

A Study on the Extent of Anxiety Experienced by the Adolescents and Suggesting Coping Strategies

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ABSTRACT

Adolescence is a critical developmental period marked by significant changes and mental health challenges. This study investigated the extent of anxiety experienced by adolescents aged 11-19 years in Vadodara city, Gujarat, India and suggested effective coping strategies to adolescents for managing their anxiety. A sample of 120 adolescents were selected through purposive sampling technique. The data related to their background information and anxiety levels (physical, emotional, and social aspects) were collected through questionnaire. The findings revealed that a more than half (74.32%) of the respondents reported a high extent of anxiety. Based on these findings and existing literature, the study proposed coping strategies categorized as mindfulness and relaxation techniques, cognitive strategies, behavioral strategies, social and emotional support and lifestyle adjustments. These strategies offer a comprehensive framework for adolescents to manage their anxiety. The study highlights the high prevalence of anxiety among adolescents in the urban Indian setting and emphasizes the need for increased awareness and early intervention. The suggested coping strategies provide a valuable resource for adolescents, parents, educators and mental health professionals to promote adolescent well-being.

Keywords: Adolescents, Anxiety, Mental Health, Coping Strategies

INTRODUCTION

According to the World Health Organization, adolescence is the time between the age of 10 to 19 years. The United Nations' World Population Prospects: The 2012 Revision (June, 2012) estimates that there are 1223.4 million youth and 1198.7 million adolescents in the world. Most significantly, China's young population is somewhat larger than India's, although India being the second most populous country in the world, has a larger proportion of adolescents. An estimated 253 million Indians are adolescents, making up 21% of the nation's total population (Census India, 2011). Physically, psychologically and sexually, adolescence period is

characterized as a time of tremendous growth and maturation. Adolescent nutrition and health are likely to have an impact on future generations' health. Therefore, additional consideration and care must be given to diet at this time (Agarwal, 2015).

Dynamic brain development and intricate socio-environmental interactions occur throughout this crucial formative stage of life, which spans from childhood to maturity and affects a person's future potential. Adolescence is when the mental health conditions typically manifest and develop. Half of all mental illnesses start in adolescence, and 10% to 20% of children and adolescents worldwide suffer from mental health disorders (World Health Organization, 2018). According to Nair *et al.*,

How to cite this Article: Veerkumar, Vashima, Trivedi, Khyati, Chaudhari, Shruti and Patel, Sarjoo (2025). A Study on the Extent of Anxiety Experienced by the Adolescents and Suggesting Coping Strategies. *Internat. J. Appl. Home Sci.*, **12** (3 & 4) : 122-129.

(2013), 14.5% of teenagers in South India suffer from anxiety disorders. In 2015, anxiety disorders caused 24.6 million Years Lived with Disability (YLDs) worldwide, making them the sixth highest contribution to non-fatal health loss worldwide. When there is a perceived threat, either internal or external, anxiety is one type of emotion that manifests tense feelings, anxious thoughts and physical symptoms such as elevated blood pressure and pulse rate (John *et al.*, 2022). Even though anxiety is a common occurrence, it can occasionally be identified as a mental illness (Hoehn-Saric *et al.*, 2004). In older adults, anxiety is a widespread but often undetected mental health problem and even subclinical anxiety symptoms are sign of difficulties to come (Grenier, 2011). These disorders have been demonstrated to increase vulnerability to sickness, foster unhealthy coping methods that negatively impact the evolution of chronic illnesses and are associated with decreased physical and social functioning (Lecrubier, 2001). Anxiety is frequently divided into two categories in clinical settings: trait anxiety, which characterizes a person's overall tendency to experience anxiety and state anxiety, which reflects how a person feels at a certain moment.

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5, 2013), panic disorder (PD), agoraphobia, social anxiety disorder (SAD), generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), acute stress disorder (ASD) and specific phobias (SP) are the primary anxiety disorders that clinicians and researchers may want to focus on. It is very challenging to diagnose anxiety disorders in adolescence. The eight disorders listed above are placed in their own section of the Diagnostic and Statistical Manual (DSM), which also includes anxiety disorders brought on by drugs or medical conditions and a Not Otherwise Specified category for clinically problematic symptoms that do not fully fit the criteria for any of the other disorders (American Psychiatric Association, 2013). Since the DSM has a separate section for illnesses that are typically diagnosed in childhood, this assumes that the majority of anxiety disorders emerge in adulthood (Grant, 2013). Anxiety in children is a prevalent mental illness. According to estimates, over 36% of children with behavioral issues have been diagnosed with anxiety disorders and over 7% of teenagers have been diagnosed with anxiety. According to a systematic assessment of research done in 27 nations, 6.5% of children globally

suffer from anxiety disorders (Polanczyk *et al.*, 2015). Nearly one in twelve kids between the ages of three and seventeen in the US suffer from anxiety (Ghandour, 2019).

Low socioeconomic position, trauma, exposure to violence and biological variables including temperament and heredity are risk factors for anxiety disorders in children and adolescents. Children who experience anxiety from their parents are more likely to experience anxiety disorders and functional impairment (Zhu *et al.*, 2019). According to research by Castillo *et al.* (2016), university students had significant levels of academic stress, trait anxiety and state anxiety. The research on this population, a number of stresses, includes tests, a lack of time for schoolwork and an overwhelming workload, can lead to elevated anxiety levels. In order to help students, manage or lessen the consequences of stress and anxiety in higher education, several researchers underline the significance of considering elements like personal expectations and perceived self-efficacy (Mathews *et al.*, 2016). Contreras *et al.* (2005) state that persons who are not confident in their abilities may believe that tasks are more difficult than they are. According to Mahal and Chawala (2015), a lack of social skills can result in behavioral issues in school, misbehavior, inattention, rejection by peers, emotional difficulties, bullying, trouble making friends, aggression, interpersonal relationship issues, low self-esteem, academic failures, difficulty focusing, social isolation and depression. In fact, a number of studies have discovered a negative relationship between anxiety and self-efficacy (Bueno-Pacheco *et al.*, 2017). Childhood stressful life events (SLEs) are strongly associated with a higher risk of developing anxiety or depression symptoms or disorders (Turner, 2004). A meta-analysis, for example, found that mistreatment of children increased the risk of anxiety and depression by 1.68 and 2.48 times, respectively. But according to the aforementioned meta-analysis, 89% of the studies on childhood trauma and mental health were carried out in the Global North, with only 5% of the studies involving people in Latin America. Concern regarding how social media use and exposure to internet content affect anxiety symptoms and the emergence of anxiety disorders in youngsters has grown within the last 10 years. The impacts can be both positive and harmful, and they differ depending on age, gender, social media platform, and time spent using it (Racine *et al.*, 2021). Only a pilot survey of adolescents aged 10 to 19 in four

states was included in the National Mental Health Survey of India (2015–16); the northern regions of the country were not covered. The most prevalent mental illness identified in this pilot investigation was anxiety disorders. It suggested reaching out to more Indian populations with the adolescent survey (Gururaj *et al.*, 2016).

Numerous studies have examined anxiety levels in the general public, academics and healthcare professionals. Among them some of have found that anxiety and depression rates are noticeably higher during illness outbreaks, underscoring the need for more research in this area. However, research on researchers themselves is lacking, and this has to be addressed immediately. A Dutch study found that while positive reappraisal seemed to be protective, self-blame, rumination, and catastrophizing were associated with more severe depressive symptoms in teenagers (Kraaij, 2003). Additional research indicates that while emotion-focused and passive coping mechanisms (such as avoidance and distraction) have detrimental effects on mental health, active and problem-solving coping mechanisms have beneficial consequences. The degree to which various coping techniques regulate the association between SLEs and depression or anxiety in young people outside of the Global North is still unknown, despite the fact that coping strategies in young people have gotten little attention (Thapar, 2022). Taking all these studies into consideration, the present research aims to study the problems faced by adolescent in managing anxiety and suggest effective strategies to solve these anxiety problems.

Objectives :

1. To gain an insight on the extent of anxiety experienced by the adolescents.
2. To suggest coping strategies for adolescents to manage anxiety.

Delimitations:

1. The study was limited to the adolescents aged between of 11-19 years.
2. The study was limited to Vadodara city only.

METHODOLOGY

The research design for the present study was descriptive in nature. Purposive sampling technique was used to select the respondents from the Vadodara District,

Gujarat State. This study was limited to 120 adolescents aged between 11-19 years. Questionnaire was used as a tool for collecting data. The questionnaire's validation and reliability were established. The reliability of the scale was established through the Cronbach's alpha test for internal consistency, based on the average inter-item correlation which was computed as 0.941. The questionnaire was divided into two sections wherein Section I comprised of Background Information of the respondents. Section II covered information regarding the anxiety experienced by the respondents which was divided into three categories: Physical, Emotional and Social aspect. The scale comprised of three aspects: Physical, Emotional and Social with total 34 statements and was assessed through a summated rating scale where the respondents were asked to state the extent of anxiety in three continuum scale *i.e.*, "Always", "Sometimes" and "Never". The assigned scores were 3 through 1, respectively. High scores reflected high extent of anxiety among the respondents.

RESULTS AND DISCUSSION

Background Information of the Respondents

As per the data in Fig. 1, it was found that 62.50 per cent of respondents were in the age group of 17-19 years. The mean age of the respondents were 18.96 years. The data also revealed that 51.66 per cent of respondents were male and 48.33 per cent of respondents were female. On further scrutiny on the level of education the data revealed that 55 per cent of respondents were pursuing Graduation followed by 25 per cent of the respondents who were pursuing secondary education. The data regarding the type of family revealed that 68.33 per cent of respondents belonged to Joint family whereas 31.66 per cent of the respondents belonged to nuclear family.

Extent of Anxiety Experienced by the Respondents:

This section focuses on the anxiety experienced by the respondents, categorized into three areas: physical, emotional, and social aspects. The physical aspect explores the physiological responses the respondents experience when anxious. The emotional aspect addresses the range and intensity of emotional reactions felt in anxiety-inducing situations. Finally, the social aspect covers the respondents' experiences and challenges in

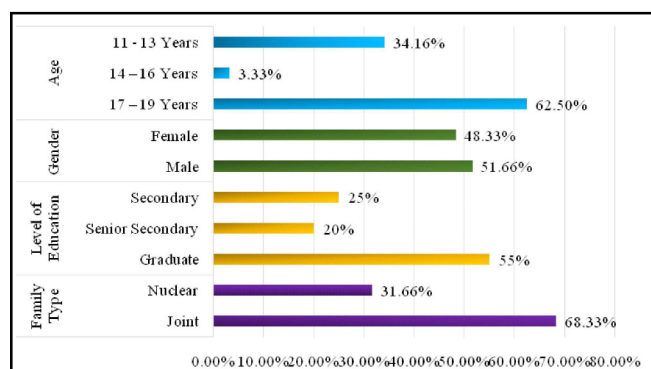


Fig. 1 : Background information of te respondent

social settings when dealing with anxiety. The respondents were asked to respond on a three-point continuum *i.e.*, “Always”, “Sometimes” and “Never”. The assigned scores were 3 through 1, respectively.

The data collected (Table 1) indicated that 83.33 percent of respondents always experienced tiredness when nervous, while 80 per cent of the respondents always experienced headache in uncomfortable situations. Additionally, 59.17 per cent of respondents always experienced excessive sweating during uncomfortable situations. The data also revealed that 57.50 per cent of the respondents always experienced trembling or shaking in unwanted situations. A similar percentage of respondents 47.50 per cent of the respondents always experienced pain in stomach and neck in uncomfortable situations.

The data in Table 2 revealed that a majority of the respondents (90.83 %) always experienced excessive

worrying about small issue while 86.67 per cent of respondents always experienced feeling of fear in uncomfortable situations and three-fourth of the respondents (75.00) experienced lack of confidence in unwanted situations. The data also revealed that 73.33 per cent of the respondents always experienced trouble in concentration in uncomfortable situations. Feeling of frustration in unwanted situations was always experienced by 65.80 per cent of the respondents. Little more than one half of the respondents (53.33 %) always experienced forgetfulness in uncomfortable situations followed by 50 per cent of the respondents always experienced feeling uneasy in difficult situations.

In the category of social symptoms experienced by the respondents, the data (Table 3) revealed that majority of the respondents (90.83 %) experienced inability to attend social functions followed by 86.67 per cent of the respondents who always experienced withdrawal from social situations. The data also revealed that 66.67 per cent of the respondents always experienced nervousness in social gatherings followed by 62.50 per cent of them always experiencing embarrassment in uncomfortable situations. A little more than one-half of the respondents (60.00 %) always experienced difficulty in making new contacts in social gatherings followed by 53.33 per cent of them always experiencing difficulty in class participation in social gatherings.

The comparison of overall weighted mean of the three aspects of anxiety namely physical, emotional and social revealed that the respondents were more affected on emotional aspect followed by social aspect and physical

Table 1 : Distribution of respondents according to their physical aspect of anxiety

Sr. No.	Statements related to Physical aspect of Anxiety	Always		Sometimes		Never		Weighted Mean Score (3-1)
		f	%	f	%	f	%	
1.	Experience tiredness when nervous	100	83.33	5	6.00	15	12.5	2.71
2.	Experience headaches in uncomfortable situations	96	80.00	12	14.40	12	10.00	2.70
3.	Experience excessive sweating during uncomfortable situations	71	59.17	17	20.40	32	26.67	2.33
4.	Trembling or shaking in unwanted situations	69	57.50	13	15.60	38	31.67	2.26
5.	Feeling nauseous in unwanted situations	66	55.00	12	14.40	42	35.00	2.20
6.	Experience pain in Stomach in uncomfortable situations	57	47.50	21	25.20	42	35.00	2.13
7.	Experience pain in Shoulder when nervous	56	46.67	35	42.00	29	24.17	2.23
8.	Experience pain in Neck in unwanted situations	57	47.50	21	25.20	42	35.00	2.13
9.	Experience loss of appetite during situations	56	46.67	35	42.00	29	24.17	2.23
10.	Unable to sleep due to anxiety	54	45.00	33	39.60	33	27.50	2.18
11.	Feeling of Dizziness in uncomfortable situations	42	35.00	21	25.20	57	47.50	1.88
Overall Weighted Mean								2.27

Table 2 : Distribution of respondents according to their emotional aspect of anxiety

Sr. No.	Statements related to Emotional aspect of Anxiety	Always		Sometimes		Never		Weighted Mean Score (3-1)
		f	%	f	%	f	%	
1.	Experience excessive worrying about small things	109	90.83	0	0	11	9.17	2.82
2.	Experience feeling of fear in uncomfortable situations	104	86.67	4	3.33	12	10.00	2.77
3.	Experience lack of confidence in unwanted situations	90	75.00	18	15.00	12	10.00	2.65
4.	Experience trouble in concentration in uncomfortable situations	88	73.33	12	10.00	20	16.67	2.57
5.	Experience feeling frustrated in unwanted situations	79	65.83	10	8.33	31	25.83	2.40
6.	Experience feeling of restlessness in uncomfortable situations	72	60.00	28	23.33	20	16.67	2.43
7.	Experience forgetfulness in uncomfortable situations	64	53.33	31	25.83	25	20.83	2.33
8.	Feeling uneasy in difficult situations	60	50.00	23	19.17	37	30.83	2.19
9.	Difficulty in controlling emotions in uncomfortable situations	62	51.67	22	18.33	36	30.00	2.22
10.	Experience frequent mood swings in uncomfortable situations	51	42.50	24	20.00	45	37.50	2.05
11.	Develop negative thoughts in uncomfortable situations	36	30.00	25	20.83	59	49.17	1.81
12.	Experience feeling of unsettling	33	27.50	37	30.83	50	41.67	1.86
Overall Weighted Mean								2.34

Table 3: Distribution of respondents according to their social aspect of anxiety

Sr. No.	Statements related to social aspect of Anxiety	Always		Sometimes		Never		Weighted Mean Score (3-1)
		f	%	f	%	f	%	
1.	Experience inability to attend social functions	109	90.83	2	0	9	7.50	2.83
2.	Withdrawal from social situations	104	86.67	4	4.80	12	10.00	2.77
3.	Experience nervousness in social gatherings	80	66.67	7	8.40	33	27.50	2.39
4.	Fear of getting embarrassed in uncomfortable situations	75	62.50	11	13.20	34	28.33	2.34
5.	Difficulty in making new contacts in social gatherings	72	60.00	28	33.60	20	16.67	2.43
6.	Difficulty in class participation in social gatherings	64	53.33	29	34.80	27	22.50	2.31
7.	Fear criticism in social situations	62	51.67	20	24.00	38	31.67	2.20
8.	Fear of getting judged in social situations	60	50.00	23	27.60	37	30.83	2.19
9.	Feeling of isolation in social situations	44	36.67	39	46.80	37	30.83	2.06
10.	Fear of Rejection in social situations	37	30.83	16	19.20	67	55.83	1.75
11.	Being more self-conscious in social situations	36	30.00	24	28.80	60	50.00	1.80
Overall Weighted Mean								2.28

aspect.

Extent of Anxiety Experienced by Respondents:

The scale consisted of 34 statements reflecting extent of anxiety experienced by the respondents. It was assessed through a summated rating scale where the respondents were asked to state the extent of anxiety experienced in three-point continuum scale *i.e.*, “Always”, “Sometimes” and “Never”. The scores assigned were 3 through 1, respectively. The minimum score was 34 and maximum was 102. Minimum and maximum possible score were divided into three

categories on the basis of equal interval which were High extent, Moderate extent and Low extent of anxiety. High scores reflected high extent of anxiety among the respondents.

High score reflected high extent of anxiety experienced by the respondents. The data revealed that 65 per cent of the respondents experienced high extent of anxiety followed by 25.83 per cent of the respondents who experienced moderate extent of anxiety. Low extent of anxiety was experienced by 9.17 per cent of the respondents.

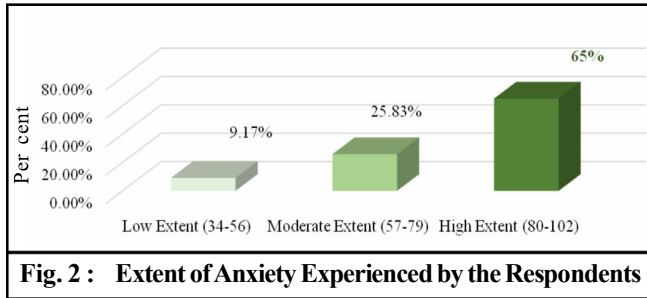


Fig. 2 : Extent of Anxiety Experienced by the Respondents

Coping Strategies for Managing Anxiety among Adolescents:

On the basis of the findings, the researchers had suggested coping strategies for managing anxiety among the respondents. The material prepared was validated from a panel of experts for their valuable comments. The changes were done accordingly. Extensive review of literature assisted in suggesting the coping strategies.

Adopting coping strategies for anxiety management is crucial because it provides individuals with the tools to reduce the intensity and frequency of anxiety symptoms, leading to immediate relief and preventing escalation into more severe episodes. These strategies significantly improve overall mental and emotional well-being by fostering a sense of control, enhancing mood and increasing self-esteem. Furthermore, effective anxiety management enhances daily functioning and quality of life by improving concentration, sleep, relationships and participation in activities. Crucially, it can also prevent the development of more severe mental health issues and promotes long-term resilience, empowering individuals to navigate life's challenges with greater confidence and well-being.

A. Mindfulness and Relaxation Techniques:

- **Mindful Awareness:** Paying attention to the present moment without judgment, through practices.
- **Muscle Relaxation:** Taking efforts to relax muscles to reduce physical tension associated with anxiety.
- **Meditation:** Regular meditation, even for short periods, can help train the mind to be less reactive to anxious thoughts.

B. Cognitive Strategies:

- **Identifying Anxious Thoughts:** Recognizing the specific thoughts that trigger anxiety.
- **Thought Stopping:** Learning to interrupt negative thought patterns when they begin.

- **Reframing Thoughts:** Trying to look at situations from a more balanced or positive perspective.
- **Positive Self-Talk:** Replacing negative self-criticism with encouraging and supportive statements.

C. Behavioural Strategies:

- **Problem-Solving:** If the anxiety is related to a specific problem, breaking it down into smaller, manageable steps and working towards a solution.
- **Gradual Exposure:** Facing feared situations or objects in small, controlled steps to build tolerance and reduce avoidance.
- **Engaging in Enjoyable Activities:** Making time for hobbies, interests, and activities that bring joy and distraction.
- **Physical Activity:** Regular exercise releases endorphins, which have mood-boosting and stress-reducing effects.
- **Establishing Healthy Routines:** Maintaining a consistent sleep schedule, eating nutritious meals, and staying hydrated can improve overall well-being and resilience to anxiety.

D. Social and Emotional Support:

- **Talking to Trusted Adults:** Sharing feelings and concerns with parents, guardians, teachers, counsellors or other supportive adults.
- **Connecting with Friends:** Spending time with positive and supportive friends can provide a sense of belonging and reduce feelings of isolation.
- **Seeking Peer Support:** Connecting with other adolescents who experience anxiety can create a sense of understanding and shared experience.
- **Learning Assertiveness Skills:** Expressing needs and boundaries in a healthy way can reduce anxiety related to social situations.

E. Lifestyle Adjustments:

- **Limiting Caffeine and Alcohol:** These substances can exacerbate anxiety symptoms.
- **Getting Enough Sleep:** Sleep deprivation can significantly impact mood and anxiety levels.
- **Healthy Diet:** Nourishing the body with balanced meals can improve overall mental health.
- **Managing Screen Time:** Excessive screen time can contribute to stress and sleep problems.

- **Exercise:** Connecting with the body and soul by getting into healthy lifestyle by working out regularly either by going for a walk, yoga or pilates.

It is important for adolescents to experiment with different strategies to find what works best for them. Developing a personalized toolkit of coping mechanisms can empower them to manage their anxiety effectively.

Conclusion and Implication:

Anxiety disorders are a significant but often overlooked health issue in teenagers. While they share similarities with adult anxiety, adolescents may also experience physical symptoms, behavioural problems and other co-occurring conditions. This study highlights a significant concern impacting the present well-being and future development of adolescent age group. The study examined the physical, emotional and social dimensions of anxiety. A notable proportion of participants reported experiencing common physical manifestations such as fatigue and headaches, emotionally prevalent issues included excessive worry, feelings of fear and low self-confidence. Furthermore, the social sphere revealed substantial challenges, with many adolescents reporting diminished work efficiency, social withdrawal and nervousness in social gatherings, influencing their daily functioning and interpersonal relationships. These findings carry important implications for public health and intervention strategies. The high prevalence of anxiety necessitates enhanced awareness of adolescent mental health issues among families, educators and the broader community. Early identification through routine screenings in educational and primary healthcare settings is crucial for facilitating timely access to support and intervention. The study suggests various coping strategies, including mindfulness and relaxation techniques, cognitive restructuring, behavioural activation, social support enhancement, and lifestyle adjustments. This offers a valuable framework for developing targeted interventions aimed at building resilience and equipping adolescents with effective tools for managing their anxiety. Moreover, the identified social factors contributing to anxiety emphasize the need for interventions that address peer relationships, social skills development, and the creation of supportive school and community environments. While this study provides valuable insights within its defined scope, further research with larger and more diverse samples across India is essential for a more

comprehensive understanding of the prevalence and correlates of adolescent anxiety. Longitudinal studies are also needed to track the trajectory of anxiety and the effectiveness of different intervention approaches. Addressing the significant burden of anxiety in adolescents is paramount for safeguarding their current well-being and ensuring their healthy transition into adulthood, ultimately contributing to a healthier and more productive future for the nation.

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