated that the mental health of the special children who participated in the physical exercise programme improved dramatically.

Walter et al (2006) conducted a poll of teachers' 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 determine their attitudes toward the major mental health issues confronting their schools, the major barriers to overcome those problems, their preference for mental health topics in-service education, experience, knowledge, attitudes, and self-efficacy relating to mental health issues. Almost half of the teachers said disruptive behaviour was the major mental health issue in their classrooms, and that a lack of information and training was the most significant barrier to overcoming mental health concerns. Disruptive behaviour disorders and executing behaviour plans were the top two subjects for in-service education, with 118 votes each.

According to Bortel and Hanafiah (2015) the stigma attached to mental illness has been identified as a significant barrier to seeking help and receiving treatment. Basic knowledge of mental illness, such as its nature, symptoms, and repercussions, is missing, leading to mental health stigma and misconceptions." According to mental health experts, patients may become trapped in a vicious cycle of prejudice, resulting in detrimental consequences for the individual and their

family. In Malaysia, stigma research is very rare.

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) conducted 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) conducted his study on 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) has conducted a study on academic anxiety of secondary school students in relation to their parental encouragement. The main finding of the study shows the significant difference 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. Furthermore, another research by Marvathi and Bhukya (2015) stated the impact of anxiety in language learning on academic performance of ninth standard students. This study find 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) conducted a study on the relationship between examination anxiety and student's academic performance and the study noted that examination anxiety contribute negatively to students' academic performance, hence there is the urgent need in exploring the 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 Pathankot 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.

Sr. No.	Variable	N	Correlation (r)	Levels of significance
1	Mental Health	160	-0.07	Null
2	Academic Anxiety	160		

$P < 0.05 = .159$, $P < 0.01 = .208$ 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 (the table value is standardised). “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.

Sr. No.	Females	N	Correlation (r)	Level of Significance
1	Mental Health	80	-0.162	Null
2	Academic Anxiety	80		

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

At both levels of significance, 0.05 and 0.01 at df. 158, the computed coefficient of correlation value of -0.162 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.

Sr. No.	Males	N	Correlation (r)	Level of significance
1	Mental Health	80	0.085	Null
2	Academic Anxiety	80		

$P < 0.05 = .159$, $P < 0.01 = 0.208$ 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.

Sr. No.	Rural	N	Correlation (r)	Level of significance
1	Mental Health	80	-0.132	Null
2	Academic Anxiety	80		

$P < 0.05 = .159$, $P < 0.01 = .208$ 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”.

Sr. No.	Urban	N	Correlation (r)	Level of significance
1	Mental Health	80	0.036	Null
2	Academic Anxiety	80		

$P < 0.05 = .159$, $P < 0.01 = .208$ 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:

1. Bang, C.L. (2014). A study of academic anxiety level of higher school students. *Indian Streams Research Journal*, 3 (3), 13-21.
2. Bihari, S. (2014). Academic Anxiety among secondary school students with reference to gender, habit and type of school. *International Journal of Education and Psychology Research*, 3(2), 51-59.

3. Caspi, A., Taylor, A., Moffitt, T.E., and Plomin R. (2000). Neighbourhood deprivation effects children's mental health: environmental risks identified in a genetic design. *Psychol Sci.* 11(4): 338-42.
4. Hanafiah A. N. & Bortel, T. A. (2015). A qualitative exploration of the perspective of mental health professionals on stigma and discrimination of mental illness in Malaysia. *International Journal of mental Health systems*, 1(6), 16-20.
5. Kawachi, I., and Berkman, L.F. (2001). Social Ties and Mental Health. *Journal of Urban Health* 78:458-467.
6. Mark, O. and Okogu, J. O. (2016). Examination Anxiety and students academic performance: social Studies Approach. *International Journal of Educational Policy Research and Review*, 2(2-3), 85-88.
7. Rehman, A. & Siddiqui (2014). An international study of academic anxiety in relation to socio-economic status, Gender and school type among secondary school students. *International Global Research Analysis.* 5(2), 74-79.
8. Sharma, Anil (2005). Effects of physical activity programme on emotional intelligence and mental health of special children. Unpublished Ph.D. Thesis, Dept, of Physical Education, P.U. Chandigarh.
9. Singh, A.K. and Gupta, A.S. Manual and administrative of Academic Anxiety Scale for Children. National psychological Corporation, Kacheri Ghat, Agra-282004.
10. Singh, A.K. and Sengupta, A. (2012). Manual and administrative of Mental Health Battery. National psychological Corporation, Kacheri Ghat, Agra-282004.
11. Thomas, A. and Rickwood, R. (2016). Facilities of recovery for step p and step down clients of a sub-acute Residential Mental Health services. *Journal of Mental Health.*22(4), 22-29.
12. Van, D. and Grimm, S.L. (2016). Leading indicators of community based violent events among adults with mental illness. *Journal of Mental Health*, 3(12), 13-15.
13. Walter, H.J., Gouze, K., and Lim, K.G. (2006). Teachers' Belief About Mental Health Needs in inner City Elementary Schools. *Journal of American Academy of Child and Adolescent Psychiatry.* 45(1): 61-68.