RELATIONSHIP BETWEEN PERCEIVED STRESS AND SOCIAL ANXIETY AMONG YOUNG ADULTS

Dissertation submitted to Christ College (Autonomous) in partial fulfilment of the requirements for the award of the degree of Bachelors of Science in Psychology

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CERTIFICATE

This is to certify that this dissertation entitled, **"RELATIONSHIP BETWEEN PERCEIVED STRESS AND SOCIAL ANXIETY AMONG YOUNG ADULTS"** is a bona-fide record of research work carried out by **ALBIN ANTO**, **Reg.No: CCASSPY015**, during the sixth semester of B.Sc. Psychology for the academic year 2018-2021

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Submitted for the examination held on   --

Examiners

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DECLARATION

I hereby declare that the dissertation work entitled **"RELATIONSHIP BETWEEN PERCEIVED STRESS AND SOCIAL ANXIETY AMONG YOUNG ADULTS"** is submitted to the University of Calicut, in partial fulfilment of the requirement for the award of the Degree of Bachelors of Science in Psychology is the record work done by me under the supervision of Ms Christina Tony, Assistant professor, Department of Psychology, Christ College (Autonomous) Irinjalakuda. This is not formed as the basis for the award of any degree/diploma (Associate ship) fellowship or other similar title to any candidate of any university.

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ABSTRACT

The present study examined about the relationship between perceived stress and social anxiety among young adults. These traits were measured by using Sheldon Cohens perceived stress scale and social interaction anxiety scale by Mattick and Clarke . The data was collected from 60 individuals aged from 18 to35. Simple random sampling was used to obtain data from students pursuing undergraduate degrees all over Kerala. The statistical methods used were Pearson correlation coefficient and t-test. The results revealed that there is statistically no significant relationship between perceived stress and social anxiety. It also shows that there are no significant gender differences in both variables among young adults.

CHAPTER 1
INTRODUCTION

Young adulthood (18 to 35) is a time often perceived as the prime stage of life when one is free from both the chains of adolescence and the stigmas that come with more advanced age.As individuals emerge from adolescence, their dependence on family lessens as they begin to establish autonomy, careers, and intimate relationships throughout the ensuing two decades of life.

During young adulthood, social emotional development intertwines with that of identity, moral, and career in dynamic ways that portend one's future attitudes and lifestyle. Fresh from perceived travails of late adolescence, those navigating young adulthood often strive to establish homeostasis while navigating new environments and ongoing personal growth. It is the juxta position of (a)feelings of freedom from new found autonomy (e.g.,in determining personal identity, moral choices, and career directions) and (b) experiences of restriction as

Environmental challenges such as oppression, making moral decisions in a globalized world, and the economic realities of the world of work collide to create the hardships and rewards found in social-emotional development during this stage.

The Five Features of Emerging Adulthood

Five characteristics distinguish emerging adulthood from other life stages (Arnett,2004).

Emerging adulthood is:

 the age of identity explorations;

the age of instability;

the self-focused age;

the age of feeling in-between; and

the age of possibilities.

PERCEIVED STRESS

Perceived stress isn't real. Well, it is, but it isn't—and it's not as complex as it sounds. Let's start by talking about *actual* stress.

Stress is your body's reaction to change that requires a response. Those changes can be physical, mental or emotional, and can come from your environment, your body or your thoughts. There are many causes of stress, such as

Big life changes and upheaval.

A lack of control over important things.

Too much work—or even not enough.

All of these are based in reality. If you have too much work to do, and you can't keep on top of your tasks, what you feel is *actual* stress.

Perceived stress is different. It's more about your feelings about the lack of control and unpredictability than the actual stressors.

If you find your thoughts spiralling into what *could* happen, and decide that awful things are inevitable, that's the meaning of perceived stress.

The problem is it's just as negative and the effects are negative. If you're spending hours worrying about what could be, you're causing the same physical, mental and emotional problems as you would be worrying about that massive workload we mentioned earlier.

Perceived stress is a dynamic multidimensional concept, with a wide spectrum of causative and conducive factors. The perceptions comprise medical, physical, psychological, and psychosocial aspects and are both culturally and socially context dependent .

The degree of stress experienced and the ways in which a person reacts to it can be influenced by a various number of factors such as personal characteristics, lifestyle, social support, and appraisal of the stressor(s), life events, and sociodemographic and occupational variables.

It is well-known that socioeconomic factors are the main determinants of psychological health. In this regard, risk factors that might be involved include behavioural factors and material/structural factors. Educational level creates differences between people in terms of access to information and the level of proficiency in benefiting from new knowledge. Inequalities in income may have extra individual or contextual effects that structure the social environment in ways that affect the health of a population. Gender's effect is another notable factor in which some studies suggested that health outcomes for men and women are differently affected by stress which may be explained by sex differences in vulnerability, stress response, or coping strategies .

Majority of studies showed that among chronic stressors, life events, economic problems, job insecurity and job conflicts, and social and family problems have highest prevalence . There is consistent evidence that the perceived job insecurity has significant adverse effects on psychological morbidity. Economic stresses can increase the risk of depression; longitudinal studies approved these findings. The role of social support is protective. Inadequate social support has a direct relationship with a low performance and leads to negative health consequences particularly mental health problems.

Most researches on mental health and perceived stress have focused on sources of stress within specific population. On the other hand, there is few data about perceived stress and particularly its correlated determinants in Iranian general population. Results of few earlier studies showed that stress was a prevalent disorder among Iranian general population . The sources of stress need to be examined in order to develop strategies for reducing stress and increasing satisfactory among general public. Also, sources of stress may be used as explanatory variables in predicting outcome measures such as mental health. This may be helpful in developing interventions directing to improve general public well-being.

Perceived work stress is a serious issue. It can cause:

Tension, headaches, pain and fatigue.

Digestive issues and stomach problems.

Anxiety, irritability and anger.

A lack of focus and motivation.

Depression.

Eating disorders.

Substance abuse.

Sleep disorders.

Some of these are direct effects of stress, and some are unhealthy coping mechanisms. It's important then, to be aware of stress and keep it under control.

Social anxiety

It's normal to feel nervous in some social situations. For example, going on a date or giving a presentation may cause that feeling of butterflies in your stomach. But in social anxiety disorder, also called social phobia, everyday interactions cause significant anxiety, fear, self-consciousness and embarrassment because you fear being scrutinized or judged by others.

In social anxiety disorder, fear and anxiety lead to avoidance that can disrupt your life. Severe stress can affect your daily routine, work, school or other activities.

Social anxiety disorder is a chronic mental health condition, but learning coping skills in psychotherapy and taking medications can help you gain confidence and improve your ability to interact with others.

Symptoms
Feelings of shyness or discomfort in certain situations aren't necessarily signs of social anxiety disorder, particularly in children. Comfort levels in social situations vary, depending on personality traits and life experiences. Some people are naturally reserved and others are more outgoing.

In contrast to everyday nervousness, social anxiety disorder includes fear, anxiety and avoidance that interfere with daily routine, work, school or other activities. Social anxiety disorder typically begins in the early to mid-teens, though it can sometimes start in younger children or in adults.

Emotional and behavioural symptoms

Signs and symptoms of social anxiety disorder can include persistent:

> Fear of situations in which you may be judged

> Worrying about embarrassing or humiliating yourself

> Intense fear of interacting or talking with strangers

> Fear that others will notice that you look anxious

> Fear of physical symptoms that may cause you embarrassment, such as blushing, sweating, trembling or having a shaky voice

Avoiding doing things or speaking to people out of fear of embarrassment

Avoiding situations where you might be the center of attention

Having anxiety in anticipation of a feared activity or event

Enduring a social situation with intense fear or anxiety

Spending time after a social situation analyzing your performance and identifying flaws in your interactions

Expecting the worst possible consequences from a negative experience during a social situation

For children, anxiety about interacting with adults or peers may be shown by crying, having temper tantrums, clinging to parents or refusing to speak in social situations.

Performance type of social anxiety disorder is when you experience intense fear and anxiety only during speaking or performing in public, but not in other types of social situations.

Physical symptoms

Physical signs and symptoms can sometimes accompany social anxiety disorder and may include:

Blushing

Fast heartbeat

Trembling

Sweating

Upset stomach or nausea

Trouble catching your breath

Dizziness or light-headedness

Feeling that your mind has gone blank

Muscle tension

Avoiding common social situations

Common, everyday experiences that may be hard to endure when you have social anxiety disorder include, for example:

Interacting with unfamiliar people or strangers

Attending parties or social gatherings

Going to work or school

Starting conversations

Making eye contact

Dating

Entering a room in which people are already seated

Returning items to a store

Eating in front of others

Using a public restroom

Social anxiety disorder symptoms can change over time. They may flare up if you're facing a lot of stress or demands. Although avoiding situations that produce anxiety may make you feel better in the short term, your anxiety is likely to continue over the long term if you don't get treatment.

Causes
Like many other mental health conditions, social anxiety disorder likely arises from a complex interaction of biological and environmental factors. Possible causes include

Inherited traits. Anxiety disorders tend to run in families. However, it isn't entirely clear how much of this may be due to genetics and how much is due to learned behaviour.

Brain structure. A structure in the brain called the amygdalamay play a role in controlling the fear response. People who have an overactive amygdala may have a heightened fear response, causing increased anxiety in social situations.

Environment**.** Social anxiety disorder may be a learned behaviour — some people may develop the condition after an unpleasant or embarrassing social situation. Also, there may be an association between social anxiety disorder and parents who either model anxious behavior in social situations or are more controlling or overprotective of their children.

Need and significance of the study

The study was constructed to find the effect of perceived stress and social anxietyamong young adults.Stress and mental health problems impede social functioning and may also complicate relationship formation with peers. The aim was to investigate whether high perceived stress among young adults is associated with social anxiety. Stress and poor mental health in early life have been shown to be related to anti-social behaviour and poor social relations in later adulthood, and it is possible that young adults with high perceived stress also have difficulties engaging in social interactions and establishing social relations. Social anxiety disorder can develop suddenly after a stressful or embarrassing experience, or slowly over time. There is some evidence that social anxiety runs in families, so there may be other members who share similar difficulties as your child. An equal number of girls and boys experience social anxiety. Some of the problems associated with social anxiety disorder include poor school performance, low confidence in social situations, trouble developing and maintaining friendships, depression, and alcohol or drug use.

The need of this study is to educate people on the effect of perceived stress and social anxiety and how they are interrelated. It can prove to be useful in improving social interaction. The analysis of these two variables and their impact on young adults can help them in better understanding of their natures and make necessary modifications to better adapt to their societal requirements. The project's goals are designed to help the young

adults and the public to understand the relationship between perceived stress and social anxiety. It also aims reducing social anxiety in young by implementing various awareness programmes for the same.

Problem

To find the relationship between perceived stress and social anxietyamong young adults.

Objectives

To understand whether there is significant difference in perceived stress between males and females.

To understand whether there is significant difference in social anxiety between males and females.

To understand whether there is significant relationship between percieved stress and social anxiety in males and females.

Hypothesis

There is no significant difference in perceived stress between males and females inyoung adulthood.

There is no significant difference in social anxiety between males and females in young adulthood.

There is no significant relationship between perceived stress and social anxiety in males and females.

Explanation of key terms

Young adults : A young adult is generally a person ranging in age from their late teens or early twenties to their thirties. Our

physical abilities are at their peak, including muscle strength, reaction time, sensory abilities, and cardiac functioning.

Perceived stress : Perceived stress is the feelings or thoughts that an individual has about how much stress they are under at a given point in time or over a given time period. Perceived stress incorporates feelings about the uncontrollability and unpredictability of one's life, how often one has to deal with irritating hassles, how much change is occurring in one's life, and confidence in one's ability to deal with problems or difficulties.

Social anxiety : A chronic mental health condition in which social interactions cause irrational anxiety. For people with social anxiety disorder, everyday social interactions cause irrational anxiety, fear, self-consciousness and embarrassment.

CHAPTER 2
REVIEW OF LITERATURE

Pun c v, Manjourides J, Suh HH (2018) conducted a study on self-perceived stress, depression and anxiety symptoms in older US adults.They examined whether living in green space is associated with self-perceived stress, depressive and anxiety symptoms in a nationally representative, longitudinal sample of community-dwelling older adults.They evaluated perceived stress, depression and anxiety symptoms using the Cohen's Perceived Stress Scale, the Center for Epidemiological Studies–Depression, and the Hospital Anxiety and Depression Scale–anxiety subscale, respectively.They found a direct association of greenness withperceivedstressamongolderadults,andanindirectassociationmediate dthrough physical activity and respiratory disease history.

Gamonal Limcaoco R S, Roncero C, Fernandez J M et.al(2020) conducted a study on Anxiety, worry and perceived stress in the world due to the COVID-19 pandemic. The survey included a 22 items, gathering information in 3 sections: Sociodemographic data, the Perceived Stress Scale (PSS-10) by Cohen and additional queries that assessed the current worry and change of behaviours due to this pandemic. The survey received 891 respondents from 25 countries, from March 17 to 23rd, 2020. The mean age of the respondents was 43.8 (14.2) years old, and more than two thirds were women. 12.8% were health personnel. The mean of the PSS-10 score was 17.4(6.4). Significantly higher scores were observed among women, youth, students, and among those who expressed concern and those who perceived increased susceptibility to the COVID-19.

Pradhan M, Chetri A and Maheswari S (2020) conducted a study on "The mediating role of perceived stress in the relationship between neuroticism and death anxiety". The present study examined the fear of death among young adults in the wake of the COVID-19. It explored the association between neuroticism and death anxiety during this pandemic crisis, and it also examined the mediating role of perceived stress in this relationship. An online survey of 200 participants, including both students and employed young adults, aged between 18 and 30 years, was conducted. Results showed that neuroticism was positively correlated to death anxiety; however, the relationship was completely

mediated by perceived stress. The results and implications are discussed in light of the COVID-19 pandemic.

Varma P, Junge M, Meaklim H,et.al (2021) Younger people are more vulnerable to stress, anxiety and depression during COVID-19 pandemic. N=1653 participants (mean age 42.90 ± 13.63 years; 30.3% males) from 63 countries responded to the survey. Depression and anxiety were assessed using the Patient Health Questionnaire and State Trait Anxiety Inventory, respectively. Other measures included the Perceived Stress Scale, the Pittsburgh Sleep Quality Index, 3-item UCLA Loneliness Scale and the Brief Resilient Coping Scale. Results show that these vulnerable individuals need more support. Age-specific interventions for modifiable factors that mediate the psychological distress need to urgently deployed to address the global mental health pandemic

Mc Caul M E, Hulton H E, Wand G S et.al (2017) Anxiety, anxiety sensitivity, and perceived stress as predictors of recent drinking, alcohol craving, and social stress response in heavy drinkers. Media-recruited, heavy drinkers with AUD (N=87) were assessed for recent alcohol consumption. Anxiety and stress levels were characterized using paper-and-pencil measures, including the Beck Anxiety Inventory (BAI), the Anxiety Sensitivity Index-3(ASI-3), and the Perceived Stress Scale(PSS). Eligible subjects(N= 30) underwent alcohol abstinence on the Clinical Research Unit; twice daily measures of alcohol craving were collected. Overall, clinically oriented measures of anxiety compared with perceived stress were more strongly associated with a variety of alcohol-related measures in current heavy drinkers with AUD.

Shi J, Huang A, Jia Y et.al conducted study on Perceived stress and social support influence anxiety symptoms of Chinese family caregivers of community-dwelling older adults : across-sectional study (2020).The survey asked about the demographic characteristics of the caregivers and older adults, objective caregiving loads, and social support and included the Zung Self-Rating Anxiety Scale and the Perceived Stress Scale.Chinese family caregivers of older adults experienced higher levels of anxiety symptoms. Perceived stress could aggravate the se symptoms,

but social support might assist in alleviating anxiety symptoms from the stress of caregiving.

Basharpoor S, Hyddarid H, Darwadwl S J, et.al (2017) conducted a study on The role of perceived stress and social support among predicting anxiety in pregnant women. This is a descriptive-analytical study with correlational design. The study's population included all pregnant women who were referred to Ardabil health centers in the second half of 2013 to receive prenatal care. A total of 110 subjects were selected using random sampling method and responded to demographic, perceived stress and social support questionnaires. The results showed that anxiety during pregnancy had a negative correlation with negative perception of stress and positive correlation with positive perception of stress.

Mundy E A, Weber M, Rauch S L et.al (2015) conducted a study on Adult anxiety disorders in relation to trait anxiety and perceived stress in childhood. Forty-seven adults diagnosed with anxiety disorders (Mage=34yr. ,SD=11) and 29 healthy participants (M=33yr.,SD=13) completed the adult Perceived Stress Scale, the State-Trait Anxiety Inventory, and the Global Perceived Early Life Events Scale as a measure of perceived stress during childhood. The result was such that the association between childhood perceived stress and adult anxiety remained significant when controlling for adult perceived stress.

Pereira Morales A J, Adan A, Forero D A (2019) conducted a study on Perceived stress as a mediator of the relationship between neuroticism and depression and anxiety symptoms. Two hundred seventy four Colombian subjects (mean age 21.3 years) were evaluated with the short version of the Big Five Inventory (BFI-S), the Center for Epidemiologic Studies Depression Scale (CES-D), the Hospital Anxiety and Depression Scale (HADS), the Zung Self-Rating Anxiety Scale (ZSAS) and the Perceived Stress Scale-10. Both neuroticism and perceived stress were significantly correlated with higher scores in depressive and anxious symptoms.

Racic V, Todorovic R, Ivkovic N et.al (2017) conducted a study onSelf-perceived stress in relation to anxiety, depression and health-related

quality of life among health professions students. The cross-sectional study enrolled 451 students at the Faculty of Medicine (medicine, dentistry, nursing and speech therapy. Perceived stress was assessed using the 14-item Perceived Stress Scale.The students were evaluated for symptoms of depression and anxiety, using Zung's self-assessment inventory for depression and the Spielberger State-Trait Anxiety Inventory (STAI). Result was such that Higher levels of perceived stress predispose health professions students for anxiety and lower quality of life.

CHAPTER 3

METHOD

This chapter describes the sample and sampling procedures employed, the research design, the tools used, the procedure adopted for data collection, and the statistical methods employed for analysis of the collected data.

Sample

The sample for the study consists of 60 students belonging in the age range of 18 to 35 years. The subject were drawn randomly from educational institutions in Kerala. The sample consisted of both girls and boys.

Table

Breakup of the sample

Sample	Number	percentage
Girls	30	50%
Boys	30	50%
Total	60	100%

Inclusion criteria and Exclusion criteria for young adults

Inclusion criteria

Individuals belonging to the age 18-35 years.

Individuals living in Kerala.

Individuals were literate

Exclusion criteria

Individuals below the age of 18 years and above 35 years.

Individuals living outside Kerala.

Individuals were illiterate . ..

Tools

Only self-reporting questionnaires were used in this study. The Emotional Maturity Scale and The Perceived Stress Scale were used in this study. A personal data sheet was also used to gather information on relevant socio-demographic characteristics of the participants.

Personal data sheet

This was prepared by the researcher to obtain the socio-demographic profile of the respondents.

Perceived stress scale

The perceived stress scale was developed by Sheldon Cohen. It is the most widely used psychological instrument for measuring the perception ofstress. It is a measure of the degree to which situations in one's life are appraised as stressful.It is a self-report scale consisting of 10 items. . The respondents answered the items on the basis of a 5- point scale which is composed of 0-Never, 1-Almost never, 2-sometimes, 3-fairly often, 4-very often.

Itemsweredesignedtotaphowunpedictable,uncontrollable,andoverloaded Respondentsfindtheirlives.Thescalealsoincludesanumberofdirectqueries about

Currentlevelsofexperiencedstress.ThePSSwasdesignedforuseincommun itySampleswithatleastajuniorhighschooleducation.Theitemsareeasytound erstand,andtheresponsealternativesaresimpletograsp.Moreover,thequest ionsareofageneralnatureandhencearerelativelyfreeofcontentspecifictoan ysubpopulationgroup.ThequestionsinthePSSaskaboutfeelingsandthough tsduringthelastmonth.Ineachcase,respondentsareaskedhowoftentheyfelt acertainway.

Scoring

Scoring: PSS scores are obtained by reversing responses (e.g., 0=4, 1=3, 2=2, 3=1 & 4=0) to the four positively stated items (items 4, 5, 7, & 8) and then summing across all scale items. A short 4 item scale can be made from questions 2, 4, 5 and 10 of the PSS 10 item scale.

Reliability and validity

Psychometrics properties of perceived stress scale are, coefficient of alpha is 0.78. validity of the scale correlates in a predicted way with other measures of stress (job responsibilities scale, life events scales)

Social anxiety scale

A commonly used self-rating scale in screening for social anxiety is the Social Interaction Anxiety Scale (SIAS), developed by Mattick and Clarke in 1998. The Social Interaction Anxiety Scale (SIAS) is a self-report scale that measures distress when meeting and talking with others that is widely used in clinical settings and among social anxiety researchers. The measure assesses social anxiety disorder, which is fear or anxiety about one or more social situations where the individual is subject to possible scrutiny.

Scoring

Give yourself 0 through 4 points for each of the 20 items on the test, according to your 0-4 choices. Reverse the scores on items 5, 9, and 11, so a zero is worth 4 points, a 1 is worth 3 points, etc. 80 is the maximum number of points you can score (4x20).

Reliability and validity

Evaluated through Cronbach's alpha, the SIAS demonstrates high levels of internal consistency, meaning that different items on the test are correlated. In addition, the scale has high test-retest reliability, as it continues to correctly identify social anxiety and phobia after a period of time has passed.

The scale has high discriminant validity; not only is it able to discriminate between those with social phobia and healthy volunteers, but also between several different types of social phobia and anxiety. The SIAS is significantly correlated with the Social Phobia Scale (SPS), consistent with the observation that social interaction fears and social phobia scrutiny fears co-exist, although they are still two different sets of symptoms. It is strongly related to other related measures of social anxiety and social phobia, including the Liebowitz Social Anxiety Scale (LSAS), Mini Social Phobia Inventory (mini-SPIN), Brief Fear of Negative Evaluation Scale (BFNE), the Fear of Positive Evaluation Scale (FPES), and the Interaction Anxiousness Scale. In addition, there are moderate to high correlations between the SIAS and other scales testing fear, depression, and locus of control, which are all related to social anxiety.

Administration

Data has been collected from approved educational institutes across Kerala with the help of Google Forms. The purpose of the study and adequate instructions were provided to the students. The questionnaires were sent to the students after obtaining the informed consent from the students and the respective authorities. The respondents were allowed to complete both questionnaires in given time.

Statistical analysis

The following statistical techniques were employed to test the hypothesis of the study.

T-TEST

The ratio of deviation of scores from the mean or other parameters in a distribution of sample statistics, to the standard error of that distribution is designed as 't'. A t-test is a type of inferential statistic used to determine if there is a significant difference between the means of two groups in case of small sample when the population is unknown. A t-test is used as a hypothesis testing tool, which allows testing of an assumption applicable to a population.

If the t-value exceeds a cut-off point depending on the degree of freedom, the difference in mean is considered significant. When the t-value is below the cut-off point, the difference is said to be not significant.

Correlation analysis

Correlation is a measure of relationship between two variables. Of all the measures of correlation, the Pearson r, named after Prof. Karl Pearson, is one of the most common methods of assessing the association between two variables under study.

Pearson correlation measures the degree and direction of linear relationship between two variables. The correlation coefficient ranges from +1 through 0 to -1. The larger the value of the coefficient, the stronger is the linear relationship between the variables. An absolute value of indicates a perfect linear relationship and a value of 0 indicates an absence of relationship. The sign of the correlation show the direction of relationship. If the coefficient is positive, then both the variables vary in the same direction and if the coefficient is negative, both the variables vary in the opposite direction.

CHAPTER 4
RESULT AND DISCUSSION

The difference among the males and females of
Young adulthood categorized on the basis of
relevant variables were tested for significance and
the results are discussed below.

T-Test

Table 4.1:Descriptive statistics on percieved stress with gender difference

Variable	Group	Number	Mean	Std deviation	t value	Significance
Percieved stress	Male	30	17	4.74	0.982	0.330
	Female	30	18.3667	5.96	0.982	0.330

Table 4.1 shows the mean value of percieved stress
of males(N=30)M=17 (SD=4.74)and
females(N=30)M=18.3667 (SD=5.96).To test the
hypothesis that there is no significant difference
between percieved stress among male and
female, an independent sample t test was performed.
The independent sample t test resulted in a
statistically insignificant effect of gender difference
on percieved stress among young adults.
Thus null hypothesis isaccepted.

From the results it is clear that percieved stress
has no significant mean differences on
male and female young adults because, gender
is not a vital factor which influences percieved stress
on individuals.
This study was conducted as a research assignment and aimed to investigate
the relation between perceived stress and social anxiety among young adults.
Stress is an important issue in academic institutions and societal life , thus have
negative impact on academic performance and societal well being. Perceived
stress is the individuals feelings and thoughts about the levels of stress they
are experiencing currently or over a period of time. From the given study both
men and women experiences same amount of perceived stress, despite of
actual stressors they are experiencing. Thus gender doesn't plays an important
role in perceived stress among male and females of young adulthood.

T-Test

Table 4.2 : Descriptive statistics on social anciety
with gender difference.

Variable	Group	Number	Mean	Std deviation	t value	Significance
Social anxiety	Male	30	41.26	22.94	1.541	1.33
	Female	30	28.73	14.22	1.064	0.359

Table *4.2* shows the mean value of social anxiety with males (N=30,M=41.26,SD=22.94)and females(N=30,M=28.73,SD=14.22).To test the hypothesis that there is no significant difference between social anxiety among male and female young adults, an independent sample t test was performed. The independent sample t test resulted in a statistically insignificant effect of gender difference on social anxiety among young adults. Thus null hypothesis is accepted. From the results it is clear that social anxiety has no significant mean differences on male and female young adults because, gender is not a vital factor which influences social anxiety of individuals. Anxiety disorders are the most prevalent group of psychiatric disorders. It is well documented that females are more likely than makes to develop an anxiety disorder with lifetime and past year rates of anxiety disorder being 1.5-2 times higher among females than makes. Even though Sex difference for social anxiety disorder (SAD) and obsessive compulsive disorders (OCD) and sex differences in the prevalence rates of these two disorders are not always significant. This study supports the result obtained from the current study that gender doesn't plays an important role in social anxiety among young adults.

Correlations

Table 4.3 : showing the correlation strength of percieved stress and social anciety among young adults.

	Percieved stress	Social anxiety
Percieved stress	1	0.127

Pearson correlation coefficient Sig(2 tailed) N	60	0.473 60
Social anxiety Pearson correlation coefficient Sig(2tailed) N	0.127 0.473 0.34	1 60

Table 4.3 shows that there is no correlation between Percieved stress and social anxiety.So there will be no significant relationship with each other. Percieved stress and social anxiety are not Influencing each other.

CHAPTER 5
SUMMARY AND CONCLUSION

There are so many researches concluded in the area of young adults.Thepresent study was conducted to examine theinfluence of percieved stress on social anxietyamong young adults and to see whethergender played any role in this equation.This study consists of a sample of 30 males and 30 females whose age ranges between18-35 years.The sample was taken from people who lives in Kerala.

Hypothesis	Tenability
There is no significant difference between males and females in perceived stress.	Accepted
There is no significant difference between males and females in social anxiety.	Accepted
There is no significant difference between perceived stress and social anxiety among young adults.	Accepted

Implications of the study

Although previous researches supports the association between percieved stress and social anxiety, the results of the current study did not support ut. The findings from the current study suggests that gender is not a specific factor for determining percieved stress and social anxiety among young adults. Also both percieved stress and social anxiety doesn`t influence each other to a great extend on the population of youmg adults. Such association of percieved stress and social anxiety are mostly seen in the population of pregnant ladies during perform deliveries , alcoholics and drug addicts.

The results from this study offers a valuable contribution to the literature in furthering our understsnding of the utility of psychosocial factors in protecting young adults on an international level from the adverse consequences of high levels of perceived stress, including development of anxiety and depression.

Limitations of the study

A number of limitations are npted with the current study and they are :

Major limitation of the study is that it was conducted via through google forms due to covid pandemic.

Do not control for social desirability biases and it is possible that this may have influenced the participant responses.

Another limitation is that general measure of perceived stress are used and therefore it may have not fully encapsulated the unique stressors university students encounter.

The sample size considered was small (N=60) hence the result obtained may not be general to the whole population

The sincerity of atleast some students are doubtful.

Lack of interest from the participants due to increased number of questions.

Lack of understanding questions may affect the study.

Variables can be influenced by other factors such as culture, socio economic ststus and individual differences.

Scope of the study
Research can be improved by adding more variables into the study like social support, depression. The sample size can be expanded to increase the repeatability of the study. Sampling diversity can also be increased to improve the quality of the study. Also, future studies should consider the inclusion of social desirability scale to avoid potential confounding of results.

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APPENDICES

Perceived Stress Scale

The questions in this scale ask you about your feelings and thoughts **during the last month**. In
each case, you will be asked to indicate by circling *how often* you felt or thought a certain way.

Name _____ Date
_____

Age _____ Gender (*Circle*): **M F** Other

_____

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

1. In the last month, how often have you been upset
because of something that happened unexpectedly?................................. **0 1 2 3 4**

2. In the last month, how often have you felt that you were unable
to control the important things in your life? **0 1 2 3 4**

3. In the last month, how often have you felt nervous and "stressed"? **0 1 2 3 4**

4. In the last month, how often have you felt confident about your ability
to handle your personal problems? **0 1 2 3 4**

5. In the last month, how often have you felt that things
were going your way?.. **0 1 2 3 4**

6. In the last month, how often have you found that you could not cope
with all the things that you had to do? **0 1 2 3 4**

7. In the last month, how often have you been able
to control irritations in your life?... **0 1 2 3 4**

8. In the last month, how often have you felt that you were on top of things?.. **0 1 2 3 4**

9. In the last month, how often have you been angered
because of things that were outside of your control?.................................. **0 1 2 3 4**

10. In the last month, how often have you felt difficulties
were piling up so high that you could not overcome them? **0 1 2 3 4**

Please feel free to use the *Perceived Stress Scale* for your research.

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Social Interaction Anxiety Scale (SIAS)

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Instructions: For each item, please circle the number to indicate the degree to which you feel the statement
is characteristic or true for you. The rating scale is as follows:

0 = **Not at all** characteristic or true of me.
1 = **Slightly** characteristic or true of me.
2 = **Moderately** characteristic or true of me.
3 = **Very** characteristic or true of me.
4 = **Extremely** characteristic or true of me.

1. I get nervous if I have to speak with someone in
authority (teacher, boss, etc.). 0 1 2 3 4
2. I have difficulty making eye contact with others. 0 1 2 3 4
3. I become tense if I have to talk about myself or
my feelings. 0 1 2 3 4
4. I find it difficult to mix comfortably with the
people I work with. 0 1 2 3 4
5. I find it easy to make friends my own age. 0 1 2 3 4
6. I tense up if I meet an acquaintance in the street. 0 1 2 3 4
7. When mixing socially, I am uncomfortable. 0 1 2 3 4
8. I feel tense if I am alone with just one other person. 0 1 2 3 4
9. I am at ease meeting people at parties, etc. 0 1 2 3 4
10. I have difficulty talking with other people. 0 1 2 3 4
11. I find it easy to think of things to talk about. 0 1 2 3 4
12. I worry about expressing myself in case I appear
awkward. 0 1 2 3 4
13. I find it difficult to disagree with another's point
of view. 0 1 2 3 4
14. I have difficulty talking to attractive persons of
the opposite sex. 0 1 2 3 4
15. I find myself worrying that I won't know what to
say in social situations. 0 1 2 3 4
16. I am nervous mixing with people I don't know well. 0 1 2 3 4
17. I feel I'll say something embarrassing when talking. 0 1 2 3 4
18. When mixing in a group, I find myself worrying I
will be ignored. 0 1 2 3 4
19. I am tense mixing in a group. 0 1 2 3 4
20. I am unsure whether to greet someone I know
only slightly. 0 1 2 3 4

Patient Name: _____ **Date:** __