

The Effect of Anxiety on the Psychosocial Well-Being of Adolescents in Secondary Schools in Buea Sub-Division

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ABSTRACT

Introduction: It is a general term for several factors that cause nervousness, fear, apprehension, and worrying. These factors affect how we feel and behave, and they can manifest real physical symptoms: a serious mental health condition in which a person feels unsure about their future predicaments and unworthy of applying themselves in any given situation. Anxiety imposes itself not only on adults but it takes its toll on children and adolescents as well. Normally, parents want their children to be happy. Despite their best to provide and protect them, children still encounter disappointments, frustrations, or real heartbreak. The current study is an attempt to investigate anxiety and possible risk factors in adolescents in relation to psycho-social well-being in adolescents.

Methodology: A cross sectional survey research design was adopted in order to address the problem of anxiety symptoms, risk factors and psychosocial well-being of adolescents in secondary schools. A total of 400 male and female emerging adults served as subjects in the study. Questionnaire was used to collect quantitative data. While qualitative data was collected with the use of focus group discussion and interview to buttress quantitative data collected with questionnaire. Chi-square was used to analyze the quantitative data and a thematic content assessment was used to analyze qualitative data.

Results: The results revealed that anxiety is negatively correlated with various dimensions of psycho-social well being and there exist a significant difference among male and female adolescents in context of anxiety. The impact of anxiety can accompany victims into adulthood, where they appear to be at greater risk of suicidal behaviours and other mental health problems. Again, findings reveal that the psychosocial well-being of adolescents is significantly affected by anxiety symptom. Equally it was retained that loneliness, low self-esteem and aggression has a significant negative effect on adolescent's psychosocial well-being. Furthermore, the findings from this present study show that the issue of anxiety and its risk factors are very common during adolescence even though it is considered to be less a problem. This implies that it is necessary to utilize the results of this study to implement programs or courses in psychology that will inform people about the early signs of adolescent risk factors and symptoms of anxiety.

Implication: Following the findings of this study and based on the study problem, it was discovered from the variables under study that a good proportion of adolescents in secondary schools are seen to portray some symptoms and risk factors for anxiety which has negatively affected their well-being both socially and psychologically. It is hope that this study will be helpful in highlighting the undesirable nature of anxiety among adolescents.

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KEYWORDS: Depression, risk factor, Psycho-social Well-being and Emerging adults

Introduction

The challenge of dealing with anxiety is not unique to adolescents, but is one among a variety of common unpleasant emotional experiences that every human being encounters in different magnitudes at one time or another in life. According to Costello (1976), anxiety usually occurs when an anticipated event is expected to make demands for which a person is unprepared and therefore lacks the necessary coping skills. Anxiety is seen to play the role of giving a powerful signal to the individual that she/he is unprepared for the impending event. However, the effects of anxiety on an individual may vary depending on its interaction with the task performance process. Low to moderate anxiety is often deemed beneficial as it enables the body to discharge energy equivalent to the task at hand. High anxiety on the other hand, may be devastating because it excites the body system above normal functioning capacity, and impacts negatively on task performance which may cause a depressed mood. Coon & Mitterer (2008) have stated that in any given year, roughly 18% of the adult population suffers from anxiety disorder complications; an indication that they had problems with maintaining their anxiety within manageable levels. According to the U.S. Department of Health and Human Services (1999), young people who experience excessive fear, worry and uneasiness may have been suffering an anxiety disorder.

The primary sources of language anxiety, explicated by Horwitz, Horwitz & Cope (1986), are communication apprehension, fear of negative evaluation and test anxiety. According to them, language anxiety consists of self-perception, beliefs, feelings and behavior related to classroom language learning arising from the uniqueness of the language learning process, (Horwitz et al., 1986). Communication apprehension, on the one hand, is quiet relevant to the conceptualization of language anxiety. Learners who exhibit communication apprehension do not feel comfortable communicating in front of others, due to their limited knowledge of the language, especially in relation to speaking and listening skills. Communication apprehension has a great influence on students' communication competence. Learners who typically have difficulty speaking in front of other people are likely to be less able to learn and develop their communication skill. Fear of negative evaluation, on the other hand, is the learners' feeling about how other teachers or classmates may negatively evaluate their language ability.

Learners who experience fear of negative evaluation do not consider their language mistakes as a natural thing or as an attempt to learn a new language, but as a danger for them especially in front of their teachers or their peers. As a result, they keep silent most of the time and refuse to participate in classroom activities. Language anxiety is the fear that an individual feels when he has to speak a language in which he is not fully proficient. He considers language anxiety as a stable personality trait related to the individual's tendency to react nervously when speaking, listening, reading or writing in the second language. Anxious students have been shown to be less likely to volunteer answers in class and are hesitant in expressing personally relevant information in the target language. According to Horwitz et al. (1986), test anxiety is a form of performance anxiety, in which the learner feels the fear of failure and doing badly in a test. Learners who experience test anxiety consider the process and especially oral production, as a threatening situation, rather than an opportunity to improve their communicative competence and speaking skills (Horwitz et al., 1986). Anxiety symptoms are extremely common in childhood and adolescence and can negatively interfere with general well-being, social life, academic performance and development of social skills. Horwitz et al. (1986) stated that anxiety symptoms are associated with impairment of memory and cognitive functions and can contribute to poor school performance and academic failure.

Researchers (Mazzone, Ducci, D'Arrigo, Passaniti, Scoto & Vitiello, 2007), found that anxious individuals find it harder to avoid distractions and take more time to turn their attention from one task to the next than their less anxious peers. This makes learning, reading, remembering and writing difficult affecting academic performance. Since the anxious individuals perform at a comparable level to the unanxious ones with a greater cost in terms of effort or perhaps long term stress; it is believed that students with high anxiety as well as those with low anxiety will have lower academic performance. Therefore, those with moderate levels of anxiety will perform the best. Mazzone, et al. (2007), maintained that if an individual's experience is negative, then anxiety level will be higher, leading to lower academic performance. Consequently, if an individual's experience is positive, then the anxiety level will be lower, leading to higher academic performance. From these investigations, it has been observed that high and lower levels of anxiety is related to poor academic performance while a moderate level of anxiety is related to optimum academic performance.

Anxiety disorders are one of the most common mental health conditions in children and adolescents. While everyone may have occasional moments of feeling anxious or worried, an anxiety disorder is a condition that causes people to feel persistently, uncontrollably worried over an extended period of time. The disorder may result in significant distress in a number of settings, such as school, peer relationships, and home life and it may dramatically affect people's lives by limiting their ability to engage in a variety of activities (Bostic, 2004).

Adolescents with anxiety disorder are often preoccupied with worries about their success in activities and their ability to obtain the approval of others. These children may have persistent thoughts of self-doubt that they are unable to control, and they constantly criticize themselves. Children may be preoccupied with being on time to events and insist on doing a task perfectly. In contrast to the ordinary, occasional worries or fears experienced in childhood and adolescents, anxiety disorder persists for at least six months and affects children throughout the day (at home, at school, and with friends). Adolescents may appear inflexible or excessively worried about conforming to rules, or they may not be able to enjoy hobbies or other recreational activities. Some children may appear shy when, in fact, they are preoccupied with significant worries. Even if children are aware that their worries are more intense than is warranted by a situation, they may not be able to stop the worry (Bostic, 2004).

Psychosocial well-being

The term psychosocial reflects the dynamic relationship between psychological and social processes. Psychological processes are internal; they include thoughts, feelings, emotions, understanding and perception. Social processes are external; they are comprised of social networks, community, family and environment. It is important to remember that what happens in one of these areas will affect aspects of the others, (Williamson, John & Robinson, 2006). How we are feeling internally affects how we relate to the environment around us. Similarly, our traditions, customs, and community affect how we feel. The materials, biological and psychosocial aspects of well-being are integrally related, and it is not helpful to try to separate them in program development, (Williamson, John & Robinson, 2006).

Adolescence, the transition to adulthood, is characterized by unique, multiple physical and psychosocial changes and demands (Vondra & Garbarino, 1998). The set of biological changes that mark the beginning of adolescence is called puberty (Clark-Stewart et al., 1998). During puberty, the

young person comes to have the appearance and size of an adult and to have the potential for mature reproduction, together with all the underlying processes. Growth and development occur in interaction with other people that are important to the adolescent, such as parents, siblings, relatives, friends and school personnel. During adolescence, youngsters change in the way they interact and relate to family and peers. Functional changes occur in family interactions because the young adolescents begin to demand greater autonomy and an altered relationship with parents. Peers play an important role in adolescents' emergence from family towards independence. Adolescents increase their involvement with peers and increase intimacy and shared thoughts and feelings as a basis of friendship (Hartup, 1983). The relationship with members of the opposite sex also assumes a new importance. Girls especially have been claimed to be concerned with communication and relating to other people and deriving intensive emotional support from their friends while boys have been found to be more interested in sharing things and activities (Frey, 1996).

Problem statement

It has been observed that most adolescents exhibit symptoms such as anxiety (especially during class discussions and examinations), while others often isolate themselves from peers making them vulnerable to loneliness and poor peer relationships. Most adolescents in secondary schools are seen to be very aggressive towards their peers with negative effects on their mental health and well-being especially when it comes to relationships and school performance. The period of adolescence creates distance and conflicts in the parent-adolescent relationship as the family system adjusts to the physical and social changes that are taking place. Regrettably, the understanding of what makes a good or poor relationship in the family and how these relationships affect adolescents' psychosocial well-being is often very limited and inconsistent.

However, the mental health care of adolescents is best achieved when parents, teachers and therapists build socially supportive relationships with them to moderate adverse influences that adolescents experience in their environment. It therefore appears that there is a need for studies on the symptoms of depression in adolescents, its risk factors and methods of treatment and prevention. There is a need for adults living and working with adolescents to be educated with regard to adolescent psychosocial development, to have greater awareness of adolescent depression and to be trained to identify early signs and symptoms

of physical, emotional and social distress in adolescents. It is against this backdrop that the present study investigated depressive symptoms, their risk factors and psychosocial well-being among adolescents in secondary schools in Buea Sub-Division.

Empirical Framework

Anxiety and Adolescents Academic Performance

Academic performance is often conceptualized as referring to the different stages of the educational scene, as one of the goals pursued in the teaching-learning process, sought after by educational authorities, teachers, parents and of course, the students themselves. During this process, the student is to become transformed through a sequence of active work, becoming enriched not only at the cognitive level, but also in skills, aptitudes, interests, ideals etc., that are needed for success in academic, personal and social life (Espinoza, 2006). This being so a quantification of academic performance is considered one possible expression with which to assess the teaching-learning process.

When it comes to the operative measurement of academic performance, one of the most common criteria has been the grades which teachers give student upon their completion of some evaluation system, most notably, the oral, written, or performance tests that students complete over the course of school year. It can be said that these grades are one of the most predictive factors of school performance, (Cano, 2001). It follows that since students' academic performance is measured through the grades they obtain; such scores would also constitute the main indicator of school success. In this regard we can also speak of school failure, which, according to the experts refer to the case of having reached the end of one or several stages in the educational system and obtaining unsatisfactory grades. This failure extends to other spheres of the student's personal and social life and is a possible precursor or circumstances associated with later failures in other aspects of life (McCarty, Mason, Kosterman, Hawkins, Lengua & McCauley, 2008).

It would be a mistake to think that the student is the only one responsible for this failure since he or she receives influences both within and outside the educational system itself (Cano, 2001). In general, school performance is considered a highly complex variable, where a multiplicity of factors intervenes, and these factors do not always lend themselves to clear definition. In a study done by (Broc, 2006), studying the relationship between motivation and academic performance in students enrolled in compulsory and post-compulsory secondary

education, results show a close, significant positive relationship between motivation and school success or failure. Likewise, self-efficacy is positively related to academic performance, that is, students who present a high self-efficacy perception obtain high academic performance (Contreras, Espinoza, Esguerra, Haikal, Polaina & Rodriguez, 2005). Thus in any given outcome, not only do the student's intellectual capacities intervene, but other types of influencing factors can hinder or boost their performance. These factors include psychological ones such as aptitudes, motivation, self-concept, anxiety etc., sociological factors, including cultural, socio-economic and environmental; and finally, pedagogical factors, pointing to pure scholastic aspects such as teaching styles, methodologies and so on (Cano, 2001).

Nonetheless, certain social, behavioral and academic problems can be involved in the etiology of depression, showing there is relationship between deficits in these areas and depressive symptoms, both in childhood and adolescence (Eley & Stevenson, 2000). Bandura, Pastorelli, Barbaranelli & Caprara (1999), argued in one study that, not attaining a proposed academic goal could be a factor which gives rise to emotional disturbance (anxiety), which in turn could be a reason for the later appearance of depression, especially if failure is extended over time. Thus academic failure, in terms of not reaching a goal, would lead to feelings of discouragement and negative self-assessment, typical symptoms of depression. For their part, Herrera and Maldonado (2002) found that among first year secondary school students, those individuals classified with high rates of academic failure presented a higher level of depression than those that did not fail or those that only failed one subjects.

The study of anxiety in childhood and adolescence has concerned researchers for quite some time. For example, the prevalence of anxiety disorder in adolescents in the general population is between 9 and 20% (Mardomingo, 2005). The characteristic symptoms of this emotional disturbance are very common and can interfere negatively with social life, general well-being, development of social skills and even with academic performance. There is evidence to think that high levels of anxiety hinder the performance of any task since attention, concentration and effort are not functioning fully, (Rains, 2004). By contrast, moderate levels of anxiety produce a state of alert or of tension that can improve performance on tasks that require such alertness (Victor & Rooper, 2002). The latter can be beneficial for academic functioning, as long as the student has mechanisms to

deal with anxiety, his or her self-esteem is not threatened and if the task is not highly significant (Contreras et al., 2005). High presence of anxiety tends to be associated with a decline in memory and cognitive functions, which may contribute to the beginning of new psychiatric disorder (Von Ameringen, Mancini & Farvolden, 2003).

Student who suffer from anxiety disorder furthermore avoid classroom activities; for this reason they visit the school nurse frequently, reporting a variety of somatic complaints, or even refusing to attend school (Honjo, Nishide, Niwa, Sasaki, Kaneko, Inoko & Nishide, 2001). Due to poor school attendance and negative behavior often manifest when attending, anxiety disorder may be associated with poor academic performance (Hughes, Lourea-Waddell & Kendall, 2008). Similarly, in research carried out by Von Ameringen et al. (2003), results suggest that children and adolescents with anxiety problems suffer greater risk of failing academically, of dropping out of school and of not aspiring to higher education when compared to the normal population. In this line Mazzone et al. (2007), reveal a statistically significant association between high levels of self-reported anxiety and poor academic performance. Thus, children with high levels of anxiety were more likely to have school grades in the failure range, as compared to children with low scores in anxiety.

In summary, the relationship between anxiety symptom and academic performance is complex. Several factors would influence this relationship through a series of multiple interactions, including the individual's affective and cognitive profile, family influences and socio-economic status.

Methodology

Research design

A cross sectional survey research design was adopted in order to address the problem of depressive symptoms, risk factors and psychosocial well-being of adolescents in secondary schools. A cross sectional survey research design is one in which a group of people or item is studied by collecting and analyzing data from only a few people or items considered to be representative of the entire group. It specifies how much data will be collected and analyzed. This design was chosen because it has the advantage of providing a large amount of valuable data in a very short time. Moreover, the design is appropriate because the study involve collecting the opinions of people in relation to the variables under consideration by the use of questionnaires. Furthermore, only a part of the population (sample) is studied and findings from this are expected to be generalized to the whole population.

Area of the Study

This study was carried out in Buea Sub-division, located in the South West Region of the Republic of Cameroon. Bueais situated on the eastern slopes of Mount Cameroon and has a population of 90,088 according to the 2005 population census. Originally, Buea sub-division population consisted mainly of the Bakweri people. However, due to its position as a university town and the regional capital, there are a significant number of other ethnic groups. Buea is the political and administrative capital of the South West Region hosting the first Anglophone university of Cameroon, the University of Buea and is surrounded by more than 60 villages including Mile 16 (Lower Bolifamba), Molyko, Muea, Bokova, Bomaka, Great Soppo, Tole and a host of others. Subsistence agriculture is practiced by most of the people around the Buea sub-division, while others work as civil servants, traders, and hunters. It is noteworthy that this area has a lot of educational opportunities starting with nursery schools to a renowned university which gives the chance to education for everybody.

Apart from these educational opportunities, other facilities such as market places, night clubs, video halls and drinking spots are also present in the area which can hinder a child's ability to study properly and maintained a positive relationship if proper care is not taken. This is so because most students around the surrounding villages and towns in Buea are often seen in drinking spots or in groups smoking especially during school hours, this usually creates a lot of conflict both in school with teachers and at home with their parents. Others accompany their parents to farms to cultivate while some of them are mostly seen in market places selling during school periods and this brings about poor performances in their academics since little time is spent on school work. Maintaining a balance between academic demands and other domestic activities puts a lot of stress on the adolescents making them vulnerable in developing depressive affects.

Population of the Study

Amin (2005) defines a population as a complete collection (or universe) of all the elements (units) that are of interest in a particular investigation. Briggs and Coleman (2007) define the population of a study as the entire group in which we are interested and which we wish to describe or draw conclusions about. The population of this study was made up of all the 5897 first cycle students of the thirty six (36) secondary schools in Buea sub-division (Regional Delegation of MINESEC, 2014).

Target Population

The target population is the population to which the researcher ultimately wants to generalize the results while the accessible population is the population from which the sample is actually drawn (those element within the reach of the researcher), (Amin,2005).The target population of this study comprised of the form Four and Five students of Government High School Bomaka (GHS), Holy Child Comprehensive College (HOLYBICOL) Bomaka, Charity comprehensive academy Mile 16, Government High School (GHS) Bokova Rural, Summerset Bilingual College Buea (SUBICOL), Bilingual Grammar School (BGS) Molyko, Our Lady of Mount Camel College (OLMCC) Muea, Presbyterian Comprehensive Secondary School (PCSS) Buea Town and Saint Joseph College Sasse-Tole. The accessible population was made up of three hundred and ninety three forms Four and Five students from the nine secondary schools mentioned above. These were the subjects within the reach of the researcher, as well as those that fell within the age range of this study. It was therefore from this accessible population that a sample was drawn for this study.

Sample and Sampling techniques

The convenient sampling technique was used to get the area for the study. This explains why the Buea Sub-Division was chosen for the study as it was easy for the researcher to get to the area. Another reason for the choice of Buea sub-division was as a result of the fact that little to no empirical work has been carried out on the topic depressive symptoms, risk factors and adolescent's psychosocial well-being.

Simple random sampling technique was used in selecting the nine schools for this study and these schools were selected from each of the categories made up of government, confessionnal and lay private and from diverse areas such as the urban, semi-urban and rural areas in order to avoid the issue of bias. According to Amin, (2005), a simple random sample is a sample obtained from the population in such a way that samples of the same size have equal chances of being selected. By this method, the researcher used the "Basket and Draw Technique" to randomly select schools for the study.

Most often, adolescents experience challenges and they sometimes exhibit different behavioural patterns or traits that make it possible for them to develop depressive symptoms without knowing the consequences of their actions on their well-being. This explains why purposive sampling technique was used to select the participants for the study in order to find out how these symptoms of depression and risk factors affects adolescents psychosocial well-being.

This study was meant for the Form Four and Five students of secondary schools first cycle of the ages of about 13 to 20years. This group of participants was selected for the study because they are at the peak of adolescence stage of development and are bound to face different challenges (e.g. anxiety, loneliness, aggression) that could hinder their psychosocial well-being.

Instrument for data collection

Questionnaires

In this study, the researcher made use of a self-developed questionnaire which is a carefully designed instrument for collecting data in accordance with the specifications of the research questions and hypotheses (Amin, 2005). The questionnaires were made up of both open-ended and closed questions that were divided into two parts. The first part was made up of personal information about the respondents while the second part was to find out how and the extent to which depressive symptoms and risk factors influences adolescents' psychosocial well-being in the Buea Sub-division. Attached to each question, was a cover letter to the respondents. This letter presented the researcher's subject, purpose of the study, and solicited co-operation of the respondents as well as a guarantee of confidentiality. The respondents were to choose among the various alternatives provided. The questionnaire included items on health-related behaviors in the context of students' families, schools, and peers. The following variables were examined in the present study anxiety, loneliness, aggression, low self-esteem and psychosocial well-being. The subject responded to the questionnaire using a four point Likert-type scale. Responses to items were given the following scale scores.

4 = Strongly Agree (SA)

3 = Agree (A)

2 = Strongly Disagree (SD)

1 = Disagree (D)

They were required to make very honest responses by ticking one of the options. Gay and Airasia (2000) points out that the use of questionnaire has some definite advantages over other methods of collecting data in that; they require less time, is less expensive and permits collection of data from a much larger sample.

Administration of the Instrument

The direct delivery technique was used to administer instrument use for data collection. The researcher personally visited the schools involve in the sample. The researcher obtained permission from the

administration of the school and distributed copies of the questionnaire to the students who eventually responded to the items. Any doubts with regards to the items of the questionnaire were clarified. In each area, the exercise took approximately three hours since the researcher had to move from one class to another. Even though the researcher waited on the students to complete the items and submit copies at once, some students still insisted on taking their own copies to feel at home at a time convenient to them.

Method of data processing and analysis

Open-ended questions were analyzed using the process of thematic analysis whereby concepts or ideas were grouped under umbrella terms or key words. As for the quantitative data, a pre-designed EpiData Version 3.1 (EpiData Association, Odense Denmark, 2008) database which has in-built

consistency and validation checks was used to enter the data. Further consistency, data range and validation checks were also performed in SPSS version 21.0 (IBM Inc., 2012) to identify invalid codes. Data were made essentially of categorical variables and they were analyzed using frequency and proportions and Multiple Response Analysis to aggregate responses within conceptual components. Reliability test was performed to assess the internal consistency of responses using Cronbach Alpha reliability analysis. Chi-Square test of equality of proportion was used to compare proportions for significant difference. Data were presented using frequency table, figures and code-grounding-quotation table. All statistics will be presented at the 95% Confidence Level (CL), Alpha =0.05.

Findings

Presentation of Demographic data

Table 1: Distribution of psychosocial well-being among adolescent students by background information

		Psychosocial wellbeing		N _{responses} (MRS)	χ^2 -test
		Agree	Disagree		
Sex	Male	1221(62.9%)	719(37.1%)	1940	$\chi^2=6.03$ P=0.014
	Female	1483(74.5%)	507(25.5%)	1990	
Age range	15years	565(63.5%)	325(36.5%)	890	$\chi^2=1.20$ P=0.548
	15-17years	1434(70.6%)	596(29.4%)	2030	
	18+	705(69.8%)	305(30.2%)	1010	
School type	Public	1453(67.6%)	697(32.4%)	2150	$\chi^2=3.11$ P=0.211
	Confessional	632(65.2%)	338(34.8%)	970	
	Lay private	619(76.4%)	191(23.6%)	810	
Setting type	Rural	628(59.8%)	422(40.2%)	1050	$\chi^2=7.25$ P=0.267
	Semi-urban	766(66.6%)	384(33.4%)	1150	
	Urban	1310(75.7%)	420(24.3%)	1730	
Person with whom child is living	Father and mother	1009(68.6%)	461(31.4%)	1470	$\chi^2=4.54$ P=0.338
	Father only	229(57.3%)	171(42.8%)	400	
	Mother only	466(76.4%)	144(23.6%)	610	
	Relatives	652(67.9%)	308(32.1%)	960	
	Non relative	348(71.0%)	142(29.0%)	490	
Development index score	Below median	1100(66.3%)	560(33.7%)	1660	$\chi^2=0.19$ P=0.664
	Median and above	770(68.8%)	350(31.3%)	1120	
Academic performance	Below average	518(74.0%)	182(26.0%)	700	$\chi^2=1.37$ P=0.242
	Average and above	2084(67.2%)	1016(32.8%)	3100	

Adolescent psychosocial well-being was dependent only on sex ($\chi^2=6.03$; P=0.014) whereby more female (74.5%) portray well-being as compared to a significantly lower rate for the male (62.9%). Adolescents between the ages of 15-17years show a higher level of psychosocial well-being, (70.6%) as compared to those that falls between the age range of 18 and above (69.8%), ($\chi^2=1.20$; P=0.548). Students from lay private schools were satisfied with their psychosocial well-being (76.4%) more than those from public schools (67.6%) and confessional schools (65.2%) respectively ($\chi^2=3.11$; P=0.211). It is also realized that, children from the urban areas portrayed high levels of psychosocial well-being, ($\chi^2=7.25$; P=0.267), with weight (75.7%) as against those from the semi-urban areas (66.6%) and rural areas (59.8%). The adolescents were seen to portray different

levels of psychosocial well-being, ($\chi^2=4.54$; $P=0.338$). Adolescents living with just their mothers were more satisfied with their psychosocial well-being (76.4%) than those who stays only with their fathers (57.3%). Some of them were also satisfied despite the fact that they lived with non-relatives (71.0%). Those who lived with both parents show high levels of satisfaction in their well-being (68.6%) than those living with their relatives (67.9%). Following the developmental index score, (68.8%) falls within median and above while (66.3%) were below median, ($\chi^2=0.19$; $P=0.664$). A good number of students who felt satisfied with their psychosocial well-being had average and above in their academic performance (67.2%) while 74.0% had below average ($\chi^2=1.37$; $P=0.242$).

Research hypothesis

H₀1: Anxiety has no significant effect on adolescent's psychosocial well-being

H_a2: Anxiety has a significant effect on adolescent's psychosocial well-being

Table 2: Anxiety among adolescent students

Anxiety	Agree	Disagree	N
I am always afraid of failing my exams	312(79.4%)	81(20.6%)	393
I worry about my result	306(77.9%)	87(22.1%)	393
I am afraid of making mistakes during class discussions	275(70.0%)	118(30.0%)	393
I feel that others do not like the way I do things	270(31.3%)	123(31.3%)	393
Others seem to do things easier than I can	238(60.6%)	155(39.4%)	393
I do very badly in subjects I used to be good in	198(50.4%)	195(49.6%)	393
I feel embarrassed when I am called up to answer questions in class	196(49.9%)	197(50.1%)	393
It is hard for me to keep my mind on my schoolwork	183(46.6%)	210(53.4%)	393
I find it difficult to participate in group discussions	168(42.7%)	225(57.3%)	393
I get nervous when a teacher enters the class	161(41.0%)	232(59.0%)	393
I am always afraid of writing exams	128(32.6%)	265(67.4%)	393
I don't like participating in class exams	119(30.3%)	274(69.7%)	393
Multiple response set (MRS)	2554(54.2%)	2162(45.8%)	4716

A weak majority of adolescents expressed feeling of anxiety (54.2%). Their main source of anxiety was of failing in exams 312 (79.4%), worries about their results 306 (77.9%), fear of making mistake during class discussion 275(70.0%) and perceived superiority of others 270 (31.3%). Some students, 238(60.6%) felt that others do things better than they can do while 198(50.4%) of students perform badly in subjects they used to be good in. A good number of the students, 196(49.9%) felt embarrassed when they are called upon to answer questions in class. Close to half of the population of students 183(46.6%) finds it difficult to keep their minds on their school work while for a majority of others 168(42.7%) it was difficult to participate in group discussions. Some students 161(41.0%), get nervous when a teacher enters the class and a good number of others 128(32.6%) were afraid of writing exams. The least majority of students 119(30.3%) do not like to participate in class exams. The multiple response set (MRS) shows that 54.2% of the adolescents are experiencing anxiety symptom.

Table: Distribution of anxiety among adolescent students by background information

		Anxiety		N _{responses} (MRS)	χ^2 -test
		Agree	Disagree		
Sex	Male	1322(56.8%)	1006(43.2%)	2328	$\chi^2=0.97$ $P=0.326$
	Female	1232(51.6%)	1156(48.4%)		
Age range	<15	596(55.8%)	472(44.2%)	1068	$\chi^2=0.39$ $P=0.825$
	15-17	1288(52.9%)	1148(47.1%)	2436	
	18+	670(55.3%)	542(44.7%)	1212	
School type	Public	1382(53.6%)	1198(46.4%)	2580	$\chi^2=4.17$ $P=0.124$
	Private	453(46.6%)	519(53.4%)	972	
	Confessional	719(61.8%)	445(38.2%)	1164	
Setting type.	Rural	751(59.6%)	509(40.4%)	1260	$\chi^2=2.68$ $P=0.262$
	Semi-urban	775(56.2%)	605(43.8%)	1380	
	Urban	1028(49.5%)	1048(50.5%)	2076	
Person with whom	Father and mother	953(54.0%)	811(46.0%)	1764	$\chi^2=1.84$

child is living	Father only	288(60.0%)	192(40.0%)	480	P=0.764
	Mother only	347(47.4%)	385(52.6%)	732	
	Relative	630(54.7%)	522(45.3%)	1152	
	Non relative	336(57.1%)	252(42.9%)	588	
Development index score	Below median	1147(57.6%)	845(42.4%)	1992	$\chi^2=0.72$ P=0.396
	Median and above	703(52.3%)	641(47.7%)	1344	
Academic performance	Below average	421(50.1%)	419(49.9%)	840	$\chi^2=0.61$ P=0.433
	Average and above	2050(55.1%)	1670(44.9%)	3720	

Based on the distribution on anxiety by background information table above, male students had high levels of anxiety (56.8%) than female students (51.6%), with χ^2 test and P-value ($\chi^2=0.97$; P=0.326). The anxiety level of students between the ages of 15-18 was almost equal (55.3%), ($\chi^2=0.39$; P=0.825). Students from confessional schools show high levels of anxiety symptom (61.8%), than those from public (53.6%) and lay private (46.6%) as seen from the chi-square test of $\chi^2=4.17$; P=0.124. Based on the setting type, students from rural areas were higher in their level of anxiety (59.6%) than those from the semi-urban (56.2%) and urban areas (49.5%) respectively ($\chi^2=2.68$; P=0.262). Furthermore, adolescents living with their fathers only had high levels (60.0%) of anxiety than those living with their mothers only (47.4%), students who lived with non-relatives show high level of anxiety (57.1%) than those who lived with their father and mother (54.0%) or relatives (54.7%) with χ^2 -test as $\chi^2=1.84$; P=0.764. The developmental index score revealed that, (57.6%) were below median and (52.3%) falls between median and above $\chi^2=0.72$; P=0.396. Results from their academic performance shows that (55.1%) had average and above while (50.1%) were below average $\chi^2=0.61$; P=0.433. It was realized that adolescents' anxiety was not dependent of any of the background indicators (P>0.05).

Table: Psychosocial well-being among adolescent students

Psychological wellbeing	Agree	Disagree	N
I enjoy learning new things	321(81.7%)	72(18.3%)	393
I feel well enough to do things I enjoy doing	290(73.8%)	103(26.2%)	393
I like playing with my friends	285(72.5%)	108(27.5%)	393
I am engaged and interested in my studies	280(71.2%)	113(28.8%)	393
I like my school	277(70.5%)	116(29.5%)	393
I am competent and capable in the activities that are important to me	276(70.2%)	117(29.8%)	393
School is one of my favorite places to be	273(69.5%)	120(30.5%)	393
I am happy where I am living	258(65.6%)	135(34.4%)	393
Setbacks don't discourage me	228(58.0%)	165(42.0%)	393
I feel free discussing my problems with friends and members of my family	216(55.0%)	177(45.0%)	393
Multiple response set (MRS)	2704(68.8%)	1226(31.2%)	3930

Majority of adolescents expressed satisfactory psychosocial well-being (68.8%) as seen in the way they enjoy learning new things 321(81.7%) and how they feel well enough to do things they enjoy doing. Another proportion of adolescents 285(72.5%) like playing with friends while 280 (71.2) are engaged and interested in their studies. While some adolescents expressed their love for their school 277(70.5%), others believed that they are competent and capable in the activities that are important to them 276(70.2%) and a good number of them 273(69.5%), claims that school is one of their favorite place to be. However, good proportions (31.2%) were not happy with their condition. They were the least happy with their ability to feel free discussing their problems with friends and members of family 216 (55.0%), with their potential to face setbacks 228(58.0%), or with their living environment 258(65.6%). Based on the multiple response set, 68.8% of the adolescents were satisfied with their well-being.

Hypothesis Testing:

H₀1: Anxiety has no significant effect on adolescent's psychosocial well-being

H_a1: Anxiety has a significant effect on adolescent's psychosocial well-being

Effect of anxiety on the psychosocial wellbeing of the adolescents**Table: Effect of anxiety on the psychosocial well-being of the adolescents**

		Anxiety	Psychosocial well-being
Spearman's rho	Anxiety	1.000	-.444**
	Correlation Coefficient		
	Sig. (2-tailed)	.	.000
	N	393	393
Psychosocial wellbeing	Correlation Coefficient	-.444**	1.000
	Sig. (2-tailed)	.000	.
	N	393	393

** . Correlation is significant at the 0.01 level (2-tailed).

There was statistically enough evidence that anxiety has a significant negative effect on the psychosocial well-being of adolescents ($R=-0.444$; $P<0.001$). In fact, the more the anxiety, the lower the psychosocial wellbeing of the adolescent as indicated by the negative sign of correlation test. The null hypothesis was therefore rejected and the alternative retained that anxiety significantly negatively affects adolescent's psychosocial well-being.

Discussion

Findings based on this hypothesis show that the psychosocial well-being of adolescents is significantly affected by anxiety symptom. Some respondents revealed that their main source of anxiety comes as a result of the fear of failing in exams and fear of making mistakes during class discussions. A good proportion of the respondents expressed dissatisfaction with their psychosocial well-being.

This goes in line with the views of Horwitz et al., (1986), who indicated that language anxiety is the fear that an individual feels when he has to speak a language in which he is not fully proficient. He considers language anxiety as a stable personality trait related to the individual's tendency to react nervously when speaking, listening, reading or writing in the second language. Anxious students have been shown to be less likely to volunteer answers in class and to be hesitant in expressing personally relevant information in the target language.

The ideas of Horwitz et al., (1986), also support the findings of this study as they revealed that test anxiety is a form of performance anxiety in which the learner feel the fear of failure and doing badly in a test and as such, learners who experience test anxiety consider the process and especially oral production, as a threatening situation, rather than an opportunity to improve their communicative competence and speaking skills. This further explains why most students find it difficult to participate in group discussions that are organized in schools as they do not know how to communicate their own ideas to other classmates or group members. Some adolescents are even afraid and do not like to participate in class exams because of lack of proper preparations and as such you find them carrying already prepared materials in examination halls to cheat.

Bandura et al., (1999) argued in one study that not attaining a proposed academic goal could be a factor which gives rise to emotional disturbance (anxiety), which in turn could be a reason for the later appearance of depression, especially if failure is extended over time. Thus academic failure, in terms of not reaching a goal, would lead to feelings of discouragement and negative self-assessment, which are all typical symptoms of depression.

The findings of this study further reveal that a good proportion of students find it difficult to keep their minds on their school work. This goes in line with a study done by Rains, (2004), who found that there is evidence to think that high levels of anxiety hinder

the performance of any task since attention, concentration and effort are not functioning fully.

Drawn from the attribution theory, students need to be taught how to be in control over the outcome of their academic tasks. Students don't need to think that success and change is possible without a feeling of having full control over the causes whether internal or external. Discussing test and examination procedures with students and the teaching of study and test taking skills are methods to help students feel more in control over the outcome of any academic tasks. By making students understand the learning process and how they can control it, teachers and even parents will help students control their anxiety.

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