

Demographic Differential in Anxiety Disorder among Secondary School Students in Rivers State, Nigeria

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Abstract: *Anxiety is a common and often healthy emotion. However, it is considered a disorder when reaction to such natural human events becomes blown up, exaggerated and gets out of hand even more than the anxiety-activating circumstance. This study aims at determining the demographic (gender, class level and school location) differential in Anxiety Disorder among Secondary school students in Rivers State, Nigeria. Population for the study was all senior and junior secondary school students in all Government secondary schools in the State. A sample of 400 students was drawn from secondary schools within the three senatorial zones of the state. An instrument adapted by the researcher comprising 25 items related to anxiety disorder and named "Anxiety Disorder Differential Scale (ADDS)", was used to collect data for the study. Research questions were answered using*

mean (\bar{X}) and standard deviation (Sd.), while hypotheses were tested at 0.05 level of significance. Findings indicated that there no significant difference in anxiety disorder among adolescents based on gender, class level and school location. Based on the findings, it was recommended among others that Counselling sessions and seminars on anxiety should be organized by schools for students, especially students moving from one class to a higher one. Also, school authorities should establish functional counselling centres with qualified counselling personnel to handle students' anxiety problems.

Keywords: Anxiety, Anxiety Disorder, Adolescent, Adolescent Anxiety Disorder

Introduction

Conceptualizing Anxiety

For every human being and at different times, there must be something to be anxious about. Even though there are situational variations on events that can provoke anxiety among humans, experiences and responses to these events must therefore vary, and consequently, everyone experiences some form of anxiety. Being anxious in itself is not a disorder, but a component aspect of human feeling necessary for continued human existence, especially when an individual is confronted with distressing situations. Anxiety is therefore inextricably linked with man's way of life and so is an emotional component of human beings that occasionally pops itself up in human life endeavours in form of worry and edginess.

At some point in their lives, every person has feeling of anxiety characterised by unease, worry or nervousness which may be associated with some bodily symptoms like quick heartbeat, palpitation, feeling dizzy and unstable. It can as well be a common and usual reaction to stress, or sometimes part of a more complex problem. Chouhan & Sharma, (2017) explained anxiety as apprehension towards certain unidentified events, with constant worry as its basic feature. It is not out of place to feel anxious because human beings usually and naturally may manifest anxiety over certain life situations. For instance when preparing for an examination, expecting a result for an examination, travelling to an unknown land, getting into a new job, getting married, a wife in labour, etc, one may become anxious. Generally, looking forward to the outcome of certain events of life elicits some level of tension and nervousness. Also, every human undertaking which is of great value, and whose outcome is uncertain, could educe anxiety. Anxiety is generally a feeling of discomfort and nervousness, such as worry or fear that can be mild, moderate or severe (Afolayan, Donald, Onasoga, Babafemi, and Juan, 2013); and it can commonly be expressed among humans of all age classification.

The basis of anxiety according to Chouhan and Sharma, (2017) lies in unconscious conflict between id and super- ego. Quite unlike fear, with a possible known cause and origin, anxiety involves state of apprehension, with the cause often unknown. Anxiety, as described by Alken cited in Adeyemo and Olatomide (2015), is a state of emotional stimulation which comes through physical, emotional and mental alterations encountered by human beings when facing a particular event. Adeyemo and Olatomide, (2015) then again described anxiety as a state of alertness arising from uncertainty.

Anxiety is a psychological and physiological state characterized by physical, emotional, cognitive, and behavioural components (Afolayan, Donald, Onasoga, Babafemi and Agama, 2013). As noted by Bouras and Holt (2009), anxiety means trouble; and in the presence or absence of psychological stress, anxiety can create a feeling of fear, worry, uneasiness, and dread. Anxiety is considered to be a normal response to stress and may help an individual to cope with the demands of life but in excess, it may be considered a disorder referred to as anxiety disorder, and it is a global problem affecting every person. Bouras and Holt

further observed that an optimal level of arousal and mindset is necessary to best complete a task such as an examination, perform an act or compete in an event; but when the anxiety or level of arousal exceeds that optimal level, the result is decline in performance. Hence the individual fails to fulfil the required obligation.

Anxiety is an emotional state marked by an unpleasant disposition, which usually comes with panicky behaviour like rumination, moving back and forth, (Davison, 2008). Causes of anxiety disorders as noted by Giddey, (n.d.) may be as a result of complex blend of environmental and hereditary factors. For it to be established that one has anxiety disorder, Downey, (2008); and Reynolds, (2013) noted that symptoms must persist for upward of six months, must go beyond as expected for the current situation, and lessen the ability of an individual to effectively function in their normal daily routine. Anxiety disorders form a category of mental health diagnoses that lead to excessive nervousness, fear, apprehension, and worry.

Concept of Adolescence

Adolescence is a phase that is often critical in human life cycle because it marks a period of genetic and psychosocial transition between childhood and adulthood. It is a time of strain and stress laden with series of problems, and therefore characterised by instability and vulnerability to the development of psychological distress (Garaigordobil, 2006). This period is considered a phase in life when young people are mostly susceptible to various kinds of risks, particularly with regard to their physical and emotional development. It is a time of new discoveries, exploration, opportunity and risk-taking.

The period of adolescence marks the development of attitudes; values and behaviours that form the adolescent's future take shape. During this period, they are in dire need of adequate information, direction on issues crucial to their developmental challenges and needs. At the adolescent stage, a good number of them are in their most 'impressionist' years when character traits and behaviour have not been fully formed (Fee and Youssef, 1993).

Often times, as further noted by Fee and Youssef, (1993), they attain sexual maturity ahead of mental and emotional maturity and the social skills needed to understand the implications of their sexual activity. This has resulted in several unmet needs among these young people due to poor understanding; thereby giving rise to such tendencies as sexual trialling, casual and careless sexual activities and wilful assent to negative peer influences.

Adolescents and Anxiety Disorder

Among adolescents, anxiety disorders constitute one of the most serious and perhaps one of the most ignored and uncared-for psychological problems. Adolescent anxiety disorder occurs when anxious feelings are persistently intense, continuing for weeks or even for a longer period of time; and can be so distressing that they interfere with their learning, normal lifestyle, socializing and ability to carry out day to day activities (Craske, 2003). Psychological distress according to Lahey, (2009) refers to a vulnerable emotional condition, marked by feelings of sadness, nervousness, anxiety, irritability, and self-consciousness. This distress, which is usually anxiety and/or depression, in the views of Garaigordobil, (2006), arises when adolescents have poor learning about the 'real world', and trying to strive for both independence from parents and inclusion in social groups

Adolescents begin to experience genuine emotional problems when anxiety is in its severe form. They may start having emptiness of minds, experiencing shakes, hands going numb and suffering from various sudden disabilities associated with anxiety, especially during examination (Afolayan, Donald, Onasoga, Babafemi & Agama, 2013). As noted by Heather and April (2009), anxiety can occur as a result of stress, affecting learning and memory; and also affecting academic performance negatively. However, Kaplan and Saddok (2000) noted that an optimal level of stress can enhance learning ability and improve academic performance. Distorted social functioning, such as rejection by peers, finding it hard to make or keep friends, and not taking part in group activities, are some factors noted as predictors and products of anxiety (Copeland, Angold, Shanahan, and Costello, 2014); (Roza, Hofstra, Ende, and Verhulst, 2003) and (Scharfstein, Alfano, Beidel, and Wong, 2011). One major indicator that anxiety is becoming a problem is persistent difficulty in doing things which one normally does without difficulty (Felman, 2018).

Despite the fact that anxiety may be a common phenomenon in every man's daily lives, it becomes a disorder when it gets uncontrollable and interferes with, or obstructs an individual's usual way of life and of doing things. Anxiety disorder as noted by Nwankwo, (2018) therefore refers to a situation whereby the feeling of anxiety itself interferes with the behaviour or performance of the individual in his daily activities. Explicitly, when anxiety persists, gets out of hand and becomes exaggerated, without really being traced to any particular event, it can be termed anxiety disorder. People who have anxiety disorder, as Nwankwo averred, exhibit certain characteristics such as feeling inadequate and anxious under challenging situations, avoiding stressful situations rather than facing them, exhibiting a great deal of rigidity in their behaviour and a lack of insight into their problem behaviour. Ekechukwu and Isiguzo (2015) noted that anxiety may lead to learned helplessness among adolescents; a syndrome which is gradually becoming part of the adolescents' lifestyle without them knowing.

Differential in Anxiety Disorder among adolescents

For some time now, studies on the disparity in adolescence anxiety disorder has been given little or no attention; and adolescent anxiety disorder itself has been regarded as a common and momentary symptom associated with developmental challenges of adolescents. For this reason, it has been seen as being of little or no medical and research-relevance, than studying anxiety among adults (Muris and Broeren, 2009). Whereas studies have constantly described anxiety as one of the most common psychiatric disorder among adolescents, estimate on levels of occurrence differ significantly among studies (Olofsdotter, 2017).

Among adolescents, anxiety disorders can constitute severe mental health problems since these young people are still developing, especially as they differ in various demographic factors like gender, class level and location of school. If left unchecked, it can have lasting consequences for the overall health and development of the adolescents. The tendency for there to be differing levels in the manifestation of anxiety among adolescents is very likely. Studies (Somers, Goldner, Waraich et al., 2006) indicated that all anxiety disorders are more common in females, almost twice than males. Even though there may be interplay of sex differences during early childhood, age may influence their increase, up to about 2:1 to 3:1 ratios among adolescents (Craske, 2003) and (Baxter; Scott and Vos, et al., 2012). As also observed by Baxter, Scott, Vos, and Whiteford, (2013); and Bandelow, and Michaelis, (2105); across the lifespan, anxiety is more or less twice as frequent among females as among males. Studies by Mahmoud, Staten, Lennie, and Hall (2015) revealed that anxiety in adolescents, when untreated, may result in a number of emotional and behavioral complexities.

Also, as adolescents advance in class, performance at school may vary from one student to another and from one level of study to another. This may constitute one of the major sources of anxiety among adolescents in schools. The school is often a place where adolescents with anxiety continually and greatly get worried about (American Psychiatric Association, 2013), especially with respect to passing examinations. As they advance from one class to a higher one, the more schooling becomes more complex and the difficulty level increases; and then the level of pressure to adjust and perform well equally increases. This causes anxiety to rise also, and too much worry impedes the ability of adolescents to perform well in their academics and do other things with efficiency (Bisson, (2017). The time and energy that is spent worrying would leave less time to study or do homework and negatively affect an individual in many other areas.

Students whose schools are located at rural areas, and who may have to walk long distance to schools, may equally experience anxiety. Also, schools located in warring areas, may raise a high level of anxiety among students. Students who attend schools in areas where the language is strange, may also develop anxiety. Abderrezzag, (2010) refers to it as Language anxiety; the feeling of worry and nervousness experienced by those who are not native speakers of a particular language, as they learn in a strange language environment. This feeling may disrupt their learning ability, thereby causing anxiety. Language anxiety, according to Horwitz et al, cited in Abderrezzag, (2010) is attributable to different causes including apprehension towards communication, fear of being negatively evaluated and test anxiety. Researchers like Beesdo, Knappe, and Pine, (2009); Copeland, Angold, Shanahan, and Costello, (2014); Woodward, and Fergusson, (2001); Ramsawh, Weisberg, Dyck, Stout, and Keller, (2011) and Essau, Lewinsohn, Olaya, and Seeley, (2014), have noted that adolescent anxiety disorders can be chronically persistent until adulthood, and are connected to malfunctioning and negative effect in a number of areas .

Statement of the Problem

When a person regularly feels disproportionate levels of anxiety, it might become a medical disorder and calling for attention. Knowledge of psychological problems, especially in systems and societies that have not fully appreciated the importance of psychology, is seemingly low, making it practically difficult for people within such areas to access prompt and requisite attention when faced with such problems. Adolescent anxiety disorder is one of such psychological problems facing adolescents, and which has gained little or no attention from teachers, schools, parents and society in general. This has given rise to series of deviant and disabling behaviours among adolescents. More so, there is paucity of studies on demographic disparities in manifestation of anxiety among adolescents. This study therefore becomes an indispensable attempt to bridge this knowledge gap.

Aim and Objectives of the study

This study aims at determining the demographic differential in Anxiety Disorder among Secondary school students in Rivers State, Nigeria. In specific terms, the study intends to:

1. Examine the difference in anxiety disorder among secondary school students in Rivers State, Nigeria based on gender.
2. Find out the differences in anxiety disorder among secondary school students in Rivers State, Nigeria based on class level.
3. Examine the differences in anxiety disorder among students in rural and urban secondary schools in Rivers State, Nigeria.

Research Questions

The following research questions guided the study:

1. What is the difference in anxiety disorder among male and female secondary school students in Rivers State, Nigeria?
2. What is the difference in anxiety disorder among junior and senior secondary school students in Rivers State, Nigeria?
3. What is the difference in anxiety disorder among students in urban and rural areas in Rivers State, Nigeria?

Hypotheses

The following null hypotheses tested at 0.05 level of significance guided the study.

1. There is no significant difference in anxiety disorder among male and female secondary school students in Rivers State, Nigeria.
2. There is no significant difference in anxiety disorder among junior and senior secondary school students in Rivers State, Nigeria.
3. There is no significant difference in anxiety disorder among students in urban and rural areas in Rivers State, Nigeria.

Methodology

The design for this study was descriptive survey. The population was all senior and junior secondary school students in all Government secondary schools in Rivers State, Nigeria. The sample was 400 students drawn from secondary schools across the three senatorial zones of the state which are: Rivers-East, Rivers-South-East and Rivers-West Senatorial Districts respectively. Data were collected with an instrument adapted by the researcher comprising 25 items related to anxiety disorder and named "Anxiety Disorder Differential Scale (ADDS)". There are four response options of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD); which were weighted 4, 3, 2, and 1, with a criterion mean score of 2.5 used for decision making, that

is; $4+3+2+1=10/4=2.5$. Research questions were answered using mean (\bar{X}) and standard deviation (SD), while hypotheses were tested at 0.05 level of significance.

Results and Discussion

Hypothesis One: There is no significant difference in anxiety disorder among secondary school students in Rivers State based on gender.

Table 1: z-test analysis of the responses of students on anxiety disorder based on gender.

Gender	N	\bar{X}	Sd.	Df	z-cal	z-crit	Alpha level	Decision
Female	318	2.73	1.07	398	1.25	1.960	0.05	N.S
Male	82	2.89	1.02					

*N.S \Rightarrow Not Significant

The z-test analysis of the mean for the female and male students indicated that the calculated z of $1.25 <$ critical z of 1.960. By this, therefore, the null hypothesis that there is no significant difference in anxiety disorder among secondary school students based on gender is accepted and the alternate rejected. Consequently, there is no significant difference in anxiety disorder among male and female secondary school students.

Hypothesis Two: There is no significant difference in anxiety disorder among secondary school students in Rivers State based on class level.

Table 2: z-test analysis of the responses of junior and senior secondary school students.

Class Level	N	\bar{X}	SD	Df	z-cal	z-crit	Alpha level	Decision
Junior	214	2.73	1.09	398	0.82	1.960	0.05	N.S
Senior	186	2.72	1.07					

*N.S \Rightarrow Not Significant

For class level, the z-test analysis of the mean revealed that the z- cal. value of $0.82 < z\text{-crit}$ of 1.960. Thus, the null hypothesis is accepted and the alternate rejected. Accordingly, there is no significant difference in anxiety disorder among junior and senior secondary school students.

Hypothesis Three: There is no significant difference in anxiety disorder among secondary school students in Rivers State based on location.

Table 4.6: z-test analysis of the responses of students in urban and rural areas.

School Location	N	\bar{x}	SD	Df	z-cal	z-crit	Alpha level	Result
Urban	273	2.75	1.08	398	0.62	1.960	0.05	N.S
Rural	127	2.82	1.04					

*N.S \Rightarrow Not Significant

The z-test analysis of the mean for urban and rural students showed that the calculated z of $0.62 < \text{critical z}$ of 1.960. For that reason, the null hypothesis that there is no significant difference in anxiety disorder among secondary school students based on location is accepted and the alternate rejected. Therefore, there is no significant difference in anxiety disorder among secondary school students based on location.

Summary of Results and Conclusion

This study was aimed at determining the demographic differential in Anxiety Disorder among Secondary School Students in Rivers State, Nigeria. The results indicated that there is no significant difference in anxiety disorder among male and female secondary school students. Furthermore, findings revealed that there is no significant difference in anxiety disorder among junior and senior secondary school students. Again, it was discovered from the results that there is no significant difference in anxiety disorder among secondary school students based on location.

Recommendations

Based on the findings, the following recommendations were made:

1. Counselling sessions and seminars on anxiety should be organized by schools for students, especially students moving from one class to a higher one. This will emotionally equip them and help prepare their minds towards moving higher in school.
2. School authorities should establish functional counselling centres with qualified counselling personnel to handle students' anxiety problems. This will offer adequate opportunity for students to consult professional counsellors when facing anxiety problems.
3. Government should provide adequate transportation facilities for students going to school from one locality to another; especially in the rural areas. This will reduce stress and tension for them, and minimise the tendency to develop anxiety.
4. Parents should form the habit of engaging their adolescent children in discussions from time to time. They should pay detailed attention to them and know when they are in need of attention. This will help them open up and release their pent-up emotions.
5. Students on their own should be confident enough to occasionally visit the school counsellor, and communicate their worries. They should learn to share their problems with counsellors. This will bring relief for them and make them feel better, consequently avoiding anxiety.

References

Abderrezzag, S. (2010). effects of Anxiety on Students' Achievement The case of third year LMD students: Unpublished Masters Degree Dissertation Submitted to the Department of Foreign Languages, University of Constantine.

Adeyemo, E. O. & Olatomide, O. O. (2015). Development and Validation of Retirement Anxiety Scale for Secondary School Teachers in Osun State, Nigeria. International Journal of Psychological Studies; Vol. 7, No. 2.

Afolayan, J.A., Donald, B., Onasoga, O., Babafemi, A. A. & Juan, J. A. (2013). Relationship between anxiety and academic performance of nursing students, Niger Delta University, Bayelsa State, Nigeria. *Adv. Appl. Sci. Res.*, 4(5):25-33

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: American Psychiatric Publishing.

Bandelow, B., & Michaelis, S. (2015). Epidemiology of anxiety disorders in the 21st century. *Dialogues in Clinical Neuroscience*, 17(3), 327-335.

Baxter, A. J., Scott, K. M., Vos, T., & Whiteford, H. A. (2013). Global prevalence of anxiety disorders: A systematic review and meta-regression. *Psychological Medicine*, 43(5), 897-910.

Beesdo, K., Knappe, S., & Pine, D. S. (2009). Anxiety and anxiety disorders in children and adolescents: developmental issues and implications for DSM-V. *Psychiatric Clinics of North America*, 32(3), 483-524.

Bisson, K.H. (2017). *The Effect of Anxiety and Depression on College Students' Academic Performance: Exploring Social Support as a Moderator*. Unpublished Master's thesis presented to The Faculty of the Graduate School of Social Work, Abilene Christian University.

Chouhan, V. L. & Sharma, P. (2017). Psychological Models of Depression and Anxiety: Counselor's Perspectives. *The International Journal of Indian Psychology* Vol 4, Issue 2, No. 85,

Copeland, W. E., Angold, A., Shanahan, L., & Costello, E. J. (2014). Longitudinal patterns of anxiety from childhood to adulthood: the Great Smoky Mountains Study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 53(1), 21-33.

Craske M.G.(2003). *Origins of phobias and anxiety disorders: why more women than men?* Amsterdam: Elsevier;

Davison, G.C. (2008). *Abnormal Psychology*. Toronto: Veronica Visentin. p. 154

Downey, J. (2008). "Premium choice anxiety". *The Times*. London.

Ekechukwu, R. & Isiguzo, B.C. (2015). Psychological factors associated with learned helplessness among adolescents in Rivers State. *European Journal of Research and Reflection in Educational Sciences* (3); 4, 2015

Essau, C. A., Lewinsohn, P. M., Olaya, B., & Seeley, J. R. (2014). Anxiety disorders in adolescents and psychosocial outcomes at age 30. *Journal of Affective Disorders*, 163, 125-132.

Fee D, Youssef, N. (1993). *Young people, AIDS and STD prevention: Experiences of peer approaches in developing countries*. Unpublished WHO report.

Felman, A. (2018). What to know about anxiety. Retrieved from www.medicalnewstoday.com/articles/

Garaigordobil M (2006). Psychopathological symptoms, social skills and personality traits: A study with adolescents. *Spanish J. Psychol.* 9(2):182-192.

Giddey, M. W. (n.d.). *Mental Health Nursing: From first principles to professional practice*. Stanley Thornes

Heather, L. & April, L. (2009). *The Relationship between Test Anxiety and Academic Performance*. Missouri Western State University, Egypt,

Kaplan, H. & Saddok, B. (2000). *Learning Theory; Synopsis of Psychiatry, Behavioral Science/Clinical Psychiatry*: Lippincott Williams & Wilkins, Philadelphia, 813 828

Lahey B.B. (2009). Public Health Significance of Neuroticism. *The American Psychologist*, 64(4):241-256.

Mahmoud, J. R., Staten, R., Lennie, T. A., & Hall, L. A. (2015). The relationships of coping, negative thinking, life satisfaction, social support, and selected demographics with anxiety of young adult college students. *Journal of Child & Adolescent Psychiatric Nursing*, 28(2), 97-108. doi:10.1111/jcap.12109

Muris, P., & Broeren, S. (2009). Twenty-five Years of Research on Childhood Anxiety Disorders: Publication Trends Between 1982 and 2006 and a Selective Review of the Literature. *Journal of Child and Family Studies*, 18(4), 388-395.

- Nwankwo, O. C. (2018). *Abnormal Psychology: The clinical approach*. Port Harcourt: Ascension Digital Press.
- Pine D.S, Cohen P., Gurley D., et al (1998). The risk for early-adulthood anxiety and depressive disorders in adolescents with anxiety and depressive disorders. *Arch Gen Psychiatry*; 55: 56-64.
- Ramsawh, H. J., Weisberg, R. B., Dyck, I., Stout, R., & Keller, M. B. (2011). Age of onset, clinical characteristics, and 15-year course of anxiety disorders in a prospective, longitudinal, observational study. *Journal of Affective Disorders*, 132(1-2), 260-264.
- Reynolds, C.A. (2013). "Robert Plomin, John C. DeFries, Valerie S. Knopik, Jenae M. Neiderhiser, *Behavioral Genetics* (6th Edition)". *Behavior Genetics*. 43 (4): 360–361
- Roza, S. J., Hofstra, M. B., Ende, J. v. d., & Verhulst, F. C. (2003). Stable Prediction of Mood and Anxiety Disorders Based on Behavioral and Emotional Problems in Childhood: A 14-Year Follow-Up During Childhood, Adolescence, and Young Adulthood. *American Journal of Psychiatry*, 160(12), 2116-2121.
- Scharfstein, L., Alfano, C., Beidel, D., & Wong, N. (2011). Children with generalized anxiety disorder do not have peer problems, just fewer friends. *Child Psychiatry and Human Development*, 42(6), 712- 723.
- Somers, J.M, Goldner, E.M, Waraich P. et al. (2006). Prevalence and incidence studies of anxiety disorders: a systematic review of the literature. *Canadian Journal of psychiatry Review*; 51: 100–113.
- Woodward, L. J., & Fergusson, D. M. (2001). Life course outcomes of young people with anxiety disorders in adolescence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 1086- 1093.