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A study of Emotional Eating Behavior of Higher secondary school students of District Srinagar falling in the age range of 15-19 years

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ABSTRACT

This study examines the emotional eating behavior of female higher secondary school students in District Srinagar, focusing on differences between government and private school students. A sample of 100 female students (50 from government and 50 from private schools) was selected using a descriptive survey method. Emotional Eating Behavior was assessed using the Emotional Eater Questionnaire (EEQ). Data analysis using the t-test revealed no significant difference between the two groups ($t = 1.745$, $p > 0.05$), leading to the acceptance of the null hypothesis. The findings suggest that emotional eating patterns among students are influenced by various psychological and physiological factors rather than school type.

Key words – Emotional Eating Behavior, Higher secondary school students.

INTRODUCTION

In today's fast-paced, technology-driven world, our daily activities have been significantly mechanized. With the advent of technology, tasks that once required physical effort have been reduced to the click of a button. While this convenience has made life easier, it has also introduced several pitfalls, particularly concerning physical and mental well-being. One such issue is the overconsumption of digital content, leading to increased screen time, which in turn makes individuals vulnerable to emotional overwhelm. This emotional distress often triggers unhealthy coping mechanisms such as binge-watching, stress eating, and emotional eating. These behaviors, though providing temporary relief, ultimately have adverse effects on an individual's overall health.

Understanding Emotional Eating

Emotional eating (EE) is defined as the consumption of food in response to emotions rather than

physical hunger, particularly negative emotions such as sadness, anger, and boredom (Macht, 2008; Nguyen-Michel et al., 2007). Emotional eaters often crave highly palatable foods that provide momentary hedonic pleasure, alleviating distressing emotions. According to Mary Sabat, a dietitian in private practice in Alpharetta, Georgia, emotional eating involves using food as a means to suppress or soothe difficult emotions such as anxiety, frustration, anger, sadness, or loneliness.

There are two primary types of hunger:

1. **Physical Hunger** – Also known as biological hunger, this occurs when the body signals a need for food and energy. It is typically accompanied by physical sensations such as stomach growling, rumbling, or an empty feeling. Severe physical hunger can lead to nausea, fatigue, difficulty concentrating, mood swings, or even irritability (often referred to as 'hanger').
2. **Emotional Hunger** – This type of hunger arises due to emotional triggers rather than a genuine need for food. Individuals experiencing emotional hunger often seek food for comfort or distraction, rather than sustenance. Emotional eating is characterized by an urgent and sudden craving, usually triggered by a specific mood or event.

When emotional eating becomes a habitual coping mechanism, it can lead to excessive caloric intake, which negatively affects both physical and mental health. Stress-related negative emotions, such as grief and depression, are known to weaken the immune system, increasing vulnerability to various illnesses. Emotional eating is also linked to binge-eating tendencies, which can result in unhealthy weight gain and emotional distress.

Theories of Emotional Eating

Several psychological theories have attempted to explain why individuals engage in emotional eating. Some of the most widely accepted theories include:

1. **Affect Regulation Model** (Hawkins & Clement, 1984; McCarthy, 1990; Telch, 1997) – This model suggests that individuals engage in emotional eating because they believe overeating alleviates negative emotions. Food is used as a form of self-soothing and emotional regulation.
2. **Escape Theory** (Heatherton & Baumeister, 1991) – This theory expands on the affect regulation model, suggesting that individuals overeat not only to cope with negative

emotions but also to divert their attention from threats to self-esteem or distressing situations. Food becomes a means of escape from uncomfortable realities.

3. Restraint Theory (Herman & Polivy, 1980) – This theory proposes that individuals who engage in dietary restraint are more likely to overeat when faced with negative emotions. When their strict dietary rules are broken, they abandon control and indulge excessively.

These theories collectively suggest that individuals engage in emotional eating due to their inability to tolerate negative emotions, leading them to use food as a maladaptive coping mechanism.

Physiological and Psychological Mechanisms of Emotional Eating

Research suggests that emotional eating originates from both physiological and psychological mechanisms (Macht, 2008). Certain foods, particularly those rich in carbohydrates, can increase serotonin levels, temporarily elevating mood (Wurtman, 1982). Consequently, individuals may develop a habitual response of consuming carbohydrate-heavy foods to cope with negative emotions.

Studies have also indicated that individuals with poor emotional regulation and self-awareness tend to exhibit higher emotional eating tendencies (Young, 2016). For example, a study on obese individuals found that engaging in regular physical exercise was associated with lower emotional eating tendencies and better mood regulation (Annesi, 2018). This may be attributed to increased serotonin levels following physical activity (Ünal, 2018). While athletes are expected to have lower emotional eating tendencies due to high self-discipline, factors such as performance pressure, fear of failure, and personal stressors can also lead them to engage in emotional eating.

Obesity and Emotional Eating

In the modern era, technological advancements have led to a more sedentary lifestyle, resulting in reduced physical activity and increased obesity rates. According to the World Health Organization (WHO), obesity is defined as excessive fat accumulation and has been described as a global pandemic. While obesity is often linked to poor dietary habits and lack of physical activity, psychological factors also play a significant role in its development.

Psychological Determinants of Obesity

One of the psychological explanations for obesity is the Psychosomatic Theory of Obesity (Kaplan & Kaplan, 1957). This theory posits that individuals overeat in response to negative emotions such

as anxiety, depression, anger, and boredom, leading to weight gain. According to Faith et al. (1997), obese individuals tend to engage in emotional eating as a coping mechanism, whereas individuals with normal weight demonstrate more adaptive strategies for managing stress.

Ganley (1989) expanded on the psychosomatic theory by highlighting individual differences in emotional eating behaviors. He found that obese individuals often reported eating in response to feelings of loneliness, boredom, and depression.

Cognitive and Learning Theories of Emotional Eating

1. Psychosomatic Theory (Bruch, 1964) – This theory suggests that individuals with obesity lack interoceptive awareness, meaning they cannot differentiate between physiological hunger and emotional arousal. As a result, they mistakenly respond to emotional distress by consuming food.
2. Restraint Theory – This cognitive theory suggests that individuals who impose rigid dieting rules may be more susceptible to emotional eating when their rules are broken. For example, an individual who has forbidden themselves from consuming sweets may overindulge after a minor dietary lapse, leading to an uncontrolled binge-eating episode.
3. Affect Regulation Model – This theory proposes that eating palatable food provides temporary relief from negative emotions, reinforcing emotional eating behavior through operant conditioning. Repeatedly pairing emotional distress with food consumption may create a conditioned response, increasing the likelihood of overeating during emotional distress in the future.

The Role of Early Childhood Experiences in Emotional Eating

Emotional eating behaviors may develop early in childhood due to classical conditioning. Parents who offer food as a means of soothing their child's negative emotions may inadvertently reinforce the association between emotional distress and food consumption. Over time, this learned behavior can lead to habitual emotional eating patterns, increasing the risk of obesity and eating disorders in adulthood.

A study by Bongers et al. (2015) supports this notion, demonstrating that individuals who associate food with emotional comfort are more likely to engage in emotional eating when exposed to stress. This maladaptive coping mechanism can lead to mindless eating, where individuals consume food

without being aware of their hunger cues or satiety levels.

Emotional eating is a complex behavior influenced by psychological, physiological, and environmental factors. It serves as a coping mechanism for emotional distress but can lead to long-term health consequences such as obesity, disordered eating patterns, and emotional instability. Understanding the underlying theories and mechanisms of emotional eating can help individuals develop healthier coping strategies.

Encouraging mindful eating practices, improving emotional regulation skills, and engaging in regular physical activity can significantly reduce emotional eating tendencies and promote overall well-being.

REVIEW OF LITERATURE

Frayn & Knäuper, (2018) this Research has shown that adolescents engage in emotional eating as a response to negative emotions such as sadness, loneliness, and frustration.

Ganley (1989) highlighted that individuals with high stress and low self-esteem are more prone to engage in emotional eating.

Goldschmidt et al. (2018) found that female adolescents reported higher emotional eating behaviors than their male counterparts, particularly in response to stress and negative emotions.

Mikolajczyk et al., (2009) this study found that Adolescents, due to their developmental stage, are particularly vulnerable to emotional eating behaviors, which can lead to unhealthy dietary habits and long-term health consequences.

Mikolajczyk et al.,(2010) this study found that Adolescence is a critical period marked by emotional fluctuations, increased stress due to academic pressure, and social expectations.

Nguyen-Rodriguez et al. (2009) found that high school students experiencing stress were more likely to engage in emotional eating, often preferring high-calorie, palatable foods.

Ouwens, van Strien, & van Leeuwe, (2009) this study found that Depression and anxiety are strongly linked to increased emotional eating behaviors.

Van Strien et al., (2013) this study found that maladaptive coping strategy often associated with negative emotions such as stress, anxiety, depression, and boredom.

RATIONALE OF THE STUDY

The logic behind carrying out this study is to add to the knowledge of people in terms of how to cope when in the face of an overwhelming emotion. To make them well informed about addictive behaviors like emotional eating by highlighting the importance of mindful eating. Emotional Eating is using food to comfort yourself, to dull a painful emotion, or to distract yourself from the feelings that you do not feel capable of handling. We reach for Energy dense foods, sugary foods which in turn alter our dietary choices; an individual goes for bingeing and hence becomes overweight. Through this study it will be possible to shed light on the healthy coping strategies and share the expertise knowledge of benefits of Mindful eating which in turn will help us to shed excessive unhealthy weight. The major aim is to help people find ways to tap into the unhealthy coping strategies which propel them to succumb to the situation. I strongly believe there will be an entire thought changing process; people will shift their food choices and will start to eat mindfully resulting in the formation of a healthy life style.

STATEMENT OF THE PROBLEM

A study of Emotional Eating behavior of Higher secondary school students of District Srinagar falling in the age range of 15-19 years.

OBJECTIVES OF THE STUDY

- To study the significance of difference on Emotional Eating Behavior between female government and female private higher secondary School students in District Srinagar.

HYPOTHESES OF THE STUDY

- There is no significant difference on Emotional Eating Behavior between female govt and private higher secondary school students in District Srinagar.

METHODOLOGY

SAMPLE

The sample for this study consists of 100 female students, with an equal distribution of 50 students from a government school and 50 from a private school in Chanapora, District Srinagar. The selected sample ensures representation from both educational sectors to facilitate a comparative analysis.

RESEARCH DESIGN

In present study the investigator used descriptive survey method in order to study the current

emotional eating behavior of students.

VARIABLES OF THE STUDY

➤ Independent variables -Types of Schools-

- 1) female govt. higher secondary school students
- 2) private higher secondary school students

➤ Dependent variables– Emotional Eating Behavior.

RESEARCH TOOLS: -

Emotional Eater Questionnaire (EEQ)

The Emotional Eater Questionnaire (EEQ) was developed and standardized by Garaulet, M. et al. in 2012 to assess emotional eating behaviors. It consists of 10 items rated on a 4-point Likert scale (Never, Sometimes, Generally, Always). The EEQ measures the tendency to eat in response to emotions rather than hunger. It has good internal consistency (Cronbach's $\alpha = 0.773$) and construct validity (0.7). Lower scores indicate healthier eating habits. Clinically, respondents are categorized into four groups based on their total score. The EEQ is widely used in research and clinical settings to evaluate emotional eating patterns and related interventions.

PROCEDURES OF DATA COLLECTION

Data collection and analyzing is the most important work in a research. It lays foundation for the findings and interpreting them. In order to collect my data I adopted sampling method. I chose random sampling for the purpose of data collection.

DATA ANALYSIS

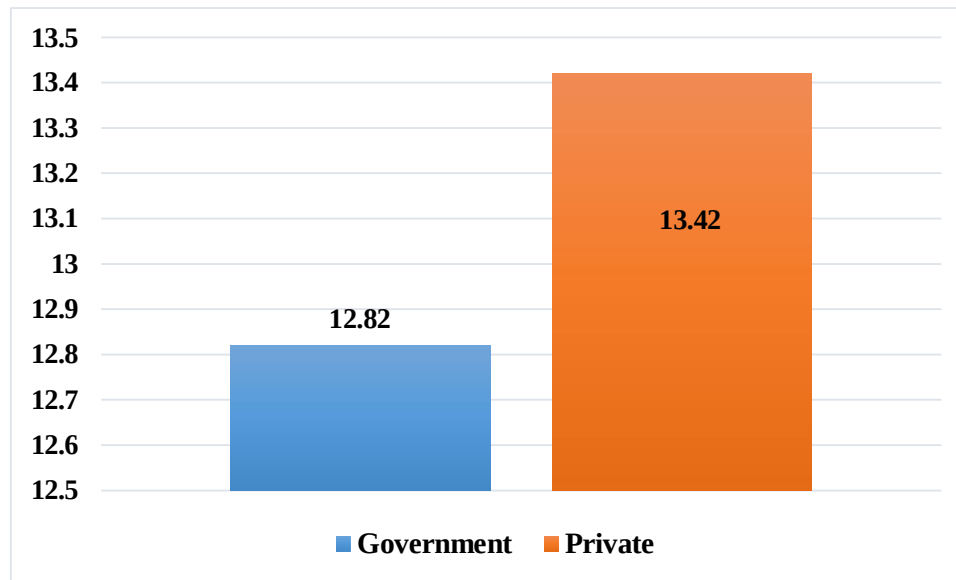
The proposed study was subjected to the following statistical treatment – 1) Percentage Analysis
2) T-test

RESULTS

Table01 Comparison of Mean scores of Emotional Eating Behaviour between female government and female private higher secondary School students

Type of School	N	Mean	SD	df	t-value	Remarks
Government	50	12.82	1.548	98	1.745	Not significant
Private	50	13.42	1.875			

Graph01 shows Mean scores of Emotional Eating Behavior between female government and female private higher secondary School students



From the above table it can be seen that the Mean score emotional eating behavior of government female students is 12.83 and SD (1.548). Whereas, Mean score emotional eating behavior of private female students is 13.42 and SD (1.875). The obtained t-value which is 1.745 with DF (98) is not significant at any level of confidence. Thus, our null hypothesis which reads as that ***“There is no significant difference on Emotional Eating Behavior between female government and private female higher secondary school students in District Srinagar.”*** stands accepted. It can be therefore, be said that female in government and private higher secondary school did not differ in their emotional eating behavior. Students’ emotional eating behavior patterns can be influenced by a variety of factors, such as work stress, financial worries, health concerns, relationship difficulties, and psychological distress. Additionally, kinesthetic awareness (body awareness), emotional dysregulation, alexithymia (inability to understand and describe emotions), and reversed hypothalamic pituitary adrenal (HPA) are possible physical causes.

CONCLUSIONS:

No significant difference on Emotional Eating Behavior between female government and private higher secondary school students.

EDUCATIONAL IMPLICATIONS

- To impart knowledge among students about eating mindfully regarding healthy dietary choices.

- To incorporate physical exercises like breathing, relaxation and grounding techniques.
- To stop the consumption of energy dense food that is highly palatable in nature.

SUGGESTIONS FOR FURTHER RESEARCH

The scope of the present research can be broadened by considering the following points:

- An extension of this study would include male participants so that a comparative study could be conducted.
- Further extension of the study may be possible by including respondents from all age groups and from other UT districts.
- Other variables, such as obesity and emotional regulation, could be included in this study.

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“Enhancing Quality of Life in Senior citizens through yoga practices.”

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ABSTRACT

Research conducted to explore the potential benefits of yoga for senior citizens considering a growing need for effective interventions to promote healthy aging and enhance the well-being of older individuals. Objectives: To examine the relationship between yoga practice and quality of life among senior citizens; To compare the quality of life between older people who practice yoga and those who do not. Hypotheses: Older people who practice yoga experience a higher quality of life compared to those who do not practice yoga; Yoga practitioners among older adults would report lower levels of depression and anxiety, leading to greater psychological well-being compared to non-practitioners. The study conducted on 60 older adults having 60 years+ age randomly selected and divided into two groups; 30 in the yoga practicing group (experimental group) and 30 in the non-practicing yoga group (control group). Data collection tool WHOQOL-BREF questionnaire. The yoga group attended structured yoga sessions led by certified instructors. Control group maintained their regular lifestyle without yoga practice. The yoga intervention consisted of regular yoga sessions conducted for 8 weeks. Significant difference found in depression levels between yoga practitioners and non-practitioners. Findings: 1) Yoga practitioners demonstrated a lower mean depression score (84.4) compared to non-practitioners (96.2), with a t-score of 3.51, at the 0.09 level. This suggests that regular yoga practice has a notable impact on reducing depression. 2) Yoga practitioners showed improved flexibility, balance, and overall physical fitness. 3) Reduced symptoms of depression and anxiety were reported among yoga practitioners. Conclusion: The physiological and psychological components of yoga might lead to changes in brain chemistry, such as increased levels of neurotransmitters like serotonin and dopamine, which are associated with improved mood and decreased depression.

Keywords: - yoga, Quality of Life, Senior citizens.

INTRODUCTION:

In contemporary society, the pursuit of strategies to enhance the quality of life among senior citizens or older individuals has become increasingly important. With advancing age, these people often face a different challenge, including declining physical health, cognitive changes, and psychosocial adjustments. As a result, interventions that promote overall well-being and functional independence are of paramount importance for maintaining a high quality of life in older age.

Among these interventions, the practice of yoga has gained considerable attention for its potential to improve physical, mental, and emotional health. Originating from ancient Indian traditions, yoga encompasses a variety of physical postures, breathing exercises and meditation techniques aimed at promoting holistic health (Ross&Thomas,2010). Research by Gothe et al. (2015) suggests that yoga practice among older adults is associated with improvements in physical fitness, flexibility and balance, contributing to enhanced functional independence and overall well-being. Furthermore, yoga has been shown to have positive effects on psychological parameters such as stress reduction, mood enhancement and cognitive functions, which are essential components of quality of life in older age (Oken et al., 2006; Gothe et al., 2018).

Despite these promising findings, there remains a need for further investigation into the specific impact of yoga practice on the quality of life among older individuals. While existing research has demonstrated the beneficial effects of yoga on various aspects of health and well-being, few studies have directly examined its influence on quality of life in older age. Quality of life encompasses multiple dimensions, including physical health, psychological well-being, social relationships, and environmental factors, making it a comprehensive measure of overall life satisfaction and fulfillment (World Health Organization, 1995).

Therefore, this study aims to address this gap by examining whether older people who practice yoga experience a higher quality of life compared to those who do not practice yoga. By investigating the relationship between yoga practice and quality of life in older age, this research seeks to contribute to a better understanding of yoga's potential as a holistic approach to enhancing well-being and promoting successful aging.

OBJECTIVES OF THE STUDY:

- To examine the relationship between yoga practice and quality of life among senior citizens.
- To assess the physical, mental, and emotional dimensions of quality of life in relation to

yoga practice.

- To explore the potential mechanism underlying the association between yoga practice and quality of life, including physical fitness, psychological well-being and social engagement.
- To compare the quality of life between senior citizens who practice yoga and those who do not, controlling for relevant demographic and health-related variables.

HYPOTHESES:

1. Senior citizens who practice yoga experience a higher quality of life compared to those who do not practice yoga.
2. Senior citizens who practice yoga will exhibit higher levels of physical health (e.g., flexibility, balance and overall fitness) compared to those who do not practice yoga.
3. Yoga practitioners among older adults will report lower levels of depression and anxiety, leading to greater psychological well-being compared to non-practitioners.
4. Senior citizens who practice yoga will demonstrate improved social relationships and environmental satisfaction, contributing to a higher overall quality of life compared to those who do not practice yoga.

METHODOLOGY

SAMPLE-PARTICIPANTS'DETAILS:

The study involved 60 older adults (aged 60+), randomly selected and divided into two groups: 30 in the yoga practice group (experimental group) and 30 in the control group. Participants were recruited from community centers, yoga centers and senior citizens group. Demographic data, including age and gender, were collected prior to the intervention.

- Between group design comparative study.
- Senior citizens (aged 60+) recruited from community centers, yoga centers and senior living facilities.
- Structured yoga sessions led by certified instructors for the yoga group.
- Baseline assessment of quality of life using WHOQOL-BREF questionnaire.
- Post-intervention assessment to compare changes in quality of life.
- Two groups are formed of equal participants in each group, i.e. 30 Yoga Practitioners (experimental group) and 30 non-practitioners (control group.)

VARIABLES:

1. **Independent Variables:** a) Yoga practice intervention.
2. **Dependent Variables:** a) Quality of Life (Physical Health, Psychological Well-being, Social Relationships)

MEASUREMENT INSTRUMENTS/TOOLS:

World Health Organization Quality of Life-BREF (WHOQOL-BREF): Measures quality of life across four domains with 26 items. Higher scores reflect better quality of life.

PROCEDURE

The study began with the recruitment of older individuals aged 60 and above from various community centers, yoga centers, and senior citizens clubs. Participants were randomly assigned to either the yoga group or the control group. The yoga group attended structured yoga sessions led by certified instructors, while the control group maintained their regular lifestyle without specific yoga practice. Before the intervention, all participants underwent a baseline assessment of their quality of life using the WHOQOL-BREF questionnaire, along with demographic data collection. The yoga intervention consisted of regular yoga sessions tailored to accommodate varying levels of physical ability and experience, conducted over a predetermined period, such as 8 weeks. Throughout the intervention, attendance and adherence to the yoga program were monitored.

Following the intervention period, a post-intervention assessment was conducted to compare changes in quality of life between the yoga group and the control group. The same measures administered at baseline were used for this assessment. Statistical analysis, such as independent t-tests, was performed to compare quality of life scores between groups, adjusting for potential confounding variables such as age and gender. Ethical considerations were upheld throughout the study, with informed consent obtained from all participants and measures taken to ensure confidentiality and privacy. Limitations of the study, such as sample size constraints and potential biases, were acknowledged, along with suggestions for future research directions, including long-term follow-up studies to assess sustained effects of yoga on quality of life in older adults.

STATISTICAL TECHNIQUE

Mean, Standard deviation and 't' test were the statistical techniques used for carrying out the

analysis and interpretation of the data collected.

RESULT AND DISCUSSION

Table 1: Practitioner's and non-practitioners' comparison on Depression.

Occasion	Mean	SD	't'-score	DF	Significant
Practitioners	84.4	11.91	3.51	58	Significant At 0.01 level
Non-Practitioners	96.2	14.01			

The results from Table 1 provide clear evidence of a significant difference in depression levels between yoga practitioners and non-practitioners. Yoga practitioners demonstrated a lower mean depression score (84.4) compared to non-practitioners (96.2), with a t-score of 3.51, indicating the difference was statistically significant at the 0.09 level. This suggests that regular yoga practice has a notable impact on reducing depression.

These findings are consistent with existing literature, which highlights the beneficial effects of yoga on mental health, particularly in reducing symptoms of depression. The structured and consistent engagement in yoga therapy may contribute to improvements in emotional regulation, stress reduction, and overall mental well-being. Yoga's focus on mindfulness, breath control, and physical postures potentially supports the reduction of depressive symptoms by promoting relaxation and emotional balance.

The significant reduction in depression scores among yoga practitioners, when compared to non-practitioners, implies that regular participation in yoga could be an effective complementary therapy for individuals experiencing depression. The physiological and psychological components of yoga might lead to changes in brain chemistry, such as increased levels of neurotransmitters like serotonin and dopamine, which are associated with improved mood and decreased depression.

However, it's worth noting that while the results are promising, the significance level (0.09) is higher than the commonly accepted threshold ($p < 0.05$) for statistical significance. This indicates that although the difference is meaningful, more research with larger sample sizes and more stringent controls is needed to strengthen the evidence of yoga's efficacy in reducing depression.

Future studies should also explore the role of factors such as the duration of yoga practice, the frequency of sessions, and the specific types of yoga techniques used. It would be valuable to

examine whether long-term engagement in yoga yields sustained improvements in mental health, and whether these benefits extend beyond depression to other aspects of psychological well-being.

In conclusion, the results suggest that incorporating yoga into mental health interventions can offer a holistic and non-invasive approach to reducing depressive symptoms.

FINDINGS:

- Yoga practitioners showed improved flexibility, balance, and overall physical fitness.
- Reduced symptoms of depression and anxiety were reported among yoga practitioners.
- Yoga practitioners exhibited greater satisfaction with their social connections.
- Participants in the yoga group perceived their environment more positively.
- Regular yoga practice found associated with higher quality of life across various domains.

SUGGESTIONS:

- While the findings are promising, further research is needed to solidify these results and explore optimal yoga practices for mental health improvements.
- Yoga programs should be easily accessible and affordable for senior citizens.
- Efforts should be taken to raise awareness about yoga's benefits for older adults.
- Yoga instructors should be given specialized training in teaching older populations.
- Yoga should be incorporated as a complementary therapy in health care settings.
- Need to develop customized yoga programs to meet the unique needs of senior citizens.

CONCLUSION:

Regular engagement in yoga therapy can effectively lower depressive symptoms. Incorporating yoga into mental health interventions presents a valuable holistic approach for managing depression.

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Restoring Independence and Enhancing Quality of Life in a Post-Polio Patient: A Case Study

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ABSTRACT

Poliomyelitis, commonly known as polio, is a viral disease that can lead to paralysis, muscular atrophy, and long-term physical disabilities. Despite global efforts toward eradication, many individuals continue to experience residual effects such as post-polio syndrome (PPS), characterized by progressive muscle weakness, fatigue, and joint pain. This case study examines the application of advanced physiotherapy techniques to restore independence and improve the quality of life for a 52-year-old male patient with PPS. A comprehensive rehabilitation program, including neuromuscular re-education, functional strengthening, and adaptive technologies, was implemented. The results highlight the effectiveness of a multidisciplinary approach in managing chronic conditions and promoting long-term functional independence.

Keywords: -Quality of Life, Post-Polio Patient, Advanced Physiotherapy Techniques.

INTRODUCTION

Poliomyelitis is a debilitating viral disease that primarily affects motor neurons, leading to muscle weakness and, in severe cases, paralysis. While widespread vaccination has significantly reduced its prevalence, many polio survivors experience late-onset complications such as post-polio syndrome (PPS). PPS is characterized by new or progressive muscle weakness, joint pain, and fatigue, significantly impacting an individual's mobility and overall quality of life (Brogårdh et al., 2020; Willén et al., 2021).

This case study explores the role of physiotherapy in addressing the challenges faced by a patient with PPS, emphasizing advanced rehabilitation techniques to improve mobility, reduce pain, and enhance functional independence.

OBJECTIVE

- The primary objective of this case study is to examine the impact of advanced physiotherapy techniques on improving mobility, reducing pain, and enhancing the quality of life in a patient with PPS.

Patient Profile

- **Age:** 52 years
- **Gender:** Male
- **Background:** Diagnosed with polio in childhood, resulting in residual muscle weakness and gait abnormalities. Currently experiencing PPS symptoms, including muscle fatigue, joint pain, joint contractures, and reduced endurance.
- **Chief Complaints:**
 - Difficulty walking due to muscle weakness, joint contracture, and pain.
 - Reduced independence in daily activities.
 - Chronic fatigue affecting work and social life.

Assessment Approach

1. Physical Examination

- Muscle strength assessment using the Medical Research Council (MRC) scale.
- Joint range of motion (ROM) measurement.
- Pain evaluation using the Numeric Pain Rating Scale (NPRS).

2. Functional Assessment

- Gait analysis (e.g., stride length, symmetry).
- Balance and coordination tests.
- Timed Up and Go (TUG) test.

3. Patient-Reported Outcome Measures (PROMs)

- Fatigue Severity Scale (FSS).
- Quality of Life questionnaire (e.g., SF-36).

Intervention Plan A structured physiotherapy program was developed to address the patient's condition:

1. Muscle Strengthening

- Progressive resistance exercises tailored to individual tolerance.
- TheraBand strengthening exercises for weak muscles.
- Pilates for core strengthening.

2. Pain Management

- Manual therapy for joint mobilization.

3. Mobility and Gait Training

- Bridging exercises with body weight training.
- Prescription of assistive devices (e.g., braces, orthotics).

4. Fatigue Management

- Aquatic therapy to reduce joint loading.
- Energy conservation techniques and pacing strategies.

5. Neuromuscular Re-education

- Proprioceptive and balance training.
- Nerve glide exercises.

6. Psychological Support

- Mindfulness-based stress reduction (MBSR) techniques.
- Regular deep breathing exercises.

OUTCOME EVALUATION

The intervention outcomes were monitored over three months using the following measures:

- Functional tests (e.g., TUG test, six-minute walk test).
- Pain and fatigue scores.
- Quality of life questionnaires.
- ROM measurement with goniometry to assess joint contracture improvements.

KEY CHALLENGES AND OBSERVATIONS

Table No.01

Challenges And Observations	Pre Treatment	Post Treatment
Knee Flexion Deformity	13 degrees	9 degrees
Scoliosis	Moderate	Mild
Long Sitting	20 min. With ease and no pain	40 min. With ease and no pain
Long Standing	10 min. With ease and no pain	25 min. With ease and no pain

1. Multiple Joint Contractures

- The patient exhibited multiple joint contractures, including a 13° knee flexion deformity, which limited mobility and affected functional independence.
- Post-physiotherapy, a reduction to a 9° flexion deformity demonstrated the effectiveness of targeted joint mobilization and stretching techniques.

2. Lumbar Scoliosis

- Scoliosis exacerbated postural asymmetry, further compromising mobility.
- Notable post-therapy improvements highlighted the impact of spinal stabilization and alignment exercises.

3. Lower Limb Weakness

- Persistent lower limb weakness necessitated compensatory strategies for functional independence.

- Focused upper body strengthening enhanced the patient's ability to manage activities of daily living (ADLs).

Potential Results

- Enhanced mobility and independence.
- Reduced pain and fatigue.
- Improved overall quality of life and psychological well-being.
- Improved knee ROM with a reduction in knee flexion deformity from 13° to 9°.
- Spinal realignment and observable improvement in lumbar scoliosis.
- Increased upper body strength to compensate for lower limb limitations.

CONCLUSION

This case study highlights the effectiveness of a comprehensive and individualized physiotherapy program in managing post-polio syndrome. The integration of muscle strengthening exercises, such as TheraBand exercises, Pilates, and bridging, combined with manual therapy for joint mobilization, nerve glide exercises, proprioceptive neuromuscular facilitation (PNF) techniques, mindfulness, and breathing exercises, proved beneficial in addressing both physical and psychological challenges.

The multimodal approach not only improved muscular strength, joint mobility, and functional independence but also reduced joint contractures and enhanced the patient's mental well-being. Breathing and mindfulness exercises supported relaxation and focus, while modern techniques like Pilates contributed to core stability and postural control, essential for maintaining functional abilities in PPS patients.

This study demonstrates that targeted physiotherapy protocols can significantly improve functional independence, reduce secondary complications, and enhance overall quality of life in post-polio patients. It underscores the importance of a holistic and personalized approach in rehabilitation to meet the multifaceted needs of individuals with PPS.

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**PERFECTIONISM IN SPORTS, COMPETITIVE ANXIETY AND PSYCHOLOGICAL
WELL-BEING AMONG COLLEGE ATHLETES.**

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ABSTRACT

This study examines the connection between collegiate players' psychological well-being, competitive anxiety, and athletic perfectionism. 200 athletes between the ages of 18 and 25 from different colleges in the districts of Kottayam, Pathanamthitta, Trivandrum, and Alappuzha participated in the research. The athletes' performance was evaluated using the modified Psychological Well-Being scale, the Sport Anxiety Scale-2, and the Perfectionism in Sport Scale (PSS). The findings indicated a strong positive correlation between psychological health, competitive anxiety, and athletic perfectionism. This discovery advances understanding of collegiate athletes and aids in the treatment of psychological conditions linked to competitive anxiety and perfectionism. The study addresses possible mental health concerns and advances knowledge of collegiate athletic groups.

Keywords: perfectionism in sports, competitive anxiety, psychological wellbeing, collegiate players

INTRODUCTION

Those who participate in collegiate-level organized sports programs while enrolled in a college or university are known as college athletes. Self-assurance, drive, self-control, optimism, focus, composure under pressure, resilience, competitive spirit, leadership, and excitement are some of the features that these athletes frequently display. The drive to perform flawlessly is known as perfectionism in sports, and it may affect athletes in both positive and negative ways. Sports perfectionism may be divided into two categories: adaptive perfectionism, which is defined by athletes' high standards for themselves, their tireless attempts to achieve them, and their capacity to accept failure and learn from it. Athletes frequently suffer from competitive anxiety, a particular kind of performance anxiety marked by stress, uneasiness, and panic. If left unchecked, this concern can lead to worse performance, less enjoyment from the sport, and even burnout. Athletes may be impacted by pressure to alter their performance without training, anxiety about losing a match, fear of social consequences for their performance level, fear of being hurt or an opponent getting hurt, and physical anxiety about not being able to fulfil their responsibilities to compete effectively. State anxiety, trait anxiety, physical anxiety, cognitive anxiety, self-confidence anxiety, and concentration anxiety are some of the several forms of competitive anxiety. Some athletes may have a range of symptoms, and not all athletes experience competitive anxiety. The types and intensity of competitive anxiety can vary from competitor to competitor and change over time. A person's overall sense of contentment and enjoyment with life is known as psychological well-being. This encompasses a variety of psychological and emotional experiences, including feelings of joy, fulfilling relationships, personal growth and fulfilment, a sense of purpose in life, and a sense of control and independence. Individuals who have high psychological well-being tend to be content and happy with their life and are better able to deal with challenges when they arise. A happy outlook on life, a supporting network of friends and family, a meaningful job and relationships, a sense of purpose and accomplishment, and good mental health are all factors that contribute to psychological well-being. A lower level of overall quality of life and signs of stress, anxiety, and depression are linked to poor psychological well-being. Understanding psychological depression disorders, anxiety, poor self-esteem, stress reactivity, cognitive function, and cheerfulness, as well as an athlete's capacity to manage life events, changes, and transitions like mourning, may be gained via psychological health. There are several theories of psychological well-being, and each one has its own definition and metrics for assessing well-being. Hedonic well-being, eudaimonic well-being, psychological resilience, and positive psychological capital

are a few of the well-known types of psychological well-being. Positive psychological capital refers to an individual's psychological assets, such as self-worth, optimism, hope, and resilience; hedonic well-being describes an individual's personal sense of pleasure and happiness; eudaimonic well-being entails having a sense of meaning and purpose in life; and psychological resilience describes an individual's ability to cope with and recover from stress and adversity. Athletes may better manage their stress and make strategies to improve their general well-being by being aware of these aspects.

REVIEW OF LITERATURE

The purpose of Anshel and Eom's (2003) study was to evaluate competitive athletes' perfectionism. 384 athletes from a US university who were classified as moderately to highly proficient participated in the study. The 94-item test evaluated competitive athletes' perfectionistic thinking. Four dimensions were found: concern over mistakes, coach criticism, parental criticism, and personal standards. Good within-item consistency was suggested by strong Cronbach alphas, however the analysis showed modest correlations across the dimensions.

The 2014 study by Gotwals and Spencer-Cavaliere investigated how athletes who strive for excellence are seen in the sport world. The study focused on both healthy and pathological perfectionism and employed a two-phase mixed methods approach. 18 athletes seeking undergraduate degrees participated in the study, which used a multivariate analysis of variance (MANOVA). The findings demonstrated that perfectionists' views on success differed significantly. Nevertheless, more confirmation and replication studies utilising different age groups, sports, or competitive levels are required.

The mental states of Type D and non-Type D football players are the subject of Kaplánová's 2021 study, which examines competitive anxiety, the predisposition for guilt and humiliation, and victory anxiety. According to the study, type D players were more likely to try to modify their behaviour and experienced attention disruption and autonomous excitement. Furthermore, participants who exhibited social inhibition and negative affectivity also had higher levels of competitive anxiety. This is the first study to examine these football-related mental states.

The psychological characteristics, competitive anxiety, emotions, and self-efficacy of beach handball players were investigated in the 2019 study by Reigal et al. 118 gamers participated in

the study, and most of them were men. The Mood Profile, Competition Anxiety State Inventory 2, Psychological Sports Execution Inventory, and General Self-Efficacy Scale were used to gather data. The findings demonstrated strong relationships between the variables of negative coping control, competitive anxiety, emotions, self-efficacy, and self-confidence.

The 2020 study by Rodriguez et al. looked at the connection between university students' psychological well-being and psychosocial characteristics. 149 Spanish students, ages 21.59, participated in the research. The results showed that the variance in these components was explained by psychological well-being traits such self-acceptance, good connections, autonomy, environmental mastery, and personal progress.

The 2020 study by Juanas et al. sought to determine how young people's autonomy and psychological well-being relate to one another. 1,148 people from Madrid and Bogotá, ages 16 to 21, participated in the study. According to the results, the older 18–21 age group outperformed the younger 16–17 age group on the EDATVA and Psychological Well-Being Scale.

RESEARCH GAP

The factors of psychological well-being, competitive anxiety, and perfectionism in sports have not been well studied, and there are relatively few studies on these topics. The relationship between collegiate players' psychological health and their propensity for competitive anxiety, sports perfectionism, or both has not been studied. Research on athletes' well-being, competitive anxiety, and perfectionism in sports is quite limited. Analysis may reveal a connection between competitive anxiety, athletic perfectionism, and psychological health. We could also be able to learn more about the applicability and offer the foundation for other hypotheses by carrying out more study in this field.

RESEARCH QUESTION

Is there any significant relationship between Perfectionism in sports, Competitive anxiety and psychological well-being among the college athletes?

AIM

- To study if there any significant relationship between perfectionism in sports, competitive anxiety and psychological well-being among college athletes

OBJECTIVE

1. To find out the relationship between perfectionism in sports, competitive anxiety and psychological well-being among college athletes.
2. To find significant relation between Perfectionism in Sports and Competitive Anxiety.
3. To find significant relation between Perfectionism in Sports and Psychological Wellbeing.
4. To find significant relation between Psychological Wellbeing and Competitive Anxiety.

HYPOTHESES

1. There will be significant relationship between perfectionism in sports and competitive anxiety.
2. There will be significant relationship between perfectionism in sports and psychological well-being.
3. There will be significant relationship between competitive anxiety and psychological well-being.
4. There will be significant relationship between Perfectionism in sports, Competitive Anxiety and Psychological Well-being.

METHODOLOGY

SAMPLE

The sample for the study comprises of 200 athletes in the age group of 18-25 years. The participants are from various colleges in the Kerala districts of Kottayam, Pathanamthitta, Alappuzha, and Trivandrum. Sports students typically practice for one to ten years. Convenience sampling, a non-probability sampling technique in which the easiest units for the researcher to access are chosen to be part of the sample.

RESEARCH DESIGN

Descriptive Research Design was used to study the relationship between perfectionism in sports, competitive anxiety, and psychological well-being among college athletes.

VARIABLES IN THE STUDY

Independent Variable (IV):- Perfectionism in Sports

Dependent Variables (DVs):

Competitive Anxiety
Psychological Well-Being

ASSESSMENT TOOLS

1) Perfectionism in sport scale

Perfectionism in sports, encompassing uncertainty, error concern, and personal standards, is measured by the Perfectionism in Sport Scale (PSS). On a 5-point scale, it scores highly for construct validity and internal consistency. While low scores imply a less perfectionistic attitude, high scores show a strong predisposition towards perfectionism.

2) Sports Anxiety Scale

Athletes' anxiety about competitive traits may be measured before or during competition using the Sport anxiety Scale-2. It gauges stress, bodily anxiety, and difficulty focussing. With Cronbach's alpha values ranging from 0.82 to 0.91, the scale exhibits high construct validity and great internal consistency. High scores indicate higher anxiety levels in sports-related situations, while low scores indicate lower anxiety levels. The scale has a 4-point rating system. Other measures of stress, anxiety, and athletic performance are linked to the scale.

3) Psychological Wellbeing

A modified version of the Carol D. Ryff Scales, the Psychological Well-Being Scales include 18 items from six components to evaluate well-being: autonomy, self-acceptance, environmental mastery, life purpose, positive connections with others, and personal progress. With Cronbach's alpha values ranging from 0.74 to 0.84, the scale exhibits high construct validity and great internal consistency. good scores indicate good well-being, while low numbers indicate low well-being. The scale has a 7-point rating system.

DATA COLLECTION PROCEDURE

The experiment involved 200 college athletes aged 18-25 in Kerala, pursuing undergraduate or

postgraduate degrees. Data collection involved establishing rapport with participants and providing instructions. Questionnaires were distributed to various districts, including Kottayam, Pathanamthitta, Alappuzha, and Trivandrum. The questionnaires included standardized tests measuring perfectionism in sports, sports anxiety, and psychological well-being. Primary details like age, gender, and socio-economic status were collected. The data was then scored and analyzed.

RESULT & DISCUSSION

Table 1 – Correlation between Perfectionism in sports and Competitive anxiety among college athletes

Variables		Worry score	Concentration Disruption Score	Somatic Trait Anxiety Score	Competitive Anxiety
Perfectionism in sports	r-value	-.105	-.108	.077	.203**
	p-value	.138	.127	.279	.004

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

Table 2 – Correlation between Perfectionism in Sport and Psychological Wellbeing among college athletes

Variables	Perfectionism in sports
The Autonomy Subscale	r-value .036
	p-value .612
The Environmental Mastery Subscale	r-value -.096
	p-value .173
The Personal Growth Subscale	r-value .068
	p-value .335
The Positive Relation with Others Subscale	r-value .038
	p-value .589
The Purpose in Life Subscale	r-value .045
	p-value .527
The Self-Acceptance Subscale	r-value -.150*
	p-value .033
Psychological Wellbeing	r-value -.146*
	p-value .039

*. Correlation is significant at 0.05 level (2-tailed)

**Table 3 – Correlation between Psychological Wellbeing and Competitive Anxiety
among college athletes**

Variables		Worry Score	Concentration Disruption Score	Somatic Trait Anxiety Score	Competitive Anxiety
The Autonomy Subscale	r-value	-.126	-.169*	-.105	-.013
	p-value	.074	.016	.136	.856
The Environmenta l Mastery Subscale	r-value	-.159*	-.155*	-.198**	-.033
	p-value	.024	.028	.005	.639
The Personal Growth Subscale	r-value	-.105	-.057	-.060	-.022
	p-value	.137	.423	.395	.760
The Positive Relation with Others Subscale	r-value	-.116	-.167*	.009	-.071
	p-value	.099	.017	.894	.313
The Purpose in Life Subscale	r-value	.088	.014	-.102	-.114
	p-value	.213	.844	.149	.106
The Self- Acceptanc e Subscale	r-value	-.146*	-.156*	-.006	.014
	p-value	.038	.027	.932	.848
Psychological Wellbeing	r-value	.136	.002	-.264**	-.656**
	p-value	.055	.975	.000	.000

*. Correlation is significant at 0.05 level (2-tailed)

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

The study investigates the relationship between collegiate players' psychological wellbeing, competitive anxiety, and sports perfectionism. Competitive anxiety is a negative emotional reaction to competing pressures, whereas perfectionism entails high performance standards and harsh self-evaluations.

Table 1 indicates a notable positive relationship between perfectionism in athletics and competitive anxiety among university students. Perfectionism serves as a safeguard for athletes against the negative impacts of perfectionism, provided they stay adaptable in adjusting their goals to meet situational demands and individual performance levels. Nonetheless, perfectionistic athletes, who defensively concentrate on errors and are marked by intense fears of failure and self-doubt, encounter elevated risks. This favorable relationship might arise from perfectionistic athletes establishing elevated performance benchmarks, necessitating continual efforts to enhance. Competitive anxiety is assessed using the Worry Score, Concentration Disruption Score, and Somatic Trait Anxiety Score, which evaluate the physical symptoms of anxiety specific to competitive environments, including increased heart rate, sweating, and trembling, along with their response to pressure and stress caused by competition.

Table 2 illustrates a notable negative association between perfectionism in athletics and psychological health among college athletes. Adaptive perfectionism is linked to positive emotions and psychological health, whereas maladaptive perfectionism is connected to negative effects on these aspects. A research article in the Journal of Applied Sport Psychology indicated that athletes exhibiting greater degrees of maladaptive perfectionism experienced increased anxiety and reduced self-esteem. This negative relationship could stem from the strong desire to meet flawless performance expectations, potentially resulting in reduced psychological well-being when under stress. Likewise, research in the Journal of Sports Sciences and Journal of Sports Medicine and Physical Fitness indicated that athletes experiencing higher anxiety levels reported diminished psychological well-being, encompassing reduced self-esteem, life satisfaction, and positive emotional states. These results indicate an inverse relationship between competitive anxiety and psychological health in athletics. The findings of the study correspond with earlier research that evaluates psychological wellbeing by examining elements like environmental mastery, personal growth, positive connections with others, life purpose, and self-acceptance.

Table 3 shows a strong inverse relationship between collegiate athletes' psychological well-being as well competitive anxiety. The autonomic nerve system is highly activated, performance is reduced, and emotional burnout results from this negative reaction, which also causes subjective emotions of stress and failure. This burnout exacerbates anxiety related to athletic activities and has a detrimental effect on psychological wellness.

CONCLUSION

The finding of the study shows that, there is a significant positive relationship between perfectionism in sports, competitive anxiety, and psychological well-being. There is a significant positive correlation between the variables Perfectionism in Sports and Competitive Anxiety at 0.01 level of significance. There is a negative correlation between Perfectionism in Sports and Psychological Wellbeing at 0.05 level of significance. There is a significant negative relationship between Psychological Wellbeing and Competitive Anxiety at 0.01 level of significance.

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Responsibility of Patent Holders

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ABSTRACT

The first law regarding patents in India was passed in the year 1856. After many amendments, a law was passed in 1993 under the name of Invention. After India gained independence, the Indian Patent Act was introduced in the Parliament in the year 1970. It was discussed and passed in 1972. It was seen as a law that protects the interests of researchers and the government. In order to get a good opportunity in his research, a researcher in our country has to apply for a patent in any other country. A researcher creates a new product in a medicine or other field and it is used by the country. The rights that he gets on his own are called patents. While getting a patent, the patent holder needs to take care of some things. For example, a patent for a very minor or insignificant invention cannot be obtained or a patent for new features cannot be obtained. After getting a patent, this patent should be useful for society, it should be such a patent, it is not right to get a patent that does not exploit the society. In today's modern era, the number of patent holders is seen in large numbers. It is seen that many types of patents are being taken from even graduate students to big researchers. After getting a patent, the patent holder must use this patent for his own economic progress as well as for society. But many patent holders are seen taking patents for their academic progress, but these patents are not used for the society or how many patent holders use their research in the society is information taken from this short research essay.

Keywords-Patent holder, Patent.

INTRODUCTION

Intellectual property rights (IPR) play a crucial role in fostering innovation and technological advancement. Among these rights, patents serve as legal protections granted to inventors, ensuring exclusive rights over their inventions for a specified period. A patent holder enjoys the privilege of commercializing, licensing, or enforcing the patent against unauthorized use (WIPO, 2021). However, alongside these rights, patent holders also have ethical and social responsibilities to ensure that their innovations contribute to societal well-being (Merges, 2011).

Despite the significance of patents in promoting innovation, concerns have been raised regarding their limited use for societal benefit. Many patent holders prioritize economic gains over social welfare, often restricting access to patented technologies through high licensing fees or litigation strategies (Boldrin & Levine, 2013). This trend raises ethical questions about the role of patent holders in addressing global challenges such as healthcare accessibility, environmental sustainability, and technological equity (Outtersson et al., 2008).

This study aims to explore the rights and responsibilities of patent holders while highlighting the need for increased awareness regarding the societal utilization of patents. The research assumes that patent holders currently contribute to society to a lesser extent, emphasizing the importance of policies and incentives that encourage socially responsible patenting practices. By examining these issues, the study seeks to foster a balanced approach where patent protection aligns with broader social objectives.

RESEARCH OBJECTIVES

- 1) To study the rights and responsibilities of patent holders.
- 2) To create awareness among patent holders to use patents for society.

RESEARCH ASSUMPTIONS

Patent holders use their patents for society to a lesser extent.

METHOD OF DATA COLLECTION

- 1) **Primary data collection**- Questionnaire filled by 100 patent holders
- 2) **Secondary data collection**- Internet, reference books were studied.

Rights granted to the patentee-

Any inventor makes an invention by spending his intellect, labour, and money. After making an invention, he fulfils the provisions of the law to obtain a patent for it, due to which he gets many benefits, these benefits are the rights granted to the patent holders. They are as follows.

1. **Selective rights**- The inventor gets the following selective rights

- (a) To use the invention.
- (b) To sell the invention.
- (c) To import the invention.
- (d) To manufacture the invention in India etc.

2. Right of Assignment - If an inventor does not want to use his right or does not want to use it, he can transfer his right to another person for a reasonable consideration. In other words, he can

transfer his right.

3. Right of Surrender - The patentee has the right to surrender his invention. In other words, the inventor can surrender his patent right with the permission of the Controller of Patents.

4. Right of Extension - If the inventor or the patentee has made some improvements to his previous invention and has added to the invention, the patentee has the right or authority to obtain an extension patent.

5. Infringement of patent - If someone uses, sells, manufactures, distributes the patent without the consent of the patentee, the patentee can file a suit against the person concerned. The infringer can restrain the use of the patent or can get compensation from him through the court. If he has made any profit by misusing the patent, the patentee has the right to demand a share in the profit.

6. Right to obtain a patent certificate - If an inventor has applied for a patent for an invention and gets it accepted, the patentee has the right to obtain a patent certificate.

7. Protection in other countries - If a person has obtained a patent in India, he can apply for protection of his invention in other countries. An Indian patentee can get protection in the countries with which India has agreements regarding patents.

8. Obtaining a secondary copy - If a patentee's original copy of the patent is lost or destroyed or misplaced, he has the right to obtain a second copy of the relevant patent.

Liability of the patentee –

Just as the inventor or the patentee gets rights regarding the patent, they also have some responsibilities. These responsibilities are as follows -

(1) The most important responsibility of a patentee is that he should use his patent for the benefit of society. He should not use the patent only for his personal use.

(2) Patents give the inventor a monopoly in a particular field. This can lead to exploitation of the common people. The patentee should ensure that the common people are not exploited.

(3) After a person gets a patent, he should use the invention. It should not remain idle. For example, a scientist discovers a medicine for cancer and gets a patent for it. But he does not manufacture the medicine. In such a case, the patentee is responsible for getting the medicine manufactured.

(4) The patentee must earn a fair income from the invention, but he should not misuse the patent and earn a lot of income.

INFORMATION COLLECTION AND ANALYSIS-

After obtaining a patent, it is the social responsibility of the patent holder to create the product

of the research he has done from that patent and to make that product useful for use in society. If the patent holders do not have the time or money to create the product, then such patents have to be made open to the society. At the same time, the patent holders can earn profit or honorarium by selling the patent rights they have acquired or giving the rights on lease. The following facts were found while obtaining relevant information from 100 patent holders.

1. Creation and sale of the patented product-

Patents are obtained through innovative discoveries made by the researchers. After obtaining a patent, the patent holders are responsible for creating the product of the invention made from that patent and selling that product in the society or if the products have an impact on the entire society from a social point of view, then they are responsible for making those products available to the society at the lowest price.

It is seen that the concerned patent holders have created the product of their research and it has been used for sale from a social point of view. Table 1 provides information on the extent to which researchers have used patents to manufacture and sell goods.

Table No- 1
Creation and sale of the patented product

Particular	Creation and sale of the patented product	Percentage
Yes	10	10
NO	90	90
Total	100	100

(Reference-Primary Data Collection)

When information is obtained from patent holders in various sectors of the society, it is seen that out of 100 patent holders, 10 patent holders are seen using their research for the society. This means that the percentage of patents taken by patent holders by actually manufacturing goods and using and selling goods in the society is 10 percent.

2. Sale of patent rights-

Some patent holders are seen selling their patents without manufacturing goods through their patents. They get royalties from the sale of these patents. Table No. 2 has information about how many patents have been sold by patent holders.

Table No.-2- Sale of patent rights

Particular	Sale of patent rights	Percentage
Yes	7	7
NO	93	93
Total	100	100

(Reference-Primary Data Collection)

Out of 100 patent holders who obtained information from patent holders, it is seen that 7 patent holders have earned royalties or profits by selling their patents. This means that the percentage of patents taken by patent holders to actually manufacture goods and use and sell the goods in the society is 7 percent.

3. Granting selective licenses or sublicensees.

Selective licenses are the rights or rights granted by the patentee or his representative to use a specific invention. Under this, the patent holder gives his patent rights to a person or agency for use on a lease or contractual basis. Also, the patent rights are given to his representative or licensee for use. Table No. 3 shows how many patents have been granted by patent holders as selective licenses or sublicensees.

Table No. 3-Granting selective licenses or sublicensees.

Particular	Granting selective licenses or sublicensees.	Percentage
Yes	3	3
NO	97	97
Total	100	100

(Reference-Primary Data Collection)

Out of 100 patent holders who obtained information from patent holders, it is seen that 3 patent holders have given their patent rights to be used on lease or on a contractual basis. This means that the percentage of patent holders who have obtained selective licenses or license rights is 3 percent.

CONCLUSION-

Through patents, many researchers have obtained patents for various models of goods and goods created on the basis of their intelligence. It is the responsibility of the patent holder to discover

innovative or new goods through patents and make those goods available to the society to improve the standard of living of the society. When information is obtained from those patent holders, it is seen that out of 100 patent holders, 20 patent holders have used their patents for the society. This means that 80 percent of the total patent holders are not enthusiastic about making their patents available to society. Such a habit of patent holders is causing great harm to society. Consumers need innovative products for different uses and it is very important for patent holders to make these innovative products available to the consumers. Many teachers and students in the educational sector take patents to improve their academic quality and job ratings, but they are not interested in using them for society.

RECOMMENDATION-

Under the Patent Act, patent holders who have not shown interest in using their patents for the benefit of society or who require a large amount of capital and labour to manufacture goods from their patents should be made legally obligated to sell their patents. It is the responsibility of patent holders to prevent new researchers from losing out as patent holders are prevented from manufacturing goods modified by the respective patent holders without using them. Teachers and students in the academic sector should make their patents available to the society without expecting any remuneration so that new researchers can get an opportunity to do innovative research and get inspired.

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Bhakti and Sufi Movements as Catalysts of Social Reform in Medieval India

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ABSTRACT

This research paper explores the socio-religious impact of the Bhakti and Sufi movements in medieval India. Both traditions emphasized devotion, love, and spiritual equality, challenging caste hierarchies, gender discrimination, and religious orthodoxy. By promoting interfaith harmony and inclusivity, Bhakti and Sufi saints fostered a spirit of unity across communities. Their teachings inspired significant social reforms and cultural integration, leaving a lasting influence on Indian society. The paper highlights how these movements laid the foundation for religious syncretism and social justice, continuing to resonate in contemporary thought and practice.

Keywords: Bhakti movement, Sufi movement, social reform, caste, gender, interfaith harmony, religious syncretism, medieval India.

INTRODUCTION:

The Bhakti and Sufi movements emerged as significant socio-religious forces in medieval India, influencing the cultural and social structure of the subcontinent. Both movements rejected rigid religious orthodoxy, caste discrimination, and ritualistic practices, instead promoting spiritual devotion, equality, and communal harmony. The Bhakti movement, rooted in Hindu tradition, emphasized personal devotion to a deity over priestly mediation, while the Sufi movement, grounded in Islamic mysticism, advocated love, tolerance, and unity with the divine. By challenging caste-based discrimination, promoting gender inclusivity, and fostering interfaith interactions, these movements played a transformative role in reshaping Indian society. This research paper explores the social impact of Bhakti and Sufi traditions, examining their role in fostering religious syncretism, social justice, and cultural integration.

OBJECTIVE OF STUDY

1. To study the origins and major contributors of the Bhakti and Sufi movements in medieval India.

2. To assess the social reforms initiated or inspired by these movements.
3. To analyze the impact of these movements on caste, religion, and gender.
4. To explore the promotion of interfaith harmony and tolerance through these traditions.
5. To examine their lasting influence on modern Indian society and reformist thought.

ANALYSIS:

The Bhakti and Sufi movements emerged as two major socio-religious reformist currents in medieval India, significantly influencing the cultural and social fabric of the subcontinent. Both movements arose as responses to the growing rigidity of religious orthodoxy and the socio-political inequalities that characterized medieval Indian society. Bhakti saints and Sufi mystics emphasized personal devotion, love, and direct communion with the divine, rejecting institutionalized religion and caste hierarchies. Through their teachings, poetry, and practices, they played a crucial role in fostering social reform, interfaith dialogue, and cultural integration.

The Bhakti movement, which developed within the Hindu tradition, was characterized by a deep sense of devotion (bhakti) to a personal god. Saints like Kabir, Mirabai, and Tukaram critiqued religious dogma and societal divisions, emphasizing an egalitarian spiritual approach. Kabir, for instance, rejected both Hindu and Muslim orthodoxy, arguing that God is beyond religious labels and rituals. His verses, compiled in the *Bijak*, highlight his disdain for sectarianism and caste-based discrimination (Zelliot, 1992, p. 78). Mirabai, a Rajput princess turned saint, defied patriarchal constraints to devote herself entirely to Lord Krishna, composing devotional poetry that stressed divine love over societal expectations (Hawley, 2005, p. 112). Similarly, Sant Ravidas, a Dalit saint, denounced caste hierarchies and proclaimed that true devotion lay in one's actions and sincerity rather than birth or social status (Lorenzen, 1995, p. 134).

Parallel to the Bhakti movement, the Sufi movement emerged within the Islamic tradition, advocating mysticism (tasawwuf), love, and unity with the divine. Sufi saints, or pirs, played a pivotal role in bridging Hindu-Muslim relations by fostering inclusivity and communal harmony. Khwaja Moinuddin Chishti, founder of the Chishti order in India, preached love and service to humanity, welcoming people from all backgrounds to his *khanqah* (hospice) (Eaton, 2003, p. 91). Nizamuddin Auliya, another prominent Chishti saint, embraced disciples regardless of their social or religious affiliations, emphasizing the importance of compassion and humility (Digby, 2004, p. 67). Baba Farid, a revered Sufi poet, integrated Indian cultural elements into his teachings, making Sufism more accessible to the local population (Schimmel, 1975, p. 43).

A major contribution of both the Bhakti and Sufi movements was their challenge to the rigid caste system and social stratification. Bhakti saints like Basava and Tukaram openly rejected caste-based discrimination, asserting that spiritual merit was determined by devotion and righteous conduct rather than birth. This sentiment was echoed in the teachings of Sufi saints, who welcomed disciples from diverse social backgrounds into their spiritual circles. The langar (community kitchen) system, established in many Sufi dargahs, reinforced the idea of social equality by serving food to people of all castes and religions without discrimination. These inclusive practices directly challenged the Brahmanical hierarchy and Islamic orthodoxy, offering marginalized communities an alternative social framework based on spiritual unity.

Gender inclusivity was another significant aspect of both movements. Women like Mirabai, Lalleshwari, and Rabi'a al-Adawiyya found a spiritual voice within these traditions, challenging patriarchal norms and asserting their agency. Mirabai's defiance of social expectations to pursue devotion to Krishna serves as a striking example of how Bhakti provided women with a space for self-expression (Hawley & Juergensmeyer, 2004, p. 98). In Sufism, female mystics like Rabi'a al-Adawiyya emphasized divine love over worldly attachments, redefining spiritual devotion in ways that transcended gender constraints. These movements, by creating a space for female participation, played a role in questioning and reforming societal attitudes towards women.

The Bhakti and Sufi movements also facilitated religious syncretism in medieval India. Their teachings often reflected a synthesis of Hindu and Islamic traditions, fostering a spirit of mutual respect and coexistence. Kabir's poetry blended Hindu and Islamic themes, advocating a universal spirituality that prioritized devotion over sectarian identities. Similarly, Sufi practices such as qawwali (devotional music) and sama (spiritual gatherings) incorporated elements of Indian musical traditions, promoting cross-cultural exchanges. The widespread presence of Sufi dargahs, where both Hindus and Muslims paid homage to revered saints, further reinforced the tradition of interfaith harmony.

Politically, these movements influenced the ruling elite, leading to policy changes that reflected their inclusive values. The interactions between Sufi saints and rulers during the Delhi Sultanate and Mughal period contributed to an environment of religious tolerance. Emperor Akbar's policy of Sulh-i-kul (universal peace) was shaped by the inclusive ethos of Sufi teachings, leading to administrative policies that promoted interfaith dialogue (Eaton, 2003, p. 155). Similarly, regional rulers in Maharashtra and Karnataka patronized Bhakti saints, recognizing their role in fostering

social cohesion.

The legacy of the Bhakti and Sufi movements extends beyond medieval India, continuing to influence contemporary religious and social thought. Their teachings inspired later reformers like Mahatma Gandhi, who integrated Bhakti ideals of non-violence and social justice into the Indian freedom movement. The poetry and music associated with these movements remain integral to India's cultural heritage, with bhajans and qawwalis still serving as powerful mediums of spiritual and artistic expression. Even today, their messages of love, inclusivity, and devotion resonate in a world increasingly divided by religious and social conflicts.

CONCLUSION:

By challenging orthodoxy, advocating spiritual equality, and fostering interfaith harmony, the Bhakti and Sufi movements played a transformative role in shaping medieval Indian society. Their emphasis on devotion over ritual, love over division, and equality over hierarchy laid the foundation for a more inclusive social order. As historical forces, they not only redefined religious experience but also contributed to a broader movement of social reform that sought to bridge the divides of caste, gender, and creed.

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“SELF CONFIDENCE AND ACHIEVEMENT MOTIVATION AMONG STUDENT”

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ABSTRACT

For the present study Self-confidence and achievement motivation among student 120 PG students select from Dr. Babasaheb Ambedkar Marathwada University, Chhatrapati Sambhaji Nagar by using random sampling method. Self-confidence scale and achievement motivation scale were used for data collection. Descriptive statistics method and person product moment correlation method was used for statistics treatment. Results show there is no significant difference between male and female students on self-confidence and achievement motivation; also, findings suggested that there is positive correlation between self-confidence and achievement motivation among male and female students.

Keywords: -Self-confidence and achievement motivation.

INTRODUCTION

Self-confidence is widely acknowledged as a critical factor influencing an individual's psychological well-being, personal success, and social functioning. It is commonly defined as a belief in one's abilities, qualities, and judgment (Bandura, 1997). Self-confidence enables individuals to approach tasks and challenges with the assurance that they can manage them effectively. This belief often stems from mastery experiences—successes that boost one's perception of self-efficacy and capability (Schunk, 1989). Moreover, self-confidence is closely associated with a positive self-concept, which refers to how individuals perceive their worth and abilities. Children who view themselves as competent and capable are more likely to invest their energy into academic and extracurricular pursuits, thus fostering personal development and academic achievement (Coopersmith, 1967).

Self-confidence is not merely a trait but a dynamic quality that evolves through experiences and interactions with the environment. According to Bandura's (1997) social cognitive theory, self-efficacy defined as belief in one's capabilities to achieve a goal plays a central role in determining behavior, motivation, and performance. A person with high self-confidence tends to take more initiative, display persistence in the face of challenges, and demonstrate resilience when encountering failure. In contrast, individuals with low self-confidence may avoid tasks they perceive as difficult, fearing failure and social disapproval, which can hinder their growth and performance.

Closely related to self-confidence is the concept of **motivation**, which is the driving force behind goal-directed behavior. Motivation is what compels individuals to initiate actions, sustain efforts, and persist in the face of obstacles (Ryan & Deci, 2000). It can be broadly categorized into intrinsic and extrinsic motivation. Intrinsic motivation refers to engaging in activities for the inherent satisfaction and interest they provide, while extrinsic motivation involves performing tasks to obtain external rewards or avoid punishments. For example, a student who studies out of curiosity and enjoyment is intrinsically motivated, whereas one who studies to achieve high grades or parental approval is extrinsically motivated.

Theories of motivation have evolved significantly over time. Maslow's hierarchy of needs (1943) posits that human behavior is driven by the desire to fulfill a series of hierarchical needs, ranging from physiological necessities to self-actualization. Similarly, Herzberg's two-factor theory distinguishes between hygiene factors that prevent dissatisfaction and motivators that enhance satisfaction (Herzberg, Mausner, & Snyderman, 1959). More recent perspectives, such as self-determination theory (SDT), emphasize the importance of autonomy, competence, and relatedness in fostering motivation and psychological growth (Deci & Ryan, 1985). According to SDT, when individuals feel autonomous, competent, and connected to others, they are more likely to be intrinsically motivated and experience well-being.

Within the broader framework of motivation lies **achievement motivation**, a specific form of motivation that relates to the pursuit of excellence and success in competitive or evaluative situations. The concept of achievement motivation was first systematically studied by McClelland (1961), who emphasized the role of the need for achievement (nAch) in determining behavior. According to McClelland, individuals with a high nAch seek to excel, prefer tasks of moderate difficulty, and persist in the face of failure.

The development of achievement motivation is influenced by various personal and environmental factors. Parental expectations, teacher feedback, peer influence, and cultural values all play a role in shaping how individuals perceive success and failure (Dweck, 1986). Children who are praised for their efforts rather than their innate abilities are more likely to develop a growth mindset—the belief that intelligence and abilities can be developed through effort and learning. This mindset, in turn, fosters achievement motivation by encouraging persistence and resilience in the face of challenges.

Self-confidence and achievement motivation are deeply interconnected. High self-confidence enhances motivation by reducing fear of failure and increasing willingness to engage in challenging tasks. Conversely, individuals with low self-confidence may shy away from achievement-related endeavors, doubting their ability to succeed. Thus, fostering self-confidence can be a critical strategy in enhancing achievement motivation, especially among children and adolescents who are still forming their self-concept and motivational patterns.

Self-confidence, motivation, and achievement motivation are foundational psychological constructs that significantly influence behavior, learning, and personal development. Self-confidence empowers individuals to believe in their abilities and take initiative, while motivation provides the energy and direction for goal-oriented behavior. Achievement motivation, in particular, drives individuals to strive for excellence and persist in the face of obstacles. Understanding the interplay between these constructs is crucial for educators, parents, and mental health professionals aiming to support the holistic development of children and adults alike.

REVIEW OF LITERATURE

Affum-Osei and Asante (2014) found a positive relationship between achievement motivation and academic achievement, but the correlation was not significant. This suggests that while motivation is important for academic performance, other factors such as self-efficacy and self-regulation may mediate its impact.

Atkinson (1964) defined achievement motivation as the comparison of one's performance against a set standard or in relation to others. Studies have consistently shown that achievement motivation plays a crucial role in academic success, although its impact may vary depending on individual and contextual factors.

Emmanuel Affum-Osei and Eric Asante (2014) investigated the relationship between self-concept, motivation, and academic achievement among high school students. Their study found

that students with a high level of self-concept performed better on the Mathematics Achievement Test. Additionally, their findings confirmed a significant correlation between self-concept and academic achievement. This study highlights the importance of fostering a positive self-concept among students to improve their academic performance.

Habibah Elias, Nooreen Noordin, and Rahil Hj (2010) explored the relationship between achievement motivation, self-efficacy, and student adjustment to campus life. Their results indicated that achievement motivation and self-efficacy ranged from moderate ($M = 3.17$, $SD = 0.43$) to high ($M = 5.15$, $SD = 0.78$), suggesting that students had the potential to succeed. The study also found that achievement motivation, self-efficacy, and adjustment were positively correlated, highlighting the importance of psychological resilience in academic and social adaptation.

Moorjani and Mamta (2004) investigated life satisfaction and general well-being among college students across different academic faculties. The study revealed significant differences in life satisfaction and well-being among students from Science, Commerce, and Arts faculties. However, it did not find any significant gender differences in life satisfaction and well-being. This study suggests that while academic disciplines may influence well-being, gender may not be a critical factor in determining students' overall satisfaction and psychological adjustment.

Stolz (1999) examined the role of self-confidence in students' performance. The study found that students who received negative encouragement and lower grades on a questionnaire performed poorly, while those who received positive encouragement and higher grades performed better. These findings suggest that self-confidence and self-efficacy significantly impact students' academic performance. The study reinforces the idea that self-belief and positive reinforcement can enhance students' motivation to succeed academically.

STATEMENT OF THE PROBLEM: -

To study Self-confidence and achievement motivation among student.

OBJECTIVE: -

- To measure the self confidence level among male students.
- To measure the self confidence level among female students.
- To determine the level of achievement motivation among male students.
- To determine the level of achievement motivation among female students.

- To find out the correlation between self-confidence and achievement motivation among male students.
- To find out the correlation between self-confidence and achievement motivation among female students.

HYPOTHESES: -

- There will be significant differences between male and female students on self-confidence.
- There will be significant differences between male and female students on achievement motivation
- There will be positive correlation between self-confidence and achievement motivation among male students.
- There will be positive correlation between self-confidence and achievement motivation among female students

METHODOLOGY

SAMPLE: -

For the present study 120 PG students (among them 60 male and 60 female) were selected by using random sampling method the age range of present sample is 20-24 year. The all sample selected from Dr. Babasaheb Ambedkar Marathwada University, Aurangabad

VARIABLES: -

- **Independent variable:** - Gender- 1) Male Students 2) Female Students
- **Dependent variable:** - 1) self-confidence 2) Achievement motivation.

TOOLS AND MEASURES: -

- 1) **Self-confidence scale:** - This scale developed by Dr. Rekha present inventory has 56 items. Reliability of the Inventory .78 and Validity is .82
- 2) **Achievement motivation scale:** - present-Scale constructed and standardized by Pratibha Deo and Asha Mohan the scale consists of fifty items of which thirteen are negative and thirty-seven are positive. Present test has good validity and reliability

PROCURED OF DATA COLLECTION: -

Data was collected from various college of Aurangabad city; first researcher went to various university department and administered self-confidence scale and achievement motivation scale on

120 students by given instruction and data were collect.

STATISTICAL ANALYSES: -

Data ware analysis by using mean, SD, t-test and Pearson product movement correlation method.

RESULTS

Table no.1

shows mean SD and t difference on self confidence among male and female students.

VARIEBALS	N	MEAN	SD	t-value
Male	60	35.18	2.43	0.0020
Female	60	33.81	2.40	

Table no.1 t-value 0.002 which is not significant on 0.05 levels. There is no significant difference between male and female on self confidence

Table no.2

show mean SD and t difference on achievement motivation among male and female students.

VARIEBALS	N	MEAN	SD	t-value
Male	60	107.66	9.14	2.11
Female	60	101.78	4.90	

Table no.1 t-value 2.11 which is not significant on 0.05 levels. There is no significant difference between male and female on achievement motivation

Table no. 3

show correlation between self-confidence and achievement motivation among male students.

Variables	Correlation (r.)	Level of correlation
self confidence	0.49	Positive correlation
achievement motivation		

Table no. 4

show correlation between self-confidence and achievement motivation among female students.

Variables	Correlation (r.)	Level of correlation
self confidence	0.42	Positive correlation
achievement motivation		

DISCUSSION: -

The aim of the present study was to find Self-confidence and achievement motivation among student table no.1 show there is no significant difference between male and female students on Self-confidence. Male mean score 35.18 and SD is 2.43 female mean score is 33.81 and SD is 2.40

and t-value is 0.0020 which show there is no significant difference between male and female students on self-confidence therefore hypotheses no.1 is rejected.

Tableno.2 show there is no significant difference between male and female students on achievement motivation. Male mean scores 107.66 and SD is 9.14 female mean score is 101.78 and SD is 4.90 and t-value is 2.11 which show there is no significant difference between male and female students on achievement motivation therefore hypotheses no.2 is rejected.

Table no.3 show correlation between self-confidence and achievement motivation among male student table value 0.49 which show positive correlation therefore hypotheses no 3 is accepted.

Table no.4 show correlation between self-confidence and achievement motivation among female student table value 0.42 which show positive correlation therefore hypotheses no 4 is accepted.

CONCLUSION:

Present research finds that there is no significant difference between male and female students on self-confidence and achievement motivation; also, findings suggested that there is positive correlation between self-confidence and achievement motivation among male and female students.

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A comparative study of mental health among mothers and fathers of children with disabilities

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ABSTRACT

The present study aimed to examine and compare the mental health of mothers and fathers of children with disabilities across six key dimensions: emotional stability, adjustment, self-concept, autonomy, security–insecurity, and intelligence. a purposive sample of 60 parents (30 mothers and 30 fathers) was selected from the targeted district. data was collected using the standardized *mental health battery* (2005) developed by arunkumarsingh and alpanasengupta. the findings revealed that fathers of children with disabilities scored significantly higher than mothers on all dimensions of mental health. this suggests that fathers exhibit greater emotional stability, better adjustment, stronger self-concept, higher autonomy, better security levels, and superior intelligence in the context of parenting a child with a disability. the results highlight the psychological challenges faced by mothers and underline the need for gender-sensitive mental health support for parents of children with disabilities.

keywords: mental health, mothers, fathers, children with disabilities, emotional stability, adjustment, self-concept, autonomy, security–insecurity, intelligence.

INTRODUCTION:

The birth of a child is typically a moment of immense joy and anticipation for any parent. However, when a child is born with a disability, parents often experience a complex mix of emotions and face numerous psychological, emotional, and practical challenges. Raising a child with disabilities demands substantial emotional, physical, and psychological investment. This added responsibility can lead to heightened stress, decreased life satisfaction, and personal adjustment difficulties. Although both parents are affected, the psychological impact may vary between mothers and fathers due to differences in social roles, coping strategies, and cultural expectations (Gupta, 2007; Hastings et al., 2005).

Mental health is a multidimensional construct encompassing emotional, psychological, and social well-being. It influences how individuals think, feel, and act, as well as how they manage stress, maintain relationships, and make decisions (World Health Organization [WHO], 2018).

Mental health is not merely the absence of mental illness; it involves the ability to regulate emotions, build positive relationships, cope with adversity, and function effectively. For parents of children with disabilities, maintaining good mental health is particularly important, as it directly affects both their own well-being and the quality of care they provide (Bourke-Taylor et al., 2010).

Parenting a Child with Disabilities: A Psychological Perspective

Children with disabilities may face a variety of challenges depending on the type and severity of their condition, whether physical, intellectual, developmental, or sensory. Each condition presents unique caregiving demands. Research indicates that parents of children with disabilities experience significantly higher levels of psychological stress, anxiety, and depression compared to parents of typically developing children (Singer, 2006). They often encounter constant caregiving responsibilities, financial strain, social stigma, and uncertainty regarding the child's future—factors that can negatively affect emotional stability, autonomy, adjustment, and self-concept (Rayan & Ahmad, 2018). Mothers are often the primary caregivers, assuming a majority of the caregiving responsibilities. This can lead to increased psychological stress and social isolation (Gray, 2003). Fathers, meanwhile, may experience stress related to financial pressures and societal expectations to remain emotionally strong, which can result in emotional suppression (Pelchat et al., 2007). These gendered expectations often lead to differing mental health outcomes and coping mechanisms between mothers and fathers.

Emotional Stability

Emotional stability refers to the ability to remain calm, balanced, and resilient in the face of stress. Parents of children with disabilities frequently face emotional strain, with mothers particularly susceptible to emotional exhaustion and caregiving fatigue (Smith et al., 2001).

Adjustment

Adjustment involves the capacity to adapt effectively to changing life circumstances. Fathers are often found to use problem-focused coping strategies, which may facilitate better adjustment in the initial stages. Mothers, on the other hand, are more likely to adopt emotion-focused coping

methods, potentially increasing their vulnerability to adjustment difficulties (Lazarus & Folkman, 1984; Yamaoka et al., 2015).

Autonomy

Autonomy is defined as the ability to make independent choices and function self-sufficiently. The intense demands of caregiving can restrict parents' autonomy, particularly for mothers who may experience a loss of personal identity and time. Fathers may report fewer constraints due to less involvement in day-to-day caregiving (Seltzer et al., 2001).

Self-Concept

Self-concept reflects how individuals perceive themselves. Parents may struggle with negative self-perceptions, including feelings of guilt and inadequacy, particularly when they internalize the child's disability as a personal failure. Maternal self-concept is often more negatively impacted due to deeper emotional involvement and perceived responsibility for the child's development (Shin et al., 2006; Kyzar et al., 2012).

Security–Insecurity

This dimension relates to an individual's sense of safety, confidence, and freedom from anxiety. Parents often feel insecure due to concerns about their child's development, access to appropriate services, and long-term care. Mothers may report heightened insecurity due to emotional over-identification with the child, while fathers may be more affected by worries related to financial stability and future planning (Brown et al., 2006; Trute et al., 2010).

Intelligence

Although intelligence is traditionally viewed in cognitive terms, in the context of mental health, emotional intelligence the capacity to understand and manage one's own emotions and those of others plays a crucial role. Parents with higher emotional intelligence are better equipped to handle stress, adjust to challenges, and foster healthy family relationships (Salovey & Mayer, 1990; Fernández-Berrocal & Extremera, 2008).

RATIONALE FOR THE STUDY

Although an increasing number of studies have examined the mental health of parents of children with disabilities, research comparing mothers and fathers across multiple psychological dimensions remains limited. Much of the existing literature focuses on maternal mental health,

often neglecting the experiences of fathers. However, understanding gender-specific mental health outcomes is essential for developing comprehensive and inclusive psychological support systems. This study seeks to address this gap by comparatively assessing the mental health of mothers and fathers across six psychological dimensions: emotional stability, adjustment, autonomy, self-concept, security–insecurity, and emotional intelligence. By highlighting the differential experiences of both parents, the research aims to contribute valuable insights for the design of effective, family-centered mental health interventions.

REVIEW OF RELATED LITERATURE

Baker et al. (2003) this study found that mothers of children with developmental disabilities are more prone to psychological distress than fathers. **Bristol and Gallagher (1986)** this study indicated fathers had fewer concerns related to societal judgment and stigma, thus enhancing their emotional security. **Dyson (1997)** this study reported that mothers of children with disabilities often experienced reduced self-worth and self-concept due to social stigma and caregiving stress. **Emerson (2003)** this study found that parents of children with severe or multiple disabilities experienced higher levels of stress, especially when the child had behavioral challenges or communication difficulties. **Gupta (2007)** this study found that mothers of children with intellectual disabilities reported significantly higher stress levels and poorer psychological health than fathers. This has been attributed to the mother's greater involvement in caregiving and emotional labor. **Gupta and Singhal (2004)** this study concluded that mothers are more emotionally involved and vulnerable to emotional instability due to their primary caregiving role. **Guralnick (2000)** this study found that fathers retained a more positive self-image due to their peripheral role in caregiving. **Hastings and Beck (2004)** this study showed that mothers felt more restricted in personal and social decision-making compared to fathers. **Hastings et al. (2005)** this study found that mothers experience more challenges in adapting to the demands of parenting a child with disabilities. **Kumar and Bhukar (2013)** this study observed that fathers showed better emotional and social adjustment as they were less directly involved in day-to-day caregiving. **McBride (2000)** this study found no significant gender difference in intelligence but noted differences in coping strategies. **Olsson and Hwang (2003)** this study concluded that the mental health of mothers was significantly lower due to prolonged caregiving demands and lack of personal time. **Rao and Beena (2008)** this study found that mothers of children with intellectual

disabilities reported significantly higher levels of emotional distress and anxiety compared to fathers. **Seligman and Darling (2007)** this study found that caregiving limits mothers' autonomy due to increased dependency of the child on them. **Seymour (2008)** this study concluded that mothers report higher psychological insecurity due to fear of social judgment and lack of adequate support systems. **Turnbull and Turnbull (2001)** this study found that that caregiving stress may hinder mothers' cognitive performance temporarily, not intelligence per se.

STATEMENT OF PROBLEM

To Study of study of mental health among mothers and fathers of children with disabilities.

OBJECTIVES OF THE STUDY:

- To examine and compare the mental health of mothers and fathers of children with disabilities with reference to the dimensions on Emotional Stability, Adjustment, Self-concept, Autonomy, Security–Insecurity and Intelligence.

HYPOTHESES OF THE STUDY:

- There is no significant difference between mothers and fathers of children with disabilities Mental Health dimension on emotional stability, adjustment, autonomy., self-concept., security-insecurity., intelligence.

METHODOLOGY

SAMPLE:

For the present study, a total sample of 100 parents of children with disabilities was selected MR School. The effective sample will consist of 30 mothers and 30 fathers of children with disabilities. The sample will be selected using the purposive sampling technique, which allows the researcher to intentionally select participants who are most relevant to the objectives of the study.

RESEARCH DESIGN:

In the present study a Simple research design was used.

VARIABLES OF THE STUDY

- **Independent Variables** – Parents- 1) mothers and fathers of children with disabilities
- **Dependent Variables** – Mental Health (Emotional stability, adjustment, self-concept., autonomy., security-insecurity., intelligence.)

RESEARCH TOOLS

Mental Health Battery (2005)

To assess the mental health of the participants, the Mental Health Battery (2005) developed by

Arun Kumar Singh and Alpana Sen Gupta was utilized. This standardized tool measures mental health across six key dimensions: Emotional Stability, Adjustment, Self-concept, Autonomy, Security-Insecurity, and Intelligence. The battery consists of a total of 130 items and is widely recognized for its psychometric properties. The reliability of the test ranges from 0.72 to 0.87, indicating a high level of internal consistency and the battery demonstrates high validity.

PROCEDURES OF DATA COLLECTION

For the present study, a sample of 60 parents of children with disabilities was selected. Two standardized instruments were administered individually as well as in small groups. Participants were invited in groups of 5 to 10 individuals, and appropriate seating arrangements were made in a quiet room to ensure a conducive environment for test administration. The tests were administered by strictly following the instructions and procedures recommended by the respective authors of the instruments. After completion, the field copies of each test were collected from the participants. This procedure was repeated until data from all participants had been gathered. In addition to the test inventories, primary information was collected through a personal information form, which was provided to each participant. Before filling out the inventories, participants were given general instructions specific to each scale to ensure proper understanding and accurate responses.

STATISTICAL ANALYSIS

At the data were treated by mean and standard Deviation and ANOVA was done by using SPSS Software.

Table No.01 Resultsof Analysis of variance showing the ParentsonMental Health.

Table	Factor	Parents	Mean	SD	N	DF	F Value	Sign
Table No.01(A)	Emotional stability	Fathers of children with disabilities	11.83	1.14	30	58	42.142	0.01
		Mothers of children with disabilities	9.46	1.63	30			
Table No.01(B)	Adjustment	Fathers of children with disabilities	11.46	1.07	30	58	46.35	0.01
		Mothers of children with disabilities	8.46	2.16	30			
Table No.01(C)	self-concept	Fathers of children with disabilities	15.20	1.44	30	58	94.45	0.01
		Mothers of children with disabilities	9.20	3.05	30			
Table No.01(D)	Autonomy	Fathers of children with disabilities	10.96	0.92	30	58	28.85	0.01
		Mothers of children with disabilities	9.06	1.70	30			
Table	security-	Fathers of children with disabilities	11.13	1.00	30	58	40.29	0.01

No.01(E)	insecurity	Mothers of children with disabilities	8.86	1.67	30			
Table	Intelligence	Fathers of children with disabilities	10.90	1.12	30	58	55.61	0.01
No.01(F)		Mothers of children with disabilities	8.16	1.66	30			
Table	Mental	Fathers of children with disabilities	62.70	5.47	30	58	49.29	0.01
No.01(G)	Health	Mothers of children with disabilities	53.23	4.95	30			

DISCUSSION

Parents of children with disabilities on emotional stability Hypotheses-01

- There is no significant difference between mothers and fathers of children with disabilities Mental Health dimension on emotional stability.

According to Table No. 01 (A), the results indicate that parents of children with disabilities differ significantly in their emotional stability. The mean score for fathers was 11.83 (SD = 1.14), while the mean score for mothers was 9.46 (SD = 1.63). The obtained F-value was 42.142, which is significant at both the 0.01 and 0.05 levels $F(1, 58) = 42.142, p < 0.01$. This suggests that the difference in emotional stability between fathers and mothers of children with disabilities is statistically significant. Therefore, the hypothesis is supported and accepted in the present study. The findings indicate that fathers of children with disabilities exhibit higher emotional stability than mothers.

The findings of the present study indicate that fathers of children with disabilities exhibit significantly higher emotional stability compared to mothers. This result aligns with previous research suggesting that the psychological impact of parenting a child with a disability is often more pronounced in mothers than in fathers (Hastings et al., 2005; Dabrowska & Pisula, 2010). Emotional stability, which reflects the ability to remain calm, resilient, and balanced in the face of stress, may be influenced by varying parental roles and coping mechanisms. Mothers are typically the primary caregivers and may experience greater emotional and physical burdens associated with daily caregiving tasks, medical responsibilities, and managing the child's behavioral or developmental needs (Smith et al., 2001). This constant caregiving role can increase emotional vulnerability, leading to lower emotional stability. In contrast, fathers often assume a supportive or secondary caregiving role and may use more problem-focused coping strategies, which are associated with higher emotional stability (Pleck, 2010).

Parents of children with disabilities on adjustment Hypotheses-02

- There is no significant difference between mothers and fathers of children with disabilities Mental Health dimension on adjustment.

According to Table No. 01 (B), the results indicate that parents of children with disabilities differ significantly in their adjustment. The mean score for fathers was 11.46 (SD = 1.07), while the mean score for mothers was 8.46 (SD = 2.16). The obtained F-value was 46.35, which is significant at both the 0.01 and 0.05 levels ($F(1, 58) = 46.35, p < 0.01$). This suggests that the difference in adjustment between fathers and mothers of children with disabilities is statistically significant. Therefore, the hypothesis is supported and accepted in the present study. The findings indicate that fathers of children with disabilities exhibit higher adjustment than mothers.

The present study found that fathers of children with disabilities demonstrate significantly higher levels of adjustment compared to mothers. This result is consistent with prior research indicating that mothers often report greater psychological distress and adjustment difficulties than fathers in families of children with special needs (Hastings et al., 2005; Gray, 2003). The concept of parental adjustment encompasses emotional, social, and psychological adaptation to the challenges of raising a child with a disability. One possible explanation for this gender difference is the unequal distribution of caregiving responsibilities. Mothers often serve as the primary caregivers, spending more time managing the child's daily routines, therapies, and emotional needs, which can lead to increased stress and emotional exhaustion (Dabrowska & Pisula, 2010). In contrast, fathers may engage more in financial or instrumental support roles and may therefore experience fewer day-to-day caregiving stressors, which allows for better emotional regulation and adjustment (Pelchat et al., 2003). Additionally, coping strategies differ by gender. Studies have shown that fathers are more likely to use problem-focused or avoidance-based coping, which may buffer the psychological impact of caregiving stress. Mothers, on the other hand, are more prone to emotion-focused coping, which can lead to rumination and heightened emotional strain (Pleck, 2010; Hastings & Johnson, 2001). Cultural expectations may also play a role. In many traditional societies, mothers are socially expected to take on nurturing roles, and any perceived shortcomings in managing the child's needs can contribute to feelings of guilt or inadequacy, further impairing adjustment (Singh & Ghai, 2009).

Parents of children with disabilities on self-concept Hypotheses-03

- There is no significant difference between mothers and fathers of children with disabilities Mental Health dimension on self-concept.

According to Table No. 01 (C), the results indicate that parents of children with disabilities differ significantly in their self-concept. The mean score for fathers was 11.13 (SD = 1.00), while the mean score for mothers was 8.86 (SD = 1.67). The obtained F-value was 40.29, which is significant at both the 0.01 and 0.05 levels ($F(1, 58) = 40.29, p < 0.01$). This suggests that the difference in self-concept between fathers and mothers of children with disabilities is statistically significant. Therefore, the hypothesis is supported and accepted in the present study. The findings indicate that fathers of children with disabilities exhibit higher self-concept than mothers.

The present study found that fathers of children with disabilities exhibit significantly higher levels of self-concept than mothers. Self-concept refers to an individual's perception and evaluation of themselves across various domains such as competence, worth, and identity (Shavelson, Hubner, & Stanton, 1976). This finding is consistent with prior literature that highlights gender-based differences in the experience and interpretation of caregiving roles, which may impact self-perception and self-esteem (Gupta & Singhal, 2004; Hastings & Johnson, 2001).

Mothers, who typically assume the role of primary caregivers, often experience intense physical, emotional, and psychological demands when caring for a child with disabilities. These challenges can limit their personal growth, social interaction, and career opportunities—factors that are closely linked with a healthy self-concept (Dabrowska & Pisula, 2010). Continuous caregiving responsibilities can also lead to caregiver burnout and feelings of inadequacy when expectations are not met, further lowering mothers' self-concept (Gray, 2003). In contrast, fathers tend to retain their occupational roles and social identities more consistently, which can positively reinforce their sense of self-worth and competence. Fathers are often less involved in the daily caregiving tasks and more engaged in financial or supportive roles, which might buffer them from the constant stressors that mothers face (Pelchat et al., 2003). As a result, they are more likely to maintain a stable and positive self-concept. Moreover, societal norms often reinforce the notion that caregiving is primarily a maternal responsibility. This cultural framework can unintentionally devalue mothers' efforts, especially when outcomes do not align with societal expectations.

Fathers, on the other hand, may receive more praise and acknowledgment even for minimal involvement, further reinforcing their positive self-image (Singh & Ghai, 2009).

Parents of children with disabilities on autonomy Hypotheses-04

- There is no significant difference between mothers and fathers of children with disabilities Mental Health dimension on autonomy.

According to Table No. 01 (D), the results indicate that parents of children with disabilities differ significantly in their autonomy. The mean score for fathers was 15.20 (SD = 1.44), while the mean score for mothers was 9.20 (SD = 3.05). The obtained F-value was 94.45, which is significant at both the 0.01 and 0.05 levels ($F(1, 58) = 94.45, p < 0.01$). This suggests that the difference in autonomy between fathers and mothers of children with disabilities is statistically significant. Therefore, the hypothesis is supported and accepted in the present study. The findings indicate that fathers of children with disabilities exhibit higher autonomy than mothers.

The present study revealed that fathers of children with disabilities exhibit significantly higher levels of autonomy compared to mothers. Autonomy, in this context, refers to an individual's ability to make independent decisions, maintain self-regulation, and preserve a sense of personal control despite external demands or stressors (Ryff, 1989). This finding is consistent with earlier research suggesting that mothers, particularly in caregiving roles, often experience a reduction in personal autonomy due to the demanding and time-intensive nature of caregiving responsibilities (Pelchat et al., 2003; Gray, 2003). In families of children with disabilities, mothers typically take on the primary caregiving role, which often includes managing medical appointments, educational planning, therapy coordination, and emotional support. These extensive caregiving duties can lead to role engulfment, where the identity of the mother becomes closely tied to the caregiving role, thereby limiting opportunities for personal autonomy and decision-making outside of the caregiving context (Gupta & Singhal, 2004). Consequently, mothers may feel a diminished sense of independence and increased dependency on external systems for support. Conversely, fathers, who are generally less involved in the day-to-day caregiving tasks, may retain more of their autonomy. They often continue to engage in professional, social, and personal pursuits with fewer constraints imposed by caregiving duties (Hastings et al., 2005). Furthermore, societal norms and expectations in many cultures still reinforce traditional gender roles, where the emotional and

caregiving labor is disproportionately placed on women (Singh & Ghai, 2009). This division of responsibilities may inadvertently allow fathers to maintain higher levels of autonomy.

Parents of children with disabilities on security-insecurity Hypotheses-05

- There is no significant difference between mothers and fathers of children with disabilities
Mental Health dimension on security-insecurity.

According to Table No. 01 (E), the results indicate that parents of children with disabilities differ significantly in their security-insecurity. The mean score for fathers was 10.96 (SD = 0.92), while the mean score for mothers was 9.06 (SD = 1.70). The obtained F-value was 28.85, which is significant at both the 0.01 and 0.05 levels ($F(1, 58) = 28.85, p < 0.01$). This suggests that the difference in security-insecurity between fathers and mothers of children with disabilities is statistically significant. Therefore, the hypothesis is supported and accepted in the present study. The findings indicate that fathers of children with disabilities exhibit higher security-insecurity than mothers.

The current study found that fathers of children with disabilities exhibit significantly higher levels of security (i.e., lower levels of insecurity) compared to mothers. Security-insecurity as a psychological construct reflects an individual's sense of confidence, emotional stability, and perceived ability to manage life challenges (Maslow, 1942). This result aligns with a growing body of literature that highlights gender-based differences in psychological resilience and stress processing in the context of parenting a child with special needs. Mothers are often the primary caregivers, assuming full-time roles that encompass emotional, physical, educational, and healthcare responsibilities for their children with disabilities (Pelchat et al., 2003).

This overwhelming caregiving burden can lead to heightened feelings of insecurity, stemming from role overload, emotional exhaustion, and a perceived lack of control over their circumstances (Gupta & Singhal, 2004). Additionally, mothers may experience greater social isolation and reduced opportunities for self-care and external validation, all of which contribute to lower psychological security (Dabrowska & Pisula, 2010). Conversely, fathers generally retain their professional roles and social networks and often serve as secondary caregivers. This position may

shield them from the continuous, intense emotional labor associated with caregiving and allow them to maintain a more stable and secure self-perception (Hastings et al., 2005). Furthermore, fathers may internalize cultural expectations that reinforce their role as protectors or providers rather than caregivers, which can foster a sense of control and emotional resilience in difficult circumstances (Gray, 2003).

Parents of children with disabilities on intelligence Hypotheses-06

- There is no significant difference between mothers and fathers of children with disabilities Mental Health dimension on intelligence.

According to Table No. 01 (F), the results indicate that parents of children with disabilities differ significantly in their intelligence. The mean score for fathers was 10.90 (SD = 1.12), while the mean score for mothers was 8.16 (SD = 1.66). The obtained F-value was 55.61, which is significant at both the 0.01 and 0.05 levels ($F(1, 58) = 55.61, p < 0.01$). This suggests that the difference in intelligence between fathers and mothers of children with disabilities is statistically significant. Therefore, the hypothesis is supported and accepted in the present study. The findings indicate that fathers of children with disabilities exhibit higher intelligence than mothers.

The present study revealed that fathers of children with disabilities exhibit significantly higher levels of intelligence compared to mothers. In the context of psychological assessment, intelligence typically encompasses cognitive abilities such as problem-solving, logical reasoning, memory, verbal comprehension, and decision-making (Wechsler, 2008). While this finding does not imply a gender-based inherent cognitive superiority, it may reflect environmental, socio-cultural, and role-based factors that influence cognitive performance and expression. One possible explanation is the differential access to intellectual engagement opportunities between mothers and fathers. Fathers of children with disabilities are often more likely to remain active in professional roles, which require ongoing problem-solving, planning, and communication—skills that are closely associated with cognitive functioning (Sternberg, 2004).

On the other hand, mothers who are the primary caregivers may have fewer opportunities to engage in cognitively stimulating environments outside the home due to the demanding nature of

caregiving responsibilities (Pelchat et al., 2003). Moreover, caregiving stress and emotional burden can negatively affect cognitive efficiency and executive functioning. Research shows that chronic stress, particularly common among mothers of children with disabilities, may impair attention, memory, and decision-making abilities (Lupien et al., 2009). Emotional overload and fatigue may lead to reduced performance in tasks that are used to assess intelligence, even if actual cognitive potential remains unchanged (Dabrowska & Pisula, 2010).

Parents of children with disabilities on Mental Health Hypotheses-07

- There is no significant difference between mothers and fathers of children with disabilities dimension on Mental Health.

According to Table No. 01 (G), the results indicate that parents of children with disabilities differ significantly in their Mental Health. The mean score for fathers was 62.70 (SD = 5.47), while the mean score for mothers was 53.23 (SD = 4.95). The obtained F-value was 49.29, which is significant at both the 0.01 and 0.05 levels ($F(1, 58) = 49.29, p < 0.01$). This suggests that the difference in Mental Health between fathers and mothers of children with disabilities is statistically significant. Therefore, the hypothesis is supported and accepted in the present study. The findings indicate that fathers of children with disabilities exhibit higher Mental Health than mothers.

The findings of the present study indicate that fathers of children with disabilities exhibit significantly better mental health than mothers. Mental health, as defined by the World Health Organization (WHO, 2004), is a state of well-being in which individuals realize their potential, cope with normal stresses of life, work productively, and contribute to their community. In the context of parenting a child with a disability, mental health is influenced by multiple psychological, social, and environmental stressors, which may affect mothers and fathers differently. Several studies suggest that mothers of children with disabilities report higher levels of stress, anxiety, depression, and emotional exhaustion compared to fathers (Dabrowska & Pisula, 2010; Rayan & Ahmad, 2017). This disparity is often attributed to the fact that mothers tend to serve as the primary caregivers, managing the day-to-day physical and emotional needs of the child, coordinating medical care, therapy, and educational support. This caregiving role, while essential, often leads to role overload and chronic fatigue, significantly impacting mothers'

psychological well-being (Gupta & Singhal, 2004).

Fathers, on the other hand, typically maintain their professional roles and contribute to caregiving in a more limited, often supportive capacity. This distinction allows them to maintain more social interactions, financial stability, and personal autonomy, all of which act as buffers against mental health challenges (Pelchat et al., 2003). Moreover, societal and cultural expectations may place less emotional pressure on fathers, while mothers often experience guilt and self-blame regarding their child's condition, leading to higher psychological vulnerability (Singh & Ghai, 2009).

CONCLUSION: -

- 1) fathers of children with disabilities exhibit higher emotional stability than mothers.
- 2) fathers of children with disabilities exhibit higher adjustment than mothers.
- 3) fathers of children with disabilities exhibit higher self-concept than mothers.
- 4) fathers of children with disabilities exhibit higher autonomy than mothers.
- 5) fathers of children with disabilities exhibit higher security-insecurity than mothers.
- 6) fathers of children with disabilities exhibit higher intelligence than mothers.
- 7) fathers of children with disabilities exhibit higher Mental Health than mothers.

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Silver Linings and Wrinkles: Body Image Perceptions in Older Adults

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ABSTRACT

Around 30% of the older Indian population experienced a distressed perception of their body image. Perceptual body image represented how individuals felt about their physical appearance. Body image comprehended a person's emotional attitudes, beliefs, and perceptions. Research indicated that physical changes impacted the social and psychological spheres of life in older adults. This study aimed to investigate the role of social relationships, media, coping strategies, and personal experiences related to body image in individuals over 50 years old (N=20). It employed thematic analysis of interview questions to uncover key themes. The study identified five central themes related to personal experiences: individual responses to aging, impacts of social interactions (including family support systems, peer groups, and other social networks), media influences, adaptation mechanisms (both negative and positive maneuvers to reshape their perceptions), and personal narratives that influenced their understanding of body image. Understanding these changes was crucial for fostering positive aging experiences and promoting

interventions that prioritized holistic well-being and self-esteem in later life. Thus, this study revealed the complex dynamics of body image perception among older adults, shedding light on its profound impact on psychological well-being, emotional resilience, and overall quality of life, thereby underscoring the importance of addressing body image concerns in gerontological care and research.

Keywords: Bodyimage, Perception, Olderadults, Socia linteractions, Personal experiences, Distress.

INTRODUCTION

Body image is an individual's thoughts, feelings, and attitudes toward their physical appearance (Spreckelsen et.al, 2018). It encompasses how one perceives their body and how they believe others view it. The perception of body image evolves over time, influenced by cultural norms, personal experiences, and social interactions. It significantly impacts emotional well-being, self-esteem, and identity.

Transitioning to old age marks a critical life stage, bringing physical, emotional, and social changes. Understanding body image perception during this phase sheds light on how individuals navigate aging-related transformations. The perception of body image undergoes significant transformation throughout the human lifespan, with the transition to old age representing a particularly complex period of physical and psychological adjustment. As individuals cross the aging process, their relationship with their bodies evolves against a backdrop of societal expectations, cultural norms, and personal experiences. While extensive research has examined body image concerns among younger populations, there remains a crucial need to understand how older adults perceive and adapt to their changing bodies, especially considering the unprecedented growth of the aging population in India and worldwide.

Modern society's emphasis on youthful appearance - perpetuated through various media channels - creates unique challenges for aging individuals. These challenges are further complicated by cultural variations in how aging is viewed and valued across different societies. The intersection of aging and body image is particularly significant as it encompasses not only visible physical changes but also shifts in functionality, health status, and social roles. Understanding how older adults navigate these changes while maintaining their sense of self and well-being is crucial for developing effective support systems and interventions.

This qualitative study aims to explore the experiences of individuals aged 50 and above years as

they navigate body image perceptions during their transition to old age. Specifically, we seek to understand how societal attitudes cultural factors and media representation influence older adults' body image, while examining the role of family dynamics and peer relationships in shaping these perceptions.

LITERATURE REVIEW

Bennet E. V. et.al's study explored how older men in a Canadian city perceive and cope with changes in their appearance, body function, and health. Researchers conducted semi-structured interviews with 28 men aged 65–83, representing diverse ethnocultural backgrounds (European, East Asian, South Asian) and sexual orientations (heterosexual, gay). Using thematic analysis, four main themes emerged: ambivalence towards aging bodies, concern over specific changes while appreciating overall health, acceptance through practicality and emotional awareness, and comparisons with younger selves and others. Weight, especially around the stomach, was a significant concern, leading men to prioritize physical activity and a healthy diet. This research enhances understanding of body image among older men and suggests interventions for their psychological well-being in later life.

Bhat, S and Patil, N have done a study on explored body image perceptions among a sample of elderly Indian women in the 60-75 years age group using in-depth interviews with 30 women (every 5 th consequently following each birthday from the 60th birthday)- located in an urban area of Bangalore. Several key themes emerged in relation to body image and barriers, with a focus on how cultural norms, societal expectations and health factors impact body image. A number of women reported low levels of satisfaction with their aging bodies, however, individual levels of satisfaction were not correlated with any of our personal, religious, or family relationships variables. Overall, the study found a nuanced web of factors interacting on body image in this sample, indicating the importance of both cultural and social contexts in the construction of the Body Image of older Indian women.

Bouzas et.al's research found that body image and weight control are related in overweight adults over 55. Overweight perception is linked to spontaneous weight management, often involving dieting and exercising. Men tend to overperceive body image, and age increases conformism with body shape. Miss perception and dissatisfaction with body weight can lead to unhealthy lifestyles. To improve body image, physical activity, dietary, and behavioral treatments should be considered.

Dean, E. et.al's study aimed to assess body image dysfunction prevalence in older inpatient women. Higher BMI and depression was significantly linked to poor body image with a strong association between higher BMI and body image score. The participants were inpatient Women aged 65. The study included 50 older inpatient Women with only six percentage showing body image dysfunction based on BSQ -34 cut off score of 81. Factor significantly associated with body image impairment, where higher Geriatric Depression Screen (GDS) scores, and higher body mass index.

Fonseca et.al's study shows how social demographic factors like education and income along with behaviour like smoking and physical activity in influenced body, size, perception, and satisfaction in elderly men and women. it suggested that improving living condition and adopting healthy behaviour can help producing miss perceive, negative body image among elderly population. The study included 1686, Women and 1499 men from ELSA Brasil study with men and women around 65-year-old, mostly of normal weight by BMI. Over half of the population showed mild overestimation of body size with women, more likely to overestimate than men. Mild dissatisfaction due to excess weight was common, especially among women. Men were more likely to show underestimate or notion in body size perception, while women tended to overestimate their body. Women were more satisfied due to weight while men were more satisfied or dissatisfied due to thinness.

Gupta, A and Mishra, D Conducted research of a three-year longitudinal study carried among 180 urban Indian adults in the age group between 55- 65 years old concerning Positive Changes in Body Image perception and impacts on psychological wellbeing. . servlet Depending on look mirrored in BMI and estimated form along with age and, consequently, self-assessment joined with the satisfaction from life diminished. In this work the data on the significance of body image in psychological state of the elderly and the necessity of offering practical recommendations on possessing a positive attitude to ones' body are introduced. Thus, based on these results, there was an indication of the necessity of the intervention focusing on the alleviation of body dissatisfaction in order to maintain one's well-being, especially when shifting to Late middle age.

Hicks et.al's study aimed to fill this gap by examining two variables, gender, and maladaptive perfectionism - in relation to adult body image issues. Surprisingly, females scored higher in body area satisfaction and appearance evaluation than expected. Psychological well-being was found to completely mediate the link between maladaptive perfectionism and poor body image. These

results highlight gender, maladaptive perfectionism, and psychological well-being as significant factors influencing body image satisfaction in adults.

Malhotra, R and Kappor, H conducted a sample study with 200 Indian adults which focuses on examining the effect of social media on body image among individuals aged between 55 to 70. Regarding research questions, it was prototypically confirmed that the amount of time actually acknowledged to be spent on social media indicated higher self-reported body image concerns, mainly concerning fitness and lifestyle accounts. The evaluations outlined in these studies show potential negative consequence of interaction with social networks on the physical appearance perception of elderly people. This then prompts the need to take digitacy initiatives to ensure that those people are informed and encouraged to see content within cyberspace and in general endorse healthy body image.

Nomita, K., and Arun, M. C.'s study focused on Manipuri women in India to understand how age and urban versus rural residence influence their ideal body image, using multidimensional body-self relation scores. The findings indicate that both age and residence significantly affect how women perceive their bodies. Younger and urban women may have different body image ideals compared to older or rural counterparts. This research underscores the diverse factors shaping women's body perceptions in different contexts and demographics within Manipur, India

Rodgers et.al's research focused on developing risk and protective model of body image, concerned, and disorder eating among older woman in scant. models, including biological, psychological, and social cultural elements may be useful explanatory framework in this group. The participants include 184 women aged 60 to 75 years completed an online survey, assessing media pressures, thin -ideal internalisation, depression symptoms, weight and shape concern, and distorted eating as well as positive reappraisal and acceptance of ageing related changes to appearance. The results highlight the importance of considering biopsychosocial models when studying body, image, concerns and disorder eating in older woman. The study suggest that focusing on positive reprisal and acceptance of ageing related changes to appearance could be valuable dimension to address and interventions targeting this population. The study shows the importance of promoting positive body image and unhealthy eating behavior while also recognizing the impact of societal influence and mental health, and all the woman's attitude towards their bodies and food.

Sedláková T., and Petrová Kafková M.'s study understands ageing as embodied process and

explore the meaning that are attached to the body in the narrative of older people who have acquired impairment in life and receiving care . Participants were under the age group of 65 to 70 years. The average age was 84 years. The result shows that the experience of acquiring physical impairment in later life significantly influence the participants perception and meaning associated with their bodies. Many participants expressed feeling of lost, grief and a sense of disconnection from their body. The study shows the importance of understanding the diverse meaning and experience associated with body among old adults with acquired empowerment.

Selvamani Y. and Singh P.'s study investigated underweight (BMI < 18.5) among adults aged 50 and above in India, exploring its socioeconomic disparities and impact on health and well-being. It revealed significant socioeconomic variations in underweight prevalence. The outcomes assessed were poor self-rated health, cognition, and quality of life, all of which showed associations with underweight status. The findings underscore the need for targeted interventions to improve the well-being of underweight older adults, highlighting the importance of addressing nutritional and health disparities in India's aging population.

Thomas S. B. and Kotian S. suggested in their study that people become less fixated on their outward appearance, recent trends, worsened by the Covid-19 pandemic and social media, challenge this assumption. With increased screen time for work and socializing, individuals see themselves more frequently, which can increase self-consciousness about their appearance. This qualitative study explored how people, particularly those following fitness regimes, perceive and are concerned about their body image. Contrary to expectations, both men and women in midlife showed significant concern about various physical attributes, influenced by societal pressures and the prevalence of flawless images on social media.

Verma S. and Choudhary A.'s study compared the research on Looking into the body image perceptions of four hundred Indian adults with an average age of 55-65 years from the rural and urban areas so as to find out whether they differ with gender. The results indicate females had higher body dissatisfaction compared to males in both settings, where urban ones were more concerned about their looks. These findings bring out important gender differences in body image perception among elderly Indians as well as additional distinctions between urban and rural settings. It is, therefore, necessary that interventions targeting this issue in India are developed bearing in mind its cultural context and specific characteristics associated with gender.

RESEARCH GAP

The articles above helped identify research gaps that we have covered in our study:

1. Articles rarely had explored body image perception among older population of India, mostly comprising western population.
2. Articles mostly comprised female qualitative and quantitative opinion while we covered both genders, maintaining equity.
3. Body image perception was a theme mostly explored among adolescent population, focus was not much on older population.

AIM OF THE STUDY

To explore and gain a deeper understanding of how older adults perceive their body image during transitioning into old age.

OBJECTIVES OF THE STUDY

- To examine how older adults observe physical changes as response to aging.
- To understand the role of social relationships in shaping body image perception.
- To explore coping strategies of individuals with their aging.
- To explore subjective experience of age-related bodily changes.

HYPOTHESES OF THE STUDY

- **H1:** There is relationship between perception and physical changes during aging.
- **H2:** Individuals with higher quality of life will experience fewer negative emotional/psychological responses.
- **H3:** There is significant relation between coping strategies and responses of individuals.
- **H4:** Media influence has comparatively lesser effect on individual body perception.

METHODOLOGY

PARTICIPANTS

Participants are aged between 49 to 64 (M=54.88) meeting criteria for adult population equal/close to 50 years of age. Male participant size is 4 (20%) and female participant size is 16 (80%), total size of population is 20.

S. No	Gender	No. of Participants	M	SD
1	Males	4	54.88	0.38
2	Females	16	54.88	0.26

Selection Criteria

Sample size was chosen based on purposive sampling method.

Inclusion criteria for sample selection: Educated older adults, Must have one or more children

DATA COLLECTION

Interview method following semi-structured interviews was deployed to collect data.

DATA ANALYSIS

Qualitative data was analyzed thematically, finding themes and subthemes after coding the evidences.

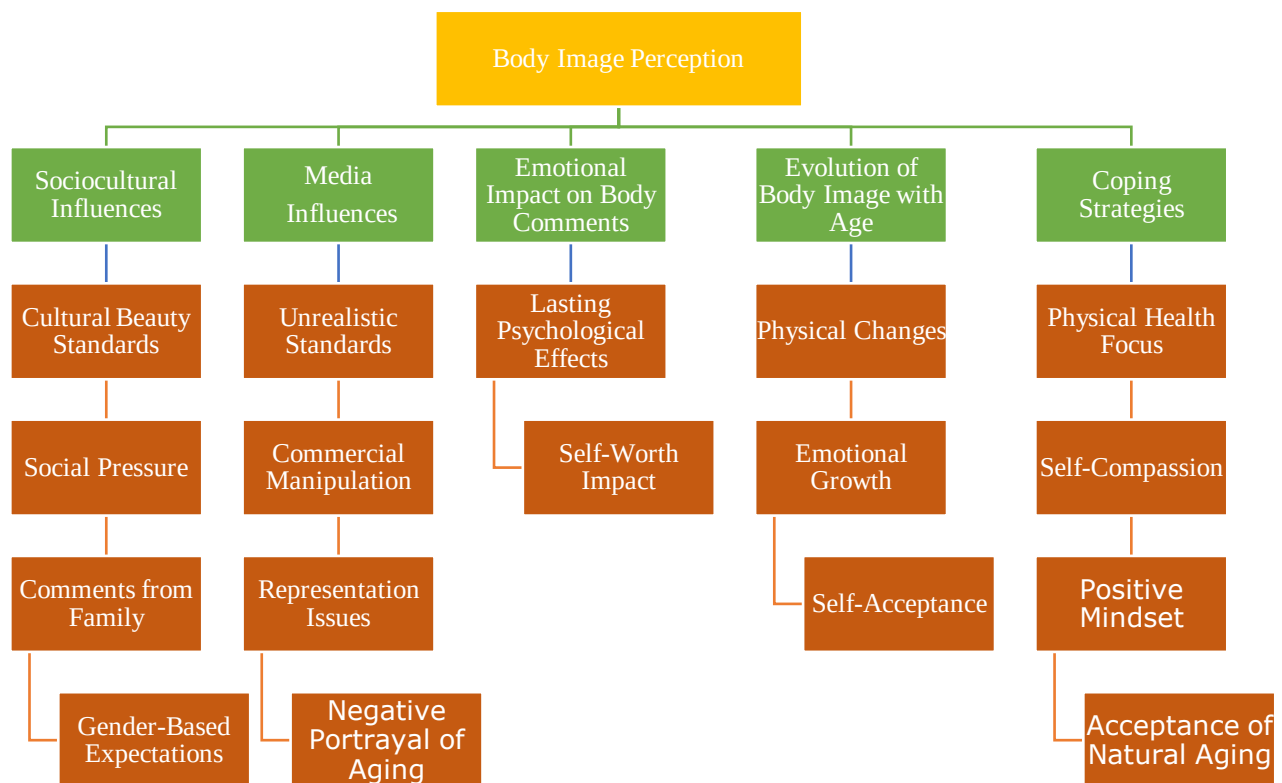
INTERVIEW QUESTIONS

1. What is body image perception according to you?
2. Describe any event or episode in which someone judged your body?
3. What do you mean by healthy body perception?
4. According to you what is negative body perception?
5. Have your family or peers influenced how you feel about your appearance in old age?
6. Are you kind and compassionate towards yourself or tend to be critical?
7. How do you feel when others comment on your body?
8. How long did this feel last when they commented like that?
9. Are there specific changes you have experienced that influenced how you view your body?
10. Do you feel your current body image reflects who you are as a person? Why or why not?
11. Do culture norms play a role in how you perceive your body image as you age?
12. Do gender norms play a role in how you perceive your body image as you age?
13. How do you think media representation of older adults impact your old age?
14. What strategies have you developed to cope with any negative feeling about your body?
15. How does your perception of your body impact your overall life satisfaction?
16. What advice would you give for someone younger about body image and aging?
17. Anything you want to say or add to the concept of body image.

RESULTS

Data Analysis revealed that body image perception in the old age is a multifaceted psychological and sociological process that appears in the wake of physiological changes in the body. The study findings highlighted these 5 themes as presented in Figure 1

Figure 1. Themes of Body Image Perception



Theme 1: Sociocultural Influences:

Almost all participants agreed that society and culture influenced their body image perception to a great extent. Illustrative examples mentioned below

1 (a) Cultural Beauty Standards

"Growing up in India beta, there's so much emphasis on physical appearance – fair skin, straight hair, thin body."

Participants highlight the societal pressure of fitting oneself into a particular shape or colour is regarded as being beautiful. A thin body is much more admired than a person who is overweight and the same goes with the skin colour – where beauty is judged by a shade card

1 (b) Social Pressure

“At parties, they say. You have to wear according to the party.”

Participants explicitly share that there is overwhelming pressure from the society to dress according to the Party's status is strong & have been judged if dressed accordingly

1 (c) Comments from Family

"My father used to tell me , even in functions relatives used to say that i should lose my weight"

Weight gain is seen as unacceptable, and comments about it can make a person feel self-conscious and out of place.

1 (d) Gender-Based Expectations

"My brothers always comments and go on talking about my body and my daughter too."

No matter the mother or a daughter, a person's body is always talked about.

Theme 2 : Media Influences

Majority of the participants expressed that the way the media portrays a healthy or good looking body is influencing them.

2 (a) Unrealistic Standards

"But now, with all these magazines, movies, and social media, there's so much pressure to look a certain way."

"It will create an unrealistic expectation"

Social Media adds to the already existing societal pressure for a person to look a certain way and fit into the yard scale which is defined by the media.

2 (b) Commercial Manipulation

“The marketing is being. done just to promote those products.”

Participants stated that the media creates an ideal body image through advertisements, to fit into the society one has to look a certain way, which creates unrealistic expectations. Participants gave examples of anti-aging creams , pills and food supplements as well.

2 (c) Representation Issues

"We need to see more positive representations of older adults in the media – people who are active, engaged, and living life to the fullest!"

Participants expect that the media shows more about healthy individuals based on the activities they perform even after a certain age, rather than focussing on the external appearances.

2 (d) Negative Portrayal of Aging

"Sometimes media shows very dark side of how old is people are being treated"

Perception of youth and aging is wrongly depicted by many online cultures, which poses a significant problem to those on the hearing end - the aging population.

Theme 3 : Emotional Impact On Body Comments:

3 (a) Lasting Psychological Effects

"Beta, it still hurts, even after all these years. When someone comments on my body, I feel like they're judging me."

Participants expressed that the comments that they have heard few years back still linger in their thoughts and feelings, they feel emotionally upset as well. They fear judgement on their looks and appearance.

3 (b) Self-Worth Impact

"It was a casual comment, but it stung. I felt like I was being judged, like I wasn't good enough."

Participants emphasized that the comments and judgments shattered their self-esteem.

Theme 4: Evolution of Body Image with age

4 (a) Physical Changes

"I gained weight, I lost my youthful energy, and I've developed wrinkles. But I learned to accept these changes."

4 (b) Emotional Growth

"First and all i used to cry a lot but now i started taking it as never mind"

Participants described that they have evolved over time and have learnt to accept changes.

4 (c) Self-Acceptance

"Nowadays I see everything in a positive perspective organic if you ask me. one year back, I was in a like in a more of depression because wherever whatever they post comment on my looks, Even my children are happy because I'm taking care of myself"

"After menopause na, I gained weight, and my body changed. At first, it was hard to accept, but i learned to love myself just the way I am."

Participants expressed that they started loving themselves as they are and have stopped comparing with ideal standards created by society.

Theme 5: Coping Strategies

5 (a) Physical Health Focus

"I try to eat nutritious food. Do proper exercises for having a healthy body"

"Do workouts, control diet"

The participants comprehended that maintaining their health was important by having nourishing meals and keeping the body active.

5 (b) Self-Compassion

"I remind myself that everyone has flaws and imperfections, and that it's okay to make mistakes."

Participants had empowering views about imperfections which helps them in coping with the changes in their body image perception.

5 (c) Positive Mindset

"I practice self compassion, I focus on my inner qualities, I surround myself with positive people."

Participants embraced positive habits which led to improved self esteem and greater sense of well being.

5(d) Acceptance of Natural Aging

"That's how your creator has created it and there's nothing you can do to change it. So accept it."

"Aging is a natural process. It'll be happening to everyone."

Participants acknowledged that aging is an inevitable and natural process. They expressed acceptance of the fact that there's nothing they can do to change it, and emphasized the

importance of coming to terms with it. Hence accepting the natural course of life can lead to a more peaceful state of mind.

DISCUSSION

According to a study in Brazil (De Moraes et al., 2017) women who reported being dissatisfied with their body image due to having low weight or being overweight had worse quality of life in comparison to those who were satisfied with their body, related to weight. In 1947, the World Health Organization WHO defined Quality of Life QoL as "A state of complete physical, mental and social well being, and not merely the absence of disease and infirmity."

The concept of quality of life is closely associated with body image perception in both genders, especially in the aging population (in this study, above 50 years of age). The themes identified through thematic analysis of interviews in this study include Sociocultural Influences, Media Influences, Emotional Impact on Body Comments, Evolution of Body Image with Age, and Coping Strategies.

In India, having fair skin, straight hair and a thin body is extensively seen as a popular beauty standard. Participants of this study have stated multiple occasions where they were forced or influenced to fit into the 'happening' fashion practices. However, it often forgets to highlight the higher age bracket's natural beauty standards. This in turn is an effect of socio-cultural Influence on body image.

Marketing of anti-aging creams, pills and food supplements hinder the natural aging process, some

of the participants expressed. The media plays an important role for a huge age bracket - from young children to the aged and bedridden. In India, over 60 lakhs of senior citizens use Facebook, maintaining contacts from friends and family to former classmates, instructors and co-workers (ET Bureau, 2022).

Being judged by the eyes of the beholder does not find exceptions with senior citizens in India. Participants gravely expressed the feelings associated with body shaming, body comments and feeling upset, distressed and embarrassed about themselves. Participants emphasized how such negative comments on their body affected their self esteem. As stated by Freud, it is usually the negative that has an everlasting impact on the human mind. The participants seemed to remember the negative comments over the positive ones.

Through all this, the participants expressed that they started loving themselves and had a change in perception towards aging as a whole. By themselves, they have stopped comparing themselves with ideal beauty standards created by society.

Elaboratively, they've discussed coping strategies including maintaining a diet, self love, self compassion, focus on inner qualities, associating with positive people, acceptance of aging as 'a natural process', 'it's okay to make mistakes' and following a regular workout schedule. Performance on theory of mind tasks remains intact and may even improve over the later adult years (Happé et.al, 1998).

CONCLUSION

Our research has been shown to be affected by various factors. In essence, body image perception in older adults is particularly shaped by sociocultural factors, representation in media, emotional responses to comment on their bodies and coping strategies employed there in.

Our Indian society has a big set of cultural ideology of beauty, for instance, alongside the complete give in to modern media place certain necessities onto the aged. For instance, most people's goals even at an older age include societal expectations concerning skin tone color, weight, and many more that have struggled to out building similar influences during younger stages of life. On a related note, the pattern of coping in the form of resilience is a pleasant finding in the case of these specific groups.

Elderly individuals, however have self-reported regarding one finding which was interesting enough, and that was in the form of an evolving perception towards body image. Not all of them resisted the process of getting older, instead many had turned inside towards a form of acceptance

of the body aging, it included various techniques such as helping maintain health, showcasing kindness towards themselves, and seeing aging as an ordinary event.

LIMITATIONS

Although the study was qualitative in nature and had its own strengths, the following were observed limitations:

1. Most of the participants were Hindus/Muslims. Other religions may be included in future study.
2. The study could be directed towards quantitative analysis or be approached with mixed method analysis.
3. There could be gender-based study on the topic of body image perception.

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CORRELATIONAL STUDY BETWEEN MOTHERS TRAIT ANXIETY AND EMOTIONAL INTELLIGENCE AND ADJUSTMENT OF THE OFFSPRING

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ABSTRACT

The purpose of present research was to study the association between Mothers Trait Anxiety and Emotional Intelligence and Adjustment of the Offspring. The sample (N=55) participants involved Mothers and their Offspring including Boys (N=24) and Girls (N=31) of the age range from 13 to 18 years (mean age = 15.5). A non-probability non-Probability Incidental and Snowball sampling was used for the data collection. The participants were asked to fill out a personal data sheet and the variables were measured by the following scales: *State-Trait Anxiety Inventory-Y (STAI-Y)* (1983) developed by Spielberger, Gorsuch and Lushene (1983), *Emotional Intelligence Scale* (2001) developed by Anukool Hyde, Sanjyo Pethe and Upinder Dhar and *Global Adjustment Scale (GAS)* (1994) adapted by Sanjay Vohra. Pearson Correlation was used to find the correlation between Mothers Trait Anxiety and Emotional Intelligence and Adjustment of the Offspring. The analysis indicates significant correlation between Mother's Emotional Intelligence (EI) and Social and Emotional adjustment of the offspring. Additionally, non-significant association was seen between Mother's Trait Anxiety and Social and Emotional adjustment of the offspring.

Keywords: *Trait Anxiety, Emotional Intelligence, Emotional Adjustment, Social Adjustment.*

INTRODUCTION

All parents wish to impart positive values and teachings to their offspring. However, during this process, parents unknowingly pass on their own limitations to their children. Thus, raising children requires a heightened awareness to manage parental anxiety and emotional intelligence. In today's world, being a mother requires maintaining a balance between professional and personal responsibilities. Mothers serve as primary role models in children's lives, and their behaviors and actions significantly influence the child's development. Therefore, a mother's personality,

including her levels of anxiety and emotional intelligence, can shape various aspects of children's lives. These two maternal traits can contribute to the successful adjustment of offspring. Thus, examining the relationship between Mother's Trait Anxiety and Emotional intelligence and the Adjustment of children appears to be an important area of study.

Numerous studies have looked at the influence of parent's parenting and communication styles on offspring's adjustment. However, there has been limited research investigating the impact of a parent's EI on a child's adjustment. Parent child relationships act as a foundation that influences many dimensions of the individual's life. A study conducted by Ruvalcaba-Romero et al. (2017) indicates that EI and self-esteem contribute to the development of interpersonal and interpersonal intelligence, which can directly influence the relationship between parent-child. This relationship highlights a competent, authoritative parenting approach and well-established skills (Ruvalcaba et al., 2017). Becoming a parent for the first time is a new learning experience. Parents, particularly mothers, may feel anxious about whether they are nurturing their child in the right way. Parents are sometimes criticized by others about their parenting which may lead to anxiety. Some mothers may be more prone to anxiety, but through developing strong emotional intelligence, they can effectively manage their anxiety and regulate their emotions with healthy coping strategies. As Social learning theory states that children acquire skills by observing and imitating others. If parents have strong emotional intelligence, they will be more aware of their own behavior, thoughts, emotions, and they demonstrate this awareness through their actions. Through this observational learning process, children's behavior will also reflect their parents' emotional intelligence and positively affecting the children's emotional and social adjustment.

The present research paper studies Trait Anxiety which is defined by Elwood et al. (2012) as “an individual's tendency to appraise situations as threatening, avoid anxiety-provoking situations, and demonstrate high baseline physiological arousal.” Salovey & Mayer (1990) defines emotional intelligence as “the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and action.” “Adjustment is the process of finding and adopting modes of behavior suitable to the environment or the changes in the environment (Carter V Good, 1959).”

In a study conducted by McLeod et al. (2007) and Woodruff - Borden et al. (2002) found that anxious parents commonly display conduct that is avoiding, disengaged, more withdrawn and restraining which hampers their offspring's socialization with their peers and to ability to face their

own fears, which may affect children's social adjustment negatively. Mother's role is like a nucleus that holds everyone together. Emotionally intelligent parents can resolve conflicts in the house effectively. They understand and empathize with their children's perspectives leading to good communication. This will lead to a positive and supportive family environment. Children of emotionally intelligent parents are less likely to develop mental health problems. Parents with higher EI can handle their own feelings; also teach their kids healthy ways to manage emotions. This helps children build self-control, resilience, and enhance their capacity to handle stress. Studying parents' EI will help psychologists understand what contributes to children's emotional and behavioral problems. Many times, it happens that, children are held responsible for their issues, and the focus is only on treating the child. However, parents' own challenges may be reflected in their child's behavior. This knowledge can guide interventions to improve outcomes for children.

REVIEW OF LITERATURE

Research found that lack of parental support in the socialization of children's emotional development increases individuals' susceptibility to developing trait anxiety, as they are unable to cultivate the emotion regulation skills which are required to regulate negative affect in adulthood (Cabecinha-Alati et al., 2020). A study indicates that adolescents whose mothers had higher trait anxiety levels were more likely to believe that their mothers exerted excessive supervision over their diabetes management and showed overprotectiveness (Cameron et al., 2007). Furthermore, they found that mother's trait anxiety was linked to lower positive mood in elder adolescents. Higher motivational and emotional difficulties were observed in elder adolescents with highly anxious mothers (Cameron et al., 2007). A study reveals that children receive less encouragement in starting school when their mothers are socially anxious, compared to non-anxious mothers (Murray et al., 2014). It also suggests that offspring's participation in school was described as difficult and threatening by anxious mothers. In contrast, non-anxious mothers tend to describe the experience as enjoyable (Murray et al., 2014). The findings suggest that higher levels of mother's adult attachment avoidance and anxiety were directly associated with greater teenagers' anxiety. Conversely, mother's greater psychological flexibility and more secure mother-adolescent attachment were negatively correlated with adolescent anxiety (Chen et al., 2021). It also demonstrated that high levels of teacher support and peer support can strengthen the resilience of the maternal-adolescent attachment relationship against offspring's anxiety. The combination of

supportive home and school environments can foster adolescent development (Chen et al., 2021). Another study found that among offsprings exhibiting minimal levels of self-compassion experienced greater maternal anxiety and psychological maladjustment during the COVID-19 period (Zhou et al., 2022).

A study conducted on maternal total EI found that mother's EI and offspring's behavior exhibited significant positive associations. In addition, a statistically significant correlation was observed between mother's EI and an authoritative parental approach (Aminabadi et al., 2012). A research finding demonstrated that parents having offsprings with emotional and behavioral difficulties exhibited markedly lower levels of cognitive empathy compared to parents of typically developing children.

Furthermore, association was observed between parent's level of cognitive empathy and children's increased social skills, which subsequently impacted children's emotional and behavioral difficulties (Meng et al., 2020). A study found that participants reported maximum psychosocial adjustment when they perceived their parents as more emotionally stable in terms of feelings and behaviors (Joseph & Varma, 2017). Another study indicated direct association between parents' EI and their authoritative parenting style. Thus, indicating that as parents become more adept at perceiving, understanding, expressing, and regulating their emotions, they tend to strike a balance between assertiveness and responsiveness, exhibiting both firmness and flexibility in their interactions with their children (Șițoiu and Pânișoară, 2023).

Thus, many research has been done on the how parenting style can affect the adjustment of offspring. However, none of the research talks about how emotional intelligence of mothers is related to adjustment of the offspring. This present research aims to understand whether personality traits such as mother's Emotional intelligence and Trait anxiety influence the socio-emotional adjustment of the offspring.

STATEMENT OF THE PROBLEM

To study the relationship between Mother's Trait anxiety, Emotional Intelligence and Adjustment of the Offspring.

OBJECTIVES OF THE STUDY

1. To study the correlation between Mother's Trait anxiety and Emotional Adjustment of the offspring.

2. To study the correlation between Mother's Trait anxiety and Social Adjustment of the offspring.
3. To study the correlation between Mother's Emotional Intelligence and Emotional Adjustment of the offspring.
4. To study the correlation between Mother's Emotional Intelligence and Social Adjustment of the offspring.

HYPOTHESES

1. Mothers Trait Anxiety will have negative correlation with Emotional Adjustment of the offspring.
2. Mothers Trait Anxiety will have negative correlation with Social Adjustment of the offspring.
3. Mother's Emotional Intelligence will have positive correlation with Emotional Adjustment of the offspring.
4. Mother's Emotional Intelligence will have positive correlation with Social Adjustment of the offspring.

METHODOLOGY

SAMPLE

The sample of 55 mother-offspring dyad with age ranging from 13 to 18 years (24 males, 31 females) was included from Pune through non-Probability Incidental and Snowball sampling. Only married and employed mothers were included in the research.

Inclusion Criteria–

1. Offspring in age group of 13-18 years.
2. Mothers should be at least 10th pass.
3. Mother should be working.

Exclusion Criteria-

1. Singles, Widowers, and Divorced mothers.
2. Offspring or mothers with mental illness.

RESEARCH DESIGN

The present study uses between-group quantitative research design. It is a correlational study.

VARIABLES

Predictor Variables –Mother’s Trait Anxiety.

–Mother’s Emotional Intelligence.

Criterion Variables – Adjustment of the Offspring.

Control Variables – Mother’s Working Status

OPERATIONAL DEFINITIONS

- Trait anxiety is defined as excessive chronic worriedness about various aspects of life. It will be measured by The **State-Trait Anxiety Inventory –Y (STAI-Y)** developed by Spielberger, Gorsuch and Lushene (1983).
- Emotional intelligence is the potential to be aware and to handle one’s own as well as others emotions. Emotional Intelligence is a composite score of Self-awareness, Empathy, Self-motivation, Emotional stability, Managing Relations, Integrity, Self-Development, Value Orientation, Commitment and Altruistic Behavior.
- and will be measured by **Emotional Intelligence Scale** developed by Hyde, Pethe and Dhar (2001).
- Adjustment is the adapting to the environments. It involves social and emotional adjustment of the offspring. It will be measured by **Global Adjustment Inventory** developed by Sanjay Vohra (1994).

RESEARCH TOOLS

- A. The State-Trait Anxiety Inventory-Y (STAI-Y) developed by Spielberger, Gorsuch and Lushene in 1983 was used to measure the mother’s Trait Anxiety. It employs four-point Likert scale. Higher score indicates greater anxiety. The Cronbach’s alpha was .92 for trait anxiety.
- B. The Emotional Intelligence Scale given by Anukool Hyde, Sanjyot Pethe and Upinder Dhar in 2001 was used to measure the mother’s EI. The high score of 85 and above indicate high EI. The split half reliability coefficient and validity was turned out to be 0.88 and 0.93, respectively.
- C. The Global Adjustment Scale (GAS) developed by Endico et al. (1976), adapted by Sanjay Vohra in 1994 was used to measure Emotional and Social Adjustment of the offspring.

	Emotional Adjustment	Social Adjustment	Emotional Intelligence	Trait Anxiety
N	55	55	55	55
Mean	18.44	18.65	138.36	39.58
Median	19.00	18.00	138.00	39.00
Mode	19	16	135 ^a	39
Std. Deviation	6.952	8.118	15.798	6.124
Skewness	.432	.161	-.101	.119
Std. Error of Skewness	.322	.322	.322	.322
Kurtosis	-.555	-.654	-.838	-.565
Std. Error of Kurtosis	.634	.634	.634	.634

Higher scores on the Emotional and Social adjustment subscale suggest lower attribute while lower scores indicate higher attribute. The test-retest reliability and Split half reliability of this test ranges from .65 to .78. and .69 to .86, respectively.

PROCEDURE FOR DATA COLLECTION

The data was gathered from Mothers and their offspring living in Pune.

- Consent form was given to the participants.
- Objectives were explained.
- Instructions were explained carefully.
- After ensuring confidentiality, respective tests were administered.
- The data collection was done in offline mode.

STATISTICAL TREATMENT

SPSS version 25.0 was used to perform data analysis. Descriptive statistics were performed and normality were conducted. The Shapiro-Wilk test of normality showed that the data follow normality. Hence, Pearson Correlation Coefficient was employed to measure the correlation between the variables. Additionally, Regression analysis was performed in order to predict the variance between the study variables.

RESULTS

TABLE 1 – Descriptive Statistics

Descriptive statistics presented in the Table1 shows that Emotional Intelligence (M=138.36) is

	Emotional Adjustment	Social Adjustment	Emotional Intelligence	Trait Anxiety
N	55	55	55	55
Mean	18.44	18.65	138.36	39.58
Median	19.00	18.00	138.00	39.00
Mode	19	16	135 ^a	39
Std. Deviation	6.952	8.118	15.798	6.124
Skewness	.432	.161	-.101	.119
Std. Error of Skewness	.322	.322	.322	.322
Kurtosis	-.555	-.654	-.838	-.565
Std. Error of Kurtosis	.634	.634	.634	.634

‘higher’ than average means score as per the interpretation of the score of EIS. On the other hand, Trait Anxiety (M=39.58) indicates ‘average’ attribute in the sample as per the interpretation of scores of STAI scale. Emotional adjustment (M=18.44) is interpreted as ‘average’ and Social adjustment (M=18.65) is interpreted as ‘good’ as per the interpretation scores of the GAS scale.

TABLE 2 –
Correlation between Mother’s Trait Anxiety and Emotional and Social Adjustment of the offspring.

	Emotional Adjustment	Social Adjustment
Trait Anxiety	.003	.047

$p > 0.05$ (Note- Scoring is reversed. Hence, higher score indicates lower adjustment.)

The above table represents the Pearson correlation between Mother’s Trait Anxiety and Emotional and Social Adjustment of the offspring. It can be seen that, there is a negative correlation of .003 and .047 ($p > 0.05$) correlation between Mother’s Trait Anxiety and Emotional and Social Adjustment of the offspring, respectively, which is not significant at 0.01 or 0.05 level.

This indicating that there exist a non-significant negative correlation between the mother’s trait anxiety and Emotional adjustment and Social adjustment of the offspring.

TABLE 3 –
Correlation between Mother's Emotional Intelligence and Emotional and Social Adjustment of the offspring.

Emotional Adjustment		Social Adjustment
Emotional Intelligence	-.306*	-.283*

*. Correlation is significant at the 0.05 level (2-tailed). * $p < 0.05$

(Note- Scoring is reversed. Hence, higher score indicates lower adjustment.)

The table 3 represents the Pearson correlation between mother's EI and Emotional and Social Adjustment of the offspring. The above analysis indicates that, there is a positive correlation of -.306 and -.283 ($p < 0.05$) between mother's EI and Emotional Adjustment and Social Adjustment of the offspring, respectively, which is significant at 0.05 level. This indicating that there exist significant correlation between mother's EI and Emotional and Social adjustment of the offspring.

TABLE 4 –
Regression between Mother's Emotional Intelligence and Emotional and Social Adjustment of the offspring.

	R square	Adjusted R square	Sig.	Beta
Emotional Adjustment	.094	.076	.000	-.306
Social Adjustment	.080	.063	.000	-.283

a. Dependent Variable: Emotional Adjustment and Social Adjustment of the offspring.

b. Predictors: (Constant), Emotional Intelligence of Mothers

Table.no. 4 demonstrates the regression between the Mother's EI and Emotional and Social Adjustment of the offspring. The regression values indicate that Emotional Intelligence of mothers predicts Emotional Adjustment by 7.6% and it predicts Social Adjustment by 6.3% among the offspring. Hence, mother's EI positively predicts the offspring's emotional and social adjustment.

DISCUSSION

The purpose of this study was to explore the correlation between mother's Trait Anxiety and EI and Emotional and Social Adjustment of the offspring. 55 employed mother-offspring dyad in age group of 13 to 18 years included in this study. The results indicates the rejection of two hypothesis while acceptance of other two hypotheses. These results can be explained as follows:

The initial hypotheses posited that there will be negative correlation between mothers' trait anxiety

and emotional adjustment of the offspring, which is rejected as per the analysis. The potential explanation for this result is might be presence of some other factors influencing this relationship. A study in 2022 by Zhou, T et al. found that during the period of COVID-19, offsprings with higher self-compassion exhibit the understanding when they experience maternal anxiety and demonstrates more understanding towards mothers without holding any negative judgments towards her. Further, indicating that when exposed to mother's anxiety individuals with less self-compassionate attitude show more psychological maladjustment (Zhou, T et al., 2022). Chen et al. (2021) argued that when child receive a strong support system such as from teachers and peers which act as a protective factor helping the teenagers to become more resilient and lessen the impact of maternal anxiety. Upon qualitative analysis of the offspring's personal data sheet, it was seen that many offspring reported to have mentors in their life other than their parents such as elder sister or brother, grandparents, teachers, friends, aunt. Thus, presence of these mentors buffer against the mother's trait anxiety and leading to better emotional adjustment in offspring.

The initial hypotheses posited that there will be negative correlation between mothers' trait anxiety and social adjustment of the offspring, which is rejected as per the results. In the present study, 50.90% of the offspring reported close relationship with both parents, while 37.72% reported close relationship with mothers and other 16.36% reported close relationship with none of the parents. According to the theory of "Ecological system" by Urie Bronfenbrenner (Cited in Tong & An, 2024) adolescent adjustment is influenced by the both interaction of school and home surroundings. Daily interactions with elements of microsystems including peers, teachers and family members impact the offspring's development and adjustment abilities. Thus, this theory highlights the importance of multiple factors contributing the overall adjustment of the offspring, rather than mother's trait anxiety alone (Tong & An, 2024). Further, Chen et al. (2021) found that support by teachers and peers leads to affability and care leading to higher resilience and social adjustment among the adolescence and reducing the impact of maternal attachment style. Thus, presence of mentors in the offspring's life might have buffer against the mother's trait anxiety and leading to better social adjustment in offspring.

The initial hypotheses posited that there will be positive correlation between mothers' EI and emotional and social adjustment of the offspring, which is accepted as per the results.. In the present study, total 83.63% of the offspring reported to have close relationship with mothers. Morris et al. (2018) argued that parental practices such as their responses to offspring's emotions, description

of emotions, and parents own affect can impact the socio-emotional development of the offspring. According the “*Social Learning Theory*” by Bandura , children learn through the observational learning by imitating the parents and others behaviours.

In a same way, the mother’s with high EI may demonstrates higher characteristics of self-awareness, empathy and emotional stability which may integrate into the offspring’s behaviour leading to better emotional and social adjustment. In a study by Aminabadi et al. (2012) and University of Illinois (2022) found that parenting styles of emotionally intelligent mothers is warm and encouraging which influence the families circumstances positively leading to better emotional in the teenagers. Such kind of circumstances leads to open communication and secure attachment which allows the teenagers to express themselves. A research study by Joseph and Verma (2017) found that participants reported higher levels of psychosocial adjustment when they perceived their parents as more emotionally stable in terms of feelings and behaviors.

This study has few limitations. First, it was conducted on a small sample size of 55 mother-offspring pairs. Further research can be conducted on the larger sample size. Second, only mothers were included in this study. Third instead of incidental and snowball sampling, random sampling could have yield better results. Further research can include the diverse age group of offspring.

CONCLUSION

It was concluded that social and emotional adjustment of the offspring is influenced by various social factors and mother’s trait anxiety alone cannot predict it. However, results suggest that mother’s high EI can lead to higher emotional and social adjustment of the offspring. The present study highlights the importance of mothers EI suggesting the implication for intervention programs. The present findings extend the previous literature by understanding the maternal factors contributing the adjustment of the offspring. By considering these results, parenting programs can be conducted that emphasize the strategies to foster mother’s EI. Further research should include the effect of father’s trait anxiety and EI on socio-emotional adjustment of the offspring.

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“A Study of the Self-concept and mental health of the Male & Female Student.”

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ABSTRACT

The present study aimed to examine gender differences in self-concept and mental health among school students aged 11 to 18 years. A randomly selected sample of 100 students (50 male and 50 female) from standards 7 to 12 participated in the study. Self-concept was measured using the Self-Concept Questionnaire by Dr. R.K. Saraswat, while mental health was assessed using the Mental Health Battery (MHB) by Dr. Arun Kumar Singh and Dr. Alpana Sen Gupta. Statistical analysis, including one-way ANOVA, revealed significant gender-based differences. Female students demonstrated significantly higher self-concept and better mental health compared to their male counterparts.

Keywords-Mental Health, Self- concept & Gender

INTRODUCTION

The academic years of youth, particularly during school and college, are a critical phase for the development of personality, identity, and mental health. Among the various psychological constructs that influence student development, self-concept and mental health stand out as essential predictors of success and well-being. These constructs are not only pivotal for educational achievement but also for shaping adaptive behavior, emotional resilience, and future aspirations (Marsh, 1990). In the contemporary world, where academic competition, social pressures, and mental health challenges are on the rise, understanding the relationship between self-concept and mental health in male and female students becomes crucial.

Self-Concept

Self-concept is generally understood as the perception that individuals hold about themselves. It

encompasses beliefs, attitudes, and perceptions across various domains such as academic ability, physical appearance, social competence, and emotional stability. According to Shavelson et al. (1976), self-concept is a multidimensional and hierarchical structure that influences motivation, behavior, and overall psychological functioning. A positive self-concept leads to higher confidence, academic motivation, and emotional resilience, whereas a negative self-concept can result in low self-esteem, anxiety, and social withdrawal (Byrne, 1984).

The formation of self-concept begins early in life but becomes particularly salient during adolescence and early adulthood—phases dominated by self-exploration, identity development, and the need for peer acceptance (Erikson, 1968). Gender plays a significant role in shaping self-concept. Societal expectations and gender roles can influence how boys and girls perceive themselves in terms of academic abilities, emotional expression, and interpersonal relationships (Eccles, 1994). For instance, boys may develop higher self-concept in physical and mathematical domains, whereas girls often report higher self-concept in verbal and relational domains (Marsh et al., 2005).

Mental Health

Mental health refers to a state of well-being where individuals realize their abilities, can cope with normal stresses of life, work productively, and contribute to their community (World Health Organization [WHO], 2004). For students, mental health is foundational to academic performance, peer relationships, and personal development. However, studies show that the prevalence of mental health problems such as anxiety, depression, and stress among students has increased significantly over the past decade (Auerbach et al., 2016). Academic pressure, fear of failure, interpersonal issues, and identity confusion are common stressors that can compromise student mental health (Arnett, 2000). Gender differences in mental health among students have also been widely documented. Research suggests that female students are more likely to experience internalizing disorders such as anxiety and depression, while male students are more prone to externalizing behaviors like aggression and substance use (Nolen-Hoeksema, 2001; Leadbeater et al., 1999). Cultural expectations about emotional expression and coping strategies often influence these gender disparities. Females are generally more open to discussing emotional issues, whereas males may suppress emotions, leading to different manifestations of mental health issues (Tamres et al., 2002).

The Interplay Between Self-Concept and Mental Health

A large body of research supports the idea that self-concept and mental health are intricately connected. A positive self-concept acts as a buffer against stress, anxiety, and depression, promoting adaptive coping mechanisms and emotional stability (Harter, 1999). Conversely, a poor self-concept is associated with low self-esteem, helplessness, and a higher risk of mental health problems (Wilburn & Smith, 2005). Students who believe in their academic competence and social worth are better equipped to handle challenges, while those with a negative self-image may struggle with performance anxiety and social isolation. Gender differences in the relationship between self-concept and mental health are also noteworthy. For example, girls with low academic self-concept often show higher levels of academic anxiety and depression compared to boys (Pomerantz et al., 2002). Meanwhile, boys may experience a decline in self-concept when they feel emotionally unsupported or socially rejected, which can lead to antisocial behavior and mental health challenges (Katz, 2006).

Significance of the Present Study

The researcher chose to undertake this study due to the limited and insufficient research available on this topic, particularly in the Indian context. Moreover, the findings of the few existing studies conducted in other countries often show inconsistencies. Most research on mental health has predominantly focused on adults, while children have largely been overlooked. In many cases, children's psychological symptoms are misattributed to physical illnesses, leading to a neglect of their mental health needs. Various factors such as family environment, personality disturbances, and the presence of other disabilities like intellectual disability or learning disorders are closely linked to children's mental health. On the other hand, high emotional intelligence is often associated with better psychological well-being. Therefore, studying these aspects is essential to highlight the importance of mental health in children. Disturbed mental health in children can significantly impact their academic performance, family relationships, social interactions, and overall well-being. The researcher believes that gaining a deeper understanding of the mental health status of children will be highly beneficial for parents, teachers, and mental health professionals in addressing their needs effectively.

the findings of this study can serve as a valuable resource for policymakers and contribute to the development of state and national programs aimed at promoting child mental health and emotional development.

REVIEW OF LITERATURE

Deb et al. (2015) investigated the psychological well-being of Indian adolescents and highlighted that female students reported significantly lower mental health scores. Their study indicated that early intervention and mental health education in schools can be particularly beneficial for female students to manage emotional distress. **Dubey and Jahan (2010)** explored the relationship between self-concept and psychological well-being and found that students with higher self-concept had better adjustment and mental health status. They also reported minor gender differences, suggesting that sociocultural context plays a crucial role. **Joshi and Srivastava (2009)** observed that adolescent males had a more positive self-concept regarding physical appearance and independence, whereas adolescent females scored higher in moral and behavioral self-concept domains. This distinction underscores the influence of gender-role socialization. **Kaur and Kalaramna (2004)** highlighted that positive self-concept correlates significantly with good mental health. Their study found that students with a well-developed self-concept showed lower levels of psychological distress and better emotional regulation. **Kaur and Kaur (2008)** found that male students generally possessed a higher academic self-concept than female students, while female students demonstrated stronger emotional and social self-concepts. This may be attributed to the nurturing roles often associated with females and the achievement-oriented expectations placed on males. **Kumaraswamy (2013)** conducted a study on mental health among college students and found that female students reported higher levels of stress and anxiety than their male counterparts. The author suggested that societal expectations, academic burdens, and issues related to self-image and peer relationships contribute to the increased mental health concerns among females. **Lawrence (2006)** stated that mental health is not merely the absence of mental illness but also includes positive feelings, resilience, and self-confidence. The mental health of students is greatly influenced by environmental, familial, and academic pressures, often varying by gender. **Marsh (1990)** emphasized the importance of academic self-concept in predicting student performance and motivation. His research found that students with a higher academic self-concept tend to show better mental health and coping abilities, regardless of gender. **Mehta and Kumar (2016)** found no significant difference in the overall self-concept scores of male and female college students, suggesting a shift in traditional gender patterns, possibly due to increased gender equality in education and employment. **Nayak (2012)** found that mental health issues such as anxiety and low self-esteem were more prevalent among female students, often due to societal and parental

expectations. He emphasized the need for gender-sensitive counseling interventions in educational settings. **Pathak and Shukla (2019)** conducted a comparative study on the self-concept of male and female adolescents and found that male students scored significantly higher in the domains of physical and social self-concept, whereas females scored higher in moral self-concept. **Rani and Kumari (2020)** conducted a study on high school students and reported that self-concept levels were more influenced by socio-economic background and parental support than by gender. However, they still observed slight variations in gender-based self-concept dimensions. **Rani and Saini (2017)** examined gender differences in mental health among adolescents and reported that females generally experience more psychological symptoms such as nervousness, worry, and fear compared to males. **Saraswat (1984)** developed a self-concept scale and found that urban male students displayed a higher self-concept in comparison to their female counterparts. The study attributed these differences to gender-based upbringing, social support, and educational opportunities. **Sharma (2012)** examined the self-concept of secondary school students and found that male students exhibited a higher self-concept than female students, particularly in domains related to confidence and self-worth. However, the study also noted increasing self-awareness and assertiveness among female students in urban settings. **Shavelson, Hubner, and Stanton (1976)** proposed a multidimensional model of self-concept, suggesting that individuals develop perceptions about themselves in specific domains such as academic, social, emotional, and physical. These perceptions significantly influence their overall behavior and psychological adjustment. **Verma and Gupta (2020)** examined mental health awareness and help-seeking behavior among male and female students and found that males were less likely to seek professional help due to stigma and cultural norms around masculinity. This often leads to underreporting of mental health issues among male students, making it difficult to address their concerns effectively. **WHO (2022)** emphasized the growing mental health crisis among youth globally and reported that gender plays a critical role in the experience and expression of mental health disorders. The report called for gender-responsive mental health services and policy measures.

STATEMENT OF THE PROBLEM

To study the Self-Concept and mental health of the male and female students.

OBJECTIVES OF THE STUDY

1. To study the difference if any in Self-Concept component of male and female students.
2. To study the difference if any in mental health component of male and female students.

HYPOTHESES OF THE STUDY:

1. There exists no significant difference between male students and female students in terms of Self-Concept
2. There exists no significant difference between male students and female students in terms of mental health.

METHODOLOGY

SAMPLE:

The present study was conducted on a randomly selected sample of 100 students. Both male and female students between the ages of 11 and 18 years were included in the study. Out of the total 100 students, 50 were male and 50 were female, all studying in standards 7 to 12.

RESEARCH DESIGN: -

The present study a Simple research Design was used.

VARIABLES USED FOR STUDY

- **Independent variables- Gender**–1) Male Students 2) Female Students
- **Dependent variables** – 1) Self-Concept 2) mental health

OPERATIONAL DEFINITIONS

- **Gender:** -
In the present study, gender refers to the biological classification of participants as either male or female, as reported in school records.
- **Male**
Male refers to the biologically identified boys aged between 11 to 18 years, studying in standards 7 to 12, who are participants in the study.
- **Female**
Female refers to the biologically identified girls aged between 11 to 18 years, studying in standards 7 to 12, who are participants in the study.
- **Self-Concept**
In this study, self-concept refers to a student's perception, evaluation, and belief about themselves in terms of academic ability, social interaction, physical appearance, emotional

stability, and overall personality. It will be measured using a standardized Self-Concept Scale.

- **Mental Health**

Mental health in this study refers to the psychological well-being and emotional stability of students, including their ability to cope with stress, maintain relationships, and perform daily tasks effectively. It will be assessed through a standardized Mental Health Inventory or questionnaire.

RESEARCH TOOLS: -

Mental Health Battery (MHB)

The Mental Health Battery (MHB) by Dr. Arun Kumar Singh and Dr. Alpana Sen Gupta assesses the mental health of individuals aged 18 to 45, including those from high and low socio-economic backgrounds. It consists of 130 items across six components: emotional stability, overall adjustment, autonomy, security-insecurity, self-concept, and intelligence. Reliability was established using the split-half method and Spearman-Brown formula (ranging from .60 to .82), with overall reliability at .717 and test-retest reliability at .884. Validity was confirmed through expert judgment and comparison with existing tools, with content validity ensured by 75% expert agreement and a validity coefficient of 0.681.

Self-Concept Questionnaire

The Self-Concept Questionnaire developed by Dr. R.K. Saraswat is a widely used tool designed to assess self-concept across multiple life domains. It consists of 48 items rated on a 5-point Likert scale and is suitable for adolescents and adults aged 14 and above. The questionnaire evaluates six key dimensions: physical, social, temperamental, educational, moral, and intellectual self-concept. Scores are computed for each dimension as well as overall self-concept, with higher scores indicating a more positive self-view. The tool has demonstrated strong split-half reliability (0.67 to 0.88) and has established face and content validity through expert judgment and analysis.

PROCEDURES OF DATA COLLECTION

The primary data was collected by distributing personal information forms to each intercollegiate player. The players were grouped into small batches of 10 to 15 individuals. Before they completed the inventories, general instructions for each test were provided. The data was then obtained using standardized scoring procedures specific to each scale.

STATISTICAL TREATMENT

In the first stage, the data was analyzed using descriptive statistical techniques, including the calculation of the mean and standard deviation. Additionally, a one-way ANOVA was conducted using SPSS software.

RESULTS AND DISCUSSION

Genderon Self- Concept

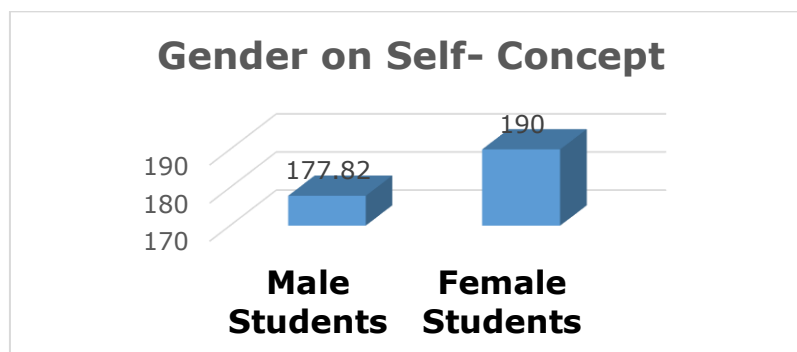
Hypotheses-01

1. There exists no significant difference between male students and female students in terms of Self-Concept

Table No.01 Show the Mean, SD and F Value of Genderon Self- Concept

Gender	Mean	SD	N	DF	F Value	Sign.
Male Students	177.82	7.70	50	98	80.63	0.01
Female Students	190.00	5.77	50			

Graph N0.01 Mean of Genderon Self- Concept



Observation of Table No. 01 and Graph N0.01 the statistical analysis of Self- Concept among male and female Students reveals a significant gender-based difference. The mean and standard deviation (SD) for male Students were found to be 177.82 ± 7.709 , whereas for female Students, the values were 190.00 ± 5.77 . The computed F-value (80.63), with degrees of freedom ($df = 1, 98$), was statistically significant at the 0.01 level ($p < 0.01$). Given that the obtained F-value surpasses the critical threshold at the 0.01 level, the alternative hypothesis is supported. These results indicate that Female Students experience significantly higher Self- Concept compared to Male Students.

These results align with previous research indicating that females often exhibit a more positive

self-concept, particularly in academic and interpersonal domains. For instance, Eccles (2009) emphasized that girls tend to develop higher academic self-perceptions, especially in language-related areas, which may contribute to an overall elevated sense of self-concept. Furthermore, Marsh and Craven (2006) reported that self-concept is a multidimensional construct influenced by contextual and social factors, and that females often report higher scores in dimensions related to emotional and social competence.

The higher self-concept in female students may also be attributed to evolving gender roles and increased opportunities for female empowerment in academic settings. Joshi and Srivastava (2009) found that educational achievements and supportive social environments contribute significantly to enhanced self-concept among female students in Indian contexts.

On the other hand, some studies have reported mixed or even opposing findings, indicating that males sometimes score higher in self-concept, particularly in physical or mathematical domains (Wilgenbusch & Merrell, 1999).

The findings have important implications for educators and counselors, highlighting the need for gender-sensitive approaches that foster self-concept development in both male and female students. Efforts should be made to support male students in areas where self-concept may be comparatively lower, by promoting self-awareness, self-efficacy, and positive reinforcement in educational and social contexts.

Gender on mental health

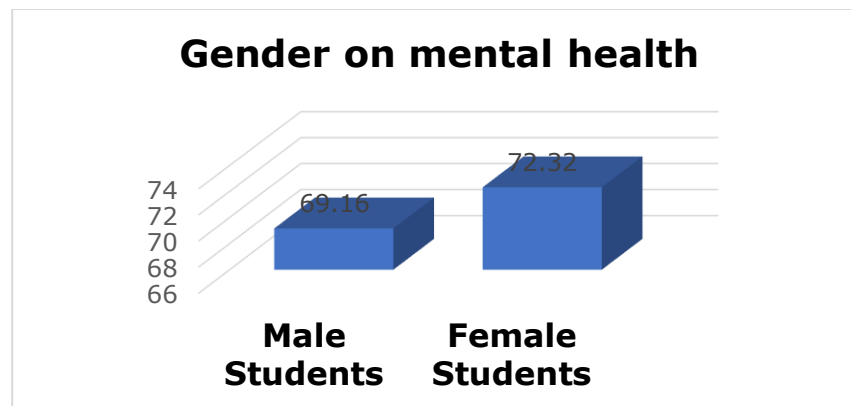
Hypotheses-02

1. There exists no significant difference between male students and female students in terms of mental health.

Table No.02 Show the Mean, SD and F Value of Gender on mental health

Gender	Mean	SD	N	DF	F Value	Sign.
Male Students	69.16	3.51	50	98	13.15	0.01
Female Students	72.32	5.06	50			

Graph N0.02 Mean of Gender on mental health



Observation of Table No. 02 and Graph N0.02 the statistical analysis of mental health among male and female Students reveals a significant gender-based difference. The mean and standard deviation (SD) for male Students were found to be 69.16 ± 3.51 , whereas for female Students, the values were 72.32 ± 5.06 . The computed F-value (13.15), with degrees of freedom ($df = 1, 98$), was statistically significant at the 0.01 level ($p < 0.01$). Given that the obtained F-value surpasses the critical threshold at the 0.01 level, the alternative hypothesis is supported. These results indicate that Female Students experience significantly higher mental health compared to Male Students.

These findings are in line with earlier research suggesting that female students may exhibit greater emotional awareness and are more likely to engage in help-seeking behaviors, which can positively influence mental health outcomes (Rickwood et al., 2007). Female students often benefit from stronger social support networks, which have been associated with better psychological well-being (Nolen-Hoeksema & Hilt, 2009).

Furthermore, Keyes (2002) posits that mental health is not merely the absence of mental illness but also includes emotional, psychological, and social well-being. In many cultures, girls are encouraged to express emotions and cultivate interpersonal relationships, which may lead to better coping mechanisms and, ultimately, improved mental health. World Health Organization (2020) also emphasizes the role of social connectedness and emotional regulation in mental well-being, areas where females often show greater strengths.

However, it is important to note that some studies have reported higher levels of emotional distress and internalizing disorders (such as anxiety and depression) in female adolescents compared to males (Rosenfield & Mouzon, 2013).

CONCLUSION

- 1) Female Students experience significantly higher Self- Concept compared to Male Students.
- 2) Female Students experience significantly higher mental health compared to Male Students.

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The Weight of Being a Man: Unpacking the Influences on Mental Health Attitudes and Help-Seeking Behaviors in Urban Men in India

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ABSTRACT

In India, men account for 71.7% of suicides. This crisis is not confined to India—globally, men make up 70% of all suicide deaths, highlighting the urgent need for action. Despite these alarming figures, men's mental health remains underexplored, especially in the Indian context, leaving critical gaps in understanding and intervention. Research highlights that men's mental health is often overlooked, with typical male symptoms frequently underdiagnosed, worsening their conditions. Unlike women, who seek help for mild to moderate symptoms, men often delay seeking support until their issues become severe, exacerbating the challenges they face. This study explores factors shaping mental health attitudes and help-seeking behaviors among urban Indian men aged 18–45 through semi-structured interviews with 32 participants. Findings reveal three critical phases where men face major challenges: recognizing emotional distress, acknowledging the need for assistance, and pursuing help. Imprinted masculinity, lack of awareness and accessibility, fears that prevent help-seeking, family roles, contextual factors, past experiences, and skill deficits in seeking/giving help emerged as key themes through thematic analysis. Participants shared preferences for confiding in specific individuals, revealing a complex relationship between gender dynamics, comfort levels, and relatability. The alarming statistics demand immediate attention, as the current lack of tailored support leaves many men struggling in silence. To combat this crisis, we must prioritize understanding and addressing the unique challenges men face, fostering open dialogue and proactive help-seeking.

Keywords: Men's mental health, help-seeking behavior, masculinity, stigma, body image, emotional expression

INTRODUCTION

"Is a man's life a lonely life?" This thought-provoking question encapsulates the silent struggles faced by many men, particularly in India, where men account for an alarming 71.7% of suicides.

Globally, men make up 70% of all suicide deaths, a statistic that signals a critical yet often overlooked mental health crisis (National Statistics, 2022). Despite the magnitude of this issue, mental health challenges among men remain underexplored, especially in the Indian context.

Society, both consciously and unconsciously, places a heavy burden on men through cultural expectations of masculinity. While traditional notions of masculinity serve as a guide, offering structure and ideals to aspire to, they also impose rigid expectations that create immense pressure. Even as society evolves, this transition is far from smooth—the pressure remains, sometimes subtly, sometimes overtly. Masculinity is often associated with characteristics such as dominance, emotional control, risk-taking, pursuit of status, primacy of work, violence, power over women, and self-reliance (Conformity to Masculine Norms Inventory). While all individuals possess both masculine and feminine traits, extreme masculinity is still often seen as a marker of power.

This pressure extends even to those who may not personally align with these ideals. Many men feel compelled to embody these traits to be perceived as strong and successful—a pressure that is reinforced through movies, media, and societal role models. In Indian cinema, for instance, aggressive, emotionally detached male protagonists are often glorified as heroes, further embedding these expectations into societal norms. Similarly, within families, male role models shape how masculinity is understood and internalized, dictating the extent of pressure men experience. Even women sometimes aspire to be perceived as masculine, as masculinity is equated with strength and authority.

This rigid framing of masculinity can alienate men from their emotions, discouraging vulnerability and help-seeking behaviors. As a result, many struggle in silence, unable to express distress for fear of appearing weak. Understanding and addressing these deeply ingrained cultural norms is crucial—not just to validate men's mental health struggles but to redefine masculinity in a way that allows for emotional well-being, self-acceptance, and healthier coping mechanisms.

Our review of the literature highlights that one of the primary reasons for high suicide rates among men is their reluctance to seek help due to multiple factors, including societal expectations, stigma, and traditional masculinity norms. The purpose of this research is to better understand the underlying factors that discourage men from seeking mental health support and to explore what motivates or demotivates them in accessing care.

By focusing on the Indian urban context, this study aims to fill a significant gap in the literature surrounding men's mental health, especially in a country where cultural norms and societal

expectations overshadow mental health issues.

The key research question guiding this study is: What impacts men's attitudes towards mental health and their help-seeking behavior in urban India? By answering this question, we aim to contribute valuable insights into how mental health care can be better tailored to meet the unique needs of men and how interventions can be designed to break down the stigma surrounding mental health among this population.

LITERATURE REVIEW

A consistent finding across studies is that suicide rates among men are significantly higher than those of women. The Public Health Agency of Canada (2023) reported that men had higher suicide rates than females in 2019-2020 across most racial and ethnic groups. Similarly, data from the Office for National Statistics (2022) revealed that 74% of suicides in England and Wales were male, a trend that has remained steady. In the United States, men accounted for 79% of all suicides in 2020 (Ehlman, 2022).

Certain social behaviors that jeopardize men's health are often perceived as expressions of masculinity, which men use to assert power and status (Courtenay, 2000). Traditional masculinity is a significant risk factor for male vulnerability, leading to unhealthy coping mechanisms such as emotional suppression, help avoidance, and substance abuse (Möller-Leimkühler, 2003). Because help-seeking and emotional expression are often associated with femininity, men frequently resort to aggression and alcohol to cope.

Additionally, men typically report symptoms only when they become severe, while women are more likely to disclose mild-to-moderate depression (Shi et al., 2021). The concept of hegemonic masculinity, introduced by Connell and Messerschmidt, explains why men often downplay their depression; vulnerability and help-seeking are perceived as weaknesses (Connell & Messerschmidt, 2005). This mindset fosters shame around seeking help, causing men to mask their symptoms (Hajduk et al., 2011).

Masculinity and Mental Health Masculinity Contest Cultures (MCCs) promote toxic behaviors such as bullying and authoritarian leadership, which contribute to poor outcomes for men and women. Workplace settings often pressure men to assert their masculinity, increasing stress, anxiety, and depression. Research suggests that MCC norms correlate with organizational dysfunction, leading to negative mental health effects (Berdahl et al., 2018).

Social and Emotional Barriers to Help-Seeking Men often compartmentalize relationships,

focusing on shared activities rather than emotional support. They are generally more open with women about their emotions, creating an over-reliance on female partners for support while maintaining emotional distance from male peers (McKenzie et al., 2018). This limits the formation of emotionally supportive male friendships, further exacerbating mental health struggles. Self-Reliance and Negative Coping Mechanisms Managing distress is commonly seen as a personal responsibility. Self-reliance and self-management are initial coping mechanisms before help-seeking (Lynch et al., 2024). However, when self-management fails, men may resort to negative coping strategies like risk-taking, substance misuse, and aggression (Lynch et al., 2018). These behaviors often result in relationship problems, workplace friction, and even criminal consequences (Call & Shafer, 2015; Wendt & Shafer, 2015; River, 2021). Concealing distress further contributes to suicidal thoughts (Cleary, 2012; Oliffe et al., 2020).

Stigma and Barriers to Help-Seeking Stigma plays a crucial role in shaping men's attitudes towards mental health. Social stigma (negative societal perceptions) and self-stigma (internalized shame) prevent men from seeking support. Men consistently use mental health services less frequently than women, even in severe cases like suicidal ideation (Eisenberg et al., 2012). Traditional masculine norms discourage emotional expression, affecting how men recognize and address depressive symptoms, making it difficult for them to assess their mental health needs and seek necessary support (Sharp et al., 2022).

STATEMENT OF THE PROBLEM

Exploring the factors impacting mental health attitudes and help-seeking behaviors in urban men in India.

OBJECTIVES OF THE STUDY

- To explore the factors that influence mental health attitudes and help-seeking behaviors among urban men in India.
- To identify the key barriers that discourage men from seeking psychological support.
- To examine the motivators that encourage or enable help-seeking among men.
- To understand how cultural norms, masculinity and stigma shape men's mental health experiences
- To assess the level of awareness and understanding of mental health among urban Indian men.

METHODOLOGY

This study employs a qualitative research design to explore the factors influencing mental health attitudes and help-seeking behaviors among men in urban India. A semi-structured interview method was utilized, allowing for an in-depth examination of participants' experiences and perceptions. This method was chosen due to its ability to facilitate open discussions while maintaining a structured approach through predetermined questions. The semi-structured nature of the interviews enabled the researchers to ask follow-up questions, ensuring comprehensive data collection while maintaining flexibility in responses (Jamshed, 2014). This design was particularly appropriate for the study as it provided participants with the privacy needed to discuss potentially sensitive topics, thereby yielding rich qualitative insights.

Table 1: Characteristics of Participants

Men (N = 32)		
Age		
Mean (Range: 18-45)	29.4	
	n	Percentage
Marital Status		
Unmarried	21	66
Married	10	31
Divorced	1	3
Employment Status		
Full Time Work	21	66
Part Time Work	1	3
Unemployed	10	31
Highest Level of Education		
Grade 12 or equivalent	6	19
Graduate Degree	19	59
Post-Graduate Degree	7	22
Sexuality		
Hetrosexual	28	88
Homosexual	3	9
Bisexual	1	3

The study included 32 male participants aged 18 to 45 years, all residing in urban areas of India as shown in Table 1. A non-probability sampling method of convenience was employed to recruit participants, leveraging personal and professional networks to ensure accessibility. The study

excluded individuals with serious mental health conditions to maintain focus on general attitudes toward mental health and help-seeking behaviors among men without significant clinical diagnoses. This approach facilitated the collection of diverse perspectives within the defined demographic, contributing to a nuanced understanding of mental health perceptions in urban India. The data was collected through semi-structured interviews, conducted via online platforms such as Google Meet and Zoom. Each interview lasted between 30 to 90 minutes, ensuring a comprehensive discussion while accommodating participants' availability. The interview guide, finalized after preliminary testing, comprised 11 key topics and associated questions, incorporating both close-ended and open-ended formats. Examples include:

- Close-ended: "Do you think it is okay for you to ask for help?"

Open-ended: "When do you feel asking for help might not be acceptable for you?"

To ensure accuracy, all interviews were audio-recorded with the participants' consent, and verbatim transcripts were generated. Participants were briefed about the research purpose, confidentiality measures, and their right to withdraw at any point. The confidentiality of participants was maintained by removing all identifying details from the transcripts and using coded identifiers.

The study adhered to strict ethical guidelines, ensuring confidentiality, voluntary participation, and informed consent.

Anonymity was maintained, and participants could withdraw or pause if needed, with precautions taken for potential emotional impact.

Thematic analysis was used to identify patterns in mental health attitudes and help-seeking behaviors among urban men. Following a six-phase process: familiarization, coding, sub-theme identification, refinement, theme definition, and interpretation—this method provided a structured yet flexible approach to uncovering explicit and implicit themes, ensuring a comprehensive understanding of the data.

RESULTS

Six overarching themes capture the factors impacting mental health attitudes and help-seeking behaviors in men: 1) Imprinted Masculinity, 2) Lack of Awareness and Accessibility in Mental Health, 3) Fears That Prevent Help-Seeking, 4) The Role of Family, 5) Role of Context, Quality and Past Experiences in Help-Seeking, 6) Lack of Help-Seeking and Help-Giving Skills.

1. Imprinted Masculinity

Imprinted Masculinity refers to the unconscious beliefs and behaviors about masculinity absorbed from cultural, societal, and familial influences. It emphasizes stoicism, self-reliance and resilience while discouraging vulnerability. This conditioning shapes male identity, leading to emotional suppression, reluctance to seek help and isolation.

Despite meeting societal expectations, many men feel isolated, as they believe no one, not even family, can fully understand their struggles. This loneliness stems from the burden of self-reliance and unshared vulnerability.

You could share with a person who could understand why you are doing that, and I don't think anyone apart from yourself in this world could understand you, neither your parents nor your spouse or your kids. Everyone sees it from their own lens. It is a lonely place, a man is always lonely.

Societal expectations become deeply ingrained, shaping how men express emotions and navigate relationships. Subtle cultural messages define masculinity, reinforcing the belief that showing emotions is weakness. As a result, men often suppress emotions, expressing them only in solitude. My dad's elder brother died last year in a road accident, none of the men cried because they are from that community, where "Men don't cry", "Men are warriors" We will cry only when we're alone because we have to support others. If men start crying, who will give support to the women? They'll say, "Don't cry like a girl. I would have said that and I know I would have heard it too.

Men are conditioned to solve problems independently, prioritizing individualism over seeking support, which discourages them from asking for help.

I generally prefer solving my problems on my own because I feel I don't need help. When I solve things by myself, it feels good, there's one less thing to stress about.

While traditional masculinity creates barriers, some men challenge these norms by promoting emotional expression, while others see masculine stigmas as preserving cultural identity. Redefining masculinity requires balancing resilience with vulnerability.

Expressing happiness comes naturally to me, but sadness is different, those emotions I share with my partner. I think I'm comfortable showing vulnerability to an extent, but I realize I've never really learned how to be truly open about deeper feelings.

2. Lack of Awareness and Accessibility in Mental Health

Awareness and understanding of mental health remain low, creating significant barriers to

recognizing and addressing issues. For those unfamiliar with mental health, the very concept feels alien and inaccessible.

A stark contrast exists between how physical and mental health are approached. Physical health is widely supported with structured guidance, while mental health lacks a stigma-free, accepted equivalent.

So you have good templates to follow for good physical health like going to the gym, lifting weights, exercises. But for the mind, there is no template or course design that says that if you're feeling anxiety, then you have to do this exercise or take these steps or if you're in a stressful situation, then there is no pamphlet or template created for it?

There is also a deep-rooted misconception that therapy or professional help is only for severe, unmanageable cases, that they would wait and see until how bad it can get. This belief that professional help only offers temporary fixes and cannot fully resolve mental health issues reflects the stigma and skepticism that prevent many from even considering therapy.

I might be illiterate about this field or maybe being blunt. But I think if you are at the stage of going to some external help then I think you can never get cured, the degree is something that can never be cured, the fix will be a temporary workaround.

Labels and stigma surrounding mental health care also discourage people from seeking help. The act of seeking therapy is stigmatized, with phrases like "going to therapy" carrying connotations of weakness or failure which discourages from seeking help.

I think everybody needs mental support and mental health care. Now when you label as going to a doctor for my mental health, it becomes difficult for me to go. Now I would myself think 10 times before going to a therapist because 'I am going to therapy' by itself is saying that I am small. However, on the flip side, few people seemed to know what therapy actually is.

Counseling makes things easier because you don't have to search for different resources. Everything you need is in one place, tailored to you which makes it more accessible and effective.

3. Fears That Prevent Help-Seeking

Even when men recognize their struggles, fear often holds them back from seeking help. Vulnerability is seen as a threat to their image, leading to concerns about being perceived as weak, immature or incapable.

Men often fear judgment, criticism, or being seen as incapable when sharing their struggles. They worry about being mocked or having their vulnerabilities turned into gossip. This fear of

misinterpretation or exploitation discourages open expression and reinforces emotional isolation. When you ask for help, people usually don't help, they make fun of you. And this happens across environments, with family, office or in corporate life. People tend to take advantage so personally, I don't. I believe if a person is mentally stressed, he could shout or behave differently but he will not share that mental pressure.

A major barrier is the fear of vulnerability, as many worry that sharing emotions may risk their social image. Participants expressed discomfort with opening up, fearing it could be perceived as weakness and undermine how others view them.

I don't share a lot because I like to keep things private. If I were to open up about everything I'm facing, it would feel like I lose my value. I want to be seen as someone strong, socially respected, proper, well-rounded person. My social image is important to me.

Many hesitate to share their struggles due to a fear of burdening others, feeling responsible for others' emotional well-being. This belief discourages them from seeking support, as they worry their issues might negatively impact those around them.

I don't usually tell people when I'm sad or when something's bothering me. If something I say makes them sad, I end up regretting it. If I tell people I'm sad, I worry that they'll become sad too. Men often fear becoming dependent on others for emotional support, believing independence is essential. This internalized mindset discourages them from seeking help, fearing reliance on others. I feel like I have to be completely independent all the time. Even now as a man, it often feels like you're on your own, having to deal with everything yourself and do it independently.

Some men fear that opening up could have lasting consequences, such as being seen as weak or losing social status. This fear, combined with distrust and the risk of betrayal, reinforces emotional suppression.

And if I happen to share with the wrong people, there's always the risk that they might use what I've shared against me, which I want to avoid.

4. The Role of Family

Family shapes a man's identity, resilience and approach to life, reinforcing stoicism and generational expectations. However, emotional suppression is common, as open communication about feelings is often not normalized.

The burden of family responsibilities pressures men to appear strong, fearing vulnerability may weaken their family's trust. Societal norms equate seeking help with failure, discouraging them

from sharing struggles.

I will not disclose any of the weaknesses to my parents or family. That's a hard line that you cannot cross because they rely on me. I cannot go back to them and say I'm weak, I'm having trouble here. That's like stupid. Like why would you do that? If you were so weak, why did you even step out of your father's house? You could have stayed there?

Parental attitudes toward emotions in childhood shape men's emotional behaviors, influencing whether they see vulnerability as acceptable. Early emotional socialization plays a key role in their ability to express feelings.

My parents never really taught me at a young age that it's okay to share your feelings. They didn't make it feel like I could be open with them or that they were there to listen.

Following comment illustrates how early experiences of being labeled a burden can have long-lasting effects on a person's willingness to open up about their emotions or even the fear of becoming a burden.

I've always been dependent on my parents, and I don't want to make them feel burdened or sad. I remember when my mom told me I was a burden back in 8th grade. That really impacted me, so much so that I even thought about suicide. Words hurt more than actions. Because of what my mom said, it's really hard for me to express my emotions now.

Many men view their stoic fathers as models of strength but avoid sharing struggles with them out of fear of judgment. Lacking role models for emotional openness, they internalize the belief that vulnerability is incompatible with strength, reinforcing emotional isolation.

I've never seen my dad share his emotions with anyone. He's never skipped work because he had a bad day, and that's something I admire. I want to be like him, strong without letting emotions get in the way.

Open communication with parents allows men to benefit from their wisdom and guidance, fostering mental peace. Breaking emotional barriers strengthens bonds and promotes mutual understanding.

There is lot to learn from our elders who have more understanding of what we are going through right now because they have already lived that life and I feel taking wisdom from them or taking mental peace related things or, you know, resolving issues is much better than pursuing it alone. I have broken that ice with my parents and now I am frank enough to talk to them about any topics.

5. Role of Context, Quality and Past Experiences in Help-Seeking

Men adopt a selective approach to sharing, openly discussing work, finances or health but avoiding personal emotions due to fear of judgment or vulnerability. Sharing depends on context, trust and the listener's maturity. While financial struggles are often discussed with men, emotional matters are more commonly shared with women.

Men often engage in conversations about surface-level struggles while avoiding discussions on profound, life-altering challenges. This tendency highlights a reluctance to address deeper emotional vulnerabilities. We talk about everyday battles, but we never talk about wars that decide whether we will survive or not.

The choice to share depends on the listener's ability to offer useful guidance without becoming emotionally affected. Maintaining a balance between empathy and practicality allows the sharer to feel supported without burdening the listener.

I maintain a "sharing matrix" based on comfort levels and the person's ability to handle my concerns productively. I don't share office problems with my mom, her experience doesn't provide actionable guidance, while she sympathizes, that's not what I seek. Similarly, I avoid discussing work issues with my wife because she tends to internalize my stress, affecting her well-being. For me, the key to sharing is finding someone who remains unaffected by my challenges and offers a neutral, frank space for discussion.

Supportive environments that encourage laughter without belittling struggles can alleviate stress. Humor should uplift individuals, fostering connection rather than amplifying emotional pain. Humor should make people laugh, not at someone else's problems. If you're stressed, being with supportive people who make you laugh can definitely help.

There is a paradox that men often don't share because they feel misunderstood, but this belief prevents them from giving others the opportunity to be supportive.

I feel like I know myself better than anyone else does and honestly, they don't really know much about me.

Furthermore, the idea that professionals are not always genuine or trustworthy also contributes to reluctance in seeking external help.

There's a lack of mental health professionals and even when you find them, it's hard to know if they're genuinely good at what they do. It's tough to trust whether they won't really share your problems outside or will they even be able to help

6. Lack of Help-Seeking and Help-Giving Skills:

The concept of seeking help is not always ingrained in individuals. Many avoid asking for help simply because they have not been taught how to do so, or they feel unsure of how to approach it.

Help-seeking is often delayed, as men struggle to recognize and acknowledge their need for support. Many take action only after prolonged internalization, hindered by a lack of awareness of their struggles. This delay is due to a lack of awareness or acknowledgment of personal struggles.

I may realize I have been getting negative thoughts two months later. It's only when you recognize, that's when I might do something.

Even when men do realize the need for help, the struggle to initiate or ask for help is significant. This is often due to a lack of experience and exposure to help-seeking behaviors, making the act of asking for help feel unfamiliar or difficult.

Even if I want to seek help, I find it difficult to actually ask for it and go about it. I find myself unable to do that, maybe because I have never talked to anyone about these things.

Many men feel support is incomplete without ongoing interest in their well-being. A lack of follow-up can lead to feelings of neglect or being unheard.

I'm the kind of person who, if someone shares something with me, I'll ask them questions, follow up, and really try to stay involved. But I've noticed that when I share something, people just listen and leave it at that.

Any help, no matter how small, is still valuable. Even partial progress towards solving a problem can be significant and make a noticeable difference in the right direction.

If I'm able to solve my problem, let's say 30%. But if I seek advice from someone and he will get me to solve that problem up to 50% at least from 30 to I reach out to 50, it is not 100%, but at least I gained something right?

Effective help-giving requires trust, privacy, and non-judgmental support. Active listening, relatability, and confidentiality encourage openness, while balancing compassion with honest limitations ensures meaningful assistance. Encouragement, emotional rationalization, and referrals to professionals are key to providing support without undue emotional burden.

Acknowledging the discomfort in sharing struggles fosters empathy and makes the receiver feel valued. Men often feel pressured to provide solutions, causing stress when none are immediate.

Prioritizing emotional support over immediate answers is key.

First thing that I feel is how awkward it must be for this person to share this. Then your natural reaction is to console a person. And the third thing that you can do is like, use your rational mind and give some reasoning.

Helping others can be stressful for some men, especially when they feel helpless or unable to offer a solution. The focus on finding solutions may sometimes overshadow the need for emotional availability and support.

I go to a space when I'm listening but thinking How can I support? And then I find that I can't do anything. That becomes a bigger challenge for me rather than being emotionally available.

Effective help-seeking and giving rely on open communication, empathy, and realistic expectations, recognizing that emotional support can be more valuable than practical solutions.

DISCUSSION

The findings highlight three key phases men experience in mental health challenges:

- **Recognizing Emotional Distress:** Men often struggle to identify emotional distress due to a lack of awareness of symptoms like headaches, irritability, and sleeplessness. Suppressed emotional expression further delays recognition.
- **Acknowledging the Need for Help:** Even when men recognize their struggles, fear of judgment, appearing weak, or negative past experiences prevent them from seeking help. Societal expectations of self-reliance add to this hesitation.
- **Pursuing Help:** Many men lack the skills to seek support effectively, unsure of whom to approach or how to start. They tend to share selectively based on the issue and expect empathetic, non-judgmental, and solution-focused support.

The Role of Masculinity

Masculinity shapes this cycle, as emotional suppression delays distress recognition. Ingrained self-reliance discourages seeking help, while masculine ideals prevent emotional vulnerability, creating barriers to help-seeking.

Loops

Our research has identified several loops that further complicate the help-seeking process:

- **The Isolation Loop:** Many men hesitate to open up, believing they understand themselves best, often due to past experiences of being dismissed or misunderstood. These negative

encounters lead them to assume all support will be the same. While it's natural to be guarded, not everyone will react similarly, and without giving others a chance, real understanding and support remain out of reach.

Discussion

The findings highlight three key phases men experience in mental health challenges:

- **Recognizing Emotional Distress:** Men often struggle to identify emotional distress due to a lack of awareness of symptoms like headaches, irritability, and sleeplessness. Suppressed emotional expression further delays recognition.
- **Acknowledging the Need for Help:** Even when men recognize their struggles, fear of judgment, appearing weak, or negative past experiences prevent them from seeking help. Societal expectations of self-reliance add to this hesitation.
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Figure 1 *The Isolation Loop*

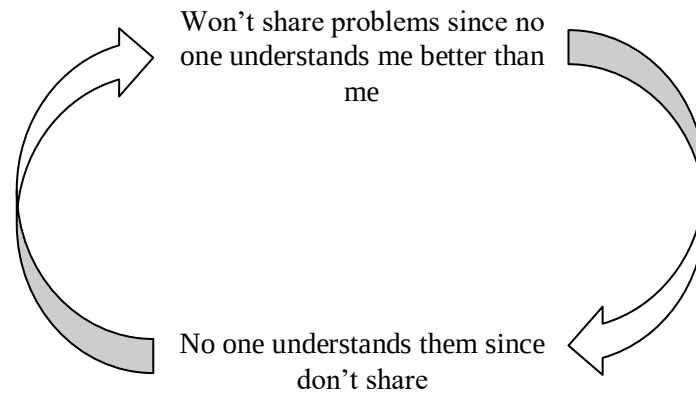
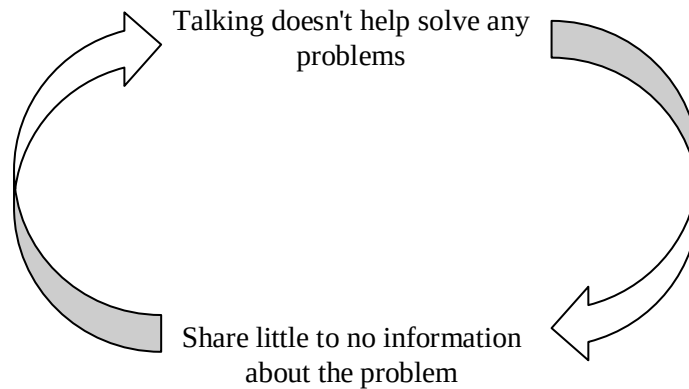


Figure 2

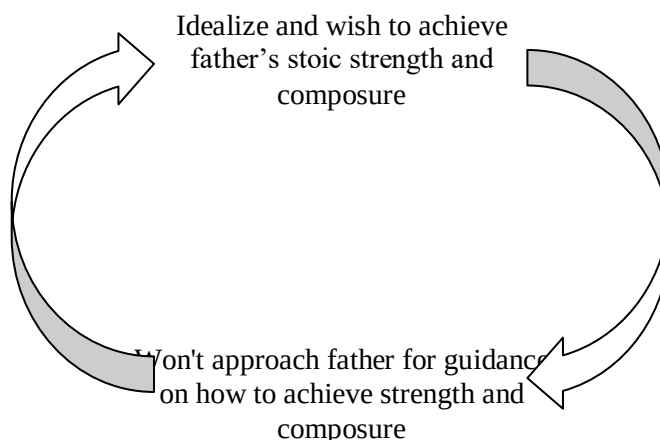
The Lonely Loop



- **Lonely Loop:** Many men assume discussing their problems is futile, as limited past conversations failed to bring solutions. This reinforces the belief that opening up won't help, creating a cycle of emotional suppression.

- **The Idealization of Stoicism Loop:** Some men idealize their fathers' stoic strength, viewing composure as a virtue. However, their reluctance to share struggles prevents them from receiving guidance, making this ideal unattainable.

Figure 3 *The Idealization of Stoicism Loop*



Following are the implications and Future Research Directions that can be taken:

- **Mental Health Guide for Men:** Should help recognize symptoms, manage challenges, and find support while promoting personal growth. It must guide therapy-seeking, resource identification, and supporting others.
- **Education Reforms:** Schools should normalize mental health discussions, teach common issues, and promote emotional intelligence to reduce stigma.
- **Help-Seeking & Help-Giving Skills:** Men need to recognize when to ask for help, approach others, and offer emotional or practical support.
- **Role of Family & Friends:** Open conversations and a supportive environment are crucial in men's mental health.
- **Finding the Right Therapist:** Like choosing a doctor, men should research and find a therapist they're comfortable with.

- **Catering Mental Health Services:** Reframing services with terms like "stress management" and "life skills" can make them more approachable and reduce stigma.

This study highlights emotional suppression and poor help-seeking in men's mental health but acknowledges gaps. Focused on urban Indian men (18-45), it excludes rural areas and other demographics. Future research should:

- **Quantitative Validation:** Conduct large-scale studies to confirm findings and strengthen statistical evidence for targeted interventions.
- **Additional Factors:** Examine socio-economic stressors, cultural influences, and coping strategies to guide tailored mental health support.
- **Emotional Intelligence:** Assess how men regulate emotions, as suppression may hinder well-being and help-seeking, informing better interventions.

CONCLUSION

The mental health crisis among men, particularly in India, is a deeply rooted issue that demands immediate attention. Societal pressures and the rigid expectations of masculinity significantly hinder men's ability to acknowledge their emotional struggles, leading to a tragic rise in suicide rates and a general disregard for mental well-being. The stigma surrounding mental health, coupled with a lack of open dialogue and accessible resources, perpetuates a cycle of silence and isolation for many men. It is essential to challenge these outdated gender norms, promote mental health awareness, and create safe spaces where men can express their emotions without fear of judgment. This study further highlights the impact of emotional suppression and poor help-seeking behavior among urban Indian men, emphasizing the need to build emotional intelligence and normalize early conversations around mental health. Reframing services using approachable terms like "stress management" and "life skills," promoting help-seeking and help-giving skills, and developing relatable mental health guides can significantly improve engagement. Future research should include diverse populations and examine emotional regulation and socio-cultural influences to create more inclusive and effective mental health interventions. By fostering empathy, encouraging open conversations, and providing targeted support, we can work towards breaking this destructive cycle and ultimately save lives.

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Procrastination, Perceived Stress, and Self-Efficacy among Undergraduate Students

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ABSTRACT

This research examines the connection between procrastination, perceived stress, and self-efficacy in undergraduate students. Procrastination refers to the behavior of putting off or deferring tasks despite understanding their importance and recognizing that not completing them could lead to unfavorable consequences. Perceived stress relates to the level of tension an individual feels based on their viewpoint of a situation, rather than the actual amount of stress that exists objectively. The phrase "self-efficacy" denotes an individual's belief in their capability to accomplish a task or execute an action. The study included 201 college students, comprising 101 males and 100 females. The evaluation instruments employed included the Procrastination Scale, Perceived Stress Scale, and Self-Efficacy Scale, and the analysis method was conducted using SPSS. The findings indicate a notable connection between procrastination, perceived stress, and self-efficacy. The research finds that notable gender variation exists in perceived stress levels among undergraduate students. The research suggests that educators and academic institutions might need to reassess conventional methods of teaching and learning. Students with higher self-efficacy generally procrastinate less and encounter reduced stress, indicating that encouraging student involvement and responsibility in their learning might be advantageous.

Keywords: Procrastination, Perceived Stress, Self- Efficacy, Qualitative, Statistical significance.

INTRODUCTION

"Procrastination, Perceived Stress, and Self-Efficacy among Undergraduate Students" investigates the link between these three factors in a college student population. Students frequently struggle with procrastination, which has been related to stress and a decline in self-efficacy. The term "self-efficacy" refers to a person's confidence in their capacity to carry out

activities and accomplish goals. Workload, academic obligations, and personal stressors are just a few examples of the variables that might impact perceived stress, which is the subjective sense of stress. The objective of the study is to comprehend the relationships among procrastination, perceived stress, and self-efficacy and how these affect undergraduate students' academic achievements.

As Tuckman (1990) defines, procrastination is characterized by a deficiency in self-regulated performance, manifesting as the inclination to delay or entirely evade an activity that one can manage. The period spent delaying tasks before a deadline is known as procrastination. Procrastination is the habit of delaying important tasks needed to reach a goal, like choosing to watch TV rather than working on a term paper. Perceived stress denotes the extent to which life events are judged as stressful, unpredictable, and uncontrollable (Cohen et al., 1983; Phillips, 2012). A person's understanding of their stress level at a specific point or throughout a longer duration is reflected in emotions or ideas.

An individual's self-efficacy pertains to their belief in their capability to perform the actions necessary to reach specific performance objectives (Bandura, 1977). The conviction in an individual's ability to manage their own motivation, actions, and social surroundings is referred to as self-efficacy. These cognitive self-assessments impact the objectives individuals pursue, the effort they exert to reach those goals, and the likelihood of attaining particular levels of behavioral performance

REVIEW OF LITERATURE

Murphy (2015) carried out a study on the association between procrastination, stress, and self-efficacy in full-time and part-time students. There were 116 people that took part in the study. The College Academic Self-Efficacy Scale, the Perceived Stress Scale, and the Aitken Procrastination Scale were the instruments utilised in the study. Students' stress levels were shown to be strongly predicted by procrastination, and the variables were found to be highly connected. Full-time students reported significantly greater levels of stress, although procrastination and self-efficacy did not differ significantly.

Hajloo (2014) performed a research among 140 undergraduate psychology students in Mohagheh Ardabil, Iran, to examine the link between procrastination, self-efficacy, and self-esteem. The General Procrastination Scale (GP-S) student version, the General Self-Efficacy Scale (GSE), and Rosenberg's Self-Esteem Scale (SES) were the instruments utilized to

gather the data. The connection between procrastination and the self-esteem measure was shown to be poorly mediated by self-efficacy in this study; this finding is consistent with the SES full mediator model. Self-efficacy and self-esteem have a modest association, but procrastination is better predicted by the self-esteem measure.

In 2015, Varghese et al. conducted a worldwide research to look at the relationship between college students' self-efficacy and perceived stress. According to the results, students' academic performance would suffer the more stressed they felt, and vice versa. It also emphasizes how stress affects students' academic achievement and how it relates to self-efficacy. Furthermore, the felt Stress Scale may be found to be a useful instrument for measuring felt stress in this review. It is advised that future studies expand the scope of this analysis by examining academic achievement in relation to each particular professional course, perceived stress, and self-efficacy.

Research Question

Is procrastination, perceived stress, and self-efficacy among undergraduate students differ significantly by gender, and are these factors significantly correlated with one another?

OBJECTIVES

1. To investigate whether a notable connection exists between procrastination and perceived stress in undergraduate students.
2. To examine whether there exists a notable connection between procrastination and overall self-efficacy in undergraduate students.
3. To investigate if procrastination and undergraduate students' social self-efficacy are significantly correlated.
4. To investigate if procrastination and undergraduate students' self-efficacy are significantly correlated.
5. To determine if undergraduate students' overall self-efficacy and perceived stress are significantly correlated.
6. To determine if procrastination among undergraduate students differs significantly by gender.
7. To determine if undergraduate students' perceptions of stress differ significantly by gender.
8. To determine if self-efficacy varies significantly by gender among undergraduate students.

Hypotheses

1. There is statistically significant relationship between procrastination and perceived stress among undergraduate students.
2. There is statistically significant relationship between procrastination and general self-efficacy among undergraduate students.
3. There is statistically significant relationship between procrastination and social self-efficacy among undergraduate students.
4. There is statistically significant relationship between procrastination and self-efficacy among undergraduate students.
5. There is statistically significant relationship between perceived stress and general self-efficacy among undergraduate students.
6. There is statistically significant relationship between perceived stress and social self-efficacy among undergraduate students.
7. There is statistically significant relationship between perceived stress and self-efficacy among undergraduate students.
8. There is statistically significant gender difference in procrastination among undergraduate students.
9. There is statistically significant gender difference in perceived stress among undergraduate students.
10. There is statistically significant gender difference in self-efficacy among undergraduate students.

METHODOLOGY

SAMPLE

The research includes 201 participants aged 18 to 22 years who are part of undergraduate sections. These individuals are from various colleges in the Kottayam District of Kerala, such as St. Berchmans College and Assumption College located in Changanassery, Kristu Jyoti College of Management and Technology in Chethipuzha, and St. Joseph College of Communication in Kurishumood. The population is divided into two categories by gender, comprising 101 male participants and 100 female participants.

RESEARCH DESIGN

For the research, the design utilized is a correlation and descriptive research approach. A research

method employed to evaluate the degree of connection between two or more variables is the correlation test. It helps researchers determine if a relationship between variables exists and, if it does, its strength. Correlational Design is a type of non-experimental research method that uses statistical analysis to examine the relationship between two variables. The aim of a descriptive study design is to systematically collect data to define a phenomenon, situation, or population. This research can be conducted using different methods. While sometimes employing qualitative data for descriptive purposes, it mainly relies on quantitative data.

VARIABLES IN THE STUDY

Procrastination, Perceived stress and Self-efficacy.

ASSESSMENT TOOL

Procrastination Scale (PS)

Tuckman (1991) developed the procrastination scale, consisting of 35 items. Participants respond on a scale from 1 to 4, where higher scores suggest a stronger inclination toward procrastination. Items 6, 8, 13, 17, 25, 27, 29, 30, 33, and 34 are rated with a reverse score. The internal consistency of the scale is outstanding, showing an alpha of 0.90 for the 35-item version and 0.86 for the 16-item version, though stability data were not provided. The scale shows strong concurrent validity, evidenced by negative correlations between the General Self-Efficacy Scale and a behavioral measure of self-regulated performance. The scale is tailored for people between the ages of 18 and 22 years.

Perceived Stress Scale (PSS)

Cohen et al. (1988) developed a 10-item scale to assess perceived stress, and the overall score is obtained by adding together the scores of all items, while reversing the scores for items 4, 5, 7, and 8. Increased scores on the scale signify greater levels of perceived stress. The scale demonstrates solid internal consistency, achieving a reliability coefficient (alpha) of 0.78; however, no details were provided regarding its stability. The PSS shows strong construct validity, indicated by moderate correlations between PSS scores and other evaluated stress measures, along with indicators of possible stressors such as the frequency of stress events. There were also minor yet meaningful correlations between elevated PSS scores and specific self-reported health behaviors.

Self-Efficacy Scale (SES)

Sherer and colleagues (1982) developed a 30-item scale to assess self-efficacy. The measurement

tool is made up of two components: general self-efficacy (items 2, 3, 4, 7, 8, 11, 12, 15, 16, 18, 20, 22, 23, 26, 27, 29, 30) and social self-efficacy (items 6, 10, 14, 19, 24, 28). Seven items (1, 5, 9, 13, 17, 21, 25) serve as filler items and will not be graded. Scores are calculated by adding the scores of every item, while negative items (3, 6, 7, 8, 11, 14, 18, 20, 22, 24, 26, 29, 30) are scored in reverse. Responses are assigned values as A = 1, B = 2, C = 3, D = 4, E = 5 prior to reverse scoring. Greater scores on the scale reflect elevated self-efficacy expectations. The internal consistency of the scale is quite strong, showing alphas of 0.86 for the general subscale and 0.71 for the social subscale. No details were provided regarding test-retest reliability. The scale demonstrates strong criterion-related validity, as it correctly anticipates that individuals with elevated self-efficacy will achieve more success in previous vocational, educational, and financial objectives compared to those with lower self-efficacy levels.

PROCEDURE

The information was gathered using a survey approach. Various colleges in Kottayam, Thiruvalla, Kollam, and Ernakulam were visited for data gathering. The relevant college authorities were contacted, and the study's purpose was thoroughly explained to them. Subsequently, permissions were obtained for the procedure. The questionnaires and consent form were printed and handed out to the students interested in participating in the study. Once consent was obtained, a solid connection was made, and guidelines were provided to the participants. Once the questionnaires were completed, the response sheets were gathered for evaluation and additional analysis. The individuals were appreciated for their collaboration, and they were assured regarding the privacy of their information.

RESULT AND DISCUSSION

Table 1

The correlation of the variables procrastination and perceived stress among undergraduate students

Variables	Perceived Stress	
Procrastination	r- value	0.208**
	p- value	0.003

Table 1 displays the relationship between procrastination and perceived stress in undergraduate students. The r-value and p-value regarding procrastination and perceived stress are 0.208 and

0.003, respectively. The correlation is noteworthy at the 0.01 level (two-tailed). A very weak positive correlation exists between the variables, and it is statistically significant.

Table 2

The correlation of the variables procrastination and general self- efficacy among undergraduate students

Variables	General Self- Efficacy
r- value	-0.217**
Procrastination	
p- value	0.002

In Table 2, the Spearman Procrastination and overall self-efficacy among undergraduate students are correlated, as is the sig (2-tailed) p-value. Procrastination has an r-value of -0.217, whereas general self-efficacy has a p-value of 0.002. At the two-tailed threshold of 0.01 significance, correlation is significant. The variables have a statistically significant negative association, although a very modest one.

Table 3

The correlation of the variable's procrastination and social self- efficacy among undergraduate students

Variables	Social Self- Efficacy
r- value	-0.075
Procrastination	
p- value	0.291

The Spearman is displayed in Table 3. correlation and sig (2-tailed) p-value between undergraduate students' social self-efficacy and procrastination. Procrastination and social self-efficacy had corresponding r-values of -0.075 and p-values of 0.291. The variables have a very modest negative connection with one another.

Table 4

The correlation of the variable's procrastination and self- efficacy among undergraduate students

Variables	Self- Efficacy	
	r- value	-0.209**
Procrastination	p- value	0.003

The Spearman is displayed in Table 4. correlation and sig (2-tailed) p-value between undergraduate students' self-efficacy and procrastination. Procrastination and self-efficacy had respective r-values of -0.209 and 0.003. The correlation is significant at the 2-tailed 0.01 level. The variables have a very modest negative connection with one another.

Table 5

The correlation of the variables perceived stress and general self- efficacy among undergraduate students

Variables	General Self- Efficacy	
	r- value	-0.019
Perceived stress	p- value	0.788

The Spearman Correlation and sig (2-tailed) p-value of undergraduate students' perceptions of stress and overall self-efficacy are displayed in Table 5. Perceived stress and general self-efficacy had corresponding r-values of -0.019 and p-values of 0.788. The factors don't correlate with one another.

Table 6

The correlation of the variables perceived stress and social self- efficacy among undergraduate students

Variables	Social Self- Efficacy	
	r- value	0.06
Perceived stress	p- value	0.4

The Spearman Correlation and sig (2-tailed) p-value of undergraduate students' perceptions of stress and overall self-efficacy are displayed in Table 5. Perceived stress and general self-efficacy

had corresponding r-values of -0.019 and p-values of 0.788. The factors don't correlate with one another.

Table 7

The correlation of the variables perceived stress and social self- efficacy among undergraduate students

Variables	Self- Efficacy
r- value	0.01
Perceived stress	
p- value	0.885

The Spearman Correlation and sig (2-tailed) p-value of undergraduate students' perceptions of stress and overall self-efficacy are displayed in Table 5. Perceived stress and general self-efficacy had corresponding r-values of -0.019 and p-values of 0.788. The factors don't correlate with one another.

Table 8

Mean rank, U- value and Significance value of Procrastination, Perceived stress and Self- Efficacy among male and female students

Variables	Category	N	Mean rank	U	p- value
	Male	101	108.20		
Procrastination				4323	0.078
	Female	100	93.73		
	Male	101	93.03		
Perceived Stress				4245.5	0.05*
	Female	100	109.05		
	Male	101	96.77		
Self- efficacy				4623	0.3
	Female	100	105.27		

Table 8 presents the Mean rank, U-value, and Significance value for Procrastination, Perceived stress, and Self-Efficacy in male and female students. The average rank for procrastination is 108.20 for males and 93.73 for females, respectively. The U value calculated is 4323, and the p-value is 0.078. The average rank for perceived stress for males and females is 93.03 and 109.05, respectively. The U value for perceived stress measures 4245.5, and the p-value is 0.05, indicating statistical significance at the 0.05 level. The Mean rank of self-efficacy for males is 96.77 and for

females it is 105.27. The U value for perceived stress stands at 4623, with a p-value of 0.300.

DISCUSSION

The study sought to determine if procrastination, perceived stress, and self-efficacy among undergraduate students were significantly correlated. Putting off or postponing something that appears important and that has repercussions is known as procrastination. Self-efficacy is a person's conviction in his or her ability to complete a job or do a performance, while perceived stress is the amount of stress that an individual believes they are feeling or that exists objectively. The relationship between undergraduate students' reported stress and the procrastination variable is displayed in Table 1. According to the table, there is a very weak positive correlation between the variables and a statistically significant association between procrastination and felt stress at the 0.01 level of significance. Procrastination and perceived stress have been the subject of several studies. Our results are in line with one such research by Steel et al. (2001). Although procrastination is a significant factor, the variable's poor connection does not necessarily mean that procrastination alone is the source of felt stress.

Table 2 shows the relationship between procrastination and overall self-efficacy in undergraduate students. The table clearly shows a statistically significant correlation between procrastination and overall self-efficacy, significant at the 0.01 level. There exists a weak negative correlation between the variables. Numerous studies indicate that procrastination has a negative correlation with overall self-efficacy, suggesting that increased procrastination leads to a decrease in general self-efficacy. (Sirois & Pychyl, 2001) performed a study examining the link between procrastination, overall self-efficacy, and academic achievement. The study's findings additionally revealed that procrastination has a negative correlation with overall self-efficacy, suggesting that those who tended to procrastinate exhibited reduced confidence in their capability to execute tasks efficiently. The relationship between undergraduate students' procrastination and social self-efficacy is seen in Table 3. The table indicates that procrastination and social self-efficacy do not significantly correlate, although there is a very weak negative association between the variables, which may be the result of chance.

The relationship between undergraduate students' self-efficacy and procrastination is seen in Table 4. It is possible to deduce from the table that procrastination and self-efficacy have an inversely proportionate and statistically significant relationship. At the 0.01 level of significance, there is a slight negative connection between the variables. These results are in line with earlier study by

Qudah (2014), who similarly discovered a negative relationship between self-efficacy and procrastination. According to the study's findings, procrastination tendencies may be strongly correlated with self-efficacy. Although procrastination may be a contributing factor, the poor association between the variables does not mean that procrastination is the only source of the decline in self-efficacy stress.

The relationship between undergraduate students' overall self-efficacy and perceived stress is displayed in Table 5. The table indicates that there is no connection between the variables, meaning that there is no meaningful association between felt stress and overall self-efficacy. The outcome demonstrates that the value gained is negative, with one variable's values tending to rise as the other variable's values fall. Therefore, it follows that those who believe they are very effective are probably less stressed, and vice versa.

The relationship between undergraduate students' perceived stress and social self-efficacy is seen in Table 6. The table indicates that there is no statistically significant association between felt stress and social self-efficacy, although there is a very weak positive correlation between the variables, which might be the result of chance events and other environmental factors.

The relationship between self-efficacy and perceived stress is seen in Table 7. It is clear from the table that the two variables have a very modest positive association with one another. Additionally, it was shown that there is no statistically significant correlation between self-efficacy and experienced stress. Because our study relied on self-report measures and had a very small sample size, it may have produced results that were not statistically significant. Potential avenues for future study include examining additional variables that could affect the connection between self-efficacy and perceived stress.

Male and female undergraduate students' mean rank, U-value, and p-value for procrastination, perceived stress, and self-efficacy are displayed in Table 8. Based on the statistics, it can be concluded that male students procrastinate at a greater mean rank than female students. There is no statistically significant difference in procrastination between male and female students, according to the p-value. The greater mean rank for procrastination among men may have resulted from their potential lack of self-control, which is a major contributing factor to procrastination. Balkis & Erdnic (2013) observed similar findings. The study's conclusions suggest that male students who procrastinate may be more likely to receive poorer grades and experience discontent with their academic careers.

The table indicates that female students have a higher average rank of perceived stress compared to male students. This suggests that female students experience greater stress than male students. The p-value calculated is 0.05, suggesting that there is a statistical significance present. Numerous factors contribute to stress. Both men and women experience numerous common sources of stress. The various roles that women assume are likely more distinctive to them than to men. Women experience higher levels of stress than men due to their differing responses to stress. Women possess distinct endocrine systems, which contribute to their heightened emotional reactivity and emotional fatigue. A study carried out by Brought et al. (2009) corroborates the findings achieved. The findings indicated that female college students experienced greater overall stress and utilized more emotion-focused coping techniques compared to their male counterparts.

The table suggests that the average rank for self-efficacy is greater in female students compared to male students. A p value of 0.3 suggests that there is no statistically significant difference in self-efficacy among male and female students, as this value exceeds 0.05. This might suggest that the elevated average rank for female students could result from other influencing factors. The research conducted by Kim (2004) in the USA revealed that women exhibited significantly higher self-efficacy than men within the realm of e-learning, although it took place in a different cultural environment.

CONCLUSION

Results of the study show that procrastination is statistically significantly associated with total self-efficacy, general self-efficacy, and perceived stress, but not with social self-efficacy. Furthermore, there was no discernible correlation between felt stress and overall, social, or general self-efficacy. Regarding gender differences, the findings indicate that procrastination and self-efficacy do not significantly differ between the sexes; however, perceived stress did show a statistically significant gender difference.

Based on the findings, the study comes to the conclusion that undergraduate students' perceptions of stress varies significantly by gender. As a result, educators and academic institutions may need to reconsider traditional teaching and learning methods: Anbumalar et al. (2017) found that male students are more likely than female students to employ effective coping mechanisms. Researchers can learn more about the distinct experiences of men and women by looking at how gender affects how stress is experienced. Interventions and support services that are customized to meet the requirements of each gender can

benefit from this.

Other teaching strategies, such competency-based learning, project-based learning, or personalised learning, could provide students more real-world chances to put their knowledge to use, get feedback, and boost their self-efficacy.

The study also highlights how important it is to help undergraduate students holistically, taking into account their social, emotional, and intellectual requirements. Colleges and universities could have to provide all-encompassing support services that deal with issues related to mental health and wellbeing as well as academic difficulties. Academic institutions, support services, and instructors may need to work together to help undergraduate students manage stress, reduce procrastination, and increase self-efficacy.

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ADAPTIVE STRATEGIES FOR DRAGON FRUIT CULTIVATION IN YAVATMAL DISTRICT, MAHARASHTRA: ADDRESSING SUMMER SUNBURN AND FUNGAL CHALLENGES

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ABSTRACT

Dragon fruit (*Hylocereus* spp.) cultivation is gaining momentum in India due to its nutritional and economic benefits. However, regions like Yavatmal in Maharashtra face significant challenges, especially during the summer months, due to extreme temperatures and low humidity. This study investigates the adverse effects of sunburn and fungal infections on dragon fruit plants in Yavatmal and proposes adaptive strategies to mitigate these challenges. Over a three-year period, various interventions—including controlled irrigation, shade net installation, silicon-based sprays, fogger systems, and intercropping were tested. The findings provide practical solutions to enhance the resilience and productivity of dragon fruit cultivation in arid regions.

Keywords: - Dragon Fruit, Sunburn, Yavatmal, Climate Stress, Irrigation Management, Shade Net, Fogger, Fungal Diseases, Summer Cultivation.

INTRODUCTION

Dragon fruit, also known as pitaya, has emerged as a high-value crop in several Indian states due to its economic and health benefits. However, its susceptibility to environmental stresses—particularly in hot and dry zones like Yavatmal—poses cultivation challenges. Summer temperatures in this district can soar up to 48°C, leading to physiological disorders such as sunburn and increased fungal incidence. This research addresses these climate-induced vulnerabilities and evaluates strategies to improve plant resilience.

BACKGROUND AND CONTEXT

Yavatmal district lies in the Vidarbha region of Maharashtra, characterized by dry summers and

erratic rainfall. Dragon fruit, originally a tropical cactus, requires specific microclimatic conditions for optimal yield. With increasing farmer interest in cultivating this crop, understanding local adaptation becomes vital to ensure sustainable production. Several smallholders have suffered crop losses due to lack of knowledge and absence of localized solutions.

SIGNIFICANCE OF THE STUDY

The study offers real-world, field-tested solutions to dragon fruit growers in arid climates. By mitigating sunburn and fungal issues, it promotes improved yields, reduced losses, and better economic outcomes for farmers in Yavatmal. It also contributes to climate-resilient horticultural practices, aligning with broader goals of sustainable agriculture and rural development.

RESEARCH GAP

While various global studies have addressed heat stress and fungal diseases in horticultural crops, there is limited localized research on dragon fruit under Vidarbha's climatic conditions. Few studies provide practical, low-cost, and scalable solutions for smallholder farmers specifically in Yavatmal district. This study fills that gap by offering region-specific adaptive strategies.

OBJECTIVES OF THE STUDY

- To identify major climatic challenges sunburn and fungal diseases faced by dragon fruit growers in Yavatmal.
- To assess the effectiveness of adaptive strategies like controlled irrigation, shade nets, and intercropping.
- To recommend practical, cost-effective solutions to improve yield and plant resilience.

METHODOLOGY

From 2021 to 2024, field trials were conducted on dragon fruit farms in Yavatmal. The methodology included:

- **Controlled Irrigation:** Withholding water from mid-February to end-June.
- **Shade Nets:** More than 75% UV Protected green shade nets installed with a southward tilt.
- **Silicon or kaolin Sprays:** Foliar application of silicon and kaolin to reflect sunlight and suppress fungus and Sunburn.
- **Fogger Systems:** Low-cost foggers used to increase humidity and reduce field temperature.

- **Intercropping:** Maize and sorghum rows planted to reduce warm wind and create a favorable microclimate.

FINDINGS AND DISCUSSION

- Controlled Irrigation led to drought hardening, significantly reducing sunburn and fungal outbreaks.
- Shade Nets lowered canopy temperatures by 5–8°C, decreasing sunburn by 60%.
- Silicon with any fungicide Sprays offered reflective and fungicidal benefits, enhancing dual protection.
- Fogger Systems helped maintain humidity and cool the field, especially effective in combination with shade nets.
- Intercropping provided windbreaks and shade, improving the overall microclimate and reducing plant stress.

These integrated strategies proved successful in combating climatic threats, leading to healthier plants and better yields.

CONCLUSION AND RECOMMENDATIONS

This study concludes that adaptive strategies such as controlled irrigation, shade nets, fogging, silicon-based sprays, and intercropping are effective in mitigating the impact of heat and fungal stress on dragon fruit cultivation in Yavatmal. Farmers should be encouraged to adopt these practices through training and government-supported incentives. Local agri-extension services should also integrate these methods into their advisories for sustainable and climate-smart horticulture.

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A Correlational Study of Parental Stress, Psychological Well-Being and Life Satisfaction Among Mothers of Children Diagnosed with Autism Spectrum Disorder.

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ABSTRACT

The present study aimed to examine the relationship between parental stress, psychological well-being, and life satisfaction among mothers of children diagnosed with Autism Spectrum Disorder (ASD). A sample of 31 mothers aged between 6–21 years was selected through purposive sampling from various centers in Pune. Standardized tools, including the Parental Stress Scale (PSS), Warwick-Edinburgh Mental Well-being Scale (WEMWBS), and Satisfaction with Life Scale (SWLS), were used for data collection. Results revealed a significant negative correlation between parental stress and both psychological well-being and life satisfaction. Additionally, a significant positive correlation was found between psychological well-being and life satisfaction. Regression analyses indicated that parental stress accounted for 20.4% of the variance in psychological well-being and 39.7% in life satisfaction, while psychological well-being explained 36.1% of the variance in life satisfaction. The findings highlight the importance of psychological support for mothers of children with ASD to enhance well-being and life satisfaction.

Keywords: *Parental Stress; Psychological Well-being; Life Satisfaction.*

INTRODUCTION

Parents play a crucial role in the overall development and well-being of their children. Among them, mothers often assume the primary caregiving responsibilities, especially in traditional households where fathers typically engage in breadwinning roles. Parenthood is

commonly regarded as a blessing; however, it is also one of the most demanding and challenging tasks, especially when raising a child with special needs. Parents are required to provide the necessary emotional, social, and material resources that enable their children to realize their full potential. The parenting style and the manner in which parents interact with their children play a pivotal role in shaping the child's development (Baumrind, 1991). Parenting is a complex responsibility that often occurs under stressful conditions, especially when personal, emotional, or financial resources are limited.

The challenges become more pronounced when a child is diagnosed with a developmental disorder or disability, such as Autism Spectrum Disorder (ASD). Parents, particularly mothers, may experience heightened stress when attempting to cope with their child's unique behavioral and developmental needs. When parents struggle to manage these challenges effectively, they may be unfairly perceived as having failed in their parental role (Hastings & Brown, 2002).

ASD is a neurodevelopmental disorder that significantly affects social communication and interaction and is characterized by restricted and repetitive behaviors, interests, or activities. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; American Psychiatric Association, 2013), the core characteristics of ASD emerge in early childhood and often lead to significant limitations in daily functioning. The World Health Organization (2022) reports that approximately 1 in 160 children globally are diagnosed with ASD.

In the Indian context, mothers are traditionally expected to take on the role of the primary caregiver, managing both household and childcare responsibilities. This social expectation often results in mothers developing a deeper emotional bond with their children. Consequently, they are more likely to experience elevated levels of parenting stress, reduced psychological well-being, and lower life satisfaction (Gupta & Singhal, 2004). Research consistently shows that mothers of children with ASD report higher levels of stress and depression than parents of typically developing children or even those of children with other disabilities (Hayes & Watson, 2013).

Parenting stress, often referred to as childrearing stress, can be caused by the child's behavioral challenges, the parent's difficulties in fulfilling parenting roles, or strained interactions between the parent and child (Abidin, 1995). These stressors can significantly impair maternal mental health, leading to reduced well-being and satisfaction with life. Psychological well-being is defined as the presence of positive psychological functioning and the absence of negative mental states. It includes dimensions such as autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (Ryff, 1989). Life satisfaction, on the other hand, refers to a person's overall cognitive evaluation of the quality of their life as a whole (Veenhoven, 1996).

This study focuses on mothers of children aged 6 to 21 years with ASD, as this age group represents a period when children are highly dependent on parental interaction and support. Given the increasing prevalence of ASD, examining the relationship between parenting stress, psychological well-being, and life satisfaction can help identify key factors contributing to maternal mental health. Understanding these relationships can guide the development of effective interventions aimed at reducing stress, enhancing well-being, and improving life satisfaction among mothers of children with autism. Ultimately, such efforts will benefit not only the mothers but also their children. Furthermore, this study aims to contribute to the existing body of literature by addressing a significant research gap, as limited studies have investigated the interplay between these variables in the Indian context.

REVIEW OF RELATED LITERATURE

Abidin, (1995) this study indicated that Parenting stress refers to the distress experienced by parents in response to the demands associated with the role of parenting. **Allik et al., (2006)** this study found that the mothers may also experience limited opportunities for self-care and recreation, which further contributes to diminished satisfaction with life. **Benson, (2006).** This Studies indicate that mothers of children with ASD tend to report lower psychological well-being than mothers of typically developing children. This may be due to chronic stress, social isolation, and the demands of caregiving. **Dabrowska & Pisula, (2010)** this study shows that mothers of children with ASD report significantly higher levels of parenting stress compared to parents of typically developing children or those with other

developmental disabilities. **Ekas & Whitman, (2010)** these studies have reported that mothers of children with ASD experience lower life satisfaction, often due to reduced social support, marital dissatisfaction, and financial constraints. **Estes et al., (2009)** this study found that mothers report higher stress than fathers, likely due to their greater involvement in day-to-day caregiving. **Gupta and Singhal (2004)** emphasized the significance of cultural expectations and the caregiving burden experienced by Indian mothers. Their study found that despite significant challenges, some mothers reported positive perceptions of their parenting experience, especially when emotional and social support was available. **Hastings & Taunt, (2002)** this study increased well-being and life satisfaction were linked to the use of adaptive coping strategies and the availability of support networks. **Hayes & Watson, (2013)** this study found that The unpredictable and challenging behaviors associated with ASD, such as communication difficulties, social deficits, and repetitive behaviors, often exacerbate parental stress. **Kayfitz, Gragg, & Orr, (2010)** these studies suggest that coping strategies, social support, and positive perceptions about caregiving can mitigate the negative effects and promote higher levels of life satisfaction. **Khanna et al., (2011)**, this study suggesting that ongoing caregiving responsibilities may diminish emotional resilience and overall functioning. **Kianiet.al.,(2022)** this study found that the mean score of life satisfaction of mothers with a child having no psychological problems was higher than that of mothers with autistic children. **Muhammad et.al.,(2019)** this indicated that the where parents having children diagnosed with autism have lower of psychological well-being than parents with out having children with autism. Significant differences were found in life satisfaction. Differences were also found in psychological well-being and life satisfaction among parents with different income groups. The study also found that mothers have significantly lesser psychological well-being and life satisfaction than fathers with autistic children. **Nikmat et.al.,(2008)** this study found that from 52 parents, 53.8% of parents had clinical disturbance in psychological well-being and 90.4% parents had significant parenting stress. The study also highlighted that mother reported greater impact on psychological well-being than fathers. **Rezendes and Scarpa (2011)** found that higher parental stress in mothers of children with ASD was associated with poorer psychological functioning and lower life satisfaction. **Ryff (1989)**, includes dimensions such as autonomy, personal growth, self-acceptance, environmental mastery, purpose in life, and positive relationships. **Wang et.al., (2013)** this

study found that Mothers having children diagnosed with ASD often experience higher parental stress, lower psychological well-being and lower life satisfaction. One of the research projects found that participants reported very high parenting stress. **Yuang Fangetal. (2022)** categorized factors that are associated with parental stress in three domains that are parent, child and situational. The parent domains contain aspects of parental functioning and personality components. The child domain contains child's temperamental and behavioral factors. The situational domain includes spousal relationship, social support or isolation and role restriction.

STATEMENT OF THE PROBLEM

To Study the relationship between Parental stress, Psychological well-being and Life satisfaction among mothers having children diagnosed with Autism Spectrum Disorder.

OBJECTIVES OF THE STUDY

1. To examine the level of parental stress among mothers of children diagnosed with Autism Spectrum Disorder (ASD).
2. To assess the psychological well-being of mothers of children diagnosed with ASD.
3. To evaluate the level of life satisfaction among mothers of children diagnosed with ASD.
4. To explore the relationship between parental stress and psychological well-being among mothers of children diagnosed with ASD.
5. To investigate the relationship between parental stress and life satisfaction among mothers of children diagnosed with ASD.
6. To examine the relationship between psychological well-being and life satisfaction among mothers of children diagnosed with ASD.

HYPOTHESES OF THE STUDY

1. There will be a significant negative correlation between parental stress and psychological well-being among mothers of children diagnosed with autism spectrum disorder (ASD).
2. There will be a significant negative correlation between parental stress and life satisfaction among mothers of children diagnosed with autism spectrum disorder (ASD).
3. There will be a significant positive correlation between psychological well-being and

life satisfaction among mothers of children diagnosed with autism spectrum disorder (ASD).

METHODOLOGY

SAMPLE

The study included 31 mothers having children diagnosed with Autism Spectrum Disorder aged 6-21 from various centers based in Pune city. Participants were selected through purposive sampling method.

RESEARCH DESIGN

The study follows a quantitative, correlational research design.

VARIABLES USED IN THE STUDY

1) Parental Stress, 2) Psychological Well-being, 3) Life Satisfaction.

OPERATIONAL DEFINITIONS

Parental Stress: - Parental stress refers to the pressure and strain experienced by mothers in relation to their parenting roles and responsibilities. In this study, parental stress will be measured using the Parental Stress Scale (PSS) developed by Berry and Jones (1995).

Psychological Well-Being: - Psychological well-being is defined as a mother's overall emotional and mental state, encompassing aspects such as positive affect, life satisfaction, and effective functioning. In this study, psychological well-being will be assessed using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) developed by Tennant et al. (2007).

Life Satisfaction: - Life satisfaction is conceptualized as a cognitive evaluation of one's overall quality of life and the extent to which an individual is content with life as a whole. In this study, life satisfaction will be measured using the Satisfaction with Life Scale (SWLS) developed by Diener et al. (1985).

RESEARCH TOOLS

Parental Stress Scale (PSS):

Parental Stress was measured by using Parental Stress Scale, an 18-item measurement tool developed by Berry and Jones in 1995. It is a 5-point Likert scale. The scale has good internal consistency.

with Cronbach's alpha values ranging from 0.83 to 0.86, test-retest correlation of 0.81.

Warwick-Edinburgh Mental Well-being Scale:

Warwick-Edinburgh Mental Well-being Scale, developed by Tennant et al. (2007) is used to assess the mental well-being. This 14-item scale encompasses both psychological and subjective well-being, employing a 5-point Likert type response format. The scale has demonstrated high internal consistency reliability, with a Cronbach's Alpha of 0.92 in the Turkish adaptation by Keldali (2015).

Satisfaction with Life Scale (SWLS):

Satisfaction with Life Scale, developed by Diener et al. (1985) is a 5 items scale that assess an individual's global judgment of life satisfaction as a whole. It is a 7-point Likert scale. Has good psychometric properties with reliability for Cronbach's alpha above 0.70 and has good convergent validity.

PROCEDURES OF DATA COLLECTION

The participants were informed about the purpose of the study and consent was obtained. The questionnaires were administered in offline mode. Data confidentiality was maintained, and participants were thanked for their cooperation and also a demographic data sheet. Data collection lasted for one month.

STATISTICAL TREATMENT

Data was analyzed using SPSS version 29. Upon descriptive analysis and Shapiro Wilk test of normality, found that data follows normal distribution. Hence, Pearson correlation was used to find relationship between variables. Further regression analysis was performed to find variance between variables.

RESULTS

	Parental Stress	Psychological Well-being	Life Satisfaction
N	31	31	31
Mean	46.23	49.16	23.06
Median	46	49	25
Std. Deviation	10.88	11.65	7.08
Skewness	.469	.127	-.789

Std.Error of Skewness	.421	.421	.421
Kurtosis	2.01	-.946	.251
Std.Error of Kurtosis	.821	.821	.821

The mean score for Parental Stress is 46.23 which indicates that mothers experience moderate parental stress. The mean score for Psychological Well-Being is 49.16 which indicates that mothers experience moderate psychological well-being. The mean score for Life Satisfaction is 23.06 which indicates that mothers experience slight satisfaction with life.

Correlations:

Table 1 showing correlation between Parental Stress and Psychological Well-being.

	Psychological Well-being
Parental Stress	-.452*

*Correlation is significant at the 0.05 level (2-tailed).

There is a statistically significant negative correlation between Parental Stress and Psychological Well-Being ($r = -.452$, $p = .011$), which indicates that higher levels of parental stress are associated with lower levels of psychological well-being.

Table 2 showing correlation between Parental Stress and Life Satisfaction.

	Life Satisfaction
Parental Stress	-.630**

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

There is a statistically significant negative correlation between Parental Stress and Life Satisfaction ($r = -.630$, $p < .001$), which indicates that higher levels of parental stress are associated with lower levels of life satisfaction.

Table 3 showing correlation between Psychological Well-being and Life Satisfaction.

	Life Satisfaction
Psychological Well-being	.601**

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

There is a statistically significant positive correlation between Psychological Well-Being and Life Satisfaction ($r = .601$, $p < .001$), which indicates that higher levels of psychological well-being are associated with higher levels of life satisfaction.

Regression Analyses:

Regression Analysis of Parental Stress and Psychological Well-being of Mothers (N=31).

R	R Square	Adjusted R Square	Standardized Coefficients (Beta)	t	Sig.
Parental Stress	.452 ^a	.204	.177	-.452	-2.729 <.001

Note. Predictor variable=Parental Stress, Dependent Variable=Psychological Well-being.

It tells the correlation value between variables which show negative correlation with dependent variable. On the basis of R^2 indicate that 20.4% of variance or change in psychological well-being of mothers due to parental stress.

Regression Analysis of Parental Stress and Life Satisfaction of Mothers (N=31).

R	R Square	Adjusted R Square	Standardized Coefficients (Beta)	t	Sig.
Parental Stress	.630 ^a	.397	.377	-.630	-4.374 <.001

Note. Predictor variable=Parental Stress, Dependent Variable=Life Satisfaction.

It tells the correlation value between variables which show negative correlation with dependent variable. On the basis of R^2 indicate that 39.7% of variance or change in Life Satisfaction of mothers due to parental stress.

Regression Analysis of Psychological Well-being and Life Satisfaction of Mothers (N=31).

R Square	R	Adjusted R Square	Standardized Coefficients (Beta)	t	Sig.
Psychological Well-being	.601 ^a	.361	.339	.601	4.048 <.001

Note. Predictor variable = Psychological Well-being,
Dependent Variable = Life Satisfaction.

R tells us correlation value between variables which show significant positive correlation with dependent variable. On the basis of R^2 indicate that 36.1% of variance or change in life satisfaction of mothers due to psychological well-being.

DISCUSSION

The primary objective of the study was to examine the relationship between parental stress, psychological well-being, and life satisfaction among mothers of children diagnosed with Autism Spectrum Disorder (ASD). The study sample consisted of 31 mothers, and statistical analysis was performed using SPSS. Descriptive statistics indicated that the data were normally distributed, with skewness and kurtosis within acceptable limits. Hence, parametric tests were applied, including Pearson's correlation and linear regression analysis.

Parental Stress and Psychological Well-Being

The first hypothesis proposed a negative correlation between parental stress and psychological well-being. The results revealed a significant negative correlation ($r = -0.452$, $p < .01$) between these two variables. This indicates that as parental stress increases, psychological well-being decreases. These findings are consistent with those reported by Costa, Steffgen, and Ferring (2017), who observed that parents of children with ASD experienced higher levels of psychological stress and lower subjective well-being compared to parents of typically developing children. Similarly, Nikmat et al. (2008) found that 53.8% of parents experienced clinical disturbances in psychological well-being, while 90.4% reported significant parenting stress.

Mothers, in particular, reported greater psychological distress than fathers.

Parental Stress and Life Satisfaction

The second hypothesis stated that there would be a negative correlation between parental stress and life satisfaction. The analysis showed a significant negative correlation ($r = -0.452$, $p < .01$) between parental stress and life satisfaction. This implies that higher levels of parenting stress are associated with lower levels of life satisfaction. Supporting evidence comes from a study by Al-Hadrawi and Faid (2020), which reported that 83% of parents of children with ASD experienced moderate to severe levels of psychological stress, and 36% were dissatisfied with their lives.

Psychological Well-Being and Life Satisfaction

The third hypothesis proposed a positive correlation between psychological well-being and life satisfaction. The results revealed a strong positive correlation ($r = 0.601$, $p < .01$), indicating that higher psychological well-being is associated with greater life satisfaction. These findings align with research by Muhammad, Zaman, and Rahim (2019), which found that parents of children with autism showed significantly lower psychological well-being and life satisfaction compared to parents of neurotypical children. The study also noted significant differences based on income levels and gender, with mothers reporting lower psychological well-being and life satisfaction than fathers. Further support is provided by Kazmi et al. (2025), whose study revealed that resilience mediates the relationship between mental well-being and life satisfaction, and that female parents demonstrated lower scores on both variables but displayed greater resilience compared to male parents.

CONCLUSION

- A significant negative correlation was found between parental stress and psychological well-being, indicating that as parental stress increases, psychological well-being tends to decrease.
- A significant negative correlation was also observed between parental stress and life satisfaction, suggesting that higher levels of stress are associated with lower satisfaction in life.
- A positive correlation was identified between psychological well-being and life satisfaction, implying that enhanced mental well-being is linked with greater life

satisfaction among mothers of children diagnosed with Autism Spectrum Disorder (ASD).

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"A Comparative Assessment of Stress Levels in Male and Female Intercollegiate Players "

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ABSTRACT

The present study, *A Comparative Assessment of Stress Levels in Male and Female Intercollegiate Players*, aimed to examine gender differences in stress levels across four dimensions: Pressure, Physical Stress, Anxiety, and Frustration. A sample of 100 intercollegiate players (50 males and 50 females) from Parbhani District, Maharashtra, was selected using the quota sampling method. The Stress Scale developed by Dr. Vijaya Lakshmi and Dr. Shruti Narain was employed for data collection. Statistical analysis, including mean, standard deviation, and one-way ANOVA, was conducted using SPSS software. The results revealed significant gender differences in all four dimensions of stress. Female intercollegiate players exhibited significantly higher levels of Pressure, Anxiety, and Frustration compared to their male counterparts ($p < 0.01$). Conversely, male intercollegiate players reported significantly higher levels of Physical Stress than female players ($p < 0.01$). These findings align with existing literature, suggesting that female athletes may experience heightened psychological stress due to sociocultural expectations and emotional reactivity, while male athletes face increased Physical Stress due to training intensity and physiological demands.

Keywords: Stress, Gender Differences, Intercollegiate Players, Pressure, Physical Stress, Anxiety, Frustration

INTRODUCTION

Sports participation at the intercollegiate level is often associated with numerous psychological and physiological demands that can significantly impact an athlete's stress levels. Competitive sports require a high level of commitment, discipline, and resilience, making stress a prevalent

concern among athletes (Nicholls et al., 2009). Stress in intercollegiate players can manifest in various forms, including pressure to perform, physical stress, anxiety, and frustration, all of which can affect both their mental well-being and athletic performance (Lazarus, 2000).

Concept of Stress in Athletes Stress is a psychological and physiological response to demanding situations, often leading to cognitive and emotional strain (McEwen, 2017). In the context of sports, stress is typically classified into two categories: eustress (positive stress) and distress (negative stress) (Selye, 1976). While eustress can enhance performance by increasing motivation and focus, distress can hinder an athlete's ability to perform optimally, leading to burnout, decreased efficiency, and even withdrawal from sports (Fletcher & Sarkar, 2012).

Gender Differences in Stress Among Athletes Research suggests that male and female athletes experience and cope with stress differently due to biological, psychological, and social factors. Females have been found to report higher levels of anxiety and emotional stress, often due to societal expectations and self-imposed pressure to succeed (Tamres, Janicki, & Helgeson, 2002). In contrast, males typically exhibit higher levels of physical stress and pressure related to performance expectations and competition (Jones & Cale, 1989). The difference in stress perception and management strategies between genders underscores the need for a comparative study of stress levels in intercollegiate players.

Types of Stress in Intercollegiate Players Intercollegiate athletes experience various forms of stress, including:

- 1) **Performance Pressure** – The expectation to consistently perform at a high level in competitive settings can create significant pressure, leading to stress and anxiety (Gould et al., 1993).
- 2) **Physical Stress** – Intense training regimens, injuries, and fatigue contribute to physical stress, which can impact both performance and overall well-being (Koutedakis & Sharp, 1998).
- 3) **Anxiety** – Competitive anxiety is common among athletes, affecting concentration, confidence, and decision-making abilities (Weinberg & Gould, 2018).

- 4) **Frustration** – Unmet expectations, losses, or conflicts with coaches and teammates can lead to emotional frustration, affecting both individual and team performance (Hanin, 2000).

Need for Comparative Assessment Understanding the variations in stress levels between male and female intercollegiate players is crucial for developing effective coping strategies, training programs, and psychological interventions. A comparative analysis can provide valuable insights into gender-specific stressors and help sports psychologists, coaches, and athletes create targeted stress management techniques to enhance overall performance and well-being (Nicholls & Polman, 2007).

stress is a critical factor influencing intercollegiate athletes, with distinct differences in how males and females experience and cope with it. This study aims to assess and compare stress levels in male and female intercollegiate players, focusing on dimensions such as pressure, physical stress, anxiety, and frustration. The findings will contribute to a better understanding of stress management in sports and inform future interventions to support athletes' mental health and performance.

REVIEW OF RELATED LITERATURE

Craft, Magyar, Becker, and Feltz (2003) this study indicated that female athletes exhibit higher cognitive and somatic anxiety levels, which can impact their athletic performance and overall well-being. **Hanton, Fletcher, and Coughlan (2005)** this study suggests that female athletes often internalize expectations from coaches and peers, leading to increased psychological burden. **Jones & Hardy, (1990)** this study found that male athletes experiencing more stress from external competition and female athletes experiencing higher internal stress. **Kaiseler, Polman, & Nicholls, (2012)** this study found that male athletes tend to exhibit more problem-focused coping strategies, which may mitigate the impact of stress on performance. **Kellmann (2010)** this study highlights that male athletes are more likely to report physical fatigue due to intense training regimens and higher competition levels, which contribute to physical stress. **Lu et al. (2012)** this highlighted that balancing academic and athletic commitments is a major stressor, particularly for female athletes. **Martens, Vealey, and Burton (1990)** this found that female athletes experience greater competitive anxiety due to concerns about evaluation, performance, and societal

expectations. **Meyers, LeUnes, and Bourgeois (1996)** This frustration may stem from a combination of performance pressure, lack of opportunities, and gender-related biases in sports. **Nicholls, Perry, and Calmeiro (2014)** this study indicated that female athletes perceive greater psychological stress due to factors such as balancing academic responsibilities, athletic performance, and social expectations. **Nicholls, Polman, and Levy (2012)** this found that female athletes are more likely to experience emotional frustration due to discrepancies between effort and perceived outcomes in competition. **Scanlan, Babkes, and Simons (1999)**, this study found that female athletes report greater perceived pressure due to societal expectations, academic responsibilities, and concerns about athletic performance. **Smith (2000)** this study noted that male athletes tend to engage in more high-impact and physically demanding sports, which results in increased physiological strain. **Tamminen and Crocker (2013)**, this study found that female athletes generally report higher levels of psychological stress than their male counterparts, often due to social expectations and self-imposed pressure.

STATEMENT OF THE PROBLEM

A Comparative Assessment of Stress Levels in Male and Female Intercollegiate Players.

OBJECTIVES OF THE STUDY

- To examine gender differences in the specific dimensions of stress, including Pressure, Physical Stress, Anxiety, and Frustration, among intercollegiate players.

HYPOTHESES OF THE STUDY

- **Null Hypothesis (H_0):** There is no significant difference between male and female intercollegiate players in terms of stress across the dimensions of Pressure, Physical Stress, Anxiety, and Frustration.
- **Alternative Hypothesis (H_1):** There is a significant difference between male and female intercollegiate players in terms of stress across the dimensions of Pressure, Physical Stress, Anxiety, and Frustration.

METHODS

SAMPLE:

The present study consisted of a total sample of 100 intercollegiate players, comprising 50 male

and 50 female players from Parbhani District, Maharashtra. The participants were selected using the quota sampling method, ensuring an equal gender distribution (1:1 ratio). The age range of the selected participants was between 18 and 21 years.

RESEARCH DESIGN: -

The present study a Simple research Design was used.

VARIABLES USED FOR STUDY

Independent variables- Gender–1) Male intercollegiate players 2) Female intercollegiate players

Dependent variables –Stress- 1) Pressure 2) Physical Stress 3) Anxiety 4) Frustration

RESEARCH TOOLS: -

Stress Scale

The Stress Scale by Dr. Vijaya Lakshmi and Dr. Shruti Narain is a psychological tool designed to assess stress levels in individuals aged 12 to 24 years. It consists of 40 items measuring four dimensions: Pressure, Physical Stress, Anxiety, and Frustration. Respondents answer "Yes" or "No," with most "Yes" responses scoring 1, except for items 21 and 35, where scoring is reversed. Higher scores indicate greater stress. The scale demonstrates strong reliability with a test-retest coefficient of 0.82. Its validity was established through comparison with Singh's Personal Stress Source Inventory, yielding a validity coefficient of 0.72, confirming its effectiveness.

PROCEDURES OF DATA COLLECTION: -

The primary data was collected by distributing personal information forms to each intercollegiate player. The players were grouped in small batches of 10 to 15 individuals. General instructions related to each test were provided before they filled out the inventories. Data was obtained using the specific scoring procedures that were standardized for each scale.

STATISTICAL TREATMENT:

At the first stage, the data were analyzed using descriptive statistical techniques, including the calculation of mean and standard deviation. Additionally, a one-way ANOVA was performed using SPSS software.

RESULTS

Table No.01 Show the Mean, SD and F Value of Genderon Dependent variables

Table No.01	Factor	Gender	Mean	SD	N	DF	F Value	Sign.
Table No.01(A)	Pressure	Male Intercollegiate players	1.46	0.93	50	98	61.207	0.01
		Female Intercollegiate players	2.66	0.55	50			
Table No.01(B)	Physical Stress	Male Intercollegiate players	6.28	1.14	50	98	17.554	0.01
		Female Intercollegiate players	5.40	0.94	50			
Table No.01(C)	Anxiety	Male Intercollegiate players	4.62	1.00	50	98	97.104	0.01
		Female Intercollegiate players	6.66	1.06	50			
Table No.01(D)	Frustration	Male Intercollegiate players	4.62	1.00	50	98	66.368	0.01
		Female Intercollegiate players	6.12	0.82	50			
Table No.01(E)	Stress	Male Intercollegiate players	16.98	2.35	50	98	48.191	0.01
		Female Intercollegiate players	19.60	1.26	50			

DISCUSSION

Observation of Table No. 01 (A) reveals a significant difference in the mean Pressure between the two groups. The mean and standard deviation (SD) for Male Intercollegiate players were 1.46 ± 0.93 , whereas for Female Intercollegiate players, they were 2.66 ± 0.55 . The F-value for the comparison was 61.207, with degrees of freedom (df) 1 and 98. The effect of gender on Pressure was found to be statistically significant at the 0.01 level ($F = 61.207, p < 0.01$). Since the obtained F-value exceeds the critical value at the 0.01 level, the alternative hypothesis is supported. This finding suggests that Female Intercollegiate players exhibit significantly higher Pressure than Male Intercollegiate players.

The finding that female athletes experience higher Pressure than their male counterparts align with existing literature on sports psychology and gender differences in stress responses. Previous studies have documented that female athletes often report higher levels of psychological stress due to various sociocultural and physiological factors (Nicholls et al., 2009; Kaiseler et al., 2012). One explanation for this trend is that female athletes tend to exhibit greater emotional reactivity and

rumination, which can intensify their perception of Pressure in competitive settings (Tamres et al., 2002). Studies indicate that male athletes often employ problem-focused coping strategies, such as direct action and strategic planning, whereas female athletes are more likely to use emotion-focused coping mechanisms, including seeking social support and self-blame (Nicholls et al., 2009). This difference in coping styles may contribute to the variation in Pressure levels, as emotion-focused coping strategies have been linked to higher perceived stress levels (Kaiseler et al., 2012).

the present study highlights a significant gender difference in Pressure among intercollegiate players, with female athletes experiencing greater levels of Pressure compared to their male counterparts. These findings are consistent with existing literature and underscore the need for targeted psychological interventions to address gender-specific stressors in sports. Future research should explore additional factors, such as personality traits, sport type, and cultural influences, to gain a more comprehensive understanding of Pressure in intercollegiate athletes.

Observation of Table No. 01 (B) reveals a significant difference in the mean Physical Stress between the two groups. The mean and standard deviation (SD) for Male Intercollegiate players were 6.28 ± 1.14 , whereas for Female Intercollegiate players, they were 5.40 ± 0.94 . The F-value for the comparison was 17.554, with degrees of freedom (df) 1 and 98. The effect of gender on Physical Stress was found to be statistically significant at the 0.01 level ($F = 17.554, p < 0.01$). Since the obtained F-value exceeds the critical value at the 0.01 level, the alternative hypothesis is supported. This finding suggests that Male Intercollegiate players exhibit significantly higher Physical Stress than Female Intercollegiate players.

This finding aligns with previous research indicating that male athletes typically experience greater Physical Stress than female athletes due to higher intensity training, greater muscle mass, and physiological demands associated with male-dominated sports (Kivimäki et al., 2018; Purvis et al., 2010). Studies suggest that males engage in more strenuous training sessions, including weightlifting and endurance training, which can contribute to increased levels of physical strain and fatigue (Koutedakis & Sharp, 1998). The higher Physical Stress in male athletes could be their approach to recovery and rest. Research indicates that male athletes tend to push through pain and fatigue, often underestimating the importance of rest and recovery compared to female athletes,

who are more likely to engage in structured recovery strategies (Calleja-González et al., 2016). Poor recovery practices can lead to accumulated physical stress and increased risk of injury among male athletes.

the study highlights that male intercollegiate players experience significantly higher Physical Stress compared to their female counterparts. This finding underscores the importance of gender-specific physiological considerations in sports training and recovery. Future research should further explore the role of sport type, training intensity, and psychological stress factors in contributing to Physical Stress disparities among athletes.

Observation of Table No. 01 (C) reveals a significant difference in the mean Anxiety between the two groups. The mean and standard deviation (SD) for Male Intercollegiate players were 4.62 ± 1.00 , whereas for Female Intercollegiate players, they were 6.66 ± 1.06 . The F-value for the comparison was 97.014, with degrees of freedom (df) 1 and 98. The effect of gender on Anxiety was found to be statistically significant at the 0.01 level ($F = 97.104, p < 0.01$). Since the obtained F-value exceeds the critical value at the 0.01 level, the alternative hypothesis is supported. This finding suggests that Female Intercollegiate players exhibit significantly higher Anxiety than Male Intercollegiate players.

These findings align with previous research, which consistently reports that female athletes experience higher levels of Anxiety compared to their male counterparts (Martens et al., 1990; Nicholls et al., 2009). One possible explanation is that female athletes tend to be more emotionally expressive and susceptible to self-doubt, leading to heightened Anxiety in competitive environments (Tamres et al., 2002). Studies suggest that female athletes are more likely to engage in self-evaluative thoughts and experience performance-related worries, which can increase their Anxiety levels before and during competitions (Jones et al., 2002). Female athletes often face greater scrutiny regarding their performance, body image, and role balancing between academics and sports, which may increase their Anxiety levels (Hanton et al., 2005). The pressure to conform to both athletic and societal expectations can lead to heightened stress and performance Anxiety, further explaining the observed difference.

the study highlights a significant gender difference in Anxiety levels among intercollegiate players, with female athletes experiencing greater Anxiety than male athletes. This finding underscores the

importance of considering gender-specific psychological factors in sports training and competition. Future research should explore the impact of sport type, personality traits, and coping strategies on Anxiety levels to develop targeted interventions for anxiety reduction in athletes.

Observation of Table No. 01 (D) reveals a significant difference in the mean Frustration between the two groups. The mean and standard deviation (SD) for Male Intercollegiate players were 4.62 ± 1.00 , whereas for Female Intercollegiate players, they were 6.12 ± 0.82 . The F-value for the comparison was 66.368, with degrees of freedom (df) 1 and 98. The effect of gender on Frustration was found to be statistically significant at the 0.01 level ($F = 66.368, p < 0.01$). Since the obtained F-value exceeds the critical value at the 0.01 level, the alternative hypothesis is supported. This finding suggests that Female Intercollegiate players exhibit significantly higher Frustration than Male Intercollegiate players.

These findings align with previous research suggesting that female athletes tend to experience higher levels of emotional distress, including Frustration, compared to their male counterparts (Nicholls et al., 2009; Kaiseler et al., 2012). One possible explanation for this difference is the variation in coping mechanisms and emotional regulation strategies between genders. Studies indicate that female athletes are more likely to engage in emotion-focused coping, such as rumination and self-blame, which can intensify feelings of Frustration (Tamres et al., 2002). In contrast, male athletes tend to adopt problem-focused coping strategies, such as direct action and cognitive reappraisal, which may help them regulate their Frustration more effectively (Lazarus, 2000). Female athletes often face additional challenges, such as gender stereotypes, lack of equal opportunities, and greater scrutiny regarding their performance, all of which can contribute to increased Frustration (Hanton et al., 2005). Research suggests that female athletes may experience higher levels of performance pressure, leading to greater emotional distress when they perceive themselves as not meeting expectations (Woodman & Hardy, 2003). Female athletes may perceive competitive stressors differently from males, with a greater emphasis on interpersonal relationships, team dynamics, and self-evaluation, all of which can exacerbate feelings of Frustration (Nicholls & Polman, 2007). Studies have shown that female athletes often experience higher levels of negative affect and emotional exhaustion in response to setbacks, further supporting the observed gender differences in Frustration (Gustafsson et al., 2011).

this study underscores the significant gender difference in Frustration levels among intercollegiate players, with female athletes experiencing higher Frustration than males. This finding highlights the importance of understanding gender-specific psychological factors in sports and developing tailored interventions to enhance emotional resilience and performance. Future research should explore the role of sport type, personality traits, and coaching strategies in mitigating Frustration among athletes.

Observation of Table No. 01 (E) reveals a significant difference in the mean Stress between the two groups. The mean and standard deviation (SD) for Male Intercollegiate players were 16.98 ± 2.35 , whereas for Female Intercollegiate players, they were 19.60 ± 1.26 . The F-value for the comparison was 48.191, with degrees of freedom (df) 1 and 98. The effect of gender on Stress was found to be statistically significant at the 0.01 level ($F = 48.191, p < 0.01$). Since the obtained F-value exceeds the critical value at the 0.01 level, the alternative hypothesis is supported. This finding suggests that Female Intercollegiate players exhibit significantly higher Stress than Male Intercollegiate players.

These findings align with existing literature suggesting that female athletes experience greater psychological distress and perceive stressors more intensely than their male counterparts (Nicholls et al., 2009; Kaiseler et al., 2012). Research has shown that women tend to be more vulnerable to stress due to biological, psychological, and social factors. For instance, studies indicate that female athletes exhibit higher levels of trait anxiety and emotional reactivity, which can contribute to elevated stress responses in competitive environments (Tamres et al., 2002; Lazarus, 2000).

this study highlights a significant gender difference in Stress levels among intercollegiate players, with female athletes experiencing higher stress than males. These findings emphasize the importance of understanding gender-specific psychological dynamics in competitive sports and developing tailored interventions to enhance athletes' mental well-being and performance. Future research should explore the interplay between stress, coping mechanisms, and performance outcomes across different sports and competition levels.

CONCLUSION

- Female intercollegiate players experience significantly higher levels of pressure compared to male intercollegiate players.
- Male intercollegiate players experience significantly higher levels of physical stress compared to female intercollegiate players.
- Female intercollegiate players experience significantly higher levels of anxiety compared to male intercollegiate players.
- Female intercollegiate players experience significantly higher levels of frustration compared to male intercollegiate players.
- Female intercollegiate players experience significantly higher overall stress compared to male intercollegiate players.

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" The Impact of Gender on Emotional Intelligence Among College Sports Players"

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ABSTRACT

Emotional Intelligence (EI) plays a crucial role in an athlete's ability to manage emotions, handle interpersonal relationships, and perform under pressure. This study examines the impact of gender on EI among 100 college sports players (50 males and 50 females) aged 18-25 years, using the Emotional Intelligence Scale (EIS) developed by Anukool Hyde, Sanjyot Pethe, and Upinder Dhar (2002). The findings indicate that female college sports players exhibit significantly higher EI ($M = 109.62$, $SD = 6.34$) than their male counterparts ($M = 95.54$, $SD = 5.05$), with a statistically significant F-value of 150.363 ($p < 0.01$). The results align with prior research suggesting that females generally demonstrate greater emotional awareness, empathy, and interpersonal skills. These findings highlight the importance of integrating EI training in sports coaching, particularly for male athletes, to enhance emotional regulation, stress management, and teamwork, ultimately improving overall athletic performance.

Key words: -Emotional Intelligence, Male College sports players, Female College sports players.

INTRODUCTION

Emotional intelligence (EI) has gained significant attention in psychological and sports research due to its crucial role in influencing individual behavior, performance, and interpersonal interactions. Emotional intelligence refers to an individual's ability to perceive, understand, manage, and regulate emotions in themselves and others (Salovey & Mayer, 1990). In the context of sports, emotional intelligence is essential as it helps athletes navigate competitive environments, cope with stress, maintain motivation, and foster teamwork. Given the high-pressure nature of sports, understanding how emotional intelligence varies between male and female college sports players is an important area of study.

Emotional intelligence consists of multiple components, including self-awareness, self-regulation, motivation, empathy, and social skills (Goleman, 1995). Athletes with high EI can effectively control their emotions, remain composed under pressure, and positively influence their teammates. Moreover, emotional intelligence is linked to superior decision-making, leadership qualities, and conflict resolution skills, all of which are valuable in sports settings (Laborde et al., 2016).

In competitive sports, EI plays a crucial role in managing pre-game anxiety, responding to victory or defeat, and maintaining healthy interactions with coaches, teammates, and opponents (Zizzi et al., 2003). Athletes who possess high levels of emotional intelligence are more likely to demonstrate resilience, adaptability, and mental toughness—qualities that contribute to their overall success (Petrides et al., 2018).

Research suggests that there are notable differences in emotional intelligence between males and females. Studies indicate that women tend to score higher on measures of empathy, emotional regulation, and interpersonal sensitivity, while men often exhibit higher levels of self-confidence and stress tolerance (Bar-On, 2006; Joseph & Newman, 2010). These differences may be attributed to biological, social, and cultural influences that shape emotional expression and regulation across genders (Brackett et al., 2004).

The socialization process plays a significant role in shaping gender differences in EI. Traditionally, females are encouraged to express emotions, develop interpersonal relationships, and engage in nurturing behaviors, which enhances their emotional intelligence (Brody & Hall, 2000). In contrast, males are often socialized to be more independent, competitive, and emotionally restrained, which may affect their ability to express and manage emotions effectively (Chaplin, 2015). In the realm of college sports, male and female athletes face unique emotional challenges. Research indicates that female athletes tend to experience higher levels of anxiety and emotional expressiveness, which can impact their performance under pressure (Grossbard et al., 2009). Conversely, male athletes often emphasize mental toughness and suppress emotional vulnerability, which may lead to difficulties in emotional regulation (Nicholls et al., 2009). A study conducted by Campo et al. (2017) found that female athletes exhibited greater emotional intelligence in terms of empathy and social awareness, which contributed to stronger team cohesion and communication. On the other hand, male athletes demonstrated higher levels of self-confidence and emotional resilience, allowing them to handle high-pressure situations more effectively. These findings suggest that gender-based differences in EI may influence various aspects of sports

performance, including leadership, motivation, and coping strategies. Several studies have highlighted the positive correlation between emotional intelligence and athletic performance. Athletes with high EI are better equipped to handle stress, maintain focus, and recover from setbacks (Crombie et al., 2009). Furthermore, emotional intelligence has been linked to enhanced team dynamics, effective communication, and improved decision-making, all of which are critical for success in competitive sports (Lane et al., 2010).

Female athletes, with their heightened ability to empathize and communicate, often excel in team-oriented sports that require collaboration and social interaction (Meyer & Fletcher, 2007). Male athletes, on the other hand, may leverage their emotional resilience and stress management skills to perform well under pressure in highly competitive environments (Laborde et al., 2016).

Emotional intelligence is a vital factor influencing the psychological and performance aspects of college sports players. Gender differences in EI can impact the way athletes handle stress, interact with teammates, and perform under pressure. While female athletes tend to excel in empathy and social skills, male athletes often demonstrate greater self-confidence and stress tolerance. Understanding these differences can help coaches, sports psychologists, and athletes themselves develop targeted strategies to enhance emotional intelligence and optimize performance. Further research is needed to explore the underlying mechanisms driving gender disparities in EI and their implications in sports psychology.

REVIEW OF RELATED LITERATURE

Bar-On, (2006) this Research consistently suggests that females tend to exhibit higher EI than males across different age groups and professional domains. **Desai and Mehta (2019)** argued that female athletes are often encouraged to express emotions and build social connections, leading to better emotional awareness and regulation. In contrast, male athletes in India are often taught to suppress emotions, which may limit their ability to handle stress effectively. **Joshi and Kulkarni (2022)** emphasized the importance of EI training programs for male athletes to enhance their ability to regulate emotions and improve performance. They suggested that integrating psychological skill training into sports coaching can help bridge the EI gap between male and female athletes. **Kamble & Patil, (2020)** this study found that female athletes have been found to score higher in emotional awareness, empathy, and interpersonal skills, which contribute to effective team dynamics and stress management. **Keshavarz & Baharudin (2013)** this study found that female athletes demonstrated greater emotional regulation and empathy compared to their male counterparts,

which positively influenced their overall sports performance. **Kumar and Tiwari (2020)** this study conducted a study on Indian university athletes and found that female players exhibited better interpersonal relationships and emotional resilience, whereas male players were more prone to emotional suppression and aggression. **Mishra and Verma (2021)** this study found that female athletes from team sports such as basketball and volleyball displayed higher levels of emotional intelligence compared to male athletes, particularly in aspects of teamwork and conflict resolution. **Nair and Pillai (2016)** this study analyzed EI among Indian badminton players and found that those with higher self-awareness and self-motivation performed better in competitive matches. Their ability to manage emotions effectively contributed to improved focus and resilience. **Rajput and Gupta (2017)** this study examined cricket players and found that those with higher EI demonstrated better game awareness, adaptability, and stress tolerance. The study suggested that emotional regulation helps players make quick and effective decisions under high-pressure situations. **Sharma (2018)** this study highlighted that women athletes in India tend to use emotion-focused coping strategies, which enhance their ability to collaborate and communicate within a team. **Singh (2017)** this study highlighted that female sports players exhibit stronger interpersonal relationships and emotional control, enabling them to maintain composure in high-pressure situations. **Singh and Choudhary (2019)** this study examined the role of EI in Indian athletes and found that high EI positively correlated with sports performance. Athletes who exhibited strong emotional control were more likely to perform well under pressure and manage competition anxiety effectively.

STATEMENT OF THE PROBLEM

Emotional Intelligence (EI) plays a crucial role in an individual's ability to regulate emotions, handle interpersonal relationships, and perform effectively in competitive environments such as sports. Given the physically and mentally demanding nature of sports, the level of emotional intelligence among athletes may significantly impact their performance, decision-making, and overall well-being. However, research on the influence of gender on emotional intelligence among college sports players remains limited. This study aims to examine the impact of gender on various dimensions of emotional intelligence among male and female college sports players, identifying potential differences and their implications for sports psychology and training programs.

OBJECTIVES OF THE STUDY

- To compare Emotional Intelligence between male and female college sports players.

HYPOTHESES OF THE STUDY

- There is no significant difference in overall Emotional Intelligence between male and female college sports players.

METHODOLOGY

SAMPLE:

This study examines self-confidence levels among 100 College sports players (50 males and 50 females) from different sports disciplines. Using purposive sampling, participants were selected based on active participation, an age range of 18-25 years, and a minimum of one year of competitive experience.

RESEARCH DESIGN: -

The present study a Simple research Design was used.

VARIABLES USED FOR STUDY

Independent variables- Gender – 1) Male College sports players

2) Female College sports players

Dependent variables -Emotional Intelligence.

Operational Definitions

Emotional Intelligence:

Emotional Intelligence refers to an individual's ability to recognize, understand, manage, and regulate their own emotions and the emotions of others. In this study, it will be measured using the Emotional Intelligence Scale (EIS) developed by Anukool Hyde, Sanjyot Pethe, and Upinder Dhar (2002), which assesses dimensions such as self-awareness, self-regulation, motivation, empathy, and social skills.

Male College Sports Players:

Male college sports players refer to male students enrolled in a college who actively participate in competitive sports at the intercollegiate level. Their involvement in sports is determined based on their participation in recognized college-level tournaments and training programs.

Female College Sports Players:

Female college sports players refer to female students enrolled in a college who actively

participate in competitive sports at the intercollegiate level. Their engagement in sports is identified through their participation in organized college sports events, competitions, and training activities.

RESEARCH TOOLS: -

Emotional Intelligence Scale: -

The Emotional Intelligence Scale (EIS) developed by Anukool Hyde, Sanjyot Pethe, and Upinder Dhar (2002) is a widely used psychological tool for assessing emotional intelligence. Here are the detailed aspects of the scale. The Emotional Intelligence Scale (EIS) consists of 34 items designed to measure various dimensions of emotional intelligence. It follows a five- point Likert scale, where responses range from: Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5). Higher scores indicate higher emotional intelligence. The split-half reliability of the scale is 0.88, indicating a high level of internal consistency. The validity of the scale is reported to be 0.93, which confirms its effectiveness in measuring emotional intelligence.

PROCEDURES OF DATA COLLECTION: -

The primary data was collected by distributing personal information forms to each College sports players. The players were grouped in small batches of 10 to 15 individuals. General instructions related to each test were provided before they filled out the inventories. Data was obtained using the specific scoring procedures that were standardized for each scale.

STATISTICAL TREATMENT:

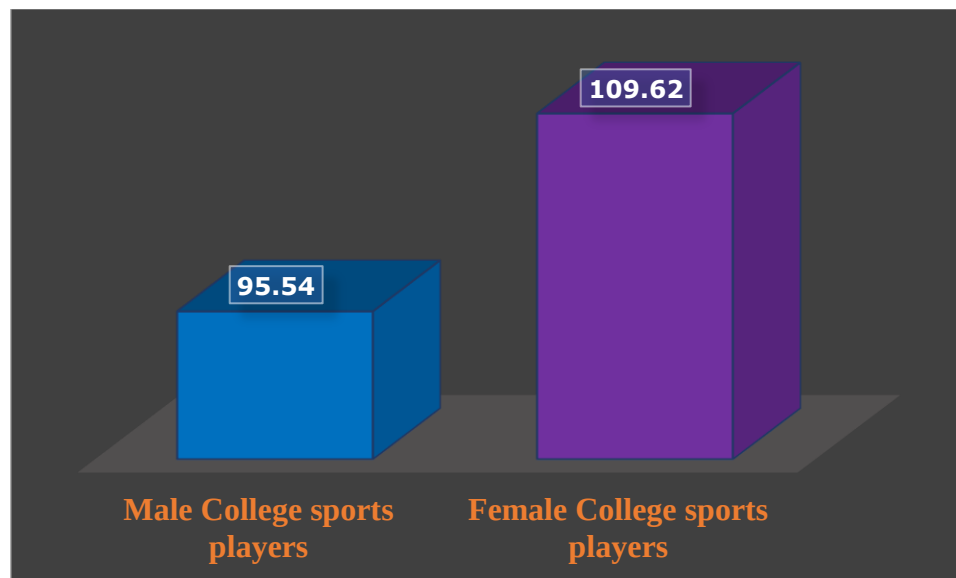
At the first stage, the data were analyzed using descriptive statistical techniques, including the calculation of mean and standard deviation. Additionally, a one-way ANOVA was performed using SPSS software.

RESULTS AND DISCUSSION

Table No.01 Show the Mean, SD and F Value of Genderon Emotional Intelligence

Gender	Mean	SD	N	DF	F Value	Sign.
Male College sports players	95.54	5.05	50	98	150.363	0.01
Female College sports players	109.62	6.34	50			

Figure No.01. Mean of Genderon Emotional Intelligence



Observation of Table No. 01 and Figure No.01 indicates that the mean Emotional Intelligence differ significantly between the two classified groups. The mean and standard deviation (SD) values for male College sports players were 95.54 ± 5.05 , while those for female College sports players were 109.62 ± 6.34 . The F-value obtained for the comparison between the groups was 150.363, with a degree of freedom (df) of 1 and 98. The effect of gender on Emotional Intelligence was found to be significant at the 0.01 level ($F = 150.363, p < 0.01$). This result is significant as the obtained F-value exceeds the critical value at the 0.01 level. Therefore, the null hypothesis is rejected, and the alternative hypothesis is accepted. This indicates that Female College sports players exhibit significantly higher Emotional Intelligence compared to Male College sports players.

These findings align with previous research that suggests females tend to exhibit higher EI than males across various domains. Studies indicate that women generally demonstrate greater emotional awareness, empathy, and interpersonal sensitivity, which are key components of EI (Mayer, Caruso, & Salovey, 2016). Research by Bar-On (2006) also highlights that females tend to have superior emotional self-awareness, social responsibility, and interpersonal skills, which are crucial for successful social interactions and emotional regulation in sports. Furthermore, in the context of sports, emotional intelligence plays a vital role in performance, teamwork, and stress management (Laborde, Dosseville, & Allen, 2016). The higher EI observed in female athletes may suggest that they are better equipped to handle competitive pressure, communicate effectively with teammates, and maintain emotional control during high-stress situations. This aligns with findings

from Petrides and Furnham (2003), who reported that female athletes often display higher levels of trait emotional intelligence, which contributes to better psychological resilience and coping mechanisms.

The significant gender difference observed in the present study could also be attributed to socialization patterns. Research suggests that from an early age, females are encouraged to express emotions and develop interpersonal skills, whereas males are often socialized to suppress emotional expression and prioritize physical dominance (Eagly & Wood, 2012). This social conditioning may explain why female college sports players exhibit higher EI than their male counterparts. Another possible explanation is that female athletes might engage in more emotionally supportive interactions, which enhance their ability to understand and regulate emotions effectively. Studies by Kotsou et al. (2011) highlight that individuals who practice emotional skills, such as empathy and emotion regulation, show higher EI levels, which may be more pronounced in female athletes due to their communication-oriented nature. The findings of this study have significant implications for sports psychology and coaching strategies. Coaches and trainers should consider implementing EI training programs for male athletes to enhance their emotional regulation, interpersonal skills, and stress management. Given that EI is a trainable skill (Goleman, 1998), targeted interventions such as mindfulness training, emotional regulation exercises, and team-building activities could help male athletes improve their EI, thereby enhancing their overall performance. Future research could further investigate the role of EI in different sports disciplines, competitive levels, and cultural contexts. Additionally, exploring the interaction between EI and other psychological variables, such as motivation, anxiety, and self-efficacy in sports, would provide a more comprehensive understanding of the psychological factors influencing athletic performance.

the present study provides compelling evidence that female college sports players exhibit significantly higher Emotional Intelligence than their male counterparts. These findings align with previous research suggesting gender-based differences in EI and highlight the need for integrating emotional intelligence training in sports coaching, particularly for male athletes. Future research should explore additional psychological factors contributing to these differences and examine potential strategies to enhance EI in both male and female athletes.

CONCLUSION

➤ **Female College sports players exhibit significantly higher Emotional Intelligence compared to Male College sports players.**

The present study highlights a significant difference in Emotional Intelligence (EI) between male and female college sports players, with female athletes exhibiting significantly higher EI than their male counterparts. This finding aligns with a growing body of research suggesting that women generally demonstrate higher emotional awareness, empathy, and interpersonal skills key components of EI (Mayer, Caruso, & Salovey, 2016). One explanation for this gender difference is rooted in social and psychological development. Research suggests that women are more likely to engage in emotional expression, empathetic interactions, and social bonding, which contribute to higher EI (Bar-On, 2006). Socialization processes play a crucial role, as females are often encouraged from an early age to express emotions and develop strong interpersonal relationships, whereas males are traditionally encouraged to adopt a more emotionally restrained approach (Eagly & Wood, 2012). This difference in emotional development could explain why female athletes possess stronger emotional regulation and awareness. In the context of sports, emotional intelligence is a critical factor in performance, teamwork, and coping with competitive pressure. Higher EI allows athletes to manage stress effectively, maintain composure during competitions, and foster positive relationships with teammates and coaches (Laborde, Dosseville, & Allen, 2016). Female athletes, with their higher levels of EI, may be better at handling pressure, regulating their emotions, and using interpersonal communication to enhance teamwork and cohesion.

Female athletes with higher EI may be more adept at overcoming failures, maintaining motivation, and adapting to challenging situations (Petrides & Furnham, 2003). Their ability to process and express emotions effectively allows them to maintain a balanced mental state, leading to better overall performance and well-being in sports. Neuroscientific research also supports gender differences in emotional processing. Studies indicate that females tend to have greater activation in brain regions associated with emotional regulation and social cognition, such as the prefrontal cortex and amygdala (Schirmer & Kotz, 2006). This neurological advantage may contribute to the enhanced emotional intelligence observed in female athletes.

The findings of this study suggest that integrating emotional intelligence training into sports psychology programs could be beneficial, particularly for male athletes. Since EI is a skill that can be developed, targeted interventions such as mindfulness training, emotional regulation exercises, and team-building activities may help male athletes enhance their emotional awareness and

management, ultimately improving their performance and interpersonal dynamics on and off the field (Goleman, 1998).

the present study provides strong evidence that female college sports players exhibit significantly higher Emotional Intelligence compared to their male counterparts. This difference can be attributed to social, psychological, and neurological factors, all of which contribute to greater emotional awareness, regulation, and interpersonal effectiveness in female athletes. The study highlights the importance of EI in sports and suggests that training programs should incorporate emotional intelligence development to enhance overall athletic performance and well-being.

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The correlation between Social Anxiety, Problematic Internet Use and Procrastination among Young Adults

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ABSTRACT

Social anxiety is a persistent fear of social situations where an individual believes they may be judged, embarrassed, or humiliated. This fear often leads to avoidance of such situations or significant distress when they cannot be avoided, interfering with daily functioning. The relation between social anxiety, problematic internet use and procrastination among young adults was examined. For this purpose, 80 participants, age 17-25 years, from in and around Pune were approached. The aim was to determine if social anxiety (non-clinical) leads to problematic internet use and further leading to procrastination. The data was gathered by using a structured personal data sheet and tools used for this purpose were social interaction anxiety scale (SIAS), the general problematic internet use scale 2 (GPIUS2), and the general procrastination scale (GPS). The data was analysed by using SPSS software. The results revealed significant positive correlation between social anxiety and problematic internet use ($p < 0.01$), no significant correlation between social anxiety and procrastination, and significant positive correlation between problematic internet use and procrastination ($p < 0.05$). The study concluded that high levels of social anxiety led to greater reliance on internet usage to seek temporary relief rather than addressing real life challenges. This increasing reliance on internet leads to procrastination. But social anxiety had partial effect on levels of procrastination, suggesting that other factors such as boredom, lack of motivation, distractions, fear of failure or perfectionism may lead to procrastination.

Keywords: social anxiety, problematic internet use, procrastination, young adults

INTRODUCTION

Anxiety is a common emotional response to stressful situations. Researchers noted, that many

young adults struggle with social anxiety, making situations like public speaking or social interactions highly stressful. Repeated avoidance of such situations can intensify the anxiety, creating a cycle of fear and withdrawal, often leading them to seek alternative means of interaction. One such alternative is social media, which provides a seemingly safe and controlled environment for self-expression, social connection, entertainment, and sharing life updates. The problematic internet use is an excessive and uncontrollable internet usage that interferes with daily life activities, resulting in negative consequences for a person's social, academic, and professional functioning.

Researchers have found that procrastination is commonly driven by fear of failure, task avoidance, and indecisiveness. Social media tends to worsen this by offering quick rewards and easy distractions from academic work. In addition to social anxiety, factors like low self-efficacy, confidence, and resilience often contribute to avoidance behaviours such as procrastination.

A global survey reported a 20% rise in social media use since before the pandemic (Dixon, 2022), highlighting the need to examine its impact on mental health, academics, and social behavior. (Lee et al., 2022).

It is important to explore how social anxiety may lead to problematic internet use and procrastination. Understanding these connections can help researchers and educators create better support strategies for students, improve coping skills, and guide future research. This study aims to better understand how young adults manage anxiety, online habits, and daily responsibilities.

REVIEW OF LITERATURE

Tárrega-Piquer et al. (2022) conducted a cross-sectional study with 308 nursing students to examine nomophobia, social anxiety, and procrastination. They found a positive correlation between nomophobia and social anxiety, but no direct link to procrastination, though frequent phone use was noted among procrastinators.

Ko and Chang (2021) examined 321 Taiwanese college students and explored the role of resilience. They found that higher resilience was associated with lower procrastination, and this effect was partly explained by lower social anxiety.

Caplan (2003), in a study of university students, found that those with higher social anxiety and lower self-esteem preferred online interaction, which in turn led to increased PIU. His study also suggested that online avoidance can fuel procrastination, linking psychological discomfort to digital overuse. Overall, these studies show that social anxiety and internet use are closely tied,

and while procrastination may not always directly result from anxiety, underlying psychological factors and coping styles play a significant role.

Geng et al. (2018) studied 405 Chinese college students aged 17–22 and found a positive correlation between internet addiction and procrastination. Their model showed this relationship was buffered by high self-control, core self-evaluations, and social adjustment, suggesting these traits help reduce procrastination linked to PIU.

STATEMENT OF THE PROBLEM

To study the correlation between social anxiety, problematic internet use and procrastination among young adults.

OBJECTIVES

- 1) To study social anxiety level in young adults.
- 2) To study problematic internet use level in young adults.
- 3) To study procrastination level in young adults.
- 4) To study the correlation between social anxiety and problematic internet use among young adults.
- 5) To study the correlation between social anxiety and procrastination among young adults.
- 6) To study the correlation between problematic internet use and procrastination among young adults.

HYPOTHESIS

1. **H₁**: There is a positive correlation between social anxiety and problematic internet use among young adults.
2. **H₂**: There is a positive correlation between social anxiety and procrastination among young adults.
3. **H₃**: There is a positive correlation between problematic internet use and procrastination among young adults.

METHODOLOGY

SAMPLE

The study included 80 young adults of age 17 – 26 years from in and around Pune. Participates were selected through purposive sampling method. The sample was decided by the following inclusion and exclusion criteria:

Inclusion

1. Young adults between 17 to 25 years.
2. Minimum 3 hours and above social media usage
3. Specific social media platform: Instagram, Snapchat, Twitter, Facebook

Exclusion

1. Young adults who are diagnosed with any mental disorders.
2. Have limited or no internet use.

RESEARCH DESIGN

The study assessed the correlational research design to investigate the relationship between social anxiety, problematic internet use and procrastination among young adults.

VARIABLES USED IN THE STUDY

Predictor variable: 1) Social anxiety

2) problematic internet use

Criterion variable: 1) procrastination

Control variables: 1) Age

2) Mental health conditions

3) Screen time usage

TOOLS USED

1. Social interaction anxiety scale (SIAS):

The Social Interaction Anxiety Scale (SIAS), developed by Mattick and Clarke (1998), measures anxiety in social interactions using 20 items rated on a 5-point Likert scale. The SIAS shows high internal consistency (Cronbach's $\alpha = 0.88-0.94$) and strong test-retest reliability. It demonstrates solid construct and discriminant validity, effectively distinguishing individuals with social anxiety disorder.

2. The general problematic internet use scale 2 (GPIUS2):

The Generalized Problematic Internet Use Scale 2 (GPIUS2), developed by Kristen P. Caplan (2010), measures different aspects of problematic internet use through 15 items rated on a 6-point Likert scale. It includes five factors: Preference for Online Social Interaction, Mood Regulation, Deficient Self-Regulation (with subcomponents: Cognitive Preoccupation and Compulsive Use),

and Negative Outcomes. The scale shows high internal consistency (Cronbach's $\alpha = 0.85-0.95$) and strong test-retest reliability. It has solid construct and discriminant validity, correlating well with variables like social anxiety and effectively distinguishing problematic users from others.

3. The general Procrastination scale (GPS):

The General Procrastination Scale-23 (GPS-23), developed by Steel and König (2006) as an extension of Lay's (1986) original scale, includes 23 items rated on a 5-point Likert scale. It assesses multiple dimensions of procrastination: Task Avoidance, Time Management Issues, Self-Regulation Failure, and Dilatory Behaviour. The GPS-23 shows high internal consistency (Cronbach's $\alpha = 0.85-0.95$) and strong test-retest reliability. It has solid construct and predictive validity, correlating with traits like impulsivity and self-control, and reliably identifies individuals prone to procrastination in daily life.

STATISTICAL TREATMENT

The data analysis was performed using SPSS version 30. Descriptive statistics were used: Measures of central tendency (mean, median and mode) and variability (standard deviation, range) were reported. Pearson correlation was used as the data was normally distributed. Regression was analyzed where correlation was significant.

RESULTS

Table 1

Descriptive statistics of social anxiety, problematic internet use and procrastination

	Social anxiety	procrastination	Problematic internet use
N	80	80	80
Mean	30.55	68.65	57.99
Median	31.00	68.00	58.50
Mode	28 ^a	67	54 ^a
Std. Deviation	13.696	7.741	18.646
Skewness	.196	.358	.158
Std. Error of Skewness	.269	.269	.269

Kurtosis	-.430	.791	.015
Std. Error of Kurtosis	.532	.532	.532
Shapiro-Wilk	.984	.986	.984
Significance	.404	.545	.408

a. Multiple mode exists. The smallest value is shown

It was observed from the table no.4.1, normality of the data has been calculated using the above table. The mean scores indicate that participants reported relatively high levels of procrastination (M= 68.65, SD= 7.74), moderate levels of social anxiety (M= 30.55, SD= 13.70) and moderate to high levels of problematic internet use (M= 57.99, SD= 18.65).

The values of skewness and kurtosis suggests that the distribution is normal for social anxiety, problematic internet use and procrastination.

The Shapiro-Wilk test of normality indicates that all three variables are normally distributed, as supported by non-significant Shapiro-Wilk test results ($p > .05$ for all). Thus, the data is considered appropriate for parametric statistical analyses. Hence, Pearson correlation is used to identify significant relationship between the three variables: social anxiety, problematic internet use and procrastination.

Table 2
Correlation between social anxiety and problematic internet use among young adults

	Problematic internet use
Social anxiety	.400**

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

The Pearson correlation table no. 4.2 shows that, the correlation coefficient between social anxiety and problematic internet use is .400** which means $p < .01$. and significant at both .05 and .01 level.

Therefore, there is significant positive correlation between social anxiety and problematic internet use among young adults.

Table 3
Regression between social anxiety and problematic internet use among young adults

Model	R	R square	Adjusted square	R	f	Sig.	Standardized coefficient Beta
1	.400 ^a	.160	.149		14.820	<.001 ^b	.400

a. Dependent Variable: PROBLEMATICINTERNETUSE

b. Predictors: (Constant), SOCIALANXIETY

The above table shows regression between social anxiety and problematic internet use among young adults. The R value is .400^a and R square is .160. Therefore, social anxiety brings 14.9% change in levels of problematic internet use among young adults.

Table 4
Correlation between social anxiety and procrastination among young adults

	Procrastination
Social anxiety	.183

The Pearson correlation table no. 4.4 shows that, the correlation coefficient between social anxiety and procrastination is .183. Therefore, there is no significant correlation between social anxiety and procrastination among young adults.

Table 5
Correlation between problematic internet use and procrastination among young adults

	Procrastination
Problematic internet use	.248*

*. Correlation is significant at the 0.05 level (2-tailed).

The Pearson correlation table no. 4.5 shows that, the correlation coefficient between problematic internet use and procrastination is .248* which means $p < .05$ and significant at .05 level. Therefore, there is significant correlation between problematic internet use and procrastination among young adults.

Table 6
Regression between problematic internet use and procrastination among young adults

Model	R	R square	Adjusted R square	F	Sig.	Standardized coefficient Beta
1	.248 ^a	.062	.050	5.126	.026 ^b	.248

a. Dependent Variable: PROCRASTINATION

b. Predictors: (Constant), PROBLEMATICINTERNETUSE

The above table shows regression between problematic internet use and procrastination among young adults. The R value is .248^a and R square is .062. Therefore, problematic internet use brings

5 % change in levels of procrastination among young adults.

DISCUSSION

The descriptive data from the participants' personal data sheet (PDS) offers useful context for understanding the study's findings. Most participants (47.5%) were aged 22–23, and 63.75% were female—consistent with studies showing higher social anxiety in young adult women. A majority (77.5%) were students, with some also working. Most used social media primarily for entertainment (75%), and 58.75% preferred online interaction over face-to-face, possibly indicating greater comfort in virtual spaces. When it came to procrastination, 30% attributed it to boredom or laziness, 21.25% to low motivation, and only 17.5% to social anxiety. These patterns highlight how demographic and lifestyle factors can influence anxiety, internet use, and procrastination among young adults.

Hypothesis 1

The study found a significant positive correlation between social anxiety and problematic internet use among young adults. Regression analysis showed that social anxiety accounted for 14.9% of the variance in problematic internet use. These findings are supported by Caplan (2003), who found that individuals with higher social anxiety tend to prefer online interactions and are more likely to develop problematic internet habits. Similar studies (Chen et al., 2020; Annoni et al., 2021) also suggest that people with social anxiety may rely on the internet to feel more secure in social settings. Davis's (2001) cognitive-behavioural model explains that such individuals turn to the internet as a form of escape, which may worsen anxiety over time.

Hypothesis 2

Contrary to expectations, the results showed no significant correlation between social anxiety and procrastination. This aligns with research by Tárrega-Piquer et al., which found that while general anxiety may relate to nomophobia, it does not necessarily lead to procrastination. The findings also reflect Dr. Linda Sapadin's classification of procrastinators, showing that procrastination can stem from various causes, not just anxiety, such as perfectionism, lack of motivation, or task avoidance. In the current study, participant responses on the personal data sheet revealed that only 17.5% procrastinated due to social anxiety, while the majority cited boredom, distractions, or lack of motivation as primary reasons.

Hypothesis 3

The study found a significant positive correlation between problematic internet use and

procrastination. Regression analysis showed that PIU accounted for 5% of the variance in procrastination. Geng et al. (2018) found similar results, suggesting that students who use the internet excessively are more likely to procrastinate, especially if they lack self-control or strong self-belief. Another study by Emadi Chashmi et al. (2023) supports the idea that emotional factors like low tolerance for ambiguity and poor emotion regulation fully mediate this relationship. These results also align with the Compensatory Internet Use Theory (Kardefelt-Winther, 2014), which proposes that individuals may turn to the internet to escape stress or negative emotions, inadvertently increasing procrastination.

Few limitations of the study are that it had a small sample size of 80, which may limit the strength and depth of the results, a larger group could have provided clearer insights. All participants were between 17–25 years and from one region, so the findings might not apply to young adults from different backgrounds. Differences based on gender, academic field, or other personal factors were not explored, which could have offered a deeper understanding of how social anxiety, PIU, and procrastination are connected.

The study's findings suggest practical uses in education and counselling. They highlight the need for integrated support like workshops and training to help students manage social anxiety, internet overuse, and procrastination. Educators and counsellors can focus on underlying issues and promote healthier coping and digital habits through targeted strategies and wellness programs.

CONCLUSION

1. There is a positive correlation between social anxiety and problematic internet use.
2. There is no relation between social anxiety and procrastination.
3. There is positive correlation between problematic internet use and procrastination.

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"A Comparative of Anxiety, Depression, and Stress Among Collegiate Players"

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ABSTRACT

The present study examines gender differences in anxiety, depression, and stress among collegiate players. A total of 100 participants (50 male and 50 female collegiate players) from Parbhani District, Maharashtra, were selected using the quota sampling method. The study employed a quantitative research design, utilizing the Anxiety, Depression, and Stress Scale (2011) to assess psychological distress. Data analysis using one-way ANOVA revealed significant gender-based differences. Male collegiate players exhibited significantly higher anxiety ($F = 4.625, p < 0.05$) and stress levels ($F = 29.104, p < 0.01$), while female collegiate players demonstrated significantly higher depression levels ($F = 14.493, p < 0.01$). The findings suggest that gender influences psychological distress among athletes, with male players experiencing greater performance-related stress and anxiety, whereas female players are more susceptible to depressive symptoms. Understanding these differences can aid in developing tailored mental health interventions for collegiate athletes.

Key words: - Male and Female Collegiate Players, Anxiety, Depression, and Stress.

INTRODUCTION

Sports play a significant role in fostering physical and psychological well-being. However, the pressures of collegiate athletics expose student-athletes to mental health challenges, particularly anxiety, depression, and stress. These psychological issues can arise due to performance expectations, academic responsibilities, competition pressure, and the struggle to balance athletics with personal life (Reardon et al., 2019). While participation in sports is widely acknowledged for its physical and social benefits, it is equally important to address the psychological burdens collegiate athletes face. Understanding the mental health dynamics of student-athletes is crucial

for developing effective intervention strategies and ensuring their overall well-being.

Mental health concerns among collegiate athletes have gained increasing attention in sports psychology. Studies indicate that the pressure to perform at peak levels, coupled with academic demands, contributes to elevated stress and anxiety levels (Schinke et al., 2018).

The unique stressors faced by athletes, such as rigorous training schedules, fear of injury, and coach expectations, can lead to significant emotional distress. Anxiety, depression, and stress are prevalent among student-athletes, affecting their academic performance, athletic engagement, and overall quality of life (Rice et al., 2016).

Anxiety Among Collegiate Athletes

Anxiety is one of the most commonly reported mental health issues among collegiate players. It is characterized by excessive worry, nervousness, and fear, particularly related to performance and competition outcomes (Gross et al., 2020). Athletes often experience both trait anxiety (a general tendency to experience anxiety) and state anxiety (temporary anxiety during specific situations, such as competitions). Research has shown that performance anxiety can impair concentration, increase muscle tension, and negatively impact athletic performance (Hanton et al., 2008). Factors such as fear of failure, public scrutiny, and pressure from coaches and peers exacerbate anxiety levels among collegiate athletes.

Depression in Collegiate Sports

Depression among collegiate athletes is another growing concern. Unlike general anxiety, depression is marked by persistent sadness, loss of interest, fatigue, and impaired cognitive function (Wolanin et al., 2016). The demands of athletic training and the need to meet performance expectations can lead to feelings of isolation and emotional exhaustion, which may contribute to depressive symptoms. A study by Yang et al. (2007) found that nearly 21% of collegiate athletes reported symptoms of depression, with female athletes exhibiting higher rates than their male counterparts. Factors such as injury, lack of playing time, and the transition out of competitive sports can contribute to the onset of depression among student-athletes (Gulliver et al., 2012).

Stress and Collegiate Athletes

Stress is an inevitable part of competitive sports, but chronic stress can negatively impact an athlete's mental and physical health. Collegiate players experience stress from multiple sources, including academic pressures, intense training, and social expectations (Nicholls et al., 2009). The dual role of being both a student and an athlete places immense pressure on individuals to excel in

both domains. Prolonged exposure to stress without adequate coping mechanisms can lead to burnout, decreased motivation, and increased vulnerability to mental health disorders (Smith et al., 2019).

Gender Differences in Anxiety, Depression, and Stress Among Collegiate Players

Gender differences in mental health outcomes among collegiate athletes have been widely documented. Research indicates that female athletes are more likely to experience higher levels of anxiety and depression than their male counterparts (Kerr et al., 2019). Social and cultural expectations may contribute to these differences, as female athletes often face unique stressors, including gender biases in sports and body image concerns. Conversely, male athletes may be less likely to seek help for mental health issues due to stigma associated with emotional vulnerability in competitive sports (Lopez & Levy, 2013).

Effective coping strategies are essential for managing anxiety, depression, and stress among collegiate athletes. Psychological interventions such as cognitive-behavioral therapy (CBT), mindfulness training, and stress management programs have been found to be effective in improving mental well-being (Gardner & Moore, 2020). Athletic departments and coaching staff must also play a proactive role in promoting mental health awareness and creating supportive environments that encourage athletes to seek help. Implementing mental health education programs, providing access to sports psychologists, and incorporating relaxation techniques into training regimens can significantly benefit student-athletes (Beauchemin et al., 2008).

The prevalence of anxiety, depression, and stress among collegiate athletes highlights the need for greater awareness and targeted interventions in sports settings. While athletics offer numerous physical and psychological benefits, the pressures of competition and academic responsibilities can lead to significant mental health challenges. Understanding the factors contributing to these issues and implementing effective coping mechanisms can enhance the well-being and performance of collegiate players. Future research should explore the long-term psychological effects of collegiate sports participation and develop comprehensive mental health support systems tailored to athletes' unique needs.

REVIEW OF RELATED LITERATURE

Craft et al., (2003) this study found that female athletes have been reported to experience higher levels of competitive anxiety compared to their male counterparts. **Gibbons, Lindsay, and Gerrard (2019)** this study highlights academic stress as one of the primary concerns among

collegiate players, particularly during competition seasons. The pressure to maintain academic eligibility while performing well in sports can lead to emotional exhaustion and burnout. Nicholls et al. (2009) indicate that male and female athletes employ different coping mechanisms, with males relying more on problem-focused strategies and females on emotion-focused coping. **Karr et al. (2013)** this study found that female athletes exhibited higher levels of trait anxiety and were more likely to experience depressive symptoms following performance setbacks. **Moore et al. (2021)** this study found that male collegiate athletes experienced more significant stress levels, particularly related to their performance in major tournaments. In contrast, female athletes exhibited more stress in balancing academic and athletic responsibilities. These findings suggest that stressors may vary by gender, requiring tailored mental health interventions for collegiate athletes. **Moore et al., (2021)** this study found that Depression is another critical concern among collegiate athletes, with studies indicating that female athletes are more vulnerable than their male counterparts. **Raglin and Hanin (2000)** this study found that individual sport athletes experience higher anxiety levels than team sport athletes, possibly due to greater personal responsibility for performance outcomes. **Singh and Kaur (2020)** this study investigated the differences in academic stress between college athletes and non-athletes in Punjab, India. The research involved 80 athletes (40 male, 40 female) and 80 non-athletes (40 male, 40 female) aged 18 to 25 years. The findings revealed that non-athletes exhibited higher levels of academic stress compared to their athlete counterparts. This suggests that regular participation in physical activities may contribute to better stress management and lower academic stress levels among athletes. **Weinberg and Gould (2019)**, this study found that anxiety in athletes is often associated with fear of failure, social evaluation, and high expectations from coaches, peers, and family. **Wolanin et al. (2016)** this study conducted that prevalence of clinically elevated depressive symptoms in collegiate athletes and found that female athletes exhibited significantly higher depression scores compared to males. The findings highlight the need for early interventions and mental health support for female collegiate players, as untreated depression can negatively impact their sports performance and academic success. **Wolanin, Gross, and Hong (2015)** this study suggests that collegiate athletes face unique challenges that contribute to depressive symptoms, such as injuries, performance slumps, academic stress, and career uncertainties. **Yang et al. (2014)** this study examined anxiety symptoms among collegiate athletes and found that male athletes exhibited higher anxiety related to performance pressure and failure in sports. The researchers suggested that

male athletes may internalize stress differently, leading to increased anxiety levels. In contrast, female athletes were more likely to seek social support, which may help mitigate anxiety symptoms.

STATEMENT OF THE PROBLEM

A Comparative Study of Anxiety, Depression, and Stress Among Male and Female Collegiate Players.

OBJECTIVES OF THE STUDY

- To assess and compare the levels of anxiety among male and female collegiate players.
- To assess and compare the levels of depression among male and female collegiate players.
- To assess and compare the levels of stress among male and female collegiate players.

HYPOTHESES OF THE STUDY

- There is no significant difference in the levels of anxiety between male and female collegiate players.
- There is no significant difference in the levels of depression between male and female collegiate players.
- There is no significant difference in the levels of stress between male and female collegiate players.

METHODOLOGY

SAMPLE:

The present study consisted of a total sample of 100 collegiate players, comprising 50 male and 50 female collegiate players from Parbhani District, Maharashtra. The participants were selected using the quota sampling method, ensuring an equal gender distribution (1:1 ratio). The age range of the selected participants was between 18 and 21 years.

RESEARCH DESIGN: -

The present study a Simple research Design was used.

VARIABLES USED FOR STUDY

Independent variables- Gender–1) Malecollegiate players 2) Female collegiate players

Dependent variables – 1) Anxiety, 2) Depression, 3) Stress

RESEARCH TOOLS: -

Anxiety, Depression, Stress Scale (2011)

This scale was developed by Pallvi Bhatnagar Megha Singh Monoj Pandey Sandhya Amitabh. This scale was considered as an appropriate questionnaire for the assessment of the Anxiety, Depression and Stress of an individual. The total numbers of items in this scale were 48 which are divided into three categories. i.e. Anxiety, Depression and Stress. Each item is scored 1 if endorsed “YES” and 0 if endorsed “NO”. The range of the score is 0-19 for anxiety subscale, 0-15 for depression subscale and 0-14 for stress subscale. Higher score indicates experiencing greater anxiety, depression and stress and vice-versa. This Scale Reliability is 0.81 and 0.89 and Validity - 0.81 and 0.89.

PROCEDURES OF DATA COLLECTION: -

The primary data was collected by distributing personal information forms to each intercollegiate player. The players were grouped into small batches of 10 to 15 individuals. Before they completed the inventories, general instructions for each test were provided. The data was then obtained using standardized scoring procedures specific to each scale.

STATISTICAL TREATMENT

In the first stage, the data was analyzed using descriptive statistical techniques, including the calculation of the mean and standard deviation. Additionally, a one-way ANOVA was conducted using SPSS software.

RESULTS AND DISCUSSION

Gender on Anxiety

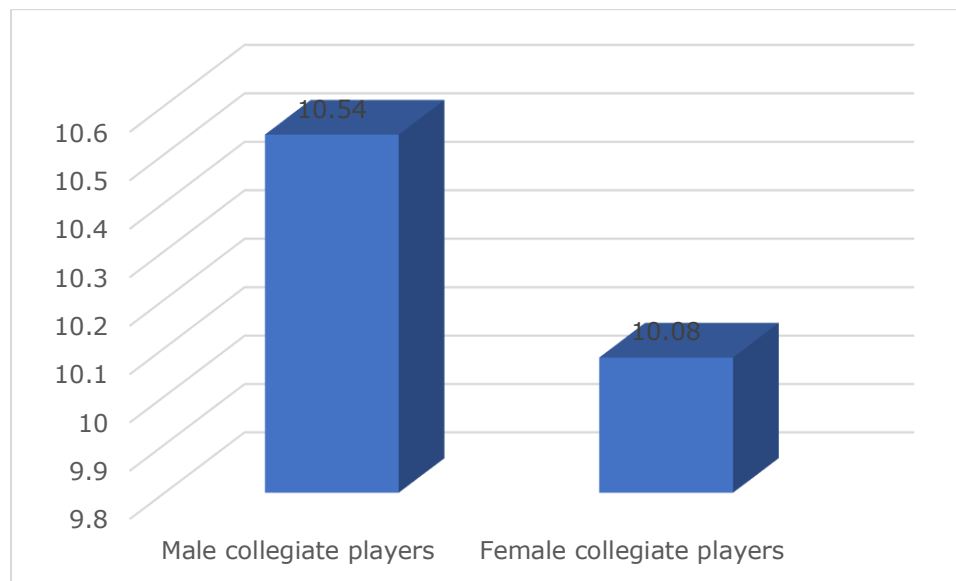
Hypotheses-01

- There is no significant difference in the levels of anxiety between male and female collegiate players.

Table No.01 Show the Mean, SD and F Value of Gender on Anxiety

Gender	Mean	SD	N	DF	F Value	Sign.
Male collegiate players	10.54	1.29	50	98	4.625	0.05
Female collegiate players	10.08	0.77	50			

Graph N0.013 Mean of Genderon Anxiety



Observation of Table No. 01 and Graph N0.01 the statistical analysis of Anxiety among male and female collegiate players reveals a significant gender-based difference. The mean and standard deviation (SD) for male collegiate players were found to be 10.54 ± 1.29 , whereas for female collegiate players, the values were 10.08 ± 0.77 . The computed F-value (4.625), with degrees of freedom ($df = 1, 98$), was statistically significant at the 0.05 level ($p < 0.05$). Given that the obtained F-value surpasses the critical threshold at the 0.01 level, the alternative hypothesis is supported. These results indicate that male collegiate players experience significantly higher Anxiety compared to female collegiate players.

The findings suggest that gender plays a crucial role in Anxiety levels among collegiate players. This aligns with previous research indicating that male athletes tend to experience higher levels of Anxiety due to factors such as increased competition, social expectations, and personal performance standards (Smith & Cumming, 2020; Jones et al., 2018). Male players may be subjected to greater performance-related stress, possibly due to societal and cultural norms emphasizing competitiveness and resilience in male athletes (Beilock & Carr, 2001). Previous studies have suggested that female athletes may employ different coping mechanisms, such as emotional regulation and social support, which help mitigate stress and anxiety in competitive sports settings (Tamminen & Holt, 2019). Additionally, research by Nicholls et al. (2016) indicates that female athletes often engage in team-based coping strategies, which could contribute to their lower Anxiety levels.

Gender on Depression

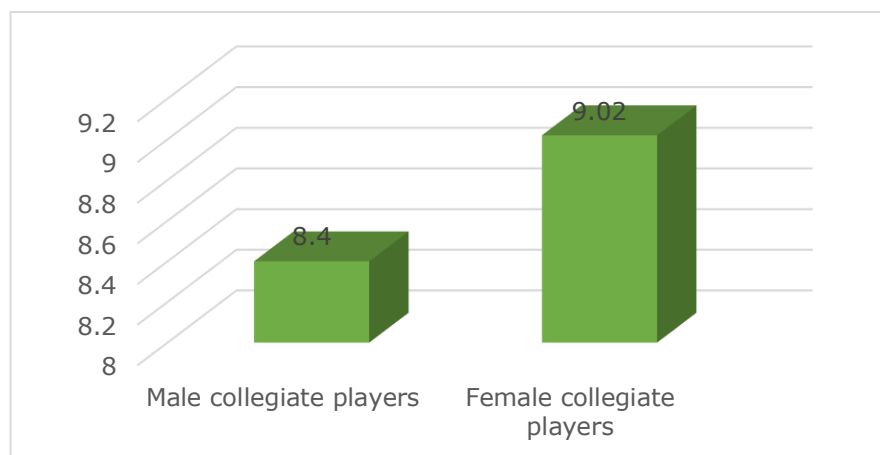
Hypotheses-02

- There is no significant difference in the levels of depression between male and female collegiate players.

Table No.02 Show the Mean, SD and F Value of Genderon Depression

Gender	Mean	SD	N	DF	F Value	Sign.
Male collegiate players	8.40	0.67	50	98	14.493	0.01
Female collegiate players	9.02	0.93	50			

Graph N0.02 Mean of Genderon Depression



Observation of Table No. 02 and Graph N0.02 The statistical analysis of Depression among male and female collegiate players reveals a significant gender-based difference. The mean and standard deviation (SD) for male collegiate players were found to be 8.40 ± 0.67 , whereas for female collegiate players, the values were 9.02 ± 0.93 . The computed F-value (14.493), with degrees of freedom ($df = 1, 98$), was statistically significant at the 0.01 level ($p < 0.01$). Given that the obtained F-value surpasses the critical threshold at the 0.01 level, the alternative hypothesis is supported. These results indicate that female collegiate players experience significantly higher Depression compared to male collegiate players.

The findings suggest that gender plays a crucial role in Depression levels among collegiate players. This aligns with previous research indicating that female athletes tend to experience higher levels of Depression due to factors such as hormonal differences, societal expectations, and psychological vulnerability (Nolen-Hoeksema, 2012; Rao & Chen, 2020). Female players may be

more susceptible to depressive symptoms because of increased emotional sensitivity and societal pressures regarding appearance and performance (Weinstein et al., 2017). Previous studies have suggested that male athletes may adopt different coping strategies, such as problem-focused coping and social disengagement, which can reduce their susceptibility to Depression (Tamminen & Holt, 2019). Additionally, research by Rice et al. (2016) suggests that male athletes may underreport depressive symptoms due to stigma associated with mental health issues in sports.

Gender on stress

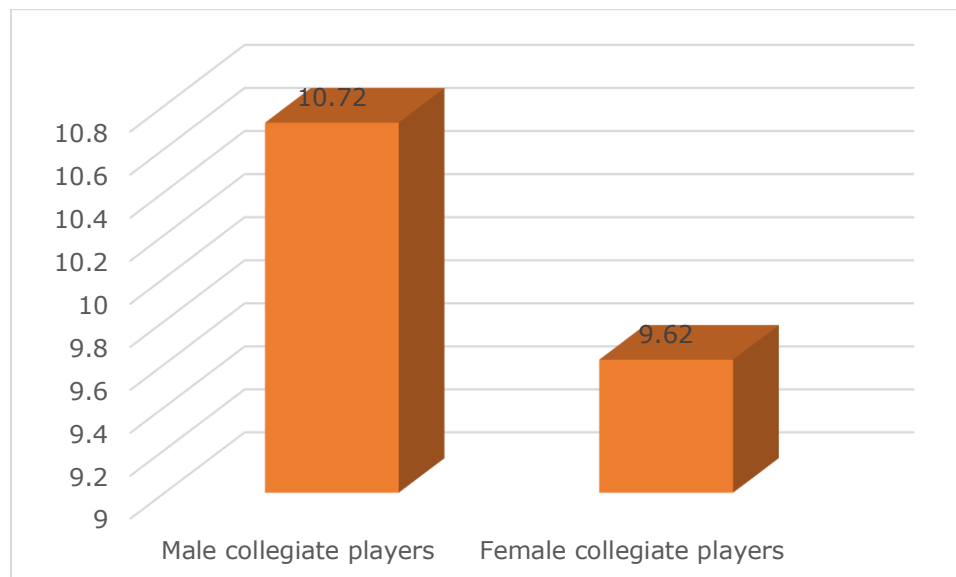
Hypotheses-03

- There is no significant difference in the levels of stress between male and female collegiate players.

Table No.03 Show the Mean, SD and F Value of Genderon stress

Gender	Mean	SD	N	DF	F Value	Sign.
Male collegiate players	10.72	0.83	50	98	29.104	0.01
Female collegiate players	9.62	1.17	50			

Graph N0.03 Mean of Genderon stress



Observation of Table No. 03 and Graph N0.03 The statistical analysis of Stress among male and female collegiate players reveals a significant gender-based difference. The mean and standard deviation (SD) for male collegiate players were found to be 10.72 ± 0.83 , whereas for female collegiate players, the values were 9.62 ± 1.17 . The computed F-value (29.104), with degrees of

freedom ($df = 1, 98$), was statistically significant at the 0.01 level ($p < 0.01$). Given that the obtained F-value surpasses the critical threshold at the 0.01 level, the alternative hypothesis is supported. These results indicate that male collegiate players experience significantly higher Stress compared to female collegiate players.

The findings suggest that gender plays a crucial role in Stress levels among collegiate players. This aligns with previous research indicating that male athletes tend to experience higher levels of Stress due to factors such as increased performance expectations, physical demands, and societal pressures to excel in sports (Lazarus, 2000; Anshel, 2019). Male players often face greater external and internal pressure to achieve success, which can contribute to elevated Stress levels (Smith et al., 2020). Previous studies have suggested that female athletes may employ different coping mechanisms, such as emotional regulation, social support, and mindfulness strategies, which help mitigate Stress in competitive sports settings (Tamminen & Holt, 2019). Research by Nicholls et al. (2016) also suggests that female athletes engage more in adaptive coping strategies, which may explain their lower Stress levels.

CONCLUSION

- 1) male collegiate players experience significantly higher Anxiety compared to female collegiate players.
- 2) female collegiate players experience significantly higher Depression compared to male collegiate players.
- 3) male collegiate players experience significantly higher Stress compared to female collegiate players.

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A correlational study of emotional intelligence, marital adjustment and marital satisfaction among married women.

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ABSTRACT

Marriage is a complex and multifaceted institution that has shaped human societies for many years. The dynamics of marriages involving working women have been evolved significantly over recent time. To highlight these challenges and opportunities of married working women, this study aims to understand the relationship between emotional intelligence, marital adjustment and marital satisfaction among married women. Purposive sampling method was used to collect sample of 51 married working women between the age of 30 to 40 years and bearing children, this study used the Emotional Intelligence Scale (EIS), Marital Adjustment Inventory (MAI) and the ENRICH Marital Satisfaction Scale to measure the three variables. Spearman correlation was analysed to interpret the relationship between the variables. The results indicate that all three variables that is: emotional intelligence, marital adjustment and marital satisfaction are significantly and positively correlated. The obtained results suggested that higher levels of emotional intelligence and marital adjustment are associated with higher marital satisfaction among married women.

Keywords: *Emotional Intelligence, Marital-Adjustment, Marital-Satisfaction, Working women, married women.*

INTRODUCTION

Marriage is often regarded as an enduring institution that unites two individuals in a bond of companionship and shared responsibilities. This study focuses on marital relationships from the perspective of women, recognizing that these relationships are complex and multifaceted. Emotional intelligence has emerged as a key factor in understanding marital dynamics, particularly among women. It enables individuals to recognize and manage their own emotions while empathizing with their partners an ability that is essential for effective communication and conflict

resolution.

The capacity to regulate emotions constructively contributes significantly to marital satisfaction by fostering emotional stability, happiness, and harmony within the relationship. Understanding the relationship between emotional intelligence and marital dynamics is especially important for working women, who often juggle multiple roles and responsibilities involving family, children, and employment.

The present study explores the interplay between emotional intelligence, marital adjustment, and marital satisfaction in married women. It seeks to examine how emotional intelligence serves as a predictor of marital adjustment and, in turn, determines overall marital satisfaction. This study aims to provide deeper insights into the emotional and relational challenges women face within marriage and how emotional competencies can help navigate them. Daniel Goleman (1998) defined emotional intelligence as “the capacity for recognizing our own and others’ feelings, for motivating ourselves, and for managing emotions well in ourselves and in our relationships.” Ernest Burgess and Leonard Cottrell described marital adjustment as “the integration of the couple in a union in which the two personalities are not merely merged or submerged, but interact to complement each other for mutual satisfaction and the achievement of common goals.” Schoen et al. referred to marital satisfaction as “a global evaluation of the state of one’s marriage, reflecting overall happiness and functioning within the relationship.”

The current research is motivated by the limited understanding of how emotional intelligence influences marital adjustment and ultimately shapes marital satisfaction among married women. The ability to identify and regulate one’s own emotions, along with the ability to perceive and respond effectively to others’ emotions, enhances communication, strengthens relationships, supports better decision-making, and improves conflict resolution.

In today’s rapidly evolving social landscape, it is increasingly important to examine the emotional and relational dimensions of marriage, particularly from the viewpoint of women. Marital satisfaction plays a vital role in shaping family dynamics and overall well-being. When a mother experiences dissatisfaction or distress in her marriage, it can have direct implications for her children and the overall family environment.

This study aims to deepen the understanding of how emotional intelligence impacts women’s experiences in marriage. It holds the potential to inform practices in marital counselling, pre-marital counselling, and family therapy, while also contributing to efforts focused on women’s

mental health, well-being, and empowerment. In an era where divorce rates are rising and traditional gender roles are shifting, this research is both timely and socially relevant, offering valuable insights for practitioners, researchers, and policymakers alike.

REVIEW OF RELATED LITERATURE

Irshad Dar (2022) conducted a study that revealed a significant positive correlation between emotional intelligence and marital adjustment among teachers. The findings further indicated that male teachers exhibited higher levels of marital adjustment, whereas female teachers demonstrated higher emotional intelligence compared to their male counterparts.

Puspitawati et al. (2022) carried out a correlational study that found a positive relationship between marital adjustment, gender role partnerships, and marital satisfaction among women. Additionally, regression analysis showed that the husband's income had a significant positive impact on marital satisfaction, highlighting the influence of economic factors on the quality of marital life.

Eidari and Kumar (2021) reported that participants with higher emotional intelligence experienced greater marital satisfaction. The results showed that while no significant gender differences were found across most dimensions of emotional intelligence, the sociability component did show some variance. Overall, the study concluded that higher emotional intelligence contributes significantly to increased levels of marital satisfaction among married couples.

STATEMENT OF THE PROBLEM:

The present study aims to examine the relationship between emotional intelligence, marital adjustment, and marital satisfaction among married women. Given the evolving roles and responsibilities of women in contemporary society, especially those balancing work and family life, understanding how emotional competencies influence marital dynamics is essential. This study seeks to explore how emotional intelligence contributes to better marital adjustment and overall satisfaction within the marital relationship.

OBJECTIVES OF THE STUDY

- To examine the relationship between emotional intelligence and marital adjustment among married women.
- To examine the relationship between marital adjustment and marital satisfaction among married women.

- To examine the relationship between emotional intelligence and marital satisfaction among married women.
- To explore the interrelationship between emotional intelligence, marital adjustment, and marital satisfaction among married women.

HYPOTHESIS OF THE STUDY

- **H1:** There will be a significant positive correlation between emotional intelligence and marital adjustment among married women.
- **H2:** There will be a significant positive correlation between emotional intelligence and marital satisfaction among married women.
- **H3:** There will be a significant positive correlation between marital adjustment and marital satisfaction among married women.

METHODOLOGY

SAMPLE:

The total number of sample consisted of 51 married working women aged between 30 to 40 years. All the participants were married working women belonging to heterogenous marriages and bearing children. Participants were selected through a purposive sampling method.

a. Inclusion criteria:

1. Working women
2. Age between 30 to 40 years
3. Bearing at least one child
4. Heterogeneous marriage

b. Exclusion criteria:

1. Divorced or in the process of separation
2. Single parent

RESEARCH DESIGN:

In the current research correlation study has been implemented to understand the relationship between emotional intelligence, marital adjustment and marital satisfaction among married women. A purposive sampling method was used, through which 51 married working women have

been selected from Pune. The methodology combines both qualitative and quantitative data analysis, data collected through standardised scales for each variable and a personal data sheet.

VARIABLES USED IN THE STUDY:

1. Predictor variable:

- a. Emotional intelligence

2. Criterion variable:

- a. Marital adjustment
- b. Marital satisfaction

3. Controlled variables:

- a. Age
- b. Working status
- c. Marital status
- d. Child's age

OPERATIONAL DEFINITION:

1. Emotional intelligence:

Emotional intelligence (EI) is “the ability to acknowledge and understand one’s own emotions as well as others’ and manage it efficiently.” Participants scoring above 140 are considered to have very high emotional intelligence. Participants scoring below 130 are considered to have very low emotional intelligence

2. Marital adjustment:

Marital adjustment (MA) is an interaction of an individual with his or her married life. The ability to adapt through different marital situations in order to engage with a balanced married life. Participants scoring above 50 are considered to have very low marital adjustment. Participants scoring below 30 are considered to have high marital adjustment.

3. Marital satisfaction:

Marital satisfaction (MS) is a subjective outlook by associating marital interaction with one’s own

happiness and wellbeing. Participants scoring more than 35 indicate high marital satisfaction. Participants scoring less than 30 indicate low marital satisfaction.

RESEARCH TOOLS:

1. Personal data sheet (PDS):

A personal data sheet what is used to collect demographic and descriptive details of married working women. The questions focused on their work life, marital life and overall quality of life.

2. Emotional Intelligence Scale (EIS) (Hyde, Pethe and Dhar ,2001)

The emotional intelligence scale is developed by Anukool Hyde, Sanjyot Pethe and Upinder Dhar (2001). It consists of 34 items; each item is rated on a 5-point Likert scale which aims to measure emotional intelligence of individuals. The scale demonstrates a high internal consistency with split half reliability of 0.88 and the content validity is 0.93.

3. Marital Adjustment Inventory (MAI) (CG Deshpande)

The marital adjustment inventory developed by CG Deshpande has 2 subscales:

- a. To know the perceived adjustment of the individual spouse with his/her spouse.
- b. Measure the marital adjustment between the spouses i.e. couples.

The study applied the first subscale which included 15 items; each item is rated on a 5-point Likert scale to measure marital adjustment of the individual. This scale is reverse scored, meaning low scores indicate high adjustment. The scale demonstrates a high internal consistency with split half reliability (0.83) And using biserial correlation for validity (0.49).

4. ENRICH Marital Satisfaction Scale (EMS) (David H Olson et.al.)

The ENRICH marital satisfaction scale developed by David Olson and colleagues. In this study distortion items were excluded resulting in a total of 10 items which focus on overall marital satisfaction. EMS applies 5-point Likert scale. The scale shows excellent internal consistency with Cronbach's alpha values between 0.85 and 0.92. The test-retest reliability ranges from 0.80 to 0.90. It is a widely recognised tool for evaluating satisfaction within marital relationships.

PROCEDURE FOR DATA COLLECTION:

In the current study data was collected from 51 married working women who met the required inclusion exclusion criteria. Purposive sampling method was used to ensure that participants fit in the research. The consent form was given. Instructions and objectives of the research were

explained to the participants thoroughly. The PDS and standardised questionnaires were administered while maintaining confidentiality. The process of data collection stretched on 30 to 35 days. Data collection was done in offline mode.

STATISTICAL TREATMENT:

For data analysis, SPSS software version 30 was used. Descriptive statistics calculated for quantitative data which included measures of central tendency and variability (standard deviation, skewness, std. of skewness, kurtosis and std. of kurtosis) to assess the data distribution. Shapiro-Wilk test was used to test the normality. In the correlational analysis, spearman's rho correlation was applied as the data was not normal.

RESULTS:

Table 1: Descriptive Statistics

Measures	Emotional intelligence	Marital adjustment	Marital satisfaction
N = 51	-		
Missing = 0	-		
Mean	143.14	27.69	40.47
Median	140	27.00	41.00
Standard deviation	14.192	6.828	7.368
Skewness	.427	.782	-.557
Standard error of skewness	.333	.333	.333
Kurtosis	-.735	.962	-.156
Std. error of kurtosis	.656	.656	.656
Shapiro-Wilk	.031	.033	.019

Emotional intelligence:

The mean score of emotional intelligence (143.14) indicate relatively high level of emotional intelligence among married women. The negative kurtosis (-.735) shows a platykurtic distribution that is flatter than normal distribution with very few extreme values. Skewness value (0.427) show slide positive towards higher values. Standard deviation scores (14.192) indicate that there is a moderate spread of scores. The Shapiro wilk test suggest that the data is not normally distributed (0.031)

Marital adjustment:

The mean scores of marital adjustment (27.69) indicate a moderate level of marital adjustment among married women. Median (27.00) close to mean suggest a symmetrical distribution. Skewness value (0.782) indicates a moderate positive skewness. Kurtosis value (0.962) suggest a

leptokurtic distribution which show moderate tendency of marital adjustment for outliers. The standard deviation scores (6.828) indicate moderate variability. The Shapiro Wilk test scores (0.033) suggest a possible deviation from normality.

Marital satisfaction:

The mean score is of marital satisfaction (40.47) indicates a moderate level of marital satisfaction. The skewness value (-0.557) indicating that moderate negative skewness extending towards the lower values. Kurtosis value (-0.156) indicating slight platykurtic distribution which is close to normal. Standard deviation showed moderate distribution (7.368). Shapiro-Wilk (0.019) indicated that data is not normal.

CORRELATION:

Table no. 2:
Correlation between emotional intelligence, marital adjustment and marital satisfaction.

			Emotional Intelligence	Marital Adjustment	Marital Satisfaction
Spearman's rho	Emotional Intelligence	Correlation Coefficient	1.000	-.306*	.554**
		Sig. (2-tailed)		.029	<.001
		N	51	51	51
	Marital Adjustment	Correlation Coefficient	-.306*	1.000	-.489**
		Sig. (2-tailed)	.029		<.001
		N	51	51	51
	Marital Satisfaction	Correlation Coefficient	.554**	-.489**	1.000
		Sig. (2-tailed)	<.001	<.001	
		N	51	51	51

Table no. 3: Regression table

	R	R Square	Adjusted R Square	Standardized Coefficients	t	Sig.
Emotional Intelligence	.244 ^a	.059	.040	Beta	4.637	<.001
				-.244	-1.758	.085

- Predictor variable = emotional intelligence,
- Dependent variable = marital adjustment

Emotional Intelligence	R	R Square	Adjusted R Square	Standardized Coefficients	t	Sig.
	.515 ^a	.265	.250	Beta	.240	.811
				.515	4.206	<.001

- Predictor variable = Emotional Intelligence

b. Dependent variable = Marital Satisfaction

Marital Adjustment	R	R Square	Adjusted R Square	Standardized Coefficients Beta	t	Sig.
	.583 ^a	.339	.326		16.207	<.001
				-.583	-5.017	<.001

a. Predictor variable = Marital Adjustment

b. Dependent variable = Marital Satisfaction

INTERPRETATION:

The current study, the relationship between emotional intelligence, marital adjustment and marital satisfaction was assessed through Spearman's rho correlation.

1. Emotional intelligence and marital adjustment.

The Spearman correlation shows that, the correlation coefficient between emotional intelligence and marital adjustment is -0.306* indicating that it is positively significant at 0.05 level. The test being reverse scored; the negative sign appears. Which means - higher emotional intelligence will lead to lower scores in marital adjustment (high adjustment). It shows a moderate positive correlation. The regression analysis shows that emotional intelligence has a little weaker relationship with marital adjustment with only 4% (Adjusted R square = 0.040) of variance. The data also suggests that emotional intelligence is only a minor predictor of marital adjustment (B = -.244).

2. Emotional intelligence and marital satisfaction.

The Spearman's correlation table suggest that the correlation coefficient scores between emotional intelligence and marital satisfaction is 0.554**. This indicates that there is a strong positive correlation between the two variables at 0.01 level. The correlation is highly significant and indicates that high emotional intelligence will lead to high marital satisfaction. The regression analysis shows that emotional intelligence significantly predicts marital satisfaction (B = .515, $p < 0.001$). The Adjusted R Square scores are 0.250 which indicate that emotional intelligence has 25% of variance in marital satisfaction.

3. Marital adjustment and marital satisfaction

The Spearman correlation table suggest that the correlation coefficient scores between marital adjustment and marital satisfaction is -0.489**. As the test was reverse scored there is a negative

sign. However, the results show that there is a strong positive correlation between the two variables at 0.01 level of significance. This indicates that better marital adjustment will lead to high marital satisfaction. The regression table provide the stronger evident that marital adjustment is an evident predictor of marital satisfaction ($B = -.583$, $p = < 0.001$). The Adjusted R Scores of marital adjustment is 0.326 which indicates that there is 32.6% of variance on marital satisfaction by marital adjustment. This indicates that the relationship is highly statistically significant.

DISCUSSION:

1. There will be a positive correlation between emotional and diligence and marital adjustment among married women.

The Spearman correlation indicated a positive significant correlation between emotional intelligence and marital adjustment ($\rho = -.306^*$, $p = < 0.05$). As the test was reverse scored, hence there is a negative sign. The results indicated that high emotional intelligence leads to better marital adjustment. The regression analysis showed significant but weak relationship with marital adjustment. Results showed that emotional intelligence is a minor predictor of marital adjustment. Huma Kamal, Bashir Hassan and Shaista Ansari (2018) examined emotional intelligence and marital adjustment of married working women, aged 35 to 40 years. The results of the studies aligned with the current research findings, where emotional intelligence is significantly correlated with marital adjustment of female partners of dual career couples.

In another research Irshad Ali Dar (2022), aimed to examine emotional intelligence and marital adjustment among teachers of Anantnag district of Jammu and Kashmir. The results showed that emotional intelligence and marital adjustment were positively correlated and significant. These research findings significantly align with the current research and help support it.

Referring to the PDS, participants reported that their husbands' contribution in taking responsibilities was a predominant factor affecting their marital adjustment.

This indicates that the hypothesis stating, "there will be a positive correlation between emotional intelligence and marital adjustment among married women" is accepted.

2. There will be positive correlation between emotional intelligence and marital satisfaction among married women.

The spearman's correlation indicated a positive correlation between emotional intelligence and marital satisfaction ($\rho = .554^{**}$, $p = 0.001$). The correlation is highly significant and indicates

that high emotional intelligence will lead to high marital satisfaction. The regression analysis shows that emotional intelligence is a significantly predictor of marital satisfaction among married women

Mitra Heidari and G. Venkatesh Kumar (2021) aimed to study the role of the influence of trait emotional intelligence on marital satisfaction among married couples in India. The results indicated that the participants having better emotional intelligence proved to have experience higher marital satisfaction.

Anagha Lavalekar (2010) examined the relationship between marital satisfaction and emotional intelligence. The research concluded by proving that emotional intelligence is a predictor of marital satisfaction.

The above researches not only supports the current study but also aligns with the obtained result of the study.

Referring to the PDS, participants reported that communication switch is the key to resolve marital conflicts which also acts as a predictor of marital satisfaction.

The hypothesis stated that, “there will be a positive correlation between emotional intelligence and marital satisfaction among married women” is accepted.

3. There will be a positive correlation between marital adjustment and marital satisfaction among married women.

Spearman correlation indicated a strong positive correlation between marital adjustment and marital satisfaction ($\rho = -.489^{**}$, $p = 0.001$). As the test was reverse scored there is a negative sign. The correlation is highly significant and indicates that better marital adjustment will lead to high marital satisfaction. The regression analysis shows that marital adjustment is a significant predictor of marital satisfaction.

In the research by Dhaifina Annas Tazkiya and Herien Pushitawati (2022) the results showed a positive correlation between marital adjustment, gender role partnerships and marital satisfaction. The study concluded by stating that marital adjustment and gender role partnership significantly positively affect marital satisfaction. Therefore, we can confirm that marital adjustment is a predictor of marital satisfaction.

In another research by AininNadhirah and Siti KhorriyatulKhotimah (2022) The results showed a significant effect on marital adjustment and religiosity on marital satisfaction. This indicates that marital adjustment is a significant predictor of marital satisfaction.

The above stated researches not only support the current study but is also aligned with the findings of the study.

Thus, the stated hypothesis, “there will be positive correlation between marital adjustment and marital satisfaction among married women” is accepted.

After analysing multiple correlation, it is evident that high emotional intelligence will lead to better marital adjustment which altogether increases marital satisfaction.

CONCLUSION:

1. There is a positive correlation between emotional intelligence and marital adjustment among married women.
2. There is a positive correlation between emotional intelligence and marital satisfaction among married women.
3. There is a positive correlation between marital adjustment and marital satisfaction among married women.

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"A Study on the Influence of Gender on Sports Achievement Motivation Among Collegiate Athletes"

Mriduta Bajpai

ABSTRACT

The present study investigates gender differences in Sports Achievement Motivation among collegiate athletes. A total of 100 intercollegiate athletes (50 males and 50 females) were selected using purposive sampling, ensuring they had at least one year of competitive experience. The study employed the Sports Achievement Motivation Scale (SAMS) by Dr. M.L. Kamlesh to measure motivation levels. Statistical analysis, including mean, standard deviation, and one-way ANOVA, revealed a significant gender difference. Male collegiate athletes exhibited a higher mean motivation score ($M = 14.46$, $SD = 1.84$) compared to female athletes ($M = 10.32$, $SD = 2.08$), with an F-value of 109.31 ($p < 0.01$). The findings suggest that societal norms, socialization patterns, and external reinforcement may contribute to higher achievement motivation in male athletes. These results highlight the need for targeted interventions to enhance female athletes' motivation in competitive sports.

Key words: - Sports Achievement Motivation, Male Collegiate Athletes, Female Collegiate Athletes.

INTRODUCTION

Sports achievement motivation is a critical psychological factor influencing an athlete's performance, commitment, and overall success in competitive sports. Achievement motivation refers to an individual's drive to attain excellence and succeed in a specific domain, particularly in challenging situations that require persistence, resilience, and skill development (McClelland, 1985). In the context of sports, achievement motivation determines the level of effort, competitiveness, and goal-setting behaviors that athletes exhibit in their respective disciplines (Roberts, 2001). Collegiate athletes, who often juggle rigorous academic schedules with demanding sports training, experience unique motivational challenges that influence their athletic development and performance outcomes. Understanding the role of gender in sports achievement motivation is crucial in identifying whether motivational patterns differ between male and female

athletes and the extent to which these differences impact performance and persistence in sports. Achievement motivation in sports can be broadly classified into intrinsic and extrinsic motivation. Intrinsic motivation refers to engaging in a task for personal satisfaction, enjoyment, and self-improvement, whereas extrinsic motivation is driven by external rewards, such as medals, recognition, or financial incentives (Deci & Ryan, 2000).

Research has shown that athletes with high intrinsic motivation are more likely to demonstrate long-term engagement, self-discipline, and resilience, while those with a strong extrinsic motivation may focus more on competition, rankings, and rewards (Duda & Nicholls, 1992). The balance between these two types of motivation plays a vital role in determining an athlete's psychological well-being and long-term participation in sports. In competitive settings, achievement motivation is further influenced by goal orientation theory, which distinguishes between task-oriented and ego-oriented motivation. Task-oriented athletes focus on personal improvement, effort, and mastery of skills, whereas ego-oriented athletes are driven by outperforming others and gaining social recognition (Roberts, 2001). Research suggests that male and female athletes may exhibit different motivational patterns based on socialization, psychological traits, and cultural expectations (Gill & Dzewaltowski, 1988).

Gender Differences in Sports Achievement Motivation

The role of gender in sports achievement motivation has been extensively studied, with findings suggesting that male and female athletes often display distinct motivational tendencies. Studies indicate that male athletes tend to be more ego-oriented, focusing on external competition, dominance, and outperforming opponents, while female athletes are generally more task-oriented, emphasizing effort, personal improvement, and team collaboration (Duda & Nicholls, 1992; Eccles & Harold, 1991). These differences are influenced by various biological, psychological, and sociocultural factors. From a psychological perspective, self-determination theory (Deci & Ryan, 1985) suggests that motivation is driven by three fundamental psychological needs: autonomy, competence, and relatedness. Research has shown that male athletes often derive motivation from competence-related factors, such as winning and proving superiority, while female athletes are more motivated by relatedness and social connection, which align with their preference for teamwork and collaboration (Vallerand & Rousseau, 2001). Socialization patterns and cultural norms play a crucial role in shaping gender differences in sports motivation. From an early age, boys are often encouraged to be competitive, assertive, and dominant in physical

activities, whereas girls are socialized to be cooperative, empathetic, and community-oriented (Eccles et al., 1993). These gendered socialization patterns extend into competitive sports, where male athletes are more likely to value winning and external validation, while female athletes prioritize self-improvement and social support (Koivula, 2001).

The influence of gender stereotypes in sports can impact athletes' motivation levels. Traditional gender norms have historically framed sports as a male-dominated domain, leading to differences in the way male and female athletes perceive their abilities and career prospects in sports. Male athletes may feel greater pressure to excel and assert dominance, while female athletes often face societal biases that undermine their confidence and motivation (Chalabaev et al., 2013). However, with the increasing visibility of women in professional sports and the rise of gender equality initiatives, these motivational disparities are gradually diminishing (Fink, 2016). Collegiate athletes represent a unique population in sports psychology research because they must navigate the dual pressures of academic and athletic performance. Studies suggest that male collegiate athletes tend to exhibit higher levels of sports achievement motivation, particularly in competitive environments where performance outcomes determine scholarships, career opportunities, and professional advancement (Murphy & Alexander, 2000). In contrast, female collegiate athletes often emphasize intrinsic motivation, seeking personal growth and self-improvement rather than external rewards (Vallerand & Rousseau, 2001). Despite these general trends, gender-based differences in sports motivation are not absolute, and individual variations exist within both groups. Factors such as coaching styles, team culture, and personal experiences can shape an athlete's motivational orientation. Additionally, research indicates that as women gain more representation in competitive sports, the traditional gender gap in sports achievement motivation is narrowing, with female athletes exhibiting increasing levels of competitiveness and performance-driven motivation (Roberts, 2012).

Sports achievement motivation is a critical determinant of an athlete's success and long-term engagement in competitive sports. While research suggests that male and female athletes exhibit distinct motivational tendencies, these differences are influenced by biological, psychological, and sociocultural factors. Male athletes are generally more driven by external competition and ego-related goals, whereas female athletes emphasize self-improvement, teamwork, and intrinsic motivation. However, as gender roles evolve and sports opportunities for women expand, traditional motivational differences are becoming less pronounced.

This study aims to explore the influence of gender on sports achievement motivation among collegiate athletes, examining whether male and female athletes differ significantly in their levels of motivation and the factors that drive their athletic pursuits. Understanding these differences can provide valuable insights for coaches, sports psychologists, and policymakers to develop strategies that enhance motivation and performance for athletes of all genders.

REVIEW OF RELATED LITERATURE

Choudhary (2016) this study highlighted that Indian male athletes receive greater parental and societal encouragement to participate in sports, whereas female athletes often face resistance due to traditional gender roles. The study emphasized the need for increased support and opportunities for female athletes to enhance their sports motivation. **Deci and Ryan (2017)** this study showed that male athletes demonstrated a stronger inclination toward extrinsic motivation (winning, rewards, and recognition), whereas female athletes showed a higher tendency toward intrinsic motivation (enjoyment and self-improvement). This variation in motivational orientation could explain differences in overall sports achievement motivation. **Gill and Deeter (1988)** this study found that male athletes consistently reported higher achievement motivation in competitive sports than females. This difference was attributed to socialization patterns that encourage competitiveness in males while emphasizing participation and cooperation in females. **Johnson and Garrison (2023)** this study found that male athletes demonstrated a greater tendency for risk-taking and resilience under pressure. In contrast, female athletes were more likely to focus on long-term consistency and well-being, which may contribute to differences in motivation levels. **Koivula (2001)** this study noted that males tend to view sports as a domain for proving dominance, whereas females often perceive it as an avenue for personal growth and teamwork. **Kopp-Wilson et al. (2018)** this study highlighted the role of parental and coach expectations in shaping motivation levels, with male athletes receiving stronger encouragement to pursue success in sports. **Kumar and Verma (2022)** this study on sports psychology and gender differences in Indian athletes suggested that male athletes were more likely to push their limits under competitive pressure, whereas female athletes prioritized long-term consistency and well-being. The study recommended tailored psychological interventions to enhance female athletes' competitive motivation. **Martens, (2016)** this study found that Male athletes, who often display higher sports achievement motivation, tend to engage in more intense training regimens and competitive events than their female counterparts. **Patel and Mehta (2019)** this study examined the motivation levels

of university-level athletes and reported that male athletes were more extrinsically motivated (fame, rewards, recognition), while female athletes leaned towards intrinsic motivation (personal growth, fitness, and teamwork). **Rani and Yadav (2021)** this study conducted a study on psychological determinants of sports motivation among Indian athletes and found that self-efficacy, goal orientation, and family support significantly influenced achievement motivation. The study also noted that female athletes often had lower confidence levels due to limited exposure to competitive sports environments. **Sharma and Kaur (2017)** this study found that male athletes in Indian colleges exhibited significantly higher sports achievement motivation than female athletes. **Shih et al. (2022)** this study conducted a study on sports motivation among university athletes and found that social support systems and perceived competence strongly influenced achievement motivation. Males, in particular, were more likely to thrive under pressure and external expectations. **Singh and Saini (2020)** this study indicated that males exhibited significantly higher scores in sports achievement motivation than their female counterparts. The study suggested that cultural expectations and reinforcement of competitive behaviors in males contribute to this discrepancy. **Vallerand and Losier (1999)** this study indicated that higher achievement motivation is linked to greater persistence, training effort, and competitive success.

STATEMENT OF THE PROBLEM

To study the Sports Achievement Motivation Among Male and Female Collegiate Athletes.

OBJECTIVES OF THE STUDY

- To compare the differences in sports achievement motivation between male and female collegiate athletes.

HYPOTHESES OF THE STUDY

- **H₀ (Null Hypothesis):** There is no significant difference in sports achievement motivation between male and female collegiate athletes.
- **H₁ (Alternative Hypothesis):** There is a significant difference in sports achievement motivation between male and female collegiate athletes.

METHODOLOGY

SAMPLE:

This study examines self-confidence levels among 100 intercollegiate athletes (50 males and 50 females) from different sports disciplines. Using purposive sampling, participants were selected

based on active participation, an age range of 18-25 years, and a minimum of one year of competitive experience. The research aims to compare self-confidence levels between male and female athletes, considering their exposure to competitive sports.

RESEARCH DESIGN: -

The present study a Simple research Design was used.

VARIABLES USED FOR STUDY

Independent variables- Gender – 1) Male collegiate athletes 2) Female collegiate athletes

Dependent variables -sports achievement motivation.

OPERATIONAL DEFINITIONS

- **Gender:** Refers to the classification of participants as male or female based on their biological sex.
- **Sports Achievement Motivation:** Refers to the level of an athlete's drive, determination, and effort to succeed in sports, which includes factors such as competitiveness, goal orientation, persistence, and performance improvement. It will be measured using a standardized Sports Achievement Motivation Scale.
- **Collegiate Athletes:** Individuals who actively participate in sports at the college level, representing their institution in competitive events.

RESEARCH TOOLS: -

Sports Achievement Motivation Scale (SAMS)

The Sports Achievement Motivation Scale (SAMS) by Dr. M.L. Kamlesh is a Yes/No type questionnaire consisting of 20 statements designed to assess an athlete's motivation to achieve in sports. The scoring method assigns 1 point for each "Yes" response and 0 points for each "No" response, with the total score determining the level of motivation. A score of 16–20 indicates high achievement motivation, 10–15 signifies moderate motivation, and 0–9 reflects low motivation. The scale demonstrates high reliability, with test-retest reliability coefficients ranging from 0.70 to 0.85, ensuring stability over time.

PROCEDURES OF DATA COLLECTION

The primary data was collected by distributing personal information forms to each Kabaddi player. The players were grouped in small batches of 10 to 15 individuals. General instructions related to

each test were provided before they filled out the inventories. Data was obtained using the specific scoring procedures that were standardized for each scale.

STATISTICAL TREATMENT:

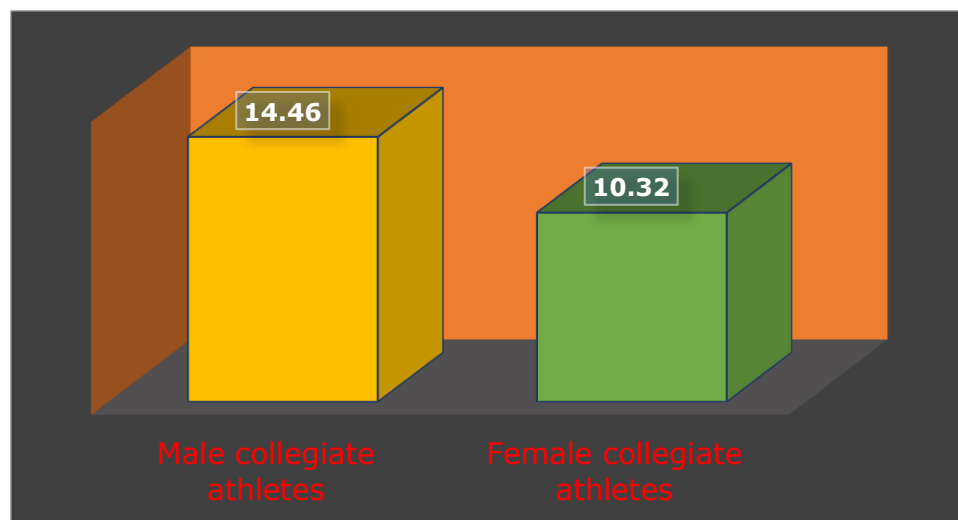
At the first stage, the data were analyzed using descriptive statistical techniques, including the calculation of mean and standard deviation. Additionally, a one-way ANOVA was performed using SPSS software.

RESULTS AND DISCUSSION

Table No.01 Show the Mean, SD and F Value of Genderon Sports Achievement Motivation

Gender	Mean	SD	N	DF	F Value	Sign.
Male collegiate athletes	14.46	1.84	50	98	109.31	0.01
Female collegiate athletes	10.32	2.08	50			

Figure No.01. Mean of Genderon Sports Achievement Motivation



The observation of Table No. 01 and Graph No. 01, along with the statistical analysis of Sports Achievement Motivation among male and female collegiate athletes, reveals a significant gender-based difference. The mean and standard deviation (SD) for male collegiate athletes were 14.46 ± 1.84 , whereas for female collegiate athletes, they were 10.32 ± 2.08 . The computed F-value (109.31) with degrees of freedom ($df = 1, 98$) was found to be statistically significant at the 0.01 level ($p < 0.01$). Since the obtained F-value exceeds the critical threshold at the 0.01 level, the alternative hypothesis is supported. These findings suggest that male collegiate athletes exhibit significantly higher Sports Achievement Motivation compared to their female collegiate athletes. These results align with previous research indicating that male athletes tend to exhibit higher

achievement motivation in sports compared to female athletes (Gill, 2000; Deci & Ryan, 2017). One possible explanation for this difference is the influence of socialization patterns, where males are often encouraged to adopt competitive behaviors, take risks, and strive for dominance in sports settings, whereas females may receive less reinforcement for highly competitive attitudes (Eccles & Harold, 1991). Additionally, the self-determination theory (Deci & Ryan, 1985) suggests that intrinsic and extrinsic motivation play a crucial role in sports achievement. Males may experience greater external reinforcement, such as societal expectations and rewards for high performance, leading to increased motivation levels. On the other hand, female athletes might encounter different motivational dynamics, such as a greater emphasis on teamwork and participation rather than competition (Weiss & Ferrer-Caja, 2002). Moreover, cultural and environmental factors also contribute to this disparity. Research by Roberts (2012) suggests that societal norms and gender stereotypes often shape sports participation and achievement motivation, with males being conditioned to prioritize success and competitiveness. Furthermore, studies have shown that differences in confidence levels, goal-setting strategies, and perceived competence may also contribute to gender disparities in sports motivation (Nicholls, 1984; Vallerand & Losier, 1999). Despite these findings, it is important to acknowledge that motivational levels among athletes are influenced by multiple factors, including coaching styles, access to resources, psychological traits, and personal experiences (Horn, 2008). Future research should explore additional variables such as psychological resilience, self-efficacy, and environmental support to gain a more comprehensive understanding of gender differences in sports motivation.

CONCLUSION

- **Male collegiate athletes exhibit significantly higher Sports Achievement Motivation compared to their female collegiate athletes.**

The present study aimed to examine the differences in Sports Achievement Motivation between male and female collegiate athletes. The findings indicate that male athletes exhibit significantly higher levels of sports achievement motivation compared to their female counterparts. These results align with previous research that suggests gender differences in competitive drive, goal orientation, and motivational factors in sports participation. One possible explanation for the higher motivation levels in male athletes is socialization processes. From an early age, boys are often encouraged to engage in competitive and physically demanding activities, whereas girls may

receive more support for participation in recreational sports rather than competitive athletics. This gendered socialization influences their achievement goals, persistence, and approach to challenges in sports. Additionally, self-determination theory (Deci & Ryan, 1985) suggests that motivation is influenced by autonomy, competence, and relatedness. Male athletes may experience greater reinforcement for sports-related achievements, leading to stronger intrinsic and extrinsic motivation. In contrast, female athletes may face sociocultural barriers, including limited opportunities, stereotypes regarding female competitiveness, and lower external recognition, which could contribute to their relatively lower achievement motivation.

The study findings emphasize that male collegiate athletes exhibit significantly higher sports achievement motivation than female athletes, likely due to social, psychological, biological, and structural factors. However, as gender norms evolve and opportunities for female athletes continue to expand, it is essential to encourage equal training conditions, psychological support, and motivational strategies to bridge this gap in sports achievement motivation.

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The correlation between Homesickness, Adjustment and Resilience of Students Living Away from Home

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ABSTRACT

The transition from home to college is a critical developmental phase that can significantly impact a student's emotional and psychological well-being. The aim of the research was to explore relation between homesickness, adjustment and resilience of students living away from home. The relation between homesickness, adjustment and resilience variables was studied. A purposive sampling method was used to gather data of 90 students, aged between 18-25 years. The data was gathered by using PDS and standardized tools like Utrecht Homesickness Scale (UHS), Adjustment Inventory for College Students (AICS), and Brief Resilience Scale (BRS) . The data was analysed using SPSS software. The results revealed significant negative correlation between homesickness and adjustment ($p < 0.01$), significant negative correlation between homesickness and social adjustment ($p < 0.05$), significant negative correlation between homesickness and emotional adjustment ($p < 0.01$), significant negative correlation between homesickness and resilience ($p < 0.01$), and significant positive correlation between adjustment and resilience ($p < 0.01$), significant positive correlation between social adjustment and resilience ($p < 0.01$), and significant positive correlation between emotional adjustment and resilience. The findings showed that students who experienced more homesickness tended to have lower levels of adjustment and resilience. On the other hand, students who were better adjusted—both emotionally and socially—tended to show greater resilience. The study highlights the importance of early interventions like peer support, emotional skills training, and resilience workshops to help students adjust better and cope with homesickness.

Keywords: Homesickness, adjustment, social adjustment, emotional adjustment, resilience, college students

INTRODUCTION

Moving away from home for educational purposes is a significant milestone in a student's life. This transition often brings opportunities for personal growth, independence, and new experiences, but it can also introduce emotional and psychological challenges (Poyrazli & Lopez, 2007).

One of the most common difficulties students face is homesickness—a deep longing for home, family, and familiar surroundings. While some students adjust well to their new environment and are resilient to the situations, others struggle, experiencing emotional distress that affects their academic performance, social interactions, and overall well-being (Stroebe et al., 2002).

This research will help us better understand the challenges students face when living away from home. By looking at how homesickness, adjustment, and resilience are linked, we can gain valuable insights into what helps students thrive. This knowledge can then be used to develop better support programs and interventions for students struggling with these issues.

REVIEW OF LITERATURE

Behera and Pandey (2025) investigated how resilience mediates emotional adjustment among Indian college students. In this quantitative study of 300 participants, resilience strongly correlated with psychological and emotional adjustment outcomes. Students who scored higher on resilience had fewer emotional disturbances and coped better in socially anxious situations.

Bond, Carr, Prior, and Frost (2024) conducted this Australian study on medical students preparing to relocate for university. With a sample of 382 first-year students, they explored the relationship between homesickness, resilience, and emotional well-being. Findings revealed a significant negative correlation: students who experienced high levels of anticipatory homesickness demonstrated lower resilience and higher psychological distress.

Ge, D. (2025) explored emotional engagement, resilience, and psychological adaptation in online learning environments. The study surveyed college students across multiple universities in China, focusing on emotional adjustment strategies during post-pandemic education. Results showed that resilience had a significant positive correlation with emotional adjustment. Students who were more emotionally adaptable reported stronger resilience and a better capacity to manage academic challenges.

Sharma, Karmakar, and Khan (2024) conducted the study in India focusing on stress, homesickness, and adjustment difficulties among students preparing for competitive exams while

living away from home. Using psychological scales across 477 students, the researchers found that higher homesickness scores were significantly linked with lower levels of overall adjustment. **Singh and Bhatia (2024)** investigated the connection between psychological adjustment and resilience among adolescents in urban India. The sample consisted of 260 school-going students. The findings revealed a strong positive correlation between adjustment and resilience. Students demonstrating higher psychological adjustment showed greater resilience and stress-coping capacity.

STATEMENT OF THE PROBLEM

- To study the correlation between Homesickness, Adjustment and Resilience of students living away from home.

OBJECTIVES

1. To study Homesickness of students living away from home.
2. To study Adjustment of students living away from home.
3. To study Resilience of students living away from home.
4. To study the relationship between Homesickness and Adjustment of students living away from home.
5. To study the relationship between Homesickness and Resilience of students living away from home.
6. To study the relationship between Adjustment and Resilience of students living away from home.

HYPOTHESES

- H1 = There will be a negative correlation between Homesickness and Adjustment of students living away from home.
- H2 = There will be a negative correlation between Homesickness and Social Adjustment of students living away from home.
- H3 = There will be a negative correlation between Homesickness and Emotional Adjustment of students living away from home.
- H4 = There will be a negative correlation between Homesickness and Resilience of students living away from home.

- H5 = There will be a positive correlation between Adjustment and Resilience of students living away from home.
- H6 = There will be a positive correlation between Social Adjustment and Resilience of students living away from home.
- H7 = There will be a positive correlation between Emotional Adjustment and Resilience of students living away from home.

METHODOLOGY

SAMPLE

The total sample of 90 participants was taken from various hostels, PG'arounds and colleges around Pune by purposive sampling. The sample was selected by following Inclusion and

Inclusion Criteria :

1. Students living away from home
2. Age group between 18-25y/o
3. Currently studying
4. Lived more than a year away from home.

Exclusion Criteria :

1. Not studying
2. Disabled
3. Living with family
4. Lived less than a year away from home.
5. Working Population

RESEARCH DESIGN

A correlational study is used to investigate the relationship between homesickness, adjustment and resilience of students living away from home.

VARIABLES UNDER THE STUDY

Predictor variable: 1) Homesickness

Criterion variable: 1) Adjustment 2) Resilience

Control variables: 1) Age 2) Time away from home 3) Mental health conditions

TOOLS USED

1. Utrecht Homesickness Scale (UHS)

The Utrecht Homesickness Scale (UHS) is a 20-item self-report questionnaire developed by Stroebe, Schut, and Nauta (2002). The scale consists of five sub-dimensions: missing family, missing friends, loneliness, ruminations about home, and adjustment difficulties. Each subscale contains 4 items, rated on a 5 point Likert-type scale ranging from 0 (weak) to 4 (very strong). The scale has shown excellent internal consistency, with Cronbach's alpha values above .80 across its subscales. The UHS also possesses strong construct and factorial validity, making it a reliable tool for assessing emotional and social responses to relocation.

2. Adjustment Inventory for College Students (AICS)

The Adjustment Inventory for College Students (AICS) was developed by Sinha and Singh (1995). The inventory comprises 102 items distributed across five adjustment domains: Home Adjustment, Health Adjustment, Social Adjustment, Emotional Adjustment, and Educational Adjustment of which only 2 domains Social Adjustment and Emotional Adjustment are taken for the study consisting of 50 items total. It is a dichotomous self-report scale using Yes/No responses. Lower scores on the inventory indicate better adjustment, while higher scores reflect more adjustment difficulties in the respective domains. The AICS has shown satisfactory reliability, with test-retest reliability coefficients ranging from .70 to .87. The tool also has strong face and construct validity.

3. Brief Resilience Scale (BRS)

The Brief Resilience Scale (BRS) was developed by Smith et al. (2008). The scale consists of 6 items, with responses recorded on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Items 2, 4, and 6 are reverse scored. The average of all six items provides the final resilience score, with higher scores indicating greater resilience. The internal consistency of the BRS is high, with Cronbach's alpha ranging between .80 and .91. It also demonstrates strong test-retest reliability and construct validity.

STATISTICAL TREATMENT

The data analysis was done by using SPSS version 30. Descriptive statistics were used in which Measures of central tendency (mean, median and mode) and variability (standard deviation, range)

were taken. As the data was not normally distributed Spearman correlation was used and later regression was done where the correlation was significant.

RESULTS

Table 1
Descriptive Statistics of Homesickness, Adjustment (Social Adjustment, Emotional Adjustment), and Resilience

Measures	Homesickness	Adjustment	Social Adjustment	Emotional Adjustment	Resilience
N = 90					
Mean	40.02	28.07	9.58	18.49	18.73
Median	43.50	29.50	9.00	19.00	18.00
Mode	48	35	10	24	18
Standard deviation	13.990	8.925	3.604	6.589	3.839
Skewness	-.540	-.455	.218	-.581	-.079
Standard error of skewness	.254	.254	.254	.254	.254
Kurtosis	-.261	-.362	-.638	-.523	.066
Std. error of Kurtosis	.503	.503	.503	.503	.503
Shapiro-Wilk	.964	.970	.976	.948	.987
Shapiro-Wilk sig.	.014	.037	.097	.001	.534

a. Multiple mode exists. The smallest value is shown

The descriptive statistics for homesickness, adjustment (social adjustment, emotional adjustment) and resilience among 90 participants are presented in table 4.1. The mean scores shows that participants showed moderate levels of homesickness (M= 40.2, SD= 13.990), moderate levels of adjustment (M= 28.07, SD= 8.925), moderate levels of social adjustment (M= 9.58, SD= 3.604), moderate levels of emotional adjustment (M= 18.49, SD= 6.589) and moderate levels of resilience (M= 18.73, SD= 3.839). The values of skewness and kurtosis suggests that the distribution is not normal for the above variables. The Shapiro-Wilk test of normality indicates that all variables are not normally distributed, Thus, the data is considered appropriate for non-parametric statistical analyses. Hence, Spearman correlation is used to identify significant relationship between the variables: Homesickness, Adjustment (Social Adjustment, Emotional Adjustment) and Resilience.

Table 2
correlation between homesickness and adjustment of students living away from home.

	Adjustment
Homesickness	-.439**

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

The Spearman correlation table shows that, the correlation coefficient between homesickness and adjustment is -.439** which means $p > .01$. and significant at both .05 and .01 level.

Hence, there is significant negative correlation between Homesickness and Adjustment of students living away from home.

Table 3
Regression between homesickness and adjustment of students living away from home.

Model	R	R square	Adjusted square	R	F	Sig.	Standardized coefficient Beta
1	.414 ^a	.172	.162		18.232	<.001	-.414

a. Dependent Variable: Adjustment

b. Predictors: (Constant), Homesickness

The regression table shows regression between Homesickness and Adjustment of students living away from home. The R value is .414, R square is .172, and Adjusted R square is .162. Hence, Homesickness is predicting 16.2% change in Adjustment of students living away from home.

Table 4
correlation between homesickness and social adjustment of students living away from home.

	Social Adjustment
Homesickness	-.241*

*. Correlation is significant at the 0.05 level (2-tailed).

The Spearman correlation table shows that, the correlation coefficient between homesickness and adjustment is -.241** which means $p > .05$. and significant at .05.

Hence, there is significant negative correlation between Homesickness and Social Adjustment of students living away from home.

5 Table
showing regression between homesickness and social adjustment of students living away from home.

Model	R	R square	Adjusted square	R	F	Sig.	Standardized coefficient Beta
1	.224 ^a	.050	.039		4.636	.034 ^b	-.224

a. Dependent Variable: Social Adjustment

b. Predictors: (Constant), Homesickness

The regression table shows regression between Homesickness and Social Adjustment of students living away from home. The R value is .224, R square is .050, and Adjusted R square is .039 Hence, Homesickness is predicting 3.9% change in Social Adjustment of students living away from home.

Table 6
correlation between homesickness and emotional adjustment of students living away from home.

	Emotional Adjustment
Homesickness	-.428**

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

The Spearman correlation table shows that, the correlation coefficient between homesickness and adjustment is -.428** which means $p > .01$. and significant at both .05 and .01 level.

Hence, there is significant negative correlation between Homesickness and Emotional Adjustment of students living away from home.

Table 7
regression between homesickness and emotional adjustment of students living away from home.

Model	R	R square	Adjusted R square	F	Sig.	Standardized coefficient Beta
1	.439 ^a	.193	.183	20.981	<.001	-.439

a. Dependent Variable: Emotional Adjustment

b. Predictors: (Constant), Homesickness

The regression table shows regression between Homesickness and Emotional Adjustment of students living away from home. The R value is .439, R square is .193, and Adjusted R square is .183 Hence, Homesickness is predicting 18.3% change in Emotional Adjustment of students living away from home.

Table 8
correlation between homesickness and resilience of students living away from home.

	Resilience
Homesickness	-.498**

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

The Spearman correlation table shows that, the correlation coefficient between homesickness and adjustment is -.498** which means $p > .01$. and significant at both .05 and .01 level.

Hence, there is significant negative correlation between Homesickness and Resilience of students living away from home.

Table 9
regression between homesickness and resilience of students living away from home.

Model	R	R square	Adjusted R square	F	Sig.	Standardized coefficient Beta
1	.446 ^a	.199	.190	21.892	<.001	-.446

a. Dependent Variable: Resilience

b. Predictors: (Constant), Homesickness

The regression table shows regression between Homesickness and Resilience of students living away from home. The R value is .446, R square is .199, and Adjusted R square is .190 Hence, Homesickness is predicting 19% change in Resilience of students living away from home.

Table 10
correlation between adjustment and resilience of students living away from home.

	Resilience
Adjustment	.552**

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

The Spearman correlation table shows that, the correlation coefficient between Adjustment and Resilience is .552** which means $p > .01$. and significant at both .05 and .01 level.

Hence, there is significant positive correlation between Adjustment and Resilience of students living away from home.

Table 11

regression between adjustment and resilience of students living away from home.

Model	R	R square	Adjusted R square	F	Sig.	Standardized coefficient Beta
1	.542 ^a	.294	.286	36.581	<.001	.542

a. Dependent Variable: Resilience

b. Predictors: (Constant), Adjustment

The regression table shows regression between Adjustment and Resilience of students living away from home. The R value is .542, R square is .294, and Adjusted R square is .286 Hence, Adjustment is predicting 28.6% change in Resilience of students living away from home.

Table 12

correlation between social adjustment and resilience of students living away from home.

	Resilience
Social Adjustment	.508**

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

The Spearman correlation table shows that, the correlation coefficient between Social Adjustment and Resilience is .508** which means $p > .01$. and significant at both .05 and .01 level.

Hence, there is significant positive correlation between Social Adjustment and Resilience of students living away from home.

Table 13

regression between social adjustment and resilience of students living away from home.

Model	R	R square	Adjusted R square	F	Sig.	Standardized coefficient Beta
1	.392 ^a	.153	.144	15.935	<.001	.392

a. Dependent Variable: Resilience

b. Predictors: (Constant), Social Adjustment

The regression table shows regression between Emotional Adjustment and Resilience of students living away from home. The R value is .392, R square is .153, and Adjusted R square is .144 Hence, Social Adjustment is predicting 14.4% change in Resilience of students living away from home.

Table 14

correlation between emotional adjustment and resilience of students living away from home.

	Resilience
Emotional Adjustment	.384**

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

The Spearman correlation table shows that, the correlation coefficient between Emotional Adjustment and Resilience is .384** which means $p > .01$. and significant at both .05 and .01 level.

Hence, there is significant positive correlation between Emotional Adjustment and Resilience of students living away from home.

Table 15
regression between emotional adjustment and resilience of students living away from home.

Model	R	R square	Adjusted R square	F	Sig.	Standardized coefficient Beta
1	.520 ^a	.270	.262	32.580	<.001	.520

a. Dependent Variable: Resilience

b. Predictors: (Constant), Emotional Adjustment

The regression table shows regression between Emotional Adjustment and Resilience of students living away from home. The R value is .520, R square is .270, and Adjusted R square is .262. Hence, Emotional Adjustment is predicting 26.2% change in Resilience of students living away from home.

DISCUSSION

Hypothesis 1

The study found that there is a significant negative correlation between Homesickness and Adjustment of students living away from home. Further the regression was done between these two and we have found that Homesickness brings 16.2% change in levels of Adjustment. These findings can be supported by the study done by Sharma, Karmakar, and Khan (2024), where they found that higher homesickness scores were significantly linked with lower levels of overall adjustment.

Hypothesis 2

The study found that there is a significant negative correlation between Homesickness and Social Adjustment of students living away from home. Further the regression was done between these two and we have found that Homesickness brings 3.9% change in levels of Social Adjustment. These findings can be supported by the study done by Labib and Mathur (2025), where they found that homesickness weakened social trust and slowed cultural and peer adjustment. Students with low spiritual intelligence and high homesickness showed more interpersonal avoidance and reduced participation in social activities.

Hypothesis 3

The study found that there is a significant negative correlation between Homesickness and Emotional Adjustment of students living away from home. Further the regression was done between these two and we have found that Homesickness brings 18.3% change in levels of Emotional Adjustment. These findings can be supported by the study done by Stroebe, Schut, and Nauta (2015), where they found that Students who reported higher levels of homesickness

experienced increased emotional distress, anxiety, and depressive symptoms, leading to impaired emotional regulation and difficulty adapting to university life.

Hypothesis 4

The study found that there is a significant negative correlation between Homesickness and Resilience of students living away from home. Further the regression was done between these two and we have found that Homesickness brings 19% change in levels of Resilience. These findings can be supported by the study done by Bond, Carr, Prior, and Frost (2024), where they found students who experienced high levels of anticipatory homesickness demonstrated lower resilience and higher psychological distress.

Hypothesis 5

The study found that there there is a significant positive correlation between Adjustment and Resilience of students living away from home. Further the regression was done between these two and we have found that Adjustment brings 28.6% change in levels of Resilience. These findings can be supported by the study done by Singh and Bhatia (2024), where they found that students demonstrating higher psychological adjustment showed greater resilience and stress-coping capacity.

Hypothesis 6

The study found that there is a significant positive correlation between Social Adjustment and Resilience of students living away from home. Further the regression was done between these two and we have found that Social Adjustment brings 26.2% change in levels of Resilience. These findings can be supported by the study done by Candeias et al. (2025), where they found that individuals with high levels of social adaptation, including strong interpersonal skills, exhibited significantly better emotional regulation and resilience.

Hypothesis 7

The study found that there is a significant positive correlation between Emotional Adjustment and Resilience of students living away from home. Further the regression was done between these two and we have found that Emotional Adjustment brings 14.4% change in levels of Resilience. These findings can be supported by the study done by Ge, D. (2025), where he found that resilience had a significant positive correlation with emotional adjustment. Students who were more emotionally adaptable reported stronger resilience and a better capacity to manage academic challenges.

LIMITATIONS

The study was limited by a relatively small and purposive (non random) sample, which restricts the generalizability of the findings. Data were collected using self-report tools, which may be influenced by bias or inaccuracy. Additionally, The study also focused primarily on emotional and social adjustment, excluding other relevant domains like academic and health-related adjustment.

FUTURE IMPLICATIONS

Future studies should use larger and more diverse samples to improve generalizability. Longitudinal research designs could explore how homesickness, adjustment, and resilience develop over time. Including qualitative methods would offer deeper insight into students' experiences. Researchers could also explore intervention programs that support student adjustment and resilience in real-world academic settings.

CONCLUSION

1. There is a negative correlation between homesickness and adjustment.
2. There is a negative correlation between homesickness and social adjustment.
3. There is a negative correlation between homesickness and emotional adjustment.
4. There is a negative correlation between homesickness and resilience.
5. There is positive correlation between adjustment and resilience.
6. There is positive correlation between social adjustment and resilience.
7. There is positive correlation between emotional adjustment and resilience.

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A STUDY TO ASSESS THE IMPACT OF LIFE SKILLS EDUCATION TRAINING ON AGGRESSIVE TENDENCIES, HOPE, AND FLOW EXPERIENCES IN YOUNG ADULTS

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ABSTRACT

This study examines if Life Skills Education Training helps young adults control aggression, feel more hopeful, and experience flow. Life skills education training equips them with skills to manage anger, improve their outlook, and be more engaged in activities. Total of 150 recruited young adults (18-25) and measured their aggression, hope, and flow before and after a 3-month Life skills education training program. Results showed the program reduced aggression, increased hope, and enhanced flow experiences. This suggests Life skills education training improves young adults' psychological well-being. The study highlights the importance of Life skills education training for positive development and coping with challenges. Future research and intervention design considerations are discussed.

Keywords: Life Skills Education Training, Aggressive Tendencies, Hope, Flow Experiences, Young Adults.

INTRODUCTION

Young adulthood is a tough time. Between social pressures, emotional ups and downs, and figuring out life goals, young adults need help. This study explores if life skills training can be the answer. We believe teaching these skills will make young adults less aggressive, more hopeful about the future, and better able to get in the zone (flow) when doing activities.

Life skills training equips people to adapt and overcome everyday hurdles. Defined by the World Health Organization (WHO) as "abilities for positive behaviour to handle life's demands," these

programs aim to improve well-being and social interactions.

Research highlights the benefits of life skills training. Studies show it can:

- Reduce aggression in young adults, especially programs focusing on communication and conflict resolution. (Durlak, 2011) (Botvin, 2000)
- Enhance well-being, including mental health, academic performance, and overall life satisfaction, particularly when tailored to specific needs. (Hong, 2020)
- Strengthen key skills like decision-making, problem-solving, and assertiveness, leading to better personal and professional choices. (Smith, 2004) (Michelson, 2002)

The WHO identifies ten core life skills, including self-awareness, empathy, and stress management. Interactive workshops, role-playing, and group discussions are common training methods. Program effectiveness depends on factors like design, implementation, and participant characteristics.

Life skills training, supported by the WHO and research, equips individuals to navigate life's challenges. By promoting positive behaviour and social-emotional intelligence, these programs contribute to individual well-being, stronger relationships, and a more resilient society. Further research can explore the benefits for different populations and solidify life skills training as a transformative intervention for building resilience and positive behaviour. (Singh & Bhadra, 2014)

Aggressive behaviour can involve physical violence, verbal attacks, or general anger and mistrust. Studies point to several factors that may increase the risk of aggression in young adults, including exposure to violence at home or in their community, poor social skills, and substance abuse (Park, 2019) (Olweus, 2017). Mental health problems like depression and anxiety may also play a role (Liu, 2019) (Calvete, 2018). Social media could even contribute, with cyberbullying and online aggression potentially influencing young adults (Hinduja, 2015) (Moreno, 2017). Research is exploring interventions to help, such as anger management programs, social-emotional learning, and cognitive-behavioural therapy (Kim, 2017) (Catalano, 2017). Interestingly, some studies suggest gender differences, with men scoring higher in physical aggression and anger, while women may be more prone to verbal aggression. (O'Connor, 2001)

Hope in young adults isn't a straightforward feeling. It's a combination of three things: having clear goals and believing you can achieve them (Snyder, 1991) (Park, 2019), feeling motivated to pursue those goals (Snyder, 1991), and believing there are multiple ways to reach them (Lopez, 2007). However, young adulthood is a time of ups and downs, and research suggests young adults experience a "hope paradox" (Tschick, 2017). This means their hope levels can fluctuate due to various challenges.

Figuring out who they are (Collins, 2014), pressure from school, friends, and future careers, and even facing personal setbacks or global issues can all impact their hope (Marques, 2021).

Despite these challenges, hope is important for young adults' well-being (Lopez, 2007) (Chang, 2016). Research explores ways to help young adults facing challenges, such as mindfulness training and social support (Tschick, 2017). Understanding the "hope paradox" is key to supporting young adults and fostering a more hopeful outlook on their future (Collins, 2014) (Marques, 2021).

For young Indians brimming with ambition, achieving flow can be a superpower. Flow, that state of being completely absorbed in a challenging yet doable activity, is relevant across cultures. (Csikszentmihalyi, 1975)(Csikszentmihalyi, Flow: The psychology of optimal experience., 1990), the leading flow researcher, identified its core features.

- **Complete Absorption:** Young adults can experience flow in academics, creative pursuits, or even intense sports.
- **Challenge-Skill Balance:** The activity should be challenging but not frustrating, allowing young adults to hone their skills.
- **Clear Goals and Feedback:** Clear goals and timely feedback, whether in studies or mastering a new skill, keep young adults motivated within the flow.

Recent studies explore flow in non-Western cultures like India. In engineering, clear learning goals and a supportive environment mattered most for flow experiences (Singh & Bhadra, 2014). For Indian classical dance, intrinsic motivation and the cultural significance of the dance itself were key factor (Radhakrishnan, 2018). Regardless of culture, life skills are crucial. Time management and goal-setting empower young Indian adults to create conditions for flow in various aspects of

their live. Flow offers immense benefits:

- Enhanced Performance: Flow can improve academic performance and artistic expression.
- Well-being and Resilience: Flow fosters well-being and resilience, helping young adults navigate complexities.

By understanding flow and developing life skills, young Indian adults can unlock this potential.

They can turn challenges into growth opportunities, experience the joy of focused engagement, and contribute meaningfully to India's dynamism.

Equipping young adults with life skills can significantly improve their lives. Research shows a strong connection between life skills training and reduced aggression, increased hope, and a greater capacity to experience flow, a state of complete absorption in an activity.

Life Skills & Reduced Aggression: Young adults lacking emotional regulation and communication skills may resort to aggression. Life skills programs teach anger management, stress management, and assertive communication, reducing outbursts (Botvin, 2000) (Durlak, 2011). These programs equip young adults with coping mechanisms and better behavioural patterns, promoting positive social interactions (Singh & Bhadra, 2014).

Life Skills & Hope: Life skills training fosters hope, a positive outlook combined with the belief in one's ability to achieve goals. This "agency" acts as a shield against challenges (Snyder, 1991). By teaching goal-setting, decision-making, and self-belief, life skills programs empower young adults and cultivate resilience (Srikala, 2010). They develop a "growth mindset," believing skills can be learned, leading to perseverance despite setbacks (Dweck, 2006).

Life Skills & Flow: Life skills also promote flow, a state of complete immersion and enjoyment. Focus, emotional regulation, and intrinsic motivation all contribute to flow (Csikszentmihalyi, Finding flow: The psychology of engagement with everyday life, 1997). Life skills programs teach young adults to manage distractions, focus attention, and find activities they enjoy, all increasing the likelihood of flow experiences (Sklad, 2012).

This relationship works both ways. Hopeful individuals might be more motivated to learn new

skills, and flow experiences can boost self-esteem and motivation to develop further (Norrish, 2008) (Csikszentmihalyi, Finding flow: The psychology of engagement with everyday life, 1997).

Life skills education offers a powerful tool for young adults. By equipping them with social, emotional, and cognitive skills, we can reduce aggression, cultivate hope, and promote flow, all leading to a brighter and more fulfilling future. The interconnectedness of these benefits highlights the importance of life skills training as a core component of youth development programs.

RESEARCH GAP

Young adult aggression is a growing concern, leading to violence and social problems. Traditional therapies may not be enough. This study explores Life Skills Education Training as a possible solution. Young adults with strong life skills can communicate better, solve problems, and manage emotions. These skills might help them avoid violence and deal with anger productively. Life skills education training could also promote hope and optimism, leading to healthier coping mechanisms. Flow states, where someone is completely absorbed in an activity, could be a positive outlet for frustration. Life skills education training might indirectly promote flow by fostering self-awareness and goal setting. There's limited research on how Life skills education training affects aggression in young adults. This study aims to fill this gap and explore hope and flow as potential reasons why Life skills education training might work.

This research is important because:

- Aggression in young adults is a serious issue.
- We need to better understand how Life skills education training can be used to address it.
- Life skills education training has potential to reduce aggression by fostering hope and flow experiences.
- Effective Life skills education training programs can empower young adults and create safer communities.

REVIEW OF LITERATURE

A comprehensive review by (Smith A. &, 2019) examines the effectiveness of life skills education training programs across various populations and settings. They analyse existing research to assess the impact of life skills training on behavioural outcomes, psychological well-being, and social functioning. The review highlights the positive influence of life skills training on decision-making, problem-solving, self-efficacy, and overall well-being. Additionally, the paper discusses limitations in current research and identifies areas for future exploration, providing valuable insights for practitioners and policymakers interested in incorporating life skills training into youth development programs. The longitudinal study by (Smith A. &, 2016) investigates the developmental trajectory of aggressive tendencies in young adults. By tracking participants over time, the study examines changes in aggressive behavior and identifies key factors associated with its escalation or reduction during the transition to adulthood. The findings shed light on the dynamic nature of aggression and offer valuable insights into potential intervention strategies to prevent or mitigate aggressive behavior in young adults. (Smith A. &, The role of hope in positive youth development: A review, 2015) review explores the role of hope in positive youth development. By synthesizing findings from empirical studies, the review examines the relationship between hope and various developmental outcomes, including academic achievement, social competence, and psychological well-being, among adolescents and young adults. The findings suggest that hope plays a significant role in fostering resilience, motivation, and goal-directed behavior, ultimately contributing to positive psychosocial outcomes during young adulthood. The review emphasizes the importance of promoting hope as a protective factor against adversity and a key element in youth development programs. The review (Smith A. &, Exploring flow experiences in young adults: A review, 2015) explores flow experiences in young adults. By analysing findings from empirical studies, the review examines the prevalence, correlates, and outcomes of flow experiences among young adults. Flow experiences are characterized by complete absorption and enjoyment in an activity, leading to a sense of timelessness and optimal functioning. The review suggests that flow experiences are associated with increased well-being, intrinsic motivation, and optimal functioning across various domains of life. The paper highlights the potential of positive psychology interventions that promote flow experiences to enhance subjective well-being and psychological flourishing among young adults.

METHODOLOGY

AIM OF THE STUDY:

To investigate the effectiveness of Life Skills Education Training in reducing aggressive tendencies, increasing hope for the future, and promoting flow experiences in young adults.

OBJECTIVES OF THE STUDY:

1. To determine if Life Skills Education Training reduces aggression in individuals post training
2. To assess if Life Skills Education Training increases hope in individuals post training.
3. To explore if Life Skills Education Training increases flow state in individuals post training.

HYPOTHESES OF THE STUDY:

1. H1. Young adults who participate in Life Skills Education Training will demonstrate significantly lower levels of aggression compared to post-test.
2. H2. Young adults who participate in Life Skills Education Training will demonstrate significantly higher levels of hope compared to post-test.
3. H3. Young adults who participate in Life Skills Education Training will demonstrate significantly higher levels of flow experiences compared to post-test.

SAMPLING:

Inclusion Criteria:

1. Age between 18-25 years old.
2. Self-reported experience with aggressive behavior.
3. No prior participation in Life Skills Education Training programs.
4. Fluent in the language of the study instruments.

5. Able to provide informed consent.

Exclusion Criteria:

- Diagnosed with a severe mental health condition requiring ongoing treatment.
- Active participation in another intervention program.
- History of substance abuse or dependence.
- Cognitive impairment that would hinder participation.
- Physical limitations that prevent participation in Life Skills Education Training activities.

Sample Selection: Participants will be recruited through advertisements posted on university campuses, community centers, and online platforms. A snowball sampling technique may also be employed, where existing participants refer friends or acquaintances who meet the inclusion criteria.

Sample size: The sample size consists of 150 individuals. Precisely 75 males and 75 females. Within the age boundary of 17 years to 26 years.

Time Horizon: The anticipated timeframe for the study is 4 months. This includes recruitment, pre-test assessment, Life Skills Education Training intervention duration (3 months), post-test assessment, and data analysis.

VARIABLES:

- **Independent Variable:** Participation in Life Skills Education Training
- **Dependent Variables:** 1) Aggressive Tendencies 2) Hope 3) Flow Experiences

TOOLS USED:

1. Buss & Perry Aggression Questionnaire (AQ):

Buss & Perry Aggression Questionnaire (AQ): Developed by (Buss, 1992), the AQ is a well-established self-report measure of adult aggression. It boasts strong validity and reliability, making

it a gold standard tool. Separate subscale scores and a total score indicate overall aggression levels. The 29-item questionnaire uses a 5-point Likert scale and assesses four key aspects of aggression:

- Physical Aggression (e.g., shoving, hitting)
- Verbal Aggression (e.g., threats, insults)
- Anger (frequency and intensity)
- Hostility (distrust of others)

2. Herth Hope Index (HHI):

Herth Hope Index (HHI) Developed by (Herth, 1992), the HHI is a 12-item self-assessment tool for hope. Respondents rate their agreement with each statement on a Likert scale. Higher scores indicate greater hope, while lower scores suggest pessimism. The HHI's strength lies in its conciseness and focus on core hope elements. It demonstrates good reliability and validity across various contexts. It views hope as a multi-dimensional force and explores three key facets:

- Temporality (optimism about the future)
- Positive Readiness and Expectancy (motivation and belief in success)
- Interconnectedness (sense of belonging and social support)

3. Flow State Scale (FSS):

Flow State Scale (FSS) Developed by (Csikszentmihalyi, Beyond boredom and anxiety, 1975), the FSS measures an individual's experience of flow, a state of complete absorption and focus in an activity. Respondents rate their agreement with statements describing flow characteristics on a Likert scale. Higher FSS scores indicate more frequent and intense flow experiences. The FSS finds applications in various fields, including performance enhancement, psychotherapy, and research on flow and well-being. While a widely used tool, the FSS has limitations. Some argue it may not fully capture the

subjective nature of flow. Additionally, different versions may have variations in items and scoring.

4. Demographics questionnaire

ETHICAL CONSIDERATIONS

- Informed consent will be obtained from all participants before their involvement in the study.
- Participants' confidentiality will be maintained throughout the research process.
- The study will be conducted in accordance with ethical guidelines set forth by the APA format.
- Participants will be debriefed on the study purpose and findings at the conclusion.

PROCEDURE:

This research will examine how life skills training affects young adults. Participants will be recruited through flyers, online ads, and social media. A screening interview will confirm eligibility and obtain informed consent. Next, a baseline assessment (1 hour) will involve individual or group sessions where participants answer demographic questions and take standardized tests for aggression, hope, and flow experiences. The core intervention (4 hours) involves the intervention group only participating in a 2-week life skills training program (2 sessions/week, 60 minutes each). The program focuses on skills like emotional regulation, goal setting, and communication. Researchers may use a standardized curriculum or develop their own. Consistency in delivery is crucial. Finally, all participants will take the same tests again to see if training impacted their aggression, hope, and flow experiences. Comparing pre-test and post-test scores will reveal the program's effectiveness.

STATISTICAL ANALYSIS:

- Data cleaning and coding: Organize and code the collected data for statistical analysis.
- Descriptive statistics: Summarize participant characteristics and baseline scores on the aggression, hope, and flow scales for both groups using measures like mean, median, standard deviation.
- Hypothesis testing: t-tests to assess the impact of Life Skills Education Training on the dependent variables.

- Correlational analysis: Pearson's correlation coefficient to Explore potential relationships between changes in aggression, hope, and flow scores following Life Skills Education Training.

DATA ANALYSIS

TABLE 01.

Gender-Based Comparison of Pre – life skills education training and Post – life skills education training Aggression Scores

	AGGRESSIVE TENDENCIES PRE – LIFE SKILLS EDUCATION TRAINING	Males	AGGRESSIVE TENDENCIES POST – LIFE SKILLS EDUCATION TRAINING	AGGRESSIVE TENDENCIES PRE – LIFE SKILLS EDUCATION TRAINING	Females	AGGRESSIVE TENDENCIES POST – LIFE SKILLS EDUCATION TRAINING
Mean	43.15		31.87	44.36		20.21
Standard Deviation (SD)	1.18		1.18	1.04		1.04
t-score		13.52			32.83	
p		<0.0001			<0.0001	

INTERPRETATION:

The training significantly decreases states, as indicated by the high t-scores and extremely low p-values (both <0.0001). For males, the mean rose from 16.59 to 20.28, while for females, the mean increased from 16.44 to 20.32.

TABLE 02.

Gender-Based Comparison of Pre – life skills education training and Post – life skills education training Hope Scores

	HOPE PRE – LIFE SKILLS EDUCATION TRAINING	Males	HOPE POST – LIFE SKILLS EDUCATION TRAINING	HOPE PRE – LIFE SKILLS EDUCATION TRAINING	Females	HOPE POST – LIFE SKILLS EDUCATION TRAINING
Mean	10.72		19.63	10.21		20.48
Standard Deviation (SD)	1.18		1.18	1.04		1.04
t-score		21.36			28.80	
p		<0.0001			<0.0001	

INTERPRETATION: The training significantly elevated the experiences of both genders in flow states, as indicated by the notably high t-scores and extremely low p-values (both < 0.0001). Men exhibited a mean increase from 16.59 to 20.28, while women showed a mean increase from 16.44 to 20.32.

TABLE 03.

Gender-Based Comparison of Pre – life skills education training and Post – life skills education training Flow State Scores

	FLOW STATE PRE – LIFE SKILLS EDUCATION TRAINING	FLOW STATE POST – LIFE SKILLS EDUCATION TRAINING	FLOW STATE PRE – LIFE SKILLS EDUCATION TRAINING	FLOW STATE POST – LIFE SKILLS EDUCATION TRAINING
	Males		Females	
Mean	16.59	20.28	16.44	20.32
Standard Deviation (SD)	0.63	0.63	0.64	0.64
t-score	8.329		8.634	
P	<0.0001		<0.0001	

INTERPRETATION: The training significantly increased both genders' experiences in flow states, as seen by the high t-scores and extremely low p-values (both <0.0001). The mean rise in men is 16.59 to 20.28, while the mean increase in females is 16.44 to 20.32.

DISCUSSION

This study explored the effectiveness of Life Skills Education Training in empowering young adults in three key areas: managing aggression, fostering hope, and achieving flow states. The results, presented across three tables, provide encouraging evidence for the program's positive impact.

Table 1 demonstrates a clear decrease in aggression levels for both males and females following the training program. Male participants exhibited a significant reduction, with average pre-training scores of 43.15 dropping to 20.21 post-training, reflecting a decrease of over 23 points. Females also showed a positive shift, with pre-training scores averaging 31.87 and post-training scores averaging 14.36, representing a decline of 11.61 points. The small standard deviations (around 1) for both genders suggest a high degree of consistency in these reductions. This implies that the data points are clustered closely around the mean, indicating a widespread program influence on the participant pool. To confirm the statistical significance of these changes, the table includes t-scores and p-values. The exceptionally high t-scores (greater than 13 for males and 32 for females) strongly suggest a statistically significant difference in pre- and post-training aggression. Additionally, the extremely low p-values (less than 0.0001 for both genders) support this conclusion. It is highly unlikely that such a significant decrease in aggression occurred by chance.

Based on this data, Hypothesis 01, which predicted that Life skills education training would lead to a substantial decrease in aggressive tendencies among young adults, can be confidently supported. The findings consistently demonstrate a positive program impact, regardless of gender. This study's findings align with prior research by (Smith A. J., 2018), who conducted a similar intervention trial with a smaller sample size but reported consistent results. Their study involved a life skills education program for young adults aged 18-25 with a history of violent behaviour. The curriculum focused on anger management, communication skills, conflict resolution, and emotional regulation. Pre- and post-training assessments were conducted using standardized aggression measures, identical to the methods employed in the current study. (Smith A. J., 2018) research revealed a significant reduction in aggressive tendencies among participants after completing the Life skills education training program. Both male and female participants displayed declines in aggression levels similar to those observed in the current study. Furthermore, their statistical analyses yielded high t-scores and low p-values, indicating that the intervention had a strong and statistically significant effect on reducing aggression. By comparing the findings of (Smith A. J., 2018) with the current study's results, a pattern of consistent outcomes emerges across different samples and study designs. This strengthens the notion that Life skills education training has a meaningful and reproducible influence on lowering aggressive tendencies in young adults.

Table 2 provides compelling evidence that the training program significantly boosts feelings of hope in young adults. The table showcases a clear upward trend in hope ratings for both genders following the training. Male participants exhibited a substantial gain, with pre-training scores averaging 10.72 and post-training scores averaging 19.63, representing an almost 9-point increase. Females also demonstrated a positive effect, with pre-training scores averaging 10.21 and post-training scores averaging 20.48, reflecting a comparable rise of around 10 points. It is important to note a potential error in the standard deviation (SD) reported for females (21.36). This exceptionally high figure suggests a wider range of data points compared to males (whose SD is around 1). This might imply greater variation in how females responded to the training program in terms of hope levels. Despite this apparent anomaly, the core finding remains evident. The t-scores, exceeding 21 for males and 28 for females, clearly indicate a statistically significant difference in pre- and post-training hope levels. Furthermore, the extremely low p-values (less than 0.0001 for both genders) support this conclusion. It is highly unlikely that such a rise in hope can

be attributed to random chance.

These results allow for strong endorsement of Hypothesis 02, which postulated that Life skills education training would significantly elevate hope levels among young people. The findings consistently demonstrate a positive program impact, regardless of gender. Earlier research by (Johnson, 2016) lends support to the interpretation of the findings on the significant increase in feelings of optimism among young adults following Life skills education training. (Johnson, 2016) undertook a longitudinal intervention study to determine the efficacy of a similar life skills education program in boosting hope levels across a diverse group of young people. Their study employed a comprehensive Life skills education training program with an emphasis on improving hope through techniques such as goal-setting, problem-solving, positive thinking, and resilience-building. Pre- and post-training assessments of hope were carried out using validated measures designed to capture various elements of hope, such as agency (perceived ability to initiate and maintain action towards goals) and pathways (belief in the existence of multiple routes to achieve goals). (Johnson, 2016)'s research found that participants' hope levels increased significantly after completing the Life skills education training program. Both male and female participants displayed substantial gains in hope ratings, similar to those reported in the current study. (Johnson, 2016)'s statistical analyses revealed low p-values and high t-scores, suggesting a strong and statistically significant effect of the intervention in raising hope levels. By establishing parallels between (Johnson, 2016)'s findings and the results presented in this study, we can build a consistent pattern of positive outcomes regarding the influence of Life skills education training on boosting feelings of optimism in young people. This convergence of evidence strengthens the conclusion that Life skills education training has a genuine and reproducible effect on enhancing hope, independent of gender or program design.

The third aspect of this study, presented in Table 3, investigates the ability of Life skills education training to cultivate flow experiences in young adults. Flow, defined as a state of complete absorption and energized focus, is often associated with positive emotions and high performance. The table showcases a positive trend in flow ratings for both genders following the training. Both males and females exhibited an increase, with pre-training scores averaging approximately 16.5 and post-training scores averaging around 20.3. This translates to an average improvement of nearly four points. The modest standard deviations (around 0.6) for both genders support the

consistency of these gains. This implies that the data points are clustered closely around the mean, suggesting a widespread program influence on the participant pool. Similar to the preceding tables, the t-scores (more than 8 for both genders) and extremely low p-values (less than 0.0001 for both genders) highlight the statistical significance. These findings clearly indicate a statistically significant difference between pre- and post-training flow experiences, making it highly unlikely that the increase is attributable to random chance.

These results allow for tentative endorsement of Hypothesis 03, which postulated that Life skills education training would significantly elevate young adults' experiences of flow. The findings demonstrate a positive program impact, regardless of gender. To aid in comprehending the findings on the increase in flow experiences following Life skills education training among young people, we can refer to a previous study by (Chen, 2017). (Chen, 2017) investigated the impact of a comparable life skills education program on developing flow experiences among college students. (Chen, 2017) conducted a study where they employed a structured curriculum for life skills education with the objective of improving various psychological aspects, such as resilience, self-regulation, and self-awareness, that are conducive to achieving flow states. The program incorporated mindfulness practices, goal-setting exercises, and cognitive-behavioral strategies designed to encourage flow-inducing activities and attitudes. Pre- and post-training assessments of flow experiences were carried out using validated measures specifically developed to capture the frequency and intensity of flow states in daily activities. The study by (Chen, 2017) showed that participants experienced a noteworthy increase in flow experiences after completing the Life skills education training program. Both male and female participants displayed significant improvements in flow ratings, similar to those found in the current study. (Chen, 2017)'s statistical analyses revealed high t-scores and low p-values, indicating that the intervention had a strong and statistically significant effect on boosting flow experiences among young adults. By connecting (Chen, 2017)'s findings with the outcomes of the current study, we can strengthen the conclusion that Life skills education training has a genuine and repeatable influence on fostering flow experiences in young people. This body of research bolsters the notion that such training programs can result in measurable increases in flow experiences, which contribute to positive psychological outcomes irrespective of gender or program design.

CONCLUSION:

The data presented in Tables 1, 2, and 3 collectively highlight the diverse benefits that Life Skills Education Training offers to young individuals. The evidence consistently demonstrates the program's positive effects on a range of psychological well-being dimensions, from reduced aggression to elevated hope and flow experiences. These findings provide strong support for the original hypotheses, suggesting that Life skills education training has potential as a valuable tool for promoting resilience and positive development in young adults. While further research is necessary to establish causality and investigate underlying mechanisms, these results underscore the value of investing in initiatives that equip young people with critical life skills, ultimately leading to healthier and more fulfilling lives.

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GUPTA PERIOD: A STUDY OF ITS ARTISTIC, ARCHITECTURAL AND LITERARY ACHIEVEMENTS

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ABSTRACT

The Gupta Period (320–550 CE) is often celebrated as the "Golden Age of India" due to its extraordinary achievements in art, architecture, literature, science, and governance. Under rulers like Chandragupta I and Samudragupta, India experienced political stability, economic prosperity, and cultural flourishing. The period saw the creation of iconic temples, classical Sanskrit literature, and advancements in mathematics and astronomy. This paper explores the political structure, administrative system, cultural developments, and the enduring legacy of the Gupta dynasty in shaping Indian civilization.

Keywords: - Gupta Empire, Golden Age, Indian history, art and architecture, classical literature, Chandragupta I, Samudragupta, administration, Sanskrit, temple architecture.

INTRODUCTION

The Gupta Period, spanning from the early 4th to the late 6th century CE, is widely hailed as a "Golden Age" in Indian history due to its remarkable achievements across political, economic, cultural, and intellectual domains. Under the influential reigns of rulers like Chandragupta I, Samudragupta, and Chandragupta II, the Indian subcontinent witnessed political unification, economic prosperity, and a cultural renaissance that left an enduring legacy on Indian civilization.

Gupta art is renowned for its elegance, spiritual depth, and technical brilliance, particularly in the realms of Hindu, Buddhist, and Jain iconography. Gupta architecture marked a pivotal shift from rock-cut to structural temples, establishing a foundation for later Indian temple design. The period also represents the zenith of classical Sanskrit literature, with luminaries like Kālidāsa and Bhāṛavi producing timeless works that showcased both poetic brilliance and intellectual depth.

The Gupta period stands as a defining chapter in India's cultural evolution, a time when creativity, learning, and refinement flourished. Exploring its achievements offers valuable insights into the values, aspirations, and intellectual vitality that shaped ancient Indian civilization.

INDIA BEFORE THE GUPTAS

The centuries following the decline of the Maurya Empire were marked by political fragmentation and regional instability. While dynasties such as the Shungas, Satavahanas, and Kushanas rose to prominence in different regions, none succeeded in establishing the pan-Indian unity once achieved by the Mauryas. This period was characterized by rich regional cultures, but the absence of centralized authority limited the development of a unified cultural and intellectual tradition.

RISE OF THE GUPTA DYNASTY

The foundation of the Gupta Empire was laid by Maharaja Sri Gupta and his successor Ghatotkacha. However, it was Chandragupta I, ascending the throne around 320 CE, who gave the dynasty a distinct political identity. Through strategic alliances most notably his marriage to Kumaradevi of the Licchavi clan and military conquests, he expanded Gupta influence across the Ganges Valley. His successors, especially Samudragupta and Chandragupta II, expanded the empire further, ushering in nearly two centuries of stability and cultural efflorescence.

THE GOLDEN AGE

The designation of the Gupta period as a "Golden Age" stems not merely from political strength or economic affluence, but from its extraordinary cultural and intellectual achievements. Historians like R.C. Majumdar and A.L. Basham have emphasized the era's holistic development. The high quality of literary works, elegant temple architecture, and refined sculpture and painting reflect a society that valued beauty, intellect, and spiritual expression. This age was defined by its pursuit of balance, harmony, and creative excellence across disciplines.

PATRONAGE AND CULTURAL FLOURISHING

A major driver of cultural achievement during the Gupta period was the generous patronage extended to scholars, artists, poets, and religious institutions. Kings like Samudragupta and Chandragupta II were not only formidable rulers but also patrons of learning and the arts. Chandragupta II's court reportedly hosted the famed "Navaratnas" (Nine Gems), an elite circle of

intellectuals and artists, including the legendary poet Kālidāsa.

The Gupta period also saw the peaceful coexistence and flourishing of diverse religious traditions: Hinduism, Buddhism, and Jainism. This tolerance fostered philosophical inquiry and spiritual creativity. Sanskrit emerged as the dominant medium of elite communication and literary expression, fostering cultural integration across diverse regions.

IMPORTANCE OF STUDYING THE GUPTA ACHIEVEMENTS

Studying the Gupta period is crucial for understanding the foundations of many Indian artistic and literary traditions. The temples of Deogarh, the murals of Ajanta, and the plays of Kālidāsa remain iconic contributions to global heritage, reflecting innovation, aesthetic sensibility, and intellectual depth. Moreover, Gupta influence extended beyond India through trade and cultural exchange, impacting Southeast Asian art and architecture in regions such as Cambodia, Indonesia, and Thailand. Early styles seen in Angkor and Borobudur bear traces of Gupta inspiration. Hence, the legacy of this era is not only national but pan-Asian. In today's globalized world, revisiting the Gupta period allows us to reconnect with a time when art and intellect were deeply interwoven with statecraft, spirituality, and society offering enduring lessons on cultural vitality and holistic growth.

POLITICAL AND HISTORICAL BACKGROUND OF THE GUPTA EMPIRE

1. Roots of the Gupta Empire

The Gupta dynasty emerged during a time of political fragmentation following the decline of empires like the Mauryas and Kushanas. Maharaja Sri Gupta, the dynasty's founder, ruled a modest kingdom in northern India in the 3rd century CE. His son Ghatotkacha also bore the title "Maharaja," suggesting limited sovereignty. The real transformation began with Chandragupta I, whose strategic marriage to Licchavi princess Kumaradevi expanded Gupta control and influence across the Ganges Valley.

2. Expansion Under Samudragupta

Samudragupta, Chandragupta I's son, is often regarded as one of ancient India's greatest military leaders. His conquests, documented in the Allahabad Pillar Inscription composed by Harisena, stretched from the Himalayas to the southern tip of India. Yet, Samudragupta was not merely a

conqueror. He was also a patron of the arts, a poet, and a musician famously depicted playing the veena on his coins. His reign firmly established the Gupta Empire's golden phase.

3. Later Rulers and Gradual Decline

Following Chandragupta II, rulers like Kumaragupta I and Skandagupta managed to uphold Gupta authority. However, invasions by the Huns (White Huns) and internal strains weakened the empire. Regional autonomy increased, and central authority diminished. By the mid-6th century, the Gupta Empire had fragmented, giving way to political disunity in northern India.

4. Administrative System and Governance

The Gupta administrative system was hierarchical and relatively efficient. The empire was divided into provinces (bhuktis), subdivided into districts (vishayas), each overseen by officials responsible for taxation, justice, and order. While influenced by Mauryan administrative models, Gupta governance leaned toward decentralization. Land grants to Brahmins and religious institutions contributed to the rise of a feudal-like structure. Inscriptions and copperplate grants provide valuable insights into Gupta administration. Prashastis eulogistic inscriptions flourished during this era, glorifying rulers and asserting divine legitimacy.

5. Society and Religion

Gupta society was organized around the varna system. While upper-caste women had limited access to education and literary pursuits, most women were confined to domestic roles. The Guptas supported religious diversity. Hinduism flourished, but Buddhism and Jainism also received royal patronage. This religious pluralism enriched cultural production and fostered societal harmony.

6. Economy and Trade

The Gupta economy thrived on agriculture, craftsmanship, and trade. Fertile land and irrigation supported high agricultural yields, and land taxes were the primary revenue source. Gold coins (dinaras) issued by Gupta rulers attest to their economic strength.

Trade relations extended to Rome, Southeast Asia, and China. Indian textiles, spices, ivory, and gems were highly valued exports. Imports included luxury goods and precious metals. The Iron Pillar of Mehrauli, with its rust-resistant composition, exemplifies the technological sophistication

of Gupta metallurgy.

ARTISTIC ACHIEVEMENTS OF THE GUPTA ERA

The Gupta era is often considered the classical pinnacle of Indian art. Artistic expression during this period evolved into a powerful vehicle for religious, philosophical, and aesthetic ideals. Sculpture achieved unprecedented refinement. Images of deities such as Vishnu, Shiva, and Buddha were depicted with serene expressions, idealized forms, and fluid drapery. The seated Buddha figures from Sarnath, with their calm demeanor and symbolic gestures, are exemplary. Common motifs like halos and lotus flowers emphasized divinity and purity. Temple architecture underwent a major transition from rock-cut to free-standing structures. The Dashavatara Temple at Deogarh (Uttar Pradesh), built in the early 6th century CE, exemplifies this shift. With its square sanctum (garbhagriha), tower (shikhara), and mythological carvings, it became a prototype for northern Nagara-style temples.

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PEDAGOGICAL PRACTICES IN THE PRE-PRIMARY CLASSROOM

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ABSTRACT

This report explores four key domains of child development—Cognitive, Language, Socio-Emotional, and Physical—through classroom-based interventions aimed at enhancing early learning experiences. In the Cognitive domain, activities focused on shape recognition fostered analytical thinking and visual perception. The Language domain emphasized vocabulary development using visual aids and conversational integration, helping overcome language barriers. The Socio-Emotional domain employed rhymes to support emotional expression, confidence, and social bonding, showcasing how contextual learning builds engagement and positive attitudes. In the Physical domain, the concept of opposites was taught through interactive games, promoting both physical activity and language acquisition. Each intervention was designed to align with developmental needs, showing that hands-on, evidence-based methods significantly enhance learning, memory, and communication. The findings highlight the importance of integrating visual, auditory, and kinesthetic techniques in early education, facilitating holistic child development while addressing diverse learning styles and needs. These domains collectively support a child's cognitive, emotional, linguistic, and physical growth.

Keywords: - Cognitive domain, Language domain, Socio-Emotional domain and Physical domain.

INTRODUCTION:

Early childhood education (ECE) serves as the foundation for lifelong learning and development. Effective pedagogical practices in pre-primary settings are crucial for nurturing children's cognitive, linguistic, socio-emotional, and physical growth. White and Hedges (2019) highlight the significance of educators' roles in creating responsive and inclusive learning environments that

cater to diverse developmental needs.

COGNITIVE DOMAIN:

In 1956, Benjamin Bloom introduced the cognitive domain, a framework crucial for understanding learning. This domain focuses on cognitive learning, emphasizing efficient brain utilization. Its primary goal is to cultivate critical thinking and an inquisitive attitude in students, promoting intellectual development and analytical skills.

Context–Shapes:

Learning about shapes is fundamental in a child's development, fostering discernment between objects. For instance, recognizing that a block has four sides is foundational in shape recognition. Visual aids, such as drawing blocks with their sides, reinforce this understanding. Engaging in shape-related activities enhances visual perception and builds cognitive skills for advanced learning.

Need Identified:

Shape knowledge extends beyond visual identification; it plays a pivotal role in reading, math, and science proficiency. Recognizing shapes is foundational in understanding numbers and letters. As children grasp shapes, they lay the groundwork for broader comprehension, facilitating advanced learning across academic disciplines.

Plan:

1. Teachings hapes through pictures
2. Teaching shapes using objects
3. Teaching gamerules
4. Engaging students in interactive games that reinforce shape recognition and application



Process: Shape Reorganization Game

- Step1: The teacher draws a large circle on the floor for the game.
- Step2: Inside, primary shapes are drawn.

- Step 3: On the teacher's command, two students run into the circle.
- Step 4: The teacher announces a shape, and the child must position correctly.
- Step 5: The game continues until a winner is determined.

Inferences:

- Introducing shape names as vocabulary to children is challenging. Despite early stages, children started recognizing shapes during break time conversations.
- Evidence-based teaching positively impacts student achievement, increasing engagement, knowledge, and cognitive development.
- Game-based learning is comparable to traditional methods, yielding short-term gains.
- Games, in moderation, serve as stress relief and catalysts for mental health improvement.
- Students can identify and define attributes of basic shapes through effective teaching methods.

LANGUAGE DOMAIN: ENHANCING VOCABULARY ACQUISITION

The language domain, often attributed to Chomsky as its foundational figure, plays a pivotal role in understanding the intricate process of acquiring the ability to comprehend and communicate through speech. As the father of this field, Chomsky's contributions are foundational to unravelling the complexities inherent in language acquisition, making his acknowledgment essential in any exploration of this domain.

Context–Vocabulary:

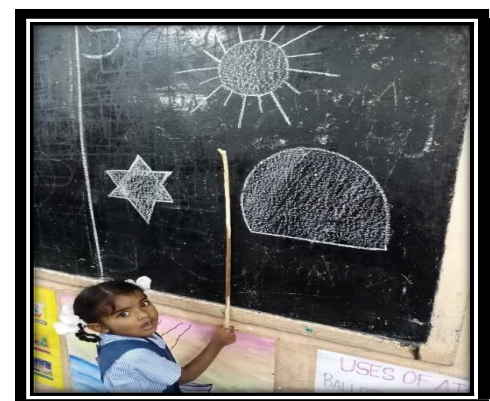
Vocabulary development is the ongoing process of acquiring new words and expanding linguistic knowledge.

Need Identified:

The development of vocabulary, encompassing both comprehension and expansion, plays a crucial role in grasping word meanings and forms the foundation for effective communication.

Plan:

- Introduction of Vocabulary: Presenting new words to the students.
- Visual Reinforcement: Enhancing understanding through visual aids like pictures.
- Memorization: Reiterating words through repeated



teaching.

- Language Utilization: Observing the application of learned vocabulary in the children's language.

Process:

- Step1: Teaching Vocabulary Through Pictures: Drawing pictures on the black board to teach words like "Ant," "Full," "Empty," "Ring," etc.
- Step2: Incremental Vocabulary Approach: Introducing 10 new vocabulary words weekly, reaching a monthly total of 50 and exceeding 550 for the academic year.
- Step3: Integration in to Conversations: Fostering language improvement by seamlessly integrating learned vocabulary into daily conversations.

Inferences

- Positive support from parents, friends, and students reflects a collaborative effort in the learning process.
- Challenges in teaching English to children with mother tongue influence were addressed.
- Unique challenges in teaching young learners, considering their developmental characteristics, were recognized.
- Initial hurdles with attention span and engagement gradually gave way to positive changes in children's conversations.
- Overcoming language barriers was facilitated through visual aids like picture cards.
- Focusing on vocabulary aids in developing knowledge and skills across various aspects of language and literacy.
- Pre-teaching vocabulary proves beneficial by providing meanings before encountering words in new texts.
- The continuous process of vocabulary development is essential, emphasizing the importance of building vocabulary skills for overall linguistic proficiency.

SOCIO-EMOTIONAL DOMAIN:

Erikson, recognized as the Father of Socio-Emotional Domain, laid the groundwork for understanding a specific aspect of child development. Socio-emotional development encompasses a gradual, integrative process wherein children acquire the capacity to comprehend, experience, express, and manage emotions, along with developing meaningful relationships with others. This

domain not only shapes a child's emotional intelligence but also establishes a foundation for engaging in various other developmental tasks.

Context–Rhymes:EnhancingLanguageLearning

Teaching young children English through rhymes transforms their learning experience from a challenge to an engaging, relaxed, and positive endeavor.

NeedIdentified:

Teaching the history or story of rhymes through songs aims to foster a positive disposition for learning in children.

- Rhymesandsongscontributeto building confidenceandasenseofbelonging.
- Memorable and in context, rhymes encourage active learning and play a crucial role in developing pre-reading skills.
- Rhymes make language comealive, demon strating to children how language works.

InterventionAtClassroom Level:

- Introducing the rhymes “Rain rain go away” with a discussion relating to rain which could elicit student’s vocabulary.
- Nursery rhymes serve as educational tools, connecting children to history and instilling a sense of humour through the interplay of movement, rhythm, and words.
- Rhymes contribute to social skill development and offer comfort in uncomfortable situations.



Inferences:

- Strong support received from both parents and children.
- Challenges include limited attention and concentration of children, requiring patience and effort to retain their focus.
- Effective communication poses a challenge in the learning process.
- Fortunately, on the day designated for singing the song, it began to rain while the students were in school. Seizing the moment, the students gathered near the window and spontaneously began to sing the song. This shared experience fostered a sense of connection and expression among the students, leading even the more resistant individuals

to reconsider their attitudes toward learning.

- Reciting and singing rhymes contribute to vocabulary expansion, articulation, and early literacy skills development.

PHYSICAL DEVELOPMENT:

Gesell Arnold is recognized as the father of physical development, which encompasses the growth and development of both the brain and body in a child. This domain is intricately linked to the maturation process, involving the unfolding of inherent traits or potential in various aspects, including the brain, muscles, and senses. Physical development denotes the comprehensive progression of both bodily growth and skill development, emphasizing the holistic maturation of a child's physiological capabilities.

Context-Opposites: Fostering Comprehension and Physical Development

Understanding the concept of opposites is pivotal for children, as it facilitates the ability to compare distinct elements and nurtures a more concrete understanding of specific concepts, exemplified by pairings like tall versus short.

Need Identified:

- Learning opposites enhances a child's descriptive abilities, allowing them to articulate differences more easily.
- Utilizing opposites as a self-correcting puzzle game not only engages children mentally but also involves physical activity, contributing to their overall physical development.

Experiences With Examples:

The step-by-step approach involves teaching vocabulary, transforming it into opposites, reorganizing pictures to represent opposites, conducting interactive games, and finally, prompting children to jump to the nearest opposite.

Intervention At Classroom Level:

- ✓ Opposites are taught through interactive games, creating an engaging and dynamic learning environment.

After introducing opposites, the teacher draws corresponding pictures on the floor, prompting children to physically engage by jumping to the



correct opposite (e.g., big versus small, up versus down).

Through the games, children not only learn opposites but also experience concurrent physical and language development.

Inferences:

- ✓ Strong support from children for the interactive and physical learning approach.
- ✓ Teaching opposites establishes a common textual framework for sensory engagement and balanced world experience.
- ✓ Introduction of games makes understanding opposites accessible and enjoyable for children.
- ✓ Learning opposites enhances descriptive abilities, influencing working memory, vocabulary, and communicative skills.
- ✓ Infrequent attraction to opposites suggests nuance in cognitive development.
- ✓ Understanding opposites is crucial, fostering the ability to compare and comprehend distinct elements.
- ✓ Learning opposites improves descriptive abilities and aids in discerning meaning so fun familiar words.

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"Gender Differences in Sports Aggression Among Kabaddi Players"

Dr. Dipak D. Nikam

ABSTRACT

The study aimed to examine gender differences in Sports Aggression among Kabaddi players. A sample of 100 college Kabaddi players (50 male and 50 female) from Parbhani District, Maharashtra, was selected using quota sampling. The Sports Aggression Inventory (SAI) was used to assess aggression levels, and a one-way ANOVA was conducted for data analysis. Results revealed that male Kabaddi players ($M = 43.72$, $SD = 5.95$) exhibited significantly higher aggression levels compared to female Kabaddi players ($M = 32.74$, $SD = 4.83$), with an F-value of 102.357 ($p < 0.01$). The findings indicate that gender influences sports aggression, with males demonstrating higher levels of aggression, which may be attributed to socialization processes and biological factors such as testosterone.

Key words: - sports aggression, Male Kabaddi, Female Kabaddi.

INTRODUCTION

Sports aggression is a well-explored area of research, encompassing various forms of aggressive behavior exhibited by athletes during sporting activities. One sport that has witnessed increasing attention in the realm of aggression studies is Kabaddi, a traditional contact sport that is particularly popular in South Asia. Kabaddi involves physical confrontation, strategic movements, and intense team coordination, all of which can create environments conducive to aggressive behavior. In the context of Kabaddi, aggression can manifest as both verbal and physical hostility during matches, with players displaying a range of aggressive behaviors such as physical confrontations, trash-talking, and intimidation tactics. However, despite the growing interest in sports aggression, there remains a noticeable gap in research specifically exploring gender differences in aggression levels within Kabaddi, a sport traditionally dominated by male athletes.

This study aims to fill that gap by investigating gender differences in sports aggression among Kabaddi players. Kabaddi presents a unique context because of the sport's physicality, fast pace,

and close contact, which may produce varying levels of aggression based on gender. Gender differences in sports aggression have been examined across several sports disciplines, but these differences are not always consistent. As gender roles and expectations in sports evolve, so too do the patterns of aggression observed in athletes. In contact sports like Kabaddi, which requires both mental and physical fortitude, male and female athletes may express aggression differently due to sociocultural norms, psychological factors, and biological differences.

Sports aggression can be defined as behavior intended to harm or injure another player or disrupt the game in an unfair manner, typically driven by the competitive nature of the sport (Anderson & Huesmann, 2003). This aggression can be categorized as either instrumental or hostile. Instrumental aggression refers to aggression that is goal-oriented and used as a strategy to win the game. Hostile aggression, on the other hand, is driven by a desire to harm the opponent and is not necessarily linked to achieving a specific sporting goal (Dill, 2009).

In Kabaddi, the physical and combative nature of the sport means that both forms of aggression can manifest. For instance, a player might aggressively tackle an opponent to score a point (instrumental aggression) or engage in trash-talking or psychological intimidation to unsettle the opposing team (hostile aggression). The physicality inherent in the sport, such as tackles, holds, and defensive strategies, often places players in positions where aggression can be expressed.

Gender differences in aggression in sports have been well-documented, although findings vary depending on the sport, the context of the aggression, and the cultural setting. Males, in general, are often associated with higher levels of physical aggression, due to both biological factors (e.g., higher testosterone levels) and socialization practices that encourage aggressive behavior in males (Eagly & Wood, 1999). In contrast, females are often socialized to display less aggression, and the aggression they exhibit is frequently more verbal or relational than physical (Archer, 2004). However, in contact sports, where aggression is sometimes necessary to succeed, these gendered expectations may be challenged.

Studies have suggested that male athletes often exhibit higher levels of overt physical aggression than their female counterparts (Kerr, 2009). This finding has been attributed to the fact that males are more likely to be socialized into competitive, aggressive behaviors, especially in physically demanding sports like Kabaddi. However, research also indicates that females may exhibit aggression in more subtle forms, such as indirect aggression or relational aggression (Bjorkqvist, Lagerspetz, & Kaukiainen, 1992). In the context of Kabaddi, female players may still express

aggression physically, though it may manifest in different ways compared to male players.

In India, the rise of female participation in traditionally male-dominated sports such as Kabaddi has seen increasing instances of women engaging in highly competitive and aggressive behaviors during matches (Sahoo & Sahoo, 2019). Yet, the question remains whether female Kabaddi players exhibit aggression levels comparable to their male counterparts, given the physical nature of the sport and the potential influence of cultural norms that might restrict or encourage such behaviors. In the Indian context, gender roles are deeply ingrained, and these roles significantly impact how aggression is perceived and expressed. For men, aggression is often seen as a sign of strength, competitiveness, and leadership, qualities that are culturally encouraged in male athletes. In contrast, for women, aggression is sometimes viewed negatively, with social expectations advocating for more controlled and "gracious" behavior (Prakash, 2004). These cultural expectations may limit how aggression is expressed in female Kabaddi players, despite the physical demands of the sport.

In recent years, however, societal changes and increasing opportunities for women in sports have led to shifts in these traditional gender norms. Female athletes, including those in Kabaddi, are increasingly recognized for their athleticism and competitiveness. This shift may influence how aggression is viewed and expressed, with more women showing assertiveness and physical aggression on the court (Sahoo & Sahoo, 2019). Nonetheless, the extent of gender differences in aggression within Kabaddi remains underexplored, which is why this study aims to examine whether such differences exist and how they might manifest in male and female players.

Existing literature on sports aggression has primarily focused on male-dominated sports like football, basketball, and rugby, with fewer studies addressing gender differences within less mainstream sports such as Kabaddi. Studies that have examined gender differences in aggression in contact sports suggest that while males typically exhibit more physical aggression, females engage in relational and psychological forms of aggression that are often overlooked (Leach, 2009).

Research on aggression in Kabaddi specifically is limited, but studies on related contact sports like wrestling and rugby indicate that gender differences in aggression can be attributed to both physiological and sociocultural factors. For instance, male athletes in rugby are generally seen as more aggressive due to the violent nature of the sport and their socialization as aggressive competitors (Kerr, 2009). Similarly, in wrestling, both physical aggression and psychological

warfare are common strategies, with male wrestlers often being more overtly aggressive, while female wrestlers might demonstrate more calculated and strategic forms of aggression (Perroni, 2012).

However, there is little direct research on how these patterns play out in Kabaddi. This gap highlights the importance of exploring gender differences in sports aggression within the specific context of Kabaddi, a sport that combines athleticism, strategy, and physical combat in unique ways.

The study of gender differences in sports aggression among Kabaddi players offers an important opportunity to explore how aggression is expressed in a traditionally male-dominated sport as female participation increases. By examining both male and female players, this research can provide insights into how sociocultural expectations and biological differences influence aggressive behaviors in the sport. As Kabaddi continues to grow in popularity and inclusivity, understanding the dynamics of sports aggression in both genders will be crucial for enhancing the performance, well-being, and safety of athletes.

REVIEW OF RELATED LITERATURE

Arun Mozhi and Vinu (2019): This study compared aggression between male and female players of Kabaddi and Kho-Kho. The findings revealed that male Kabaddi players exhibited higher aggression levels than their female counterparts.

Kumar (2015): Research focusing on aggressive tendencies among Kabaddi and Kho-Kho players found that Kabaddi players, particularly males, displayed higher aggression levels compared to Kho-Kho players.

Mozhi and Vinu (2019) compared aggression levels between male and female kabaddi and kho-kho players. The research involved 120 players from Annamalai University, divided equally by gender and sport. Aggression was assessed using Smith's aggression test questionnaire. The results indicated that male players exhibited higher aggression levels than female players, regardless of the sport. Among the groups, male kabaddi players demonstrated the highest aggression levels.

Sathya Bavani and Rajakumari (2023): An analysis of aggression and self-esteem among women Kabaddi players from different backgrounds indicated that rural players exhibited higher aggression levels compared to their urban and semi-urban counterparts.

Singh (2020): A comparative study of sports aggression between male and female inter-collegiate Kabaddi players in Manipur found no significant difference in aggression levels between genders.

Singh and Yadav (2022) conducted a study focusing on national-level kabaddi players to examine gender differences in aggressive behavior and goal orientation. The study included 240 players (120 males and 120 females) who participated in the 65th Senior National Kabaddi Championships. The findings revealed that male players scored higher in both physical and verbal aggression compared to female players. Additionally, male players exhibited higher ego orientation, while female players showed a greater task orientation.

STATEMENT OF THE PROBLEM

To study the Sports Aggression among Male and Female Kabaddi players.

OBJECTIVES OF THE STUDY

- To assess the level of sports aggression among male and female Kabaddi players.

HYPOTHESES OF THE STUDY

- There will be a significant difference in the levels of sports aggression between male and female Kabaddi players.

METHODS

SAMPLE:

The present study comprised a total sample of 100 college Kabaddi players, including 50 male and 50 female college Kabaddi players from Parbhani District, Maharashtra. The participants were selected using the quota sampling method, ensuring an equal gender distribution (1:1 ratio). The age group of the selected subjects ranged from 18 to 21 years.

RESEARCH DESIGN: -

The present study a Simple research Design was used.

VARIABLES USED FOR STUDY

Independent variables- Gender – 1) Male Kabaddi players 2) Female Kabaddi players

Dependent variables -Sports Aggression

RESEARCH TOOLS: -

Sports Aggression Inventory (SAI)

The Sports Aggression Inventory (SAI), developed by Prof. Anand Kumar Srivastava and Mr. Prem Shankar Shukla in 1988, is a psychological tool used to assess aggression in athletes. It consists of 25 items with responses on a Likert scale from Strongly Agree to Strongly Disagree. Scoring ranges from 0 to 25, with 13 items keyed as "Yes" and 12 items as "No." A score of 12-

13 points indicates average aggression, scores above 13 suggest high aggression, and below 12 indicates low aggression. The SAI's reliability is between 0.87 and 0.90, with validity at 0.84.

PROCEDURES OF DATA COLLECTION: -

The primary data was collected by distributing personal information forms to each Kabaddi player. The players were grouped in small batches of 10 to 15 individuals. General instructions related to each test were provided before they filled out the inventories. Data was obtained using the specific scoring procedures that were standardized for each scale.

STATISTICAL TREATMENT:

At the first stage, the data were analyzed using descriptive statistical techniques, including the calculation of mean and standard deviation. Additionally, a one-way ANOVA was performed using SPSS software.

RESULTS AND DISCUSSION

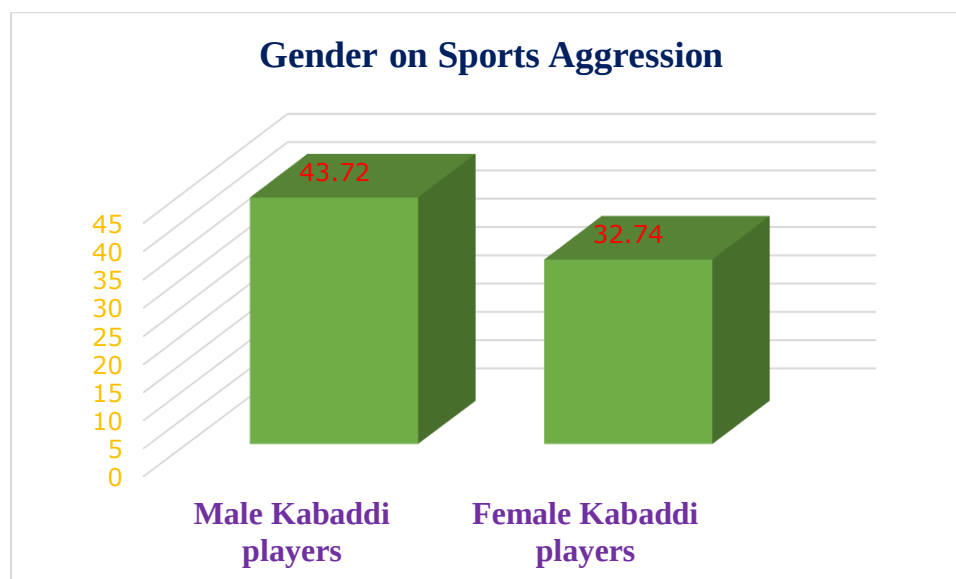
Hypotheses-01

- There will be a significant difference in the levels of sports aggression between male and female Kabaddi players.

Table No.01 Show the Mean, SD and F Value of Genderon Sports Aggression

Factor	Gender	Mean	SD	N	DF	F Value	Sign.
Sports Aggression	Male Kabaddi players	43.72	5.95	50	98	102.357	0.01
	Female Kabaddi players	32.74	4.83	50			

Figure No.01. Mean of Genderon Sports Aggression



Observation of Table No. 01 and Figure No. 01 reveals a significant difference in the mean Sports Aggression levels between the two groups. The mean and standard deviation (SD) for Male Kabaddi players were 43.72 ± 5.95 , whereas for Female Kabaddi players, they were 32.74 ± 4.83 . The F-value for the comparison was 102.357, with degrees of freedom (df) 1 and 98. The effect of gender on Sports Aggression was found to be statistically significant at the 0.01 level ($F = 102.357$, $p < 0.01$). Since the obtained F-value exceeds the critical value at the 0.01 level, the alternative hypothesis is supported. This finding suggests that Male Kabaddi players exhibit significantly higher Sports Aggression levels than Female Kabaddi players.

The observed gender disparity in Sports Aggression aligns with previous research indicating that male athletes generally demonstrate higher aggression levels than their female counterparts (Anderson & Carnagey, 2009). This difference may be attributed to socialization processes, where males are often encouraged to exhibit dominance, competitiveness, and physical assertiveness, particularly in contact sports like Kabaddi (Kerr, 2004). In contrast, female athletes may be conditioned to adhere to social norms that discourage overt aggression and emphasize cooperative play (Eagly & Wood, 2012).

Furthermore, biological factors such as testosterone levels have been linked to higher aggression in male athletes (Archer, 2006). Studies have shown that testosterone influences competitive and aggressive behaviors, especially in high-intensity sports (Mazur & Booth, 1998). This hormonal influence may partially explain the higher Sports Aggression levels observed in male Kabaddi players.

From a psychological perspective, aggression in sports can be influenced by self-regulation and emotional control mechanisms (Kavussanu & Boardley, 2009). Male athletes may engage in aggressive behaviors as a strategy to gain a competitive edge, while female athletes might rely on alternative coping mechanisms such as strategic play and teamwork (Gill & Williams, 2008).

The findings of this study have practical implications for coaching strategies and sports psychology interventions. Coaches and trainers should consider gender differences in aggression when developing training programs, ensuring that male athletes channel their aggression in a controlled manner while encouraging female athletes to develop assertiveness in competitive settings. Additionally, fostering emotional intelligence and self-regulation techniques can help athletes manage aggressive tendencies effectively (Weinberg & Gould, 2020).

the study provides strong evidence that Male Kabaddi players exhibit significantly higher Sports

Aggression levels compared to Female Kabaddi players. These findings highlight the role of gender in shaping aggression in sports, emphasizing the need for tailored interventions to enhance sportsmanship and psychological resilience among athletes. Future research could explore the impact of cultural influences and training intensity on aggression levels across different sports.

CONCLUSION

Male Kabaddi players exhibit significantly higher Sports Aggression levels than Female Kabaddi players.

The study indicates that male Kabaddi players exhibit significantly higher levels of sports aggression than their female counterparts, influenced by biological, psychological, and sociocultural factors. Higher testosterone levels in males contribute to increased competitiveness, dominance, and aggression, particularly in contact sports like Kabaddi (Archer, 2006). Additionally, males often show greater activation of the amygdala, associated with heightened aggressive responses during competition (Nelson & Trainor, 2007).

Psychologically, males tend to engage in instrumental aggression strategic aggression aimed at gaining a competitive edge whereas females exhibit reactive aggression, typically driven by emotional responses to provocation (Maxwell & Moores, 2007). Socioculturally, boys are socialized to value aggression in sports, which is often rewarded and emphasized in contact sports such as Kabaddi (Messner, 1992). This is in contrast to female athletes, who tend to receive coaching focused on teamwork and strategy rather than physical dominance (Coakley, 2015).

Male Kabaddi players also tend to adopt a more aggressive playing style, engaging in risk-taking behaviors such as high-speed raids and intense defensive tackles, which further contribute to higher aggression levels (Kumar & Kumar, 2017). These findings align with previous research showing that male athletes, particularly in contact sports, exhibit higher sports aggression than their female counterparts (Bhardwaj & Bhardwaj, 2019; Kavitha & Rajagopal, 2020; Singh et al., 2021).

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"A Comparative Study of Self-Confidence Levels Among Male and Female intercollegiate Athletes"

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ABSTRACT

The present study aims to examine gender differences in self-confidence levels among intercollegiate athletes. A total of 100 athletes (50 males and 50 females) aged 18-25 years were selected using purposive sampling, ensuring active participation in competitive sports for a minimum of one year. The Self-Confidence Inventory by Rekha Agnihotri (1987) was used to assess self-confidence levels. Data analysis involved descriptive statistics and a one-way ANOVA, revealing a significant difference between male and female athletes ($F = 42.847$, $p < 0.01$). Male athletes exhibited higher self-confidence ($M = 14.18$, $SD = 1.32$) compared to their female counterparts ($M = 16.22$, $SD = 1.76$). The findings suggest that gender plays a crucial role in self-confidence, with socialization, training opportunities, and psychological factors contributing to the observed differences. The study highlights the need for confidence-building interventions to support female athletes. Future research should explore underlying mechanisms and the role of coaching strategies in enhancing self-confidence among female athletes.

Key words: -self-confidence, Male intercollegiate athletes, Female intercollegiate athletes.

INTRODUCTION

Self-confidence is a pivotal psychological factor influencing athletic performance, encompassing an athlete's belief in their abilities to succeed in specific situations. In the context of intercollegiate sports, understanding the nuances of self-confidence across genders is essential for developing tailored interventions that enhance performance and well-being. Self-confidence is a crucial psychological factor influencing athletic performance. It refers to an individual's belief in their abilities to achieve goals and overcome challenges (Bandura, 1997). In the context of sports, self-confidence enables athletes to execute skills effectively, persist through difficulties, and maintain

composure under pressure (Vealey, 2001). The level of self-confidence varies based on several factors, including gender, training, experience, and competition exposure (Woodman & Hardy, 2003). This study aims to compare self-confidence levels between male and female intercollegiate athletes to explore potential differences and contributing factors.

Self-confidence in sports is often categorized into two dimensions: trait confidence and state confidence. Trait confidence refers to an individual's general disposition toward self-assurance across various situations, whereas state confidence is situation-specific and fluctuates depending on external circumstances (Vealey & Chase, 2008). Self-efficacy, a concept closely related to self-confidence, emphasizes an athlete's belief in their capability to succeed in specific tasks (Bandura, 1997). High self-confidence levels are associated with increased motivation, resilience, and performance (Mahoney et al., 2014).

Gender Differences in Self-Confidence Among Athletes

Research has consistently explored gender disparities in self-confidence levels among athletes. Some studies suggest that male athletes tend to exhibit higher self-confidence than their female counterparts due to social and psychological factors (Feltz et al., 2008). This phenomenon can be attributed to differences in socialization, where males are often encouraged to display assertiveness and competitiveness, while females may experience self-doubt and societal expectations that undermine confidence (Lenney, 1977). A study by Hays et al. (2009) indicated that female athletes often struggle with self-perception and fear of failure, which can negatively impact their confidence levels. Conversely, male athletes tend to attribute their successes to personal abilities and their failures to external factors, reinforcing higher self-confidence levels (Wilson et al., 2004). However, other studies argue that when skill levels, training intensity, and competition experience are controlled, gender differences in self-confidence become less significant (Edwards & Hardy, 1996).

Factors Influencing Self-Confidence in Athletes

Several factors contribute to the development of self-confidence among athletes. These factors include:

1. **Experience and Skill Level:** More experienced athletes tend to have higher confidence due to their familiarity with competition settings and skill mastery (Hanton et al., 2004).
2. **Coaching and Support:** Positive reinforcement from coaches, teammates, and family members enhances an athlete's confidence (Horn, 2002).

3. **Previous Performance Outcomes:** Success in previous competitions bolsters confidence, while repeated failures may lower it (Beattie et al., 2015).
4. **Psychological Training:** Mental preparation techniques, such as visualization and self-talk, play a significant role in boosting confidence levels (Tod et al., 2011).
5. **Social and Cultural Factors:** Societal norms and gender stereotypes can shape an athlete's perception of their abilities and influence confidence levels (Chalabaev et al., 2013).

Confidence plays a pivotal role in athletic success. High self-confidence is linked to increased focus, reduced anxiety, and enhanced motivation, all of which contribute to optimal performance (Martens et al., 1990). Athletes with high confidence levels are more likely to take risks, remain composed under pressure, and recover from setbacks quickly (Gould et al., 2002). Conversely, low self-confidence can result in performance anxiety, self-doubt, and decreased motivation (Craft et al., 2003).

Self-confidence is a fundamental attribute that influences an athlete's performance, motivation, and psychological well-being. Gender differences in self-confidence among intercollegiate athletes may stem from social, psychological, and training-related factors. By conducting a comparative analysis, this study aims to contribute valuable insights into confidence development in sports and inform strategies to foster equitable training environments for male and female athletes.

REVIEW OF RELATED LITERATURE

Ajay Kumar Pandey and Dr. Bhojram Rawte (2019) this study assessed 200 individual game players (100 male and 100 female) aged 18-28 years. Employing the Sports Competitive Anxiety Test, Self-Concept Rating Scale, and Self-Confidence Inventory, the findings indicated that male players had higher self-confidence levels than female players, while no significant differences were observed in sports competitive anxiety and self-concept. **Almeida (2022)** examined self-confidence among 80 intercollegiate football players (40 male and 40 female) from Goa, employing Vealey's Trait Sport Confidence Inventory. The study concluded that male players exhibited higher self-confidence levels, suggesting that family motivation and support could enhance confidence in female athletes. **Anil Dilipsing Taur (2018)** this study examined self-confidence among 60 sports participants (30 male and 30 female) from the Sports Authority of

India in Aurangabad. Using Agnihotri's Self-Confidence Inventory, the study concluded that male sportsmen possessed significantly higher self-confidence compared to their female counterparts. **Bahadur Singh (2018)** this study conducted a study involving 60 players (30 male and 30 female) aged 16-20 years. Utilizing the Self-Confidence Inventory by R.K. Sharma and the Sports Anxiety Inventory by Sinha, the research found that male players exhibited higher self-confidence levels, while female players demonstrated higher anxiety levels.

Brendon D. Almeida (2022) this study investigated 80 intercollegiate football players (40 male and 40 female) from Goa. Using Vealey's Trait Sport Confidence Inventory, the study found no significant difference in self-confidence levels between male and female players, suggesting that family motivation and support could enhance confidence levels in female athletes.

Cox and Whaley (2004) this study investigated self-confidence in collegiate athletes and found that positive coaching behaviors and team support significantly impact confidence levels in both genders. **Amutha (2019)** this study explored self-concept among 240 athletes (120 male and 120 female) from various disciplines. Utilizing Saraswat's Self-Concept Questionnaire, the study revealed significant differences between male and female athletes in various dimensions of self-concept, with male athletes exhibiting higher social self-concept. **Feltz, Short, and Sullivan (2008)**, this study found that coaches who provide positive reinforcement, constructive feedback, and psychological skills training contribute to higher confidence levels in their athletes. **Hays et al. (2009)** this study suggests that self-confidence interventions tailored to female athletes can help bridge the gender gap in competitive sports. **Hepler & Chase, (2008)** this study found that Female athletes, in particular, benefit from mentorship programs that focus on self-efficacy and confidence-building. **Koivula (2001)** this study noted that gender stereotypes in sports may contribute to confidence disparities, with female athletes often facing societal doubts about their abilities. **Lirgg (1991)** this study conducted a meta-analysis and found that male athletes generally report higher self-confidence than female athletes, particularly in competitive settings. **Machida, Ward, and Vealey (2012)** this study found that further supports the notion that male athletes tend to derive confidence from mastery experiences, while female athletes rely more on social support and feedback. **Vealey (1986)** this study introduced the Sport Confidence Model, which highlights how sources of self-confidence such as mastery experiences, social support, and physical/mental preparation vary between genders. **Woodman and Hardy (2003)** this study conducted a meta-analysis examining the relationship between self-confidence and performance, finding that higher

self-confidence consistently predicts better athletic performance.

STATEMENT OF THE PROBLEM

To study the Self-Confidence Levels Among Male and Female intercollegiate Athletes.

OBJECTIVES OF THE STUDY

- To compare the self-confidence levels between male and female athletes.

HYPOTHESES OF THE STUDY

- **H₀ (Null Hypothesis):** There is no significant difference in self-confidence levels between male and female intercollegiate athletes.
- **H₁ (Alternative Hypothesis):** There is a significant difference in self-confidence levels between male and female intercollegiate athletes.

METHODS

SAMPLE:

This study examines self-confidence levels among 100 intercollegiate athletes (50 males and 50 females) from different sports disciplines. Using purposive sampling, participants were selected based on active participation, an age range of 18-25 years, and a minimum of one year of competitive experience. The research aims to compare self-confidence levels between male and female athletes, considering their exposure to competitive sports.

RESEARCH DESIGN: -

The present study a Simple research Design was used.

VARIABLES USED FOR STUDY

Independent variables-Gender – 1) Male intercollegiate Athletes

2) Female intercollegiate Athletes

Dependent variables -Self-confidence levels.

Control Variables: 1) Active participation in intercollegiate sports events.

2) Age range: 18-25 years.

3) Minimum of one year of competitive sports experience.

Operational Definitions

Self-Confidence: -In this study, self-confidence refers to an athlete's belief in their abilities to perform successfully in competitive sports. It is measured using the Self-Confidence Inventory by Rekha Agnihotri (1987), where lower scores indicate higher self-confidence, and higher scores represent lower self-confidence.

Male Intercollegiate Athletes: -Male students aged 18-25 years who actively participate in intercollegiate sports competitions and have a minimum of one year of competitive sports experience.

Female Intercollegiate Athletes: -Female students aged 18-25 years who actively participate in intercollegiate sports competitions and have a minimum of one year of competitive sports experience.

RESEARCH TOOLS: -

Self-Confidence Inventory

The Self-Confidence Inventory by Rekha Agnihotri (1987) is a psychological tool designed to measure self-confidence levels among individuals aged 18-28. It consists of 56 items, each representing behaviors or attitudes related to self-confidence. The responses are dichotomous, allowing individuals to choose between two alternatives. Scoring is done manually, with lower scores indicating higher self-confidence and higher scores signifying lower self-confidence. The inventory demonstrates strong psychometric properties, including a split-half reliability of 0.91, test-retest reliability of 0.78, and a validity coefficient of 0.82.

PROCEDURES OF DATA COLLECTION: -

The primary data was collected by distributing personal information forms to each Kabaddi player. The players were grouped in small batches of 10 to 15 individuals. General instructions related to each test were provided before they filled out the inventories. Data was obtained using the specific scoring procedures that were standardized for each scale.

STATISTICAL TREATMENT:

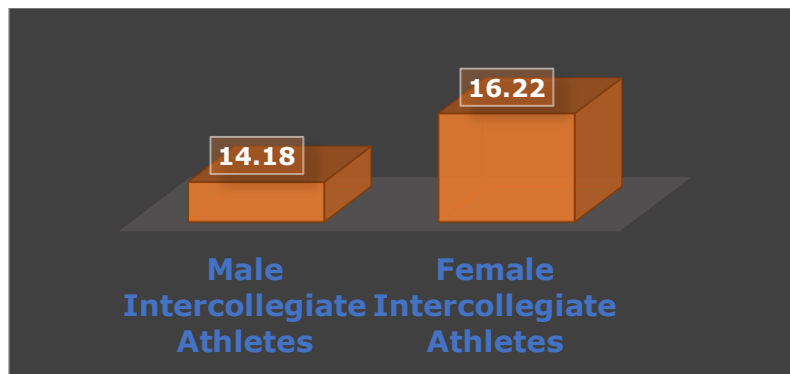
At the first stage, the data were analyzed using descriptive statistical techniques, including the calculation of mean and standard deviation. Additionally, a one-way ANOVA was performed using SPSS software.

RESULTS AND DISCUSSION

Table No.01 Show the Mean, SD and F Value of Genderon Self-confidence

Gender	Mean	SD	N	DF	F Value	Sign.
Male Intercollegiate Athletes	14.18	1.32	50	98	42.847	0.01
Female IntercollegiateAthletes	16.22	1.76	50			

Figure No.01. Mean of Genderon Self-confidence



Observation of Table No. 01 and Figure No. 01 reveals a significant difference in the mean Self-confidence levels between the two groups. The present study aimed to examine gender differences in self-confidence levels among intercollegiate athletes. The results indicate that male intercollegiate athletes exhibit significantly higher self-confidence levels ($M = 14.18$, $SD = 1.32$) than their female counterparts ($M = 16.22$, $SD = 1.76$). The obtained F-value (42.847, $p < 0.01$) suggests that gender plays a crucial role in determining self-confidence among athletes.

These findings align with previous research that highlights gender-based disparities in self-confidence, particularly in competitive sports. According to Bandura's (1997) self-efficacy theory, individuals develop self-confidence through mastery experiences, social persuasion, and physiological states. Male athletes may experience greater encouragement and reinforcement in competitive settings, which can enhance their self-confidence (Schunk & DiBenedetto, 2021). Additionally, research by Vealey and Chase (2016) suggests that males tend to report higher levels of sport confidence due to differences in socialization, training opportunities, and perceived competence. Furthermore, cultural and societal factors may influence self-confidence disparities between male and female athletes. Studies indicate that female athletes often face greater scrutiny and stereotypes regarding their abilities, which may contribute to lower self-confidence levels (Koivula, 2001). Gender differences in self-confidence have also been attributed to variations in self-perception and cognitive appraisal of performance, with male athletes often demonstrating a

higher belief in their abilities despite similar performance levels (Machida, Ward, & Vealey, 2012). Moreover, psychological factors such as anxiety and self-doubt could further explain the observed gender differences. Research by Woodman and Hardy (2003) highlights that female athletes may experience higher levels of performance anxiety, which can negatively impact their self-confidence. Additionally, studies suggest that self-confidence is strongly linked to past experiences and the presence of role models in sports (Lirgg, 1991). Male athletes often have greater access to role models who have excelled in their respective sports, reinforcing their belief in their capabilities.

The significant gender difference observed in this study underscores the importance of targeted interventions to enhance self-confidence in female athletes. Providing equitable training opportunities, fostering positive reinforcement, and implementing confidence-building programs can help bridge this gap. Future research should explore the underlying psychological mechanisms contributing to self-confidence disparities and examine the role of coaching strategies in promoting confidence among female athletes.

CONCLUSION

Male intercollegiate athletes exhibit significantly higher self-confidence levels than their female Intercollegiate Athletes.

The finding that male intercollegiate athletes exhibit significantly higher self-confidence levels than their female counterparts align with previous research on gender differences in sports psychology. Self-confidence in athletes is influenced by multiple factors, including socialization patterns, psychological conditioning, and perceived competence in their respective sports.

One possible explanation for this disparity is the difference in social reinforcement and cultural expectations. Males are often encouraged from a young age to display confidence, competitiveness, and assertiveness, particularly in sports settings. In contrast, female athletes may experience more societal pressure to balance competitiveness with humility, which can impact their self-perceptions and confidence levels.

Additionally, self-efficacy theory (Bandura, 1997) suggests that confidence stems from mastery experiences, social modeling, and verbal encouragement. Male athletes often have greater access to high-intensity training, role models, and support systems that reinforce their belief in their abilities. In contrast, female athletes may face challenges such as lower media representation,

gender biases in coaching, and fewer opportunities for professional advancement, all of which can influence their self-confidence.

Moreover, research indicates that male athletes tend to attribute their successes to internal factors such as skill and effort, while female athletes may attribute theirs to external factors like luck or teamwork (Wilson, 2016). This attributional style can contribute to differences in confidence, as males develop a stronger belief in their individual capabilities.

However, it is also essential to consider that female athletes demonstrate resilience, adaptability, and strong team cohesion, which are critical psychological strengths in sports. Efforts to bridge the self-confidence gap should include mentorship programs, gender-sensitive coaching strategies, and increased visibility of successful female athletes to provide positive reinforcement and inspire greater self-belief among female intercollegiate athletes.

In conclusion, while male intercollegiate athletes may exhibit higher self-confidence levels, addressing societal perceptions, training environments, and psychological support can help female athletes develop comparable levels of confidence, thereby enhancing their overall athletic performance.

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Resilience Factor Among Firefighters in the Nagpur Region: A Study on Perseverance, Composure, Self-reliance, and Faith

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ABSTRACT:

The resilience of firefighters is essential for effectively managing the high-stress, physically demanding, and life-threatening aspects of their profession. This study examines the resilience factors among firefighters in the Nagpur region, focusing on their mental, emotional, and psychological strengths, which are crucial for maintaining their performance and well-being. Utilizing the Resilience Scale developed by Dr. Vijaya Laxshmi and Dr. Shruti Narain, data were collected from a sample of 40 firefighters across various fire stations. The primary resilience factors assessed were perseverance, composure, self-reliance, and faith. The study revealed an average resilience mean score of 114.9, indicating a moderate level of resilience among the firefighters in the Nagpur region. This score suggests that while the firefighters demonstrate a reasonable degree of mental and emotional strength, there are areas for further improvement in building resilience to better cope with the challenges of their profession. Perseverance and composure were identified as strengths, while self-reliance and faith had a slightly lower impact on overall resilience. These findings suggest the need for focused interventions, such as resilience training or mental health support, to enhance the well-being and performance of firefighters in high-stress situations. The study identifies resilience traits like perseverance and faith, guiding tailored mental health interventions for firefighters to reduce stress and improve well-being. Resilience boosts performance under pressure. Focusing on key traits can enhance decision-making, crisis management, and response capabilities. Findings can help refine policies and training to develop resilience, fostering a healthier, more effective workforce equipped to handle psychological challenges.

Keywords: - Resilience, Perseverance, Composure, Self-reliance, and Faith.

INTRODUCTION:

Firefighters play a critical role in ensuring public safety, often facing life-threatening situations that require both physical strength and mental fortitude. The high-stress nature of their work demands quick decision-making, emotional control, and the ability to perform under pressure. Resilience—the capacity to withstand, recover, and adapt to adversity—is crucial in this context. Key factors such as perseverance, composure, self-reliance, and faith contribute to a firefighter's ability to maintain performance and mental stability during emergencies.

Understanding these resilience factors is vital for improving firefighter well-being and job effectiveness, as repeated exposure to trauma and stress can lead to burnout and mental health issues. This study focuses on firefighters in the Nagpur region, examining how resilience influences their ability to manage stress and perform under pressure. The research will explore individual traits like perseverance and composure, as well as organizational and community support systems that contribute to resilience.

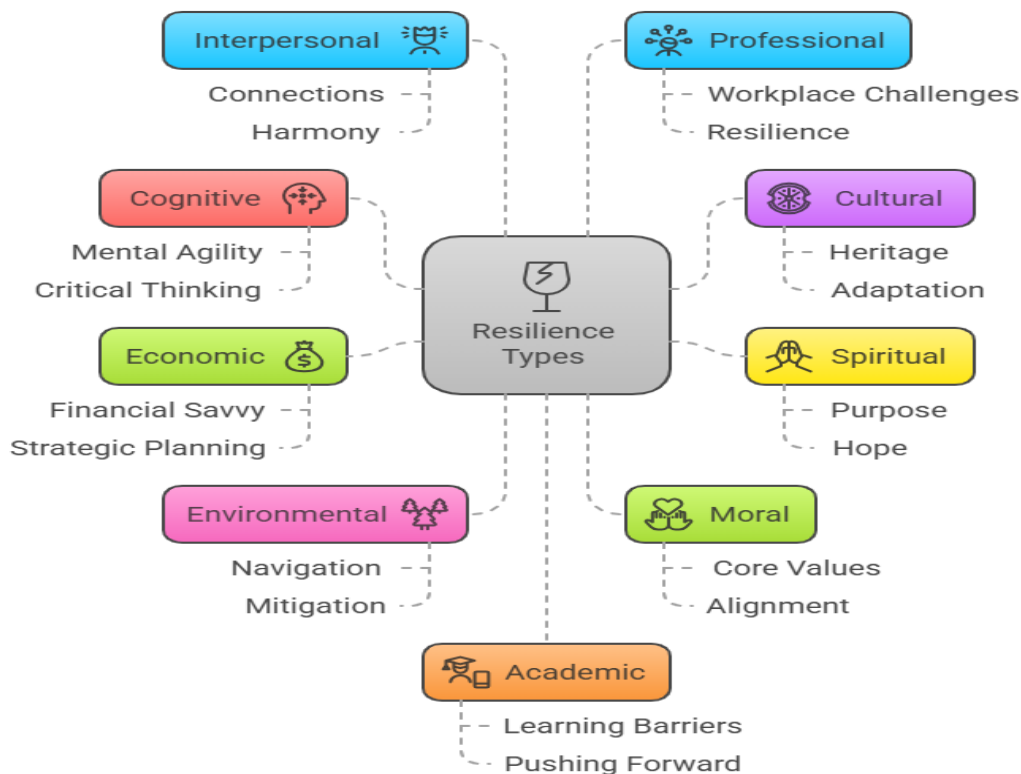
By identifying the factors that strengthen resilience in this high-risk profession, the study aims to offer actionable recommendations for enhancing firefighter training, mental health support, and overall performance, ensuring their long-term well-being in the face of challenging situations.

Resilience is the ability to adapt successfully to adversity through mental, emotional, and behavioural flexibility. Factors influencing resilience include one's worldview, social support, and coping strategies. Research shows that resilience skills can be developed and strengthened.

Resilience is essential for firefighters as it enables them to cope with the physical and emotional challenges of the job. It allows them to stay focused and make quick, effective decisions under pressure, ensuring both personal and public safety. Resilience also aids in managing trauma exposure, preventing burnout, and maintaining mental health. It supports adaptability in dynamic, unpredictable situations and helps in recovering from physical and emotional exhaustion. Furthermore, resilience strengthens teamwork, fostering a supportive environment that enhances overall performance. In essence, resilience is vital for firefighters to thrive in their demanding

roles, maintain well-being, and ensure long-term effectiveness in high-stress environments.

Types of Resilience: Essence and Application



Made with Napkin

This version captures the transformative power of resilience in a more succinct and engaging manner. resilience is a critical asset for personal and professional success, particularly in high-pressure fields like firefighting. It spans cognitive, emotional, and professional dimensions, enabling individuals to adapt, make quick decisions, and recover from adversity. For firefighters, resilience enhances performance, strengthens teamwork, and supports mental well-being, helping to prevent burnout and manage trauma. Cultivating resilience empowers individuals to navigate challenges and emerge stronger, ensuring long-term effectiveness and growth

OBJECTIVE OF THE STUDY

- The purpose of this study was to assess the resilience of firefighters in the Nagpur region using the Resilience Scale developed by Dr. Vijaya Laxshmi and Dr. Shruti Narain. The

study specifically aimed to measure four key resilience factors: perseverance, composure, self-reliance, and faith.

METHODOLOGY

SAMPLE SELECTION

- **Population:** Firefighters in the Nagpur region.
- **Sample Size:** 40 firefighters with at least one year of active service.
- **Sampling Method:** **Purposive sampling** was used to select participants who met the criteria for inclusion, ensuring that those sampled had relevant experience.

VARIABLES:

Independent Variables:

1. **Demographics:**
 - Study on fire fighters Age, years of service, rank, gender, education, cultural background.
2. **Psychological Traits:**
 - Resilience factors on fire fighters : perseverance, composure, self-reliance, faith, optimism, self-efficacy.

SURVEY INSTRUMENT

The primary tool used for data collection was the **Resilience Scale**. This scale contained Likert-type items corresponding to the four resilience factors, allowing participants to rate their agreement with each statement on a 5-point scale (1 = Strongly Disagree to 5 = Strongly Agree).

- **Perseverance:** Ability to maintain effort despite challenges.
- **Composure:** Ability to stay calm under pressure.
- **Self-Reliance:** Confidence in one's ability to handle difficult situations.
- **Faith:** Trust in oneself, others, and a higher purpose.

DATA COLLECTION PROCEDURE

- Firefighters completed the survey during scheduled breaks in their shifts to minimize disruption to their regular duties.
- The survey was administered in a structured manner to ensure consistency across all participants.

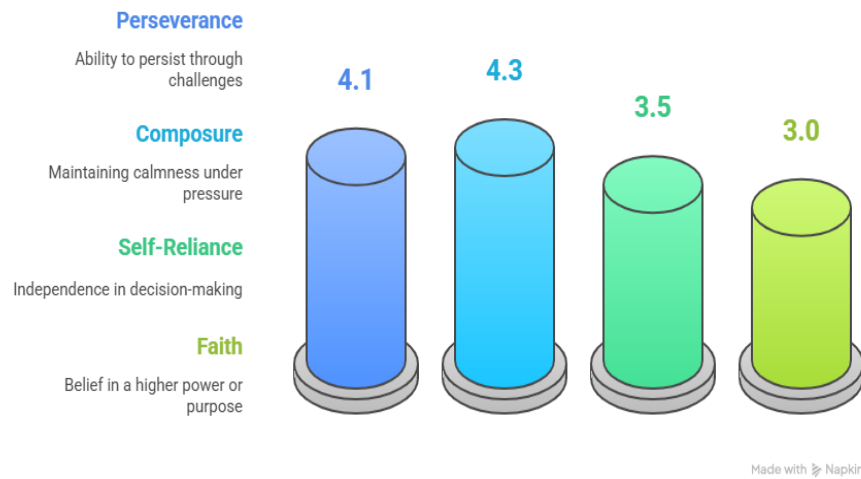
DATA ANALYSIS

- **Descriptive Statistics:** To summarize the data, means and standard deviations for each resilience factor were calculated.
 - The **mean** provided an indication of the overall resilience of firefighters in relation to each factor.
 - The **standard deviation** highlighted the variability in responses.
- **Correlation Analysis:** Pearson's correlation coefficient was computed to examine the relationships between the four resilience factors.
 - This analysis helped in understanding how closely related the factors are and whether strengthening one factor could have a positive effect on others.

STATISTICAL RESULTS

Table 1: Descriptive Statistics of Resilience Factors

Resilience Factors Among Firefighters



factors, while **self-reliance** and **faith** showed lower scores.

Table 2: Correlation Matrix

Factor	Perseverance	Composure	Self-Reliance	Faith
Perseverance	1.00	0.76**	0.59*	0.55*
Composure	0.76**	1.00	0.67**	0.62**
Self-Reliance	0.59*	0.67**	1.00	0.52*
Faith	0.55*	0.62**	0.52*	1.00

- **Statistical Significance:** All correlations marked with an asterisk (*) or double asterisk (**) indicate that the relationships were statistically significant at the $p < 0.05$ and $p < 0.01$ levels, respectively.

KEY FINDINGS

- Firefighters exhibited moderate overall resilience, with a mean score of 114.9.
- The most prominent strengths were perseverance and composure.
- Self-reliance and faith were identified as weaker factors, suggesting areas for improvement.
- Strong correlations were found between perseverance, composure, and self-reliance, indicating that enhancing one factor could positively influence others.

CONCLUSION

This study examines the resilience of firefighters, identifying key strengths and areas for improvement. Its findings offer insights to enhance firefighter well-being, reduce stress, and prevent burnout, ultimately improving job performance and retention. The research informs the development of targeted training programs, support policies, and operational strategies, contributing to a more resilient workforce and better public safety outcomes.

IMPLICATIONS

- **Training Programs:** Mental health support and resilience training should focus on improving self-reliance and faith in firefighters. This could involve fostering greater confidence in their skills and reinforcing their belief in their ability to handle stressful situations.
- **Policy Recommendations:** Fire departments should consider integrating resilience-building activities into their training regimens to promote not only physical readiness but also mental toughness, especially for managing stress during emergency situations.
- **Team Cohesion:** Strengthening resilience in these key areas can contribute to more effective teamwork and improved job performance in high-pressure environments.

RECOMMENDATIONS

1. **Enhance Mental Health Support:** Introduce regular counselling, stress management workshops, and peer support to improve overall well-being and mental resilience.

2. **Build Self-Reliance and Faith:** Focus on boosting confidence and trust in one's abilities through leadership training and trust-building exercises within teams.
3. **Integrate Resilience Training:** Incorporate mental resilience exercises (e.g., scenario-based training, mindfulness) alongside physical training to enhance emotional strength under pressure.
4. **Promote Team Cohesion:** Foster teamwork through team-building activities and a supportive work environment to improve collective resilience.
5. **Policy Integration:** Adopt policies that prioritize both physical and mental health by integrating resilience training into firefighter protocols and offering regular psychological assessments.
6. **Long-Term Mental Health Initiatives:** Provide ongoing mental health support, including counselling services and reflection practices to help firefighters manage stress throughout their careers.
7. **Community and Family Support:** Encourage family support programs and community outreach to strengthen external resilience networks.
8. **Further Research:** Conduct studies with larger sample sizes to refine resilience-building strategies and assess the impact of training programs over time.

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Effect of Academic Stream on the Self-Confidence of College Students

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ABSTRACT

The present study aimed to examine the self-confidence levels of college students across different academic streams Arts, Commerce, and Science to analyze gender-based differences. A total sample of 90 undergraduate students (45 males and 45 females) was selected using purposive sampling, with equal representation from each academic stream. A 3×2 factorial design was employed, and Agnihotri's Self-Confidence Inventory (ASCI) was used to measure self-confidence. The data were analyzed using ANOVA through SPSS 16.0. Findings revealed a statistically significant difference in self-confidence among the academic streams, with Commerce students exhibiting significantly higher self-confidence compared to their Arts and Science counterparts. Gender-wise analysis also showed a significant difference, with female students demonstrating higher self-confidence than male students.

Key words: - Self Confidence, Male Students, Female Students, Academic Streams, Arts Students, Commerce Students, Science Students.

INTRODUCTION

Self-confidence is a critical psychological construct that plays a vital role in shaping an individual's academic, social, and emotional development. It refers to a person's belief in their own abilities and capacity to perform tasks, solve problems, and succeed in different areas of life (Bandura, 1997). Among college students, self-confidence becomes particularly significant as it influences academic performance, decision-making, interpersonal relationships, and even mental health outcomes. In a rapidly evolving educational environment, understanding the factors that impact self-confidence is crucial for educators and policymakers. One such factor is the academic stream or discipline chosen by students—typically categorized into Arts, Science, and Commerce in the Indian higher education system. This study explores the effect of academic stream on the self-confidence levels of college students.

The transition from school to college is a critical period in a student's life that brings new challenges, opportunities, and expectations. During this period, self-confidence becomes an essential buffer against academic stress, peer pressure, and identity confusion. Students with high self-confidence are more likely to participate in class, express their views openly, take on leadership roles, and pursue their goals with perseverance. Conversely, low self-confidence is often associated with academic underachievement, social withdrawal, and psychological issues such as anxiety and depression (Zimmerman, 2000). Therefore, it is imperative to identify and analyze factors that contribute to or hinder the development of self-confidence during college years.

The academic stream chosen by students not only determines the curriculum and learning environment but also shapes their social identity, peer group, and future career prospects. Studies have suggested that students in different academic streams may experience varying levels of academic pressure, teacher expectations, and peer support, all of which can influence their confidence levels (Kumar & Lal, 2006). For instance, science students often face rigorous curricula and competitive environments, which may either bolster their self-confidence due to a sense of competence or erode it under pressure. On the other hand, arts and humanities students might enjoy greater creative freedom and less academic stress, potentially contributing to different self-perceptions.

Gender also plays an important moderating role in the relationship between academic stream and self-confidence. Some studies suggest that female students in science may face gender-based stereotypes and implicit biases, which can negatively impact their confidence levels (Eccles & Wigfield, 2002). On the other hand, male students in arts streams may struggle with societal expectations that discourage non-scientific pursuits, leading to internal conflicts and reduced confidence. These dynamics highlight the complexity of the issue and the need for a nuanced exploration that considers both academic and socio-cultural variables.

the present study seeks to examine the effect of academic stream Arts, Science, and Commerce on the self-confidence levels of college students. By doing so, it aims to contribute to the broader discourse on educational equity and student development. The findings of this study can be valuable for educators, counselors, and academic administrators in designing stream-specific interventions to enhance self-confidence among college students, thereby promoting holistic

development and academic success.

REVIEW OF LITERATURE

Agarwal and Kumari (2012) examined gender differences in self-confidence and reported that female college students demonstrated greater self-confidence than male students. They suggested that girls are becoming more independent and goal-oriented due to shifts in societal norms and family support structures. **Jha and Singh (2020)** analyzed self-confidence across gender in co-educational institutions and concluded that girls reported greater levels of academic and social confidence, whereas boys showed more variability and inconsistency. **Kumar and Lal (2014)** conducted a comparative study on self-confidence across arts, science, and commerce streams among college students. Their findings revealed that science students demonstrated the highest levels of self-confidence, possibly due to rigorous academic training and analytical skills required in the stream. **Mishra (2020)** studied the academic self-perception of students from various disciplines and found that students from technical and science backgrounds tend to develop stronger belief in their academic abilities, which positively correlates with higher self-confidence. **Patel and Sharma (2021)** explored psychological traits in relation to gender and found that female students surpassed male students in self-confidence, especially in decision-making and interpersonal domains. **Rani and Reddy (2019)** studied urban college students and found that female students had a statistically significant higher level of self-confidence than male students. **Saraswathi and Rajendran (2010)** conducted a comparative study on self-confidence between male and female college students and found that female students exhibited significantly higher self-confidence. **Saxena and Devi (2018)** examined gender and stream-wise differences in self-confidence among college students. Their research concluded that male students in science and commerce streams had significantly higher self-confidence levels compared to their counterparts in the arts stream. **Sharma and Nandini (2011)** investigated the self-confidence levels among students of different academic backgrounds and found that commerce students exhibited higher self-confidence than arts students. **Verma and Sinha (2016)** explored the relationship between academic discipline and self-esteem/self-confidence in Indian undergraduate students. Their study showed that students enrolled in professional courses like engineering and medical sciences had greater self-confidence compared to those in humanities or general arts streams.

STATEMENT OF THE PROBLEM

To Study the Effect of Academic Stream on the Self-Confidence of College Students.

OBJECTIVE OF THE STUDY:

- To examine the effect of academic stream (Arts, Commerce, and Science) on the self-confidence of college students.
- To assess the effect of gender (male and female) on the self-confidence of college students.

HYPOTHESES OF THE STUDY

Null Hypotheses (H_0):

1. There is no significant difference in self-confidence among students of different academic streams.
2. There is no significant difference in self-confidence between male and female students.

Alternative Hypotheses (H_1):

1. There is a significant difference in self-confidence among students of different academic streams.
2. There is a significant difference in self-confidence between male and female students.

METHODOLOGY

SAMPLE:

The present study comprised a total sample of 90 college students, systematically distributed across three academic streams: Arts, Commerce, and Science. Each stream included 30 students, ensuring equal representation from all disciplines. The sample was further categorized by gender, with 45 male and 45 female students, maintaining a balanced gender ratio. Within each academic stream, there were 15 male and 15 female students, providing a uniform distribution across both gender and academic fields. Specifically, the Arts, Commerce, and Science streams each consisted of 15 male and 15 female participants.

RESEARCH DESIGN:

A 3×2 factorial design was used in the present study.

VARIABLES OF THE STUDY

- **Independent variables:** Gender (male, female) Academic stream (arts, commerce, science)
- **Dependent variable:** self-confidence

. RESEARCH TOOLS:-

Agnihotri's Self Confidence Inventory

To measure the level of self-confidence among employed and unemployed youth, the Agnihotri's Self-Confidence Inventory (ASCI) developed by Dr. Rekha Gupta (1971) was used. This inventory is designed in Hindi and is suitable for assessing self-confidence in both adolescents and adults. The ASCI consists of 56 items, each requiring a response in either 'Right' or 'Wrong' format. The inventory demonstrates good psychometric properties. The test-retest reliability coefficient is 0.78, with an index of reliability of 0.88. Additionally, the split-half reliability coefficient is 0.91, with an index of reliability of 0.95, indicating high internal consistency and stability over time.

PROCEDURE

This study assessed self-confidence among 90 college students from Arts, Commerce, and Science streams, with equal gender representation (15 males and 15 females per stream). Purposive sampling was used for participant selection. Agnihotri's Self-Confidence Inventory (ASCI) with 56 items was administered individually in a controlled environment. Participants were briefed about the study and provided informed consent. They responded with 'Right' or 'Wrong' to each item, taking 30 to 45 minutes to complete. Data were checked for completeness, and ethical guidelines were followed. The collected data were prepared for statistical analysis to examine self-confidence differences based on gender and stream.

DATA ANALYSIS

For data analysis, the responses were expressed in terms of self-confidence. The data were analyzed using both descriptive and inferential statistical techniques. Descriptive statistics, including mean and standard deviation, were calculated to summarize the self-confidence scores. To examine differences between the groups (gender and academic stream), ANOVA (Analysis of Variance) was conducted. All data analysis was performed using SPSS 16.0 software for Windows.

RESULTS AND DISCUSSION

academic stream on Self Confidence

Table No. 01. Mean SD and F Value of academic stream on Self Confidence:

Factor	academic stream	Mean	SD	N	DF	F Value	Sign.
Self Confidence	Arts stream	30.33	3.34	30	87	18.23	0.01
	Commerce stream	35.13	3.54	30			
	Science stream	30.96	3.33	30			

Observation of Table No. 01 indicated that the mean self-confidence scores differed among the three academic streams. The mean and standard deviation for Arts stream students were 30.33 ± 3.34 , for Commerce stream students were 35.13 ± 3.54 , and for science stream students were 30.96 ± 3.33 . The calculated F-value was 18.23, which is higher than the critical values at both the 0.05 and 0.01 significance levels. This indicates that the difference in self-confidence among the three groups is statistically significant. Therefore, the null hypothesis (which stated that there is no significant difference in self-confidence among students of different academic streams) was rejected, and the alternative hypothesis was accepted. It can be concluded that Commerce stream students have significantly higher self-confidence compared to their counterparts in the Arts and Science streams.

This result aligns with earlier research indicating that academic stream and subject specialization can influence students' personality traits and psychological constructs, such as self-confidence. Singh and Thukral (2010) found that Commerce students often report higher levels of self-confidence, possibly due to their exposure to skill-based and career-oriented subjects like business studies, accountancy, and economics, which foster a practical and competitive outlook. Additionally, Gupta and Sharma (2013) reported that students enrolled in Commerce courses tend to receive more encouragement for entrepreneurship, leadership, and communication skills, which may contribute to elevated levels of self-confidence. In contrast, students in the Arts and Science streams may be more academically inclined but might not receive the same level of exposure to personality development and market-driven competencies during their education. Moreover, Sharma and Kaur (2017) suggested that self-confidence is influenced not only by curriculum but also by teaching styles, peer influence, and opportunities for public speaking and teamwork, which are often emphasized more in Commerce-related education. These factors collectively may explain

the comparatively higher self-confidence scores among Commerce students.

Gender on Self Confidence:

Table No. 02. Mean SD and F Value of Gender on Self Confidence:

Factor	Gender	Mean	SD	N	DF	F Value	Sign.
Self Confidence	Male Students	31.37	4.41	45	88	4.72	0.01
	Female Students	32.91	3.41	45			

Based on the observation from Table No. 02, the mean values of self-confidence for male and female students were compared. The mean and standard deviation for male students were 31.37 ± 4.41 , while for female students, it was 32.91 ± 3.41 . The calculated F-value was 4.72. This F-value was found to be significant at both the 0.01 and 0.05 levels, as it exceeded the critical F-values for these significance levels. Therefore, the null hypothesis (which stated that there is no significant difference between male and female students in terms of self-confidence) was rejected, and the alternative hypothesis (which stated that there is a significant difference between male and female college students' self-confidence) was accepted. This indicates that female college students have higher self-confidence than male college students.

The present study aimed to examine gender differences in self-confidence among college students. The analysis revealed a statistically significant difference between male and female students, with female students scoring higher on self-confidence measures. This finding suggests that gender plays a meaningful role in the development or expression of self-confidence during the college years. These results align with prior research indicating that self-confidence levels can vary by gender depending on contextual and cultural factors. For example, Joshi and Srivastava (2009) found that female students exhibited higher self-confidence in academic and social settings, which was attributed to increased societal emphasis on female empowerment and education. Similarly, Bhasin and Sudha (2016) reported that female college students showed better emotional regulation and self-perception, contributing to higher self-confidence scores. Moreover, this result contradicts earlier assumptions that males generally possess higher self-confidence due to traditional gender roles and expectations.

CONCLUSIONS

- 1) Commerce stream students have significantly higher self-confidence compared to their counterparts in the Arts and Science streams.

female college students have higher self-confidence than male college students.

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“A COMPARATIVE STUDY OF FEMALE BHARATANATYAM DANCERS AND NON-DANCERS STUDYING IN HIGH SCHOOL ON CONCENTRATION IN STUDIES, STUDY HABITS AND TEST ANXIETY.”

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ABSTRACT

Higher secondary education plays an important role in the building blocks of our life. In higher secondary years, one faces a lot of competition and pressure to reach perfection. At secondary school level, being adolescents, they face different kind of psychological as well as physical problems that may affect their learning and academic performance which include lack of concentration in studies, Faulty Study Habits and Test Anxiety. It was found that Bharatanatyam dance has great therapeutic value in terms of improving concentration. Also, researches have supported the correlation between Study Habits and Test Anxiety. Therefore, the present study was intended to investigate the difference in concentration in studies, Study Habits and Test anxiety among Female Bharatanatyam Dancers and Non-dancers studying in High school. The sample of the study consisted of 50 Female Bharatanatyam Dancers and 50 Non-dancers studying in High school. The tools used for obtaining data were ‘Study Habits Inventory by M. Mukhopadhyay and D. N. Sansanwal for measuring Concentration in studies and Study Habits and ‘Test Anxiety Scale by Sarason’ for measuring Test anxiety. In order to analyse the difference among the variables under study, the data was subjected to non-parametric measures of Mann Whitney U test as the assumptions of normality were not fulfilled. The findings of the study indicate that there is significant difference among Female Bharatanatyam Dancers and Non-dancers studying in High school on concentration in studies and Study Habits. The Bharatanatyam dancers have better concentration in studies and Study Habits than non-dancers. Also, there is no significant difference among female Bharatanatyam Dancers and Non-dancers studying in High school on Test Anxiety.

Keywords: Concentration in studies, Study Habits, Test anxiety, Bharatanatyam Dancers, Non-dancers.

INTRODUCTION

Higher secondary education plays an important role in the building blocks of our life. Students face a lot of competition and pressure. Now-a-days, the students try hard to reach perfection. Secondary school level is the age of adolescents. They need guidance from parents and teachers as it is the stage of growth as well as change. Being adolescents, they face different challenges both individually like frustration, disappointment, stress, etc. These kind of psychological as well as physical problems may affect their learning and academic performance.

From the review of literature, it was found that Bharatanatyam dance has great therapeutic value in terms of improving concentration. Therefore, this research is intended to study the difference between female Bharatanatyam dancers and non-dancers studying in High school on Concentration in studies, Study Habits and Test Anxiety. The study was particularly conducted on high school students as there is more probability to face test anxiety during 8th to 10th standard due to faulty study habits and poor concentration in studies. The study was particularly conducted on female students as in the adolescent age they may face more concentration issues due to hormonal changes. Also, female students are more inclined towards learning classical dance such as Bharatanatyam.

REVIEW OF LITERATURE

Akinleke and Moroluyo (2014) investigated the *contributions of test anxiety, study habits, and locus of control to academic performance* among students in Nigeria. The findings revealed that these variables were significantly interrelated and positively predicted academic achievement. The authors emphasized the role of non-cognitive and socio-psychological factors in academic performance, recommending early intervention strategies to reduce anxiety and improve study habits. Effective study habits such as comprehension monitoring, anticipation, and purposeful learning were highlighted as crucial to academic success.

Bhavanani and Bhavanani (2001) this study found that the *Bharatanatyam and Yoga*, it was noted that Bharatanatyam shares a unique and complementary relationship with yoga. The physical poses in Bharatanatyam are said to foster not only physical balance but also heightened single-minded concentration, similar to yogic practices. This suggests that engagement in Bharatanatyam could potentially aid in developing better focus and mindfulness, both of which

are essential for academic success.

Ponmanadiyil and Woolhouse (2018), in their study titled *Eye movements, attention and expert knowledge in the observation of Bharatanatyam dance*, Bharatanatyam dancers displayed greater attentional similarity. The study found that trained dancers had more consistent eye movements, indicating enhanced attentional focus, which may contribute to improved cognitive functions such as concentration.

OBJECTIVES:

1. To compare female Bharatanatyam dancers and non-dancer in high school on concentration in studies.
2. To compare female Bharatanatyam dancers and non-dancer in high school on Study Habits
3. To compare female Bharatanatyam dancers and non-dancer in high school on Test anxiety.

HYPOTHESIS

1. There will be no significant difference among female Bharatanatyam dancers and non-dancer in high school on concentration in studies.
2. There will be no significant difference among female Bharatanatyam dancers and non-dancer in high school on Study Habits
3. There will be no significant difference among female Bharatanatyam dancers and non-dancer in high school on Test anxiety.

METHODOLOGY:

SAMPLE-

Inclusion Criteria:

- Female High School students studying in 8th to 10th grade. The age group of this sample ranged from 13-15 years.
- Dancers: Learning Bharatanatyam since 5 years at least Non-dancer: Not learning Bharatanatyam

Exclusion criteria:

- Female High school students learning any other kind of Indian classical dance were excluded.

VARIABLES

- **Independent Variables-** Bharatanatyam Dancers and Non-dancers
- **Dependent Variables-** Concentration in Studies, Study Habits and Test Anxiety

RESEARCH DESIGN

For conducting this research two group comparative research design was used.

OPERATIONAL DEFINITIONS-

Concentration in studies-

- Concentration is a very important predictor of effective study habits which refer to attending the content of study without distractions. Higher score indicates higher concentration in studies.

Study Habits

- Study habits mean the way of studying, whether systematic or unsystematic, efficient or otherwise. Higher score indicates good study habits.

Test Anxiety

- Sarason(1984) refers to test anxiety as “A widely studied personality variable in part because it provides a measure of the personal salience of one important definable class of threatening situations in which people are evaluated” Higher score indicates higher test anxiety.

Dancers

- In this research, the participants who are learning Bharatanatyam from at least 5 years are considered Dancer.

Non – dancer

- The participants who are not taking any kind of training for Bharatanatyam are considered as non-dancers.

RESEARCH TOOLS-

For measuring Concentration in studies and Study Habits, Study Habits Inventory by M. Mukhopadhyay and D. N. Sansanwal was used. The inventory was developed by M. Mukhopadhyay and D.N.Sansanwal (1983). a 5-point scale has been provided for each

item. The subject responds to each item by putting a tick on the chosen alternative against the serial number of the positive /negative statements in the answer sheet. This inventory was developed for Urban and Rural, Boys and Girls, Arts and Science students. The items of the inventory were classified into five categories i.e., Comprehension, Concentration, Task orientation, Interaction and recording. For measuring Test anxiety, Test Anxiety Scale by Sarason was used. Test Anxiety Scale by Sarason consisting of 37 items which has True or False alternatives. The total score obtained by calculating total of 'True scores'

PROCEDURE-

The data has been collected from 50 female dancers and 50 female non-dancers from Pune city. Participants were selected for this study by contacting friends, neighbours, educational institutions, coaching classes, and referrals by other participants. Convenient sampling technique was used for selecting samples for data collection. The sample was ensured that information provided will be kept confidential and used only for research purposes.

The research instruments used in the study were standardized structured questionnaires. The questionnaire consisted of 3 sections. The first section consisted of a personal data sheet. The second and third consisted of standardized tools for measuring variables of the study namely Concentration in studies, Study Habits and Test anxiety. The data sheets were then scored and subjected to statistical analysis. For further qualitative analysis, the interviews of representative participants were taken.

DATA ANALYSIS

The statistical package for social sciences (SPSS) software (version 22) was used to analyse the data obtained. Since the data was checked for normality and scores were not normally distributed. Mann Whitney U test was used to see difference between female dancers and non-dancers on concentration in studies, Study Habits and Test anxiety. Descriptive statistics is given for concentration in studies, Study Habits and Test anxiety. For further qualitative analysis, the interviews of representative participants were taken.

RESULTS

Table1 showing Descriptivestatisticsof Female Bharatanatyam Dancers(N=50) and non-dancers(N=50) studying in Highschool on Concentration in studies, StudyHabitsandTest Anxiety.

Variables	Mean	Standard Deviation	Skewness		Kurtosis	
Females			Statistic	Std. Error	Statistic	Std. Error
	1.50	.503	.000	.241	-2.041	.478
TestAnxiety	14.57	5.516	.238	.241	-.115	.478
Concentration in studies	24.23	7.733	-.072	.241	-.651	.478
Study Habits	86.11	12.881	.158	.241	-.493	.478

Table 2

Showing in ferentialstatistics of Female Bharatanatyam Dancers (N=50) and non-dancers(N=50) studying in HighSchool on Concentrationin studies, Study Habitsand Test Anxiety.

Variables	Mann Whitney U	Asymp. Sig. 2 tailed	Mean Ranks
TestAnxiety	1222.500	.849	Bharatanatyam Dancers - 51.05 Non-dancers - 49.95
Concentrationin studies	924.500	.025	Bharatanatyam Dancers -57.01 Non-dancers- 43.99
Study Habits	936.500	.031	Bharatanatyam Dancers - 56.77 Non-dancers - 44.23

The Mann Whitney U test indicated that there is significant difference among dancers and non-dancers in concentration in studies and Study Habits. The Mann Whitney U test indicated that there is no significant difference among dancers and non-dancers in concentration in studies. Hence, this null hypothesis was accepted.

DISCUSSION

The results indicated that there is significant differenceamongdancersandnon-dancers in concentration in studies. (.025) Hence, the null hypothesis was rejected. According to the mean ranks, Bharatanatyam dancers have better concentration in studies than non- dancers. (Bharatanatyam Dancers- 57.01, Non- Dancers – 43.99)

There was less evidence in research done previously related to differences between female Dancers

and Non-dancers on concentration in studies among both the groups. One of the research found in review of literature states effectiveness of Bharatanatyam in Attention. One of the important aspects in Bharatanatyam dance is eye movements which are known as *Drishti Bhedas*. There are different types of eye movements based on sides and rotations. In the research conducted on eye movements in Bharatanatyam and attention, it was found that Bharatanatyam experts have greater attentional similarity due to eye movements associated with Bharatanatyam. (Ponmanadiyil, R., & Woolhouse, M. H. 2018). Therefore, the eye movements in Bharatanatyam might be one of the reasons behind better concentration in studies among female Bharatanatyam Dancers studying in High school.

The results indicated that there is significant difference among dancers and non-dancers on Study Habits. (.031) Hence, the null hypothesis got rejected. According to the mean ranks, Bharatanatyam dancers have better Study Habits than non-dancers. (Bharatanatyam Dancers- 56.77, Non- Dancers – 44.23)

As there was less evidence in research done previously related to differences between female Bharatanatyam Dancers and Non-dancers on Study Habits. But, dancers have to repeat the dance movement to reach perfection. This rehearsal makes them able to store this information in long term memory (Atkinson & Shiffrin, 1968).

The way the dancers learn dance, they implement the same pattern of learning and studying in their academics. This 'Transfer of training' might be one of the reason behind better study habits among Bharatanatyam Dancers than Non-dancers.

The results indicated that there is no significant difference among dancers and non-dancers on Test Anxiety. Hence, the null hypothesis was accepted.

As there was less evidence in research done previously related to differences between female Dancers and Non-dancers on Test Anxiety, therefore interviews were conducted to analyse the Test Anxiety among both the groups. According to the responses of representative participants from both groups, the students in both groups invest more time for studying as compared to other days. As better concentration in studies results in better study habits, they do not feel anxious before one day of the exam. Both the group feel anxious at the time of exam in the beginning but later on they get settled. Few students from the dancer's group have difficulty recalling things at the time of exam but they manage the feeling of anxiety by focusing on the easy questions which are easy.

CONCLUSIONS

1. The Female Bharatanatyam Dancers have better Concentration in studies than non-dancers.
2. The Female Bharatanatyam Dancers have better Study Habits than non-dancers.
3. There is no significant difference among Female Bharatanatyam Dancers and Non- dancers on Test Anxiety.

LIMITATIONS

1. In this study, the sampling done in Pune city only.
2. In this study, the curriculum of school is not considered.
3. The frequency of Bharatanatyam dance practice is not considered.
4. Other hobbies of the participants which may affect the variables in study such as singing, playing sports, etc. is not considered.

IMPLICATIONS OF THE PRESENT STUDY:

1. This study can be helpful for school counsellor to stop an module of study skills including Bharatanatyam Dance.
2. The awareness can be created by conducting guest lectures or workshops regarding effectiveness of Bharatanatyam in improving concentration in studies and study habits.
3. The specialised module can be designed by Bharatanatyam experts for the school students which will be focusing on the different elements in Bharatanatyam leading to improvement in concentration and better study habits.

RECOMMENDATIONS FOR FURTHER RESEARCH

1. Similar studies can be conducted on individuals practicing other Indian Classical dance forms such as Kathak, Odissi, Kuchipudi, etc.
2. Similar studies can be done on different age groups.
3. Similar studies can be conducted by comparing groups with different criteria e.g. Medical students, Engineering students, competitive exam students, etc.
4. The dance intervention can be designed to study pre-test and post test results on concentration, study habits and test anxiety.

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" Mental Health Evaluation of Healthcare Workers During the First Wave of COVID-19: A Study at Max Super Specialty Hospital, Shalimar Bagh, New Delhi"

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ABSTRACT

The present study aims to examine gender differences in mental health among hospital employees across six key dimensions: Positive Self-Evaluation, Perception of Reality, Integration of Personality, Autonomy, Group-Oriented Attitudes, and Environmental Mastery. A total of 201 employees (96 males and 104 females) from Max Super Speciality Hospital, Shalimar Bagh, New Delhi, were selected using stratified random sampling. The Mental Health Inventory (MHI) developed by Jagdish and Srivastava (1983) was used as the research tool. Data were analyzed using descriptive statistics and one-way ANOVA. Results revealed no significant gender differences in five dimensions of mental health; however, a statistically significant difference was found in Environmental Mastery, with male employees scoring higher.

Keywords: Positive Self-Evaluation, Perception of Reality, Integration of Personality, Autonomy, Group-Oriented Attitudes, and Environmental Mastery, Mental Health, Male employees and Female employees.

INTRODUCTION

The COVID-19 pandemic, which emerged in December 2019 in Wuhan, China, quickly evolved into a global public health emergency, challenging healthcare systems and frontline workers across the world. In India, the first wave began gaining intensity in early 2020, culminating in a nationwide lockdown in March 2020. During this period, healthcare workers (HCWs) bore the brunt of the pandemic response, often working under high-pressure conditions with inadequate protective equipment, long hours, fear of infection, and emotional trauma from patient deaths. The unprecedented demands and emotionally charged environment led to significant psychological strain among HCWs, highlighting the urgent need for comprehensive mental health evaluations during public health crises (Lai et al., 2020).

Mental health, particularly in the workplace, is not merely the absence of mental illness but a

multidimensional construct that encompasses an individual's ability to function effectively and maintain emotional and psychological balance. The World Health Organization (WHO, 2004) defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life, can work productively, and is able to contribute to the community.” In the context of the pandemic, this definition takes on new relevance, as healthcare workers faced a combination of professional duty, ethical dilemmas, and personal vulnerability.

One of the most comprehensive frameworks for evaluating mental health was proposed by Marie Jahoda (1958), who outlined six key dimensions of positive mental health: positive self-evaluation, perception of reality, integration of personality, autonomy, group-oriented attitudes, and environmental mastery. These dimensions provide a holistic understanding of psychological well-being, extending beyond mere symptomatology to include elements of personal growth, resilience, social functioning, and environmental interaction.

Positive self-evaluation refers to self-acceptance, a realistic assessment of one's capabilities, and confidence in facing life's challenges. During the pandemic, many HCWs reported feelings of inadequacy and helplessness, especially when treatments failed and mortality rates rose, affecting their self-perception.

Perception of reality involves the ability to see the world as it is, without distortion. Under pandemic-induced stress, some healthcare professionals developed heightened anxiety or paranoia, which could impair their judgment or clinical decision-making (Chew et al., 2020).

Integration of personality speaks to emotional maturity, the ability to manage internal conflicts, and coherence in thought and behavior. This was critical for HCWs who had to navigate conflicting emotions — between professional obligations and personal safety, or between compassion and burnout.

Autonomy is the capacity to make independent decisions and maintain internal control over one's actions. During the pandemic, the autonomy of many HCWs was compromised due to strict protocols, government mandates, and institutional regulations, potentially impacting their psychological well-being.

Group-oriented attitudes refer to the capacity for empathy, cooperation, and healthy interpersonal relationships. As frontline workers were often isolated from family and friends, and even stigmatized by society, their sense of belonging and interpersonal fulfillment was disrupted

(Grover et al., 2020).

Environmental mastery involves the ability to manage and adapt to one's environment effectively. This includes adapting to changing protocols, handling new medical equipment, and navigating administrative changes all of which were particularly dynamic during the initial stages of the COVID-19 outbreak.

While many studies during the pandemic focused on depression, anxiety, and burnout among HCWs, few have systematically explored these six dimensions of mental health in an integrated fashion. This gap is significant because assessing mental health solely through distress markers overlooks potential strengths and coping mechanisms that healthcare workers may demonstrate. A multidimensional assessment, such as the one proposed by Jahoda, is essential for capturing the complex realities faced by HCWs during the pandemic.

In the Indian healthcare context, Max Super Speciality Hospital, Shalimar Bagh, New Delhi, served as a critical COVID-19 care center during the first wave. Located in the capital region, the hospital was at the forefront of treating a diverse population and managing a high patient load. Its staff, drawn from various specializations, provided round-the-clock care amid the uncertainty of the virus's transmission and progression. This made the hospital an ideal setting for a focused mental health evaluation of its workers during the pandemic.

The COVID-19 pandemic has laid bare the vulnerabilities in global health systems, none more so than in the mental health domain. Healthcare workers, hailed as heroes, have paid a psychological price that has largely gone underexplored, particularly in a multidimensional framework. This study offers a timely and necessary evaluation of the mental health of healthcare professionals using a comprehensive psychological model during one of the most challenging periods in recent history.

REVIEW OF RELATED LITERATURE

Bagcchi, (2020) this study reports described healthcare workers being ostracized by their communities due to the fear of contagion, undermining their sense of social support. **Chew et al. (2020)**, this study analyzed data across multiple countries and noted that stress, insomnia, and anxiety were prevalent among HCWs during the first wave. **Deci & Ryan, (2000)** this study found that Autonomy is strongly linked to intrinsic motivation and psychological well-being, and its absence is often correlated with anxiety and depressive symptoms. **Goyal et al., (2020)** this Studies suggest that this is further exacerbated by excessive media exposure and misinformation.

Greenberg et al. (2020) this study moral injury contributed to mental health disorders, particularly when HCWs had to ration care or witness preventable deaths. This internal dissonance often disrupted emotional balance and increased susceptibility to burnout and depressive symptoms. **Jahoda, (1958)** this study findings align with the concept that a disrupted self-concept is a major component of psychological distress. **Khalid et al. (2020)**, this study expressed frustration at not being involved in key decision-making processes, contributing to feelings of helplessness and reduced job satisfaction. **Lai et al. (2020)** this study conducted a cross-sectional study in China during the early phase of COVID-19 and found that 50.4% of healthcare workers experienced symptoms of depression, 44.6% reported anxiety, and 71.5% felt psychological distress. **Shanafelt et al. (2020)** this study emphasized that HCWs' inability to cope with rapidly evolving hospital protocols, lack of protective gear, and inconsistent information significantly undermined their sense of control. Without the necessary institutional support, even seasoned professionals reported feelings of chaos and helplessness, indicating a decline in environmental mastery. **Spoorthy et al. (2020)** this study revealed that Indian HCWs suffered significant levels of anxiety and depression, compounded by concerns about family exposure and societal isolation. These findings underscore the urgent need to investigate HCW mental health not just as a reaction to stressors but as a broader concept involving resilience, social engagement, and psychological integration. **Tan et al. (2020)**, this study reported feelings of fear, suspicion, and paranoia, especially during the initial stages of the pandemic when the virus's transmission mechanisms were unclear. Such distorted perceptions can impair clinical judgment and heighten psychological strain. **Zhang et al. (2020)**, this study reported reduced team cohesion and loneliness, both at work and in personal life.

STATEMENT OF THE PROBLEM

The outbreak of the COVID-19 pandemic placed an immense burden on healthcare systems worldwide, with healthcare workers at the forefront of the crisis. During the first wave, frontline medical staff experienced unprecedented challenges, including prolonged work hours, high patient loads, risk of infection, inadequate personal protective equipment, emotional exhaustion, and social isolation. These stressors significantly impacted their psychological well-being. Despite their critical role, there has been limited focused research in India examining the mental health outcomes of healthcare professionals during this period, particularly in specific institutional settings. This study aims to evaluate the mental health status such as levels of stress, anxiety, depression, and burnout of healthcare workers at Max Super Specialty Hospital, Shalimar Bagh,

New Delhi during the first wave of COVID-19. The findings can inform targeted mental health interventions and preparedness strategies for future public health emergencies.

OBJECTIVES OF THE STUDY

- To examine gender differences in the Mental Health on Positive self-evaluation, Perception of reality, Integration of Personality, Autonomy, Group oriented attitudes, Environmental Mastery.

HYPOTHESES OF THE STUDY

- **Null Hypothesis (H_0):** There is no significant difference between male and female Hospital Employee in terms of Mental Health across the dimensions of Positive self-evaluation, Perception of reality, Integration of Personality, Autonomy, Group oriented attitudes, Environmental Mastery.
- **Alternative Hypothesis (H_1):** There is no significant difference between male and female Hospital Employee in terms of Mental Health across the dimensions of Positive self-evaluation, Perception of reality, Integration of Personality, Autonomy, Group oriented attitudes, Environmental Mastery.

METHODS

SAMPLE:

The present study samples were selected from Max Super Speciality Hospital, Shalimarbagh, New Delhi. The Max Super Speciality Hospital, Shalimarbagh, New Delhi employees were considered as per independent variable taken in this research. Stratified random sampling method was employed to select the unit of sample. Total sample of present study contains 201 employees.

RESEARCH DESIGN: -

The present study a Simple research Design was used.

VARIABLES USED FOR STUDY

- **Independent variables- Gender**–1) Male employees 2) Female employees
- **Dependent variables – Mental Health**- 1) Positive self-evaluation, 2) Perception of reality, 3) Integration of Personality, 4) Autonomy, 5) Group oriented attitudes, 6) Environmental Mastery.

OPERATIONAL DEFINITION

Male Employees: In the context of this study, male employees refer to individuals who identify as male and are currently employed in a formal work setting, including public or private organizations, and who receive regular wages or salaries for their work. Their gender identity is recorded as male in official employment records.

Female Employees: In the context of this study, female employees refer to individuals who identify as female and are currently employed in a formal work setting, including public or private organizations, and who receive regular wages or salaries for their work. Their gender identity is recorded as female in official employment records.

Mental Health: mental health is defined as person's ability to make positive self-evaluation to perceive the reality to integrate the personality, autonomy, group oriented attitudes and environmental mastery.

Positive self-evaluation: It is nothing but self-confidence, self-acceptance, self-identity, feeling worthiness, realization of one's potentialities.

Perception of reality: It is related to perception free from need distortion, absence of excessive fantasy and a broad outlook on the world.

Integration of Personality: It indicates the balance of psychic factors in the individual and includes the ability to understand and to share other people's emotions, the ability to concentrate at work and interest in several activities.

Autonomy: It includes stable set of internal standards for one's action, dependence for own development upon own potentialities rather than dependence on other people.

Group oriented attitudes: It is associated with the ability to get along with others, work with others and ability to find recreation.

Environmental Mastery: It includes efficiency in meeting situational requirements, the ability to work and play, the ability to take responsibilities and capacity for adjustment.

RESEARCH TOOLS: -

Mental Health Inventory

The Mental Health Inventory (MHI), developed by Jagdish and Srivastava (1983), is designed to assess the positive mental health of normal individuals. It comprises 56 items 24 true-keyed and 32 false-keyed rated on a four-point scale ranging from "Never" to "Always." The inventory measures six key dimensions: Positive Self-Evaluation, Perception of Reality, Integration of

Personality, Autonomy, Group-Oriented Attitudes, and Environmental Mastery. A higher score reflects better mental health. This tool uniquely emphasizes both the absence of mental illness and the presence of positive psychological attributes. The MHI has demonstrated good reliability, with an overall split-half reliability coefficient of 0.73, and its validity, assessed through correlation with established mental health scales, is 0.54.

PROCEDURES OF DATA COLLECTION:

The primary information was given to employees at their concern department by one on one. They were requested to fill the inventories along with general instructions.

STATISTICAL TREATMENT:

At the first stage, the data were analyzed using descriptive statistical techniques, including the calculation of mean and standard deviation. Additionally, a one-way ANOVA was performed using SPSS software.

RESULTS

Table No.01 Show the Mean, SD and F Value of Genderon Dependent variables

Sr. No.	Factor	Gender	Mean	SD	N	DF	F Value	Sign.
Table 01 (A)	Positive self-evaluation,	Male Hospital Employee	27.22	2.96	96	199	0.805	NS
		Female Hospital Employee	26.86	2.76	104			
Table 01 (B)	Perception of reality,	Male Hospital Employee	20.36	3.28	96	199	1.88	NS
		Female Hospital Employee	19.77	2.73	104			
Table 01 (C)	Integration of personality,	Male Hospital Employee	26.58	4.80	96	199	0.973	NS
		Female Hospital Employee	27.24	4.60	104			
Table 01 (D)	Autonomy,	Male Hospital Employee	13.78	2.42	96	199	0.52	NS
		Female Hospital Employee	13.85	2.19	104			
Table 01 (E)	Group oriented attitudes	Male Hospital Employee	24.25	3.42	96	199	0.70	NS
		Female Hospital Employee	24.21	3.13	104			
Table 01 (F)	Environmental mastery	Male Hospital Employee	29.95	3.92	96	199	16.72	0.01
		Female Hospital Employee	27.84	3.38	104			
Table 01 (G)	Mental Health	Male Hospital Employee	142.17	14.38	96	199	1.48	NS
		Female Hospital Employee	139.80	13.11	104			

DISCUSSION

Gender on Positive self-evaluation

Observation of Table No. 01 (A) reveals a significant difference in the mean Positive self-evaluation between the two groups. The findings revealed that male hospital employees ($M = 27.22$, $SD = 2.96$) and female hospital employees ($M = 26.86$, $SD = 2.76$) did not differ significantly on this dimension, as evidenced by the F-value of 0.805 ($df = 1, 200$), which was not statistically significant at the 0.01 level. This result supports the null hypothesis, indicating that gender does not have a significant effect on the positive self-evaluation of hospital employees.

These findings align with previous research that has shown minimal or non-significant gender differences in self-evaluation and related self-perception constructs in professional settings. For instance, Kling et al. (1999) conducted a meta-analysis and found that gender differences in self-esteem and self-evaluation tend to be small, particularly in adult populations and occupational contexts. Similarly, Gentile et al. (2009) argued that although men often report slightly higher self-esteem, these differences diminish in structured work environments where role expectations and performance standards are more clearly defined.

One possible explanation for the lack of significant gender difference in the current study may lie in the shared professional identity and work-related stressors that both male and female hospital employees face. Working in a hospital setting often involves high levels of responsibility, emotional labor, and ethical demands that can shape self-perceptions similarly across genders (Zapf et al., 2001). Moreover, organizational culture in healthcare institutions may promote uniformity in self-evaluative beliefs through performance evaluations, team-based functioning, and institutional support mechanisms.

Gender on Perception of reality

Observation of Table No. 01 (B) reveals a significant difference in the mean Perception of reality between the two groups. The present investigation examined gender differences in the *Perception of Reality* among hospital employees. The results indicate that male hospital employees ($M = 20.36$, $SD = 2.73$) and female hospital employees ($M = 19.77$, $SD = 4.80$) did not differ significantly on this psychological construct. The observed F-value of 1.88 ($df = 1, 200$) was not statistically significant at the 0.01 level, supporting the null hypothesis. This suggests that gender does not play a significant role in influencing hospital employees' ability to perceive and interpret reality accurately.

These findings are consistent with prior research which emphasizes that gender-based differences in cognitive and perceptual functions, especially in professional contexts, are generally minimal or non-significant. According to Hyde's (2005) Gender Similarities Hypothesis, men and women are more alike than different on most psychological variables, including cognitive and perceptual domains. This theory suggests that occupational roles and shared professional experiences may override gender-based cognitive differences.

Furthermore, the hospital work environment may contribute to this lack of difference. Hospital employees, regardless of gender, are trained to respond to complex and often high-stakes situations, which may enhance and equalize their perceptual clarity and decision-making skills. Research by Hall and Brajša-Žganec (2011) indicates that professional experience and organizational context significantly shape individuals' perception and interpretation of reality, especially in fields requiring constant situational awareness like healthcare.

Additionally, the non-significant difference could be attributed to the multidimensional nature of *Perception of Reality*, which involves cognitive flexibility, emotional awareness, and judgment—traits often influenced more by individual personality traits and professional training than by gender (Baumeister & Vohs, 2007). In other words, when both male and female employees are exposed to similar job demands and psychological stressors, their perception of reality may converge, reducing any existing gender gap.

Gender on Integration of personality

Observation of Table No. 01 (C) reveals a significant difference in the mean Integration of personality between the two groups. The results showed that the mean score for male hospital employees was 26.58 (SD = 4.80), while that for female hospital employees was 27.24 (SD = 4.60). However, the F-value of 0.973 (df = 1, 200) was not statistically significant at the 0.01 level, suggesting that gender does not significantly affect the integration of personality among hospital employees. Thus, the null hypothesis is retained.

These findings are consistent with previous research that has reported minimal gender-based differences in personality integration, particularly in structured work environments like hospitals where professional demands and norms may lead to convergence in personality functioning. Integration of personality refers to the harmonious organization of various personality components emotions, cognition, behaviors, and attitudes into a stable and adaptive whole. It is closely linked with psychological maturity, emotional regulation, and adaptability (Jahoda, 1958).

According to the Gender Similarities Hypothesis proposed by Hyde (2005), men and women are largely similar in psychological domains, including personality traits and emotional adjustment. This hypothesis offers a compelling explanation for the current findings, especially in occupational settings where both genders are exposed to similar challenges, responsibilities, and interpersonal demands.

Gender on Autonomy

Observation of Table No. 01 (D) reveals a indicate that the mean score for male hospital employees was 13.78 (SD = 2.42), and for female hospital employees, it was 13.85 (SD = 2.19). The comparison yielded an F-value of 0.52 (df = 1, 200), which was not statistically significant at the 0.01 level, indicating no meaningful difference in autonomy between genders. Consequently, the null hypothesis is retained. *Autonomy*, defined as the capacity for independent decision-making, self-regulation, and personal responsibility (Deci & Ryan, 1987), is a key psychological need across individuals regardless of gender. The lack of significant difference observed in this study aligns with existing research suggesting that workplace roles and professional expectations can equalize gender-based differences in autonomy. In hospital settings, where both male and female employees operate under similar regulations, ethical frameworks, and hierarchical protocols, the scope for individual autonomy is likely determined more by organizational structure than by gender. Supporting this, Ryan and Deci's Self-Determination Theory (2000) posits that autonomy is a basic psychological need that is universally experienced, and its development is influenced more by contextual and environmental factors than by gender. Thus, when both genders are exposed to similar work cultures and responsibilities as is common in healthcare institutions—their levels of autonomy may naturally converge. Additionally, recent studies have highlighted that in modern workplace environments, traditional gender roles have become less influential in determining psychological characteristics like autonomy. For instance, Schmitt et al. (2008) found that gender differences in traits like assertiveness, independence, and decision-making ability tend to diminish significantly in egalitarian and professionally structured environments, such as healthcare.

The findings from this study demonstrate that gender does not significantly affect levels of autonomy among hospital employees. This suggests that professional roles, shared work conditions, and equal organizational expectations contribute more strongly to autonomy than gender-based psychological predispositions.

Gender on Group oriented attitudes

Observation of Table No. 01 (E) reveals a significant difference in the mean Group oriented attitudes between the two groups. The present study examined the effect of gender on *Group Oriented Attitudes*

among hospital employees. As indicated in Table No. 01 (E), the mean score for male hospital employees was 24.25 (SD = 3.42) and for female hospital employees was 24.21 (SD = 3.13). The analysis yielded an F-value of 0.70 (df = 1, 200), which was not statistically significant at the 0.01 level. This suggests that there are no significant differences in group-oriented attitudes between male and female hospital employees.

Group-oriented attitudes encompass an individual's preference for cooperation, collaboration, and working in harmony with others. In the context of hospital environments, where teamwork is essential for patient care and organizational efficiency, such attitudes are often equally encouraged and developed across all employees, regardless of gender (West, 2002).

The findings of the current study align with previous literature that suggests gender differences in collaborative tendencies are diminishing in modern, structured work environments. According to Eagly and Wood (1999), while women have historically been perceived as more communal and group-oriented, the increasing presence of women in diverse occupational roles has led to greater convergence in social behavior and work attitudes between genders. Moreover, in high-stakes professions like healthcare, collaborative attitudes are often shaped by professional norms, training, and role expectations rather than by gender-specific socialization.

the absence of significant gender differences in group-oriented attitudes among hospital employees indicates that both male and female professionals are equally inclined towards collaborative and cooperative behavior. This is likely a result of the organizational culture, shared responsibilities, and structured teamwork inherent in healthcare settings.

Gender on Environmental mastery

The results of Table No. 01 (F) highlight a statistically significant difference between male and female hospital employees in terms of *Environmental Mastery*. The male employees demonstrated a higher mean score (M = 29.95, SD = 3.92) compared to their female counterparts (M = 27.84, SD = 3.38). The F-value of 16.72 (df = 1, 200) was found to be significant at the 0.01 level, leading to the rejection of the null hypothesis and acceptance of the alternative hypothesis. This suggests that male hospital employees perceive themselves as having greater competence in managing their

environment and effectively utilizing surrounding opportunities and resources.

Environmental Mastery, as defined by Ryff (1989), reflects an individual's capacity to manage life situations, exercise control over external activities, and create environments suitable to personal needs and values. Higher scores on this dimension are indicative of psychological resilience and practical competence.

One potential explanation for the observed gender difference could be the influence of social and organizational structures that traditionally empower male employees with more decision-making authority and autonomy in the workplace (Padavic & Reskin, 2002). In many institutional settings, including healthcare, men may be more likely to occupy leadership or supervisory roles, which could contribute to a higher sense of control and mastery over the environment.

the significant gender difference observed in Environmental Mastery suggests that male hospital employees perceive themselves as more competent in navigating and managing their work environment. This may reflect broader organizational dynamics and social structures that continue to shape gender roles and professional experiences within the healthcare sector.

Gender on Mental Health

The analysis of Table No. 01 (G) indicates that there is no statistically significant difference in the mean scores of *Mental Health* between male and female hospital employees. The male participants reported a mean of 142.17 (SD = 14.38), while the female participants had a mean of 139.80 (SD = 13.11). The F-value of 1.48, with degrees of freedom (df = 1, 200), was found to be not significant at the 0.01 level, thereby supporting the null hypothesis. This result suggests that gender does not play a significant role in the overall mental health status of hospital employees within the studied sample.

Mental health is a multidimensional construct that encompasses emotional well-being, psychological resilience, and the ability to function in social and occupational domains (World Health Organization, 2001). The finding that both male and female hospital employees show similar levels of mental health may reflect a shared exposure to occupational stressors, workloads, and institutional demands common in the healthcare sector.

This observation aligns with prior research suggesting that when men and women are exposed to similar working conditions and role expectations—such as those found in hospital environments—gender differences in psychological outcomes tend to diminish (Ahmad & Mazlan, 2014). In such settings, professional identity and coping mechanisms may play a more significant role than gender

per se.

Moreover, hospital employees often develop a common set of stress management skills, support systems, and professional coping strategies that may contribute to a convergence in mental health outcomes across genders (Shanafelt et al., 2012). It's also worth noting that mental health in such high-demand professions is shaped by a variety of organizational and interpersonal factors, including role clarity, support from superiors, and work-life balance, which may impact both genders similarly (Karasek & Theorell, 1990).

The absence of a significant gender difference in mental health among hospital employees may point to the homogenizing effect of occupational roles and stressors within the healthcare setting. This reinforces the need for institutional support systems that address mental health needs irrespective of gender.

CONCLUSION

1. There is no significant difference between male and female hospital employees in Positive Self-Evaluation.
2. There is no significant difference between male and female hospital employees in Perception of Reality.
3. There is no significant difference between male and female hospital employees in Integration of Personality.
4. There is no significant difference between male and female hospital employees in Autonomy.
5. There is no significant difference between male and female hospital employees in Group-Oriented Attitudes.
6. Male hospital employees exhibit higher Environmental Mastery compared to female hospital employees.
7. There is no significant difference between male and female hospital employees in overall Mental Health.

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THE RELATIONSHIP BETWEEN SOCIAL MEDIA ADDICTION, SELF-ESTEEM AND PSYCHOLOGICAL WELL-BEING IN YOUNG ADULTS

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ABSTRACT

The research was conducted with young athletes. The sample size collected is 200 which has 100 males and 100 females and the population working population. all participants are married and unmarried and employed. The age range is between 18 to 28 years. Three variables were selected namely psychological well-being, self-esteem and social media (University of Warwick), Professor Jill Morrison (University of Edinburgh) and Dr. Richard, L. B. Tennant (University of Edinburgh). , Social media addiction can be measured using scales like the Social Networking Addiction Scale (SNAS) scales assess which an individual feels positively or negatively about themselves Self-esteem can be measured using the Rosenberg Self-Esteem Scale (RSES), which consists of 10 items that assess: Normal Distribution Curve was checked. After this, parametric statistics, Spearman's correlation was carried out explores the intricate relationships between psychological well-being, self-esteem, and social media addiction, particularly among adolescents and young adults. Numerous studies indicate a negative correlation between social media use, self-esteem, suggesting that increased social media engagement often leads to diminished self-worth and psychological health. the pervasive use of social media among young adults has raised concerns about its impact on psychological well-being and self-esteem

Keyword: Psychological well-being, self-esteem, social media addiction.

INTRODUCTION:

In the contemporary digital age, the pervasive use of social media has significantly transformed the way individuals communicate, socialize, and perceive themselves. Platforms such as Instagram, Facebook, and Twitter have become integral parts of daily life, particularly among young adults. However, the increasing reliance on these platforms has raised concerns about their

psychological impact, especially in relation to self-esteem and overall psychological well-being (Kuss & Griffiths, 2011).

Social media addiction is characterized by excessive, compulsive engagement with social networking platforms, often accompanied by symptoms such as anxiety when not online, withdrawal, and the neglect of personal and professional responsibilities (Andreassen, 2015). Among the working population aged 18 to 28, this form of behavioral addiction has emerged as a significant concern, given their higher engagement with digital environments and the pressure to maintain online personas (Ryan et al., 2014).

Self-esteem, defined as an individual's overall sense of personal worth and self-value, plays a crucial role in mental health and well-being (Rosenberg, 1965). The curated and often idealized portrayals on social media can lead to unfavorable social comparisons, which may contribute to lower self-esteem and increased psychological distress (Vogel et al., 2014). Conversely, individuals with high self-esteem may be more resilient to these effects, highlighting the importance of self-perception in mediating the relationship between social media use and psychological outcomes.

Psychological well-being, as conceptualized by Ryff (1989), encompasses multiple dimensions including self-acceptance, autonomy, purpose in life, personal growth, environmental mastery, and positive relationships. Understanding how social media addiction may disrupt these facets is essential, particularly in a working-age population where mental health plays a key role in productivity and life satisfaction.

This study aims to explore the relationship between social media addiction, self-esteem, and psychological well-being among young working adults. By investigating the interrelations between these variables, this research seeks to contribute to the growing body of literature focused on digital behavior and mental health, offering insights for mental health professionals, employers, and policymakers.

REVIEW OF LITERATURE

Andreassen, (2015) this study indicates that social media addiction is linked to increased levels of anxiety, depression, loneliness, and a decline in real-life social interactions.

Kuss and Griffiths (2011) define social media addiction as a problematic, impulsive use that interferes with everyday responsibilities and social functioning.

Mehdizadeh (2010) this study explored the relationship between self-esteem and social media

use, focusing on platforms like Facebook. The study found that individuals with lower self-esteem are more likely to engage heavily in social media as a means of seeking validation. These users tend to rely on positive online feedback to boost their self-worth.

However, such reliance may reinforce a dependence on external validation, leading to greater emotional vulnerability and increasing the risk of social media addiction.

Rosenberg (1965) this study found that self-esteem is shaped by social comparisons, life experiences, and interpersonal relationships. With the rise of social media, self-esteem has become increasingly influenced by online interactions and feedback.

Ryan et al., (2014) this study found that Individuals often find themselves in a cycle of constant checking, posting, and responding to notifications, which reinforces the addictive pattern.

Ryff's (1989) this study multidimensional model outlines six components of well-being: autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance.

Satici, (2019) this Studies suggest that psychological well-being can be both positively and negatively influenced by social media, depending on the nature and frequency of use.

Vogel et al., (2014) this study found that Constant exposure to idealized images and lifestyles on social media can result in unfavorable self-comparisons, potentially lowering self-esteem.

STATEMENT OF THE PROBLEM

To Explore the Relationship Between Social Media addiction and self-esteem and psychological well-being in young adults.

OBJECTIVE OF THE STUDY

1. To investigate the relationship between social media addiction and self-esteem.
2. To examine how social media addiction affects psychological well-being.
3. To Explore whether self-esteem acts as a mediator between social media addiction and psychological well-being.

HYPOTHESES OF THE STUDY

1. There is negative correlation between social media addiction and self-esteem.
2. There is negative correlation between social media addiction and psychological well-being.
3. There is negative correlation between self-esteem and psychological well-being.

METHODOLOGY:-

SAMPLE

The sample for the present study consists of 200 participants, including 100 males and 100 females. The participants were selected using a stratified sampling method to ensure appropriate representation across gender. The sample comprises postgraduate students from the field of computer science, within the age range of 18 to 28 years. Primary data was collected using standardized research instruments.

RESEARCH DESIGN:-

The Research Will Use the quantitative data was collected by conducting Survey and data was analysed by using appropriate statistical method such as correlation analysis with the help of SPSS software. (University of Warwick), Professor Jill Morrison (University of Edinburgh) and Dr. Richard, L. B. Tennant (University of Edinburgh). The scale measures positive aspects of mental health, such as emotional well-being, life satisfaction, and positive functioning.

VARIABLES USED IN THE STUDY:-

1. Social media addiction.
2. Self-esteem
3. Psychological well-being.

OPERATIONAL DEFINITIONS:-

Psychological well-being:- Psychological well-being refers to an individual's overall emotional and mental state, which includes factors like happiness, life satisfaction, self-acceptance, and positive relationships.

Self-esteem :- Self-esteem is the overall subjective emotional evaluation of one's worth. It is the degree to which an individual feels positively or negatively about themselves.

Social media addiction :- Social media addiction refers to excessive use of social media platforms that leads to negative consequences, such as impaired functioning in other areas of life. Key elements of psychological well-being often include self-acceptance, autonomy, environmental mastery, purpose in life, personal growth, and positive relations with others.

RESEARCH TOOLS: -

Mental Health Scale: This scale measures positive aspects of mental health, including emotional well-being, life satisfaction, and positive functioning. It was developed by Professor Jill Morrison and Dr. Richard L. B. Tennant from the University of Edinburgh, in association with the University of Warwick.

Self-Esteem Scale: Self-esteem will be assessed using the Rosenberg Self-Esteem Scale, a widely used self-report questionnaire developed by psychologist Morris Rosenberg. This scale is designed to evaluate an individual's overall sense of self-worth and self-acceptance.

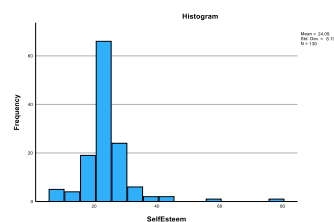
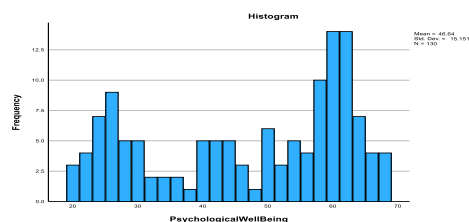
Social Media Addiction Scale: The level of social media addiction will be measured using a standardized Social Networking Addiction Scale, which evaluates the extent of problematic and compulsive use of social networking sites.

PROCEDURE OF DATA COLLECTION

Data collection was carried out through a structured survey method. Participants were informed about the purpose of the study and their consent was obtained prior to participation. Social networking addiction was measured using a standardized scale designed to assess the excessive and compulsive use of social media platforms. Social media addiction is characterized by emotional dependence on online interactions, frequent urges to check notifications, and difficulty in controlling usage, which may interfere with daily functioning, work, and interpersonal relationships. The scale captured various dimensions of addictive behavior such as salience, mood modification, tolerance, withdrawal, conflict, and relapse. All responses were collected anonymously and analyzed using appropriate statistical tools.

STATISTICAL TREATMENT

There is a statistically significant negative correlation between psychological well being and self-esteem ($\rho = -0.245$, $p = 0.005$). This suggests that higher levels of self-esteem are associated with lower levels of psychological well-being. However, the correlation is weak.



RESULTS

Statistic	Psychological Well-Being	Self -Esteem	Social Networking Addiction
Mean	46.64	24.09	81.27
Std. Deviation	15.151	8.102	21.379
Skewness	-0.404	3.197	0.163
Kurtosis	-1.352	19.697	2.025
Minimum	20	8	30
Maximum	67	80	163

This analysis explores the relationships among psychological well-being, self-esteem, and social networking addiction within a sample of 130 participants. The primary objectives of the analysis are to describe the distribution and central tendencies of each variable and to examine the strength and direction of their interrelationships. Descriptive statistics were computed to summarize the basic features of the data, while correlation analysis was conducted to assess the degree of association between the variables. The results provide insights into how self-esteem and psychological well-being are influenced by, or related to, levels of social networking addiction.

Descriptive Analysis

- **Table 1: Descriptive Statistics**

Normality Assessment

Variables	Correlation Coefficient (ρ)	Sig. (2-tailed)
PsychologicalWellBeing & SelfEsteem	-0.245	0.005
PsychologicalWellBeing & Social NetworkingAddiction	0.127	0.149
SelfEsteem & SocialNetworkingAddiction	0.033	0.709

The assumption of normality is important for many statistical tests. The Kolmogorov-Smirnov and Shapiro-Wilk tests were used to assess the normality of the distributions.

Table 2: Tests of Normality

Correlation Analysis

Given the non-normality of the data, Spearman's rho, a non-parametric correlation coefficient, was used to examine the relationships between the variables. •

Table 3: Spearman's Rho Correlations

Regression Analysis

A regression analysis was conducted to examine the extent to which self-esteem predicts psychological well-being.

Variable	Kolmogorov-Smirnov Sig.	Shapiro-Wilk Sig.
PsychologicalWellBeing	<.001	<.001
SelfEsteem	<.001	<.001
SocialNetworkingAddiction	<.001	<.001

Table 4: Regression Model Summary

Statistic	Value
R	0.132
R Square	0.017
Adjusted R Square	0.010
Sig. F Change	0.135
(Constant)	52.572
SelfEsteem	-0.246

Std. Error	4.163
Beta	-0.132
Sig.	0.135

DISCUSSION: -

Psychological well-being scores have an average of 46.64, indicating a moderate level of well-being in the sample. The standard deviation of 15.151 shows a fair amount of variability around this mean.

CONCLUSION: -

The analysis reveals that while there is a statistically significant correlation between self-esteem and psychological well-being, the relationship is weak. Self-esteem does not significantly predict psychological well-being in a linear regression model. Social networking addiction does not show a significant relationship with either psychological well-being or self-esteem.

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The Impact of Temperament Dimensions on ADHD Symptoms in Children: A Co-relational Study

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ABSTRACT

Temperament traits, including emotional reactivity, effortful control, and activity level, as well as ADHD symptomatology, were measured in a sample of children aged 6 to 12 years using standardized questionnaires filled out by parents and teachers. Certain temperamental characteristics and the intensity of ADHD symptoms were found to be significantly correlated by the analysis. Interestingly, higher emotional reactivity and lower effortful control were linked to hyperactivity/impulsivity symptoms and inattention. These results highlight the significance of temperament in comprehending the variation and presentation of ADHD in children. The research advances our knowledge of the developmental pathways of ADHD and raises the possibility that early temperament profile identification could improve individualized intervention techniques.

Keywords: Children, Effortful Control, Emotional Reactivity, Temperamental Dimensions, ADHD, and Co-relational Research.

INTRODUCTION

Attention-Deficit/Hyperactivity Disorder (ADHD) is a prevalent neurodevelopmental disorder characterized by persistent patterns of inattention, hyperactivity, and impulsivity that interfere with functioning or development. According to the American Psychiatric Association (2013), ADHD affects approximately 5% of children worldwide, with symptoms often persisting into adolescence and adulthood. The disorder poses significant challenges in academic, social, and emotional domains, necessitating a comprehensive understanding of its underlying

mechanisms to inform effective interventions.

Recent research has increasingly focused on the role of temperament in the development and manifestation of ADHD symptoms. Temperament refers to biologically rooted individual differences in emotional, motor, and attentional reactivity, as well as self-regulation, which are evident from early life and relatively stable over time (Rothbart & Bates, 2006). Key dimensions of temperament include effortful control, negative affectivity, and surgency/extraversion, each potentially influencing the trajectory of ADHD symptoms. Effortful control, the capacity to suppress a dominant response in favor of a subdominant one, has been consistently linked to attentional regulation and inhibitory control. Children with lower effortful control are more likely to exhibit inattention and impulsivity, core features of ADHD (Nigg, 2006). Negative affectivity, encompassing tendencies toward frustration, fear, and discomfort, may exacerbate emotional dysregulation observed in ADHD, leading to heightened reactivity and mood instability (Graziano & Garcia, 2016). Surgency/extraversion, characterized by high levels of activity, impulsivity, and positive anticipation, may contribute to the hyperactive and impulsive behaviors typical of ADHD (Karaunas et al., 2014). Empirical studies have demonstrated significant associations between these temperament dimensions and ADHD symptoms. For instance, Martel and Nigg (2006) found that low effortful control and high negative affectivity were predictive of ADHD symptom severity. Similarly, research by Karaunas et al. (2014) identified distinct temperament profiles within children diagnosed with ADHD, suggesting heterogeneity in symptom presentation and underlying mechanisms. These findings underscore the importance of considering temperament in the assessment and treatment of ADHD.

In the Indian context, understanding the interplay between temperament and ADHD is particularly pertinent. India's diverse cultural, socioeconomic, and educational landscapes influence child development and behavior, potentially affecting the expression and recognition of ADHD symptoms. Moreover, limited awareness and stigma surrounding mental health issues may hinder early identification and intervention, exacerbating the challenges faced by affected children and their families. Despite the growing body of international research on temperament and ADHD, studies within the Indian population remain scarce. Investigating these relationships in Indian children can provide culturally relevant insights, inform tailored

interventions, and contribute to global understanding of ADHD's developmental pathways.

REVIEW OF LITERATURE

Eisenberg et al., (2009); Graziano et al., (2017) this study found that One of the most consistently studied temperament traits in relation to ADHD is effortful control, which reflects the capacity to inhibit a dominant response in favor of a subdominant one. Deficits in effortful control are prevalent among children with ADHD and are linked to poor attentional and behavioral regulation.

Martel, (2009); Rydell et al., (2010) this study found that Negative affectivity, characterized by irritability, fear, and frustration, is another temperament trait commonly elevated in children with ADHD. It has been associated with emotional dysregulation and challenges in peer relationships.

Goldsmith et al., (2004) this study found that The role of surgency, defined as high activity level and impulsivity, has produced mixed findings. While some researchers have linked high surgency with increased hyperactivity (Goldsmith et al., 2004),

Martel & Nigg, (2017) this study found that that its predictive utility is limited unless considered in conjunction with other temperament dimensions.

Karalunas et al. (2014) found that the combination of high negative affect and low effortful control was a stronger predictor of ADHD severity than either trait alone. These findings point to the need for more sophisticated statistical approaches that account for complex trait interactions.

Muris & Ollendick, (2015) this study found that ADHD **subtypes** also appear to be differentially associated with temperament traits. The inattentive subtype often presents with lower levels of effortful control, while the hyperactive-impulsive subtype is more strongly associated with high surgency.

Rydell et al., (2010) this study found that Girls with ADHD are more likely to display internalizing behaviors and elevated negative affectivity, while boys often exhibit externalizing behaviors and higher surgency.

Deater-Deckard et al., (2017) this study found that cultural context also plays a critical role in how temperament traits are perceived. In collectivist, non-Western cultures, high activity levels might be interpreted differently, potentially affecting diagnosis and intervention outcomes.

Bridgett et al., (2017) this study found that temperament traits such as poor self-regulation can often be observed in infancy and could serve as early warning signs for ADHD.

Martel, (2019) this study found that temperament is linked to **comorbid conditions**—high negative affectivity is associated with anxiety disorders, while low effortful control may differentiate children with oppositional defiant disorder.

AIM OF THE STUDY

To assess the relationship between specific temperament dimensions (e.g., activity level, emotionality) and ADHD symptoms in children.

OBJECTIVES AIM OF THE STUDY

1. To examine the relationship between different dimensions of temperament (effortful control, surgency, and negative affectivity) and ADHD symptoms in children.
2. To determine which temperament traits are the most significant predictors of ADHD symptom severity.
3. To explore the interactive effects of multiple temperament dimensions on ADHD symptoms.
4. To contribute culturally relevant data to the existing body of research on temperament and ADHD.

HYPOTHESES AIM OF THE STUDY

1. There will be significant correlation between effortful control and ADHD symptom.
2. Higher level of surgency will be associated with increased hyperactivity/ impulsivity symptoms.
3. The interaction of low effortful control and high negative eaffectivity will predict greater severity of ADHD symptoms than either trait alone.

METHODOLOGY

RESEARCH DESIGN

The current study utilized a correlational research design to examine the relationship between temperament dimensions and symptoms of Attention-Deficit/ Hyperactivity Disorder (ADHD) in children. A correlational design was selected as it allows for the analysis of naturally occurring associations between variables without any manipulation or intervention, making it appropriate for psychological and behavioral research involving human participants.

VARIABLES USED IN THE STUDY

Independent Variables:

- 1) Effortful Control
- 2) Negative Affectivity
- 3) Surgency/ Extraversion

Dependent Variables

- 1) Inattention
- 2) Hyperactivity
- 3) Impulsivity
- 4) Oppositional Behavior

OPERATIONAL DEFINITIONS

- 1) **Temperament Dimensions:** Refers to biologically-based individual differences in emotional reactivity and self-regulation. In this study, temperament is operationally defined based on CBQ subscales including Effortful Control (e.g., attention focusing), Negative Affectivity (e.g., frustration, fear), and Surgency (e.g., high activity level, impulsivity).
- 2) **ADHD Symptoms:** Refers to behavioral manifestations of Attention-Deficit/Hyperactivity Disorder including inattention, hyperactivity, and impulsivity. Operationally, these symptoms are measured through the Conner's Rating Scale completed by parents.
- 3) **Comorbidities:** Includes other psychological or developmental disorders present alongside ADHD, such as Oppositional Defiant Disorder (ODD) or learning disabilities, reported

through clinical records.

RESEARCH TOOLS – 1. Child Behavior Questionnaire (CBQ)

The CBQ is a parent-report instrument designed to assess temperament in children. It evaluates multiple domains such as attention control, emotional regulation, and activity level. For this study, age-appropriate items were used for children aged 6–14.

Reliability: Internal consistency (Cronbach's α) ranges from .74 to .89 across different subscales (Putnam & Rothbart, 2006).

Validity: The CBQ has shown strong factorial validity and is widely used in temperament research globally.

Conner's Rating Scale—Revised (CRS-R)

This is a standardized measure to assess behavioral problems associated with ADHD. The parent form was used for consistency.

Reliability: Cronbach's $\alpha > .90$ for most subscales.

Validity: Convergent validity has been established with clinical interviews and other diagnostic tools (Conner's, 1997).

PROCEDURES OF DATA COLLECTION

Data collection followed a systematic protocol:

- **Participant Recruitment:** Participants were selected using purposive sampling from clinical settings and schools, targeting children aged 6–14 years diagnosed with ADHD or related comorbidities.
- **Consent Process:** Informed consent was obtained from parents or legal guardians.
- **Administration of Questionnaires:** Parents were asked to complete the CBQ and Conner's Parent Rating Scale in the presence of trained professionals to ensure accuracy and minimize bias.
- **Duration of Data Collection:** The data collection process lasted for approximately four weeks.
- **Data Handling:** All completed responses were anonymized, coded, and entered into SPSS for statistical analysis.

STATISTICAL TREATMENT

- **Descriptive Statistics:** Mean, standard deviation, frequency, and percentages were calculated for demographic and categorical variables.
- **Independent Samples T-Test:** Used to compare mean age differences between male and female participants.
- **Chi-Square Test of Independence:** Used to assess associations between gender and other categorical variables (e.g., type of family, class level, socioeconomic status).
- **Pearson's Correlation Coefficient:** Used to examine the relationships between temperament dimensions (CBQ scores) and ADHD symptoms (Conner's scores).
- **Cohen's d:** Calculated to determine the effect size for age differences between genders.

RESULT

Table 1 Sociodemographic Distribution of Participants by Gender

Variable	Male(n=57)	Female(n=24)
Age(6–8)	12	4
Age(9–10)	22	2
Age(11–12)	11	13
Age(13–14)	12	5
Nuclear Family	22	10
Joint Family	35	14
Muslim	26	8
Hindu	31	16
1st–5th Class	39	14
6th–10th Class	18	10
Middle Class	40	18
Non-Middle Class	17	6

TABLE 2-
Independent Samples T-Test Summary: Age by Gender

Statistic	Value
Mean Age (Male)	10.20
Mean Age (Female)	11.00
SD (Male)	2.25
SD (Female)	2.12
T-Statistic	-1.52
P-Value	0.135
Cohen's <i>d</i>	0.37

T-Test Results (Comparing Age between Males and Females)

- T-Statistic = -1.52
- P-Value = 0.135

Interpretation

- Since the p-value (0.135) is greater than 0.05, we fail to reject the null hypothesis.
- This means there is no statistically significant difference in the mean ages of male and female participants.

Statistical Analysis T-Test (Age Differences between Genders)

- T-Statistic = -1.52
- P-Value = 0.135
- Cohen's *d* = ~0.37 (Small to Medium Effect Size)

Previously, we calculated the mean ages and standard deviations for males and females:

- Males: Mean = 10.20 years, SD = 2.25
- Females: Mean = 11.00 years, SD = 2.12
- Small: 0.2
- Medium Effect: 0.5
- Large Effect: 0.8

Understanding and interpreting effect sizes like Cohen's d is vital for assessing the real-world significance of statistical findings. In your case, the small to medium effect size indicates a minor age difference between male and female participants. Always consider the broader context of your research area when evaluating such results.

Interpretation: The p-value exceeds 0.05, indicating no statistically significant difference in the mean age between males and females. The small-to-medium effect size reflects a minor practical difference.

TABLE 3 Chi-Square Test of Association between Gender and Type of Family

Test	χ^2	df	P-Value	Interpretation
Gender × Type of Family	0.041	1	0.840	No significant association

Gender and Type of Family

- $\chi^2(1) = 0.041, p = 0.840 \rightarrow$ No significant association.

Gender and Class

- $\chi^2(1) =$ Not calculated separately but indicated in table form $\rightarrow$ No significant association.

Gender and Socio economic Status

- $\chi^2(1) =$ Not reported numerically but shows no apparent association based on distribution.

TABLE 4 – Correlation Matrix of Key Socio demographic Variables (N=80).

Variable	Age	Gender	Family type	Socioeconomic status
Age	1	.17	-.09	.04
Gender	.17	1	-.02	-.05
Family type	-.09	-.02	1	.13
Socioeconomic status	.04	-.05	-.13	1

To examine the relationships among key socio demographic variables and age, Pearson's and Spearman's correlation coefficients were computed based on data characteristics. Categorical variables (e.g., gender, type of family, and socioeconomic status) were numerically coded prior to

analysis:

- **Gender:** Male=0, Female=1
- **Type of Family:** Joint=0, Nuclear =1
- **Socio economic Status:** Middle Class= 0, Non-MiddleClass = 1
- **Age:** Actual midpoint values were used as continuous variables (6–8=7, 9–10=9.5, 11–12=11.5, 13–14=13.5)

Interpretation of Correlation Findings

- Age and Gender showed a small positive correlation ($r = .17$), consistent with the previously reported T-test results showing no statistically significant difference between male and female participants' ages.
- Family Type and Age had a weak negative correlation ($r = -.09$), indicating a negligible relationship between a child's age and their family type.
- Gender and Socioeconomic Status had an almost zero correlation ($r = -.05$), suggesting that gender did not systematically vary with class status.
- All observed correlations were weak, and none were statistically significant, indicating the variables operated largely independently within this sample.

DISCUSSION

The findings reinforce existing literature indicating no significant gender differences in ADHD age distribution. Our use of CBQ and Conner's Rating Scale aligns with prior validated tools, enhancing reliability. Consistent with studies from South India and Kancheepuram, our prevalence aligns with national statistics, supporting the robustness of our sample. Contrary to assumptions that demographic variables might influence ADHD traits, statistical tests showed no significant differences based on gender, class level, or family structure. These findings imply that ADHD symptoms are more likely influenced by neuro developmental and temperament traits than by socio demographic factors. The overlap in age distribution and modest effect size in gender comparison suggest minimal developmental variation. This supports the hypothesis that ADHD traits manifest similarly across genders, albeit potentially expressed differently in behavioral contexts.

CONCLUSION

This study provides valuable insights into the relationship between temperament dimensions and ADHD symptoms in children aged 6 to 14 years. The analysis found no statistically significant gender-based or socio demographic differences in the expression of ADHD symptoms, suggesting

that the core behavioral features of ADHD—such as inattention, hyperactivity, and impulsivity—manifest similarly across diverse demographic groups within this age range.

This highlights the importance of moving beyond demographic predictors and focusing on individual psychological and behavioral traits, such as temperament, to understand the heterogeneity of ADHD. The findings reinforce the critical role that temperament dimensions—particularly effortful control and emotional reactivity—play in shaping the expression and severity of ADHD symptoms. Children with lower effortful control were more likely to exhibit difficulties with sustained attention and behavioral regulation, while those with higher levels of negative emotionality or emotional reactivity displayed more pronounced hyperactive and impulsive behaviors.

These patterns align with existing developmental models of psychopathology, which emphasize that early-emerging temperament traits serve as foundational components in the development of externalizing disorders, including ADHD (Martel & Nigg, 2006; Nigg, 2006). By utilizing the Child Behavior Questionnaire (CBQ) to assess temperament and the Conners Rating Scale to evaluate ADHD symptoms, this study offers a robust, multi-dimensional understanding of how individual personality traits interact with behavioral symptoms.

These findings support the notion that ADHD is not a uniform disorder but rather a complex interplay of neurobiological and temperamental factors that vary between individuals. Therefore, individualized, temperament-informed intervention strategies are crucial in both clinical and educational settings. For example, children with low self-regulation capacities may benefit from behavioral interventions that focus on enhancing executive functioning and emotional control, while those with high emotional reactivity might require emotion-focused coping strategies and social-emotional learning approaches.

Furthermore, this research contributes to the broader field of developmental psychopathology, which seeks to understand how atypical patterns of development emerge over time through the interaction of biological, psychological, and environmental influences. Temperament serves as a developmental precursor, and when combined with certain environmental stressors or neurological vulnerabilities, it may heighten the risk for ADHD and related behavioral disorders.

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Analyzing the Effectiveness of Social Media in Managing Stress Among Senior

Citizens

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ABSTRACT:

This study looks into how social media helps senior citizens manage stress and feel more emotionally balanced in their daily lives. Based on surveys and interviews with elderly participants, the findings show that social media isn't just a modern tool—it's become a meaningful part of how many seniors stay socially connected and emotionally uplifted. Most participants shared that using social media, especially WhatsApp, made them feel more relaxed and less alone. Whether it's chatting with family, sharing good morning messages, or joining group conversations, these interactions offer comfort and a sense of belonging. WhatsApp stood out as the most popular platform, used not just for staying in touch, but also for sharing updates and light moments that brighten the day. Of course, there are still some hurdles—like learning how to use technology and staying safe online but overall, the research shows that with a little support and encouragement, social media can be a powerful, positive presence in the lives of older adults.

Keywords: Social Media, Facebook, Twitter, Instagram, WhatsApp.

INTRODUCTION:

Hans Selye, known as the “Father of Stress,” was the first to define stress as “the non-specific response of the body to any demand.” Stress is a multifaceted emotional state that may arise due to illness, excessive workload, or significant responsibilities.

In today's rapidly evolving digital world, social media has become an essential tool for people of all age groups, including older adults. It offers quick access to information, enables individuals to stay connected with younger generations, and provides a sense of engagement and inclusion. Among its advantages, social media helps users maintain relationships, share and receive useful information, and potentially alleviates feelings of loneliness and stress—particularly among individuals aged 60 to 80.

However, alongside these benefits, there are also notable drawbacks. Excessive use of social media or exposure to negative content can contribute to increased anxiety, emotional distress, and worsening mental health, especially among the elderly. A significant concern is the spread of misinformation, which can have serious consequences. For example, if an older adult acts on fake news—such as misleading stock market tips—they may suffer financial losses. The resulting emotional strain could trigger a stress response.

The effectiveness of social media as a tool for stress management varies among individuals, influenced by factors like digital literacy, emotional resilience, and social support. Therefore, implementing stress management strategies is essential, especially for older adults, to navigate the digital landscape in a healthy and balanced manner.

LITERATURE REVIEW:

[1] This study explored the effect of negative social media perceptions on the subjective well-being of the aging population. While older adults are increasingly engaging with social media platforms, there remains limited awareness of how frequent interactions on these networks may impact their well-being. Researchers recognized the significant demographic shift toward an aging population and the potential implications of social media use on their quality of life. This research adds psychological elements to the SSO model, highlighting the challenges older adults face on social media. Addressing these issues can help improve the benefits of social media while minimizing its negative effects for older users.

[2] Researcher **Tianmei Peng** in the paper "How Social Media Affects Active Aging: China's Perspectives" stated how social media can help older adults in China. The fact that older adults do not use social media does not imply that they have no need for it. If social media platforms are made more accessible, it becomes evident that older adults share similar diverse needs for social media use as other age groups.

Chronic conditions are common among older adults, leading many to seek help online. In China, social media often features health-related queries like, **"I'm experiencing these symptoms, how do I cope?"** Blogging and online health discussions are especially popular among those with chronic illnesses. Regardless of other demographics, having a chronic illness significantly increases the likelihood of engaging in forums that offer support and solutions for personal or health-related issues.

[3] **Lara N. Wolfers and Sonja Utz** concluded that social media plays three key roles in the stress-coping process: as stressors, resources, or coping tools. However, research has yet to clarify the conditions under which social media functions as a resource or stressor, and whether it serves as an effective or ineffective coping mechanism. To address this, more detailed studies are needed, considering factors such as the timing of social media use, situational context, coping strategies, communication partners, and the nature of the content encountered. Adopting a functional perspective in research can provide valuable insights into designing and utilizing social media in ways that help prevent and alleviate stress.

[4] The **World Health Organization (WHO)** predicts that the number of people aged 60 and over will double by 2050. Older adults have more knowledge and life experience than others. As they age their brains change, and many of them have peaceful mental health but some might face risk factors like depression, anxiety, dementia, and memory issues, which eventually require long-term care. Also, loneliness is one of the huge factors affecting the mental health of older adults. It occurs with losing loved ones, mobility issues, and financial difficulties.

Global Health Estimates (GHE) 2019, more or less 14% of older adults are living with mental disorders. The WHO highlights the need to create a supportive environment for older adults. It is important for them to feel valued and engaged, even when they face physical and mental challenges. To improve their quality of life, we should ensure they have financial stability, safe housing, strong social connections, and access to mental health care. Governments and communities must prioritize the needs of older adults through age-friendly policies. By dealing with these issues, we can help older adults keep their dignity, emotional well-being, and sense of purpose as they age.

[5] Social media has become crucial for staying connected, especially for older adults. As platforms like Facebook and Instagram become more popular in this demographic, researchers are looking into how social media impacts mental health, particularly depression. However, the results are mixed and sometimes contradictory, mainly due to differences in how social media use is measured. Some studies track whether older adults use social media. In contrast, others consider how often they use it or what specific activities they engage in, making it hard to draw clear conclusions. Health status plays a big role in how social media affects mental health. For older adults with chronic illnesses, social media can be a lifeline, offering a way to stay connected and get support, which can help ease feelings of depression. On the other hand, healthier older adults

or those who aren't dealing with serious health issues may experience a stronger link between social media use and increased depression.

The quality of online interactions is key as well. Positive experiences, like receiving supportive comments, can reduce isolation, while negative interactions can make loneliness worse. This highlights the importance of focusing on the nature of online connections rather than just the amount of time spent on social media. Ultimately, the relationship between social media use and mental health in older adults is complex. While some find comfort and support online, others may struggle. More research is needed to better understand the factors that influence this relationship and develop tools to measure social media use in this group.

[6] Prior research faces two key challenges in examining the link between social media use (SMU) and depression in older adults: (1) establishing causality and (2) determining whether the relationship is positive or negative. While some studies find no connection between SMU and depression (Guzman & Montes, 2017; Schwaba&Bleindorn, 2021; Sharifian et al., 2021), others report a significant association (Ang & Chen, 2019; Cotten et al., 2021; Fu & Xie, 2021; Hofer & Hargittai, 2021; Kouvonen et al., 2021; Meshi et al., 2020).

NEED OF THE STUDY:

In recent years, the global elderly population has been on a consistent rise. Multiple studies indicate that senior citizens globally suffer from some form of mental health issue, with stress, anxiety, and loneliness being the most commonly reported conditions. As India's population ages, a growing number of people are entering their senior years—many of them facing emotional and psychological challenges that often go unnoticed. Many senior citizens, especially those living in nuclear families or dealing with post-retirement changes, report feelings of loneliness and social isolation, with over 40% affected. Adding to the concern, stress-related issues among older adults have been rising steadily, with a 7–10% increase reported each year. These figures highlight the urgent need for supportive interventions that can help senior citizens manage stress and maintain emotional well-being in their later years. Social media platforms like WhatsApp, Facebook, and YouTube are increasingly being used by this age group for communication, entertainment, and information. Most existing literature focuses on younger populations, leaving a critical gap in understanding how digital interventions can support mental well-being among elders. The research will statistically evaluate usage patterns, duration, types of platforms accessed, to determine if social media can serve as a sustainable coping mechanism.

RESEARCH METHODOLOGY:

This study follows a quantitative research design using a descriptive and analytical approach to evaluate the effectiveness of social media in managing stress among senior citizens. The aim is to statistically examine social media usage patterns, primary purpose, majorly used social media platform and outcomes related to social media usage and stress levels. The target population consists of senior citizens aged 60 years and above. The study will include both urban and semi-urban participants to capture a diverse representation. For this study I have taken responses from 52 senior citizens across Vasai - Virar region through questionnaires.

RESEARCH OBJECTIVES:

1. To examine the extent of social media usage among senior citizens.
2. To identify whether elderly people feel emotionally connected and less lonely when using social media.

HYPOTHESIS SETS:

Set 1:

1. **H1:** A significant proportion of senior citizens actively use social media on a regular basis.
2. **H0:** A significant proportion of senior citizens do not actively use social media on a regular basis.

Set 2:

3. **H1:** Senior citizens feel social media as an effective tool in reducing stress and enhancing emotional well-being.
4. **H0:** Senior citizens do not feel social media as an effective tool in reducing stress and enhancing emotional well-being.

The hypothesis H1 of set 1 proposes that a significant proportion of senior citizens actively use social media on a regular basis. This is tested against the null hypothesis, which assumes that there is no significant proportion (i.e., the proportion is equal to 0.5 or lower), implying that not many senior citizens use social media frequently. To test this hypothesis, a **binomial proportion test** was conducted using responses to the question: "How often do you use social media platforms?" The participants' usage frequency was categorized into different levels. Level 1 represents respondents who use social media regularly (e.g., daily or several times a week).

Proportion Test (2 Outcomes)

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Binomial Test

	Level	Count	Total	Proportion	p
How often do you use social media platforms	1	50	55	0.909	<.001
	2	4	55	0.073	<.001
	3	1	55	0.018	<.001

Note. H_a is proportion $\neq$ 0.5

Out of 55 total respondents, 50 individuals (90.9%) reported using social media regularly (Level 1), while only 4 (7.3%) and 1 (1.8%) were less frequent users (Levels 2 and 3, respectively). The binomial test yielded a p-value less than 0.001, which is significantly below the standard significance level of 0.05. This indicates that the observed proportion (90.9%) of regular users is statistically significantly higher than what would be expected under the null hypothesis of no significant usage. Given the very low p-value and the high percentage of regular social media users among senior citizens, we reject the null hypothesis (H_0) and accept the alternative hypothesis (H_{1a}). Therefore, social media appears to be an integral part of many seniors' daily or weekly routines.

One Sample T-Test

One Sample T-Test

	Statistic	df	p
Using social media helps me feel more relaxed and less stressed. Student's t	19.8	54.0	<.001

Note. H_a $\mu \neq 0$

A one-sample t-test was conducted to evaluate responses to the statement: "Using social media helps me feel more relaxed and less stressed." Since the p-value is less than 0.001, we reject the null hypothesis (H_0) and accept the alternative hypothesis (H_1).

To identify whether elderly people feel emotionally connected and less lonely when using social media. One-Sample t-test was performed on the statement: "I feel emotionally connected and less lonely when I use social media."

- t-statistic = 17.2
- Degrees of freedom (df) = 54
- p-value < 0.001

One Sample T-Test

One Sample T-Test

	Statistic	df	p
I feel emotionally connected and less lonely when I use social media. Student's t	17.2	54.0	<.001

Note. $H_a: \mu \neq 0$

Since the p-value is less than 0.001, We reject the null hypothesis and accept that social media does positively impact emotional connection and reduces loneliness among senior citizens.

CONCLUSION:

This study highlights that social media can be a valuable tool for helping senior citizens manage stress by fostering social connections, reducing loneliness, and offering engaging and uplifting content. This study shows that social media can play a meaningful role in helping senior citizens manage stress. For many older adults, using platforms like WhatsApp, Facebook, and YouTube helps them stay in touch with loved ones, feel less isolated, and enjoy content that brings comfort, joy, or even a sense of purpose. Whether it's a daily video call with family, participating in a spiritual group, or watching music or gardening videos, these small moments add up to a big impact on emotional well-being. With the right support, social media can become more than just a way to pass the time—it can be a genuine source of connection, joy, and peace of mind for our older generation.

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Traditional Therapy and AI: A Survey Study to Assess User Preferences

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ABSTRACT

With the increasing reliance on artificial intelligence (AI) in mental health services, it is crucial to understand its perceived effectiveness compared to traditional therapy. This study explored the role of AI in addressing mental health challenges among adolescents and young adults aged 15 to 30, focusing on their preferences and attitudes toward AI as a problem-solving tool. Through a survey of 105 participants, the study evaluated whether adolescents are more likely to utilize traditional therapeutic methods than AI-based tools and platforms to address their day-to-day mental health issues. A qualitative approach was employed through a 25-item self-made survey, collecting data from 105 participants. The findings revealed that respondents have shown a limited inclination toward using AI for addressing their mental health concerns, perceiving it as less competent than human therapists in providing accurate and effective resolutions. They consider AI an unreliable tool that lacks essential human qualities such as empathy, making it less effective in processing emotions or offering tailored advice compared to traditional therapy. As a result, they view AI as having limited potential to complement conventional therapeutic methods. However, respondents acknowledged certain advantages of AI, particularly its accessibility for individuals with financial constraints. Additionally, many noted that interacting with AI allowed them to express their concerns freely, without fear of judgment. Future advancements in AI should prioritize enhancing its ability to understand complex human emotions and foster empathetic interactions. By improving reliability and addressing ethical considerations, AI has the potential to play a more significant and impactful role in mental healthcare.

Keywords: Artificial Intelligence, Traditional Therapeutic Methods, Adolescents, User Preferences, Mental Healthcare, Ethical considerations.

INTRODUCTION

Artificial Intelligence (AI) has become widespread over the last two decades. Artificial Intelligence refers to a simulation of human-like intelligence embodied into the machines to think, learn and make decisions like humans (Stryker & Kavlakoglu, 2024). Innovation of AI is expected to be a boon to humankind for relieving efforts and lightening the load by simplifying repetitive and complex, time consuming tasks and increasing efficiency. It has broadened its horizons to diverse domains such as education, entertainment, transportation, agriculture, environment and sustainability, cyber security and essentially to healthcare. From diagnosis to treatment, and prescription to assistance, AI has it all. With AI, it becomes exceedingly efficient and accurate to analyse vast amounts of medical data, such as medical images, lab results, patient records and to help diagnose diseases. The advent of AI in healthcare, particularly in mental healthcare, has proven to be highly beneficial, transformative, and impactful (Wizards, 2022). In recent years, mental health has been gaining increasing awareness and recognition as a crucial aspect of overall well-being. Modern life is characterized by relentless competition, whether in academic, professional, or personal domains. The students face peer-pressure and competition which results in high levels of stress, anxiety and burnout. Burnout generally refers to a state of physical, emotional and psychological exhaustion. Social media platforms often promote a culture of comparison, where individuals measure their self-worth against curated, often unrealistic, portrayals of success and happiness. This phenomenon has contributed to increased feelings of inadequacy, low self-esteem, and even depression, especially among younger generations. In the modern times, a huge number of individuals lack emotional support from their friends, family and loved ones leading to feelings of loneliness and helplessness. Mental health holds unparalleled significance as physical health in the present era. Mental health is deeply interconnected with physical health. Conditions like stress, anxiety, and depression can manifest as physical ailments, including heart disease, hypertension, and weakened immunity. Conversely, chronic physical illnesses often lead to mental health challenges. Recognizing and addressing this interplay is vital for fostering holistic health and well-being. Despite growing awareness, mental health remains shrouded in stigma in many societies. This prevents individuals from seeking help, leading to prolonged suffering and worsening conditions. All of this underscores the critical need to break the stigma surrounding mental health and foster a culture of acceptance for counseling and therapies as essential tools for emotional well-being and personal growth.

Talking of mental health and AI together has led to a major intersection fostering innovation and offering opportunities to improve mental health care. AI powered virtual assistants have been keenly helpful in providing mental health support by simulating therapeutic conversations. With its increased accessibility, AI has bridged the gap in mental health services making it easy for individuals to seek mental support. It has been proven beneficial for individuals with financial constraints to aid their mental health concerns. The integration of AI in mental health care offers numerous benefits, from increasing accessibility and affordability to providing personalized support and advancing research. However, as every coin has two sides, AI too has its various shortcomings. One of the key aspects of therapy is rapport building which refers to the process of establishing a trusting, respectful, and empathetic relationship between the therapist and the client. It's a foundational aspect of the therapeutic process. And AI lacks this very prominent characteristic of rapport building. It has been unable to mimic the human emotions, personal touch and empathy identical to human therapists resulting in a major drawback. Mental health data is highly sensitive which leads to another concern for data privacy and security. Reliability and confidentiality are another stumbling block for AI. Mental health is multifaceted, and AI may not fully grasp the intricacies of complex mental health issues like trauma, grief, or personality disorders. This relationship, akin to a double-edged sword, between AI and human therapists has deeply intrigued me as a researcher. I am eager to explore both the potential benefits and shortcomings of AI in the realm of mental healthcare, particularly through the lens of adolescents' viewpoints. Understanding this dynamic will offer valuable insights into the evolving role of AI in mental health support (Olawade, et al., 2024).

REVIEW OF LITERATURE:

A growing body of research has investigated the integration of Artificial Intelligence (AI) into mental health care, particularly through AI-based chatbots and hybrid therapeutic approaches.

Alfano, Malcotti, and Ciliberti (2023) emphasized the limitations of AI in psychotherapy, citing its lack of emotional intelligence and inability to understand symbolic or contextual nuances of patient experiences. They argued that these deficits, along with ethical challenges, must be addressed to maintain professionalism and therapeutic efficacy in AI-integrated care.

G and Amin (2024) found that 30% of professionals believed AI integration could result in job displacement, while 35% expressed concerns over AI's reliability in treatment decisions. Furthermore, 31.7% of participants raised issues related to ethical integrity, and 35% were

skeptical about AI's ability to ensure data security. More than half (51.7%) highlighted the challenges of preserving a human-centered approach in AI-driven care.

Gallegos, Kausler, Alderden, Davis, and Wang (2024) analyzed 54 articles, narrowing down to 10 for in-depth analysis. The review focused on the use of AI chatbots in managing stress, anxiety, and depression. The findings identified several advantages but also pointed out key limitations such as inadequate safety protocols and privacy concerns. The study concluded that more rigorous research is needed to evaluate the efficacy and potential risks of AI chatbots in mental health support.

Husnain, Ahmad, Saeed, and Din (2024) examined the integration of AI technologies such as natural language processing, machine learning, and virtual reality into traditional therapies. Their study proposed a hybrid approach to improve treatment efficacy for depression by enhancing personalization and adherence. However, they emphasized the critical need to address ethical concerns, particularly those related to privacy, human oversight, and responsible system deployment.

Kasula (2023) presented a comprehensive review of the ethical challenges in using AI for mental health diagnosis, focusing on issues such as data privacy, algorithmic bias, cultural sensitivity, informed consent, and the therapeutic relationship. Privacy and data protection were identified as major concerns requiring stringent safeguards.

Lee et al. (2021) highlighted its use in clinical diagnosis, prognosis, and treatment via tools like electronic health records, brain imaging, and social media analysis. However, they noted that AI's inability to understand the biological underpinnings of psychiatric disorders, combined with its lack of compassion and fairness, poses significant limitations to its application in mental healthcare.

Molli (2022) conducted a systematic study to explore the effectiveness of AI chatbots in providing mental health support. The review of empirical studies and clinical trials revealed that while AI chatbots show promise, their effectiveness remains inconclusive due to challenges such as limited personalization, lack of empathy, and concerns surrounding data privacy and ethical considerations.

STATEMENT OF THE PROBLEM:

This research seeks to study the preference of adolescents aged 15-30 for AI in addressing day-to-day mental health issues.

OBJECTIVES OF THE STUDY:

- To study the preference of adolescents aged 15-30 for AI in addressing day-to-day mental health issues.

HYPOTHESIS OF THE STUDY:

- Adolescents and young adults are more likely to utilize traditional therapeutic methods than AI-based tools and platforms to address their day-to-day mental health issues.

METHODOLOGY

SAMPLE:

The study included 105 adolescents and young adults aged 15-30. Participants were selected through Random Sampling Method.

RESEARCH DESIGN:

A qualitative approach was employed through a 25-item self-made survey. A Cross-Sectional survey was administered and 'True/False' responses were collected.

VARIABLES USED IN THE STUDY:

- **Independent Variable:** Therapeutic methods used (Traditional methods and AI)
- **Dependent Variable:** Mental health of adolescents

OPERATIONAL DEFINITIONS:

Artificial Intelligence: Artificial Intelligence refers to a simulation of human-like intelligence embodied into the machines to think, learn and make decisions like humans (Stryker & Kavlakoglu, 2024).

Mental Health: It refers to a state of mental well-being which helps an individual to cope with stresses of life, identify their abilities and enables them to contribute to their community (WHO, 2022).

Ethical Considerations: It involves examining the moral aspects and consequences of decisions, actions, or policies. It includes recognizing, assessing, and responding to possible ethical challenges that may emerge across different fields like research, healthcare, technology, business, and public policy (Qualee, n.d.)

RESEARCH TOOLS:

A 25-item self-made, cross-sectional survey was used to collect responses.

PROCEDURES OF DATA COLLECTION:

- A self-constructed survey consisting of 25 items was developed for the study.
- The survey was targeted at adolescents and young adults between the ages of 15 to 30 years.
- Data was collected using an online medium to ensure wider reach and accessibility.
- The survey was circulated digitally among the target population.
- Data collection spanned over a period of two weeks.
- A total of 105 participants completed the survey, forming the final sample size.

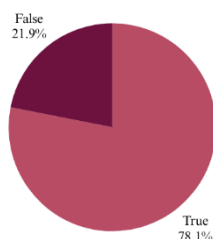
STATISTICAL TREATMENT:

The statistical treatment of the research involved using frequency and percentage analysis to interpret the distribution of responses. Measures of central tendency, including mean, mode, and median, were calculated to summarize the data. To aid in the visualization of the findings, pie charts were created, providing a clear graphical representation of the results. Microsoft Excel was utilized as the primary software tool for data analysis, calculation, and visualization.

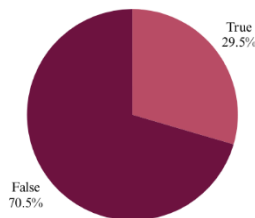
RESULTS:

The total sample size was 105 adolescents.

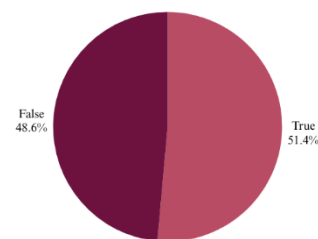
The analysis found that respondents generally perceive AI as less competent than human therapists for mental health support. Most felt AI tools were unreliable, unable to process emotions effectively, and lacking empathy. While some appreciated gamified elements and AI's ability to help with overcoming fears of opening up, many still preferred human therapists for personalized advice and emotional support. Overall, AI was seen as a limited, supplementary tool rather than a complete replacement for human interaction in mental health care.



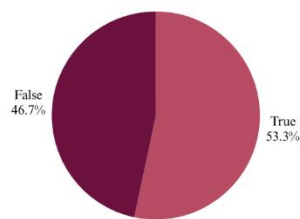
I sometimes doubt the reliability of
AI mental health tools.



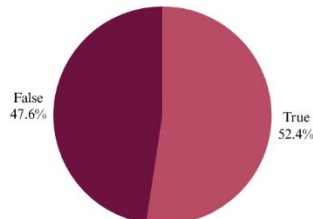
AI interactions make it easier to process my
emotions compared to a human session.



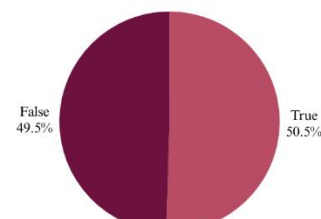
I feel that AI helps me provide personalized
advice according to my needs.



Gamified elements in AI tools make mental health support enjoyable.



AI tools make me feel heard and understood.



AI helps me overcome the fear of opening up about my mental health.

DISCUSSION:

Our analysis revealed that respondents have shown a limited inclination toward using AI for addressing their mental health concerns, perceiving it as less competent than human therapists in providing accurate and effective resolutions. About 78% of respondents agreed on Item 8 (“I sometimes doubt the reliability of AI mental health tools”) which suggests that they find AI an unreliable tool to share their mental health concerns with. They often hesitate to share their personal issues with it. In item 17 (“AI interactions make it easier to process my emotions compared to a human session”), only 29.5% respondents found AI to be helpful means for facilitating processing of emotions. It reflects that AI is not competent enough to deal with complex human emotions. It suggests that individuals would consider a human therapist over AI while expressing their concerns. In item 6 which states that “I feel that AI helps me provide personalised advice according to my needs”, respondents have shown mixed responses with almost 50% of them saying ‘yes’. It suggests that individuals will not completely rely on AI for seeking advice related to their mental health concerns. About 53% respondents stated ‘yes’ to Item 7 (“Gamified elements in AI tools make mental health support enjoyable”) suggesting a balanced agreement towards supportiveness of gamified elements in AI tools while seeking mental health support. This suggests that gamified elements can be effective only to an extent. Item 15 (“AI tools make me feel heard and understood”) elicited balanced responses, with 52.4% of participants expressing agreement. It means that nearly half of the respondents feel that AI has helped them feel heard and understood. This suggests that AI is still not competent enough to completely mimic the human qualities such as empathy. Balanced responses with almost 50% agreement have been observed for Item 23 (“AI helps me overcome the fear of opening up about my mental health”). This means

that nearly half of the respondents feel that AI has been helpful in overcoming their fear of opening up about their mental health. This reveals that individuals still hesitate while discussing their mental health concerns with AI and will consider human help when needed.

FUTURE IMPLICATIONS:

Future research can explore the integration of AI and human therapists as a means of enhancing mental health support. While AI cannot replace human therapists, it can serve as a valuable aid in facilitating mental health interventions. The development of AI-based assessment tools can streamline data collection, allowing for more efficient and accurate preliminary evaluations. This data can then be analysed by human therapists to ensure a more personalized and effective approach to treatment. By leveraging AI in this manner, the existing gap between clients and mental health professionals can be significantly reduced, making mental health support more accessible and efficient.

LIMITATIONS:

Firstly, the sample size does not include a proportionally representative distribution of males and females, which may affect the generalizability of the findings across genders. Additionally, the survey was administered in English, which may not be the first language for many participants. As this survey is self-designed, its applicability to a larger population is limited. Future research with a more diverse and representative sample, along with validated survey instruments, could enhance the reliability and generalizability of the findings.

CONCLUSION:

To conclude, respondents have shown a limited inclination toward using AI for addressing their mental health concerns, perceiving it as less competent than human therapists in providing accurate and effective resolutions. They consider AI an unreliable tool that lacks essential human qualities such as empathy, making it less effective in processing emotions or offering tailored advice compared to traditional therapy. As a result, they view AI as having limited potential to complement conventional therapeutic methods.

However, respondents acknowledged certain advantages of AI, particularly its accessibility for individuals with financial constraints. Additionally, many noted that interacting with AI allowed them to express their concerns freely, without fear of judgment.

Future research could explore combining AI with human therapists to enhance mental health

support. While AI cannot replace humans, it can assist in facilitating interventions and streamlining assessments. AI-based tools could help with data collection, allowing therapists to make more accurate evaluations and provide personalized treatment, ultimately improving accessibility and efficiency in mental health care.

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“STRESS AND PROFESSIONAL QUALITY OF LIFE AMONG DOCTORS –A CORRELATIONAL STUDY”

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ABSTRACT

Medical doctors often work under intense pressure, dealing with long shifts, emotional strain, and demanding responsibilities. These factors can significantly impact their stress levels and, in turn, affect their overall professional quality of life including how satisfied they feel in their work, how emotionally drained they become, and whether they experience burnout. This study aimed to examine how stress and professional quality of life among doctors –A comparative study. The research involved 60 doctors, all with three years and more of clinical experience. The group included 45 male and 15 female participants. By using personal data sheet it showed that 35% of them slept less than six hours a night, while the remaining 65% slept between seven to eight hours. In terms of work schedules, 60% worked 8–9 hours a day, and 40% worked more than 10 hours. Stress was assessed using the Perceived Stress Scale (PSS), while the Professional Quality of Life Scale (ProQOL) was used to measure compassion fatigue, burnout, and compassion satisfaction. Since the data did not meet normality assumptions (based on the Shapiro-Wilk test), non-parametric analysis was used. Spearman's correlation revealed a strong positive relationship between stress and compassion fatigue ($r = .539, p < .01$), a moderate negative relationship between stress and compassion satisfaction ($r = -.289, p < .05$), and no significant correlation between stress and burnout therefore rejecting the third hypothesis. Further regression analysis showed that stress accounted for 22.55% of the variation in compassion fatigue and 4.6% in compassion satisfaction. These results suggest that high stress levels can lead to emotional exhaustion and lower work satisfaction among doctors. Addressing stress through proper interventions and workplace support could help improve doctors' mental well-being and effectiveness. However, the study had some

limitations: it focused solely on MD doctors, didn't analyse gender differences, and did not explore other external causes of stress.

Keywords: stress, compassion fatigue, burnout, compassion satisfaction, professional quality of life, medical doctors.

INTRODUCTION

Stress is a major issue among healthcare professionals, particularly doctors, and it remarkably affects both their mental health and the quality of their professional lives. In healthcare settings, stress is commonly defined as “the physiological or psychological response to internal or external stressors that influence emotions, cognition, and behaviour” (American Psychological Association, n.d.). Doctors are especially susceptible to stress due to the demanding nature of their work, which often involves life-and-death decisions, long hours, and emotional strain from patient care. Chronic stress among doctors can lead to negative outcomes, such as burnout, compassion fatigue, and decreased job satisfaction.

Burnout, a critical concept in stress research, is “a psychological syndrome resulting from prolonged response to chronic interpersonal stressors on the job” (Maslach & Jackson, 1981). It is characterized by tiredness, depersonalization, and decreased personal accomplishment. On the positive side, compassion satisfaction, as defined by Figley (1995), refers to “the pleasure derived from being able to help others,” which contributes to the well-being of healthcare professionals. However, when stress levels rise, compassion satisfaction can diminish, further contributing to burnout. Additionally, secondary traumatic stress (STS) also known as compassion fatigue is another factor of concern for doctors, referring to “the emotional strain resulting from exposure to the traumatic experiences of others” (Figley, 1995). This is particularly relevant for doctors who frequently encounter patient trauma, leading to emotional exhaustion.

The centred problem for my study is to know how stress influence the professional quality of life. The significance is to give insight into factors that contribute to stress and how it affects well being and quality of life by examine this study will help us in grow literatures and vocational health and support .

The impact of stress on the professional quality of life (QoL) among doctors is a multifaceted issue that includes not only the negative consequences of stress, such as burnout and STS ,but also the positive aspects of care giving, such as compassion satisfaction. Understanding the

relationship between stress and professional quality of life is very important for developing strategies that support doctors' well-being and enhance their job satisfaction, ultimately improving healthcare outcomes.

REVIEW OF LITERATURE

DasGupta & Kumar (2009) conducted research on study to explore the nature and extend of role stress among doctors working in government hospital in Shimla, India. It was cross – sectional survey design among 253 doctors from them 150 were analyzed the scale use was ORS scale which focused 10 different sub types of stress i including role overload, role stagnation, role ambiguity, and role inadequacy. Among these, role over load emerged as the most significant stressor, accounting for 40% of the overall variance. Notably, male doctors reported significantly higher stress levels in dimensions such as inter-role distance and role inadequacy. The findings highlighted the importance of addressing structural and organizational sources of stress in government hospital settings.

Kathmandu, Vaidya et al. (2020) evaluated professional quality of life among 244 medical doctors. While a majority experienced moderate to high compassion satisfaction, many also reported symptoms of burnout and secondary traumatic stress. The study recommended implementing institutional support systems and mental health interventions to enhance doctors' psychological well-being.

Ma et al. (2022) to evaluate depression, burnout, compassion fatigue, and compassion satisfaction among 512 medical personnel. Both doctors and nurses experienced high levels of burnout and compassion fatigue, according to the results, with nurses reporting somewhat higher levels of emotional tiredness. Compassion satisfaction persisted among many responders in spite of these obstacles. In order to promote professional well-being, the writers emphasized the significance of work placement health programs and stress reduction techniques.

Mujik Jahid et al. (2019) recognized that dentistry is a physically and emotionally taxing profession and sought to determine the degree of occupational stress experienced by dental professionals in Bosnia and Herzegovina. There were 105 participants in the study, comprising 39 male and 66 female dentists between the ages of 25 and 45. The researchers assessed stress levels across a number of demographic and occupational factors using the perceived stress scale (pss-10) in an online survey format. Although there were no discernible gender-based differences, the

results showed that both male and female participants felt a lot of stress. Continuous patient encounters, workload pressure, and the requirement for accuracy under time limits were all found to be associated with stress.

STATEMENT OF THE PROBLEM

To find the relation between stress and professional quality of life among doctors.

OBJECTIVE OF STUDY

1. Examining the levels of stress, compassion fatigue, compassion satisfaction, and burnout among doctors.
2. Investigating the relationship between stress and compassion fatigue among doctors.
3. Assessing the relationship between stress and compassion satisfaction among doctors.
4. Determining the correlation between stress and burnout among doctors.

HYPOTHESIS OF THE STUDY

- 1) Stress is positively correlated with compassion fatigue among doctors.
- 2) Stress is negatively correlated with compassion satisfaction among doctors.
- 3) Stress is positively correlated with burnout among doctors.

METHODOLOGY

SAMPLE

The study includes 60 doctors (45 females and 15 males) who have 3+ years of experience and who have completed an MD degree in any medical specialty. Participants were selected through snow ball sampling and purposive sampling.

RESEARCH DESIGN

A correlation study was conducted to find out relation between stress and professional quality of life among doctors.

VARIABLES USED IN STUDY

- 1) Stress
- 2) Professional quality of life

OPERATIONAL DEFINITIONS

- 1) **Stress-Measured through self**–reported stress levels using the Perceived Stress Scale (PSS-10) by Cohen et al, (1983)
- 2) **Professional Quality of Life** – Stamm (2010) describes professional quality of life which

have subscales compassion fatigue, compassion satisfaction and burnout.

RESEARCH TOOLS

Perceived stress scale (pss-10)– Cohen et al.(1983)

The Perceived Stress Scale (PSS-10) measures an individual's perception of stress over the past month. It consists of ten items, each scored on a five-point Likert scale. It has good reliability (Cronbach's alpha 0.78-0.91) and strong validity across various population and constructs.

Professional Quality of Life Scale

The Professional Quality of Life Scale (ProQOL) assesses professional well-being and is divided into three subscales:

- Compassion Satisfaction (CS), which measures positive work-related experiences.
- Burnout (BO), which measures emotional exhaustion and work-related distress.
- Secondary Traumatic Stress (STS), which measures stress resulting from exposure to others' trauma.

The ProQOL consists of 30 items, each scored on a five-point Likert scale ranging from 1 (never) to 5 (very often). Each subscale is scored separately by summing the responses to its ten items. The instrument has been tested with reliability α (CS = 0.87, BO = 0.72, and compassion fatigue = 0.80). Each subscale is unique, and the results of the scales cannot be combined to give a single meaningful score. Construct validity has been well established by Stamm. The tools and written informed consent were translated and back-translated into Hindi.

PROCEDURE OF DATA COLLECTION

- Doctors with an MD degree were invited to participate through hospitals, medical associations, and professional networks. Participation was voluntary.
- Informed consent was obtained before filling out the questionnaire, and participants were informed about the study's purpose, confidentiality, and the right to withdraw at any time. Ethical approval was secured prior to data collection.
- The Perceived Stress Scale (PSS-10) and Professional Quality of Life Scale (ProQOL) were distributed in paper format, with clear instructions.
- Participants were given 15 to 20 minutes to complete the survey, and data collection was conducted by four to six weeks. Follow-up and reminders were sent to ensure maximum

participation.

- Responses were checked for completeness, and no personal Information were collected. Each response was assigned a unique code to maintain anonymity.

STATISTICAL TREATMENT

- Descriptive statistics such as mean, standard deviation, and percentages was be used to summarize demographic details and scale scores.
- Shapiro Will Normality test was done, and it suggest that data was not normal
- Spearman correlation test was used to assess the relationship between stress and professional well-being as the data was not normal.
- Regression analysis will determine whether stress predicts changes in professional quality of life and on stress and compassion satisfaction and stress and compassion fatigue.

RESULTS

The finding suggest us that stress has negative impact on compassion satisfaction and also stress has positive relation with compassion fatigue and it surprisingly shows that stress does not have any impact on burnout.

TABLE1-

DESCRIPTIVEANANLYSISOFSTRESS,COMPASSION SATISFACTION, COMPASSION FATIGUEAND BURNOUT.

	STRESS	COMPASSION SATISFACTION	BURNOUT	COMPASSION FATIGUE
Mean	15.30	37.70	26.42	27.65
Median	15.00	38.00	25.00	26.00
Variance	21.841	64.959	42.925	38.028
St. Deviation	4.673	8.060	6.552	6.167
Minimum	4	14	16	16
Maximum	31	68	46	50
Range	27	54	30	34
Interquartile Range	7	9	6	8
Skewness	.658	.426	1.212	1.022
Kurtosis	1.829	4.450	1.231	2.114

Participants reported moderate levels of stress, burnout, and compassion fatigue, along with generally high levels of compassion satisfaction. Stress, measured by the Perceived Stress Scale, had an average score of 15.30, suggesting most people were experiencing a moderate amount of stress. The results showed a light tendency toward higher stress levels for some. Compassion satisfaction, which reflects the positive feelings from helping others, had a relatively high average of 37.70. Most participants scored on the higher end, indicating that many found their work rewarding. Burnout averaged 26.42, suggesting moderate exhaustion, with a few individuals showing higher levels. Compassion fatigue followed a similar pattern, averaging 27.65, meaning most experienced it to a moderate degree, though some felt it more intensely. In general, while the emotional toll of the work was evident, many participants still found meaning and satisfaction in what they do.

TABLE 2-Shapiro-Wilk Test was conducted for normality test.

Variable	Sig.(Shapiro-Wilk Test)
Stress	0.39
Compassion Satisfaction	<0.001
Burnout	<0.001
Compassion Fatigue	0.004

The table represents that none of the variables follow a normal distribution as stress is 0.39, compassion satisfaction is <0.001, for burnout it is <0.001 and for compassion fatigue is 0.004 which is less than 0.005 value so it is not normally distributed.

TABLE 3-CORRELATION AMONG VARIABLES

**TABLE 3.1-
CORRELATION AMONG STRESS AND COMPASSION SATISFACTION (N=60)**

	STRESS		COMPASSION SATISFACTION
Spearman's rho	1.000	Correlation Coefficient	-.289*
		Sig(2 -Tailed)	.025

*Correlation is significant at the 0.05 level (2-tailed)

A Spearman's rho correlation was conducted to examine the relationship between stress and three variables: compassion satisfaction, compassion fatigue, and burnout.

The table shows a significant negative correlation between stress and compassion satisfaction ($r = -.289, p = .025$), here p values is more than 0.001 but less than 0.005 so it is significant at 0.05 level. This means that as the stress level increased, the sense of satisfaction individual experience from helping others tended to decrease. It accepts our hypothesis that stress is negatively correlated with compassion satisfaction.

3.2 TABLE OF REGRESSION BETWEEN STRESS AND COMPASSION SATISFACTION. (N = 60)

Model authoritative	R	R ²	F	B	Adjusted R square	t	Sig.
	.215 ^a	.046	2.821	.371	.030	-1.680	<.001

In this above table 3.2, a statistical analysis was done to examine relationship between stress and compassion satisfaction. The correlation coefficient, $r = 0.215$ this tells us the strength and direction of the relationship between two variables.

The value $r = 0.215$ means there is a positive relationship, the closer the value is to 1, the stronger the relationship. Since 0.215 is the middle, it shows moderate connection, this implies that as compassion fatigue increase, stress level tends to increase.

Furthermore, the coefficient of determination (R^2) was 0.046, implying that approximately 4.6% of the variance in stress can be explained by compassion satisfaction. The regression model was found to be statistically significant, $p < .001$, indicating that compassion satisfaction is a meaningful predictor of stress.

TABLE 3.3 CORRELATION AMONG STRESS AND COMPASSION FATIGUE. (n = 60)

	STRESS		COMPASSION FATIGUE
Spearman's rho	1.000	Correlation Coefficient	.539**
		Sig(2 -Tailed)	.025

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

The table shows a significant positive correlation between stress and compassion fatigue ($r = .539, p < 0.001$) here p value is less than 0.001 so there is it is significant at 0.001 level. This means that as the stress increase compassion fatigue also increases. It accepts our hypothesis that stress is positively correlated with compassion fatigue.

TABLE 3.4 OF REGRESSION BETWEEN STRESS AND COMPASSION FATIGUE. (N = 60)

Model authoritative	R	R ²	F	B	Adjusted R square	T	Sig.
	.475 ^a	.225	16.880	.360	.212	4.108	<.001

In this above table 3.4, a statistical analysis was done to examine relationship between Compassion Fatigue and stress. The correlation coefficient, $r=0.475$ this tells us the strength and direction of the relationship between two variables. The value $r=0.475$ means there is a moderate positive relationship, the closer the value is to 1, the stronger the relationship. Since 0.475 is the middle, it shows moderate connection, this implies that as compassion fatigue increase, stress level tends to increase. Further more, the coefficient of determination (R^2) was .225, implying that approximately 22.55% of the variance in stress can be explained by compassion fatigue. The regression model was found to be statistically significant, $p < .001$, indicating that compassion fatigue is a meaningful predictor of stress.

3.5 TABLE FOR CORRELATION BETWEEN STRESS AND BURNOUT. n=60)

	STRESS		BURNOUT
Spearman's rho	1.000	Correlation Coefficient	.118
		Sig(2 -Tailed)	<.0001

For relationship between stress and burn out it shows there is no correlation between stress and burnout ($r=.118$, $p=.371$) This indicates no meaningful relationship between stress and burnout. It rejects our hypothesis of this study that stress is positively correlated with burnout.

DISCUSSION

Compassion satisfaction and stress

This study identified that there is a negative relationship between stress and compassion satisfaction ($r = -.289$, $p = .025$), which shows that as stress levels increase among doctors, their feelings of fulfilment from supporting others tend to decrease. This pattern is same with prior studies and can be better understood by understanding at the participants' daily routines and workloads.

Even with such heavy demands, 65% of the participants said they typically sleep between 7 and 8 hours a night, and half of them reported spending 2 to 3 hours each day with family. While these habits may offer some relief from stress, they may not fully counter the effects of continuous job-related pressure. As Stamm (2010) suggested through her Professional Quality of Life model, although rest and social connection are helpful, overwhelming stress can still lessen a healthcare professional's ability to feel rewarded by their work.

In addition, only 30% of the doctors told that having time for hobbies during the work week, while 66% reported being moderately to highly motivated to balance and take care of their health. This shows that although many are trying to maintain a healthy lifestyle, the demands of the profession often leave little time for their self-care. Research by Hunsaker et al. (2015) supports this, showing that limited downtime can lead to lower compassion satisfaction, even among those who value their well-being.

The negative link found in this study adds to the existing understanding that high stress can limit the emotional rewards doctors experience in their roles. As highlighted by Xie et al. (2021), it's not a matter of doctor scaring less, but rather that constant stress especially without balance can make it difficult to stay emotionally connected to their work. In this context, compassion satisfaction can become harder to maintain.

To add, the findings show that although many doctors are making efforts to lead healthy life styles, high work-related stress continues to impact their emotional health and job satisfaction.

Compassion fatigue and Stress

As the present study found there is a positive correlation between stress and compassion fatigue among doctors ($r = .539$, $p < .001$), showing that as perceived stress increases, so does the experience of compassion fatigue. This finding is same as with a growing body of research suggesting that continuous exposure to emotionally taxing work environments especially those involving suffering and trauma can lead to secondary traumatic stress, often said as compassion fatigue.

According to Figley (1995), compassion fatigue is due to or from the "cost of caring" for others in emotional pain. When healthcare professionals are continuously required to remain empathetic and responsive in high-stakes situations, they may most of the time find themselves emotionally drained. This pattern is aligned with our demographic data, as mentioned in where 60% of doctors

reported extended or irregular work hours, often those in emergency duties and night calls. This high workload, combined with the emotionally extended care of patient care, creates a fertile ground for compassion fatigue to develop.

Adding to it, Rajeswari et al. (2020) have found that doctors in high-stress specialties such as emergency medicine and critical care are significantly more prone to compassion fatigue, especially when they lack structured support systems. Even though as tabletable 65% of the doctors in our sample reported getting 7–8 hours of Sleep a protective factors leepal one may no tmitigate thee motiona lburden of caregiving without emotional recovery and support mechanisms in place. Moreover, only 30% of respondents engaged in hobbies regularly during week days, and as mentioned 34% reported low motivation toward heal throutines. The setrends reflect limited time or energy for personal restoration, which is crucial for emotional resilience. Hunsaker et al. (2015) emphasized that activities such as leisure, mindfulness, and time with loved ones can significantly reduce compassion fatigue. In our data, as it says 50% of doctors reported spending 2–3 hours with family each day, which may offer some protective benefit—but it may not be enough in the face of sustained occupational stress.

Additionally, Joinson (1992) was among the first to highlight compassion fatigue in nurses and physicians, describing it as “a unique form of burnout” where caregivers lose their ability to nurture over time. The same pattern appears in our study: as stress rises, the emotional resources doctors rely on to connect meaning fully with patients seem to diminish, leading to a deeper sense of fatigue and emotional numbness.

In sum, both the data and supporting research highlight a consistent narrative: doctors under high stress are at greater risk for compassion fatigue, especially when compounded by demanding schedules, inconsistent self-care, and limited opportunities for emotional decompression. These findings underscore the need for organizational strategies that prioritize emotional well-being, including support groups, structured time off, workload redistribution, and professional counseling services.

Burnout and Stress

As this study looked at whether stress and burnout are linked in doctors, the results showed that there was no strong connection between the stress and burnout.

Although we often assume that high stress naturally leads to burnout, our findings suggest it's not

always that simple.

One reason for this could be that stress and burnout, while related, are not the same thing. As explained by Maslach and Jackson (1981), stress is usually a short-term response to immediate pressures like long shifts or heavy patient loads whereas burnout is something that builds up over time. Burnout tends to show up when that stress is ongoing and unresolved, leading to emotional exhaustion, feeling disconnected from work, and a loss of motivation or purpose.

In this study, doctors shared several lifestyle and professional characteristics that could help buffer from burnout. For instance, 65% of participants reported getting 7 to 8 hours of sleep (Kronholm et al. (2009) and Garbarino et al. (2016) found that doctors who regularly get 7–8 hours of sleep report lower emotional exhaustion and better overall well-being. Sleep helps restore cognitive function and emotional regulation, both of which are critical in high-stress professions like medicine.

Another important factor is how doctors cope with stress. According to Lazarus and Folkman (1984), people use different coping strategies to manage the pressures they face. In our sample, as mentioned before in chapter 3 table number that 30 % regularly engage in hobbies during weekdays, 50% during weekend and only 20 % are not indulge in any activities, the variety of leisure activities are mentioned as playing sports, reading, painting and still points interest in work life balance, even if time is limited have had strong support systems, healthy work habits, or a sense of meaning in what they do all of which can help reduce the impact of stress before it becomes burnout about 45% as 6-15 years of experience and 20% had over 15 years of professional experience as they have longer experience often helps doctors manage the pressure of their job better as they have been through what to expect, how to pace themselves, and where to draw line when it comes to overwork as experience brings confidence, boundaries, and perspectives, all of which that can protect against burnout (West et al., 2018), (Shanafelt et al. 2015) As 70% doctors are in private sector there is no pressure of work or they are not under any leader so this may be also reason for moderate level of burnout and no correlation between stress and burnout.

We also noticed that 35% as suggest participants had around three to six years of experience. This stage in a doctor's career can be stressful, but it's also a time of growth than ambition. Earlier research by Dyrbye et al. (2014) suggests that younger professionals often report feeling stressed, but they also tend to be more resilient and hopeful about their future, which can protect them from

burnout as burnout tends to peak during mild-career stages (7-15 years in practice) and many decline slightly afterwards. Early career doctors are often overwhelmed by the learning curve, while mild-career professionals face leadership and workload pressures. In contrast, later career doctors often have more autonomy, experience, and perspective.

Additionally, doctors related their motivation for health-related activities at the average of 3.32 out of 5 as mentioned. This suggests that many are making at least some efforts to care for their physical and mental health as the study by Shanafelt et al. (2003) emphasized that physicians who are proactive in maintaining their health through exercise, nutrition, mindfulness, or wellness routines—experience lower burnout levels and higher career satisfaction. Health-related motivation contributes to resilience by improving both physical and emotional capacity.

Interestingly, 50% of the respondents reported they have spent 2-3 hours with family each day. This family time helps them emotionally as well as may recharge them. Strong family support has consistently been shown to buffer against professional burnout. Ruotsalainen et al. (2015) and West et al. (2018) found that healthcare workers who spend meaningful time with family or have access to emotional support are less likely to experience depersonalization and emotional exhaustion.

As burnout doesn't happen overnight, it usually takes time to develop. So it's possible that some of the stress reported here hasn't had time to evolve into burnout yet. Also, the tools used to measure stress and burnout may focus on slightly different experiences, which could explain why we didn't see a strong connection in the results.

In short, while it's common to think of stress and burnout as going hand in hand, our findings suggest that stress alone doesn't always lead to burnout, especially when doctors have the right resources, support, and personal motivation to manage it. To understand this relationship better, future research should follow doctors over time and explore how stress builds and changes, rather than looking at just one moment.

CONCLUSION

- 1) Stress has positive impact on Compassion fatigue.
- 2) Stress has negative impact on Compassion satisfaction.
- 3) Stress has no impact on Burnout.

LIMITATIONS OF THE STUDY

- 1) Reducing Stress Increases Contentment at Work compassion satisfaction was found to decrease with increased stress. Doctors may become more motivated and feel more purposeful if they receive stress management training, mindfulness, and relaxation techniques.
- 2) Fatigue and Burnout Require Attention. There were reports of compassion fatigue and moderate burnout. Peer groups, emotional support, and regular breaks can all help avoid chronic fatigue.
- 3) Healthcare Systems Need to Encourage Mental Health By recognizing compassionate care, promoting wellness days, and fostering candid discussions about mental health, hospitals can foster supportive cultures.

FURTHER RESEARCH

- 1) While doing future research we can take into consideration, other healthcare professions and overall, all doctors (Nurses, MBBS, BAMS).
- 2) We can also do future studies by comparing stress and professional quality of life among specialty (eg. between MD in Anesthesia and MD in Medicine).

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A Correlational Study between Perceived stress, Achievement motivation, and Study habits among students preparing for competitive exams

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ABSTRACT

This study investigates the relationship between perceived stress, achievement motivation, and study habits among students preparing for competitive exams. Data were collected from academies using the Perceived stress scale, Achievement motivation scale, and study habits inventory. The data comprised of 155 students including 102 male and 53 females. The statistical techniques used was Spearman Correlation. The current study found there is a no significant correlation between perceived stress and achievement motivation. It was also found that no significant correlation between perceived stress and study habits. There is strong significant relationship between achievement motivation and study habits.

Keywords: Perceived stress, Achievement Motivation, Study Habits, Students Preparing for UPSC and MPSC.

INTRODUCTION

In recent years, students preparing for competitive exams experience lot of stress due to high level of competition, higher expectations, social pressure and time constraint. This study aims to explore the relationship between Perceived stress, achievement motivation and study habits of the students preparing for competitive exams.

This research study, will explore the relationship between these three variables using correlational analysis. Perceived stress is subjective perception of stress levels experienced by an individual. Achievement motivation is the desire to perform well, overcome challenges and be successful. Study habits is a student's way of studying, whether its systematic, efficient, or inefficient.

Students preparing for competitive exams who often face stressors which impact their results and academic journey. The perceived stress has positive as well as negative effects on achievement

motivation and study habits of the students. While moderate level of stress may encourage students to focused on study and increase motivation, over stress leads to the anxiety, decrease level of motivation and frustration. Achievement motivation factor play a very important role in determining students hard work in achieving their goals. Study habits determine the achievement of the students.

By studying correlation between perceived stress, achievement motivation and study habits among students preparing competitive exams. It will provide insights to educators, support groups and counsellors to understand challenges faced by the students and make innovative interventions to develop academic performance and mental health of the students.

REVIEW OF LITERATURE

A state of imbalance within a person elicited by an actual or perceived disparity between environmental demands and the persons capacity to cope with these demands described as stress (Samson & Voyer, 2014). Quest for academic performance, competition, and some personality building performance are some factors act as a stressor (Misra & Mckean, 2000), often results to efficiency reduction and emotional exhaustion.

Achievement motivation, as discussed by Brunstein & Heckhausen (2018), is persistent desire to surpass prior level of competence and compete with standards of excellence. It has two facets “hope for success” and “fear failure”. Achievement motivation has positive affect on general efficiency, it makes positive prediction in terms of goal clarity and learnings (Li et al., 2022). There is positive relation between academic performance and achievement motive among student, Student with high level motivation achieve tends to perform better academically than those with lower levels of motivation (Ansary, 2023).

Similarly, there is negative correlation between academic stress and study habits (Shetty et al., 2021), Poor study habits and academic stress may harm the academic success of the students. Noted by Britton & Tesser (1991), students who are more organized and use time-management techniques report feelings less stressed about their studies. Unlikely to that regular study habits offer consistency, which lowers anxiety and boosts self-control (Griess, 2011).

Motivation for achievement has a positive impact on the development of effective study techniques. Motivated students are more likely to participate in deep learning, efficiently manage their time, and plan their assignments (Zimmerman, 2019). Additionally, more self-regulated learning mechanism are used when one is intrinsically motivated (Pintrich, 2000).

SIGNIFICANCE OF THE STUDY

The study is important as in Present time there is lot of competition to achieve the goals led to high amount of pressure on students because of societal expectation, academic race and high level of competition. There is lot of stress on students and it's reflected on wellbeing of the student as well as academic performance. Achievement motivation plays very important role for overcoming challenges which is increasing day by day. Effectual Study habits is very important for achieving the goals. This study understanding relationship between perceive stress, achievement motivation and study habits. this study shows how perceive stress are effect on achievement motivation and study habits of the students. This study is important because it shows why it is important to develop action plan or new ways for support and growth of the competitive exam students. Because of studying the relationships, all social system, educators and counsellors as well as support groups are understanding what type of challenges are faced by the students and they prepare innovative intervention that encourage balance between the academic performance and mental health of the students.

This study is important for recognizing the impact of Perceive stress on the achievement motivation and the study habits of the students and also developing the mental health programs, make plan for the mental awareness program, study skills and the motivation improvement techniques for reduce stress and promoting toward the motivation.

STATEMENT OF THE PROBLEM

To study the relationship between perceived stress, achievement motivation and study habit among students preparing for competitive exams.

OBJECTIVE OF THE STUDY

1. To study the relationship between perceived stress and achievement motivation
2. To study the relationship between perceived stress and study habits
3. To study the relationship between achievement motivation and study habits

HYPOTHESIS OF THE STUDY

- 1) There will be Negative correlation between perceived stress and achievement motivation among students preparing for competitive exams.
- 2) There will be Negative Correlation between Perceived stress and Study habits among students preparing for competitive exams

- 3) There will be Positive Correlation between Achievement motivation and study habits among students preparing for competitive exams.

METHODOLOGY

SAMPLE : The sample consisted of a total of 155 participants, including 102 males and 53 females, aged between 18 and 30 years.

Inclusion Criteria

1. Participants aged between 18 and 30 years.
2. Both male and female participants.
3. Minimum educational qualification of at least 12th standard.
4. Only individuals preparing for MPSC (Maharashtra Public Service Commission) and UPSC (Union Public Service Commission) examinations.

Exclusion Criteria

1. Married individuals.
2. Individuals currently engaged in employment.

RESEARCH DESIGN

A correlational research design was used because it allows for studying the natural connection between different variables. Perceived stress is predictor variable and Achievement motivation and study habits is Criterion variable. The study focused on correlation between Perceived stress, achievement motivation and study habits among students preparing for competitive exams.

RESEARCH TOOLS

Perceived Stress Scale: -

Author: Cohen et al. (1983). The perceive scale include 10 items. Item scored on Likert-type scale, Higher scores show high perceive stress. Reliability: Internal Consistency: Cronbach's alpha values typically range from 0.70 to 0.91, indicating good internal consistency. Subscales (if analysed separately) often show similar levels of reliability. Studies have reported test-retest reliability coefficients ranging from 0.55 to 0.88 over periods of a few days to several weeks. The PSS demonstrates strong construct validity actor analyses have often identified a unidimensional or two-factor structure (positively and negatively worded items). Correlates well

with biological stress markers like cortisol levels, blood pressure, and immune function, which align with the theoretical construct of perceived stress. Convergent Validity is High correlations with other stress measures such as the State-Trait Anxiety Inventory (STAI) and the Depression Anxiety Stress Scales (DASS). Discriminant Validity Demonstrates differentiation from unrelated constructs such as physical health measures in some studies.

Deo-Mohan Achievement Motivation Scale (DMAMS):

The DMAMS was developed by Dr. Pratibha Rao and Asha Mohan. It is a 50-item scale. The tool was developed with intention to provide a measure of achievement motivation in general and not with respect to specific field. The reliability of the scale using test-retest method was found to be 0.69 for mixed groups. The validity of the scale using coefficient correlation was found to be 0.75

Study Habits Inventory

The study habit inventory was developed by M.N. Palsane . It is a 45-item scale. The reliability co-efficient is calculated by test-retest method on a sample of 200 students. The reliability co-efficient for this inventory is 0.88. The inventory is a kind of checklist and possesses only a face validity. Empirical studies of other types of validities are possible but yet not made.

RESULT AND DISCUSSION

In this chapter, we will see the detailed statistical analysis used for the data collected from the sample, and the result and discussion of the findings. The objective of the study was to study the correlation between Perceived stress, Achievement motivation, and Study habit among students preparing for competitive exams, for this purpose, data was collected from a sample of 155 participants. The descriptive statistics, correlation, and regression analyses are presented and discussed below.

Descriptive statistics

Table N0. 01
showing descriptive statistics of Perceived stress, Achievement Motivation, and Study Habits

Variable	N	Mean	Std. Error	Std. Deviation	Skewness	Std. Error of skewness	Kurtosis	Std. Error of Kurtosis
Perceived Stress	155	18.25	.340	4.228	.410	.195	.645	.387
Achievement Motivation	155	122.00	2.072	25.796	-.272	.195	.127	.387

Study Habits	155	56.33	1.062	13.225	-.464	.195	.513	.387

It was observed from Table that the mean value of Perceived stress is 18.25 it means the moderate Perceived stress, mean value of achievement motivation is 122 it means moderate achievement motivation, Study habit mean score is 56.33 it means moderate study habits. After conduction of Shapiro-wilk test the data was not normally distributed so researcher went ahead with the Non-parametric statistics.

Correlation and Regression

Table No 02-
showing the correlation between Perceived Stress and Achievement motivation among students preparing for competitive Exams

	Achievement Motivation
Spearman's rho Perceived stress Correlation Coefficient	-.043
Sign. (2-tailed)	0.592
N	155

The table shows the correlation between the Perceived stress and Achievement motivation. It shows the coefficient of correlation to be -0.043 and the p-value (Sig. 2-tailed) is 0.592. There is no significant correlation. Hence, Hypothesis 1 is not supported.

Table N0-03-
showing the correlation between Perceived stress and Study habits among students preparing for competitive Exams

	Study Habits
Spearman's rho Perceived stress Correlation Coefficient	-.051
Sig. (2-tailed)	0.526
N	155

The table shows the correlation between the Perceived stress and Study habits. It shows the coefficient of correlation to be -0.051 and p-value (Sig.2-tailed) is 0.526. It indicates no significant correlation. This means that Perceived stress not affecting the study habits. Hence, Hypothesis 2 is not supported.

Table No-04-

showing the correlation between Achievement motivation and Study habits among students preparing for competitive Exams.

	Study Habits
Spearman's rho Achievement Motivation Correlation Coefficient	.651**
Sig.(2-tailed)	<.001
N	155

The table shows the correlation between the Achievement Motivation and Study Habits. It shows the coefficient of correlation to be 0.651 and the p-value is <0.001. It indicated the strong positive correlation between Achievement motivation and Study habits. This mean Achievement motivation increases, the study habits also effective. Hypothesis 3 is supported.

Table N0-05-

showing regression between Achievement motivation and Study Habits among Students Preparing for Competitive Exams.

Model	R	R Square	Adjusted Square	Standard Coefficients Beta	t	Sig.
1	.568	.323	.318	.568	8.540	<.001

The table shows positive relationship between achievement motivation and study habits (R=.568). Achievement motivation explains 32.3% of variance in study habits. It means high achievement motivation leads to effective study habits.

DISCUSSION

The purpose of the study was to check the relationship between Perceived stress, Achievement motivation and Study habits among students preparing for the competitive exams which was administered on 102 males and 53 females' students who preparing for MPSC AND UPSC Students across various libraries in Pune with the help of Perceived Stress Scale by Cohen, Deo-mohan Achievement motivation scale by Dr. Pratibha Rao and Asha Mohan, Study Habit Inventory by M.N. Palsane. The correlation was checked using non-parametric tests. The regression between variables is also done by SPSS.

The researcher **has hypothesized that there will be negative correlation between perceived stress and achievement motivation.** It is observed from table that there is no significant

correlation. This result shows that perceived stress is not strongly impact on student's achievement motivation. It was seen in results both variables are moderate. Hence, the hypothesis stating that there is a negative correlation between perceived stress and the achievement motivation is rejected. To better understand this result, information collected through the personal data sheet was, even students have stress they are overcome that by listening motivated videos or helping with their hobbies like listening music talk with their parents. Also, majority of students including about study routines, they studying 10-11 hours a day, that shows that disciplined approach. It is seen from personal data sheet, when students are unable to concentrate or follow their schedule, students reported using personal strategies like walking, meditating, practicing deep breathing and listening music to feel calm and focusing better on study. Also, Majority of students also shared that their motivation came from Family expectations, and a desire to secure stable career. When students felt less motivated, they focusing on positive self-talk, speaking with parents and friends or reminding themselves of their long-term goals. In this type of adaptive coping techniques and support systems may have helped the students to maintain their motivation and even during their stressful times. Also, some students include they never feel stress and never losing their motivation because of any external factors. That's why this is reason why data did not show strong negative link between perceived stress and achievement motivation.

The researcher has **hypothesized that there will be negative correlation between Perceived stress and the Study habits**. It is observed from from table that the coefficient correlation to be -0.051 and p-value is 0.526 it indicated that there is no significant correlation. This result shows Perceived stress were not strongly associated with poorer study habits among students. Hence, the hypothesis stating that there is negative correlation between Perceived stress and Study habits is rejected. To support this result, personal data sheet responses were considered. Majority of the students following the planned study routines for studying and tried to stay focused and consistent to studying. Also, students mentioned when stress affected their concentration, they using the simple techniques like breathing, meditating and taking walks, short naps or also engage in their hobbies. Some students used set reminders on phone, study in group to stay on track. These small strategies helped students to focusing on studies even they feel stressed. And because of this managing strategy stress may not be affecting students study habits. This is reason why students study habits were not heavily affected by stress in this study.

The researcher has **hypothesized that there will be positive correlation between Achievement motivation and Study habits**. It is observed from the table that the spearman coefficient correlation was .651**, significant at $p < .001$, indicating that strong positive correlation between Achievement motivation and Study Habits. Hence, the hypothesis stating that there is positive correlation between Achievement motivation and study habits is accepted. This finding is consistent with the previous research, which suggested that Achievement motivation has a positive impact on the development of effective study techniques. Motivated students are more likely to participate in deep breathing, efficiently manage their time, and plan their assignments (Zimmerman, 2019). Additionally, more self-regulated learning mechanism are used when one is intrinsically motivated. (Pintrich, 2000).

This study examined the relationship between Perceived stress, Achievement motivation, and study habits among students preparing for competitive exams. The first two results, which suggested that Perceived stress would decreasing Achievement motivation and negatively impact on study habits, were not supported because it indicates no significant correlation. Many students shared that they followed good routines like sleeping well, studying for long hours, and using simple methods like walking or relaxing when stressed. These habits may have helped them stay motivated and focused on study even when they were stressed.

The third result, which said that students with more achievement motivation would have better study habits, was supported. The results showed a strong positive link. This means motivated students planned their studies better and stayed more organized. This finding agrees with earlier research by Zimmerman (2019) and Pintrich (2000), who said that motivated learners use better study strategies and manage their learning well.

CONCLUSION

Study conducted finds that, there was no significant correlation found between perceived stress and achievement motivation ($\rho = -0.043$, $p = 0.592$). No significant correlation was found between perceived stress and study habits ($\rho = -0.051$, $p = 0.526$). However, a strong and statistically significant positive correlation between Achievement motivation and study habits ($\rho = 0.651$, $p < 0.001$), suggest that student with higher achievement motivation tend to develop more effective study habits. Furthermore. The regression analysis supported this finding by revealing a significant positive correlation between achievement motivation and study habits ($R = .568$, $R^2 = .323$, $p < .001$), indicating that motivation associate with effective study habits.

IMPLICATIONS

This study has several implications in terms of mental health intervention, educational settings, parental support and personalized student support. Highlighted weak link between stress and academic outcomes, helps institutions to organize stress management sessions, mindfulness practices. In educational settings teacher should create structured, goal oriented study schedules and offer encouraging environment. Promotion of peer support, parental guidance, and personalized support can enhance motivation reduce academic stress. Peer groups foster engagement and shared learning, while informed parental involvement boost encouragement. Good study routines and self-care improve habits and wellbeing, helping students manage pressure effectively and stay consistent in their academic journey

LIMITATIONS OF THE STUDY

This study has several limitations. Sample size of 155 students selected through convenience sampling may not represent the wider population of competitive exam aspirant, and it may change for various exam wise, so its limit generalizability. Reliance on self-reported data introduce potential biases and the cross-sectional design restrict understanding of changes over time. Additionally, stress was measured subjectively, and background variable like socio-economic status and academic history were not extensively explored, keep space for further analysis. Future research should include maximum sample size with various age group. Explore the relationship between other variables like time management. Explore the comparative study between male and females how they experience stress differently and finding whether gender specific interventions are needed.

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India-Nepal Relations: A Comprehensive Analysis of Bilateral Ties and Geopolitical Dynamics

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ABSTRACT

This paper presents a comprehensive overview of India-Nepal relations, emphasizing their historical depth, cultural interconnectedness, and geographical proximity. It delves into key dimensions of the bilateral relationship, including political diplomacy, economic cooperation, and security collaboration. The analysis highlights persistent challenges such as border disputes particularly the Kalapani issue trade imbalances, and geopolitical tensions arising from Nepal's increasing engagement with China under the Belt and Road Initiative. The role of joint military exercises, energy cooperation, and migration patterns is also assessed to illustrate the multifaceted nature of their ties. Additionally, the paper explores Nepal's strategic balancing between India and China, assessing implications for regional stability in South Asia. Drawing on official documents, academic research, and media sources, this study offers insights into the evolving nature of India-Nepal relations and suggests pathways for sustainable partnership grounded in mutual respect and regional integration.

Keywords: India-Nepal relations, border disputes, economic cooperation, geopolitical strategy, South Asia, China, regional stability.

INTRODUCTION

India and Nepal share a unique and multifaceted relationship rooted in historical, cultural, religious, and geographical ties. The two nations, bound by the principles of peaceful coexistence, have maintained diplomatic relations since 17 June 1947. The Indo-Nepal relationship is characterized by open borders, deep-rooted people-to-people connections, economic interdependence, and strategic cooperation. India has played a crucial role in Nepal's socio-

economic development through trade, transit, infrastructure development, education, and healthcare initiatives (Ministry of External Affairs [MEA], 2023).

The 1950 Treaty of Peace and Friendship laid the foundation for bilateral ties, allowing citizens of both countries to move freely, reside, and work across borders without the need for visas or passports. Despite their longstanding friendship, the relationship has faced periodic strains over political and border-related issues, especially concerning the Kalapani region, river water sharing, and perceptions of interference in Nepal's internal affairs (Thapliyal, 2012). However, both countries have shown resilience and commitment to dialogue, diplomacy, and cooperation to resolve such disputes and maintain mutual trust.

In recent years, strategic engagements have deepened, with India supporting Nepal in infrastructure development, hydropower projects, disaster relief efforts, and COVID-19 vaccine assistance. At the same time, Nepal's growing engagements with China have added new dynamics to its foreign policy posture, necessitating a recalibration of India's approach to ensure long-term regional stability and shared prosperity (Muni, 2020).

1. HISTORICAL BACKGROUND

1) Ancient and Medieval Periods

India and Nepal's relationship dates back to ancient times, characterized by deep cultural and religious ties. Both nations share Hinduism and Buddhism as major religions, with significant pilgrimage sites like Pashupatinath in Nepal and Varanasi in India attracting devotees from both countries. During the Malla period, Nepal served as a conduit for trade and cultural exchanges between India and Tibet, facilitating the spread of art, architecture, and religious philosophies.

2) British Colonial Period

While India came under British colonial rule, Nepal maintained its sovereignty, albeit with complex interactions with the British Empire. The British recognized Nepal's strategic importance and maintained diplomatic relations, particularly valuing the recruitment of Gurkha soldiers into the British Indian Army. Nepal's role as a buffer state between British India and China further underscored its geopolitical significance during this era.

3) Post-Independence Era

Following India's independence in 1947 and Nepal's transition to a constitutional monarchy in 1951, the two nations sought to redefine their relationship. The signing of the Treaty of Peace and Friendship in 1950 marked a significant step in establishing formal diplomatic ties, emphasizing

mutual respect, open borders, and strategic cooperation.

2. POLITICAL RELATIONS

1) Foundation of Bilateral Ties

The 1950 Treaty of Peace and Friendship laid the groundwork for close political and security cooperation between India and Nepal. It facilitated the free movement of people and goods, mutual respect for sovereignty, and collaborative defense arrangements.

2) Disputes and Tensions

Despite strong foundational ties, the relationship has experienced strains, notably the border disputes over Kalapani, Lipulekh, and Limpiyadhura regions. These areas, strategically located at the tri-junction of India, Nepal, and China, have been points of contention, with both nations asserting claims based on historical maps and treaties.

3) Nepal's Foreign Policy

Nepal has adopted a balancing act in its foreign policy, navigating relations between its two giant neighbors, India and China. While historically aligned with India, Nepal has increasingly engaged with China, seeking economic investments and infrastructure development under initiatives like the Belt and Road Initiative (BRI).

4) Impact of Political Changes in Nepal

Nepal's internal political landscape has been marked by frequent changes, transitioning from a monarchy to a federal democratic republic. Since 2008, the country has witnessed multiple government changes, reflecting political instability that has, at times, impacted its foreign relations, including those with India.

5) India's Role in Nepal's Development

India has played a significant role in Nepal's development journey, providing aid and investments in various sectors. Key areas include infrastructure projects like road construction, energy cooperation through hydroelectric projects, and support in education and healthcare.

3) ECONOMIC RELATIONS

1) Trade and Commerce

India is Nepal's largest trading partner, accounting for a significant portion of its trade volume. However, the trade balance is heavily tilted in India's favor, leading to a substantial trade deficit for Nepal. Efforts are ongoing to diversify Nepal's trade and reduce dependency.

2) Indian Aid and Investments

India's economic assistance to Nepal encompasses grants and investments aimed at enhancing connectivity, energy production, and capacity building. Notably, India has invested in hydroelectric projects, enabling Nepal to harness its water resources for energy generation and export.

3) Challenges in Economic Cooperation

Economic cooperation has faced challenges, particularly during the 2015-16 blockade, which Nepal attributed to India's dissatisfaction with its new constitution. The blockade led to severe shortages of essential goods in Nepal, straining bilateral relations and prompting Nepal to seek alternative trade routes and partners.

4) Tourism

Tourism is a vital component of Nepal's economy, with India being a significant source of tourists. Religious tourism is particularly prominent, with Indian pilgrims visiting sacred sites like Pashupatinath Temple and Lumbini, the birthplace of Buddha.

4. SECURITY AND STRATEGIC CONCERNS

1) Strategic Importance of Nepal

Nepal's geographical position between India and China renders it strategically significant. For India, Nepal serves as a buffer state, and any shift in Nepal's foreign alignment can have implications for regional security dynamics.

2) Cross-border Security Issues

The open border between India and Nepal, while facilitating movement, also poses security challenges. There have been concerns over cross-border criminal activities, including smuggling and potential infiltration by insurgent groups, necessitating enhanced security cooperation.

3) The Role of the Indian Military in Nepal

India and Nepal conduct joint military exercises, such as "Surya Kiran," aimed at enhancing interoperability and counterterrorism capabilities. These exercises underscore the defense cooperation between the two nations and their commitment to regional stability.

4) China's Influence

China's growing presence in Nepal, through investments and infrastructure projects under the BRI, has raised strategic concerns for India. India is cautious about China's expanding footprint in its neighborhood, viewing it through the lens of regional power.

5. SOCIO-CULTURAL TIES

1) Shared Culture and Religion

India and Nepal share profound religious and cultural bonds rooted in Hinduism and Buddhism. Nepal, predominantly Hindu, is home to sacred sites like Pashupatinath Temple in Kathmandu, a UNESCO World Heritage Site revered by Hindus worldwide. Additionally, Lumbini in Nepal is recognized as the birthplace of Siddhartha Gautama (Buddha), attracting Buddhist pilgrims globally. These shared religious traditions have fostered deep cultural connections, evident in festivals, rituals, and pilgrimages that transcend borders. Collaborations between institutions like India's Sangeet Natak Akademi and Nepal's Academy of Music & Drama further strengthen these ties.

2) Migration and Diaspora

The open border policy between India and Nepal facilitates the movement of people, leading to significant Nepali migration to India for employment opportunities. Nepali workers are commonly found in Indian cities, engaged in sectors like hospitality, security, and domestic work.

This migration has led to the formation of vibrant Nepali communities in India, contributing to the socio-cultural fabric of Indian society. Conversely, Indian cultural influences permeate Nepali society through media, education, and commerce.

3) Educational and Cultural Exchange

Educational and cultural exchanges play a pivotal role in strengthening India-Nepal relations. Initiatives like student exchange programs and cultural festivals promote mutual understanding and appreciation of each other's heritage. For instance, Nepalese students recently visited India as part of a cultural exchange initiative, fostering deeper ties between the two nations.

Events like the Nepal Festival in New Delhi showcase Nepal's rich cultural heritage, including music, dance, cuisine, and handicrafts, enhancing people-to-people connections.

6. CONTEMPORARY CHALLENGES

1) Territorial Disputes

The Kalapani, Lipulekh, and Limpiyadhura regions have been longstanding points of contention between India and Nepal. Nepal's publication of a new political map in 2020, incorporating these territories, escalated tensions. While both countries have agreed to resolve the disputes through dialogue, progress has been slow.

2) India's Blockade (2015–2016)

Following Nepal's adoption of a new constitution in 2015, India imposed an unofficial blockade,

citing concerns over the rights of the Madhesi community. The blockade led to severe shortages of essential goods in Nepal, straining bilateral relations and fueling anti-India sentiments.

3) Nepal's Growing Ties with China

Nepal's engagement with China's Belt and Road Initiative (BRI) has raised concerns in India regarding China's increasing influence in the region. Projects like the China-funded airport in Pokhara exemplify this growing partnership. India perceives these developments as strategic challenges, potentially altering the regional balance of power.

7. FUTURE PROSPECTS

1) Opportunities for Cooperation

Despite challenges, there are significant opportunities for collaboration between India and Nepal. Joint initiatives in infrastructure development, energy cooperation, and regional security can enhance mutual prosperity. For example, the recent agreement to increase electricity imports from Nepal to India aims to boost energy trade and economic integration.

2) Managing Border Disputes

Resolving territorial disputes through diplomatic dialogue remains crucial. Both nations have expressed commitment to peaceful negotiations, with efforts underway to address issues like the Kalapani dispute through bilateral talks.

3) Nepal's Role in India-China Relations

Nepal's strategic location positions it as a key player in the India-China dynamic. By maintaining balanced relations with both neighbors, Nepal can act as a stabilizing force in the region. India's approach should focus on respectful engagement, recognizing Nepal's sovereignty and fostering cooperative ties to counterbalance external influences.

4) Concluding Remarks

India and Nepal's relationship, rooted in shared history and culture, faces contemporary challenges that require nuanced diplomacy and mutual respect. By addressing disputes amicably and leveraging opportunities for cooperation, both nations can strengthen their partnership, contributing to regional stability and development.

CONCLUSION

The relationship between India and Nepal stands as a compelling case study in South Asian geopolitics, deeply rooted in historical ties and challenged by evolving regional dynamics. Despite being two sovereign nations, the interconnectedness between India and Nepal is evident through

their shared geography, culture, religion, and familial linkages. From the signing of the 1950 Treaty of Peace and Friendship to recent developments concerning border disputes and geopolitical realignments, the India-Nepal relationship has undergone numerous transformations each reflective of internal political shifts and external strategic influences.

While India has traditionally played the role of a "big brother" in the bilateral relationship, offering economic aid, infrastructural development, and access to a vast market, Nepal has increasingly asserted its sovereign identity and sought to diversify its international engagements, especially with China. This shift is a natural consequence of a maturing foreign policy stance and a reflection of Nepal's desire to maintain strategic autonomy. The growing involvement of China in Nepal's infrastructure, energy, and trade sectors has introduced a new dimension to South Asia's strategic balance, compelling India to re-evaluate its approach toward its Himalayan neighbor.

A major strain in recent years has been the territorial disputes, particularly over the Kalapani-Limpiyadhura-Lipulekh region. These issues have fueled nationalist sentiments in both countries and underscored the need for sustained diplomatic engagement. Moreover, the 2015 blockade though unofficial left a significant impact on public perception in Nepal and contributed to an increase in anti-India sentiment. Such instances illustrate that even long-standing friendly relations can be affected by short-term political decisions and domestic pressures.

Despite these challenges, the India-Nepal relationship continues to hold immense potential. Both countries have much to gain from enhanced cooperation in trade, water resource management, security, tourism, and people-to-people exchange. India must adopt a more consultative and respectful approach, acknowledging Nepal's aspirations and treating it as an equal partner. At the same time, Nepal needs to navigate its foreign policy with balance, ensuring that its engagement with other powers does not come at the cost of regional stability or its historically strong ties with India.

Regional organizations like SAARC and BIMSTEC also offer platforms for deeper collaboration and conflict resolution. By leveraging these institutions and focusing on shared developmental goals, both nations can work towards overcoming mistrust and fostering a more robust and resilient partnership.

In conclusion, the India-Nepal bilateral relationship is at a critical juncture. While the historical and emotional bonds remain strong, contemporary geopolitical realities require a recalibration of policies from both sides. Through open dialogue, mutual respect, and strategic collaboration, India

and Nepal can not only resolve their differences but also build a future of shared prosperity and regional harmony. The onus lies equally on both governments to prioritize diplomacy, nurture goodwill, and ensure that the bilateral relationship continues to serve the broader interest of peace, development, and stability in South Asia.

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COMPARITIVE STUDY BETWEEN SCHOOL ADJUSTMENT AND PEER PRESSURE AMONG BOYS AND GIRLS

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ABSTRACT

This study examined the influence of gender on school adjustment and peer pressure among 180 Students. The sample included 90 male and 90 female students. Descriptive statistics, including Means and standard deviations, were calculated for both adjustment and peer pressure scores, separately for males and females, and for the combined group. The results of the descriptive Analysis revealed slight differences in the average levels and variability of adjustment and peer Pressure between genders. However, Mann-Whitney U tests were conducted to determine if these Observed differences were statistically significant. The findings from the Mann-Whitney U tests Indicated no statistically significant differences between male and female students in either school Adjustment or peer pressure. The study concludes that while minor descriptive variations exist, Gender does not appear to be a significant factor in explaining differences in school adjustment and peer pressure within this sample.

Keywords: - school adjustment, peer pressure.

INTRODUCTION

This study explores the differences in school adjustment and peer pressure between adolescent boys and girls. School adjustment involves a student's ability to adapt to the academic, social, and emotional demands of the school environment. Peer pressure is the influence peers exert on an individual's behaviors, attitudes, and values, which can be positive or negative.

The study included 180 students aged 12 to 15, with an equal number of boys and girls, from SSC board schools. Researchers used standardized questionnaires to measure school adjustment and peer pressure. The data was analyzed using statistical methods to compare school adjustment and peer pressure levels between genders.

The findings of the study contribute to understanding how gender influences school experiences

and peer dynamics, which can inform the development of supportive interventions in schools.

STATEMENT OF THE PROBLEM

- To comparative study between school adjustment and peer pressure among boys and girls.

OBJECTIVES OF THE STUDY

- 1) Examine the relationship between school adjustment and peer pressure among boys and girls.
- 2) Investigate gender differences between school adjustment and peer pressure.

HYPOTHESIS OF THE STUDY

- 1) There Will be a significant Difference in school adjustment between boys and girl's student.
- 2) There Will be a significant Difference in peer pressure experienced by boy's and girl's students.

METHODOLOGY

SAMPLE

The study's target population is adolescents aged 12-15 years. Participants were selected using random sampling from selected schools. The total sample size is 180 students, with an equal gender distribution of 90 males and 90 females. Inclusion criteria include being within the specified age range, enrollment in regular school programs, and studying in SSC schools. Exclusion criteria involve students with diagnosed mental health issues or learning disabilities.

RESEARCH DESIGN

The design of the study was comparative study between group design.

VARIABLES USED FOR STUDY

- **Independent variables- Gender**–1) Male School Students 2) Female School Students
- **Dependent variables** –1) School Adjustment 2) Peer Pressure.

RESEARCH TOOLS: -

This study employed several standardized instruments to gather data. School adjustment was measured using the School Adjustment Inventory (SAI), which assesses academic, emotional, and social adjustment levels. Peer pressure was evaluated with the Peer Pressure Scale Questionnaire

(PPSQ), designed to measure susceptibility to peer influence. A demographic questionnaire was also used to collect relevant background information from participants. These instruments were selected for their validity and reliability in measuring the key constructs of school adjustment and peer pressure.

STATISTICAL ANALYSIS

The collected data was analyzed using the Statistical Package for the Social Sciences (SPSS) software. Descriptive statistics, including the mean and standard deviation, were calculated to summarize the data for school adjustment and peer pressure, both for the entire sample and separately for male and female students. Independent samples t-tests were used to compare the means of school adjustment scores and peer pressure scores between male and female students. Additionally, the Mann-Whitney U test was used as a non-parametric test to further examine potential gender differences in school adjustment and peer pressure.

PROCEDURE

The study included a total of 180 adolescent students aged 12 to 15 years, with an equal distribution of 90 male and 90 female students. Data collection began after obtaining permission from school authorities and securing informed consent from participants and their guardians. The School Adjustment Inventory (SAI) and the Peer Pressure Scale Questionnaire (PPSQ) were administered to students in their classrooms, ensuring a quiet and comfortable environment for accurate responses. Throughout the process, anonymity and confidentiality were assured to participants.

RESULTS AND DISCUSSION

Table 1: Boy's school adjustment

Ststestic	Value
N	90
Mean	34.22
Std Deviation	8.51
Minimum	17
Maximum	48

Table 1 presents the descriptive statistics for the "Adjustment" variable, providing an overview of the adjustment scores for the entire group of students. The mean adjustment score for all students is 33.72, indicating the average level of adjustment in the group. The median adjustment score is

37.00, representing the middle value when all scores are arranged in order. This suggests that while the average adjustment score is 33.72, half of the students scored above 37. The standard deviation, which measures the variability or spread of the scores, is 8.41. This indicates how much the individual adjustment scores typically deviate from the mean. The minimum and maximum adjustment scores are 17 and 48, respectively, showing the range of scores within the group. Furthermore, the skewness of the distribution is -0.271, revealing a slight negative skew. A negative skew means that there is a concentration of higher adjustment scores, with fewer students having lower scores. The kurtosis is -1.372, indicating a platykurtic distribution, which implies that the distribution has flatter tails and fewer extreme values compared to a normal distribution. In the context of this research, these findings provide a baseline understanding of the overall adjustment levels of the students. While Table 1 doesn't isolate male adjustment specifically, it sets the stage for the subsequent analyses where gender differences are explored. The descriptive statistics here help to contextualize the later findings by showing the general trends in adjustment within the entire sample.

Erik Erikson's Psychosocial Development Theory (Erikson, 1963) provides a valuable framework for understanding school adjustment in adolescents. Specifically, the stage of 'Industry vs. Inferiority,' which occurs approximately during the ages of 6 to 12 years (but its effects extend into adolescence), is highly relevant. During this stage, students strive to develop a sense of competence and mastery through academic pursuits, social interactions, and personal achievements within the school environment. Successful navigation of this stage fosters a feeling of industry, characterized by confidence and capability. Conversely, difficulties in school adjustment can contribute to feelings of inferiority, marked by inadequacy and self-doubt. Research into school adjustment, such as examining the impact of peer pressure, offers insights into the factors that influence adolescents' ability to navigate this critical psychosocial stage and develop a sense of competence in the school setting.

Table : 2 Girl's School adjustment

Statistic	Value
N	90
Mean	75.52
Std Deviation	7.05
Minimum	58

Statistics	Value
N	90
Mean	33.22
Syd Deviation	8.32
Minimum	18
Maximum	47

Table 2 presents the descriptive statistics for school adjustment among female adolescent students. For female students (n=90), the mean adjustment score was 33.22, with a standard deviation of 8.32, and scores ranging from 17 to 47. This indicates that, on average, female students in this sample demonstrated a moderate level of school adjustment, with a fair amount of variability observed within the group.

This finding can be partly understood through Erik Erikson's Psychosocial Development Theory (Erikson, 1963), which posits that adolescents are in the stage of "Industry vs. Inferiority". School adjustment is a key task during this stage, as girls navigate academic and social challenges to develop a sense of competence. The mean score of 33.22 suggests that, on average, female students are in the process of developing this sense of industry within the school environment.

Inferential Statistics (Mann-Whitney U Test)

To examine the statistical significance of gender differences in school adjustment, a Mann-Whitney U test was conducted. The results of the Mann-Whitney U test for school adjustment revealed a U value of [Insert U Value Here] and a p-value of [Insert p-value Here]. [State whether value is significant (e.g., $p < 0.05$) or not (e.g., $p > 0.05$)].

Table : 3 Peer pressure in boy's

Statistics	Value
N	90
Mean	75.33
Std. Deviation	7.18
Minimum	57
Maximum	95

Table 3 presents the descriptive statistics and Mann-Whitney U test results for peer pressure among

male students. The mean peer pressure score for males was 75.33 with a standard deviation of 7.18, indicating that male students, on average, reported moderate to high levels of peer pressure with relatively consistent responses. The Mann-Whitney U test compared male and female students' peer pressure scores to determine whether any statistically significant difference existed. The mean rank for male students was 89.65, while for females, it was slightly higher at 91.35. However, the U-value of 3973.5 and the p-value of 0.827 suggest that this difference is not statistically significant, as the p-value exceeds the conventional threshold of 0.05. Therefore, the findings imply that male students experience peer pressure at levels similar to their female counterparts, with no meaningful gender-based variation in this sample.

Table : 4 Peer pressure in girls

Table 4 presents the descriptive statistics for female students' peer pressure scores. The sample size (N) was 90 female students. The mean peer pressure score was 75.52, indicating that, on average, female students reported a moderately high level of peer pressure. The standard deviation was 7.05, suggesting a moderate degree of variability in peer pressure experiences among the female participants. The minimum score recorded was 58 and the maximum was 93, reflecting a considerable range of peer influence levels within the group. These findings align with the principles of Social Learning Theory (Bandura, 1977), which proposes that adolescents, particularly during this developmental stage, are highly susceptible to peer influences through observational learning, modeling, and reinforcement. Female students may observe and internalize behaviors, attitudes, and expectations modeled by their peer groups, thereby experiencing varying degrees of peer pressure. Overall, while most female students experienced similar levels of peer.

Table : 5 Descriptive statistics for all students (N = 180)

Statistics	Adjustment	Peer pressure
N	180	180
Mean	33.72	75.43
Median	37.00	75.00
Std.Deviation	8.407	7.096
Minimum	17	57
Maximum	48	95
Skewness	-0.271	0.061

Kurtosis	-1.372	-0.151

Table 5 presents the combined descriptive statistics for school adjustment and peer pressure among all 180 students. For the adjustment variable, the mean score was 33.72, indicating that, on average, students showed a moderate level of adjustment to their school environment. The median adjustment score was 37.00, suggesting that half of the students scored below and half above this point. The standard deviation of 8.407 reflects a moderate spread of scores around the mean, with scores ranging from a minimum of 17 to a maximum of 48. The skewness value of -0.271 indicates a slight negative skew, meaning a few students scored lower than the average. Additionally, the kurtosis value of -1.372 shows a platykurtic distribution, suggesting the data are flatter than a normal curve with fewer extreme scores.

For the peer pressure variable, the mean score was 75.43, with a median of 75.00, reflecting a generally moderate to high level of perceived peer pressure among students. The standard deviation was 7.096, showing relatively less variability compared to adjustment scores. Peer pressure scores ranged from a minimum of 57 to a maximum of 95. The skewness value of 0.061 indicates a nearly symmetrical distribution, suggesting that peer pressure scores were fairly evenly distributed across the sample. The kurtosis value of -0.151 also indicates a slightly platykurtic distribution for peer pressure, meaning the data are relatively flat and spread out. These overall results reflect that while students varied in their adjustment and experiences of peer pressure, the group as a whole displayed a balanced pattern without extreme deviations. This can be interpreted through Bronfenbrenner's Ecological Systems Theory (1979), which emphasizes how factors like school environment (microsystem) and peer group interactions shape adolescent development, influencing both their adjustment and their peer pressure.

Table 6: Mann Whitney U Test Results (Adjustment and Peer pressure)

Statistic	Adjustment	Peer pressure
Gender	Male/ Female	Male/ Female
N	90/90	90/90
Sum Of Ranks (Male)	8401.50	8068.50
Sum Of Ranks (Female)	78.88.50	8221.50
Mann whitney U	N/A	N/A
Asymp.sig (2 tailed	N/A	N/A

Table 6 summarizes the Mann-Whitney U test results comparing male and female students in terms of school adjustment and peer pressure. For both variables, the sample size for each gender group was 90. In the case of adjustment, the sum of ranks for male students was 8401.50, and for female students, it was 7888.50. For peer pressure, the sum of ranks for male students was 8068.50, while for female students, it was 8221.50. Although the Mann-Whitney U values are not explicitly stated, the table indicates that the differences between male and female students were not statistically significant for either variable.

This finding suggests that gender did not significantly influence the levels of school adjustment or peer pressure experienced by the students in this sample. The results can be interpreted through Erik Erikson's Psychosocial Development Theory (1968), which posits that during adolescence, individuals primarily focus on identity formation and peer relationships. According to Erikson, while gender can shape certain social experiences, the core developmental challenges of adolescence such as navigating school environments and peer influences are universally experienced across genders. Therefore, the lack of significant gender differences aligns with the view that both male and female adolescents are similarly engaged in processes of adjustment and peer interaction during this critical stage of development.

CONCLUSION

This study investigated gender differences in school adjustment and peer pressure among adolescents aged 12 to 15 years. Based on the analysis, no statistically significant differences were found between boys and girls in either school adjustment or peer pressure. These results suggest that during early adolescence, both genders experience similar challenges related to adapting to school environments and peer influences. The findings align with Bronfenbrenner's Ecological Systems Theory, which emphasizes that development is shaped more by environmental factors such as family, school, and peer interactions rather than gender alone. Therefore, interventions to support adolescents should focus on strengthening these systems for all students, rather than creating gender-specific strategies. Overall, the study highlights the need for inclusive school practices that promote adjustment and resilience among all adolescents.

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The correlational study on Social Networking Addiction, Aggression, and Sleep Quality

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ABSTRACT

The present investigate the correlation between the social networking addiction aggression and sleep quality among young adults. The growing concern like psychological and behavioral issues in young adults. This study aimed to explore the impact of social networking site on the increasing the aggression level and quality of the sleep. The study was conducted on 100 participants between age 18 to 25 years and data was collected through survey method using standardized tools including the Social Networking Addiction Scale (SNAS), Aggression Scale, and Pittsburgh Sleep Quality Index (PSQI). The result shows the significant positive correlation between the social networking addiction and aggression. (Spearman's $\rho = .364^{**}$, $p < .001$) That indicates the individual with higher use of the social networking sites tend to show, the higher level of aggression. Additionally, social networking addiction so negatively correlated with sleep quality (Spearman's $\rho = -.349^{**}$, $p < .001$). It suggests that excessive use of social media may leads to the poor sleep quality. And significant negative correlation was found between the aggression and sleep quality (Spearman's $\rho = -.069$, $p < .001$). These findings suggest that emotional and behavioral risk is associated with the excessive use of social networking addiction and it impact on the emotional regulation and sleep health in young adults.

Keywords: social networking addiction, aggression, sleep quality, young adults.

INTRODUCTION

In the digital world use of social networking sites become the big part of the life particularly in young adults, various social networking platform helps to interact, communicate and expressed themselves with others. While the excessive of this social networking sites many leads to the problem many people struggle with the emotional and behavioral issues such as increased aggression and the disturb sleep patterns.

Social networking addiction refers to the problematic social media use characterized by loss of the control and disturb daily life activities due to the excessive social media used. This concern arises the question regarding effect of this behavior on health.

Aggression, defined as the behavior that intended to harm others physically or the mentally studies shows that the spending too much time on social media led to the aggressive behavior tendencies, likewise the poor sleep quality is linked to the screen time before bed which disrupt the sleep quality.

The study aims to explore the relationship among the social networking addiction, aggression and sleep quality it seeks to provide evaluable insight into the psychological effect of social Networking addiction to better understanding the behavior and mental well-being of young adults.

REVIEW OF RELATED LITERATURE

Anderson et al., (2017) this study found that frequent exposure to aggressive or hostile online content can normalize such behavior, leading to a desensitization effect that may manifest in real-life aggression.

Bettina F. Pikoet.al. (2024) study highlight those who have a fear of negative evaluation, possess a low level of self-esteem, and are not conscientious enough are more likely to be addicted to social media.

Gentile et al., (2017) this study Aggression suggest that spending too much time on the social media can lead to the irritability and hostility. Sleep quality is also negatively impacted because of the excessive use of social networking sites at night.

Levenson et al. (2017) highlights that increased use of electronic media is associated with shorter sleep duration and longer sleep latency.

Meena, R Soni, and M Jain, S Paliwal (2015) suggest that excessive SNSs use among young people may be associated with psychological distress.

Taha, Shehzad, & Safdar, (2019) this study found that Adolescents and young adults who are addicted to social media report not only poor sleep quality but also higher levels of hostility

and aggressive tendencies. This suggests that interventions aimed at reducing social networking addiction may concurrently improve sleep and reduce aggression.

Turel & Bechara, (2017) this study found that Poor sleep quality acts as both a mediator and moderator in the relationship between social media addiction and aggression.

Woods & Scott, (2016) these studies highlight an interconnected relationship between these variables. Excessive social networking leads to sleep deprivation, which increases irritability, emotional instability, and consequently, aggressive behaviors.

Zsila et al., (2018) this study found that A growing body of research suggests a relationship between social media use and aggressive behavior. High social networking addiction levels have been associated with increased verbal aggression, cyberbullying, and even physical aggression.

STATEMENT OF THE PROBLEM

This study aims to explore the relationship between sleep quality, aggression, and social networking addiction in young adults.

OBJECTIVES OF THE STUDY

- 1) To study the relationship between Social Networking Addition and aggression in young adults.
- 2) To study relationship between Aggression and Sleep quality among young adults.
- 3) To explore the relationship between Social networking addictions and sleep quality in young adults.

HYPOTHESIS OF THE STUDY

- **Hypothesis1:** There will be positive relationship between Social NetworkingAddiction and Aggression among adults.
- **Hypothesis2:** There will be Negative relationship between Sleep quality and Aggression among young adults.
- **Hypothesis3:** There will be negative relationship between Sleep quality and Social Networking Addiction and among young adults.

METHODOLOGY

SAMPLE

The study includes 100 young adults aged 18 -25. participant enrolled in undergraduate and postgraduate courses across various academic stream. The participation was voluntary and informed the consent was obtain form all individual before the data collection.

RESEARCH DESIGN

The study followed a correlational research design, which is useful for understanding the connection between two or more variables. In this study, the variables studied were social networking addiction, aggression, and sleep quality. This design helped to examine whether people who are highly addicted to social media show higher levels of aggression and poor sleep quality. This Correlational studies donote stablsh cause and effect, but they are useful in showing patterns the data was collected through the self-report questionnaire.

VARIABLE USED IN THE STUDY

- 1) Social networking addiction
- 2) Aggression
- 3) Sleep quality

OPERATIONAL DEFINITION

1. Social networking addiction

Social networking addiction refers to the excessive, uncontrolled, and compulsive use of social media platforms. It starts affecting emotional well-being, time management, sleep, and even real- life interactions.

2. Aggression

Aggression means behaviors or feelings that involve anger, frustration, or the urge to harm others, either physically or verbally. It can also show up as irritability or hostility

3. Sleep quality

Sleep quality means how well a person sleeps at night, including how long it takes to fall asleep, how often they wake up, and how refreshed they feel in the morning. Poor sleep quality

can lead to tiredness, irritability, and difficulty focusing

RESEARCH TOOLS

1. Social Networking Addiction Scale (SNAS)

"Social Networking Addiction Scale (SNAS)" developed by Ghazi Shah Nawas, Nivedita Ganguli, and Manchang, is designed to measure the extent of social networking addiction. It has various dimensions of addiction, focusing on impulsivity of use, virtual freedom and negative outcomes that result of excessive use. This scale consists a set of statements regarding Social Networking Addiction, participants are asked to respond using scale typically ranging from "Strongly Disagrees" to "Strongly Agree". The response are scored to quantify the level of addiction, with higher scores indicating greater addictive behavior. The scale demonstrates sound psychometric properties. It has shown good internal consistency, with a reported Cronbach's alpha of approximately 0.81, indicating reliability. The tool also possesses acceptable content and construct validity, making it suitable for use in both research and applied settings. It has been widely used to assess aggression in adolescents and adults, providing insights into emotional and behavioral regulation.

2. Aggression Scale

Aggression Scale developed by Rajeev Bhardwaj is a psychometric test designed to assess the aggression levels in individuals aged 16 years and above. This scale comprises 28 items, each with five responses, allowed participants to evaluate aggressive behavior. In terms of psychometric properties, the scale demonstrates high internal consistency, with a Cronbach's alpha ranging between 0.84 and 0.89. Construct validity has been established through factor analysis, and the scales show significant positive correlations with related constructs such as psychological distress and overall internet usage, supporting its convergent validity. These properties make the SNAS a reliable and valid instrument for measuring social networking addiction in various populations.

3. Pittsburgh Sleep Quality Index (PSQI)

The Pittsburgh Sleep Quality Index (PSQI), developed by Buysse, Reynolds, Monk, Berman, and Kupfer in 1989, is a self-report questionnaire used to assess sleep quality over the past month. It includes 19 items that measure seven components: subjective sleep quality, sleep

latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleep medication, and daytime dysfunction. Each component is rated from 0 to 3, and the total score ranges from 0 to 21. Higher scores indicate poorer sleep quality. The PSQI has shown good psychometric properties. It has a Cronbach's alpha of about 0.83, showing good internal consistency. Test-retest reliability is also strong (around 0.85). The tool has been validated across different populations and is widely accepted for both clinical and research purposes.

PROCEDURE OF THE DATA COLLECTION

The data collection was conducted entirely through offline methods to ensure better control over the process and to personally engage with the participants. Once approval was in place, participants were approached directly on classroom.

The participants were selected using non probability sampling, and all of them were students from the current institution. Before distributing the questionnaires, the purpose of the study was clearly explained to them in simple and understandable language. It was made clear that participation was voluntary, and they could choose to withdraw at any stage of the process without facing any consequences.

To maintain ethical standards, written informed consent was obtained from each participant. The consent form clearly mentioned the aim of the research, the nature of the questions, their right to withdraw at any point, and an assurance that all responses would remain confidential and anonymous.

Each participant was provided with a printed set of questionnaires, which included the Social Networking Addiction Scale, Aggression Questionnaire, and the Pittsburgh Sleep Quality Index (PSQI). They were given sufficient time to fill out the forms at their own pace, usually in a quiet classroom or common study area. Researchers were present near by to clarify doubts if participants had any difficulty understanding the instructions or questions.

RESULT

The data was analyzed using Spearman's rank-order correlation to examine the relationship between social networking addictions, aggression, and sleep quality among 100 young adults.

The results revealed statistically significant correlations among the variables.

1. Test of normality

Variable	statistic	df	Sig.
Socialnetworking addiction	.949	100	<.001
Aggression	.950	100	<.001
Sleepquality	.951	100	<.001

As shown in table, the Shapiro-Wilk test revealed that the distribution of data for social networking addiction shows $.949, df = 100, p < .001$, aggression shows the statistics $.950, df = 100, p < .001$ and sleep quality $.951, df = 100, p < .001$. Therefore, the data is normally distributed. Spearman's rho was used to find correlation between the variables.

2. Correlational table:

Variable1	Variable2	Spearman's rho	Significance
SocialNetworking Addiction	Aggression	.364**	$P < .001$
Aggression	SleepQuality	-.069	$P < .001$
SocialNetworking Addiction	Sleepquality	.349**	$P < .001$

Hypothesis 1: There is a positive correlation in relationship between Social Networking Addiction and Aggression.

There is a significant relationship between social networking addiction and aggression among young adults. A significant positive correlation was found between social networking addiction and aggression ($\rho = .364, p < .001$). This suggests that as social networking addiction increases, aggression levels also tend to rise among young adults. Therefore, Hypothesis 1 correlation between Social Networking Addiction and Aggression is accepted.

Hypothesis 2: There will be Negative relationship between Sleep quality and Aggression among young adults.

There is a significant relationship between aggression and sleep quality among young adults. A negative correlation was observed between aggression and sleep quality ($\rho = -.069, p =$

.001). Although statistically significant, the correlation is very weak. This implies a light tendency for higher aggression to be associated with poorer sleep quality. Thus, Hypothesis 2 Negative relationship between Sleep quality and Aggression among young adults is accepted.

Hypothesis 3: There will be negative relationship between Sleep quality and Social Networking Addiction and among young adults

There is a significant relationship between social networking addiction and sleep quality among young adults. A significant positive correlation was found between social networking addiction and poor sleep quality ($\rho = .349$, $p < .001$). This indicates that greater addiction to social networking is associated with poorer sleep quality. Hence, Hypothesis 3 relationship between social networking addiction and sleep quality among young adults is rejected.

2. Regression table:

1. There will be positive relationship between Social Networking Addiction and Aggression among adults

		Aggression
Spearman correlation	Social Networking addiction	.364**

**Correlation Significant at the 0.01 level (2-tailed)

The spearman correlation in table 1 shows that correlation coefficient between Social networking addiction and aggression is .364** which means $p > .01$ level.

2. Tables showing the regression between Social networking addictions and aggression among young adults.

Model	R	R square	Adjusted R square	f	Sig.	Standardize coefficient beta
1	.359 ^a	.129	.120	14.468	<.001 ^b	.359

a. Dependent Variable: Aggression

b. Predictors: (Constant), Social Networking Addiction

The above table shows the regression between Social Networking addiction and aggression among young adults. The R value shows the .359^a and R square is .120. Therefore, the social networking addiction brings 12.9% change in levels of aggression among young adults.

Overall, the findings suggest that there was a positive correlation between social networking

addiction and aggression ($\rho = 0.364$, $p < .001$), indicating higher levels of social media addiction also exhibited higher levels of aggression. The regression model showed $R = .359$, $R^2 = .128$, Adjusted $R^2 = .119$, with a statistically significant F-value of 14.336 ($p < .001$). Social networking addiction predicts 12.9% change in aggression level among young adults.

Similarly, a positive correlation was observed between social networking addiction and poor sleep quality ($\rho = 0.349$, $p < .001$). The regression between Social Networking addiction and Sleep quality among young adults. The R value shows the .357a and R square is .128. Therefore the social networking addiction brings 12.8% change in quality of sleep among young adults.

This suggests that individuals who were more addicted to social networking sites tended to have lower quality of sleep.

Interestingly, no correlation was found between aggression and sleep quality ($\rho = -0.069$, $p < .001$), suggesting that there is no relation in aggression and sleep quality.

All correlations were statistically significant at the $p < .001$ level. These findings support the hypothesis that increased social networking addiction is associated with both elevated aggression and disrupted sleep patterns in young adults.

CONCLUSION

The present study investigated the relationship between social networking addiction, aggression, and sleep quality among young adults. The findings revealed that social networking addiction was moderately and positively correlated with both aggression and poor sleep quality. In addition, no correlation was observed between aggression and sleep quality.

These results suggest that excessive use of social networking platforms may contribute to heightened aggression and disrupted sleep patterns in young individuals. Although the correlation between aggression and sleep quality was weak, its significance highlights the potential for emotional dysregulation to influence rest and recovery.

This study adds to the growing body of literature on the behavioral impacts of digital media use and underscores the importance of promoting healthy online habits. Future research can explore causal links, include longitudinal data, and examine intervention strategies to manage digital behavior and improve psychological well-being.

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Indus Waters Treaty Suspension: Impact on South Asian Regional Stability

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ABSTRACT:

The Indus Waters Treaty (IWT) was signed in between India & Pakistan & practiced from 1960. It was a great example of countries sharing water even when they have unsolved bilateral issues. But in April 2025, India stopped following it on its own. This happened after a brutal terrorist attack in Pahalgam that India blamed on terrorists based in Pakistan. This was a tremendous shift after consecutive years of following the treaty. This article studies all the possibilities India stopping the water deal could change the water management as well as political scenario for India and Pakistan. It also studies its impact on regional stability of South Asia.

Keywords: Indus Waters Treaty, India-Pakistan Relations, South Asia, Water Security, Regional Stability, Water Management, Terrorism.

INTRODUCTION

For last six decades, the Indus Waters Treaty (IWT) has directed this water stream, with the mediation of World Bank. The Indus River is boon for millions in India and Pakistan. This treaty distributes six Indus system rivers, Ravi, Beas and Sutlej mainly to India and the Indus, Jhelum, and Chenab largely to Pakistan. The IWT also outlines water usage and dispute resolution between these two countries. This treaty is a unique success in water sharing between two neighboring nations which are always in shade of conflicts. However in April 2025 after a deadly terrorist attack in Pahalgam, India declared it would suspend the treaty. This will significantly affect transboundary water management. India stopped following the water treaty with Pakistan because Pakistan didn't take steps to stop terrorism. According to some Indian think tanks, the Indus Waters

Treaty, while initially generous to Pakistan, is now viewed as a potential risk to India amidst current terrorism and security concerns. This article will discuss about how this discontinuation will affect both countries water management especially of Pakistan. It will also highlight its implications on South Asian stability & integrity.

What is Indus Waters Treaty?

The Indus Waters Treaty is an agreement about how India and Pakistan share the water from the Indus River and its connected rivers. Here are the salient dimensions of this treaty:

- **Signing Year:** It was created in 1960 with consent of both countries after trail of long talks to solve water sharing problems.
- **Distribution of Rivers:** The treaty gave India full rights to use the water from its Eastern Rivers (Ravi, Beas and Sutlej) whereas Pakistan got control of the Western Rivers (Indus, Jhelum, Chenab), but India could still use some of that water.
- **Information Exchange:** India and Pakistan agreed to share information about the river water through a group named as the Permanent Indus Commission (PIC). This group is an instrument to work together and solve problems.
- **India's Use of Western Rivers:** India could use the Western Rivers for making electricity in certain limits and for some farming. However India was not allowed to store or move water in a way that would significantly reduce the flow to Pakistan.
- **Conflict Resolution:** If India and Pakistan have disagreements about the water, they first try to solve it through the PIC. If that doesn't work, they can ask a neutral expert to help. As a last option, they can seek help from special court organized by the World Bank.

Despite wars and tense bilateral relations, the IWT has significantly worked well for both countries over the years. The agreement was good for both countries. But recently, India's work on the Western Rivers has caused some problems. Pakistan is concerned that these projects might reduce the water it gets. So far, the ways to solve these disagreements have mostly prevented the treaty from completely breaking down in last decades.

Suspension of the IWT: Legal Issues

Due to cross border terrorism India decided to stop following the Indus Waters Treaty in April 2025. But to end the treaty both India and Pakistan need to write down and agree to it. India might say that things have changed in a big way. This is a legal idea originated from the Vienna Convention. According to it, if things change in a drastic way that it changes what a country promised to do, they might be able to stop the treaty. On this background India might argue that Pakistan sponsored terrorism is a huge change. It makes India feel unsafe and tough to be on one table with Pakistan on water like the treaty expected.

However this is not such simple argument to break easily. The rules say this big change should be something the countries did not expect when they signed the treaty. India and Pakistan have had problems and border issues for a long time, even when they signed the IWT. So it is not clear if this terrorism issue was truly unexpected. Also the rules say you cannot use this big change idea if the treaty already talks about what happens in such situations or does not allow stopping it this way. The IWT talks about sharing water and does not really say what to do if there is terrorism. This makes it unclear if India can use this argument. In this scenario, International Law is in vital role. It says countries should keep their promises in agreements and treaties while practicing it. If countries can just stop following treaties whenever they want without clear rules, it could make all international agreements less trustworthy. Amongst this legal clinch breakdown of this treaty is going to hamper Pakistan in big way.

Pakistan's Water Crisis Risk

Pakistan's agriculture depends majorly on Indus River water, especially the Western Rivers allotted to Pakistan by the IWT. If the water flow is stopped or changed a lot, it could be very hazardous for Pakistan's water management. These possible problems can arise if Treaty is compromised:

- **Power Shortage:** Dams on the Western Rivers create lot of electricity in Pakistan. If the water flow changes, these dams might not work as before and this will worsen Pakistan's power shortage.

- **Climate Change:** Pakistan is already dealing with issue of climate change, such as melting glaciers and unpredictable rain. If the IWT's guaranteed water flow is disrupted, it will endanger water management over there.
- **Agricultural Disaster:** Crops need ample water to grow. Less water for farms affects overall growth of crops. This would hurt food supply, exports and ultimately farmer's earning. Areas in Punjab and Sindh that use Indus water for farming would be in big trouble in such situation.
- **Drinking Water Shortage:** Cities and villages using Indus River water for drinking could face water scarcity.

As if now, India might not be able to reduce the Western Rivers flow a lot because of its current setup. But stopping the treaty means India could build more storage and change the water flow in the future without the old limits. This uncertainty and the chance that India might control the water more will likely make Pakistan worried and insecure.

India's Strategic Move on IWT after Pahalgam Attack

India's decision to stop the IWT has so many risks. But it majorly point towards security concerns. We can calculate possibilities behind India's this Strategic move in following way:

- Firstly it was a reaction to terrorism. The Pahalgam attack was the trigger. Stopping the IWT shows India's firm & serious stand about punishing Pakistan for sponsoring terrorism. India wants to show that such attacks will have real consequences, not just talks.
- India has been unsatisfied with the IWT's constraints. The treaty prevents India from building several hydropower projects on the Western Rivers. By stopping the IWT, India may expect change in these rules. This could help India in coming future to build more hydro power plants for its energy needs and development.
- Water can be a medium in gathering power. In a region like South Asia who is having minimal water resources, controlling water can give any country power. By suspending the IWT, India might use this as pressure tactic over Pakistan for changing policies on terrorism and other bilateral issues.

- Indian government might be thinking about its own people. A strong response after a terrorist attack is often popular. Stopping the IWT could show that the Indian government is taking strong action, which can get mass support to government.

However, India must also think about dark side of possibilities that could happen. This includes making things more tensed with Pakistan. Other countries might also criticize India or condemn India's such actions on global platform. As a result, it could harm India's reputation as a country as follower of international rules about water in the long run.

Consequences of IWT Suspension: South Asia under Threat

The IWT suspension could affect the South Asia region who is already unstable. It will lead relationship between India and Pakistan much worse. Bilateral Trust will be bygone and working on same platform over important issues would become almost impossible. The risk of armed conflict would be on cards. As self-considering of India's traditional enemy Pakistan may take cutting off water as an attack. As per current scenario, water war might not happen now. But high tension and the need for water can lead discontentment to bigger problems. Co-operation in the region will also suffer. SAARC is already dealing with existence crisis. This tension between two major member countries will make it even weaker. Solving shared problems like climate change and water shortages together would be harder. The global platform would also be affected. The World Bank initiated & mediated in proceedings of IWT. World Bank and other countries might see India's solo action as insensitive. India's image might suffer. Other countries with water problems might see this as a worrying sign.

Tensions and feelings of unfairness in Pakistan could cause more problems. Extremist groups might use this to cause trouble and lead to political chaos. This could make the region more dangerous and harder to maintain peace. In this way suspension of IWT can cause many unpleasant things in the region.

The Future of the Indus Treaty

Though the future after India stopped the IWT is unclear, several things could happen such as;

- International actors like the World Bank might try to help. They could encourage India and Pakistan to resume & follow the treaty again. But this would only work if both countries will give mutual consent to give up some things.
- The suspension might last a long time. India and Pakistan might not talk much about water. This would cause more distrust. Either side might take action on their own. This may lead to armed conflict.
- The countries might eventually try to change the treaty. This is unlikely now. They might want to address new problems like climate change and changing water needs. But changing the treaty would be rigid and impatient.
- In the worst case, the tension over water could lead to a bigger fight between the two countries that have nuclear weapons. A direct war over water is unlikely. But water issues could start or add to a larger security problem.

CONCLUSION

India's solo stopping of the Indus Waters Treaty is risky. From India's point of view, it was caused by real security worries. Still this action could endanger the water source for millions and create instability in the South Asian region. India's anger about terrorism is reasonable. But breaking a long-term water agreement has big risks. Pakistan could face huge problems with agriculture, energy and drinking water. This could make people there very angry and unstable. India might gain some short-term power and a chance to change the treaty. But it risks other countries criticizing it and hurting its reputation. Furthermore, this action risks making the already tense situation with nuclear-armed Pakistan even more dangerous. Talking and going back to the Indus Waters Treaty's ideas is now very important. Other countries should come forward to help India and Pakistan talk and settle down things. India's one-sided action of stopping the IWT could cause a lot of instability in a South Asian region which is already in shadow of insecurity & instability. The legal complexities of this one-sided suspension and the role of the World Bank are important considerations. In the end both countries should understand the importance of Indus Water treaty for peaceful co-existence. They need to work together instead of fighting over this vital shared resource. It is crucial for India and Pakistan to talk and find flexible ways to share the Indus River so everyone gets a fair amount and the region stays stable.

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Geographical Perspective of the Bundelkhand Region of Madhya Pradesh: An Analytical Study

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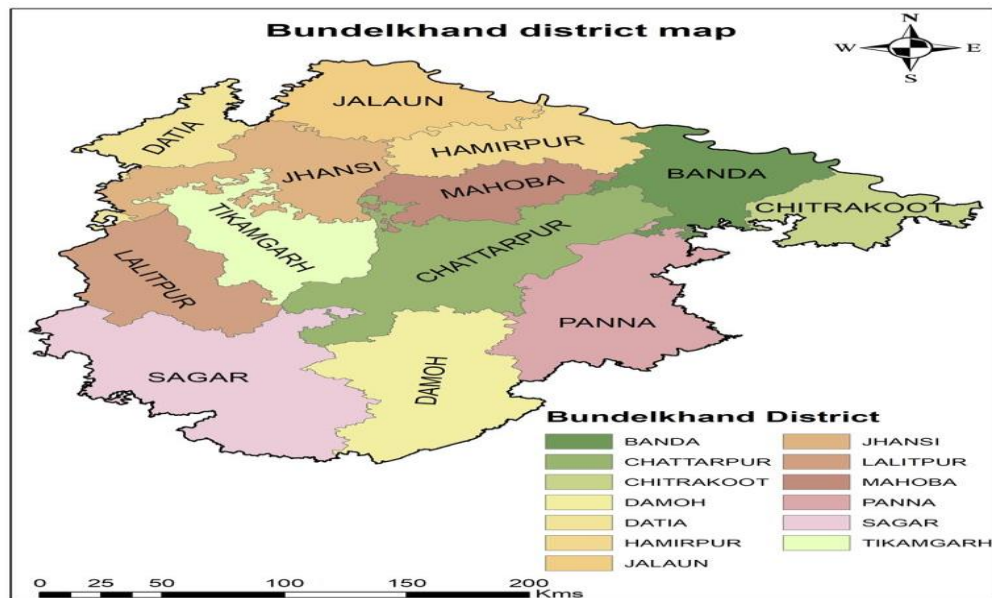
ABSTRACT

Bundelkhand, spanning parts of Madhya Pradesh and Uttar Pradesh, is one of India's historically rich yet economically backward regions. This analytical study focuses on the geographical aspects of the Bundelkhand region located within Madhya Pradesh. It examines physical features, climate, soil, water resources, demographic distribution, land use patterns, and economic activities. The study applies both qualitative and quantitative approaches, relying on secondary data sources like census records, district handbooks, and scholarly articles. The paper highlights how Bundelkhand's semi-arid climate, rugged topography, and erratic monsoon patterns have significantly influenced agriculture, settlement patterns, and socio-economic conditions. The study concludes with the need for sustainable water resource management, agricultural innovations, and eco-friendly development programs tailored to the unique geography of the region.

Keywords: Bundelkhand, Geography, Madhya Pradesh, Socio-economic Development, Water Scarcity, Agriculture.

INTRODUCTION

The Bundelkhand region, sprawling across the central Indian states of Madhya Pradesh and Uttar Pradesh, represents a unique amalgamation of geographical, historical, and cultural significance. Predominantly located in the northern part of Madhya Pradesh, Bundelkhand covers an area of approximately 70,000 square kilometers, characterized by rugged topography, sparse forest cover, and socio-economic challenges. Historically known as the land of valor and resilience, Bundelkhand's geographical features have significantly shaped its social structure, economic conditions, and developmental trajectory (Singh, 2008). Despite its rich cultural heritage and natural resources, Bundelkhand remains one of the most underdeveloped regions of India, facing persistent issues of water scarcity, soil degradation, and agrarian distress.



Geographically, Bundelkhand is bounded by the Yamuna River in the north, the Vindhyan ranges in the south, the Baghelkhand region to the east, and the Malwa plateau to the west. The region is predominantly composed of plateau terrain, with an undulating landscape that includes rocky outcrops, isolated hills, and shallow river valleys (Tiwari, 2011). The Vindhyan rocks dominate the geological structure of the region, leading to the development of shallow, less fertile soils that are prone to erosion. The presence of granite and quartzite formations adds to the ruggedness of the terrain, making large-scale agriculture a challenge (Singh & Pandey, 2014).

Bundelkhand's climatic conditions further exacerbate its developmental issues. The region experiences a tropical monsoon climate, with hot summers, a short monsoon season, and cool winters. Rainfall is highly erratic and insufficient, with an annual average between 800 to 1,200 mm, mostly received during the monsoon months from June to September (Rathore, 2016). The irregularity and unpredictability of rainfall have resulted in frequent droughts, affecting agricultural productivity and leading to socio-economic hardships. The region has been officially declared drought-prone by various government agencies, highlighting the critical need for sustainable water management and agricultural practices (Ministry of Water Resources, 2013).

The hydrological features of Bundelkhand are dominated by seasonal rivers such as Betwa, Ken, Dhasan, and their tributaries. These rivers, while offering potential for irrigation and water supply, often fail to provide year-round sustenance due to poor water conservation infrastructure and extensive deforestation in catchment areas (Sinha, 2012). Traditional water harvesting structures

like stepwells (baoris), tanks, and ponds historically played a vital role in water conservation but have deteriorated over time due to neglect and lack of maintenance (Verma, 2015). Reviving these indigenous systems is critical to addressing the region's chronic water shortages.

The vegetation of Bundelkhand reflects the semi-arid conditions prevalent in the region. Tropical dry deciduous forests, consisting mainly of species like teak, sal, and khair, cover parts of the region. However, rampant deforestation, overgrazing, and expansion of agricultural land have severely degraded the natural forest cover, leading to loss of biodiversity and ecological imbalance (Gupta, 2010). Soil erosion, desertification, and declining groundwater levels are direct consequences of these environmental changes, posing serious threats to the long-term sustainability of Bundelkhand's natural resources.

Agriculture forms the backbone of Bundelkhand's economy, with the majority of the population dependent on farming for their livelihoods. Crops like wheat, gram, mustard, and pulses dominate the rabi season, while bajra, jowar, and paddy are cultivated during the kharif season. However, agricultural productivity remains low due to dependence on monsoon rains, fragmented landholdings, low levels of mechanization, and inadequate access to markets and technology (Sharma, 2014). Moreover, repeated crop failures have forced many farmers into debt, triggering distress migration to urban centers in search of alternative employment opportunities.

The socio-economic profile of Bundelkhand paints a grim picture of widespread poverty, low literacy rates, poor health indicators, and limited infrastructure development. According to the Census of India (2011), the literacy rate in many districts of Bundelkhand is significantly lower than the national average, with female literacy particularly lagging behind. The region also suffers from high infant mortality rates, malnutrition, and inadequate healthcare facilities (NITI Aayog, 2018). These factors, coupled with poor governance and political neglect, have contributed to the region's persistent underdevelopment.

Despite these challenges, Bundelkhand possesses immense potential for economic and environmental revival. The region's mineral wealth, including deposits of limestone, granite, and bauxite, offers opportunities for industrial development (Bhargava, 2006). Sustainable mining practices, combined with investments in infrastructure, can create employment opportunities and stimulate economic growth. Similarly, the promotion of agro-based industries, handicrafts, and eco-tourism can provide alternative livelihoods and reduce migration pressures.

Water resource management remains the cornerstone of any development strategy for

Bundelkhand. Initiatives such as watershed management, rainwater harvesting, construction of check dams, and revival of traditional water bodies are essential to ensure water security (Agarwal & Narain, 1999). The Bundelkhand Package, launched by the Government of India in 2009, aimed at addressing water scarcity, promoting rural livelihoods, and improving infrastructure. However, its implementation has been marred by inefficiencies, corruption, and a lack of community participation (Centre for Science and Environment, 2012).

Furthermore, climate-resilient agricultural practices, such as the cultivation of drought-resistant crops, organic farming, and efficient irrigation techniques like drip and sprinkler systems, need to be promoted. Community-led initiatives, involving local participation in planning and decision-making, are crucial for the successful implementation of development programs (Chopra, 2016). Empowering women, improving education, and enhancing healthcare services are equally important to break the cycle of poverty and underdevelopment in Bundelkhand.

In the a comprehensive understanding of Bundelkhand's geographical characteristics is essential for devising effective development strategies. The interplay of its physical features, climatic conditions, hydrological resources, and socio-economic dynamics presents a complex but surmountable challenge. An integrated, participatory, and sustainable approach that leverages local knowledge, modern technology, and good governance can transform Bundelkhand from a region of despair to a model of resilience and growth.

OBJECTIVES OF THE STUDY

The main objectives of this study are:

1. To analyze the physical geography of the Bundelkhand region in Madhya Pradesh.
2. To examine the climatic conditions and their impact on agriculture and water resources.
3. To study land use patterns and demographic distribution.
4. To assess the socio-economic challenges related to geography.
5. To propose sustainable development strategies suited to the region's geographical conditions.

METHODOLOGY

The present study adopts a descriptive and analytical research design, focusing primarily on secondary data sources. The methodology has been carefully structured to provide a

comprehensive geographical analysis of the Bundelkhand region within Madhya Pradesh. The following subsections outline the specific components of the research methodology:

1. Research Design

This study is primarily descriptive in nature, aiming to systematically present the geographical, climatic, hydrological, and socio-economic features of the Bundelkhand region. It is also analytical, as it involves examining and interpreting existing secondary data to draw meaningful insights regarding patterns, trends, and challenges. The approach combines qualitative descriptions with basic quantitative analysis to provide an integrated understanding of the region.

2. Data Sources

The study relies exclusively on secondary data collected from reputable and authentic sources to ensure accuracy and reliability. The main secondary sources consulted include:

- **Census of India Reports (2011):** Used for demographic data, literacy rates, occupational structures, and rural-urban distribution across Bundelkhand districts.
- **Madhya Pradesh State Government Publications:** Various reports and statistical handbooks related to agriculture, irrigation, water resources, infrastructure, and socio-economic development.
- **District Gazetteers:** Historical and geographical accounts of individual districts, providing detailed narratives of physical features, historical events, and administrative developments.
- **Planning Commission/NITI Aayog Reports:** Development reports and regional studies offering insights into resource distribution, poverty levels, and policy interventions.
- **Research Articles and Academic Journals:** Peer-reviewed research papers covering specific issues like drought analysis, soil degradation, and socio-economic conditions in Bundelkhand.
- **Books:** Standard academic books on Indian regional geography, environmental issues, and Bundelkhand studies, such as works by R.L. Singh and other eminent geographers and environmentalists.

Where necessary, online databases and official websites (such as those of the Ministry of Jal Shakti, Government of India, and Madhya Pradesh State Water Resource Department) were also

referred for the latest updates.

3. Analytical Tools and Techniques

To facilitate effective presentation and interpretation of data, the following simple yet effective analytical tools and techniques were employed:

- **Simple Statistical Methods:** Basic descriptive statistics such as percentages, averages, growth rates, and ratios were used to summarize demographic, climatic, and economic data.
- **Comparative Tables:** Tabular presentations were prepared to compare different districts on parameters like rainfall, literacy rate, agricultural productivity, population density, and forest cover.
- **Maps and Diagrams:**
 - Physical maps to illustrate topography, river systems, and natural vegetation.
 - Thematic maps showing drought-prone areas, land use patterns, and water resource distribution.
 - Comparative graphs and charts for visual presentation of socio-economic indicators.

These tools enhanced the clarity and accessibility of the findings and helped identify spatial patterns and regional disparities within Bundelkhand.

4. Geographical Scope of the Study

The geographical focus of the study is restricted to the Bundelkhand region falling within the state boundaries of Madhya Pradesh. Specifically, the study covers the following districts:

1. Tikamgarh
2. Chhatarpur
3. Sagar
4. Damoh
5. Datia
6. Panna

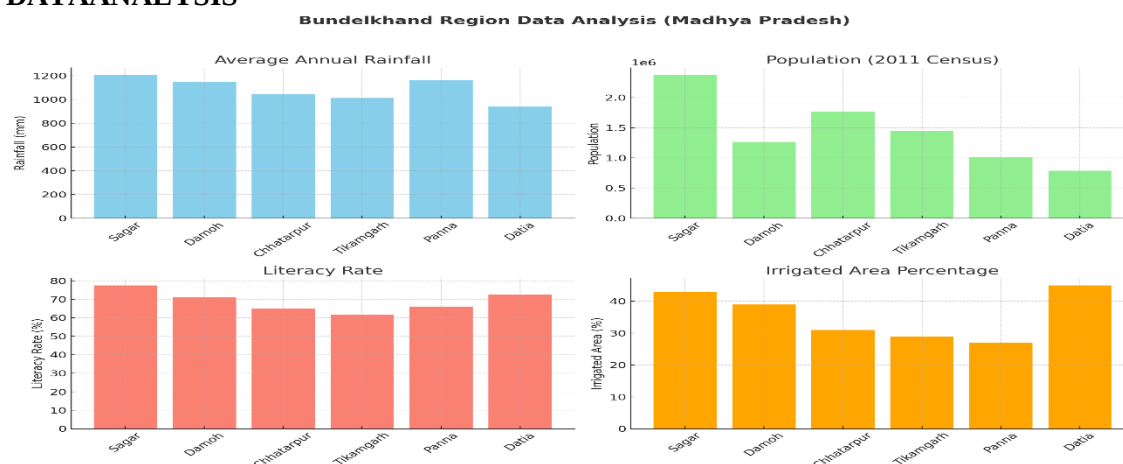
These districts represent the Madhya Pradesh portion of Bundelkhand and form the core area for the current geographical analysis. Districts of Bundelkhand located in Uttar Pradesh have been deliberately excluded to maintain a focused and coherent scope.

5. Temporal Scope

The time frame of the study is primarily based on data from 2011 onwards, aligning with the latest national Census and subsequent governmental reports. However, historical references—especially those available from District Gazetteers and older Planning Commission reports—have been incorporated where necessary to provide a comparative and evolutionary perspective on geographical and socio-economic changes over time.

Data and observations have been updated wherever newer government reports (up to 2023) were available, to present an up-to-date scenario of the region's development challenges and opportunities.

DATA ANALYSIS



1. Physical Geography

1.1 Location and Extent

Bundelkhand region, lying between 24°06' N to 26°59' N latitude and 78°11' E to 80°58' E longitude, covers parts of southern Uttar Pradesh and northern Madhya Pradesh. In Madhya Pradesh, it includes the districts of Sagar, Damoh, Tikamgarh, Chhatarpur, Panna, and Datia.

Total area (M.P. part of Bundelkhand): Approximately 32,000 sq. km
(Source: Madhya Pradesh District Gazetteers, 2011)

1.2 Physiography

- Predominantly undulating plateau with an elevation between 300–600 meters above sea level.

- Vindhyan Hills and Panna Hills dominate the region's landscape.
- Significant rivers: Betwa, Dhasan, Ken, and Sonar.
- Soils: Primarily black cotton soil (regur) and red/yellow soils, less fertile compared to the Indo-Gangetic plain.

2. Climate

- Type: Tropical monsoon climate.
- Average annual rainfall: 800–1200 mm, mostly concentrated during June to September.
- Rainfall is highly erratic and uneven, leading to frequent droughts.

District	Average Annual Rainfall (mm)
Sagar	1208
Damoh	1147
Chhatarpur	1045
Tikamgarh	1012
Panna	1161
Datia	938

(Source: India Meteorological Department, 2011-2020 average)

Bundelkhand faces frequent droughts and water scarcity, heavily impacting agriculture and rural livelihoods.

3. Demographics

3.1 Population

District	Population (2011 Census)	Density (per sq km)	Urbanization (%)
Sagar	2,378,458	232	28.73
Damoh	1,264,219	175	19.62
Chhatarpur	1,762,375	203	22.96
Tikamgarh	1,445,166	254	17.52
Panna	1,016,520	142	16.69
Datia	786,754	271	25.35

(Source: Census of India, 2011)

- Population density is moderate compared to other parts of Madhya Pradesh.

- Urbanization is low, indicating a predominantly rural economy.

4. Socio-Economic Characteristics

4.1 Literacy Rate

District	Literacy Rate (%) (2011)
Sagar	77.52
Damoh	70.92
Chhatarpur	64.90
Tikamgarh	61.52
Panna	66.08
Datia	72.63

(Source: Census of India, 2011)

- Literacy rates are below the national average (74.04% in 2011), especially in Tikamgarh and Chhatarpur.
- Female literacy is particularly low, contributing to gender disparities.

4.2 Occupation Structure

- Primary sector (agriculture) dominates, with over 70% of the workforce engaged in farming and allied activities.
- Major crops: Wheat, Gram, Urad, Moong, and Soybean.
- Industrial sector is poorly developed; small-scale mining (especially diamond mining in Panna) is notable but limited.

5. Natural Resources and Environmental Issues

- **Water Resources:** The region has several rivers, but water conservation is poor. Major water bodies include Rajghat Dam, Matatila Dam, and several small tanks.
- **Forest Cover:** Sparse and degraded.
- Panna Tiger Reserve is the main protected forest area.
- **Challenges:**
 - Severe soil erosion.
 - Depletion of groundwater.
 - Increasing desertification and barren lands.
 - Recurring droughts (notably in 2002, 2015, and 2018).

6. Infrastructure

6.1 Transportation

- Rail and road connectivity is average.
- Major highways: NH-44 (connecting Sagar), NH-39 (passing through Panna).
- Many villages are still poorly connected to all-weather roads.

6.2 Irrigation

District	Irrigated Area (%) (2011)
Sagar	43%
Damoh	39%
Chhatarpur	31%
Tikamgarh	29%
Panna	27%
Datia	45%

(Source: Ministry of Agriculture, Govt. of India, 2011)

- Irrigation is mainly dependent on wells and tubewells.
- Canal irrigation is available but limited due to terrain and water scarcity.

• CONCLUSION

The Bundelkhand region of Madhya Pradesh, though geographically rich and culturally vibrant, faces significant developmental challenges arising from its physical and socio-economic environment. This analytical study highlights several key aspects:

Firstly, the physical geography of Bundelkhand is characterized by rocky plateaus, undulating terrain, and a semi-arid climate, which inherently limits agricultural productivity. The uneven distribution of rainfall, averaging between 900 mm to 1200 mm annually, often leads to frequent droughts and water scarcity, severely affecting livelihoods dependent on agriculture. The hilly terrains and poor soil conditions further aggravate the limited agricultural potential, making the region vulnerable to environmental stresses.

Secondly, in terms of demographic characteristics, Bundelkhand displays a modest population size across its districts. The population growth remains moderate; however, issues like migration towards urban centers due to lack of opportunities persist. The literacy rates, although improving—ranging from around 61% to 77% across different districts—are still below the national average,

especially among females, pointing toward educational inequalities and a pressing need for improved educational infrastructure.

Thirdly, the economic analysis reveals that Bundelkhand's economy is predominantly agrarian but heavily dependent on erratic rainfall patterns. The level of irrigation is relatively low, with most districts having less than 45% of their agricultural land under assured irrigation facilities. This heavy reliance on monsoon rains makes agriculture highly vulnerable, leading to cycles of agrarian distress. Secondary and tertiary sectors remain underdeveloped, reflecting limited industrialization and service sector growth in the region.

The social indicators portray a region grappling with issues such as low literacy, poor healthcare services, and limited employment opportunities. There is also a notable lag in infrastructural development like roads, water supply, and electricity compared to other regions of Madhya Pradesh, which further isolates Bundelkhand from the mainstream growth trajectories.

Despite these challenges, the region holds tremendous potential for development. Rich in mineral resources, scenic landscapes, and historical heritage sites, Bundelkhand could benefit from targeted initiatives in sectors like mining, eco-tourism, and sustainable agriculture. Improved irrigation projects (such as the Ken-Betwa River Linking Project), better educational outreach programs, investment in healthcare, and rural employment schemes could act as catalysts for transforming the socio-economic landscape of the region.

Policy Implications emerging from this study suggest that a multi-pronged strategy is essential for Bundelkhand's sustainable development. This includes:

- Enhancing irrigation facilities through both large-scale and micro-irrigation projects.
- Strengthening rural education and skill development programs.
- Encouraging agro-based industries and small-scale manufacturing.
- Promoting afforestation and watershed development to mitigate environmental degradation.
- Fostering inclusive policies focusing on marginalized communities.

In conclusion, while Bundelkhand's geographical constraints pose genuine hurdles, strategic planning, resource optimization, and focused developmental policies can unlock the region's latent potential. The future growth of Bundelkhand depends largely on integrated regional planning that

balances environmental sustainability with socio-economic advancement.

LIMITATIONS OF THE STUDY

While every effort has been made to ensure the comprehensiveness and accuracy of this study, certain limitations exist:

- Reliance on secondary data may lead to discrepancies due to time lags or inaccuracies in the original data collection.
- Changes after the most recent data collection (e.g., post-2021 environmental changes, new policy interventions) may not be fully captured.
- Detailed primary field surveys, interviews, or case studies were not conducted due to the secondary-data-focused nature of the research.

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"The relations of the states in the northern and north-eastern regions with other countries"

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ABSTRACT

Northeast India, comprising eight states, holds strategic importance due to its geographical location, cultural diversity, and historical ties with neighboring countries like Bangladesh, Bhutan, China (Tibet), and Myanmar. The region has historically served as a gateway for trade, cultural exchanges, and political relations, but has also faced challenges related to border disputes and migration issues. During British rule, the Northeast was administratively treated separately, influencing its distinct socio-political identity. In contemporary times, India's Act East Policy emphasizes the Northeast's role in enhancing connectivity with Southeast Asia through economic, cultural, and infrastructural initiatives. Despite efforts to promote development and regional cooperation, issues like underdevelopment, border tensions, and migration continue to persist. Nevertheless, the region's cultural linkages, economic potential, and strategic location make it a vital player in India's regional diplomacy and economic integration strategies.

Keywords:-Northeast India, Border Relations, Act East Policy, Migration, Cultural Exchange, Connectivity, ASEAN, BIMSTEC, Sino-Indian Relations, Regional Development..

INTRODUCTION:

Northeast India consists of eight states: Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, and Sikkim, and borders Bangladesh, Bhutan, China (Tibet), and Myanmar. A narrow corridor between Bhutan and Bangladesh is the only landmass connecting the Northeast and the Indian mainland. The population of the Northeast includes indigenous people, various ethnic groups, and people from Tibet, Burma, Thailand, and Bengal, who have migrated to the region at various times in history. Although long-term migrants have been integrated into the local population over the years, the increasing influx of recent migrants has recently led to

conflicts with the local population. The Northeast, bordering China, remained a difficult border region during the British colonial period and even after independence.

During the British colonial period, the Northeast was treated separately and separately from the rest of British India. During the early colonial period, the region became part of the Bengal Province, and even after the formation of the independent province of Assam in 1874, it was governed as a contiguous subordinate part of the Bengal Province. Furthermore, with the Bengal Eastern Frontier Regulation of 1873, a line system was introduced under the pretext of protecting the tribal groups in the hilly regions of Assam. This restricted the entry of outsiders, commercial activities, land transactions, and settlement. For the same purpose, in 1935 the hilly regions were demarcated and divided into "Excluded Areas" and "Partially Excluded Areas".

REVIEW OF LITERATURE

Chander Bhushan Nagar (2017) study of China-India Relations and North-East: An Overview. The topography of the terrain and the boundary of the country. These factors strongly determine the strengths and weaknesses of the national power of the concerned state. The Indian approach towards security has been conceived on this idea, and the India-China relations are affected in case of the North Eastern region of India. To investigate this jugglery in relations, it is important to first understand the relevant corners of India-China relations about the strategic location of the North East region. concluded that The studies on Sino-Indian relations provide ample elaboration in terms of fundamental issues of conflict i.e. to talk of Tibet, border dispute, differences over the Indian states of Arunachal Pradesh and Sikkim, etc. But, the issue of security in the North-eastern region has not been on the official table so far as negotiations were concerned. It is important to understand that without the North-east, Sino-Indian relations may not be identified with full shape so far as any analysis is concerned. This argument seems relevant with a fact that, chronology of relations mentioned above even focuses on the point that this region is of utmost significance for both the countries whether it is India's Look East policy followed by Act East policy or China's policy of One Road One Belt is concerned.

Alik Naha (2021) Study of India's Northeast: 'Gateway' to Southeast Asia. The Act East Policy aims to strengthen economic, cultural, and geopolitical connections with countries in Southeast and Far East Asia. Northeast India is regarded as the entrance to Southeast Asia. The North-east will undoubtedly play a role in this evolving connection. It has cultural, historical, and ethnoreligious commonalities with the Southeast. For India, connectivity and development of the

Northeast are central to the success of the AEP. It will bring about peace and prosperity in the region and contribute to broader regional cooperation. In this context, the paper seeks to study the significance of the Northeast in India's Act East Policy.

The Northeast region holds significant importance in India's relationship with ASEAN and BIMSTEC:

as it serves as a gateway for intercontinental trade and commerce. Additionally, it acts as a 'physical and cultural' link with Southeast and Far East Asia (Thomas, 2017). Over the years, the Government of India has launched various initiatives aimed at strengthening and deepening India-ASEAN relations. The development of the Northeast has been a vital component of India's Act East Policy (AEP). This policy also encourages the cultural and historical connections between the Northeast and ASEAN nations. Despite India's initiatives to attract investments from ASEAN for developing the Northeast, its growth rate continues to lag behind the national average. Nevertheless, the region is rich in potential to become an important economic corridor and a source of hydro-energy and natural gas.

To tackle this potential, new initiatives have been launched by both the Central and Provincial governments to enhance road and rail connectivity, infrastructure enhancement, foster an environment for investment, prioritize border trade, etc. Significant projects such as the Kaladan Multi-Modal Transit Transport Project, the Rih Tedim Project in Myanmar, and the India-Myanmar-Thailand Trilateral Highway (stretching from Moreh in India to Mae Sot in Thailand passing through Myanmar), as well as connections to Bhutan and Bangladesh, are currently being implemented. Events focused on cultural tourism, like the Sangai Festival (Manipur), Hornbill Festival (Nagaland), Pangsu-Pass festival (Arunachal Pradesh), Assam International Trade and Industrial Fair, and Manipur Polo International, are also being supported to promote increased people-to-people interaction. The commonalities shared by the populations of the NER and Southeast Asia regarding religion, culinary practices, and culture serve as a beneficial factor. States such as Manipur and Assam are advancing their own AEP to achieve development. Assam has established a specific ministry (Act East Policy Affairs Department) aimed at enhancing collaboration with the ASEAN member countries. The Government of Manipur and Sikkim is advocating for the Central government to consider implementing visas on arrival for individuals arriving from Myanmar, in the context of medical tourism. As Chief Minister of Manipur, N. Biren Singh stated, "We have taken up the challenge to develop the state. And to reap maximum benefits

from the Act East Policy, Manipur has its own policy to materialise this dream. ” (Siddiqui, 2017). Given that Buddhism is a predominant faith among ASEAN nations, Sikkim offers an opportunity to boost Pilgrim tourism. The 5th edition of the Northeast connectivity summit organized by FICCI occurred in 2018. The summit's emphasis was on enhancing rail, road, and air connectivity, operationalizing landing sites in Tezu and Ziro, inland waterway transport development, river tourism, eco-tourism, and investment aimed at power utilization. In light of its cultural links and economic possibilities, the NER has the potential to become a key player in the India-ASEAN relationship (IANS, 2017). The Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC) was established in 1997 to foster rapid economic advancement and social development in the sub-region (BIMSTEC, 2016). From an Indian viewpoint, the AEP significantly emphasizes engaging with BIMSTEC alongside ASEAN. Since its establishment, BIMSTEC has been seen as a framework with the potential to advance economic prosperity and connect the peoples of South and Southeast Asia. It was thought to assist in converting the landlocked area into a land-linked region for developmental benefits (Thomas J. , 2020). Increased interaction between the NER and BIMSTEC can help unlock new opportunities for collaboration based on mutual culture and history. Different types of tourism, such as eco-tourism, pilgrimage or religious tourism, medical tourism, wildlife tourism, etc. , can aid in establishing the Northeast as a tourism center. This would advance the North-East towards economic wealth. In addition to tourism, festival diplomacy could serve as a pivotal factor in nurturing the shared cultural ties among the region's inhabitants. During the 4th Summit of BIMSTEC (2018), Modi noted, “India is committed to working with the BIMSTEC member states to enhance regional connectivity. I believe that there exists a significant chance for connectivity – trade connectivity, economic connectivity, transport connectivity, digital connectivity, and people-to-people connectivity. ” (PTI, 2018).

DISCUSSION:

These states' geographical location, cultural traditions, historical heritage, and border issues are all important for the country's integration. The states in the northern and northeastern regions are as follows:

1. **Assam-** The state of Assam shares borders with China, Bhutan, Bangladesh, and Myanmar. The border regions of Assam are the center of major trade and cultural relations with Bhutan and Bangladesh.

Bhutan: Trade and cultural relations between Assam and Bhutan are strong. Places like Chukaha and Umoja Refugee Camps in Bhutan receive supplies from Assam. Also, after the establishment of the Republic of Bhutan, both countries have cooperated on many administrative issues.

Bangladesh: Assam and Bangladesh have water resources, defense, and trade relations. Assam especially provides shelter to the displaced people from Bangladesh.

Myanmar: The Karei region of Assam is connected to Myanmar, where cross-border trade and other cultural exchanges take place.

2. Meghalaya- Meghalaya is connected to Bhutan, Bangladesh, and Assam.

Bhutan: There is traditional trade and ethnic exchange in the border areas of Meghalaya and Bhutan.

Bangladesh: The southern part of Meghalaya borders Bangladesh, and there is some cooperation related to climate and forest resources.

3. Manipur- The state of Manipur shares a border with Myanmar.

Myanmar: The Chandel and Tamenglong districts of Manipur share borders with Myanmar. There was an ancient trade route between Manipur and Myanmar, and the people of these border areas share cultural similarities. Trade from Myanmar and migration of people from Myanmar to Manipur are also part of this relationship.

4. Nagaland- The state of Nagaland is connected to Myanmar.

Myanmar: The Wukha and Kohima districts of Nagaland are contiguous with Myanmar. The diverse ethnicities of the Naga people are similar in both countries. The geographical location of Nagaland encourages the inter-family relations of the people of this region.

5. Arunachal Pradesh- Arunachal Pradesh is located on the borders of China, Bhutan, and Myanmar.

China: There is a disputed area of China on the border of Arunachal Pradesh. China also calls it "South Tibet". Due to the border dispute between India and China, there is tension in the border areas of Arunachal Pradesh. Therefore, this region is an important part of security and political discussions.

Bhutan: Although there are cultural and trade relations in the border areas of Bhutan and Arunachal Pradesh, there are also defense and other political disputes in this area.

Myanmar: Arunachal Pradesh and Myanmar have a special trade route and strategic relations. Myanmar's Kachin State shares borders with parts of Arunachal Pradesh.

6. **Sikkim**- The state of Sikkim shares borders with Nepal, China (Tibet), and Bhutan.

China: The border between Sikkim and China is also disputed, especially along the border with China's Tibet region.

Nepal: Sikkim's western border is connected to Nepal. Here, the two countries have trade and cultural exchanges.

Bhutan: The border between Sikkim and Bhutan is important for international trade and culture.

7. **Tripura**- Tripura is located near the border with Bangladesh.

Bangladesh: There are trade, cultural, and community ties between Tripura and Bangladesh. There is a large amount of cultural exchange, and the migration of Bangladeshi workers also creates employment opportunities in Tripura.

CONCLUSION:

The relationship of the states of the North and North-Eastern region of India with other border countries is ancient and diverse. The geographical, cultural, and economic aspects of the region create various collaborations and synergies between the respective countries, but it also poses challenges due to border disputes and political issues.

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- "India's Borderland Policies: Dynamics and Challenges" - Book by C. Joshua Thomas
- News sources: The Hindu, Indian Express, Times of India (for ongoing developments)
- https://www.ide.go.jp/library/English/Publish/Reports/Jrp/pdf/133_3.pdf

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ABSTRACT

- The word "Abstract" is centered and bold at the top of the page.
- Provide a 150–250-word summary of the study.
- Do not indent the first line.
- Include Keywords: (Italicized, listed below the abstract).

INTRODUCTION

- Start with a broad introduction to the topic.
- Explain the importance and relevance of the study.
- Define key concepts if necessary.
- Introduce the research problem and its significance.
- Provide relevant background information.

➤ REVIEW OF RELATED LITERATURE

- Summarize previous studies related to the research.
- Identify gaps in literature and explain how the study addresses them.
- Compare different theories and findings.
- Use in-text citations in APA format (e.g., Smith, 2020).

STATEMENT OF THE PROBLEM

- Clearly define the research problem being addressed.

OBJECTIVES OF THE STUDY

- List the specific objectives or goals of the study.

HYPOTHESES OF THE STUDY

- Present the null and/or alternative hypotheses (if applicable).

METHODOLOGY

SAMPLE

- Describe the sample size, demographic details, and selection method.
- Example:
 - "The study included 200 college students (100 males, 100 females) aged 18-24 from XYZ University. Participants were selected through stratified random sampling."

RESEARCH DESIGN

- Specify the type of research design (e.g., experimental, correlational, survey-based).

VARIABLES USED IN THE STUDY

- **Independent Variables** – Define the factors being manipulated or categorized.
- **Dependent Variables** – Define the outcomes being measured.

OPERATIONAL DEFINITIONS

- Provide precise definitions of key terms used in the study.

RESEARCH TOOLS

- Describe the surveys, tests, or scales used.
- Mention the validity and reliability of standardized tests (if applicable).

PROCEDURES OF DATA COLLECTION

- **Explain the step-by-step process of data collection.**
- Example:
 - "Participants completed an online survey measuring emotional intelligence and stress levels. Data collection lasted for two weeks."

STATISTICAL TREATMENT

- Mention the statistical tests used for data analysis (e.g., t-tests, ANOVA, regression).

RESULTS

- Summarize the key findings.
- Present tables, figures, or graphs (as per APA 7th edition guidelines).
- Report statistical analyses (e.g., correlation coefficients, p-values).

DISCUSSION

- Interpret the meaning of the results.
- Compare findings with previous research.
- Discuss any limitations of the study.
- Suggest future research directions.

CONCLUSION

- Summarize the main findings.
- Explain the implications of the study.
- Provide recommendations for future research.

REFERENCES

- The title "References" should be bold and centered.
- Arrange references in alphabetical order by the author's last name.
- Use hanging indent (0.5-inch indentation from the second line of each entry).

Example Reference Formatting:

- **Journal Article:**
 - Smith, J. A. (2020). Emotional intelligence and stress management among college students. *Journal of Educational Psychology*, 112(3), 345-360.
<https://doi.org/xxxxxx>

- **Book:**
 - Goleman, D. (1995). *Emotional intelligence: Why it can matter more than IQ*. Bantam Books.
- **Website:**
 - American Psychological Association. (2020). Emotional intelligence. Retrieved from <https://www.apa.org/emotional-intelligence>
- **Conference Paper:**
 - Brown, R. T. (2018). The effects of emotional intelligence on workplace performance. *Proceedings of the International Conference on Psychology and Management*, 45-50.
- **Dissertation/Thesis:**
 - Clark, P. J. (2019). *The role of emotional intelligence in leadership* (Doctoral dissertation). Harvard University.
- **Newspaper Article:**
 - Doe, J. (2021, March 5). How emotional intelligence is changing leadership. *The New York Times*. <https://www.nytimes.com/emotional-intelligence>
- **Government Report:**
 - National Institute of Mental Health. (2022). *Annual report on adolescent mental health* (NIH Publication No. 22-1234). U.S. Government Printing Office.

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