

A Study to Assess the Anxiety Sensitivity Among School Going Children At Selected School, Puducherry

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ABSTRACT

Anxiety sensitivity (AS) refers to the fear of behaviours or sensations associated with the experience of anxiety, and a misinterpretation of such sensations as dangerous. Bodily sensations related to anxiety, such as nausea and palpitations, are mistaken as harmful experiences, causing anxiety or fear to intensify.

For example, a person with high anxiety sensitivity may fear the shakes as impending neurological disorder, or may suspect lightheadedness is the result of a brain tumour; conversely, a person with low anxiety sensitivity is likely to identify these as harmless and attach no significance to them. The **Anxiety Sensitivity Index** attempts to assess anxiety sensitivity. Anxiety sensitivity (fear of anxiety-related sensations) is distinct from, although related to and associated with, health anxiety (a key feature of which is heightened awareness of physical sensations, known as body vigilance). Similarly, it is distinguished from general "trait anxiety" by a focus on physical (somatic) symptoms and sensations, as opposed to general stress.

Keywords: anxiety sensitivity, school going children

I. INTRODUCTION

"Doubt comes when your energy is low, when the body and mind feel exhausted. Someone who is full of enthusiasm or energy does not get doubts."

Gurudev Sri Sri Ravi Shankar

Anxiety sensitivity (AS) refers to the fear of behaviours or sensations associated with the experience of anxiety, and a misinterpretation of such sensations as dangerous. Bodily sensations related to anxiety, such as nausea and palpitations, are mistaken as harmful experiences, causing anxiety or fear to intensify. For example, a person with high anxiety sensitivity may fear the shakes as impending neurological disorder, or may suspect light headedness is the result of a brain tumour; conversely, a person with low anxiety sensitivity is likely to identify these as harmless and attach no significance to them. The **Anxiety Sensitivity Index** attempts to assess anxiety sensitivity. Anxiety sensitivity (fear of anxiety-related sensations) is distinct from, although related to and associated with, health anxiety (a key feature of which is heightened awareness of physical sensations, known as body vigilance). Similarly, it is distinguished from general "trait anxiety" by a focus on physical (somatic) symptoms and sensations, as opposed to general stress.

II. REVIEW OF LITERATURE

C.Van der veen (2019) was conducted a study on anxiety sensitivity is associated with the onset of panic attacks, anxiety, and other common mental disorders. The current study examines the stability of anxiety sensitivity over time and its longitudinal associations with severity of anxiety symptoms. Participants from the Netherlands Study of Depression and Anxiety with and without an anxiety, depressive, or comorbid anxiety-depressive disorder diagnosis were included ($N=2052$). Stability in anxiety sensitivity over twoyear follow-up and the longitudinal association between the change in anxiety sensitivity and change in severity of anxiety symptoms were tested. Results indicated that two-year stability of anxiety sensitivity was high ($r=0.72$), yet this test-retest estimate leaves room for changes in anxiety sensitivity in some individuals as well.

STATEMENT OF PROBLEM

A study to assess the anxiety sensitivity among school going children at selected area, Puducherry.

OBJECTIVES OF STUDY

- 1) To assess the anxiety sensitivity among school going children.
- 2) To associate the anxiety sensitivity among school going children with their selected demographic variables.

ASSUMPTION

It refers to school going children may have some fear of developing anxiety sensitivity due to academic performance.

III. MATERIALS AND METHODS

The research approach used for this study was quantitative research approach. A descriptive research design was used to assess the anxiety sensitivity among school going children at bharath devi English high school at madagadipet at , Puducherry. By using convenience sampling technique 30 sample was selected for the present study. The period of data collection is two weeks . the tools consist of demographic data , standard anxiety sensitivity index.the outcome of the study was evaluated by using descriptive and inferential statistics .

DESCRIPTION OF THE DATA COLLECTION OF TOOLS:

Section A:

Demographic Variables:

The demographic variables include age, sex, religion, education, occupation, income, diet pattern, type of family, residence, birth order, stressful events of anxiety sensitivity

Section B:

It consists of standard anxiety sensitivity index with scoring interpretation.

Scoring	Interpretation
54-72	High anxiety sensitivity
53-36	Moderate anxiety sensitivity
35-18	Low anxiety sensitivity
14-0	Almost no anxiety sensitivity

RESEARCH APPROACH:

A quantitative research approach was adapted for this present study.

RESEARCH DESIGN:

A descriptive research design was adapted for this study.

SETTING OF THE STUDY:

The study was conducted in bharatha devi english high school at madagadipet at Puducherry.

SAMPLE:

Children with anxiety sensitivity at in bharatha devi english high school at Puducherry.

SAMPLE SIZE:

The sample size consists of 30 school going children.

SAMPLING TECHNIQUE:

A convenient sampling technique was used for the study.

SAMPLE SELECTION CRITERIA:

Inclusion criteria:

- Both male and female children.
- Children's with age group (12-18).
- Children with anxiety sensitivity who are residing at madagadipet.

Exclusion criteria:

- Children's who have been sick during the study period.
- Children who are not available during the data collection.

IV. RESULTS

Table 1: Frequency and percentage wise distribution of demographic variables [N=30]

S.NO	DEMOGRAPHIC DATA	FREQUENCY	PERCENTAGE
1.	Age		
	a) Below 12-14yrs	29	96.6
	b) 15-16yrs	0	0
	c) 17-18yrs	1	3.33
	d) above 18yrs	0	0
2.	Sex		
	a) Male	7	23.3

	b) Female	23	76.7
3.	Religion		
	a) Hindu	27	90
	b) Christian	0	0
	c) Muslim	3	10
	d) Others	0	0
4.	Educational status		
	a) STD VI to VII	11	36.7
	b) STD VIII to IX	18	60
	c) STD X to XI	0	0
	d) STD XII	1	3.33
5.	Education of father		
	a) Illiterate	0	0
	b) Primary level	14	46.7
	c) Higher secondary	9	30
	d) Graduate	7	23.3
6.	Father occupation		
	a) Cooli	1	3.33
	b) Unemployed	3	10
	c) Private	22	73.3
	d) Government	4	13.3
7.	Income of the family		
	a) Below Rs.5000 per month	7	23.3
	b) Rs.5000- 10,000 per month	6	20
	c) Rs.10, 000-20,000 per month	11	36.7
	d) above Rs.20,000 per month	6	20
8.	Diet pattern:		
	a) Vegetarian	2	6.7
	b) Non Vegetarian	1	3.33
	c) Both veg and non veg	27	90
9	Type of Family		
	a) Nuclear family	17	56.7
	b) Joint family	13	43.3
10.	Residency:		
	a) Urban	15	50
	b) Rural	15	50
11.	Birth order of children:		
	a) 1 st	9	30
	b) 2 nd	17	56.7
	c) 3 rd	4	13.3
	d) 4 th	0	0
12.	Number of stressful events:		
	a) 0-1	2	6.7
	b) 2	0	0

c)	3	0	0
d)	more than 4	28	93.3

Figure 1: represents the frequency and percentage wise distribution of school going children according to their demographic variables.

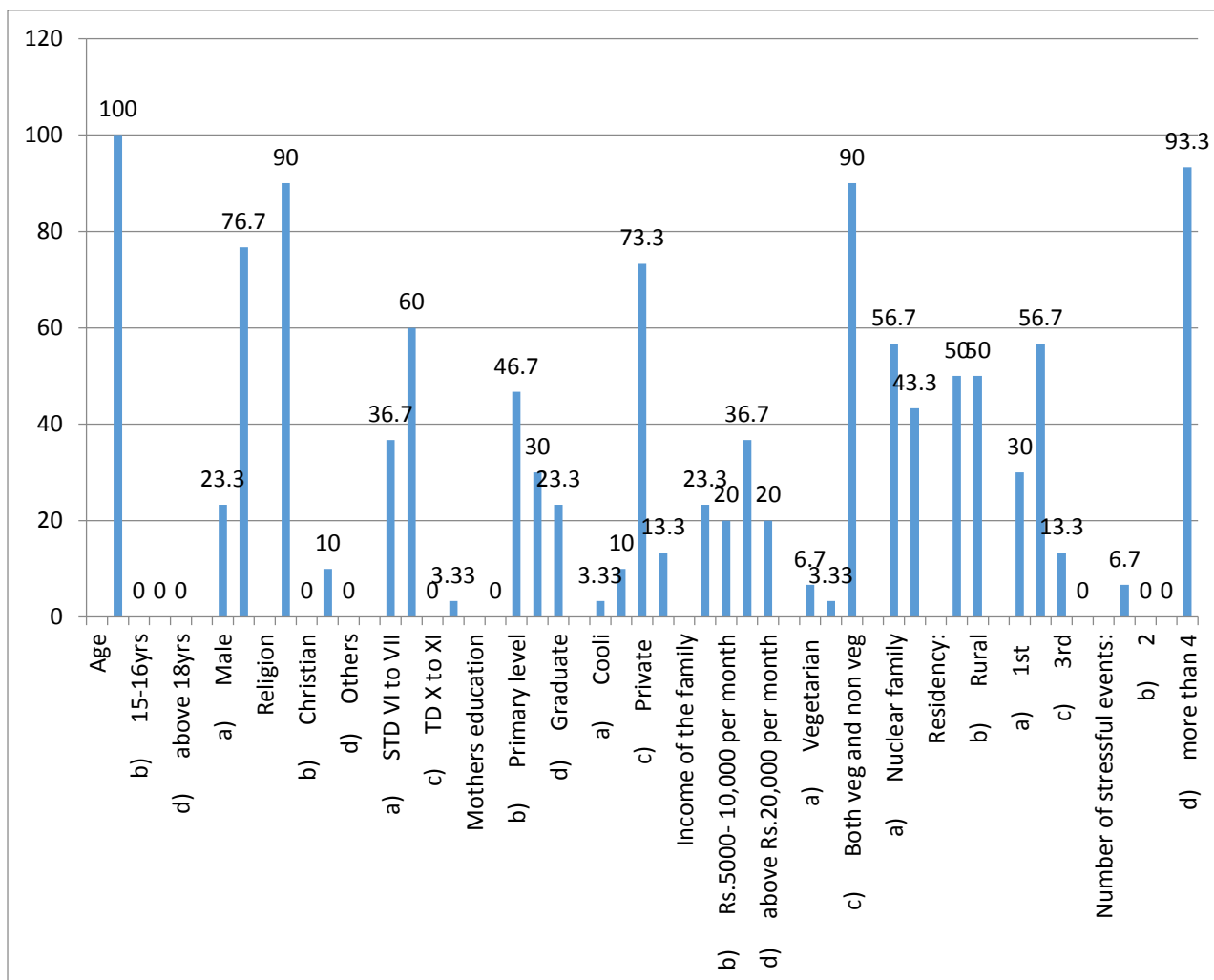


TABLE – II: Frequency and percentage wise distribution of school going children regarding anxiety sensitivity [N= 30]

SCORING INTERPRETATION	FREQUENCY	PERCENTAGE
High anxiety sensitivity	0	0
Moderate anxiety sensitivity	17	56.7
Low anxiety sensitivity	12	40
Almost no anxiety sensitivity	1	3.3

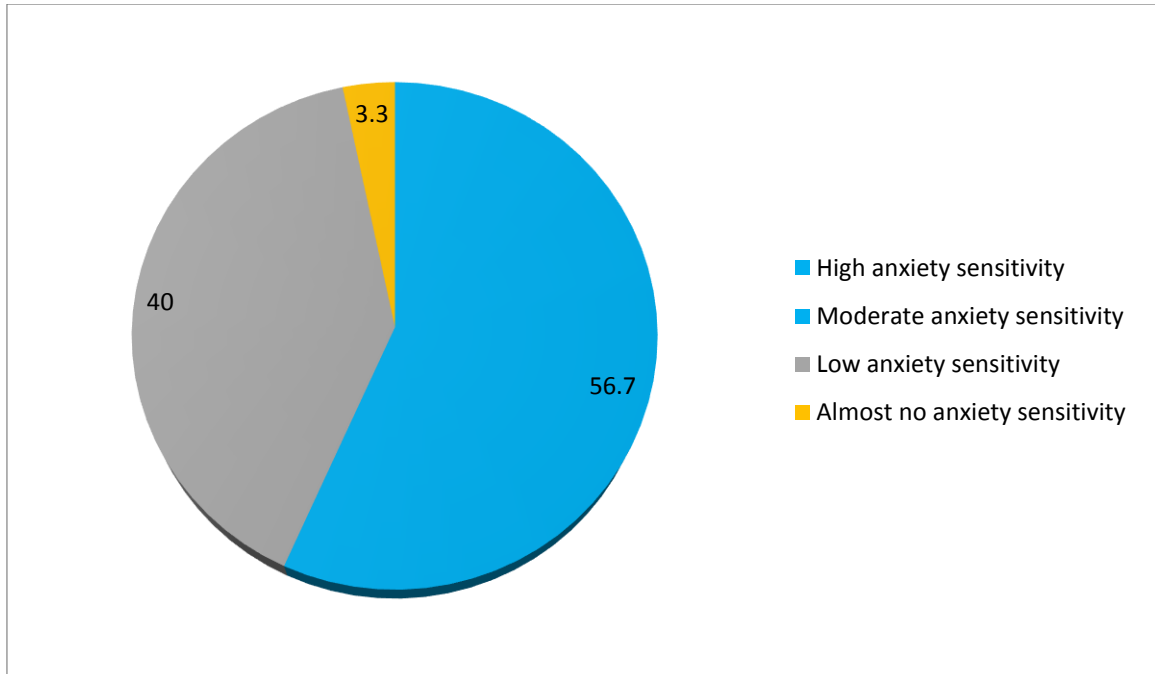


TABLE – III: Mean and Standard deviation of school going children regarding anxiety sensitivity [N = 30]

MEAN	STANDARD DEVIATION
36.8	9.86

The findings reveal that mean (36.8) and standard deviation (9.86) of school going children regarding anxiety sensitivity.

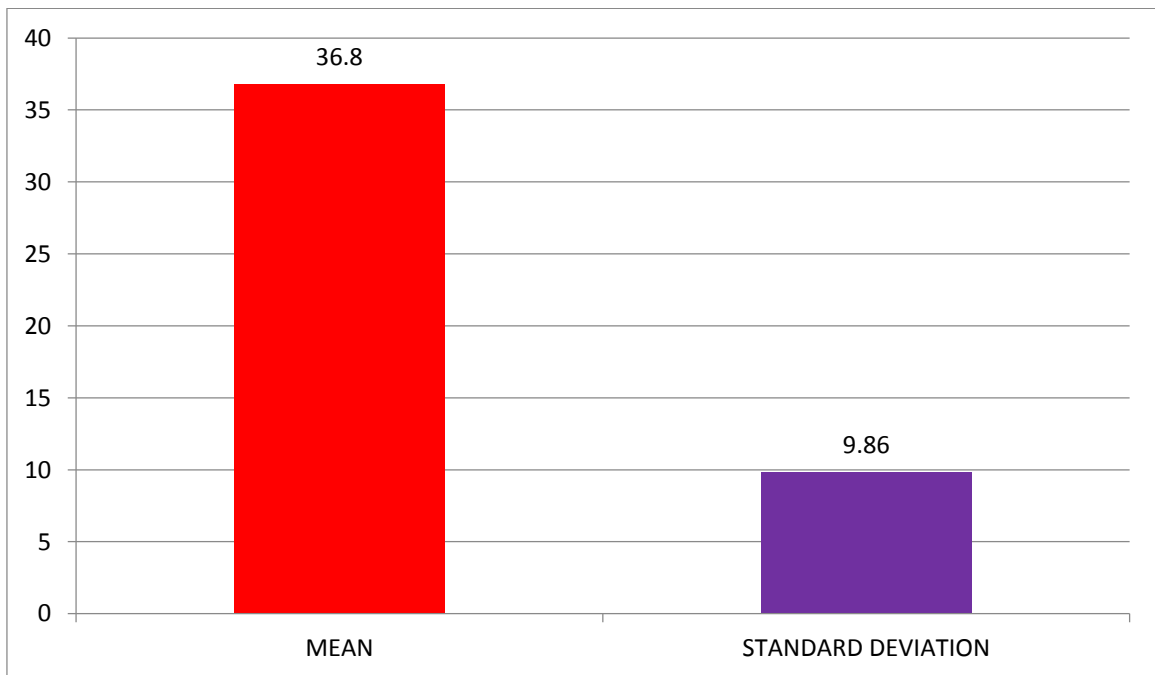


TABLE – IV: Association on assess the school going children regarding anxiety sensitivity.
[N = 30]

S.NO	DEMOGRAPHIC DATA	Moderate		Low anxiety		No anxiety		X ²
		N	%	N	%	N	%	
1.	Age							X ² =1 Constant
	a) Below 12-14yrs	17	56.7	12	40	1	3.3	
	b) 15-16yrs	0	0	0	0	0	0	
	c) 17-18yrs	0	0	0	0	0	0	
	d) above 18yrs	0	0	0	0	0	0	
2.	Sex							X ² =.323 Df=2 P=.8507
	a) Male	4	13.3	3	10	0	0	
	b) Female	13	43.3	9	30	1	3.3	
3.	Religion							X ² =.207 Df=2 P=.9017
	a) Hindu	15	50	11	36.7	1	3.3	
	b) Christian	0	0	0	0	0	0	
	c) Muslim	2	6.67	1	3.3	0	0	
	d) Others	0	0	0	0	0	0	
4.	Educational status							X ² =14.92 Df=4 P=.0049*
	a) STD VI to VII	6	20	4	13.3	0	0	
	b) STD VIII to IX	10	33.3	8	26.7	0	0	
	c) TD X to XI	0	0	0	0	0	0	
	d) STD XII	1	3.3	0	0	1	3.3	
5.	Mothers education							X ² =4.12 Df=4 P=.3900
	a) Illiterate	0	0	0	0	0	0	
	b) Primary level	9	30	5	16.7	0	0	
	c) Higher secondary	6	20	3	10	1	3.3	
	d) Graduate	2	6.67	4	13.3	0	0	
6.	Father occupation							X ² =1.335 Df=6 P=.9697
	a) Cooli	1	3.3	0	0	0	0	
	b) Unemployed	2	6.67	1	3.3	0	0	
	c) Private	12	40	9	30	1	3.3	
	d) Government	2	6.67	2	6.67	0	0	
7.	Income of the family							X ² =4.456 Df=6 P=.6152
	a) Below Rs.5000 per month	4	13.3	3	10	0	0	
	b) Rs.5000- 10,000 per month	3	10	3	10	0	0	
	c) Rs.10, 000-20,000 per month	7	23.3	4	13.3	0	0	
	d) above Rs.20,000 per month	3	10	2	6.67	1	3.3	
8.	Diet pattern:							X ² =3.867 Df=4 P=.4243
	a) Vegetarian	0	0	2	6.67	0	0	
	b) Non Vegetarian	1	3.3	0	0	0	0	
	c) Both veg and non veg	16	53.3	10	33.3	1	3.3	
9	Type of Family							X ² =3.749 Df=2 P=.1534
	a) Nuclear family	12	40	5	16.7	0	0	

	b) Joint family	5	16.7	7	23.3	1	3.3	
10.	Residency:							X ² =1.863 Df=2 P=.3940
	a) Urban	7	23.3	7	23.3	1	3.3	
	b) Rural	10	33.3	5	16.7	0	0	
11.	Birth order of children:							X ² =3.064 Df=4 P=.5471
	a) 1 st	6	20	3	10	0	0	
	b) 2 nd	10	33.3	6	20	1	3.3	
	c) 3 rd	1	3.3	3	10	0	0	
	d) 4 th	0	0	0	0	0	0	
12.	Number of stressful events:							X ² =3.214 Df=2 P=.2005
	a) 0-1	0	0	2	6.67	0	0	
	b) 2	0	0	0	0	0	0	
	c) 3	0	0	0	0	0	0	
	d) more than 4	17	56.7	10	33.3	1	3.3	

**-p<0.05, significant and **-p<0.001, highly significant*

Table IV: Shows that association on assess the anxiety sensitivity among school going children with the demographic variables.

The chi square reveals that it is statistically association with educational status belongs to significant *-p<0.05, others are belongs to non significance.

V. CONCLUSION AND RECOMMENDATIONS

A descriptive study to assess the anxiety sensitivity among school going children at bharatha devi english high school at madagadipet at Puducherry. The findings of the study revealed that Out of 30 samples, zero percentage of them High anxiety sensitivity, 17(56%) of them Moderate anxiety sensitivity, 12(40%) of them Low anxiety sensitivity, 1(03%) of them Almost no anxiety sensitivity.

NURSING IMPLICATIONS:

The study has implicated for nursing practice, nursing education, nursing administration and nursing research.

NURSING PRACTICE:

This study emphasis in improving the knowledge regarding anxiety sensitivity through educative measures. More knowledge regarding anxiety sensitivity will help for early identification of the children with anxiety sensitivity. Visual information can also provide with slide show which will help the client to increase the knowledge regarding anxiety sensitivity among school going children. Nurses' active participation in school health programmes by providing direct and indirect care helps to achieve the goals of health services. School going children deficit in knowledge regarding anxiety sensitivity indicate the needs for arranging health education session in related topics.

NURSING EDUCATION:

Nurse educator should emphasize more on preparing students to impact health information to the public regarding anxiety sensitivity. The study has clearly proved that video teaching programme was effective in improving the knowledge regarding anxiety sensitivity. To practice this, nursing personal needs to be equipped with adequate knowledge and practice regarding video teaching programme. The curriculum of nursing education should enable student nurse to equip themselves within the knowledge of anxiety sensitivity.

NURSING ADMINISTRATION:

Nurse as an administrator should take limitation in formulating policies and protocols for health teaching. The nursing administration should motivate the subordinate for participating in various educational programmes and improve their knowledge and skills. The administrator serves as a reserve's person for young nursing students, parents and school teachers for proving guidance and counselling for school going children with anxiety sensitivity. The nurse administrator has given through slides show for the awareness of anxiety sensitivity among school going children.

NURSING RESEARCH:

There is a good scope for nurse to conduct research in this area, to find out the effectiveness of various teaching strategy to educate the teachers and the parents The research study can be made by further implication of the study. Can be used for evidence based nursing practice as a rising trend.

RECOMMEDATIONS:

- The study can be conducted to assess the attitudes and coping strategy of nurse towards children with anxiety sensitivity.
- Comparative study can be done between urban and rural areas.
- A quasi experimental study can be conducted with control group for the effective comparison.
- Similar study can be conducted in a large group to generalize the study findings.

BIBLIOGRAPHY

BOOK REFERENCE:

- [1]. Basavanthappa B T, 'Text book of nursing education' 1st Edition(2003). New Delhi: Jaypee Brothers Medical Publishers; Page:279-283.
- [2]. Yadav Manoj, 'A Text book of child health nursing' 1st Edition(2011).Jalandhar city India: pee publishers; Page: 278-331.
- [3]. Lyytinen et al "Reading and reading disorders". In Hoff, Erika. Blackwell Handbook of Language Development. Ulla (2007), Page No. 454- 474.
- [4]. Patricia. A. Potter et al, "**Basic Nursing Theory and Practice**", (1995) Mosby publication, India, 8th edition, Pp-255 to 256.
- [5]. Polit. D.F. Hungler Bp, "**Essentials Of Nursing Research**", (1999), JB Lippincot company, Philadelphia, 16th edition, Pp- 40 to 43.

JOURNAL REFERENCE:

- [6]. Tovote, P., Fadok, J.P., & Lüthi, A. (2015). Neuronal circuits for fear and anxiety. *Nature Reviews Neuroscience*, 16, 317-331.
- [7]. Chesler, M.A., Allswede, J., & Barbarin, O.O. (1991). Voices from the margin of the family: siblings of children with cancer. *Journal of Psychosocial Oncology*, 9, 19-42.
- [8]. Adams-Greenly, M., Shiminski-Maher, T., McGowan, N. & Meyers, P.A. (1986) A group program for helping siblings of children with cancer. *Journal of Psychosocial Oncology*, 4,55-67.
- [9]. Reiss, S. (1991). The expectancy model of fear, anxiety, and panic. *Clinic Psychology Review*, 11, 141-153.
- [10]. Cox, B.J., Borger, S.C., & Enns, M.W. (1999). Anxiety sensitivity and emotional disorders: psychometric studies and their theoretical implications. In S. Taylor (Ed.), *Anxiety sensitivity: theory, research, and treatment of the fear of anxiety* (pp. 115-148). Mahwah, NJ: Lawrence Erlbaum Associates.

NET REFERENCE:

- [11]. www.nationalinstituteofhealth.com
- [12]. www.ncbi.nlm.nih.gov/pubmed/20375293 & 19626813
- [13]. www.en.wikipedia.org/wiki/Anxiety.
- [14]. www.ijrpbsonline.com
- [15]. [http://shhoc@hkucc.hku.hk](mailto:shhoc@hkucc.hku.hk)
- [16]. www.medknow.com