

**USMANU DANFODIYO UNIVERSITY, SOKOTO  
POSTGRADUATE SCHOOL**

**STRESS AND ANXIETY AS CORRELATES OF BEHAVIOURAL PROBLEMS  
AMONG STUDENTS OF FEDERAL COLLEGES OF EDUCATION IN  
NORTHWEST NIGERIA: IMPLICATIONS FOR COUNSELLING**

**A Thesis  
Submitted to the  
Postgraduate School,  
USMANU DANFODIYO UNIVERSITY, SOKOTO, NIGERIA**

**In Fulfillment  
For the Degree of  
DOCTOR OF PHILOSOPHY (GUIDANCE AND COUNSELLING)**

**BY**

**ABDU, Amina  
(Adm. No. 12310413001)**

**DEPARTMENT OF EDUCATIONAL FOUNDATIONS**

**JANUARY, 2020**

## **DEDICATION**

This research is dedicated to my children; Faisal, Farida, Abdullahi and Abdulaziz.

## **CERTIFICATION**

## ACKNOWLEDGMENTS

Thanks be to Allah (S.W.A) for giving the researcher the ability and the wisdom to carry out this research work. The researcher's sincere gratitude goes to her major supervisor in person of Dr. (Mrs.) H.S. Abubakar, whose patience and endurance made it possible for the researcher to complete this work, May Almighty Allah bless her and her family. The researcher also wish to express my deep and sincere appreciation to my co-supervisor I, Prof. M. U. Tambawal, for his tireless effort, serving as a father and counsellor to all his students, May Almighty Allah continue to bless him and his family.

The researcher's profound gratitude goes to my co-supervisor II, Prof. (Mrs) R. Muhammad, who contributed in no small measure to the completion of this work. Her advice, encouragement and corrections of this work were immense, May Allah bless her and her family. The researcher's sincere gratitude also goes to Professor M.G. Maitafsir (Head of Department of Educational Foundations), for his able leadership and encouragement. The researcher's appreciation also go to Dr. M. A. Yushau, Dr. S. Y. Tsagem and Dr. A.M. Yusuf.

Special regards to the researchers' husband Dr. J. Abdul, G8 as well as Pharm. (Mrs.) B.B.C. Iyela for their support, understanding and encouragement throughout the period of this research. The researcher equally thank Dr. T.O. Oscar, who assiduously stood by me to see to the completion of this research, Abdulkarim Abdulrazaq who did the typing work and Dr.Salisu, Tsauri Aminu, Zakariyau' Musa Doka and Mal. Abdulkadir Abdulkarim Olatunji who equally helped out alot.

The researcher's special thanks similarly goes to the Provost of Federal College of Education, Katsina, Dr. Aliyu Idris Funtua, the Deputy Provost, Dr. Ohanado Sam, the Dean School of Early Childhood Care Education and Primary Education Studies, Dr. (Mrs.) Binta Ado and all members of P.E.S Department FCE Katsina, for their support

and encouragements during the course of my study. The researcher will not forget the contributions of the provosts and the staff and students of FCE's in Northwest zone, May Allah reward them abundantly. The researcher also wish to extend her gratitude to all those who contributed to this work in one way or the other, May Almighty Allah reward everybody abundantly and make Jannatul-Firdaus their final abode. Amin.

## **TABLE OF CONTENTS**

<b>TITLE PAGE</b>	<b>i</b>
<b>DEDICATION</b>	<b>ii</b>
<b>CERTIFICATION</b>	<b>iii</b>
<b>ACKNOWLEDGEMENTS</b>	<b>iv</b>
<b>TABLE OF CONTENTS</b>	<b>vi</b>
<b>LIST OF FIGURES</b>	<b>ix</b>
<b>LIST OF TABLES</b>	<b>x</b>
<b>ABSTRACT</b>	<b>xi</b>
 <b>CHAPTER ONE: INTRODUCTION</b>	
1.1 Background to the Study	1
1.2 Statement of the Problem	5
1.3 Research Questions	7
1.4 Objectives of the Study	7
1.5 Research Hypotheses	8
1.6 Significance of the Study	8
1.7 Scope and Delimitation of the Study	10
1.8. Operational Definition of Terms	10
 <b>CHAPTER TWO: REVIEW OF RELATED LITERATURE</b>	
2.1 Introduction	12
2.2 Conceptual Framework	12
2.2.1 Concept of Stress	13
2.2.2 Concept of Anxiety	35
2.2.3 Concept of Behavior and Behavioral Problems	59
2.3. Theoretical Framework	82

2.4	Review of Related Empirical Studies	105
2.5	Summary and Uniqueness of the Study	124
<b>CHAPTER THREE: RESEARCH METHODOLOGY</b>		
3.1	Introduction	127
3.2	Research Design	127
3.3	Population of the Study	128
3.4	Sample and Sampling Techniques	128
3.5	Instrumentation	129
3.5.1	Description of Stress Questionnaire for Students (SQS)	129
3.5.2	Description of Anxiety Inventory (AI)	131
3.5.3	Description of Adapted version of Merton (2003) Behavioural Problem Scale	132
3.6	Method of Data Collection	134
3.7	Method of Data Analysis	135
<b>CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND DISCUSSION</b>		
4.1	Introduction	136
4.2	Descriptive Data	136
4.3	Testing Research Hypotheses	136
4.4	Summary of Findings	140
4.5	Discussions of Findings	140
<b>CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS</b>		
5.1	Introduction	144
5.2	Summary	144
5.3	Conclusion	146

5.4	Recommendations	146
5.5	Implications for Counselling	147
5.6	Suggestions for Further Studies	148
	<b>REFERENCES</b>	150
	<b>APPENDICES</b>	161



## **LIST OF FIGURES**

### **Figures**

- |   |    |
|---|----|
| 1: A graphic representation of Sources of Students' stress<br>(Oboegbulam, 2007)                                      | 32 |
| 2: Proposed Model of Causes and Consequences of Students Distress,<br>Adopted from Dyerbye, Thomas & Shanafelt (2005) | 35 |
| 3: Symptoms of Anxiety (emotional, physical and those that impairs<br>cognitive domain). Doctor and Kalu (2009)       | 54 |

## LIST OF TABLES

### Tables

1: Bahavioural Attributes of Anxiety in Schools	79
2: Students Enrolment in Schools (FCE) in North-west Nigeria	128
3: Sample Selected from the Population	129
4: Type of Colleges	136
5: Relationship between Stress and Students' Behavioural Problems among Students of Federal Colleges of Education in North-West Nigeria	137
6: Relationship between Anxiety and Students' Behavioural Problems among Students of Federal Colleges of Education in North-West Nigeria	137
7: Relationship between Stress and Anxiety among Students of Federal Colleges of Education in North-West Nigeria	138
8: Multiple Regression Analysis on Students' Behavioural Problems	139

## **ABSTRACT**

This study examined the relationship between stress and anxiety as correlates of behavioral problems among students of Federal Colleges of Education (FCEs) in North-West Nigeria: Implications for Counselling. Four research hypotheses guided the study. The study adopted a correlational research design. A sample of 365 NCE III students was drawn from the population of 12,060 through multi-stage sampling technique. Three sets of instruments were used by the researcher for data collection. Two of the instrument were adopted and one was adapted. The adapted instrument was validated by experts and a test re-test was used to obtain the reliability coefficient 'r' of .79. The null hypotheses were tested using PPMCC. The result of the findings revealed a positive relationship between stress and students' behavioural problems; a positive relationship between anxiety and students' behavioral problems; and a positive relationship between stress and anxiety. The results of the multiple regressions analysis showed that stress was more related to students' behavioral problems than anxiety. Based on these findings, recommendations were made that there is need for counsellors to minimize stress among students through group counselling with a view to develop and mitigate strategy for students to overcome stress and thus, minimize behavioural problems among students in Federal Colleges of Education.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background to the Study**

Stress is an inherent physiological mechanism which prepares the organism for action and it comes into play when much demands are placed on the organism. Stress has to do with adapting to threat, or challenge (Frank, 2003). Nigerian students are facing so many stressors that they are trying to adapt to in many ways. These stressors are:

- i. Having to adapt to a new environment, having left mummy, daddy and siblings at home including the friends they are used to (peer group).
- ii. Financial problems students face when they leave home can be very stressful. It can be so hard that they may be unable to meet their basic needs.
- iii. Sitting down for hours for lectures
- iv. Movement from one class or hall to the other for lectures (Frank, 2003)

Another important thing we must remember about these students is most of them are still adolescents, “Adolescence is a period of storm and stress (Gross, 2014). He went further to state that they go into delinquent behaviours like breaking windows, theft to mention a few. All these puts the student into stress that may become a problem for all. Another thing most of them think about is the stress of academic work in the school environment. Similarly, examination as part of students’ academic activities in the school which can become stressful. Failing an examination can be experienced as a highly aversive event that produces feelings of humiliation and shame. Writing on this Oboegbalam (2007) observed that the anxiety

generated by examinations and tests cannot be overemphasized. He further claimed that, the present system of examining student, creates strain and stress in their minds. Frustration is part of the students' worries that causes stress and strain. These sources of frustrations have been listed as traffic jam, no light, no water, increase in tuition fees to mention just a few (Oboegbalam, 2007). He concluded that anything that challenges student's values and beliefs is a source of stress and anxiety and could lead to behavioural problems.

Melgosa in Williamson, Birmaher, Ryan and Dahl (2005) pointed out that the deviation from normal behavior of students under stress may lead to antisocial problems such as examination malpractice, stealing, fighting, secret cult activities, rape, sexual abuse, drug and alcohol. He further described stress as a combination of physiological and psychological reactions of the body when subjected to heavy demands. Nweze (2006) viewed stress as a condition of life and that the degree of stress an individual experiences is directly related to the perception of the situation that created the stress. More so, Byrd (2000) stated that people who live in a state of stress run significant risks of destructive body changes as well as emotional disturbances that may produce profound changes in behaviour.

Abeid (2003) conducted an empirical study of psychological stress and strain of 200 school students in Midland's town of United Kingdom, using the questionnaire in the data collection process. The stress variables included ratings of perceived demand for a number of job factors relevant to the teaching environment. The levels of reported stress were presented and the pattern of correlations between the variables supported the view that teaching was a very satisfying but somewhat high pressure occupation. Despite the high levels of perceived pressure, well over 50 percent of the students reported prefer

more responsibility. The level of job demand, and its relationship to supports, was associated with various mental health problems and pressure measures.

Another variable of this study is anxiety. Byrd (2000) described anxiety as emotional disturbance which develops in the presence of conflict, and centers on dissatisfaction, frustration, hostility, aggression plus other forces of nature. Birader (2007) agreed with the above and expressed that the signs and symptoms of anxiety include heart pounding, chest tightness, trembling and feeling faint. Students who experience anxiety have feelings of oppressive sadness, fatigue, guilt and hopelessness. It is also reported that one in every seven students experiences stress and anxiety with devastating consequences. Berry (2002) corroborated this by asserting that fear of failure is a stress factor among students with debilitating and overwhelming influence in their behaviour. The implication of this is that stress and anxiety generate behavioural problems among people and students in particular since behaviour is both learned, and unlearned. Ogbuji (2006) has observed that exposure to stress and anxiety can cause series of behavioural changes depending on the severity of stressors experienced, individual characteristics and environmental possibilities. Williamson, Birmaher, Ryan and Dahl (2005) further observed that the etiological factors of stress and anxiety are social and observable in the attendant problems that arise in a school situation. Thus; “the overlapping symptoms of these two psychological problems can lead to all sort of problems among students” (Williamson, Birmaher, Ryan & Dahl, 2005).

Murray and Clifford cited in Smith, Segal and Segal (2014) had investigated anxiety and aspects of health behavior among adolescents in Northern Ireland and North America. A sample of 238 secondary school students answered a questionnaire in their school about level of anxiety and some aspects of their health behavior. Analysis of the finding showed that Northern Ireland teenagers had higher anxiety ( $x=39.45$ ,  $SD=10.70$ )

than a North America sample of teenagers ( $x = 39.45$ ,  $SD = 9.74$ ). The results also showed that there were significant differences between the anxiety levels of the sample in relation to their place of abode, age, level of education and gender. In addition, the results showed that anxiety was clearly correlated with a variety of health complaints and with the use of health service.

Behavioural problem as another variable of the study is defined as the way in which an individual responds to situations/acts around him/her. Behaviour is everything we do that can be directly observed e.g. a baby crying or a college student riding bicycle (Santrock, 2000). It is the way an individual conducts himself or herself and how he/she acts towards people, society situations or objects. Behavior of an individual can be good or bad, normal or abnormal according to societal norms. Iheanacho (2003) posited that behavior can be described as a process of conducting or managing one self. Essuman, Nwaogu and Nwachukwu (2008) stated that behavior is any activity of an organism which is either normal or problematic. Okorodudu (2003) opined that normal behavior include those activities that enhance the wellbeing of individuals, group or society, while problem behavior include those activities that do not promote the well-being of individual, group or society, such behaviors are usually frowned at by the society. Birader (2007) is of the view that behavior problem is deviation from the accepted pattern of behavior when an individual is exposed to inconsistent and consistent stressors of social or cultural environment. UNESCO (2000) also posited that behavior problems generally could be traced to a three causal factors i.e. cultural factors, school factors and religious factors because, each of these has impact on the life of an individual. The family plays a pivotal role in providing the most congenial atmosphere to an individual to form his life style and basic patterns of behavior.

However, the common behavior problem caused by stress and anxiety on students which are deviation from normal behavior of students as pointed out by Bakare (2000) includes examination malpractice, stealing, fighting, secret cult activities, rape, sexual abuse, drug and alcohol intake. Beside these stated behaviors, he affirmed that psychosomatic and somatic symptoms as well as reduced task performance may manifest. It is on the basis of the above assertion that this study was undertaken to find out stress and anxiety as correlates of behavioural problems among NCE students of Federal College of Education in Northwest Geo-political zone of Nigeria.

## **1.2 Statement of the Problem**

Stress and anxiety recently have become universal phenomenon that essentially manifest in human being as a result of pressure from several directions or challenging situations. Stress and anxiety are described as the psychological and physical response to stimuli that alters the body's equilibrium. Students recently have become victims of stress and anxiety due to so many factors. Studentship involves attending lectures, going to the library, cooking, laundry, reading and examinations. As a result, one would understand why students are always stressed up and anxious about everything. The thinking though, may also seem to be right considering the fact that most of the students' responsibilities are borne by others i.e. parents or guardians. When these responsibilities are not met by these significant others, they become agitated, stressed up and anxious. This explains some of the irrational behaviours the youths in our tertiary institutions display these days. Similarly, most of the formal activities of the students involve hours of stress and anxiety which invariably may lead to behavioural problems. O'Neil (2005) opined that today's young people are barraged with worrisome messages about their health, behaviour, their environment, and their future; worried about AIDS, fires, floods, shootings, sexual assaults, pesticides and toxic wastes. They further stated that it is almost



impossible for youths to escape knowledge of violent, perverse and catastrophic events that seem to be occurring at increasing frequencies. Recently in Nigeria kidnapping and sexual harassment has added to the list of stressors. Other issues observed that is adding to the build of stress among students for instance include divorce, separation, remarriage, financial challenges, illness and high expectations. This can be understood considering the economic challenges the nation is going through.

It is therefore important to note that stress and anxiety are psychological disorders that could bring about significant behavioural changes in students. Stress and anxiety is a blend of thoughts and feelings that is characterized by a sense of lack of control and unpredictability over potentially aversive life events. Stressed and highly anxious students feel the need to divide their attention between learning new information and often times end up with poor study skills and aggressive behaviour (bullying), depression, loneliness, truancy and dropping out. Other negative consequences may include riots, destruction of properties like burning of school buildings, school vehicles, and disruption of academic calendar. Muris, Meesters, Merckelbach, Sermon and Zwakhalen (2008) earlier corroborated the above findings adding that 70% of higher school students have everyday worry and anxiety with unhealthy outcomes.

In Nigeria, it is not in doubt that students have over the years experienced high level of uncertainty and frustrations due to incessant industrial actions by lecturers. Other problems are financial constraints, uncomfortable weather, accommodation and security challenges. These pressures are known to cause high degree of stress and anxiety among students as well as physical, emotional and behavioral problems. Of course the joy of being a student which were enjoyed in the 1970s is no longer there with the dwindling economy. Students now have to pay school fees with no scholarship to water down cost, lack of feeding and so on.

It is against this background that this study investigated stress and anxiety as correlates of behavioral problems among NCE students of Colleges of Education in the Northwest Geo-political zone of Nigeria.

### **1.3 Research Questions**

To guide the study, the following research questions were raised:

1. Is there any relationship between stress and students' behavioral problems among students of Federal Colleges of Education in North-West Nigeria?
2. Is there any relationship between anxiety and students' behavioral problems among students of Federal Colleges of Education in North-West Nigeria?
3. Is there any relationship between stress and anxiety among students of Federal Colleges of Education in North-West Nigeria?
4. Which of the variables (stress and anxiety) is significantly related to students' behavioral problems in Federal Colleges of Education in North-West Nigeria?

### **1.4 Objectives of the Study**

This study was to find out:

1. Relationship between stress and students' behavioral problems among students of Federal Colleges of Education in North-West Nigeria.
2. Relationship between anxiety and students' behavioral problems among students of Federal Colleges of Education in North-West Nigeria
3. Relationship between stress and anxiety among students of Federal Colleges of Education in North-West Nigeria
4. Which of the variables among stress and anxiety is more significantly related to students' behavioral problems among students of Federal Colleges of Education in North-West Nigeria

## **1.5 Research Hypotheses**

The following hypotheses were formulated for the study:

- Ho1: There is no significant relationship between stress and students' behavioral problems among students of Federal Colleges of Education in North-West Nigeria.
- Ho2: There is no significant relationship between anxiety and students' behavioral problems among students of Federal Colleges of Education in North-West Nigeria.
- Ho3: There is no significant relationship between stress and anxiety among students of Federal Colleges of Education in North-West Nigeria.
- Ho4: stress or anxiety is significantly more related to students' behavioral problems among students of Federal Colleges of Education in North-West Nigeria.

## **1.6 Significance of the Study**

This study examines “stress and anxiety” as correlates of behavioural problem amongst NCE students of Federal Colleges of Education in North West zone. The need for this study cannot be over emphasized, because stress is an unavoidable part of living as every human being faces challenges from its environment as a result of ones needs. Therefore, it is common to hear people talk about being under stress, facing stressful situation or dealing with stress producing events. However, the problems of stress emanate from our inability to understand and manage issues properly, especially among our youths in schools. It is therefore hoped that the findings of this study would be of immense benefit to Teachers, Parents, Educators, Counsellors, Psychologists and students at every level of our educational system. It would give some insights to counsellors, psychologists and researchers to develop strategic plans towards minimizing stress and

anxiety among our students. In addition, it would enable all the stakeholders in the nation's Educational system to devise strategies toward enhancing the psychological well-being and performance of students in tertiary institutions.

There is apparent ignorance among staff and students that students also suffer from stress and anxiety. This explains why students' problems are wrongly diagnosed and wrongly treated by the school authorities. This research would help the authorities of the colleges to do all within their capacity to reduce stressful and anxious situations in our colleges.

Stress and anxiety as a psychological problem have been effectively treated through different counselling processes that have worked in other places. This treatment process in counselling psychology have been discussed and explained in this research, thus, this could be used by in-school counsellors and others professional counsellors in counselling students with behavioural problems that has led to stress and anxiety.

The findings of this research will also make parents to be aware of how to help their children overcome stress and anxiety as they have roles to play in the management of this situation. They will be made to understand that their attitudes to these children could be a major cause of stress and anxiety.

The findings of this research are also expected to make the students understand those behavioural problems that can cause anxiety and stress in the College through the counselling unit of the college by organizing seminars and symposium to create awareness among the students as regards stress and anxiety.

It is the researcher's firm belief that this research work would steer up other researchers to make further research in the area. This would help discover more effective way(s) of dealing with students stress and anxiety in schools that would lead to peace and harmony. The findings of this research would make all stakeholders understand these

young men and women and their needs. Once this is known and everybody plays his/her part very well, peace and harmony will return eventually to our colleges. Where there is peace and harmony, academic excellence will prevail to the benefit of everybody.

### **1.7 Scope and Delimitation of the Study**

This study focused on students of Federal Colleges of Education in North West Nigeria which comprise Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto and Zamfara state consisting of five Federal College of Education with stress and anxiety as correlates of behavioral problem as variables.

Despite the fact that there are other variables that affect students behavioural problems, such as socio-economic status, achievement motivation and parental influence, the research was delimited to only stress and anxiety as correlates of behaviour problems as variables. Also, there are different categories of NCE I, NCE II and NCE III students in the various Federal College of Education, but the study is delimited to NCE III students. Equally the researcher did not be using State Colleges of Education in Northwest Geo-Political Zone.

### **1.8. Operational Definition of Terms**

**Stress:** stress means any distressful condition that is likely to precipitate emotional and other forms of disorder to students of Federal colleges of education in Northwest Geopolitical Zone.

**Anxiety:** is the fear or worry about happenings. It is a condition of mental uneasiness arising from fear, solitude and apprehension.

**Behaviour:** refers to the way in which students/individuals act which can be good or bad

**Behavioural problem:** these are physical behaviour that are problematic and hinder students from participating fully in college activities.

## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURE**

#### **2.1 Introduction**

This chapter provides background knowledge of previous studies that are related to and upon which a conceptual framework of the proposed study is anchored. The researcher attempts to review the related literature under the following subheadings:

##### 2.1 Introduction

##### 2.2 Conceptual Framework

##### 2.2.1 Concept of Stress

##### 2.2.2 Concept of Anxiety

##### 2.2.3 Concept of Behavior and Behavioral Problems

##### 2.3 Theoretical frame work

##### 2.4 Review of Empirical Studies

##### 2.5 Summary of the Review and Uniqueness of the Study

#### **2.2 Conceptual Framework**

Conceptual framework for research purpose is said to be schematic description and illustration of the causative mechanisms and relationship deducible from the research problems (Eboh, 2009). He also stated that conceptual framework depicts a schema providing structural meaning and linkages among major concepts or variables in a phenomenon being investigated, their interdependence and relationship with each other. Thus, the conceptual framework of this study addressed stress, anxiety, behavior problems and the relationship between the stated variables and their management strategies for students.

### **2.2.1 Concept of Stress**

Stress is a very complex concept that is difficult to define in simple terms. However, there is a general agreement that stress has to do with human response to prevailing situation(s) in his environment. Morgan, King, Weisz and Schopler (2008) defined stress as an “internal state which can be caused by physical demands on the body i.e disease conditions, exercise, extremes of temperature and or by environmental and social situations which are evaluated as potentially harmful, uncontrollable or exceeding our resource for coping.

Akinade (2004) stated that when we feel that we are unable to cope with demands of our environment, when we face a situation that threatens to harm us physically or psychologically, when we begin to feel tensed and uncomfortable we experience stress. This term is used to describe the situation in which we feel as our emotional and physically reactions to such situation. Stress is a word we used frequently to describe the effect on man of many disturbing and difficult situations on man. We speak of the stress produced when we must make decision upon which success or failure depend, when we must work for long period, we engage in competitive sports and even when on retirement (Akinade, 2004). Although, stress seems to be familiar and pervasive ingredient of modern life, the concept of stress creates difficultist for psychologist.

Birader (2007) referred to stress as the combination of psychological, physiological and behavioural reactions that people have in response to events that threaten or challenged them. Evans and Woodman (2001) viewed stress as pressure, a condition causing hardship, tension and dispute and resulting from problems in one's life. Adego (2003) defined stress as the non-specific responses of organisms to any demand made on it. He added that stress is a body condition that may occur when a person faces threatening or unfair situations, such as examination situations for the students. Krautz,



May and Right in Machima (2012), see stress as an external threat or pressure, an unpleasant event or situation. They further elaborated that stress is the physical and mental changes that occur in response to a challenging and threatening situation in man's life. Stress is also a stimulus or event that provokes a stress response in an organism. Stress is the physical or emotional strain or tension that is caused by Pressures, fear, worries and changes in life. Plate and Eubanks (2004) also stressed that during adolescence period, increased responsibilities and more expectations exert more pressure and stress. Students are faced with bundles of wants and saddled with cobwebs of responsibilities and relationships. The efforts made to satisfy these numerous needs, are what lead to stressful situations

Powel and Enright (2000) pointed out that the greater the levels of responsibility for a student at school, the greater the possibility of stress related reactions. The Diagnostic and Statistical Manual of Mental Disorders, defines a psychosocial stressor as "any life event or life change that may be associated temporally (and perhaps causally) with the onset, occurrence, or exacerbation (worsening) of a mental disorder". Rebecca (2003) also stated that stress is also closely associated with depression and can worsen the symptoms of most other disorders related to stress.

Lazarus (1993) published a model dividing stress into eustrases and distress. Where stress enhances function (physical or mental such as through strenuous training or challenging work) it may be considered eustrases. Persistent stress that is not resolved through coping or adaptation, deemed distress, may lead to escape (anxiety) or withdrawal (depression) behavior. The difference between experiences which result in eustrases or distress is determined by the disparity between an experience (real or imagined), personal expectations, and resources to cope with the stress. Alarming experiences, either real or imagined, can trigger a stress response (Lazarus, 1993; Rebecca, 2003).

Cumulative adverse experiences, including negative life events and early childhood adversity, together with parental depression and/or non-supportive school and family environments, place young people at risk for developing stress (Lazarus, 1993; Rebecca, 2003). Enhanced life skills and supportive school and family environments can mediate the effect of stressful life events.

Obviously, the school is an important area for social and emotional development; however, it can also be a source of negative life events. Poor academic achievement and beliefs about academic ability, coupled with anxiety, result in poor school engagement, enhanced perceptions of school-related stress, and increased problem behaviors. Rawson, Bloomer and Kendall (2009) observed that stress was found to be part of students' lives and could impact how students cope with the demands of academic life. Murphy and Archer (2006) stated that when stress is perceived negatively or when it becomes excessive, students experience physical and psychological impairment. Similarly, Ozueh (2006) emphasized that stress is demoralizing, manifesting in withdrawal, drowsiness, lateness to lectures, non-challance, non-involvement and non-achievement. While Koshiba and Helgeson (2009), outline the clinical symptoms of stress to include: poor appetite, sleeplessness, lack of concentration, poor memory, aches and pains, depression, fear, anxiety, anger and hostility.

Throughout the training in Colleges of Education academic courses, students are confronted by situations that generate psychological pressure and anxiety, thus bringing relevance to the study of these aspects amongst them. Students from Federal Colleges of Education are especially demanded to be proficient at practical skills such as performing in micro-teaching and teaching practice programmes which are basic instrument for producing qualitative teachers. The learning-teaching process demands from the students, an adaptation to the constant social changes, such as the evaluation of technology and

human knowledge. In this context, the students of Federal Colleges of Education in the North West Nigeria, need to prepare themselves with specialized technical knowledge and necessary abilities for the development of their competences, in order to become professionals with distinguished potentials and conditions to face a competitive labor market.

Kurebshi, Prado and Da-Silva (2012) stated that students' stress levels may render learning difficult, as high levels of stress and anxiety present a substantial effect over attention, with the possibility of making errors, lack of concentration and oscillation in attention levels. Besides, stress influences acquisition, manipulation and conservation of the received information. This way, one can affirm that such behavioral alteration may negatively affect students' learning and performance. Angie (2007) opined that students' stress can be defined as a physical and psychological reaction to issues and events emanating from students' environment. Perceived obstacles to goal achievement, environmental change, life challenges and periods of significant transition are common causes of stress for students.

Students' stress occurs when students are faced with threatening school situations which are difficult to cope with. It refers to situations and conditions which places students under pressure and which can cause unpleasant changes in their lives leading to maladaptive behaviours or physical damage. Students experience stress when they perceive that the demands and pressures of the school situations exceed their personal characteristics. It is when the students find out that they cannot cope or respond to these demands and pressures that tension, anxiety and frustration would force them to deviate from normal functioning, Havighurst as cited in Herbert (2004:84),

*Sees student's stress as any physical or psychological reaction of a student to events surrounding his or her career pursuit or environment. He went further to say that student's stress include dealing with sexual relationships, choice of career, political decisions, economic alternatives, transition from childhood to adulthood, religious values, social concepts and questions about personal identity. Students generally, whether college students or students in tertiary institutions, like every other person, experience stress on a regular basis. Most of this stress is positive in nature and often serves to motivate students. However, like, most things that are in excess, too much stress is negative. Hill (2006), argued that the onset of negative stress on a student is similar to blowing air into a balloon without any controlled outlet, the balloon will explode in an unpredictable and destructive manner. However if the air is blown, stopping periodically to let some air out, and blowing more air in, there will be no negative consequences, (p. 84).*

The situations and pressures that cause stress are known as stressors. Payne, Hahn and Mauer (2005) stated that stressors are factors or events, real or imagined, that elicit a state of stress. Stressors can also be seen as external events that cause an emotional and or a physical reaction. They are situations that trigger physical and emotional reactions. Ceomis (2004) posited that a stressor is a condition or event in the environment that challenges or threatens a person. Students' stressors may include obstacles in the path of achieving goals, incompatible demands, uncertain role prescription, noise, uncomfortable temperature, food deprivations, and tasking work conditions. Students' reactions to these stressors are referred to as stress reaction. However, anything that puts high demands on you or forces you to adjust can be stressful. Meanwhile, the focus of this study is to look at the variables in the school environment that cause stress among NCE students. Some of these variables include: the increase in the amount of assignment, workload, competition for good grades, fear of failure, peer pressure and many more reasons in the college environment that constitute stress on students. In other words, what causes stress depends at least, in part, on one's perception of the situation. Added to this is the fact that

many highly stressed individuals usually exhibit behavior, such as drug abuse, alcoholism, smoking, absenteeism, rape, sexual abuse and cult activities.

### **Types of Stress**

Humans experience stress, or perceive things as threatening, when they do not believe that their resources for coping with obstacles (stimuli, people, situations, etc.) are enough for what the circumstances demand. When we think the demands being placed on us exceed our ability to cope, we then perceive stress. According to Gibbons (2012:37) types of stress include:

#### **1. Acute stress**

Acute stress is the most common type of stress. It's your body's immediate reaction to a new challenge, event, or demand, and it triggers your fight-or-flight response. As the pressures of a near-miss automobile accident, an argument with a family member, or a costly mistake at work sink in, missing examination, our body turns on this biological response. Acute stress isn't always negative. It's also the experience you have when riding a rollercoaster or having a person jump out at you in a haunted house. Isolated episodes of acute stress should not have any lingering health effects. In fact, they might actually be healthy for us, as these stressful situations give our body and brain practice in developing the best response to future stressful situations. Severe acute stress such as stress suffered as the victim of a crime or life-threatening situation can lead to mental health problems, such as post-traumatic stress disorder or acute stress disorder.

#### **2. Episodic acute stress**

When acute stress happens frequently, it's called episodic acute stress. People who always seem to be having crisis tend to have episodic acute stress. They are often short-tempered, irritable, and anxious. People who are "worry warts" or pessimistic or who tend to see the negative side of everything also tend to have episodic acute stress. Negative

health effects are persistent in people with episodic acute stress. It may be hard for people with this type of stress to change their lifestyle, as they accept stress as a part of life.

### **3. Chronic stress**

If acute stress isn't resolved and begins to increase or lasts for long periods of time, it becomes chronic stress. This stress is constant and doesn't go away. It can stem from such things as:

- i. poverty
- ii. a dysfunctional family
- iii. an unhappy marriage
- iv. a bad job

Chronic stress can be detrimental to one's health, as it can contribute to several serious diseases or health risks, such as:

- i. heart disease
- ii. cancer
- iii. lung disease
- iv. accident
- v. cirrhosis of the liver
- vi. suicide (Gibbons, 2012: 37)

Stress is seen as job or occupational strain, work tension, burnout, job fatigue or work load. It is also seen as generalized, nonspecific response of the body to any demand made on it. A condition can cause hardship and worry among people. Also Abubakar (2010) asserted that one often has negative images of stress, especially when one feels unable to cope with a stress inducing situation. These types of stress are called Eustress which is a positive stress. But some instances of stress may be good for us example, the

stress of preparing for a successful presentation, writing a book for publication. While some stress are good, too much stress can be detrimental to immune system. This type of stress is called “distress” which is a negative stress. A little stress is good for the body. Without stress life may lose its meaning, stress is necessary to avoid boredom. While Hapton (2008) identified three common types of stress;

- a. Mini Stress:** The annoying hassles of day to day life e.g traffic congestion, noise pollution, power outage e.t.c
- b. Moderate stress:** The more significant day to day hassles that come from deadlines and time pressure constraints e.g. project deadline at work holidays.
- c. Severe stress:** Those events that are traumatic long term or permanent e.g divorce or separation or loss of job. Depending on the stressors and the types of changes or event we are dealing with, stress can manifest itself physically, emotionally and or mentally.

### **Etiology of Stress**

Etiology by implication implies the study of the causes of stress. Gross (2014) in discussing stress, viewed it as those things that disrupts the ‘circadian’ rhythms (circadian meaning about one day). It describes a particular periodicity or rhythm of number of physiological and behavioural functions that can be seen in all living creatures. Every activity that interferes with our daily schedules could cause stress.

Morgan, King, Weisz and Schopler (2008) stressed that almost any change in the environment, even a pleasant change, such as vacation-demands some coping with and a little stress is useful in helping us adapt. But beyond some point, stress becomes distress. In the opinion of these authors’ acts that produce distress vary greatly from person to person, but some events seem to be stressors for many of us. Chief among these in their view are infections of the body, annoyance or dangerous events in our environments,

major changes or transitions of life which force us into new ways, and anticipated or actual threats to our self-esteem. Holmes (2004) observed in Morgan, King, Weisz & Schopler (2008) that changes in one's life are important stressors; they may be pleasant or unpleasant events.

Smith, Segal and Segal (2014), advocated that every human being experiences certain degree of stress and... "modern life is full of stress". They went further to state that stress isn't always bad, in small doses it can help you perform under pressure and motivate you to do your best. In their view stress response is the body's way of energizing one to perform under pressure.

While the causes of stress may vary significantly from person to person, Gibbson and Mitchell (2002:27) outlined these causal factors among others:

- i. Too many demanding, frustrating or otherwise stressful situations.
- ii. Constant pressure to do more than could be done.
- iii. Constant conflicts between competing alternatives for time and effort (i.e home and work).
- iv. Too much time - consuming but not rewarding work.
- v. Persistent demand for skills or knowledge that appear beyond that possessed by the individuals.
- vi. Constant interference or interruptions of planned or anticipated activities.
- vii. Lack of positive feedback, recognition reward or notice of efforts or accomplishments.
- viii. Lack of clarity or direction regarding work experiences.
- ix. Depressive work environment.
- x. Poor interpersonal relationships.
- xi. Constant disillusion or disappointments.



- xii. Inability to manage success.
- xiii. Failure to live a “balanced lifestyle.

Equally the causes of stress are many and they have been divided into categories viz (i) external causes and (ii) internal causes. It is pertinent to note that all those situations and pressures that cause stress are known as stressors. Similarly according to Smith, Segal and Segal (2014), something that causes stress in one person may not cause same in another person.

**The external causes of stress are:**

According to Smith, Segal and Segal (2014:48) the external causes of stress include the following:

- a. Major life changes: Most often than not majority of these students are adolescents who have never left the home environment. Coming to the college environment and meeting other people is a major challenge that can cause them stress and anxiety.
- b. School Work: In this respect whichever way you look at it is quite demanding for these young ones; hence they are under tension which may result in stress and anxiety.
- c. Difficulties in Relationship: the youth who is away from the home environment for the first time, away from the friends they are used to, it becomes difficult task for them to make new friends. This might creates tension and the end result is stress on the part of the student.
- d. Financial problem: in this harsh economic situation many people are not able to meet their financial obligations. For the students they may not have money to feed properly. Hence you hear students say, they are on 0-0-1. By implication, they stay without breakfast and lunch. They only take dinner every day. This obviously

is a stressful situation for a student that has come to school to study. They become very irritated and frustrated. At the end they cause crisis situation on very flimsy excuse to warrant the closure of the school.

- e. Being too busy: any student that is serious with his/her study will not have time for anything irrelevant to their study. They get stressed up and anxious about the next test or examination.
- f. Children and family: it may be necessary to note that some of the students are married with kids. Their family problems combined with the academic work is virulent enough to cause them stress and anxiety.

**Internal causes of stress are;**

These internal causes are forces within the individual himself. According to Smith, Segal and Segal (2014:50) and these causes are examined thus:

- a. Inability to accept uncertainty: In the world of uncertainty, we do not always get what we are expecting and as such this results in stress and anxiety.
- b. Chronic worry: If we never stop worrying we are prone to stress and anxiety.
- c. Pessimism: A general belief that bad thing will happen. When we pre-occupy our minds with such feelings we will be stressed up and anxiety may set in. Instead we should always think of good things happening to us.
- d. Negative self-talk: Negative thinking and talking can result in stress and anxiety
- e. Unrealistic expectations: Many of us experience this in our thinking. For instance we expect people to see things the way we see it. We also expect success in everything we venture into all the time. These are all unrealistic thinking which can get us stressed up if we are unable to realize them. What is perfect to 'A' may not be perfect to 'B'. We must realize this and be able to accommodate it when it comes. When it rare up its head we must accept it and not brood over it.

- f. Rigid thinking and lack of flexibility: This is similar to the above; we must try to give room to flexibility in our thinking without being too rigid. We should be able to adjust where necessary to avoid being frustrated and stressed.
- g. All-or-nothing attitude: The winner takes all attitudes. This is an act of selfishness which we must not allow in dealing with. Sharing is a positive attitude that will make us happy and contented.

These according to Smith, Segal and Segal (2014) are the causes of stress therefore, we must be careful when we find ourselves in these situations to avoid their unpleasant consequences.

Ezeilo cited in Ogbuji (2006) enumerated some of the conditions that bring about stress to a student to include, lack of congruence between the student's expectation of college life and the actual experience, academic pressure, too much workload, crowded lecture hours, fear of failing examination, fear of embarrassment from any source, financial constraints, peer pressure and sexuality demands. Other areas identified as being causes of the increase in stress among students are things like environmental dangers which include; Crime, Community violence, AIDS, war and terrorism, family (issues such as Separation, Divorce, family dysfunction, Verbal and Physical abuse, illness, loss of family member), Economic factors (Parent's unemployment, poverty, homelessness), and school problems (Poor grades, Learning disability, peer issues and isolation.

In an attempt to state the causes of stress, Bello (2013:21) used the experiences in our schools to state it as follows:

- a. Sadness over a loss of important event like not participating in examination and health.
- b. Over work which lead to physical and mental stress no matter the types of stress.

- c. Lack of security at school or at home which leads to stress e.g fear of armed robbers or hired kidnapper.
- d. Poor or non-existence of social amenities like poor health delivery system, enough classroom, poor road among others in our school system.
- e. Lifestyle of the individual like examination malpractice, flirting, keeping bad friend.
- f. Extreme poverty or extreme influence of social economic doom turn in the country could lead to stressful and untimely death.
- g. Unhealthy environment, nagging or un-cooperating patterns build up all lead to stress.

### **Signs of Stress**

Stress as a disorder can be identified through several signs and symptoms. In Smith, Segal and Segal (2014:55) stress was identified from four dimensions that include: (1) Cognitive symptoms, (2) emotional symptoms (3) physical symptoms and (4) behavioural symptoms.

(a) Cognitive symptoms: under this category the following may manifest:

- i. Memory problems: memory loss is a problem that affects most people to a degree, whether it is occasional forgetfulness or loss of short memory that interferes with daily life.
- ii. Inability to concentrate: concentration takes a great deal of mental energy. Tiredness can cause lost of focus that may lead to anxiety.
- iii. Being always negative: thinking the worst, expecting failure and betrayal and concentration on the downsides of others.

iv. Anxious or racing thoughts: Racing thought can occur during anxiety states, panic attack and during the manic phase of bipolar disorder as well as during drug intoxication state.

v. Constant worrying: if one's worries and fears are so constant that they interfere with one's ability to function and relax, one may have generalized anxiety disorder (Gad).

(b) Emotional Symptoms: This includes the followings:

i. Moodiness: becoming agitated and frustrated

ii. Irritability or short temper: is a feeling of agitation that can occur when someone is provoked.

iii. Agitation, inability to relax: is a feeling of aggravation or restlessness brought on by provocation or a medication condition.

iv. Feeling overwhelmed: losing control or need to take control

v. Sense of loneliness and isolation: sadness because one has no friend or company.

vi. Depression or general unhappiness: is common just like serious mood disorder

(c) Physical Symptoms: under this sub-head the following may manifest.

i. Aches and pains

ii. Diarrhea or constipation: an illness in which waste matter is completed from the bowels more frequently than normal. Unable to get rid of waste materials from the bowels easily.

iii. Nausea, Dizziness: a sensation of unease and discomfort in the upper stomach with an involuntary urge to vomit, feeling as if everything is spinning around you.

iv. Chest pains, rapid heart beat

- v. Loss of sex drive: negative effect on sex life and performance
  - vi. Frequent colds: causing the person to catch cold or the flu more often and causing other illnesses such as asthma.
- (d) Behavioural Symptoms: This is depicted through the followings:
- i. Eating more or less: eating more or less, than expected
  - ii. Sleeping too much or too little: sleeping too much or not letting the individual to have enough sleep.
  - iii. Isolating yourself from others: having little contact with management, or colleagues, relatives etc.
  - iv. Procrastinating or neglecting personalities: avoidance of doing task which needs to be accomplished.
  - v. Using alcohol, cigarettes or drugs to relax
  - vi. Nervous habits (e.g nail biting, pacing): easily agitated or alarmed highly excitable, unnaturally or acutely uneasy or apprehensible, become nervous under stress.

Keep in mind that the signs and symptoms of stress can also be caused by other psychological or medical problems. Smith, Segal and Segal (2014) advised that if you are experiencing any of the warning signs of stress you may have to see a doctor for examination. It is only the doctor who can through further checks determine your status.

Akinboye (2003) categorized the symptoms of stress as follows:

1. Cognitive symptoms which include forgetfulness, attention deficit, distorted thought processes, preoccupations, reduced productivity and negative perception of events.

2. Emotional symptoms include anxiousness, restlessness, irritability, jealousy, anger outburst, hostility, depression, tendency to cry, withdrawal, sleeplessness, impatience and feelings of unreality.
3. Physical symptoms include increased heart rates, pounding heart, elevated blood pressures, sweaty palms, vomiting, headache, diarrhea, constipation, fatigue, dryness of the mouth, chronic pain, stammering and susceptibility to minor illness.
4. Behaviour symptoms include aggressive behaviour, over/under eating, carelessness, compulsive behaviour, impatience, hostility, accident-prone, withdrawal and increase in alcohol and drug consumption.

It is worthy to note however, that most of these symptoms are manifested by Nigerian students in colleges of education. This is reflected in their performance in everyday activity in the college. This was what prompted me to venture into the research to find the causes of stress and anxiety as correlates of behavioural problems so as to provide management strategies /counselling intervention to ameliorate the problems.

Oboegbulam (2007:33) described the symptoms of people under the siege of stress as follows:

*They generally become more irritable and over-react to relatively trivial frustrations. They show a change in their sleeping pattern. They step up their drinking and smoking and become increasingly tired and restless. They derive fewer pleasures from life, laugh less, and become plagued with feelings of inadequacy and self doubt which makes them constantly check their own and other people's work (p. 256).*

Kaplan (2000:49) made the following observations of students in stressful situation:

1. The student is no longer happy or pleasantly excited about school activities, rather, he or she is negative toward work, teachers, classmates, parents, and in fact the whole school.
2. Approaches most school assignments with resignation or resentment.
3. Exhibit boredom.
4. Suffers from sleeplessness, problem in falling asleep or periodic waking.
5. Overreacts to normal concerns or events.
6. Experiences fatigue and extreme tiredness.
7. Exhibits unhappiness with self and accomplishments.
8. Has nervous habits such as blinking of the eye, head shaking or stuttering.
9. Frequently fall sick.
10. Have physical ailments such as weekly or daily stomach aches or headaches.
11. Engages in attention- getting behaviours such as aggressive or acting-out behaviours.
12. Unable to make decisions.
13. Loses perspective and sense of humour.
14. Exhibits dependency, through demanding constant support and reassurance.
15. Experiences increased feelings of physical, emotional and mental exhaustion in work and activities that gives pleasure.

Similarly, Witkin-Lanoil (2004) identified symptoms of stress to include headaches, anxiety and nervousness, fatigue, depression, moodiness (alternating high and low), backaches or pelvic pain, fluid retention, food craving and sweating. Other symptoms, according to him, are: swelling of legs, distended stomach with or without stomach upset, irritability, temperature changes, and migraine headache. Others he added include; increase in accidents and errors, acne, flaring of allergic reactions and outburst aggression.



Byrd (2000) posited that people, such as college students, who live in a state of stress in school, run significant risk of destructive body changes as well as emotional disturbances that may produce profound changes in behaviour. He noted that stress is a source of anxiety when a person is unable to adapt or adjust successfully to the threatening emotional situation. According to him, emotional reactions due to stress may aggravate pre-existing behavioural problems or they may produce new ones such as fighting, quarrelsomeness and feeling of uneasiness, drug abuse, and frustration and sleep disturbances.

### **Sources of Stress for Students**

Stress is a universal psychological disorder we all experience when under tension or pressure. Students as a unique group of people have their peculiar sources of stress. Oboegbulam (2007:42) observed that students stress can be explained in terms of these closely-related concepts:

1. Anxiety: is a feeling of fear or panic
2. Conflict: is a struggle between people with opposing need, ideas, beliefs etc.
3. Frustration: is an emotion that occurs in a situation where a person is blocked from a desired outcome.

Oboegbulam (2007:45) further elaborated the definitions of these concepts;

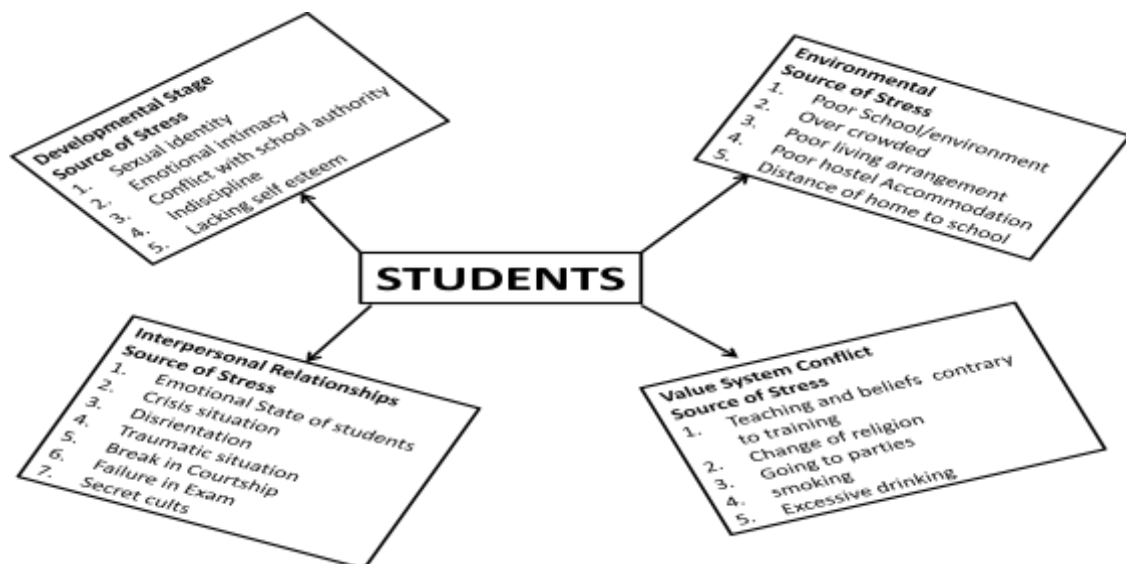
1. **Anxiety:** is an emotion characterized by a feeling of anticipation of being anxious or of experiencing a strong or dominating blend of uncertainty.
2. **Conflict:** Conflict occurs in a student's life when two or more incompatible, motivations or behavioural impulses compete. It is an emotional state that is characterized by indecision, restlessness, uncertainty and tension resulting from incompatible inner needs or drives of comparable intensity.

3. **Frustration:** This occurs in a situation in which the pursuit of some goal is threatened.

For instance one may become frustrated if he cannot get what he wants. He added that frustration is part of our everyday living. It can manifest in the following conditions:

1. Traffic jam: a large number of vehicle close together and unable to move or moving very slowly.
2. Black out: the extinguishing or concealment of all visible light in a city, military post, etc.
3. Lack of water: is the lack of sufficient available water source to meet water need within a region.
4. Cultism: is a small group of people who have extreme religious belief and are not part of any established religion
5. Increase in school fees: This is a situation whereby school fees is higher than before.
6. Lack of hostel accommodation: insufficient available hostel for student.
7. Incessant strike by lecturers: an uninterrupted strike by lecturers.
8. No pocket allowance: lack pocket money for miscellaneous personal spending.
9. Feeding problems to mention just few. Eating less than the required amount of food in the body.

These listed problems and difficulties are potential stressors that put every student on edge. Contending with the state of insecurity in Nigerian society of today, students cannot but be stressed.



**Figure 1:** A graphic representation of sources of students' stress (Oboegbulam, 2007)

### **How does a student know that he or she is under stress?**

According to Oboegbulam (2007:44) a student can know that he or she is under stress by the following:

1. Changes in sleeping patterns: taking longer time to fall asleep and waking up tired.
2. Change in eating patterns; eating too much or eating less
3. More frequent headache than normal; constant headache.
4. Showing frequent temper than normal; easily get annoyed.
5. Recurring colds and minor illnesses; always feeling sick.
6. Frequent muscle ache and/or tightness; tiredness and feeling tensed.
7. More disorganized in academic pursuits and in behavior; lack of concentration.
8. Increased difficulty in task completion; unable to work as expected.
9. A greater sense of persistent time pressure; always exhausted.
10. Increased frustration and anger; experiencing mood change such as impatient and restlessness.

The behavioural aspect involves withdrawal, antisocial acts, restlessness, loss of or increased appetite, erratic behaviour, increased abuse of substances such as alcohol, nicotine, and caffeine among others.

## **Effect of Stress on Students**

Stress can have both positive and negative effect on adolescents. Some stress for everyone is normal and healthy; it keeps us alert and aware of the things that are happening around us. However, excessive stress can be quite harmful to a student. Research by Jewett and Peterson (2003) has shown that the negative effect of stress on students under the age of 18 are far more profound and longer lasting. Dealing with stress is dependent on a child's developmental level as well as his development of coping-skill at that age. Student that is exposed to long term stressors with continued use of unhealthy coping strategies can result in behavior patterns that may be difficult to change. This is due to the fact that the student begins to see the strategies as being effective and each individual can be affected differently by stress. Kochenderfer -Ladd and Skinner (2002:61) observed that an adolescent's physical response to stress may be more intense than that of an adult and often times involves the whole body. Student in this situation exhibits the following behaviours:

1. Becloud the student's way of thinking: complicating, overcast and muddle thinking
2. Reduce concentration: The level of concentration will be low.
3. Impair decision making: weakened the ability to make decision.
4. Lead to forgetfulness and a loss of ability to focus keenly on a task.
5. Make students overly sensitive to criticism.

These conditions make them perform poorly in examinations as they become more upset by their failures. Since each student is unique, parents and teachers will have to watch out carefully to know whether a child is stressed to the point of constructive excitement or negative excitement.

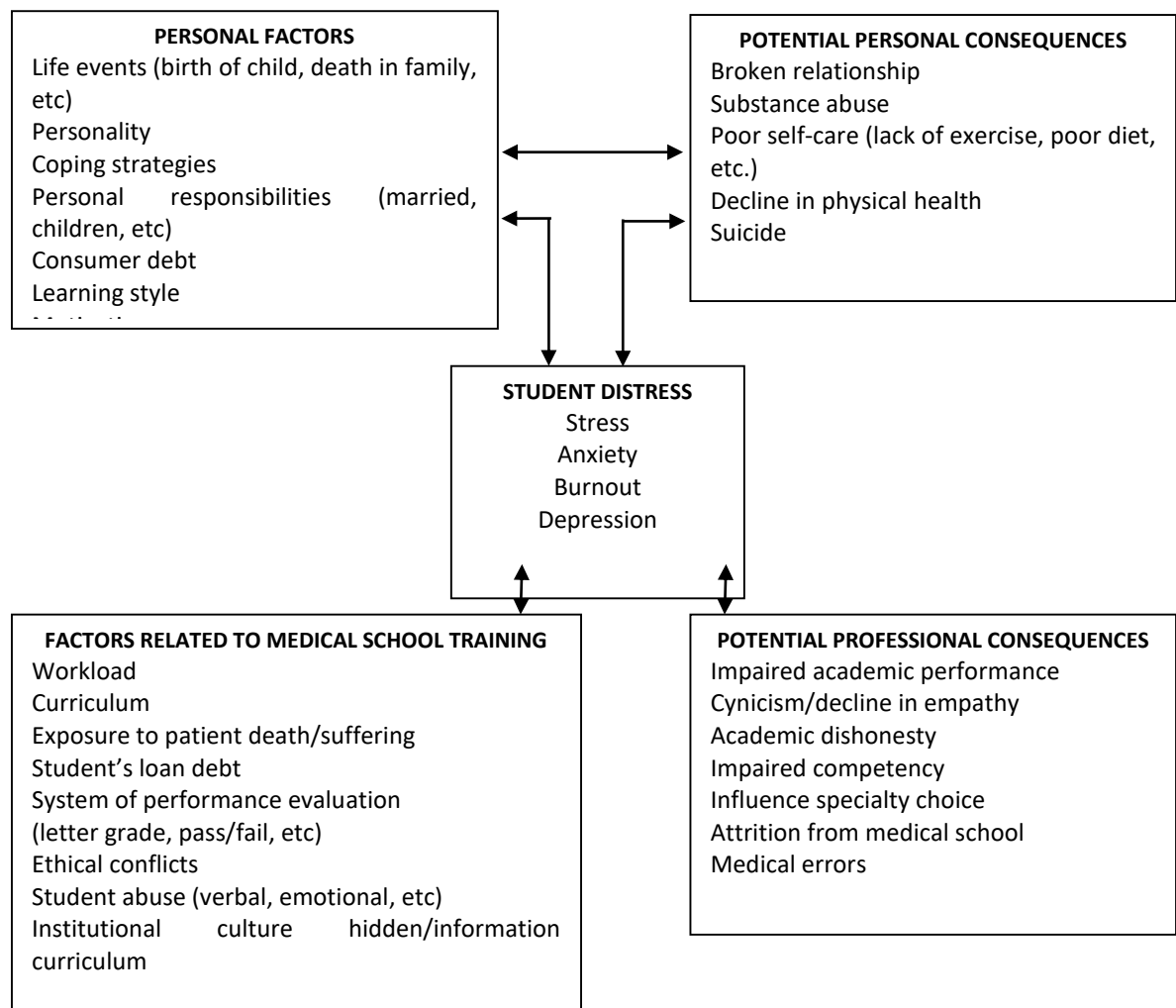
Stress can also induce diseases such as psychiatric disturbance, heart related diseases; bronchial disease such as asthma, tuberculosis, migraine and gastrointestinal

malfunctions can also depress or interfere with the body's immune system and make students more prone to infections and viral diseases.

Weiten and Lloyel (2004) explained that stress interferes with the work performance of students by creating distractions and impaired task performance. Mandler (2002) also observed that stress can disrupt cognitive process of students which may lead to reduced flexibility in thinking, poor concentration ratio and less effective memory storage. He continued that stress is a physical and/ or emotional strain on the body and mind. When the strain and pressure becomes too much to handle, this is called distress or negative stress. According to Neil and Christensen (2009) experts have found that up to 75% of medical disorders are caused by the effects of stress.

Burnout is a state of emotional and physical exhaustion caused by excessive and prolonged stress. It can occur when one feels overwhelmed and unable to meet constant demands. As the stress continues, one begins to lose interest or motivation that leads a person to take on a certain role in the first place. Burnout reduces ones productivity and saps your energy, leaving one feeling increasingly hopeless, cynical, and resentful. The unhappiness burnout causes can eventually threaten a person's job, his/her relationships, and health. Burnout usually has its roots in stress and its signs tend to be more mental than physical. They can include feelings of powerlessness, hopelessness, emotional exhaustion, detachment, isolation, irritability, frustration, being trapped, failure, despair, cynicism, and apathy (Smith, Jaffe-Gill, Segal & Segal, 2007).

Students are subjected to different kinds of stressors, such as the pressure of academics with an obligation to succeed and an uncertain future and difficulties of integrating into the system. The students also face social, emotional, physical, and family problems, which may affect their learning ability and academic performance.



**Figure 2:** Proposed Model of Causes and Consequences of Student Distress, Adopted from Dyerbye, Thomas and Shanafelt (2005).

### 2.2.2 Concept of Anxiety

Gross and Hen (2004) stated that stressful events or situations lead to anxiety which generates fear, aggressiveness and perhaps frustration. Thus, stress and anxiety are found to be inter-related by psychologists. Wilson, Nathan, O’leary and Clark (2006) defined anxiety as a psychological disorder that is associated with significant suffering and impairment. It is a blend of thoughts and feelings characterized by a sense of uncontrollability and unpredictability over potentially aversive life events. Individuals experiencing anxiety show apprehensions that often interfere with behavior and performance in everyday life. Anxiety in general is expected to have a negative effect on

behavior (Vogel & Collins, 2006). In behavioral terms, Sarason (2000) defined anxiety as a conditioned response to a perceived threatening stimulus which could be learned or inherited. Byrne, (2000) also observed that anxiety affects individuals, personal struggle and engages in behavior problem, having poor self-concept and show low school achievement such as absenteeism and difficulty in concentration. Lack of concentration leads to poor performance academically. This statement clearly justifies the need to study stress, anxiety and behavioural problems in order to help our students perform better in schools.

Anxiety is a state feeling of unease, discomfort, apprehension or fearful concern accompanied by a host of automatic and somatic manifestations. Anxiety is a normal, emotional, reasonable and expected response to real, anticipated or potential danger. Shri (2006) observed that if the symptoms of anxiety are prolonged, irrational, disproportionate and/or severe, if they occur in the absence of stressful events or stimuli, or interfere with everyday activities, then they are called anxiety disorders

Kessler and Wang (2008), Olatunji, Cisler and Tolin (2007) observed that anxiety disorders are among the most common mental, emotional, and behavioural problems often experienced by man. These affect one-eighth of the total population worldwide, and have become a very important area of research interest in psychopharmacology (WHO, 2004). By implication 12.5% of the world's populations suffer anxiety. This significant population cannot be ignored as they deserve attention for the well being of all.

Gross and Hen (2004) stated that normal anxiety is a common emotion of human life that can also impact on the daily functioning of adolescents. Adding that everyday anxiety experienced by adolescents can be affected by school environments, relationship with friends and family as well as personal characteristics. Anxiety is characterized as

excessive worry about events or situations, affecting all aspects of daily life (APA, 2000; Brookman & Sood, 2006).

Anxiety results from having to make choices without clear guidelines and without knowing what the outcome will be and from being aware that we are ultimately responsible for the consequences of our actions (Taylor & Francis, 2004). Woody and Rossberg cited in Olusakin (2000) described anxiety as the emotion and or maladaptive avoidance response that creates a negative stress condition within the organism. The added deleterious effects of anxieties permeates both the mind and the body and if not controlled could hinder the functioning of the entire organism, negatively.

At one time or another, everyone has experienced anxiety, or “general uneasiness, a sense of foreboding, a feeling of tension” (Hansen, 2007). The effects of anxiety on school achievement are clear. “From the time of the earliest work on this problem, starting with the pioneering work of Yerkes and Dodson in 1908, to the present day, researchers have consistently reported a negative correlation between virtually every aspect of school achievement and a wide range of anxiety measures” (Covington & Omelich, 2007). Anxiety can be both a cause and an effect of school failure. Students do poorly because they are anxious and their poor performance increases their anxiety. However, some experts have argued that anxiety could have positive effect but this depends on the intensity. The fear of a test the teacher is about to give may compel a student to read well. This action can make the students perform very well in the said test. Anxiety probably is both a trait and a state. Some students tend to be anxious in many situations (trait anxiety) but some situations are especially anxiety-provoking (state anxiety) (Covington, 2012). Anxiety seems to have both cognitive and affective components. The cognitive side includes worry and negative thoughts, thinking about how bad it would be to fail and



worrying that one would have. The affective side involves physiological and emotional reactions such as wet palms, stomach upset, heartbeat, or fear (Schunk, 2006).

American Psychiatric Association (2010) defined anxiety as “apprehensive anticipation of future danger or misfortune accompanied by a feeling of dysphasia or somatic symptoms of tension”. Stress and anxiety share common symptoms and can result from similar circumstances, but in theory, at least these two are distinguishable. Probably, they are linked, but anxiety suggests arousal and an attempt to cope with the situation; depression suggests lack of arousal and withdrawal. American Psychiatric Association (2010) proposed a tripartite hierarchical model that holds that stress and anxiety have common, but also unique, features. Depression is uniquely characterized by anhedonia and low levels of positive affect referring to loss of pleasure and interest in life, lack of enthusiasm, sluggishness, apathy, social withdrawal, and disinterest. Anxiety, meanwhile, is uniquely characterized by physiological hyper arousal, exhibited in racing heart sweating, shakiness, trembling, shortness of breath, and feelings of panic (McDowell, 2006).

Hussain (2010) pointed out that one of the major emotional responses to stress situation is anxiety. He argued that high levels of anxiety were associated with feelings of inadequacy, loss of confidence, confusion in thinking, and occasional panic. He also noted that severe anxiety is expressed in the appearance of psychosomatic symptoms. Powell and Enright (2000) are of the view that any individual who is stressed is also likely to show signs of anxiety. There are two types of anxiety. These, according to Spielberger (2006) are anxiety states (A-States) and anxiety traits (A-traits). He conceptualized A-State as a transitory emotional state and A-traits as a stable individual difference in anxiety proneness.

Christenson (2004) stated that considering the pressures created by public outcries about students and the educational system, students tend to be more anxious than any other group, and therefore show more A-States related behaviors than others do. These A-States related behavior include feeling of inadequacy and loss of confidence among others, stated earlier. This is probably why Spielberger (2006) submitted that A-States is the types of anxiety associated with students which applies to the present study of stress and anxiety as correlates of behavior problem.

Freud cited by Taylor (2006) submitted that A-States might be conceived as a complex, relatively unique emotional condition or reaction that may vary in intensity and fluctuate over time. He also conceptualized A-States as consisting of unpleasant consciously perceived feelings of tension and apprehension, with associated activation or arousal of autonomic nervous system. Similarly, Witkin-Lanoil (2004) perceived A-States to refer to complex emotional reactions that are evoked in individuals, who might interpret specific situations as personally threatening. He noted that a victim of A-States would experience an immediate increase in the intensity of emotional state characterized by feeling of tension and apprehension and heightened autonomic nervous system activity. On his own part, Spielberger (2006) pointed out that the term A-States denote a palpable but transitory emotional state or condition characterized by feelings of tension and apprehension and heightened nervous system activity.

Morakinyo (2001) also asserted that individual needs some anxiety to prompt them into actions in tackling some of the problems of daily living that are perceived dangerous. This shows that anxiety could be of advantage to students because they will be able to plan in order to tackle problems that arise in the school system. Oladele (2004) defined anxiety as an unpleasant, complex and variable pattern of behaviour which individuals show when reacting to internal (thoughts and feeling) or external

(environmental situation) stimuli which differs from fear in the sense that fears has objective stimulus right in front of a person e.g snake in front of someone, strange and unexpected objects. Anxiety could be a long term phenomenon e.g fear or failing the final examination. In his attempt to define anxiety Oladele (2002) described anxiety as a fear, especially as caused by uncertainty about something, the state of being anxious (a state of chronic apprehension as a system of mental disorder). Anxiety can also be defined as a condition of mental uneasiness arising from fear, solitude and apprehension. Any situation which threatens the well-being of an organism is referred to as anxiety producing state, this is why anxiety is perceived as a realistic response to perceived danger in an environment (Morakinyo, 2001)

Herbert (2004) posited that anxious mood states are associated with decreases in lymphocyte proliferation and natural killer cell activity, as well as changes in the numbers of white blood cells and the quality of anti-body circulating in the blood. He submitted that with more anxiety, the less anti-body is produced after exposure to potentially harmful substances. On their own part, Gear and Cunningham (2005) observed that anxiety can cause a physical condition, a term called psychosomatic illness. Anxious students often know more than they can demonstrate on a test. They may lack critical test-taking skills, or they may have learned the materials but “freeze and forget” on test. So anxiety can interfere at one or all three points attention, learning, and testing.

Fisher, Masia-Warner and Klein (2004) observed that anxiety over situations such as answering, and asking questions in class, attending social events, showing assertiveness, and being in front of peers can often times lead to avoidance of many different social situations, including school. Ryan and Carrie (2012) are also of the view that long-term avoidance of these situations can create behavior patterns that may interfere with developmental growth in adolescence. The avoidance of these situations

can also lead to other problems such as poor school performance, depression, and possible substance abuse which are part of behavior problems. Wadsworth and Berger (2006) found that children from families facing conflicts such as divorce were associated with anxious behaviour and other psychological distress.

It is pertinent to understand that the behaviour of the maladjusted individual is worrisome because it negates societal norms and expectations. In essence, the society expects that as a grown up person or developing individual one would be courageous enough to ascertain situation “maturely”, any inability to accomplish this would be interpreted as being deficient having maladaptive behaviour. One way to rectify this anomaly is to be able to differentiate between sources of real fear and imaginary fear or anxiety.

Yusuf and Durosaro (2009) defined anxiety as a maladaptive behaviour. Examination anxiety as one of the types of anxiety according to them means the emotional reactions that some students have toward examination. Dickson (2008) described examination anxiety as students’ excessive worry about the consequences of the examination, fear of being evaluated and apprehensive about the consequences of the examination. Examination anxiety is a common phenomenon that involves feelings of tension or uneasiness that occur before, during or after an examination. Tabia (2009) defined test anxiety as any anxiety that aroused in evaluation situation, especially by the variety of test administered in most educational institutions.

### **Types of Anxiety**

In the view of Crosta (2013:27) it’s crucial that one understand the type of anxiety one is suffering from and how it affects individuals. Psychologists convene regularly to discuss how to categorize anxiety disorders, and according to recent scientific interpretations, there are 5 categories of anxiety disorders. These include:

- 1) Generalized Anxiety Disorder (GAD)

- 2) Social Phobia
- 3) Panic Disorder
- 4) Agoraphobia
- 5) Phobias

### **1: Generalized Anxiety Disorder**

Generalized anxiety disorder (GAD) is the most common and widespread type of anxiety. GAD affects tens of millions of people throughout the world. GAD is best described as an ongoing state of mental and/or physical tension and nervousness, either without a specific cause or without the ability to take a break from the anxiety. In other words, if one feels himself constantly on edge, worried, anxious, or stressed (either physically or mentally) and it's disrupting one's life, one may have generalized anxiety disorder. Remember, some anxiety is a natural part of life, and some degree of anxiety is normal to feel occasionally. But when that anxiety appears to occur for no reason or for reasons that shouldn't be causing that degree of anxiousness, one may have generalized anxiety disorder.

The following are the most common problems associated with GAD according to Dickson (2008:37):

1. Constant restlessness, irritation, edginess, or a feeling of being without control.
2. Fatigue, lethargy, or generally low energy levels (feeling drained).
3. Tense muscles, especially on the back, neck, and shoulders.
4. Trouble concentrating or focusing on tasks or activities.
5. Obsessing over negative and anxiety causing thoughts - "Disaster Thinking."

## **2: Social Phobia**

Many people suffer from what's known as "social phobia," or an irrational fear of social situations. Some degree of social phobia is normal. Small degrees of shyness in public places, or discomfort while public speaking, are natural in most people, and do not imply an anxiety problem.

But when that fear disrupts one's life, one may be suffering from social phobia. Social phobia is when the shyness is intense and the idea of socializing or speaking with the public, strangers, authority figures, or possibly even ones friends causes one noticeable anxiety and fear. People with social phobia view public situations as being potentially painful and distressing, living with a constant fear of being judged, observed, remarked upon, or avoided. Those with social phobia also often have an irrational fear of doing something stupid or embarrassing. What makes this more than just shyness is when those fears cause one to avoid healthy socializing situations altogether. Those with social phobia often live with two or more of the following issues (Crosta, 2013:36):

1. Feeling hopeless or fearful within unfamiliar people or in unfamiliar situations.
2. Obsession over being watched, observed, or judged by strangers.
3. Experiencing overwhelming anxiety in any social situation with difficulty coping.
4. Severe fear of public speaking - beyond what one would consider "normal"
5. Anxiousness about the idea of social situations, even when not in one.
6. Intense issues meeting new people or voicing up when one need to speak.

Many people with social phobia display avoidance behaviors. They avoid any and all social situations as best as they can so as to avoid further fear.

## **3: Panic Disorder**

Panic disorder is a debilitating anxiety disorder that is very different from GAD. Panic disorder is not about "panicking." It's not about getting very worried because one might lose one's job or a lion is about to attack one in the jungle. That type of panic is

normal. Panic disorder is when one experience severe feelings of doom that cause both mental and physical symptoms that can be so intense that some people become hospitalized, worried that something is dangerously wrong with their health. Panic disorder is characterized by two things:

1. Panic attacks.
2. Fear of getting panic attacks.

Panic attacks are intense physical and mental sensations that can be triggered by stress, anxiety, or by nothing at all. They often involve mental distress, but are most well-known by their physical symptoms (Crosta, 2013:38). These include:

1. Rapid heartbeat (heart palpitations or irregular/fast paced heart rhythms).
2. Excessive sweating or hot/cold flashes.
3. Tingling sensations, numbness, or weakness in the body.
4. Depersonalization (feeling like one is outside himself).
5. Trouble breathing or feeling as though one has had a deep breath.
6. Lightheadedness or dizziness.
7. Chest pain or stomach pain.
8. Digestive problems and/or discomfort.

Panic attacks may have some or all of the above physical symptoms, and may also involve unusual symptoms as well, like headaches, ear pressure, and more. All of these symptoms feel very real, which is why those that experience panic attacks often seek medical attention for their health. Panic attacks are also known for their mental "symptoms" which peak about 10 minutes into a panic attack (Crosta, 2013:39). These include:

1. Feeling of doom, or the feeling as though one is about to die.
2. Severe anxiety, especially health anxiety.

3. Feeling of helplessness, or feeling like one is no longer himself.

Contrary to popular belief, it's possible for the physical symptoms of panic attacks to come both before and after anxiety, meaning that one can experience physical symptoms first before experiencing the fear of death. That is why many people feel as though something is very wrong with their health.

Panic attacks can be triggered by an over-sensitivity to body sensations, by stress, or by nothing at all. Panic disorder can be very hard to control without help. Seeking assistance right away for one's panic attacks is an important tool for stopping them, so that one can learn the techniques necessary to cure this panic. One can also have panic disorder without experiencing many panic attacks. If one live in constant fear of a panic attack, one may also qualify for a panic disorder diagnosis. In those cases, ones anxiety may resemble generalized anxiety disorder, but the fear in this case is known.

#### **4: Agoraphobia**

Agoraphobia is the fear of going out in public, either the fear of open spaces or the fear of being in unfamiliar places. Many people with agoraphobia either never leave their home, or do anything they can to avoid travelling anywhere other than their home and office. Some people can go to the grocery store or other familiar places, but otherwise experience intense, nearly debilitating fear anywhere else.

Agoraphobia is more common for adults (Crosta, 2013). Many also fear losing control (both psychologically and physically), causing them to avoid social situations. Not everyone living with agoraphobia spends all his/her time in the home. In fact, some of the more common symptoms include:

1. Obsessive fear of socializing with groups of people, regardless of whether or not one knows them.
2. Severe stress or anxiety whenever one is in an environment other than one's home or an environment where one is not in control.



3. Feelings of tension and stress even during regular activities, such as going to the store, talking with strangers, or even just stepping outdoors.
4. Preoccupation with how to protect himself or find safety in the event that some type of trouble occurs, even with little reason to believe trouble will occur.
5. Finding that one's own fears are keeping one prisoner, preventing one from going out and living life because of that fear.

## **5: Specific Phobias**

Phobias are intense feelings of fear because of objects, scenarios, animals, etc. Phobias generally bring about disaster thinking (believing that the worst will happen) or avoidance behaviors (doing whatever it takes to avoid the phobia). An example of a common phobia is arachnophobia or fear of spiders. Very few spiders are likely to bite and even fewer are dangerous, and yet many people experience a feeling of severe dread at even the idea of a spider. Other examples of common phobias include snakes, airplanes, thunderstorms and blood.

Phobias do count as an anxiety disorder, although some people can go their entire life with a phobia and not require treatment. For example, if one has a fear of chickens, but live nowhere near a farm, then when one has real phobia it may not be disruptive. But if at any point one's life starts to change as a result of one's phobia, then one has a real issue (Dickson, 2008:40). Phobias commonly cause:

1. Excessive, constant fear of a specific situation or event.
2. Instant feeling of terror when confronted with the subject of one's phobia.
3. Inability to control one's fears, even though one know they're irrational.
4. Going to great lengths to avoid the situation or object that causes one fear.
5. Experiencing restrictions to one's normal routine as a result of the fear.

For some people that have severe phobias, the mere idea of the object they fear (even if it is not present) causes stress or anxiety, or otherwise affects their life. Many

people have small phobias they can manage, but if the phobia ever starts to genuinely affects one's ability to live a quality life, one may need to find a treatment solution.

### **Etiology of Anxiety**

Smith, Segal and Segal (2014) sees anxiety as the body's natural response to danger, an automatic alarm that goes off when you feel threatened, under pressure or are facing a stressful situation. They went further to state that anxiety is not always a bad thing when it is moderate. Crosta (2013) opined that, "anxiety disorder may be caused by environmental factors, medical factors, brain chemistry, substance abuse or combination of these." These anxiety problems are commonly triggered by the stress in our lives.

The causes of anxiety have been discussed under the following sub-headings by Crosta (2013:41) as environmental and external factors:

Environmental and external factors that are known to cause several types of anxiety are:

1. Trauma from events such as abuse, victimization or the death of a loved one.
2. Stress in personal relationship, marriage, friendship and divorce
3. Stress at work
4. Stress from school
5. Stress about finances and money
6. Stress from a natural disaster
7. Lack of oxygen in high altitude areas

### **Medical Factors**

Crosta (2013:41) associated anxiety to some medical factors such as anemia, asthma, infections and several heart conditions. These medical related causes are:

1. Stress from serious medical illness
2. Side effects of medication
3. Symptoms of a medical illness

4. Lack of oxygen from emphysema or pulmonary embolism (a blood clot in the living) substance used and abused.

Crosta (2013) pointed out that, “about half of patients who utilize mental health services for anxiety disorders such as General Anxiety Disorder (GAD), panic disorder, or social phobia are doing so because of alcohol or benzodiazepine dependence. More generally, anxiety is also known to result from withdrawal from an illicit drug i.e heroin, or from prescription drugs like vicodin, benzodiazepines or barbiturates.

### **Genetics**

It has been suggested by some researchers that a family history of anxiety increases the likelihood that a person will develop it. In other words, some people have the genetic predisposition of having anxiety disorders.

### **Brain Chemistry**

Research finding as reported by Crosta (2013) reported that people with abnormal levels of certain neurotransmitters in the brain are more likely to suffer from Generalized Anxiety Disorder (G.A.D). He concluded that, when the neurotransmitters are not working properly, the brains internal communication network breaks down, and the brain may react in an inappropriate way in some situations. This condition can thus lead to anxiety.

### **Signs of Anxiety**

Anxiety seems to have become normal in our daily life experiences in today’s complex world. However, many of us cannot identify our anxious period so as to attend to them effectively. It must be noted that anxiety isn’t always bad. Help guide (2014) is of the view that anxiety can help you stay alert and focused, spur you to action, and motivate you to solve problem. The following signs and symptoms of anxiety as listed in Help Guide (2014:32) are:

1. You are constantly tense worried or on edge

2. Your anxiety interferes with your work, school or family responsibilities
3. You are plagued by fear that you know are irrational but can't shake it off
4. You have a belief that something bad will happen if certain things aren't done a certain way
5. Avoiding everyday situation or activities because they cause you anxiety
6. Experience sudden, unexpected attacks of heart-pounding panic
7. You feel that danger and catastrophe are around every corner.

Having listed the above signs and symptoms of anxiety, Help Guide (2014) cautioned, 'because anxiety disorders are a group of related conditions, rather than a single disorder, they can look very different from person to person'.

It is observed that one individual may suffer from intense anxiety attacks that strikes without warning, while another gets panicky at the thought of mingling at a party. Similarly, another person may struggle with the disabling fear of driving or uncomfortable intrusive thoughts. It further pointed out that some people may live in constant tension, worrying about anything and everything.

Help Guide (2014:36) went further to group anxiety disorder into two categories:

(a) Emotional (b) physical anxieties; listing their symptoms as;

1) Emotional anxiety: symptoms

1. Feeling of apprehension or dread – an emotion experienced in anticipation of some specific pain or danger (usually accompanied by a desire to fight).
2. Trouble concentrating – have difficulty concentrating or forgetting things that you normally wouldn't have.
3. Feeling tense and jumpy – feeling incredible levels of guilt about taking it easy and being good to themselves.

4. Anticipating the worst: when the mind becomes over-worked, anticipate hurtful things that come your way
5. Irritability: is a feeling of agitation that can occur when someone is provoked or feeling frustrated.
6. Restlessness or feeling on edge: difficulty in concentration or mind going blank
7. Watching for signs of danger: describes the fear of something bad happening, like the dread you feel when working alone in a deserted place.
8. Feeling like the mind is gone blank: feeling on an edge.

## 2) Physical anxiety symptoms

Anxiety is more than just a feeling. As a product of the body fight-or-flight response anxiety involves a wide range of physical symptoms. Help Guide (2014:38) stated the common ones as:

1. Pounding heart: a feeling that your heart is beating too hard or too fast, skipping a beat or fluttering.
2. Sweating: is the release of salt-based fluid from the sweat glands.
3. Stomach upset or dizziness: is a term that describes discomfort or pain in the upper abdomen. and or feeling weak.
4. Frequent of urination or diarrhea: means needing to urinate more often than usual
5. Shortness of breath: is the unpleasant sensation of having difficulty in breathing.
6. Tremors and twitches: is an uncontrolled fine movement of a small portion of a large muscle.
7. Muscle tension: is typically cause by the physiological effect of stress
8. Headaches: are caused by dysfunction or over activity in pain-sensitive structure in the head.

9. Fatigue: extreme tiredness resulting from mental or physical exertion or illness.
10. Insomnia: A habitual sleeplessness; inability to sleep.

Apart from the above Help Guide (2014:50) listed the following as symptoms of anxiety attack:

1. Surge of overwhelming panic
2. Feeling of losing control or going crazy: This is fear of if I don't manage to control the outcome of future event something terrible will happen.
3. Heart palpitation or chest pain: are feelings that the heart is beating too hard or too fast, skipping about, or fluttering.
4. Feeling like you are going to pass out.
5. Trouble breathing or choking sensation: feeling uneasy to breath, have a feeling if difficult in swallowing or like something being stuck in the throat.
6. Hypertension: when there is too much pressure in blood vessels.
7. Hot flashes or chill: is a period of intense heat, warm skin, and sweating which can be triggered by feeling stressed.
8. Trembling or shaking: to shake involuntarily with quick, short movement, as from fear, weakness or cold.
9. Nausea or stomach cramps: is the uneasy sensation that you need to vomit, although it does not always lead to vomiting.
10. Feeling detached or unreal: experiencing "lost of spirit" "absence" of emotions and no mood changes.

As earlier cautioned all these symptoms may not be present in every client/patient due to individual differences. Therefore, the medical professional stands a better chance of diagnosing such symptoms.

Rogge (2011:18) is of the view that anxiety can produce both physical and psychological symptoms. He stated some common physical symptoms as follows:

1. Stomach ache: discomfort or pain in the upper abdomen
2. Muscle tension: is typically caused by the physiological effect of stress
3. Headache: over activity in pain-sensitive structure in the head.
4. Rapid breathing: also called tachypnea, occur when you take more breaths than normal in a given minute.
5. Fast heartbeat: when the heart is beating faster than normal. A normal heart rate is 60 to 100 beats per minute.
6. Sweating: is the release of salt-based fluid from the sweat gland.
7. Shaking: refer to an agitated often involuntary that occur in living things.
8. Dizziness: is a feeling that you are about to faint or “pass out”. It is a symptom various disorder.
9. Frequent urination: where you feel an urge to pass urine more often than usual.
10. Diarrhea: an illness in which waste material is concerted from bowel more frequent than normal.
11. Fatigue: extreme tiredness resulting from mental or physical exertion or illness.

In addition to physical symptoms, anxiety can cause mental or emotional symptoms, including:

1. Feelings of impending doom: feeling keyed up like something bad is about to happen in places like park and garden place.
2. Panic or nervousness, especially in social settings: is a response of the sympathetic nervous system.
3. Difficulty concentrating: inability to take a great deal of mental energy.

4. Irrational anger: is an anger that is not supported by the whole picture.
5. Restlessness: or feeling on edge; difficulty in concentration or mind going black.

For most people, anxieties come and go. They usually occur after a particular stimulus, but then go away. Common stressors include:

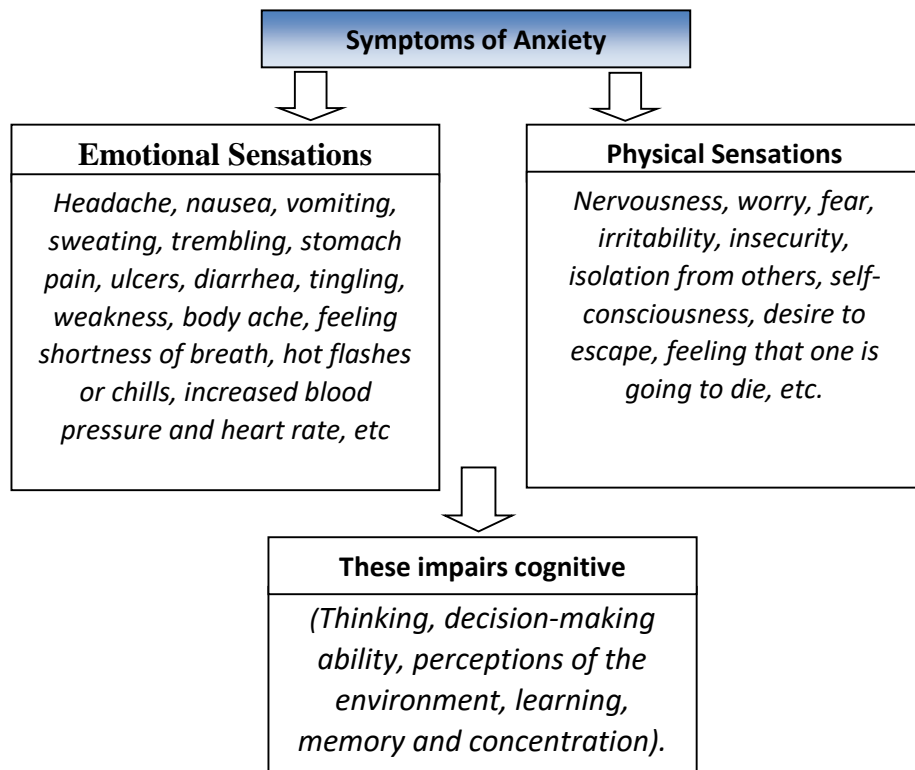
1. Moving: moving out of an apartment is all about stress and chaos and change. This is one of the hardest things to do.
2. Starting a new school or job: many teens spend their high school days anticipating that moment when they can enter college, and be seen as an official adult; one that is free.
3. Having an illness or injury: illness, even if relatively short in duration, for example recovering from bypass surgery, can also have impact on ones life.
4. Having a friend or family member who is ill or injured
5. Death of a family member or friend: the death of loved one, like spouse, can be tremendous blow and devastating which takes time to come to term with.
6. Getting married: getting married is not easy because there are usually a hundred and one details that need to be taken care of not to mention the major life change.
7. Having a baby: many people have spend several years waiting and anticipating the birth of their first child, yet may feel stressed and scared as the impending birth loom.

Drugs that contain stimulants may exacerbate symptoms of anxiety. Help Guide (2014) prescribed medications that can make symptoms worse to include:



1. Thyroid medications
2. Asthma inhalers
3. Diet pills
4. Regular use of caffeine, cocaine, and alcohol can also make symptoms worse.

Okafor and Okafor (2008:26) outlined features of anxiety states to include worry, tension, nervousness and being ill at ease. Other features or symptoms of anxiety states according to them, are rapid pulse, sweaty palms, and rapid breathing. The classifications of A-States by Doctor and Kalu (2009) in order to determine the anxiety levels of the students and consequently establish relationship with the students' behaviour.



**Figure 3:** Symptoms of Anxiety (emotional, physical and those that impair cognitive domain), (Doctor and Kalu, 2009).

## **Effects of Anxiety on Students**

Anxiety can be seen as a cause and effect of poor school performance. Students can be overwhelmed and that may lead to anxiety, and then in turn their poor performance can produce more anxiety. Anxiety can interfere with focusing attention, learning and test taking. Woolfolk (2007) explained that highly anxious students feel the need to divide their attention between learning the new information being presented and worrying about the evaluation of the information being taught. Many highly anxious students have poor study skills and if the information being presented is not done so in a well-organized manner the anxiety levels in these students may increase. When it comes to testing, many students find it hard to demonstrate the knowledge, due to “freezing-up” or lacking the skills necessary for effective test-taking. Kochenderfer-Ladd and Skinner (2002) said of children who are targets of peer’ aggressive behaviours (bullying) are at higher risk for adjustment problems, including depression, anxiety, stress, low-motivation in school, loneliness, truancy and dropping out.

There is no doubt that anxiety will constitute serious problems that detract the student. Ahmed (2002) described anxiety reaction as emotional illness that attacks and unsettles ones state of mind characterized by apprehension, nervous tension, physical and mental fatigue and pain. Anxiety has also been linked with stress reactions.

Other researches conducted by Sorenson as cited in Ahmed (2002) stated that emotion laden behaviours often occur as a response to anxiety which is aroused by fears and conflicts and their attendant worries that grow out of actual unforeseen frustrations of efforts to satisfy our needs, exercise our drives or fulfill our motives. He further stated that if the situation does not improve, anxiety emerges in form of a state of mind characterized by tension, fear and worry over specific or generalized objects. He has given under listed items selected from the eleven (11) questions on the children’s form of the

“Taylor’s manifest anxiety scale” as being accurate Sorenson in Ahmed (2002:38) and presented as follows;

- i. It is hard for me to keep my mind on anything.
- ii. I get nervous when someone watches me work.
- iii. I feel I have to be best in everything.
- iv. Others seem to do everything easier than I can.
- v. I have trouble making up my mind
- vi. I get angry easily.
- vii. I have to go to the toilet more than most people viii, My feeling gets hurts easily
- viii. I worry about doing the right things
- ix. I am afraid of the dark
- x. It is hard for me to keep my mind on school work.

The effect of anxiety and stress as given by Hilgard (2001) are similar to those already cited. According to him in anxiety reactions, the typical anxiety neurotic lives with a higher level of tension than a normal individual. The chronic state of apprehension, he explained, is often punctuated by acute anxiety attacks that may occur as often as several times a day or as infrequently as once a month. During the acute attacks, the individual is said to have an overwhelming feeling that something dreadful is about to happen. The feeling, according to the source, is usually accompanied by such physiological symptoms as heart palpitation, rapid breathing, perspiration, muscular tension, faintness and nausea.

Ahmed (2002) has also explained as representing a carryover of some unresolved conflicts and the individual concern manifests an unreasonably unjustified anxiety regarding some particular situations. Excessive anxiety has also been as one of the potent factors in

backwardness. He maintained that homes which engender anxiety and insecurity will almost certainly be home which provide the children with the minimum of stimulation. Anxiety caused by fear of the teacher or even by being in unusual circumstances such as in strange room for an examination will tend to act as an inhibitor for a child's activity.

Therefore, it is warned that the teacher should ensure that any specific anxiety generated in connection with the solving of problems in children's learning should be overcome by letting the problem solving take place within a generally positively charged emotional situation (Ahmed, 2002).

### **Sources of Anxiety for Students**

Anxiety is worrying about non-important life events, may be things that one shouldn't spend a lot of time worrying about. All teens experience anxiety throughout secondary level of schools, it is caused by academics, extracurricular activities, friends, or family. Some teens learn to roll with the punches and pushes through hard times while others are mentally and sometimes physically, paralyzed by their stress. Kaneoka (2013:15) suggested that the sources of anxiety can be attributed to the following:

1. The rise in divorce rates,
2. Social media distraction: getting drawn into content that might be interesting but isn't relevant to your organization or purpose
3. Competition for college admission that many teens face today,
4. Academic stress: is a mental distress with respect to some anticipated frustration associated with academic failure
5. School: lack of control over what happen at school
6. Caring too much for something,

7. Popularity contest: is a situation which the person who wins or is most successful is the one who is most popular rather than the one who is most skillful, qualified.

### **Helping Anxious Students**

When students face stressful situations such as tests, they can use three kinds of coping strategies: problem solving, emotional management, and avoidance. Problem-focused strategies might include planning a study schedule, borrowing good notes or finding a protected place to study. Emotion-focused strategies are attempts to reduce the anxious feelings, for example, by using relaxation exercise or describing the feelings to a friend. Of course, the latter might become an avoidance strategy, along with going for snack or suddenly launching an all out desk-cleaning attack (can't study till you get organized). Zeidner (2008) is of the view that different strategies are helpful at different points for example, problem solving before and emotion management during an exam. Different strategies fit different people and situations.

Counselors should help highly anxious students to set realistic goals, because these individuals often have difficulty making wise choices. They tend to select either extremely difficult or extremely easy tasks. In the first case, they are likely to fail, which will increase their sense of hopelessness and anxiety about school. In the second case, they will probably succeed on the easy tasks but they will miss the sense of satisfaction that could encourage greater effort, ease their fears about school work and nurture a sense of self-efficacy. Anxious students may need a good deal of guidance in choosing both short-and long-terms goals. The goal cards or goal books described earlier may help here.

Anxious students may also need help working at a moderate pace, especially when taking tests. Often, these students either work too quickly and make many careless errors or work too slowly and are never able to finish the task. If possible, consider eliminating time limits on important tests because anxiety appears to interfere with both attention and

retention. Seiber, O'Neil and Tobia (2007) are of the view that highly anxious students (at least those of average or high ability) benefit most from instruction that is very structured and allows for repetition of parts of the lesson that are missed or forgotten.

### **2.2.3 Concept of Behavior and Behavioral Problems**

Behavior can be defined as the way in which an individual responds to situations/acts around him/her. Behaviour is everything we do that can be directly observed e.g. a baby crying or a college student riding bicycle (Santrock, 2000). It is the way an individual conducts himself or herself and how he/she acts towards people, society situations or objects. Behavior of an individual can be good or bad, normal or abnormal according to societal norms. Iheanacho (2003) posited that behavior can be described as a process of conducting or managing one self. Essuman, Nwaogu & Nwachukwu (2008) stated that behavior is any activity of an organism which is either normal or problematic. Okorodudu (2003) opined that normal behavior include those activities that enhance the wellbeing of individuals, group or society, while problem behavior include those activities that do not promote the well-being of individual, group or society, such behaviors are usually frowned at by the society. Birader (2007) is of the view that behavior problem is deviation from the accepted pattern of behavior when an individual is exposed to inconsistent and consistent stressors of social or cultural environment. UNESCO (2000) also posited that behavior problems generally could be traced to a three causal factors i.e. cultural factors, school factors and religious factors because each of these has impact on the life of an individual The family plays a pivotal role in providing the most congenial atmosphere to an individual to form his life style and basic patterns of behavior.

However, the common behavior problems caused by stress and anxiety on students which are deviation from normal behavior of students as pointed out by Bakare

(2000) includes examination malpractice, stealing, fighting, secret cult activities, rape, sexual abuse, drug and alcohol intake. Beside these stated behaviors, he affirmed that psychosomatic and somatic symptoms as well as reduced task performance may manifest.

In view of the above, Koshiha and Helgeson (2009) outlined some of the clinical symptoms of stress to include: poor appetite, sleeplessness, lack of concentration, poor memory, aches and pains, internal heat, heart palpitations and bad dreams. Others include depression, fear, anxiety, anger and hostility. They further affirmed that some students develop psychopathologies like psychosis, paranoia and hypomania in extreme cases. These conditions in anyway do not favour academic activities.

Myers (2009) stated that the behavior of a person under stress depends in part on the level of stress experienced. Mild stress activates and intensifies biologically significant behavior, such as eating, aggression and sexual behavior.

Research studies show that stress and anxiety influence behavioural problems of students. Zimbardo (2008) observed that stress could be mild, moderate or severe. Adding that, the severity of stress is judged by the degree of disruption in an individual that will occur if the individual fails to cope with the stress. Further studies by Ezeilo, Clarke and Wattan, (2000) observed the following conditions that bring about stress to students such as: lack of congruence between students' expectations of life at the institution and the actual experience, academic pressure, too much work load, crowded lecture hours, fear of failing examination, fear of embarrassment from any source, bad company, poverty, lack of facilities etc.

### **Causes of Behavior Problems**

Each society has a particular accepted ways of life which are known as norms. The way one conforms to or deviates from these norms will form good or bad behavior. UNESCO (2000:8) asserted that there are three major causes of behavior problem: These are:

1. Cultural factors
2. School factors
3. Religious factors.

### **Cultural Factors as Causal Explanations of Behaviour**

Neither families nor schools provide all the social influences that determine how children's behave. Children are part of family, parents and teachers are part of a large culture that moulds behaviour. Parents and teachers tend to hold values and set behavioural standards and expectations, consistent with those of the cultures in which they live and work. Children's attitudes and behaviour lean toward the cultural norms of their families, peers, and communities.

When a child's family, school values or expectations conflict with other cultural norms, behavioural development may be adversely affected. Different cultural forces pull the child's behaviour in different directions and create conflicting expectations and increase the probability that he/she will violate cultural norms and be labelled a deviant.

### **Conflicting Cultural Values and Standards**

Conflicting cultural values and standards cause stress in young adolescent and youth? Students are likely to behave in the way they do because of the challenges they face. We should also appreciate that there are many conflicting and widening choices in the modern world and these conflicting values according to Ezeilo, Clarke and Wattan (2000:14) include:

#### **a) Mass Media**

Television shows, video shows, movies and magazines glamorize the behaviour and values of conspicuous models that are incompatible with the standards of many families. Imitation of these models results in parental disapproval.



**b) The Community**

Religious groups may preach against certain behaviour that is normal in the larger community (e.g. dancing and dating). Students and young people who conform to these religious teachings may be rejected by peers, stigmatized or socially isolated, while those who violate religious teaching may feel extreme guilt.

**c) Intermarriages**

Children of inter-racial marriages may have difficulty developing a sense of identity, especially during adolescence. They may have major problems reconciling their mixed blood into a single, personal identity that affirms the positive aspects of each heritage, while acknowledging society's ambivalence towards bi-racial persons.

**d) Teenage Sexuality**

In the area of sexuality, consider the cultural forces that foster teenage pregnancy, and society's responses to it. Sexual morals have changed over the years, so that adolescents now have much greater freedom and greater responsibility for preventing pregnancy. Society today tempts adolescents and offers them freedoms and responsibilities they are not equipped to handle, but does nothing to help them deal with them, or punishes them for abusing freedom and behaving irresponsibly.

Bakare (2000) observed that teenagers often pressure their peers to become sexually active, while conservative politicians attempt to restrict sex education and make contraceptives less readily available to teenagers. Education for family life and child rearing is not widely available. The many pressures on teenage girls to become sexually active and become pregnant (i.e. the presence of sugar daddies) and the penalties teenage mothers must pay, must be taken into account.

The conflict that exists between cultural and social inducements for teenagers to become sexually active and the penalties teenage parents pay in the form of limited

education, employment and health risks for mothers and children, cannot be ignored. Cultural beliefs and taboos inhibit giving sex education to children. There are other problems which expose students to either new hopes or none at all. They may cause increased stress and create more conflicts as students grapple with new challenges. According to UNESCO (2000) these other aspects include:

1. Child abuse: is an act, or failure to act, by a parent that results in actual or potential harm to a child.
2. Ambitions/aspirations. An earnest desire for some type of achievement of distinction, as power, honour, fame or wealth and the willingness to strive for its attainment.
3. Rural-urban migration: moving from a village to the city or town
4. Parental separations, broken homes/divorces: is the termination of marriage or marital union.
5. Being homeless and orphaned: someone whose parents are dead or have abandoned him/her permanently.
6. Lack of information on sex: lack of sex education.
7. Living with people of the opposite sex: living with an opposite sex e.g. when a lady is living with man, vice versa
8. Racism: the belief that human races have distinctive and intrinsic characteristics.
9. Recognition of minority groups: being in a good relationship with a category of people differentiate from the social majority.

**e) A Multi-Cultural Perspective**

Besides the conflicts that different cultural standards create children's and adults' perception of others, and problems of bias and discrimination, have serious implications for evaluating a child's behaviour. Consequently, nearly all behavioural standards,

expectations and adjustments regarding behavioural deviance are based on culture. Value judgments cannot be entirely culture-free.

## **2. School as a Root Cause of Certain Behaviour**

Beside the family, the school has probably the most important socializing influence on students and young people. One needs to examine carefully the role of the school in the development of behaviour, because the school environment is where the teacher, educators and school administrators have direct control.

Conditions outside the school can influence students behaviour in school. Some children do develop certain behaviours before they begin school. But if a child already has a behavioural problem, you should consider how the school might decrease or eliminate it. Many children, for example, do not show behavioural disorders until they go to school. Again, one must consider the possibility that the school is the cause of this.

An ecological approach to understanding behaviour includes the assumption that all aspects of a student's environment are intermingled. Changes in one element of the ecology have implications for the others. For example, success or failure in school affects behaviour at home and in the community. Consequently, success at school assumes even greater importance if a student's home and community environments are disadvantaged. We should consider the elimination of possible school contributions to behaviour before labeling students adversely.

UNESCO (2000) Stated that schools can contribute to behaviour disorders. Below average intelligence and inadequate academic achievement are characteristic of students with behavioural disorders. Conduct disorder, low intelligence and achievement provide gloomy elements for adulthood. Although school failure is not known to cause behavioural disorders, it usually goes hand in hand with maladjusted behaviour. On the other hand, it can be argued that maladjusted behaviour makes academic success unlikely

and contributes to school failure. Logically, it can be accepted that the school can contribute to both social difficulties and academic incompetence.

The demands of the school and a student's social and academic ability probably affect each other. Students who are healthy, intelligent, socio-economically advantaged, with good self-esteem and interpersonal skills, attract others to respond to them positively. These advantaged students are sensitive to the responses of others towards them and are able to use their intelligence to enhance their personal power and social status. Intelligence and achievement produce acceptability, self-esteem, accurate social perception and status, and in turn induces positive social responses from others and facilitate achievement.

On the other hand, students with conduct disorders are caught in negative reinforcement traps among their peers and in their interactions with teachers and administrators. Teachers (like parents) and classroom peers (like siblings) can become entangled in escalating contests of aversion in which the individual who causes the greater pain is the winner. How the school affects students' emotional or behavioural development depends on their characteristics when entering the educational system.

The same type of interaction between the students' temperament and the parent's child-rearing techniques also occurs between the student's temperament and the social and academic demands of the school. The student who is slow to approach others, who has irregular working habits, is slow to adapt to situations, and who is predominantly in negative mood, is most likely to have difficulty in school. Any temperamental characteristic is susceptible to modification. The school, as with family and biological factors, does not affect behaviour unilaterally to determine the student's behavioural development but classroom conditions and teacher's reactions to student's behaviour

make behavioural problems more likely to occur, or reduce the likelihood of developing behaviour disorder.

According to UNESCO (2000:16) there are six ways in which the school can contribute to the development of disordered behaviour and academic failure:

1. insensitivity to students' individuality;
2. inappropriate student expectations;
3. inconsistent management of behaviour;
4. instruction in non-functional and irrelevant skills;
5. destructive contingencies of reinforcement;
6. Undesirable models of school conduct.

The counsellor must be prepared to work with students who are intellectually and academically deficient, as well as deviant in their social behaviour. As a preventive agent, our tasks are to foster success and lessen the student's anti-social conduct by making his life more meaningful. Academic failure and anti-social behaviour presage limited future opportunities and probably future maladjustment. The school environment is important not only for social development but also being the factor over which educators have direct control.

### **3. Religious Factors**

A number of new religions have been and are being introduced. Some are moderate but many are extremist in their teachings. Young boys and girls find some religions appealing. In most cases, however, they are misled by extreme religious groups that tend to undermine the spirit of hard work and self-realization. Most religions tend to maintain a belief in the inferior status of women and this has implications for girls' self confidence and striving for excellence on equal terms with boys. It affects their aspirations to enter careers where they have to compete with men. Other types of behaviour problems

in the view of UNESCO (2000) amongst others are stealing, disobedience and insubordination, cheating and rudeness.

### **Types of behavior and behavioural problems**

Behavior has to do with human responses to different situations. Human behavior could be tagged normal or abnormal. The behavior is abnormal when it falls outside the norms of the general society; on the other hand it is normal when our responses are acceptable to our society. Below are the classifications of behaviors into the two continuums viz Olawale (2001):

(1) Abnormal behavior

(2) Normal behavior

### **Abnormal behavior**

Olawale (2001:25) observed that certain criteria are used to judge human abnormal behavior. He listed the following characteristics used to discern abnormality, thus:

1. Psychoses: psychotic individual lack the ability to meet the daily demand of life and the condition usually lead to hospitalization.
2. Neuroses: this is a disorder that is normally marked by anxiety, unhappiness and maladaptive behavior that may be serious enough to lead to hospitalization.
3. Psychological disorder: these are also called psychosomatic illnesses which stems from psychological impetuous. These are disorders that have psychological factors as causes. The above has been listed as the cause of high blood pressure, asthma, trembling, stuttering, impotence and frigidity, to mention just a few.

4. Personality disorder: these are long-standing pattern of socially maladaptive behavior. These constitute immature and inappropriate ways of coping with stress or solving problems by the individual. Thus the person fails to behave in socially approved ways because he lacks either motivation or the skills necessary to do so. Some examples of these are: alcoholism, drug addition, sexual deviation, extreme dependency, antisocial behaviours and psychopathic personalities (Klin, 2004).
5. Mental retardation: this is a state of incomplete mental development of such kind and degree that the individual is capable of adapting himself to the normal environment of his peers in such a way as to maintain existence independent of supervision or external support. As such, the person lacks self-help skills, communication skills, motor co-ordination and sharp intelligence. But the important trait is inability to manage one's own affairs without external support.
6. Addiction: being dependent on drugs and alcohol.
7. Criminality: having criminal tendency and deliberately contravening laid-down laws and rules of conduct.
8. Behavioral disorder: this consists of fears and anxieties being passive or aggressive, and behaving in ways that though abnormal are adjudged normal by the individual concerned.
9. Brain disorder: a marked physical brain damage that results in such psychological problems as impaired memory and impaired abstract thinking.
10. Being in treatment: when a person is already receiving treatment for behavior disorder, then he is abnormal.

11. Social or vocational incapacity: problem in maintaining one's job or keeping meaningful, enjoyable relationships with people is a mark of abnormality.
12. Sharp fluctuation of moods of an individual: for instance a sudden change from extreme enthusiasm (mania) to feeling of downwardness (depression) is a mark of abnormality.
13. Subjective feelings of pain and discomfort (as discussed above)
14. Manifestation of somatic (bodily) undesirable responses e.g. shivering, stammering, trembling and stuttering.
15. Manifesting excess behaviours (or over-reaction to issues). Showing deficit weak behaviours.

### **Skinnerian Classification of Problem Behaviour**

Olawale (2001:28) writing on the Skinnerian principles classifies all problems of behaviour or inappropriate behaviours into three; deficit, excess and weak behaviours.

1. **Deficit Behaviours:-** These behaviours imply that there is absence of desirable skills and competence in the individuals. As such, there is need to build appropriate skills and competence into the behaviour of the individuals. Two examples of deficit behaviour are shyness and lack of assertion. Those who feel shy and those who are not assertive actually need psychological skills and competence to overcome their deficit behaviours. Other examples are insomnia, inability to undertake survival skills. Lack of social skills, impatience, etc.
2. **Excess Behaviour:** These are behaviours which are manifested beyond proportion. Examples of excess behaviour are hyperactivity. Alcoholism stealing, aggression, rape, vandalism and so forth. The manifestation of these



behaviour hampers individual's happiness and well-being as well as their relationship with others in the environment.

3. **Weak Behaviour:** These are desirable behaviours existing in the repertoire of an individual but below the expected degree. Laziness, timidity, and short attention span are some out of many experiences in this regard. Definitely weak behaviour does not allow an individual to achieve the optimum and to reach the best standard in his/her undertakings.

### **Conditions for Inappropriate Behaviours**

Gray (2001:33) advanced four conditions which make behaviors inappropriate or abnormal. These are:

1. **Situation** – The situation in which behaviour is manifested might make it inappropriate or maladaptive. This is an individual's inability to discriminate between situations. For instance, laughter is abnormal in an obituary setting, while weeping is inappropriate in a graduation ceremony.
2. **Frequency**– The consistency and regularity in which one manifests behaviour might make it inappropriate. For example, it is normal to greet once at a time but when a person greets continuously it becomes abnormal.
3. **Intensity** - This indicates how strongly a behaviour is exhibited. For instance it is normal for one's voice to remain at conversational level when discussing with someone who is not far away. But suppose the individual is shouting when he should just speak, then it is abnormal.
4. **Duration** – The length of time for which a behaviour is manifested may make it abnormal or inappropriate. For example, it is normal to wash one's hand once after a meal for about two minutes. But if the individual spends thirty minutes or an hour washing his hands after a meal, it then becomes abnormal.

### **Characteristics of normal behavior**

Ekennia (2008:26) observed that behavior exhibited by human organisms could either be normal or abnormal. There are several yardsticks to measure whether or not someone's behavior is normal. Therefore, the indicators of wellness and normality of psychological health are explained below.

1. Efficient perceptions of reality of normal individuals are fairly realistic in appraising what is going on in the world around them. They do not consistently misperceive what others say or do and they do not overestimate their abilities and tackle more than they can accomplish or underestimate their ability and shy away difficult tasks.
2. Ability to exercise voluntary control over behavior normal persons feel confident about their ability to control their behavior. Though, they may act impulsively occasionally, they are able to restrain themselves when and where necessary.
3. Self-knowledge normal individuals have some awareness of their own motives and feelings. They do not hide important feelings and motives from themselves. They do not practice self-deceit.
4. Self-esteem and acceptance normal people have a sense of self-worth, self-dignity and self-importance. They feel accepted by those around them and are comfortable with other people. These people do not feel obligated to subjugate their opinions to those of the group. Thus feelings of worthlessness, alienation and lack of acceptance are prevalent among those who are abnormal.
5. Ability to form effective relationships normal individuals are able to form close and satisfying relationships with other people. They are sensitive to the feelings of others and do not make excessive demands on others to gratify their own needs. They are not self-centered.

6. Productivity normal people are able to channel their energy and abilities into productive activities. They are enthusiastic about life and do not need to drive themselves or be driven to meet the demands of the day. They make meaningful contribution to the improvement of society.
7. Integrated and balanced personality they do not manifest a significant personality disorder (e.g. psychosis or schizophrenia). They are balanced in the face of stress and frustration without suffering from mental illness or psychological disequilibrium.
8. Frustration tolerance normal people are not easily deterred or broken by problems and obstacles.
9. Sense of direction and purpose normal people have goals and purpose in life. They are not living as wanderers in the desert. They have personal convictions about their undertakings; they are not moving with the crowd. These people do not relent their efforts until their goals and objectives are met.

### **Stress, Anxiety and Behavior Problems**

Stress and anxiety becomes a major concern when it begins to affect everyday normal functioning in a person's life (Frank, 2003). Today students face many pressures from outside sources, such as environmental dangers (i.e kidnapping), media exposure, family issues, school problems and often the internalization of stressful events and situations (Grolier, 2002). Stress and anxiety can have both positive and negative effects on students. Some amount of stress and anxiety for everyone is normal and healthy: it keeps us alert and aware of things that are happening around us. However, excessive stress and anxiety can be harmful to students (Jewett & Peterson, 2003). Stress and anxiety affects the individuals both internally and externally. Neil and Christensen, (2009) looked at anxiety in two different categories: one being general anxiety or trait anxiety and

situational anxiety. General anxiety is usually something that has been learned in childhood which has become part of one's lifestyle while situational anxiety is related to a specific event or activity (Neil & Christensen, 2009).

Taylor and Francis (2004) revealed that anxiety reactions have physiological effects which include increased or rapid heartbeat, irregular breathing and dizziness. They also stated that an anxious person may experience apprehension, irritability and depression. He further stated that behaviorally, anxiety can lead to eating or sleeping disorders and restlessness.

### **Effect of Behaviour Problems on Students**

1. Inability to learn which cannot be explained by intellectual, sensory or health factors. A girl or boy is known to have the capacity to learn and do well in class but does not live up to expectations.
2. Inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
3. Inappropriate types of behaviour or feelings under normal conditions, e.g., anxiety, rationalization and displacement.
4. A general pervasive mood of unhappiness or depression.
5. A tendency to develop physical symptoms, pains or fears associated with personal or school problems.

Other effects of behavioural problems as observed by UNESCO (2000) that are common at schools include:

1. excessive indulgence in sex
2. drug taking
3. difficulty in adjusting to conflicting cultures
4. inability in adjusting to stereotyped sex-oriented roles
5. conflicting motives and difficulty in adjusting to the generation gap, etc.

## **Stress and Behavior**

Nakhoda (2012) emphasized that stress does not spare anyone as he said “stress is a modern malady that almost no one is untouched by”. ‘He concluded that, ‘however, it is important to manage stress as it can affect a person in many different ways including affecting his/her behaviour. He listed the followings as common behavioural effects of stress:

1. **Teeth grinding.** Teeth grinding or bruxism may happen subconsciously. If you already grind your teeth, stress could make the problem worse. It may happen during the day or night and is seen in children and adults.
2. **Hair pulling.** Also known as trichotillomania, people repeatedly pull hair out of their scalp, eyebrows and other body areas due to an urge to do so. The condition is troublesome and may lead to baldness in later life. If the hair is eaten or swallowed, it further compounds the problem.
3. **Tremors or nervous tics.** Tremors or nervous tics may occur or get aggravated. Tremors include hand shaking while holding a glass, while a tic could be excessive winking of the eye or a head movement in a particular way.
4. **Eating disorders.** Stress may lead to overeating or under eating as a coping mechanism. Overeating may cause obesity; belching and a feeling of fullness while under eating may contribute to acidity, heartburn and weight loss.
5. **Dropping things.** Clumsiness may be an indicator of how stressed the person is. Utensils may be dropped, tea may be spilled and if the person is ticked off by others the behaviour may worsen.
6. **Forgetting basic hygiene.** Stress may cause a person to stop following oral hygiene measures like brushing twice a day and regular flossing. This in turn may lead to cavities and tooth decay.

7. **Alcohol abuse.** A person who is a social drinker may rely on alcohol to take his worries away and drink more and more to feel good under the influence of alcohol. Abusing alcohol is a common method of forgetting about the difficulties of life.
8. **Substance abuse.** Tobacco and drugs like heroin, marijuana, cocaine and LSD may be used to counteract negative feelings and fears. Smoking and chewing tobacco are commonly seen and people soon become addicted to it as they crave nicotine, the active substance it contains. Using the above drugs may take the person into a different world but an overdose can easily be fatal.
9. **Social withdrawal.** As mood is negatively affected, the person may lose interest in meeting friends and attending functions like parties and weddings. The person may cut off the people close to him and become a social recluse.
10. **Impulse buying.** The person may feel elated with acquiring things and hence may go on a random shopping spree. This is a strong indicator that the person is not in control of his or her actions.
11. **Compulsive behaviour** commonly occurs in response to psychological or emotional stress, and typically involves behaviours that are performed repetitively, excessively, or out of normal context.

American Psychological Association (APA 2010) outlined and discussed the behavioral outcome of stress as follows:

1. **Drugs:** People under stress and anxiety dabble into drugs by drinking, smoking or using other drugs more than usual. This is indicative of trying to “forget” or numb the stress worry or anxiety; which can also lead to physiological as well as psychological addictions/ dependence. This is a dangerous undertaking because of the health implication.

2. **Hostility:** Hostility is a desire to thwart and injure and can manifest as aggression when the intention is to cause injury. It is an anti-social behavior that cannot be condoned in any cultured society.
3. **Social phobia:** APA (2010) posits that stressed and anxious people tend to avoid people. They show social phobia which is an anti-social behavior. When we are withdrawn from the society we cannot learn from it and cannot fit into it.
4. **Smoking:** Smoking (increased), during periods of stress and anxiety, many people find smoking as a way of coping. However it has a direct negative impact upon the smokers' health and those around him/her.
5. **Relationship:** Relationship problems can easily become yet another adverse effect of anxiety, as well as being impacted as a result of stress.
6. **Impatience:** Behaving impatiently or impatience is a common symptom of stress and anxiety, which can manifest itself in many ways, including talking over people, not listening to others, trying to fit into many activities in a short time and being curt to others.
7. **Sex Drive:** Increased or decreased sex drive can also be indicative of stress and anxiety. Increased sexual behavior can be characterized by two key features:
  8. A recurrent failure to control the sexual behavior, continuation of the sexual behavior despite significant harmful consequences may be sign of stress and anxiety.
9. **Withdrawal:** Withdrawal and being quiet. Many people facing anxiety about specific situations can develop a fear of being with people or encountering situations with others, therefore, there is a tendency to withdraw, which can exaggerate feelings of isolation and increase anxiety. This can be very harmful to the individual because discussing the stressor with people could bring relief.

Stress is not without its behavioural effects. In the view of Myers (2009) 'Stress is a multi-factor monster that runs us down in the long term'. The effect on individual behaviour may be exhibited in different forms. Myers (2009) explained that stressors lead to epinephrine being released. The sympathetic nervous system and the stress hormones act together to increase heart rate and respiration to divert blood toward the deep muscle tissue. They release fat from the body thereby preparing the body to fight or flight. If the body is prepared for fight, the individual may become aggressive or if to flight the individual becomes timid and withdrawn. Of course these categories of students are seen in our schools every day.

It is disturbing to note that some people are not adapt to some stressful situations. Taylor (2006) observed that some people especially the young ones and the elderly may find themselves in some stressful situations they cannot cope with. In this situation they become helpless and therefore withdrawn. They may also show difficulty in performing a task. The reason for this according to Taylor (2006) is that the group already experience little control over their environments and accordingly may already be exposed to high levels of stress, the addition of an environmental stressors, such as overcrowding, may push their resources to limits. It is obvious that such environment as epitomized in this discourse abounds in Nigerian tertiary institutions.

Behavioural change that may manifest is the 'tend and befriend the theory maintained that in addition to fight or flight, humans respond to stress with social and nurturing behaviour. According to him the end and befriending theory implies affiliating with others and seeking social contact during stress. This, especially, is the characteristics of females which may help in self-preservation and protection. By implication there is gender discrimination in their relationship.



Smith, Segal and Segal (2014) observed behavioural symptoms of stress to include:

1. Eating more or less: eating more or less than normal meal consumption.
2. Sleeping too much or too little: sleeping too early or having a sleepless night.
3. Isolating oneself from others: not comfortable when he/she is with others or not hanging out with friend or family.
4. Procrastinating or neglecting responsibilities
5. Using alcohol, cigarettes, or drugs to relax
6. Nervous habits (e.g. nail biting, pacing): having or showing feelings of being worried and afraid about what might happen.

Kalat (2008) listed the following as behavioural stress symptoms:

1. Yawning, talking too fast or too loud, fiddling and twitching, nail biting, grinding teeth, drumming fingers, pacing etc
2. Bad moods: Defensiveness, Irrationality, Being irritable, Being critical, Aggression, Overreaction, reacting emotionally.
3. Reduced personal effectiveness; Being more forgetful, unreasonably negative, making less realistic judgments, making more mistakes, being more accident prone, neglect of personal appearance, changing work habits, increased absenteeism.

**Table 1: Behavioral Attributes of Anxiety in Schools**

<b>Classic attributes</b>	<b>Less-obvious attributes</b>
Easily frustrated	Has difficulty completing work
Complains of physical pains, such as stomach aches and headaches; has trouble breathing	Acts irritable
Exhibits fear	Acts angry
Seems on the lookout for danger	Doesn't follow school rules
	Doesn't follow school rules
Upset easily by mistakes (perfectionism)	Has inconsistent patterns in antecedents
Cries	Exhibits ritualistic or repetitive behavior
Startles easily	Is inflexible
Blushes, trembles	Acts out spontaneously; seems over-reactive
Expresses worry frequently	

**Source:** Minahan and Rappaport (2013)

### **Anxiety and Behavior**

The behavioural symptoms of anxiety in the view of Liverpool Counselling Service (2014) include the things you actually do when you are anxious. And these include:

1. Making excuses to avoid going out or doing something; Isolating oneself
2. Only going to quiet places or being in very small groups; avoiding ground
3. Only going to places where you get lost in a crowd and avoid being alone with people; always wanting to mingle
4. Crossing the street to avoid people?
5. Rushing out of places or situations when feeling anxious;
7. Going to the toilet to escape from things;
8. Not saying anything when with other people;
9. Talking all the time to avoid feeling uncomfortable;
10. Using 'props' before you go out – alcohol or drugs for example;
11. In buildings, sitting near the doors, at the end of rows or as far back as possible.

In addition to the above Calm Clinic (2014) explained anxiety related behavioural problems to also include:

## **Moping Behavior**

Moping behavior: this is the need or desire to be alone with one's thoughts and try to "deal with one's anxiety" without the help of others and without engaging in fun life activities. With anxiety, one feels fatigue from stress and just want to be alone to get better. But when it comes to anxiety, this is actually the last thing you want to do. Time spent alone without activity is time spent lost in ones thoughts, and with an anxiety disorder, one's own thoughts are one's enemy.

## **Compulsions**

The strangest behaviors caused by anxiety are most likely compulsions. Compulsions affect those with obsessive compulsive disorder and they're behaviors that persons do compulsively to rid themselves of their negative, anxiety producing thoughts.

Compulsive behaviors can refer to anything. Sometimes they relate directly to the fear/obsession. For example, a fear of germs may have someone compulsively wash his/her hands. Sometimes they relate to a need for order, and a person will compulsively place objects or items in a specific order or pattern. But in some cases these disorders may not have any relationship to the fear at all, or may be only slightly related. These compulsions are generally created because they provide some type of relief for the person with the negative anxiety producing thought. It is not clear what causes these thoughts or why certain behaviors reduce them – in some cases it can even be coincidental.

## **False Coping Tools**

Calm Clinic (2014) observed that people with anxiety may also develop false coping tools, like alcohol abuse. Those types of behaviors are designed to help you cope with anxiety, because they essentially dull the anxiety so that it is unable to bother you as much. It is hard to feel anxiety when you are on drugs or alcohol. But they're considered false coping tools because they can actually make anxiety worse and often cause anxiety themselves. Alcohol use can cause anxiety the next day as a result of body stress and

dehydration. In addition, the ability to cope with anxiety is a type of "use it or lose it" system. The more you use alcohol to cope with anxiety, the more alcohol becomes your only coping strategy and the one your body needs when it feels stress.

These types of false coping strategies are common and not limited to drugs or alcohol. Any strategy that is unhealthy, psychologically or physically, that is used to dull anxiety is a behavior that will cause significant issues with coping in the future.

### **Nervous Tics**

Some people also develop nervous tics when they're anxious. Examples include shaking ones leg up and down, touching the face, winking or blinking and more. Some of them may also be habits, like picking your nails or clearing your throat – habits are slightly different from tics because they're a bit more under ones control, but they're otherwise automatic when you feel stressed. In the opinion of Calm Clinic (2014) nervous tics are a medical mystery. No one is sure why they develop or why they affect some people but not others or what exactly causes them and why they occur, but nervous tics and habits are still very common in those with anxiety disorders.

Calm Clinic (2014) also advised that it is important to remember that the behaviours of anxiety are not only physical behaviours in nature. Thought behaviours are extremely common with anxiety, including things like:

1. Negative self-talk (i.e “I am going crazy” or I am going to embarrass myself.”)
2. Feeling as though one is going crazy.
3. Convincing oneself that something is wrong with one.
4. Sleep disturbances.
5. Changes in posture or activity as a result of anxiety.

All of these are still technically behaviours. In a way, anxiety itself is a behavioural issue. It is the activation of the fight or flight response when no fear is present, and upon activation it is not uncommon to find many different types of unusual behaviours and symptoms that arise as a result. That's why the only way to really stop these behaviours is to take steps to control, manage and cure the student's anxiety.

### **2.3. Theoretical Framework**

A theoretical framework of a research project relates to the philosophical bases on which the research takes place. The theoretical approach to the present study was based on already established theories in stress, anxiety and behaviour.

#### **Theories of Stress**

##### **Systemic Stress Theory (Response Based Theory)**

Systemic stress theory as cited in Kalat (2008) was propounded in 1979 by Selye. Using series of animal studies it was observed that a variety of stimulus events (heat, cold, toxic agents) applied intensely and long enough are capable of producing common effects or meaning not specific to either stimulus event. The systemic stress theory is also known as the response based theory which perceives stress as a cluster of disturbing psychological and physiological responses to different situations. This cluster of response is known as a syndrome. The basic assumption of this theory is that different environmental events known as stressors can produce the same stress response syndrome. The most popular response based theory called General Adaptation Syndrome (GAS), proceeds in three stages: (a) The alarm reaction stage comprises an initial shock phase and a subsequent counter shock phase. The shock phase exhibits autonomic excitability, an increased adrenaline discharge and gastro-intestinal ulcerations. The counter shock phase marks the initial operation of defensive processes and is characterized by increased adrenocordical activity. (b) Stage of resistance is the next stage if noxious stimulation

continues, the symptoms of the alarm reaction disappears, which seemingly indicates the organisms adaptation to the stressor. While resistance to the noxious stimulation increases, resistance to other kinds of stressors stimulation persist, resistance gives way to the stage of exhaustion. The organisms' capacity of adapting to the stressor is exhausted, the symptoms of the alarm stage reappears, but resistance is no longer possible. Irreversible tissue damages appear, and as the stimulation persists, the organism will eventually die.

Still citing Selye in Kalat (2008) projected two major facts to lime light: He emphasized that the body's response to any perceived threat is the same regardless of the source of stress and that the pattern of reaction results in physical weakness and eventual breakdown. This leads to the weakness of the body's defence mechanism which can result in physical problems called psychosomatic disorders. This theory is related to this study in that it has helped to demonstrate that variety of stressors produce similar pattern of response and which have or could have great consequences if not managed very well, hence signifying the essence to evolve stress management strategies to avoid death.

### **Psychological Stress Theory (Stimulus Based Theory)**

Psychological stress theory or stimulus based theory cited in Komolafe (2013) was propounded by Lazarus in 1966. Two concepts are central to the theory like any other psychological stress theory:

- (i) Appraisal; that is, individual evaluation of the significance of what is happening for their well being and
- (ii) Coping; that is, individual efforts in thought and action to manage specific demands.

Stress is regarded as a relational concept, i.e. stress is not defined as a specific kind of external stimulation nor a specific pattern of physiological, behavior or subjective reactions. Instead, stress is viewed as a relationship (transaction) between individuals

and their environment. Psychological stress refers to a relationship with the environment that the person appraises as significant for his or her well being and in which the demands tax or exceed available coping resources. This definition points to two processes as central mediators within the person's environment transaction: cognitive appraisal and coping.

The concept of appraisal according to Krohne (2002) with respect to stress processes is a key factor for understanding stress-relevant transactions, and it is based on the idea that emotional processes (including stress) are dependent on actual expectancies that a person manifests with regard to the significance and outcome of a specific encounter. This concept is necessary to explain individual differences in quality, intensity and duration of elicited emotions in environments that are objectively equal for different individuals.

Coping is intimately related to the concept of cognitive appraisal and hence to the stress (relevant person's environment transactions). Most approaches in coping research follow cognitive and behavioural efforts made to master, tolerate or reduce external and internal demands and conflicts related to stress. Folkman and Lazarus (2004) stated that coping implications or coping actions are not classified according to their effects (reality-distorting) but according to certain characteristics of the coping process, this process encompasses behavioural as well as cognitive reactions in the individual. Coping consists of different single acts and is organized sequentially, forming a coping episode and is often characterized by the simultaneous occurrence of different actions sequence and hence, an interconnection of coping episodes. Finally, coping actions can be distinguished by their focus on different elements of a stressful encounter.

The stimulus-based psychological stress theory views stress as a psychosocial demand leading to personal strain. Stimulus theory according to Holmes & Rahe cited in

Kalat (2008) emphasized the precipitating role of the environmental factors such as major life events i.e. divorce and death. The event is the stress and the body's response to the stress is the strain or tension, which if not well managed could lead to death. Stimulus model postulates that stress in the form of clustering life events lead predictably to stress symptoms such as illness. It is against this stimulus model, in relation to the present study's that the thrust of stimulus model focuses on the study of the nature of the stimuli that causes stress and how it should be managed.

## **Theories of Anxiety**

### **Conflict Theory of Anxiety**

Conflicts theory according to Basowitz, Persky, Korchin and Grinker (2005) produce tension; when the conflicts are severe, the states of tension may be prolonged and experienced as an unspecific but unpleasant feeling called anxiety. The conflict theory of anxiety exemplified anxiety to be similar to fear, an experience of dread, as if something were about to happen. Although the victims are consciously aware of the unpleasant feeling, they are often unable to identify its sources; they know that they feel worried, nervous, moody, and tense, but do not know why.

Laughlin (2009) posited that when anxiety is severe, the body reacts and shows increased heart rate, fast and shallow breathing, perspiration, muscular tension (especially in the back of the neck), and muscle tremor. Additional physical reactions, according to him, are sometimes chronic fatigue, stomach upsets, and constipation or diarrhea.

The conflict theory of anxiety postulates that anxiety serves as a signal of a psychological problem and that a feeling of anxiety signals a kind of psychological danger. The theory also postulates that anxiety can serve as a signal that one has an internal conflict that needs to be resolved. One may then take action to resolve or reduce



the danger and anxiety. Often when an important internal conflict is resolved, the feelings of anxiety are markedly reduced.

Laughlin (2009) observed that the conflict theory of anxiety is that anxiety can also be experienced almost continuously, rather than suddenly coming and going. A continuous feeling of intense anxiety is called a chronic anxiety reaction and can interfere seriously with everyday life. This can affect the health status of victims unless the internal conflict is resolved.

Another theory of anxiety that is of interest, the cognitive theory, was developed largely as an explanation and treatment approach for depression caused by anxiety. The theory has been applied to the field of anxiety where there was emphasis on the relationship between anxiety and health status of victims (Tobia, 2009). The victims referred to above could be likened to secondary school teachers, as was the case in the present study. Cognitive theorists Tobia (2009); Smith and Ellsworth (2005); Updegraff and Taylor (2000) believed that it is not events or problems, which cause anxiety or stress but rather it is the individual's interpretation of these events that may lead to these problems. This also may probably be applicable to the study of stress and anxiety as correlates of behavioural problems among NCE students of Federal Colleges of Education in North West Nigeria: Counselling Implication. Though different theorists offer slightly different emphasis, cognitive theories in general state that anxiety is maintained by the mistaken or dysfunctional appraisal of a situation leading to perception of danger.

Beck cited in Champion (2006) believed that the anxious person's pre-occupation with danger is manifested by the continuous involuntary intrusion of autonomic thoughts, either visual images or verbal self statements, whose content involves potential physical

or mental harm. Such thoughts, according to him, may occur so fleeting that the person is unaware of their occurrence and merely recognizes being in a state of high anxiety.

Beck cited in Champion (2006) submitted that these thoughts or images were not, however, solely concerned with external situations. The individual, he continued, is also likely to misinterpret any physical symptoms, which occur in extreme, exaggerated and catastrophic ways. Under this condition, a mild headache becomes a brain tumor and tightness in the chest, a sign of heart attack; difficulty in breathing may be interpreted as imminent death. Such interpretations, he argued, exacerbate anxiety and therefore increase symptoms.

Champion (2006) later posited that anxiety-provoking thoughts are brought about by one or a combination of four general types of thinking error:

1. Catastrophizing- disaster in the predicted outcome when the anxious person anticipates danger or problem;
2. Exaggerating- minor mistakes or imperfections become absolute failure or fatal flaws;
3. Over generalizing- one difficult experience is translated into a law governing the person's entire existence, and
4. Ignoring the positive- over looking all past successes, personal resources, and strengths.

He believed that a person's perception of their vulnerability, defined as an estimate of internal or external danger over which control is lacking or is insufficient to afford safety, is also central to anxiety disorders. A person minimizes their personal resources, focuses primarily on their weaknesses, magnifies these weaknesses until they become fatal flaws, and then conceptualizes every mistake that they make. These type of thinking error, according to Beck, increases perceived vulnerability and so increase

anxiety. The submissions of Beck cited in Champion (2006) above might be applicable to the study of stress and anxiety as correlates of behavioural problems among NCE students of Federal Colleges of Education in North West Geo-political zone of Nigeria: Counselling Implication.

### **Defense Mechanisms for Anxiety**

People use defense mechanisms to reduce their anxiety (Freud cited in Taylor, 2006). Psychoanalytic theory holds that because the id's unconscious demands are instinctual, infantile, and amoral, they must often be blocked by the ego and superego. Because of this conflict and the persistence of unsatisfied demands, *anxiety* (vague fearfulness) and guilt are aroused. The person then seeks ways to protect the ego from this anxiety and guilt by setting up defenses. Freud described several defense mechanisms by which the ego disguises, redirects, hides, and otherwise copes with the id's urges as follows:

**Repression** –Quoting further, Freud cited in Taylor (2006) stated that, repression is the fundamental technique people use to allay anxiety caused by conflicts. Repression is an active mental process by which a person “forgets” by - “pushing down” into the unconscious any thoughts that arouse anxiety. In other words, as a therapist and theorist, Zung (2009) observed that, we forget and then forget that we forgot. In terms of psychic energy, repression is an expensive defense mechanism. The unconscious memories or urges continue to seek expression and may emerge in the form of “accident,” “slips,” or neurotic symptoms.

**Reaction Formation** - Reversal of motives is another method by which people attempt to cope with conflict. A motive that would arouse unbearable anxiety if recognized is converted into its opposite. For example, a person who was reared to believe that sex is evil and “dirty” may be painfully anxious every time sexual feelings surge to

the surface. The person may defend against that anxiety by dressing and behaving in very puritanical ways and perhaps even by joining organized crusades against sex in the media.

**Projection** - Blaming others or projection is a way of coping with one's unwanted motives by shifting them on to someone else. The anxiety arising from the internal conflict can then be lessened and the problem dealt with as though it were in the external world. For example, an insecure student may have a strong desire to cheat on an examination, but his conscience will not allow him even to consider such a thing. He may then suspect that other students are cheating when they in fact are not. Carried to the extreme, projection is the mark of a behavior disorder known as paranoia. People with this disorder may project their own unacceptable hostile feelings about others into a whole system of thinking in which they feel that others are out to get them.

**Rationalization** - This defense mechanism substitutes an acceptable conscious motive for an unacceptable unconscious one. Put another way, we 'make excuses,' giving a reason different from the real one for what we are doing. Rationalization is not lying; we believe our explanations. Examples range from the innocent to the serious. For example, a person with an unconscious fear of intimate relationships may find a succession of potential mates unacceptable for different reasons and, as a result, spends the rest of life alone.

**Intellectualization**— Related to rationalization is intellectualization; another defense mechanism which involves reasoning. In intellectualization, however, the intensity of the anxiety is reduced by a retreat into detached, unemotional, abstract language. Professionals who deal with troubled people may intellectualize in order to remain helpful without being overwhelmed by sympathetic involvement. For example, a nurse may describe in an intellectual fashion an encounter with a dying or angry patient. Some adolescents discuss their new experiences with sex and independence on an abstract

and impersonal plane. Temporarily separating emotional and cognitive components sometimes helps the individual to deal with parts of an experience when the whole is too much to handle.

**Displacement** -In displacement, the motive remains unaltered but the person substitutes a different goal object for the original one. Often the motive is aggression that for some reason, the person cannot vent on the source of the anger. A person who is angry with his or her boss but cannot show it for fear of being fired may come home, bawl out the children and kick the dog. When a new baby is the center of attention, an older child may become jealous; prevented from harming the baby, the child demolishes a doll. Thus by displacing aggression the child finds a substitute outlet.

**Regression** - In the face of a threat, one may retreat to an earlier pattern of adaptation, possibly a childish or primitive one. This is called *regression*. Faced with the upsetting arrival of new baby or going to school for the first time, a 5-year-old may have toilet accidents, revert to “baby talk,” demand cuddling, or sock her thumb. Adults, too, sometimes revert, when in stress-producing situations, to childish episodes of exaggerated dependency. Such behavior may ward off anxiety by focusing attention on earlier ways of achieving tranquility.

**Sublimation** -For Freud, sublimation was the highest level of ego defense. It consists of a redirection of sexual impulses to socially valued activities and goals. For example, a writer may divert some of his or her libido (life force) from sexual activity to the creation of a poem or novel, thus indirectly satisfying the same drives. Freud believed that much of our cultural heritage literature, music, art is the product of sublimation. He also believed that satisfactory sublimation could only be achieved by an individual whose sexual impulses were being at least partly gratified and whose ego was healthy and mature. Everyone resorts to the use of defense mechanism from time to time, and when

they are used sparingly and without cost to others, they are nothing to worry about (Zung, 2009). If they allow us to feel more comfortable, as they often do, their value in reducing tension and letting us get on with important problems more than offsets the trivial self-deceptions they curtail. However if a person comes to depend on them too much, then these defensive patterns may be harmful. They do not solve the real problem; they only relieve anxiety about it. The more aware we are of our use of these mechanisms, the more rationally we can assess our behavior and come to terms with the unknown sides of ourselves.

## **Theories of Behavior and Behavioral Problems**

### **Role Theory**

Role theory according to Micelle (2007) is a perspective in sociology and in social psychology that considers most of everyday activity to be the acting out of socially defined categories (e.g. mother, manager and teacher). Each social role is a set of rights, duties, expectations, norms and behaviours that a person has to face and fulfill. The model is based on the observation that people behave in a predictable way, and that an individual's behaviour is context specific, based on social position and other factors. The theatre is a metaphor often used to describe role theory.

Although the word role (or roll) has existed in European languages for centuries, as a sociological concept, the term has only been around since the 1920s and 1930s. It became more prominent in sociological discourse through the theoretical works of Mead, Moreno, Pearsons, and Linton. Two of Mead's concepts – the mind and the self – are the precursors to role theory.

Depending on the general perspective of the theoretical tradition, there many "types" of role theory. The theory posits the following propositions about social behaviour:

1. The division of labour in society takes the form of the interaction among heterogeneous specialized positions that we call roles;
2. Social roles included “appropriate” and “permitted” forms of behaviour, guided by social norms, which are commonly known and hence determine expectations;
3. Roles are occupied by individuals, who are called “actors”;
4. When individuals approve of a social role (i.e. they consider the role “legitimate” and “constructive”) they will incur costs to conform to the role norms and will also incur costs to punish those who violate role norms;
5. Changed conditions can render a social role outdated or illegitimate, in which case social pressures are likely to lead to role change;
6. The anticipation of rewards and punishments, as well as the satisfaction of behaving in a pro-social way, account for why agents conform to role requirements.

Bruce (2010) posited that individuals generally have and manage many roles. Roles consist of a set of rules or norms that function as plans or blue prints to guide behaviour. Roles specify what goals should be pursued, what tasks must be accomplished, and what performances are required in a given scenario or situation. Role theory holds that a substantial proportion of observable, day-to-day social behaviour is simply persons carrying out their roles, much as actors carry out their roles on the stage or ballplayers carried theirs to the fields. Role theory is, in fact, predictive. It implies that if we have information about the role expectations for a specified position (e.g., sister, fireman and prostitute), a significant portion of the behaviour of the persons occupying that position can be predicted.

What’s more, role theory also argues that in order to change behaviour it is necessary to change roles; roles correspond to behaviours and vice versa. In addition to

heavily influencing behaviour, roles influence beliefs and attitudes; individuals will change their beliefs and attitudes to correspond with their roles. For instance, someone over-looked for a promotion to a managerial position in a company may change his/her beliefs about the benefits of management by convincing him/her that they didn't want the additional responsibility that would have accompanied the position.

Haralambos, Holborn, Chapman and Moore (2013) observed role theory as one of the most compelling theories bridging individual behaviour and social structure. Roles, which are in part dictated by social structure and in part by social interactions, guide the behaviour of the individual. The individual, in turn, influences the norms, expectations, and behaviours associated with roles. The understanding is reciprocal and didactic.

### **Social Learning Theory (SLT)**

Bandura (2004) provided a broad-band explanation for both desirable and undesirable behavioral outcomes. It includes a broad array of theory and practice in learning and change and encompasses both cognitive and behavioral approaches. It moves beyond the narrower behavioral perspective defined by the early behaviorists, like Miller and Dollard (2004); Skinner (1963) which include the cognitive perspective. Cognitive learning assumes that there are psychological factors that influence behavior.

However, social learning theory also holds that behavior is influenced by environmental factors, and not just psychological or cognitive factors. Thus, SLT assumes that psychological and environmental factors combined to influence the development of specific behaviors.

Ward and Gryczynski (2009) emphasized that social learning theory stresses the importance of attending to and modeling the behaviors, cognitions (e.g., attitudes and beliefs) and emotions of others. SLT sees an interactive process between cognitive, behavioral and environmental influences.



There are three principles that help define SLT.

1. Observational learning is achieved when the modeled behavior is structured or organized and then rehearsed symbolically and then overtly enacted. Retention of that behavior occurs when the modeled behavior is coded into words, labels or images.
2. The adoption of the modeled behavior is strengthened when the outcomes of that behavior are valued, seen as important to the individual or lead to desirable and expected outcome.
3. The modeled behavior is more likely to be integrated by the observer when the model has characteristics similar to the observer. There is a cognitive-behavioral connection with the model; the model is admired by the observer and the behavior that is adopted has practical or functional value.

SLT defines four requirements for learning and modeling behavior. These are:

1. **Attention** to the modeling events in the environment and the characteristics of the observer to attend to those events (emotional, perceptual set, arousal level).
2. **Retention** is the cognitive component involving remembering what one observed, then coding, organizing and rehearsing it at the cognitive level.
3. **Reproduction** or the ability to reproduce or copy the behavior which includes observing the self reproducing the behavior and feedback and the accuracy of that reproduction.
4. **Motivation** or behavioral consequence justifies wanting to adopt the behavior which includes self-reinforcement.

Rotter, Miller and Dollard (2004) work on social learning involved the desire to avoid negative consequences, the likelihood of engaging in a behavior if the expectation is that it will lead to positive outcomes and the reinforcement of the behavior when it does

lead to positive outcomes. Bandura expanded on the social learning concepts of Rotter and Miller and Dollard (2004). He stressed that social learning theory can be used to explain the development of deviant behavior, substance use and abuse and impaired driving. Theoretically, if an individual never observed these behaviors, then those behaviors would never be learned. If a child or adolescent was never exposed to substance abuse, to individuals committing crimes or to impaired driving, theoretically the individual would never adopt the behavior. Once it is adopted, the behavior leads to positive consequences or outcomes, e.g., acceptance by the group, sense of power, attention of peers, establishment of a group role that instills a sense of pride, etc. The degree of positive reinforcement will determine whether the behavior is continued. Group norms become a power base for this reinforcement.

Social learning theory has its limitations with respect to explaining certain behaviors learned under certain conditions. For example, it is conceivable that a child could commit a crime having never observed someone committing a crime. However, in today's world, that is quite unlikely. Observing and modeling behavior can be very subtle. Certainly, many circumstances will determine the individual's exposure to potential models. The important factor is that once the behavior is adopted, internally coded, and reproduced in such a manner that it leads to some kind of positive reinforcement that behavior will continue to be reproduced. However, behavioral outcome may be perceived to be undesirable to the individual, decreasing the probability that the behavior will continue.

Emerging out of Bandura's (2004) SLT is self-efficacy theory. He saw outcome expectancy as the individual's judgment that a certain behavior will lead to a certain desired outcome. He defined self-efficacy as the belief that one can successfully engage in a behavior that is required to produce a desired outcome. One's sense of self-efficacy can

play a major role in how one approaches goals and challenges. He sees self-efficacy as a critical factor in cognitive and behavioral change since it determines the execution of learned cognitive and behavioral coping skills.

### **Problem Behavior Theory (PBT)**

According to Jessor as reported by Banerjee and Green (2008) Problem behavior theory is a broad-band and widely used theory to explain dysfunction and mal-adaptation in adolescence. By definition of problem Behaviour Theory is any behaviour that deviate from both social and legal norms or behaviour that is socially disapproved from those of authority and tends to elicit some form of social control response whether mild reproof, social rejection or incarceration. The fundamental premise of problem behavior theory, developed initially from Merton (1957) concept of Anomie and Rotter (1954) social learning theory, is that all behavior emerges out of the structure and interaction of three systems.

1. **The behavior system** includes both problem and conventional behavior structures. Problem behavior is defined as behavior that departs from the social and legal norms of society and causes social control response from external sources. Underage drinking, risky and impaired driving, and deviancy are seen as problem behavior. Conventional behaviors are those that are socially and normatively expected and accepted.
2. **The personality system** involves a composite of persistent enduring factors and includes the motivational- instigation structure, determined by value placed on achievement and independence; the personal belief structure related to a person's concept of self relative to society; and personal control structure, which gives a person reasons not to participate in problem behavior. Problem behavior often results from personality patterns related to low achievement, focus on

independence, favorable attitudes towards deviancy, adoption of values that are counter to social expectations and lower self-esteem.

3. **The perceived environment** system includes two structures: distal, inclusive of a person's relationship to their support network, and proximal, which deals with a person's environment in relationship to available models of behavior. Problem behavior in the environment often elicits high peer approval, peer models, low parental control, support and influence, and incompatibility between parent's and peer's expectations.

Banerjee and Green (2008) observed that problem behavior theory holds that when the personality system and perceived environment system clash, behavioral problems become manifest. The most prominent features of the adolescent personality include: impulsivity, risk-taking, perceived invulnerability ("can't happen to me"), struggling to find personality identity, errors in thinking due to being locked into normative peer culture ("everybody does it"), and rebellion towards authority. These features, coupled with the disturbances in psychosocial adjustment, clash with the norms and expectations of the culture and society (drive sober) resulting in problem behavior (possession of alcohol, driving after drinking). Effective interventions can be developed as part of the behavioral system that interacts with the personality and environment. From a PBT perspective, underaged individuals who are at high risk for becoming involved in impaired driving behavior may fit the following pattern:

1. A predominate behavior structure featuring normalized images of drinking and driving
2. Low value placed on achievement and success
3. A poorly developed personal control structure

4. And a perceived environment steeped in role models and opportunities (e.g., peers that approve drinking, peers that drink and drive) that support drinking and driving.

Some problem behavior is based on age-graded norms whereas others are not. For example, alcohol use for the underage is considered to be a component of problem behavior, but not for adults. In most states, any use of alcohol before driving constitutes impaired driving (based on zero-tolerance laws). Impaired driving, regardless of age, is considered to be problem behavior.

A large research project conducted by Klepp and Perry (2010) using PBT, found that perceived environmental personality and behavioral factors were able to account for a large proportion of the observed variance in impaired driving as well as in the prediction of the onset of impaired driving. This study identified the following five factors that were most predictive of conduct and which provide a foundation for developing behaviour prevention and intervention programs:

1. Intentions to drink and drive
2. Experiences riding with a drinking driver
3. Having decided not to drive because of having too much to drink
4. Marijuana use and
5. History of experiencing problems with parents, friends or school because of drinking.

Of particular importance to adolescent problem behavior are Banerjee and Green (2008) restructuring of problem behavior theory to include the concepts of protective and risk factors. Protective factors provide the controls to prevent or mitigate problem behavior and include parental support and sanctioning, positive and prosocial peer and adult role models. Risk factors that increase or support problem behavior include: peer

and adult role models for substance use and deviancy; and exposure to situations where there are opportunities to engage in problem behaviors.

Problem Behaviour Theory (PBT) shows that problem behaviors are related, and that any single problem behavior, such as impaired driving, must be viewed within the complex system of both adaptive and problem behavior, personality, and the perceived environment. Attempts to develop intervention strategies for the problem client must address all of these systems. By treating all behaviors (not just drinking behavior), non-alcohol related accidents and problems might decrease as well. The specific lessons and sessions in the education and treatment protocols of driving with care attempt to do just this: to address behavioral, personality and perceived environment systems.

### **Cognitive-Behavioral Therapy (CBT)**

Cognitive-Behavioral Theory (CBT) and approaches emerged from two paths: cognitive theory and therapy; and behavioral theory and therapy. The development of behavioral therapies in the late 1950s and 1960s provided the foundation of the behavior component of cognitive-behavioral therapy. The roots of this development go back to the early work of Pavlov, Skinner, Watson, and others in the first half of the 20th century. The early focus was on changing behaviors through the management of anxiety, and applying contingency reinforcements to desirable behaviors and behavioral change.

**Contemporary Behavior Therapy (CBT)** places the focus on current determinants of behavior with emphasis on changing overt behavior guided by specific treatment objectives. Franks and Wilson (2000) observed that CBT involves environmental change and social interaction using approaches that enhance self-control and a focus on client responsibility and the therapeutic relationship. Glass and Arnkoff (2005) suggested that the common intervention approaches used in behavioral therapy are coping and social skills training, contingency management, modeling, anxiety reduction and relaxation methods, self-management methods and behavioral rehearsal.

**Cognitive therapy** is premised on the idea that our view of the world shapes the reality that we experience. The cognitive approach was a reaction to the narrow view of early behavioral psychology which did not attend to, and even rejected, the importance of the effect of the inside-the-mind happenings on behavioral outcomes.

Cognitive therapy began mainly with the work of Albert Ellis and Aaron Beck who introduced cognitive restructuring therapies beginning in the 1950s and 1960s. Beck is often seen as the founder and developer of cognitive therapy in his work with anxiety and depression in the early 1960s.

Hollen and Beck (2006) advanced that the underlying principle of contemporary cognitive therapy is that disturbances in behaviors, emotions and thought can be modified or changed by altering the cognitive processes. Barlow (2001) observed that in simplistic terms, “cognitive therapy is based on the simple idea that your thoughts and attitudes – and not external events -- create your moods. Hollen and Beck (2006) are of the views that emotions are experienced as a result of the way in which events are interpreted or appraised. Salkovskis (2006) also stated that it is the meaning of the event that triggers emotions rather than the events themselves.

Cognitive psychology assumes interplay between thought, emotion and action. Freeman (2005) noted that “the cognitive model is not simply that thoughts cause feelings and actions”. Emotions and moods can change cognitive processes. Actions can have an influence on how one sees a particular situation.

The common intervention thread across the spectrum of cognitive therapy is cognitive restructuring. The more specific approaches are: (1) restructuring cognitive distortions found in negative thinking, maladaptive assumptions and automatic thoughts (2) selfinstructional training (3) problem solving (4) mental coping skills (5) relaxation

therapy (6) modeling strategies and (7) specific cognitive techniques such as thought stopping, thought replacement, thought conditioning, thought countering, etc.

Although behavioral therapies and cognitive restructuring approaches seemed to develop in parallel paths, over time, the two approaches merged into what we now call cognitive-behavioral therapy. Bandura's work (2004) on behavioral modification, social learning theory and how internal mental processes regulate and modify behavior provided an important bridge in the merging of behavioral and cognitive approaches.

Meichenbaum (2005) quoted the work of Ellis and Beck which stated that, the different approaches to cognitive therapy and cognitive restructuring were blended with the elements of behavioral therapy. Examples of this blending include coping skills training and self-instructional training. Other blending approaches include problem solving, assertiveness and other social skills training and managing relationship stress.

Contemporary cognitive behavior therapy, then, is an integration of the key components of behavioral and cognitive therapy. It is common to see cognitive restructuring as the cognitive part of cognitive behavior therapy and social skills training as the behavioral component of cognitive behavior therapy.

Bandura (2004) elaborated an important combining element of cognitive behaviour approaches which is the principle of self-reinforcement. He says this represents a main component of social learning theory. This concept simply states that cognitive and behavioral changes reinforce each other. When changes in thinking lead to positive behavior outcomes, the outcomes strengthen both the behavior and the cognitive structures that lead to those outcomes. In turn, the changes in thinking reinforced by the changes in behavior further strengthen those behavioral changes. It is not just the reinforcement of the behavior that strengthens the behavior; it is the reinforcement of the thought structures leading to the behavior that strengthens the behavior.



Cognitive Behavior therapy often focuses attention on the study of behavioural processes that operate in man. The activities of the individual are seen as a reflection or manifestations of the mental operations going on within him. The researcher is of the view that using cognitive behavioural therapy will create a situation in which the clients can engage in independent mental thought. This will help them to see the relationship in the approach to problems and they will be able to adopt positive attitudes towards the problems. It will lead the students to think rationally and logically to take a positive stand in solving their problems.

All the theories mentioned and discussed in the study are relevant and in tandem with the work. However, the most relevant theory to the study is the behavioural therapy because it is one of the most commonly used and possibly one of the most effective therapies in dealing with stress, anxiety and behavioral problems.

### **Relationship between Stress and Anxiety**

There is no doubt that stress and anxiety have significant relationship in that both will constitute serious problems that detract the students, teachers and the like from maximum academic and social output as well as effective social life. Ahmed (2002) noted that there is an association between the amount of stress a body cumulates at a given period of time and a probability of mental or physical breakdown. The relationship between stress and anxiety is shown in the area of the effect between stress and anxiety as given by Hilgard (2001) who stated that they are similar to those already cited. To him in anxiety reactions, the typical anxiety neurotic lives with a higher level of tension than a normal individual.

Stress as a subject experiences discomfort and tension. It is referred to as those situations and conditions which place individuals under some pressure which involve some adjustment in their behaviors and can cause changes which are unpleasant,

sometimes maladaptive and even associated with physical damage. In her own study Shinko (2008) confirmed that reactions to the threat of anxiety among children included aggression that is retreats to a form of behaviour typical of a young person; they may learn helplessness as a means of avoiding dealing with reality such a reaction may make them to become pervasive. Repression simply means pushing their painful thought out of consciousness, keeping them unconscious. This form of reaction may lead to depressions which generate negative feelings. Displacements means pent up feelings, usually of hostility inform of heavy smoking or drinking; people take drugs to reduce negative feelings such as anxiety, stress and so on rather than simply to generate positive ones.

Stress is a word we use frequently to describe the effect on man of many disturbing and difficult situations. We speak of the stress product when we must make decision upon which success or failure depend, when we must work for long periods, when we engage in competitive spurts and even when attacked by emotional disturbance such as anxiety or fear. Anxiety is seen as lack of control. It is suggested that people experience anxiety whenever they encounter a situation that seems beyond their control. To Egbule and Egbule (2011) to get a handle on stress, you first need to learn how to recognize it in yourself; stress affect the mind, body and behaviour in many changes of the fight or flight response.

Ahmed (2002) identified dizziness and so on as the symptoms of stress and anxiety. Constant physical stress or anxiety can also impair concentration and reduce reaction time with accident becoming much more probable. Therefore, resolved stress and anxiety can be dangerous to human health and inimical (very unfavorable) to human comfort. Stress and anxiety are described as twin term which relate to some dangerous or threatening situation and both of them refer to situation and experience that directly affect human life (Ahmed, 2002). In this view, it is emphasized that stress and anxiety form part

of modern living and cause psychological, emotional and physical distress which affect life generally.

In his own research, Ahmed (2002) titled cause and effect of stress and anxiety among undergraduates students of Usmanu Danfodiyo University Sokoto, using undergraduate students, lecturers and staff of the guidance and counselling units of Usmanu Danfodiyo University, Sokoto as the population, with three hundred and eighty three (383) respondents as samples as well as survey research method as research design for the study, two adopted and one adapted instrument were also used in the study to collect data, the researcher used frequency counts, percentages and t-test as the statistics for data analysis, the findings indicated that change in financial position, academic problem death close relation, being distressed, frustration, anxiety over impending examination as major causes of stress and anxiety. It is also revealed that anger, disturbing thoughts, poor performance, tension, mental fatigue and fear were the major effect of stress and anxiety. It is also believed that causes of stress and anxiety are considered serious in both staff and students.

Awoniyi (2011) stated that when the individual experience stress, one or more of the following symptoms can be exhibited. The individual becomes anxious about the outcome and is scared, the person feels that he has nothing to lose or something wrong will take place, in an anxious state the person does not want to be corrected or interrupted, the stressed person becomes irritable and moody and lastly during this time the individual develops negative frame of mind and suffers from low self-esteem.

### **Relationship between Stress and Behavioural Problems**

Monroe (2008) defined experiences of stress as psychological and physiological adaptations of the organism to social and environmental circumstances. Such behavior problems in adolescence as aggression and delinquency are linked to chronic stress in

early childhood, which interferes with children's development of self-control (reports on Cornell's study published online in April in *Developmental Psychology*).

Lower self-regulation is, in turn, linked to more "externalizing" problems in adolescents, such as aggression and delinquency. Evans and Woodman (2001) examined the additive effects of multiple stressor exposures, rather than the typical focus on single variables such as divorce, abuse or housing.

One of the things that chronic stress seems to do in children is damage the body's ability to regulate the physiological response system for handling environmental demands with consequences for physical and mental health," Evans and Woodman (2001) teasing apart two major subtypes of psychological well-being, internalizing and externalizing, we have shown that their predictors operate differentially."

In other words, internalizing and externalizing problems may have different causes and be influenced by different factors. Temperament may be more predictive of internalizing problems, while environmental risk factors are more associated with externalizing problems. Overall, the results suggest that while it may not always be possible to increase income or reduce all risk factors by improving parenting skills or child self-regulation abilities we may be able to ameliorate some of the effects of poverty on children's mental health.

## **2.4 Review of Related Empirical Studies**

There is no doubt that the 21<sup>st</sup> century comes with a lot of challenges. As the world is becoming sophisticated our lifestyles are becoming more complex, especially for those living in urban areas where the bulk of economic and social activities happen. Scientists in an earlier research this year raised the alarm that stress levels in an average individual have increased two times in ten years. Similarly, a public health consultant, Fasawe

(2013) stated that rigors of living in this time have increased the population of people suffering from stress-related diseases like hypertension and stroke. He added that stress and fatigue do not only sap energy, but have adverse effects on longevity and the quality of an individual's life. Fasawe said, that we face a more stressful world today. The nature of our jobs are more demanding, the family life is more demanding. The environment is even stressed out with pollution from man and other scientific factors. "Stress is the underlying factor for the major diseases killing mankind. Stress depletes energy levels. You find out that you cannot run as fast as you could or you can't even sleep as long as you should or you are simply not as happy as you used to be with your wife and work".

Reekly and Harcourt (2001) conducted a study on occupational stress: A study of the New Zealand Reserve Bank. The purpose of the study was to determine causes and coping strategies of occupational stress among New Zealand Bankers. Five research questions and three null hypotheses were stated and formulated respectively to guide the study. Questionnaires were used as instrument for data collection and were circulated to all the New Zealand Reserve Bank's Staff. The population consisted of all 302 New Zealand Reserve Bankers. A total of 216 respondents were deemed to have responded to the instrument indicating a response rate of 72%. The data collected was analyzed using Binomial Logistics regression.

The findings of the study revealed that employees often or sometimes feel tired which can lead to stress. It was also revealed from the study that employee sometimes have difficulty falling asleep and consequently resulting in stress. The reviewed study is significantly related to the present study as it focused on causes and management strategies of occupational stress.

Nwimo (2004) carried out a research on health status, anxiety and stress of secondary school teachers in Enugu State. The major purpose of the study was to

determine the health status, anxiety and stress of secondary school teachers in Enugu state. To achieve the purpose of the study, six specific objectives and six corresponding research questions were posed to guide the study, while six null hypotheses were postulated. Descriptive survey research design was used for the study. The instrument for data collection was an 89-item Teacher Stress Anxiety and Health Status Questionnaire (TSAHSQ). Cronbach's alpha reliability was used to test the internal consistency and stability of the instrument.

The population for the study consisted of all 5,654 teachers in Enugu state. The sample for the study consisted of 640 secondary school teachers out of which the responses of 598 (95.40%) were used for the analysis of data. Mean scores, and Pearson's correlation co-efficient 'r' were used for answering the research questions, while t-test and regression analysis was used for verification of the postulated hypothesis. The findings of the study among others indicated that, a mean health status score- ( $\bar{x}=1.62<2.50$ ) of the teachers indicated high health status, an anxiety and index ( $\bar{x}=1.94<2.50$ ) of the teachers indicated as low stress.

The relationship found between health status and anxiety index of students was positively high ( $r=0.741$ ). The relationship found between health status and stress index of the teachers was positively moderate ( $r=0.632$ ) and the relationship found between stress and anxiety was positively moderate ( $r=0.669$ ). Furthermore, the findings showed that anxiety predicted health status of the teachers; stress predicted health status of the teachers; stress predicted health status of the teachers and anxiety predicted stress of the teachers.

A study was conducted by Ogbuji (2006) on stress management techniques among under graduates' students of University of Nigeria. The major purpose of the study was to find out the stress management techniques among undergraduate students of University

of Nigeria Nsukka. Four research questions guided the study. It adopted cross-sectional survey research design. The population consisted of all the 40,000 students of university of Nigeria, Nsukka campus. Random sampling technique was used to select 400 undergraduate students as respondents for the study. A multi-stage sampling technique was used to get the 400 undergraduate students as respondents. The instrument used for data collection was structured questionnaire. The instrument was trial-tested on 20 undergraduate students outside the sampled faculties and it yielded a high reliability with a co-efficient of 0.81, using the split-half method. All the 400 copies of the instrument were administered and retrieved representing 100% retrieval. The data collected were analyzed using mean undergraduate students in stress management and social engineering personal change which scored 291 (72.81%) are commonly used, other social engineering techniques commonly adopted by students as revealed by the study included; provision of a conducive environment (67.50%) and sharing emotional feelings with others (56.54%).

The personal engineering techniques of stress management commonly adopted by students as revealed by the study included proper time management (70.52%), reading and playing (65.50%) and setting realistic goals (61.51%). The study also revealed that reading books, rest and sleep were the commonly adopted relaxation techniques of stress management (62.11%). Further still, the study revealed other stress management techniques adopted by students such as, attending students' orientation programmes (62.51%) and counselling sessions (58.80%). Personal engineering technique was revealed by the study as the most effective stress management technique with a mean rating of 3.3. The reviewed study is in consonance with the present study in the sense that both studies dwell on stress management. However, the two studies differ in the aspect of their focus.

Nwajei (2009) conducted a research on urban stress and contemporary life. The major purpose of the study was to determine the sources and effects of stress among women in Warri urban area. The area of study was Warri in Delta State. The researcher used descriptive survey research design. The population was 1820, consisting of teachers and students. Sample size was 121 respondents that were selected randomly. Questionnaire was used as instrument for data collection. The data collected were analyzed using mean scores and percentages. The findings of the study revealed that environment, home and workplace were the major sources. Depression, migraines and headaches were some of the effects of stress on women in the area of study.

Study about experienced stressors and coping strategies among Iranian Nursing students by Naierneh consisted 440 undergraduate nursing students between 18 and 24 year olds, who enrolled in Iran Medical Science in 2004/2005 academic year by using Student Stress Scale. The most common sources of stress were interpersonal such as “finding new friends” (76.2%), “new responsibilities” (72.1%) “started college” (65.8%) and “change in sleeping habits” (71.8%) were significantly greater stressors in first year students than in students of other years. The other prevalence was academic stressors as “increased class workload” (66.9%), environment sources such as “being placed in unfamiliar situations” (64.2%), and “waiting in long lines” (78.1%), “change living environment (72.6%)” that were significantly greater in first year students. The most commonly used coping strategies are going along with parents, praying, making one’s own decisions, apologizing, helping other people to solve problems, keeping friendships and daydreaming (Seyedfatemi, Tafreshi & Hagani, 2007).

In Marie’s work a cross-sectional study in Institute Medical University, Stockholm, Sweden high ratings was given to workload and lack of feedback stressors in the first year and female students gave higher ratings than males on many factors. (Stress



measured by the Perceived Medical School Stress Scale and depression measured by the major depression inventory). The prevalence of depressive symptoms among students was 12.9%, significantly higher than in the general population - 16.1% among female versus 8.1 among males (Dahlin, Joneborg & Runeson, 2005).

In Nepal, psychological morbidity, sources of stress and coping strategies among undergraduate medical students studying in 2005, (the overall prevalence of psychological morbidity) was 20.9%. The General health questionnaire, 24 items to assess sources of stress showed that the most important and severe sources of stress were staying in hostel, high parental expectation, vastness of syllabus, test/exam, lack of time and facilities for entertainment (Screeramareddy, Shankar, Benu, & Menezes 2007).

Supe (2008) conducted a study on stress in medical students at Seth G.S. Medical College and King Edward Memorial Hospital, Parel, Mumbai, India. Academic factors were the greater perceived sources or causes of stress in medical students. Emotional factors were found to be significantly more in first year students as compared to second and third students. The Zung's Self-Rating Scale for depression was used to assess the perceived feelings of the students regarding to their emotional status counted scores more than or equal to 40 as stress definition (Supe, 2008).

Students mentioned that overwhelming amounts of information were expected during their first and second year of medical training. Moreover, they had difficulty relaxing and engaging in activities normally associated with personal wellbeing. The realizably on future was the most stressful of all. Questionnaires were mailed to students whose essays were reviewed in a quality study about students' perception of medical school stress and their evaluation of a wellness elective which focused on stress reduction and personal wellness done by Jungkwon Lee & Antonnette V Graham.

Female medical students from the general Swedish population in the thesis of Marie Dahlin were more depressed and more affected by study stress than their (7.8%) male peers. They were also more depressed than women of the same age in the general population (12.9% for common among medical students, 7.8% for general population controls). Study stress was examined by The Higher Education Stress Inventory and the prevalence of self-rated depression and suicide ideation/attempts were compared with controls matched by age and sex (Dahlin, 2007).

Using the General Health Questionnaire, it was found that 49.6 percentage encountered significant stress and 64.6 percentages reported that more than 60 percent of their total life stress was due to medical school. The most important psychosocial stressors were too much work and difficulty in coping. That is demonstrated in a cross-sectional study to understanding the psychosocial and physical work environment in a Singapore medical school, 2003-2004 (Chan & Koh, 2007).

A considerable majority (>90%) think that they had been stressful. Females reported more symptoms. Academics and exams were the most powerful stressors. More leisure time activities, better interaction with the faculty and proper guidance, advisory services and peer counselling at the campus, could do a lot to reduce the stress from a study by Shaikh in Pakistani Medical School (Shaikh, Kahloon, Kazmi, Khalid, Nawaz & Khan, 2004).

A study was reported by Codington and Troxell (2008) who obtained life stress scores of 144 high school football players and then monitored these students to determine the frequency of athletic injuries during the subsequent football season. Those students who reported stressful events were found to be significantly more likely to sustain significant athletic injuries than those who did not report such events.

Abeid (2003) conducted an empirical study of psychological stress and strain of 200 school students in Midland's town of United Kingdom, using the questionnaire in the data collection process. The stress variables included ratings of perceived demand for a number of job factors relevant to the teaching environment. The levels of reported stress were presented and the pattern of correlations between the variables supported the view that teaching was a very satisfying but some what high pressure occupation. Despite the high levels of perceived pressure, well over 50 percent of the students reported they would prefer more responsibility. The level of job demand, and its relationship to supports, was associated with various mental health problems and pressure measures.

Payne and Furnham (2007) reported a study on dimensions of occupational stress of 444 West Indian secondary school students using a 36-item self-report instrument. Individual item means indicated that difficulties associated with classroom instruction and management demands were perceived by majority (86.4%) of the students to be the most stressful aspects of their work. On the other hand, factor analysis and Analysis of Variance (ANOVA) computations revealed that problems associated with time management most clearly differentiated between students when prepared on the basis of sex ( $F=4.24$ ,  $p>.05$ ).

In a survey of 150 students and 60 nurses recently involved in adult education in Victoria, Australia, Trim and Coutts (2003) found that chief stressors were conflicts between study and work/family commitments and assignment deadlines. They also found that often the roles of worker and parent took precedence over that of learner, although study was rewarding and enhanced self-esteem. They also revealed that both the teachers and nurses did not show stress levels as expected of them. Therefore, no differences were found in their stress levels.

Smith and Witt (2003) did a comparative study of occupational stress among African-American and White University Faculty members, using 1000 respondents. They found that African-American faculty members reported higher levels of occupational stress than their white counterparts. The results also revealed that the differences found in the stress levels of African-American faculty members and their white counterparts were significant in relation to gender, marital status, years of experience, but were not significant with regard to age.

Evans and Evans (2005) examined how African-American men coped with relationships, jobs and other life stressors. A sample of 108 subjects of middle class African-American men was mailed questionnaires, which included the Beck Depression Inventory. The results showed that most subjects were depressed and little association was found between depression and stressors. A significant difference was found between subjects who had reported positive relationship with stressors and subjects who reported no stressors in the past twelve months.

Hui and Chan (2010) studied students' stress and guidance work among Hong Kong secondary school students, using 415 of such school students. They found that the students experienced very high stress and that guidance-related aspects of work constituted a major dimension of stress. Young teachers and junior students in terms of qualification, perceived more stress than their counterparts in this dimension. Workload and time pressure and managing students' behaviour and learning were perceived as the most stressful aspect of work for all students. The results also showed significant differences between stress and biographical variables such as gender, age, location of school, students' experience and position in school.

Cartwright, Cooper and Barron (2013) studied the possible effects of occupational stress on the incidence of road accidents among company car drivers; from four subsidiary

companies of an international retailer in England. Using motor vehicle claims data, stress level were compared between 129 accident-free and 107 accident-involved drivers. Subjects completed a biographical questionnaire and the occupational stress indicator. Inter-organizational company with lowest number of road accidents provided consistent evidence to support the notion that stressful work environments are likely to result in a high incidence of road and other accidents both on and off site.

Onifade and Odedeyi (2001) conducted a study in order to determine occupational stress factors among Nigerian physical education students using 115 such students drawn from Lagos state. Stress was assessed through an adapted occupational stress inventory for physical education students. The results showed no significant differences between gender, degree and age categories and stress. The results also showed that inexperienced students were significantly more stressed than experienced ones.

Roth (2009) investigated the relationship between role conflict and stress among secondary school students in England and the United States of America. He hypothesized that high congruence of perceived role expectation (low role conflict) was positively related to positional satisfaction (opposite of positional stress). Furthermore, he argued that conditions in English educational system produced high congruence of perceived role expectation than conditions in the American education system. He secondly hypothesized that students in England would yield higher scores on both congruence of perceived role expectations and on positional satisfaction, than students in United State because of differences in stress scores in favour of English students. In a comparative analysis of data obtained from students in the two countries (based on questionnaire) both hypotheses were supported.

Gier (2008) in a study of 104 elementary students in United States of America used an inventory of attitudes towards students' teaching to measure stress. He reported

that stress was a significant variable in students' teaching. He also reported that the emotional adjustment of the students was significantly and negatively related to stress.

Amanda (2009) conducted a study of the relationship between stressors and health status among 308 students of University of Maryland, USA using survey research design. The questionnaires used in the data collection process were; College Students Recent Experience (CSRE) Questionnaire and the Health Index (HI) Questionnaire. The results showed that more than half (50.9%) the number of students reported being stressed, and the Health Index mean score was 4.92 with the following breakdown in means by category of illness or disease: Injuries and accident ( $\bar{x}=1.40$ ), bacterial and viral infections ( $\bar{x}=1.48$ ), respiratory infection ( $\bar{x}=.98$ ), gastro-intestinal infections ( $\bar{x}=.76$ ), neurological and emotional illness ( $\bar{x}=.88$ ), and other unclassified problems ( $\bar{x}=.42$ ). The results also showed that all correlations were statistically significant ( $p>.001$ ) indicating a strong positive relationship between the stress scores and illness or disease and general health status as measured by Health Index questionnaire.

Galloway, Panckhurst, Boswell and Green (2006) conducted a study to determine the sources of stress among primary school head teachers in New Zealand. A stratified sample of 40 primary school head teachers in the North Island of New Zealand completed a 63-item checklist on sources of stress. The most highly rated items referred to stress arising from management of time, administrative tasks and interpersonal relationship. A principal components analysis identified four factors labeled staff, workload/administration, role conflict and meetings. Comparison between groups suggested that experiences of stress were related to the school's catchments area, to the adequacy of its buildings and to the head teacher's responsibilities.

A recent research finding has also shown that cell phone use has become a source of anxiety to college students. The researchers reported that, college students who cannot

keep their hands off their mobile devices and other, high frequency cell phone users showed higher levels of anxiety, less satisfaction with life, and lower grades than peers who use their cell phone less frequently (Daily trust, December 19<sup>th</sup> 2013). They went further to say that if you are not of college age, you are not off the hook of cell phone enslavement. The research was carried out using about five hundred (500) male and female students in Kent State University. It was reported that on the average students spent 279 minutes (about 5 hours) daily using the cell phone. The researcher also observed that what happened in Kent might not be too different from what obtains in the College under study. Today students are so hooked onto their cell phones that they cannot let go. Student insert ear devices to take calls, make calls and even send text when lectures are ongoing. The report also revealed that participants (who were distributed by year in the college as the researcher has done in this study) allowed investigators to access their official university records to obtain their cumulative grade point average (C.G.P.A). The result showed that those involved have lower CGPA than those not involved. The report went further to indicate that there is a relationship between anxiety and cell phone use, lower grades and lower levels of life satisfaction.

It concluded that, the more people use their cell phones the less time they have to engage in other stress reducers such as getting exercise, being alone and having time to think, talking with a friend face to face, and engaging in other activities they truly enjoy. To buttress the above statement an expert observed that, for many people, cell phones seem to be an inevitable interruption in virtually every aspect of their lives.

Andrew (2013) in his study at Kent University observed that we need to understand what is behind the increase in the study of anxiety. He went further that at least for some students the senses of obligation that comes from being constantly connected may be part of the problem. Thus, sense of obligation is what this researcher

feels is responsible for students leaving whatever they are doing to make or receive a call; send and read text messages.

Tiffany's study on adolescent anxiety and risk factors, seventy-nine high school seniors from suburban Florida were administered questionnaires of parent/peer relationships, suicidal thoughts, academic performance, exercise and drug use. The extremely high incidence of adolescents who scored above the cut-off  $>19$  for anxious mood (37%) had poorer relations with parents. The anxious adolescents also had less optimal peer relationships, fewer friends, less popular, less happiness and more frequent suicidal thoughts. They spent less time doing homework, had a lower grade point average, and less time exercising (Field, Diego & Sanders, 2001).

A study in Thai done by Ratana (2003) measured anxiety prevalence by using CES-D (with cut-off point 22) in 871 adolescents aged 12-22 years. One third (34.9%) of the subjects were having anxiety symptoms, late adolescents (18-22 years) suffered with high percentage at 33.1%. Gender differences existed in anxiety symptoms in all subjects with  $p\text{-value} < 0.001$ , females were more likely than males to have anxiety symptoms (Somrongsong, 2004).

The Black women and health study in 35,224 women ages 21 to 69 in African American measured depressive symptoms questionnaire was used and its association with physical activity. Adult's vigorous physical activity was inversely associated with depressive symptoms. Women who reported vigorous exercise both in high school ( $\leq 5$  hr per week) and adulthood ( $\leq 2$  hr per week) had the lowest odds of depressive symptoms (OR=0.76, 95%CI=0.71-0.82) relative to never active women; the OR was 0.90 for women who were active in high school but not adulthood (95% CI=0.85-0.96) and 0.83 for women who were inactive in high school but became active in adulthood (95% CI=0.77-0.91) (Wise, Adams-Campbell, Palmer & Rosenberg 2006).



A study in 2008 conducted to investigate the 2-week prevalence of depressive symptoms in 802 Hong Kong and 988 Beijing Chinese college freshmen. Approximately 8.9% of Beijing had scores on the questionnaire of 25 or higher, whereas, 17.6% of freshmen in Hong Kong reported scores of 25 or higher. There was no sex difference in prevalence in Beijing. The prevalence is significantly different between sexes in Hong Kong in which 13.4% of men having scores of 25 or higher and 21.3% of women having scores of 25 or higher (Ynqing, Yueguin, Liu, Kwan, Fuguan & Sham, 2008).

In a study Byrne (2000) summarized the central themes of exploring the prevalence, causes and consequences as well as strategies to reduce students' medical distress; by reaching MEDLINE and Pubmed for English article published between 1966 and 2004. Medical students' distress, medication and educational environment contain risk element for students' mental health and its specific consequences. The various manifestations of medical students' distress that were recorded increasingly and differently for each stage of academic year include stress, depression and burnout. Potential causes of students' distress were mentioned as adjustment to the medical school environment, ethical conflicts, exposure to death and human suffering, student abuse, personal life events and educational debt. Obviously, many effects on students' involve impaired academic performance, cynicism, academic dishonesty, substance abuse and suicide.

Kaohsiung Medical University, Taiwan, in 2005, studied the correlations between academic achievement, anxiety and depression in medical students experiencing integrated curriculum reform (four blocks in the first semester of the new curriculum). The study approved that there were both positive and negative correlations between academic achievement and anxiety and depression in medical students; regarding differing levels of severity of anxiety or depression, using the Zung's Anxiety and

Depression scale. Among the medical students who were in the high depression level group in the second psychological assessment, those who had more severe depression had poorer academic achievement in the fourth learning block differing levels of severity of anxiety or depression (Yeh, Yen, Lai, Huang, Liu, & Huang, 2007).

Schwab, Marder, Clemmons and McGinnis (2010) studied the relationship between anxiety, severity of illness and other medical variables of 187 patients who were admitted to the medical unit of the University of Florida Teaching Hospital. Data were collected from three sources, namely: the Taylor Manifest Anxiety Scale, Physicians' ratings of severity of the patients' illness and hospital records. The patients' illnesses were classified according to systems to include cardiovascular, gastrointestinal and psychological, with psychological having the lowest. However, the gastrointestinal group had almost equal number of high and low anxiety scores. The results also showed that there were no significant relationships between severity of illness and anxiety levels, although patients with more serious illness tended to have less shown anxiety. However, the type of illness was significantly related to anxiety.

Hotstede (2006) study of 40 nations showed that the correlation between the anxiety means and national per capita income was .08, indicating the total absence of any straightforward linear association between the two phenomena among the wide range of nations. He divided the sample (nations) into two groups of the less and more affluent. The study revealed that, among the less affluent nations the correlation between national per capital income and anxiety was .45 (statistically significant at  $p > .05$ ). That is, there were higher anxiety levels in the less affluent nations in this group. The results also showed that among the more affluent nations, the correlation turned negative. The author also found that when the nations were considered as a whole, there was a curvilinear relationship between affluence and anxiety such that anxiety was low in very poor nations

such as India and Pakistan increased to a peak among nations of intermediate wealth (Greece, Nigeria, Portugal etc) and then declined among the most affluent nations USA, Norway, Sweden and Denmark.

Murray and Clifford cited in Smith, Segal and Segal (2014) had investigated anxiety and aspects of health behavior among adolescents in Northern Ireland and North America. A sample of 238 secondary school students answered a questionnaire in their school about level of anxiety and some aspects of their health behavior. Analysis of the finding showed that Northern Ireland teenagers had higher anxiety ( $x=39.45$ ,  $SD=10.70$ ) than a North America sample of teenagers ( $x=39.45$ ,  $SD=9.74$ ). The results also showed that there were significant differences between the anxiety levels of the sample in relation to their place of abode, age, level of education and gender. In addition, the results showed that anxiety was clearly correlated with a variety of health complaints and with the use of health service.

One study has shown that children today compared to children from the 1950's are far more affected by stress and anxiety (Twenge, 2000). He also refers to the present time as the "Age of Anxiety". Twenge reviewed research involving 40,000 college students and 12,000 children, aged 9-17, from a variety of backgrounds, between 1952 and 1993. The results showed an increase of nearly a full standard deviation in anxiety. Results of the study showed that a direct link between the increase in environmental dangers and lack of social connectedness may be responsible for the growing anxiety concern (Twenge, 2000).

Babalís, Tsoli, Nikolopoulos and Manialis (2014) studied on the effect of divorce on school performance and behavior in preschool children in Greece. The study involved one hundred and eighteen (118) teachers a mean of approximately eleven years of total work experience ( $M=11.21$ ,  $SD=8.02$ ), who provided information on the family status

(nuclear or single-parent family). School performance and the behavior problem of three hundred and fourteen (314) preschool children of which one hundred and seventy (170) were boys fifty four point one percent (54.1%) and one hundred and forty four (144) girls (45.9%) percent with a mean age of approximately five years old ( $M = 54$ ,  $SD = 0.8$ ). the instrument used in the research is questionnaire with demographic information and other data. The data was collected in school of urban and semi-urban areas. Research data collected and analysis indicated that 63.7% of the sample belongs to a nuclear family, while 36.3% lives in a single-parent family, which emerged after the formal dissolution of marriage (separation/divorce). Indeed, in the latter case the child resides to a great extent (79.8%) with its mother (single-mother families or mother-headed families), which is consistent with the findings of the literature (Musick & Meier, 2010). Based on the results of the comparisons among the items that are related to behavior problems, children from single parent families in their sample seem to have significantly more behavioural problems compared to those from a nuclear family. According to (Babalys, 2014) children in single-parent families are about two times more likely than those in nuclear families to have serious social, emotional or psychological problems (25% versus 10%)

Chimhenga (2002) conducted a study of behavior problems of adolescents in secondary schools of Bulawayo: titled causes, manifestations and educational support. The research was carried out in Luveve Bulawayo urban area using 2 secondary schools. Samples consisted of twenty (20) teachers, 2 headmasters, 5 parents, 8 adolescent learners, 2 psychologists. The purpose of the study was to determine the causative factors of behavior problems, for example, truancy, telling lies and disobedience occurring in the classroom. The questionnaires used as interview guides in this study include open-ended questions and structured questions in order to allow the participants to take the initiative in deciding on their answers to the questions or to choose among options.

The findings from the empirical study showed that the behavior problems that manifest in the classroom on a national basis compare well with the type of behavior problems that manifest in the classroom on an international basis as shown by the literature study. The adolescents in Bulawayo secondary schools have manifested different forms of behavior problems and these include aggressive behavior, disruptive behavior and telling lies.

The causative factors from the findings of the literature study have been reflected by the empirical investigation. Moreover, they are not viewed in terms of cause and effect as the case with the old medical model. Through the ecological system approach, causative factors are seen as being caused by the environment.

The parents and the teachers may work together in managing the behavior of adolescent learners in tertiary institutions. The home and the school need to be in constant dialogue so that there can be cooperation and partnership in the education of the adolescents.

Kelly (2013) conducted a study on irregular bed times that leads to behaviour problems in kids. A regular bedtime might guarantee more than a good night's sleep for both kids and their parents. It turned out that a regular bedtime can make for a better-behaved child; a new research suggests. "Irregular bedtimes were linked to behavioral difficulties, and these effects appeared to accumulate through early childhood", said the study's lead author, Kelly, a professor of life course epidemiology at University College London. It also found that the effects appeared to be reversible. Children who changed from not having, to having, regular bedtimes showed improvements in behaviors, and vice versa.

Kelly (2013) reviewed data on more than 10,000 7-year olds who were enrolled in the U.K Millennium Cohort Study. Details on the children's bedtimes were collected

when they were 3, 5 and 7 years old. At the same time that sleep findings were collected, researchers asked teachers and mothers to rate the children's questions. Kids with irregular bedtimes had more behavioral problems than children with regular bedtimes, submitted by their teachers and their mothers. However, mother rating was slightly higher than the teachers:

This study showed that the longer a child had an irregular bedtime, the greater the behavioural difficulties. On average, a child who had an irregular bedtime at one time-point in the study increased his or her score on the behavioral difficulties scale by about a half-point. If that child had an irregular bedtime at two time-points during the study, the score increased by about 1 point. If the child had an irregular bedtime at all three time-points during the study, the score increased by just over 2 points.

A study was reported by Brammer and Chen (2000) on the effect of expanding gender roles on behavioural problems in a comparison of female college students in Taiwan. The sample population studied consisted of female nursing and data management students who enrolled in the fall of 1999 in the school of medical nursing at Jen-Te Junior College in Mio-Li Taiwan. The students' age range was from 18-23 years old. The total number of female students was 184 persons but the number of females used for the research was 106 persons. Thus, all female data management students were chosen as sampling members. The Mooney Problem Check (MPC) was selected for this study. An Anova and t-test were performed to provide description and inferential analyses. Overall, a 2-tailed t-test comparing the mean for nursing and data management students' scores for normal and serious behavioural problem revealed mixed findings. There was no significant differences between nursing and data management students' scores regarding serious behavioural problem ( $t=1.514$ ,  $P=.131$ ) but the scores for normal problems were significantly different ( $t=3.227$ ,  $P=.001$ ). These findings are similar to those of Sagaria

(2008) who found that academic issues are the greatest impetus for students to seek counselling. The difference can be partially explained by gender role theory.

McLeod, Uemura and Rohrman (2012) conducted a study on Adolescents' mental health and behavioural problems. The data for the analysis come from the national longitudinal study of adolescent health, or add health. A stratified sample of 80 high schools and 52 middle schools was selected into the study of the youths who participated in the in-school survey, a randomly subsample of 20, 745 participated in a subsequent wave 1 in-home survey; an interview also was conducted with the parents. The result of the study showed that the coefficients for delinquency and substance use were reduced by about half but remain significant, and the coefficient for attention deficit problems become marginally significant ( $P=.093$ ). Thus even with the most stringent control of problem for academic aptitude, behavior problems had significant association with educational attainment. Behavior problems heighten the negative consequences of more traditional form of distress. The above study differs from this ongoing research which is titled Stress, Anxiety as Correlates of Behavioural Problems in Federal Colleges of Education, in North West Nigeria: Implications for Counselling.

## **2.5 Summary and Uniqueness of the Study**

In this sub-chapter, an attempt was made to review relevant literature on the topic of the study. The related literature was reviewed from a wide range of authors both local and foreign. Stress is one of the terms that have been variously defined by different authors. The difference in definitions can be as a result of the different orientations of the authors. In many instance, the term stress is defined as any stimulus that either raises your excitement or anxiety level beyond what you regard as above your usual or personal tolerance levels. Stress indicates an individual's state of physical and physiological

imbalance leading to his/her social maladjustment, poor cognitive operation, poor work performance and even ill health.

Anxiety is a fundamental human emotion, everyone has experienced it and all of us will continue to experience. It appears in our cognitions of thoughts, in motor (physical) behaviour, in physical reactions and in effective or emotional reactions. Several types of anxiety was discussed such as generalized Anxiety disorder (GAD), agoraphobia, social phobia, phobias, causes of anxiety such as financial, infrastructural, family, social relationship, academic, physical and health, administrative, concern about future, personal/psychological, moral and religious causes. Sources of anxiety was also reviewed, signs and symptoms of anxiety were discussed to include Tension, Headache, Shifting aches and pains about our body, feelings of hot and uneasiness all over the body, fear, nervousness, being upset, loss of voice, worry, trembling and so on as well as the effects of anxiety.

Concept of behaviour problems were discussed, for example, Krucik (2005) described behaviour problems as those things considered as typically unacceptable. Nearly everyone can have a moment of disruptive behaviour or an error in judgment. However, problem behaviour is a consistent pattern. Behaviour problems can be seen to be systematic expression of emotional or interpersonal maladjustment, especially in children (as by nail-biting, enuresis, negativism, or by overt hostile or antisocial acts). Types of behaviour include abnormal, normal, deficit behaviour, and excess behaviour. Causes of behaviour problem include fears, anxiousness, anxiety and loss of a loved one.

The theoretical framework for this study was based on systemic stress theory, theory of psychological stress and conflict theory of anxiety. Also discussed were theories on behavioural problems such as role theories, social learning theory, problem behaviour theory and cognitive behaviour therapy. These theories,



considered as “matching” theories indicate possible approaches to the processes involved in managing students’ behavioural problems.

From the empirical studies reviewed, it is clear therefore that, there is a missing link in terms of the location of the study, variables of interest, target population covered and method of data analysis used in this study. Thus, the uniqueness of this study is evidenced in the fact that this type of research was conducted in North western part of Nigeria. Many scholars in the field of guidance and counselling have conducted numerous researches on this topic in the South-west, South-south, South-eastern and North-central parts of Nigeria, therefore, uniqueness exists in term of the location. This study examined stress and anxiety as correlates of behavioural problems among students of Federal Colleges of Education in North West Nigeria: Implications for counselling. Thus, the choice of variables of interest in the title also distinguishes this study in the sense that in most of the reviewed studies none had used the combination of these variables. The population, samples and sampling techniques used also differ in this study in the sense that NCE III are targeted unlike most of the conducted researches that aimed at Senior Secondary Schools, NCE I and II, while some used undergraduate and Post-graduate students.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter focuses on describing the research design, population of the study, sample and sampling techniques, the instruments used for data collection, validity and reliability of the instruments, the method used in collecting data and scoring as well as the statistical tools employed for analyzing the data.

#### **3.2 Research Design**

The study adopted a correlational survey research design, because correlational study attempts to discover or establish the existence of a relationship interdependence between two or more aspects of a situation. Tambawal (2001:49) described correlational study as “a type of research that is concerned with determining or measuring the degree of relationship between two or more variables for the purpose of making predictions about the relationship”. Thus, correlation attempts to explain the degree of relationship among the variables under study. Correlational study indicates if a relationship exists, it does not indicate causation. Correlational studies are concerned with the extent to which two or more variables are related and, therefore, can be used as predictors of each other. Correlational research involves the investigation of the extent to which the variation in one factor or variable correspond with variation in one or more factors or variable based on correlation coefficient and it is the study of the extent of relationship between two or more variables (Egbule & Egbule, 2011). Since this study is looking for relationship among three variables in the study, thus the design was found appropriate.

### 3.3 Population of the Study

Population refers to the larger group from which the sample will be selected. According to Ladan (2012), population means all cases, objects or individuals that fit a certain specification which the researcher intends to cover. North West Nigeria has 7 states with 5 Federal Colleges of Education. The population of the study therefore, comprised of all 5 Federal Colleges of Education in the North West Nigeria with the total number of 12,060 NCE III students as shown in Table 2.

**Table 2. Students Enrolment in Schools (FCE) in North-west Nigeria**

S/No.	No of school (FCE)	No of NCE III Students
1.	FCE, Bichi (Technical)	2,646
2.	FCE, Gusau (Technical)	1,978
3.	FCE, Katsina	2,552
4.	FCE, Kano	2,395
5.	FCE, Zaria	2,489
	<b>Total</b>	<b>12,060</b>

**Source:** FCEs (Academic planning Research & Statistic Unit (APRS) (2018)

### 3.4 Sample and Sampling Techniques

A sample is representative figure(s), subject(s) usually selected from the relevant population. According to Ladan (2012) a sample is a portion of the population that is selected for the study. A multistage sampling procedure was used in the study giving the study's regional coverage. 3 Federal Colleges of Education (FCEs) were selected from the 5 Federal Colleges of Education (FCEs) in Northwest Nigeria using stratified sampling technique, this was because of their characteristics that satisfied the interest of the researcher (such as females only and mixed colleges). The total population of NCE III students in the 3 Federal Colleges of Education (FCEs) was 6925, while Research Advisor (2006) table was used to determine the sample size of 365. Then, the sample size of the students was proportionately selected across all the three selected colleges.

In selecting subjects to represent the sample from each college, the researcher used simple random sampling by writing ‘YES’ and ‘NO’ on folded piece of papers. All those students that picked ‘YES’ were selected to represent students’ sample of the population which indicated that all students were given equal chance of being selected.

**Table 3. Sample Selected from the Population**

S/No.	Colleges	Population	Sample Selected
1	FCE, Gusau (Technical)	1,978	104
2	FCE, Katsina	2,552	135
3	FCE, Kano	2,395	126
	Total	6925	365

**Source:** Adopted from Research Advisor (2006)

### **3.5 Instrumentation**

The following three research instruments were used in collecting data for this research:

- i. Adopted version of Shoyemi (2013) Stress Questionnaire for Students (SQS) to Measure Students’ Stress;
- ii. Adopted version of Suleiman (2016) Anxiety Inventory (AI) to Measure Students’ Anxiety;
- iii. Adapted version of Merton (2003) Behavioural Problem Scale to Measure Students’ Behavioural Problem.

#### **3.5.1 Description of Stress Questionnaire for Students (SQS)**

Stress Questionnaire for Students was an instrument adopted from Shoyemi (2013) to measure students’ stress. It sought responses from students in tertiary institutions in Ilorin metropolis on the perceived influence of stress on academic performance on tertiary institutions students. The questionnaire is made up of two design

(i.e.) structured and unstructured items. Section A was involved in gathering of personal data from the respondents. Section B consist of 20 items and calls for information concerning the common stressors that affect students. The researcher adopted this instrument to measure students' stress in this study.

### **Validity of Stress Questionnaire for Students (SQS)**

The content validity of the items in the questionnaire was established by Shoyemi (2013) after 4 academic lecturers in the Department of Education, University of Ilorin have ascertained its relevance and utility of each item as covering all the aspects being studied by the researcher. Their suggestions informed the development of the questionnaire that was used for the study. Which is related to this study.

### **Reliability of Stress Questionnaire for Students (SQS)**

Reliability is termed consistency of information/data needed. It is the stability or consistency of information. By implication it is the extent to which similar information is applied or obtained when measurement is performed more than once. Test re-test method was used by Shoyemi (2013) to establish the reliability of the instrument. This was done by administering the constructed instrument on 50 randomly selected students of College of Education Ilorin. Six weeks later, the same group of students were administered the questionnaire for the second time. After the second administration, all the responses on the questionnaires were scored. The scores were subjected to Pearson's Product Moment Correlation Coefficient Statistics. The reliability coefficient ( $r$ ) was 0.76 at 0.05 alpha level. This coefficient was considered high and good enough for a study of this nature.

### **Scoring of Stress Questionnaire for Students (SQS)**

The instrument was designed by Shoyemi (2013) on four point Likert Scales of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). The score value of the scales was as follows: SA=4, A=3, D=2, SD=1. The scores were categorized into mild 1-16, moderate 17-30 and severe 30 and above. Subjects whose scores on stress falls within the range of 17 and above were enlisted for this research.

### **3.5.2 Description of Anxiety Inventory (AI)**

The Anxiety Inventory (AI) inventory questionnaire was adopted from Suleiman (2016) who adapted it from Becks Anxiety Inventory. The original Becks Anxiety Inventory consists of 25 items described in simple sentences which were modified by Suleiman (2016) to 20 symptoms item. For this study, the researcher adopted the instrument to measure students' anxiety.

### **Validity of Anxiety Inventory (AI)**

To ascertain the validity of the questionnaire, the draft questionnaire was first vetted by the supervisors of Suleiman (2016), while the final draft was vetted by seven lecturers in the department of Educational psychology and counselling, Ahmadu Bello University Zaria in 2016 and their observation were that the issue of sexual feeling among secondary school students as an item should be removed and also some words like feeling flue which is an American way of feeling sad should be replaced with a simpler and familiar words. And thus the observations and suggestions were used to rewrite and modify the items of questionnaire by Suleiman (2016). Because the questionnaire items were relevant to the current one and it was adapted. In line with this, the research supervisors also agreed that the instrument can be used as it is.

### **Reliability of Anxiety Inventory (AI)**

Reliability of the instrument was based on the researches carried out by different authors using the Beck Anxiety Inventory (BAI) as an instrument for measuring anxiety. The studies were able to establish through a test re-test reliability and internal consistencies. Some of the studies include the following;

Miller and Seligman sample comprised of 120 college students; 56% were female and 44% were male and its test-retest reliability coefficient was found to be 0.74. Internal consistency yielded a Cronbach's alpha of 0.92 for the outpatients and 0.93 for the students. Item total correlation was performed on the scores of both sample which yielded significant correlations at 0.005 level for both groups on all items. Test-retest reliability: a sub sample of 26 patients of a clinical sample was retested with the BAI-I one week after the first administration. The test-retest reliabilities were calculated and yielded an average correlation of 0.93. The current researcher accepted the instrument as reliable which was used in this study. By implication it met the desired reliability coefficient to be adopted for use in this.

### **Scoring of Anxiety Inventory (AI)**

The questionnaires were scored based on 4 point likert scale and subjects were selected based on their scores. The scores were categorized into 1-21 very low, 22-35 moderate while 36 and above is indicating high anxiety. Therefore, Subjects whose scores on Anxiety Inventory (AI) falls within the range of 22 and above were enlisted for counselling.

#### **3.5.3 Description of Adapted Version of Merton (2003) Behavioural Problem Scale**

The behavioural problem scale was originally developed by Merton (2003). The scale was created to assess behavioural problems among students. The scale was designed

for the general adult population, including adolescents; persons below the age of 12 should not be tested with this scale. The instrument has 14 items to measure behavioural problems. However, the researcher modified and adapted the 14 items of Merton (2003) and included modified 12 items from Garcia (2011) instrument. This addition was done to give more opportunity to tap information on many issues or situations that were not included in Merton's scale. In addition, the questionnaire was rated on a 4- point scale of Always (4) Occasionally (3) Rarely (2) Never (1).

### **Validity of Merton Behavioural Problem Scale**

Validity refers to an instrument's ability to measure what it is intended to measure (Mba, 2011). The researcher exposed the instrument to experts on the topic to scrutinize whether the statements in the instrument do relate to what they are supposed to measure. Draft of the instrument was given to experts from the Department of Educational Foundations, Usmanu Danfodiyo University Sokoto, who are professional counsellors and experts in Guidance and Counselling as well as the researcher's supervisors to check how well the items were developed and whether the items are relevant in answering the research questions and testing the hypotheses. They also scrutinized unclear biased and deficient items and validated instruments as the items are fit for College of Education Students. Their comments and suggestions were incorporated in the corrections made for the final instrument, which was adjudged to possess construct and content validity.

### **Reliability of Merton Behavioural Problem Scale**

Kerlinger and Lee (2000) emphasizing on the importance of reliability, observed that without ascertaining the reliability of the instrument, "little faith can be put in the result obtained and the conclusion drawn from such result". Consequently, the reliability of the instrument for this study was tested in a pilot study that was conducted at Federal



College of Education, Zaria. Forty (40) students of the college were used for the pilot study. Test-retest reliability method was applied within an interval of six weeks. This was done to ascertain the reliability of the instrument over time. Pearson Product Moment Correlation (PPMC) was used in correlating the set of scores of test and retest exercise and coefficient of 0.79 was obtained and this was considered to be good enough for use in this study to receive counselling intervention.

### **Scoring of Merton Behavioural Problem Scale**

This section is made up of respondents' level of behavioural problems which was measured also on a 4 – point Likert scale of: Always (4) Occasionally (3) Rarely (2) Never (1). The scores were categorized into 1-26 in low behavioural problem, 27-54 is moderate behavioural problem and 55 and above is indicating high behavioural problem. Therefore, subjects whose scores falls within the range of 27 and above were enlisted for this research study for necessary counselling intervention.

### **3.6 Method of Data Collection**

For every research endeavour, the instrument and method of data collection are very vital to its success. Consequently, the data for the study was collected from primary sources. A structured questionnaire containing questions ranging from the respondents' personal characteristics causes of stress and anxiety, level of behavioural problems among the respondents was used to collect data for the study.

The three Federal Colleges of Education were visited by the researcher. Permission to administer the questionnaire was sought from the Dean School of Education. The researcher with the help of two research assistants and the school counsellor administered the questionnaires in each of the colleges. The two research

assistants in each of the college visited were trained by the researcher on how to administer the questionnaire before administering them.

The researcher read the questions to the respondents and explained where necessary. The respondents were implored to give honest answers to the questions since they will remain anonymous. Respondents were assured of strict confidentiality. The respondents were instructed to ask questions on any item that seemingly appears difficult to understand. Each student was given a questionnaire to fill which they filled properly and returned promptly. There was no attrition rate as the researcher received the entire questionnaire, representing 100% return due to close monitoring of the exercise.

### **3.7 Method of Data Analysis**

The quantitative data for the study was entered on a spreadsheet with the codes specified providing a guide. Statistical analysis was carried out with the use of Statistical Package for Social Sciences (SPSS) version 20.0. Descriptive and inferential statistics were used in the data analysis. Hypotheses 1 to 3 were tested using Pearson Product Moment Correlation Coefficient (PPMC), the PPMC is a parametric test widely used to measure the relationship or correlation between two variables while hypothesis 4 was tested using multiple regression analysis, the Multiple Regression analysis determines the contribution of one or more independent variable (s) to a dependent variable

## CHAPTER FOUR

### DATA ANALYSIS, RESULT AND DISCUSSION

#### 4.1 Introduction

This chapter presents data analysis, results, summary and discussion of findings. It begins by presenting descriptive analysis followed by hypotheses testing. Descriptive statistics such as frequency and standard percentages were used. Pearson Product Moment Correlation (PPMC) and multiple regression analysis were used for data analysis. All computations were done by computer using the statistical package for social sciences (SPSS) 20.0. The interpretation of data in relation to research hypotheses are presented in tables.

#### 4.2 Descriptive Data

This section highlights the demographic analysis of the participants. This includes gender, age, religion and variables as was highlighted in table 4-7.

**Table 4: Type of Colleges**

Colleges	Frequency
Female Only	1
Mixed	2
Total	3

**Source:** Researcher's Field Work, 2018

#### 4.3 Testing Research Hypotheses

Four research hypotheses were postulated in this study. Hypotheses number 1, 2 and 3 were tested using Pearson Product Moment Correlation. Hypothesis number 4 was tested using Multiple Regression Analysis at significance level of 0.05 and presented as follows:

**H<sub>01</sub>:** There is no significant relationship between stress and students' behavioural problems among students of Federal Colleges of Education in North-West Nigeria.

**Table 5: Relationship between Stress and Students' Behavioural Problems among Students of Federal Colleges of Education in North-West Nigeria**

Variables	N	Mean	Std. Deviation	r-Cal	P-Value	Decision
Stress	365	48.62	17.602	.222	0.000	Significant
Behaviour Problem	344	45.76	15.153			

**Source:** Statistical Package for Social Science 20.0 version.

From Table 5, it can be seen that the relationship between stress and students' behavioural problems has high calculated r-value of .222;  $p < .000$ . Thus, the hypothesis is rejected. This indicates that there is a positive relationship between stress and students' behavioural problems among students of Federal Colleges of Education in North-West Nigeria because the p-value is less than the 0.05 level of significance. Therefore, an increase in student's stress was accompanied by an increase in behavioural problems. Thus, the hypothesis which states that there is no significant relationship between stress and students' behavioural problems among students of Federal Colleges of Education in North-West Nigeria was rejected.

**H<sub>02</sub>:** There is no significant relationship between anxiety and students' behavioural problems among students of Federal Colleges of Education in North-West Nigeria.

**Table 6: Relationship between Anxiety and Students' Behavioural Problems among Students of Federal Colleges of Education in North-West Nigeria**

Variables	N	Mean	Std. Deviation	r-Cal	P-Value	Decision
Anxiety	365	45.64	15.82	.162	0.042	Significant
Behaviour Problem	344	42.22	15.53			

**Source:** Statistical Package for Social Science 20.0 version.

From Table 6, it can be seen that the relationship between anxiety and students' behavioural problems has high calculated r-value of .162;  $p < .042$ . Thus, the hypothesis is rejected. This indicates that there is a positive relationship between anxiety and students'

behavioural problems among students of Federal Colleges of Education in North-West Nigeria because the p-value is less than the 0.05 level of significance. Therefore, an increase in student's anxiety was accompanied by an increase in behavioural problem of students. Thus, the hypothesis which states that there is no significant relationship between anxiety and students' behavioural problems among students of Federal Colleges of Education in North-West Nigeria was rejected.

**H03:** There is no significant relationship between stress and anxiety among students of Federal Colleges of Education in North-West Nigeria.

**Table 7: Relationship between Stress and Anxiety among Students of Federal Colleges of Education in North-West Nigeria**

Variables	N	Mean	Std. Deviation	r-Cal	P-Value	Decision
Stress	365	45.59	15.09	.206	0.000	Significant
Anxiety	365	46.62	14.38			

**Source:** Statistical Package for Social Science 20.0 version.

From Table 7, it can be seen that the relationship between stress and anxiety has high calculated r-value of .206;  $p < .000$ . Thus, the hypothesis is rejected. This indicates that there is a positive relationship between stress and anxiety among students of Federal Colleges of Education in North-West Nigeria because the p-value is less than the 0.05 level of significance. Therefore, an increase in student's stress was accompanied by an increase in anxiety. Thus, the hypothesis which states there is no significant relationship between stress and anxiety among students of Federal Colleges of Education in North-West Nigeria was rejected.

**H04:** Stress or anxiety is more significantly related to students' behavioural problems among students of Federal Colleges of Education in North-West Nigeria

**Table 8: Multiple Regression Analysis on Students' Behavioural Problems**

Variables	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	SE	F	B	T	p-Value
Stress	3.447	44.250	4.572	.045	30.441	.190	3.683	.000
Anxiety	3.432	44.461	4.558	.049	0.165	.121	2.351	.019

**Dependent Variable:** Behavioural Problem

A look at the squared part correlations revealed that stress accounted for 3.447% of the variance in Behaviour Problem  $R^2_{adj} = 4.572$ ,  $F (30.441)$ ,  $p = .000$ ,  $p < .05$  while anxiety accounted for 3.432% of the variance in Behaviour Problem  $R^2_{adj} = 4.558$ ,  $F (0.165)$ ,  $p = 0.19$ ,  $p < .05$ . Thus, the significant results of the procedure indicated that the combination of the predictor variables were able to account for a significant amount of variance in the dependent variable. Although anxiety was an explanatory variable of Behaviour Problem, analysis of regression coefficients indicated that stress,  $\beta = .190$ ,  $t = 3.683$ ,  $p < .05$  emerged as the significant predictor when all variables were in the model. This indicated that stress was more related to students' Behaviour Problem than anxiety. Thus, it is concluded that stress was more related to students' behavior problem than anxiety.

#### **4.4 Summary of Findings**

In view of the hypotheses tested and interpreted the following summaries were generated;

1. There is positive relationship between stress and students' behavioural problems among students of Federal Colleges of Education in North-West Nigeria.
2. It was found that a positive relationship exist between anxiety and students' behavioural problems among students of Federal Colleges of Education in North-West Nigeria.
3. There is positive relationship between stress and anxiety among students of Federal Colleges of Education in North-West Nigeria.
4. Stress is significantly more related to students' behavioural problems than anxiety among students of Federal Colleges of Education in North-West Nigeria.

#### **4.5 Discussions of Findings**

In hypothesis one, a positive relationship exist between stress and students' behavioural problems among students of Federal Colleges of Education in North-west Nigeria. This is to say that as stress increase, students' behaviour problems drastically increases. This finding is explained that students' behavioural problems was related to stress and anxiety experienced by students in Federal Colleges of Education in Northwest Nigeria. With systemic stress theory propounded by Selye as cited in (Kalat, 2008). The systemic stress theory is also known as the response based theory which perceives stress as a cluster of disturbing psychological and physiological responses to different situations. This cluster of response is known as a syndrome. The basic assumption of this theory is that different environmental events known as stressors can produce the same stress response syndrome. The most popular response based theory called General Adaptation Syndrome (GAS), proceeds in three stages: (a) The alarm reaction stage

comprises an initial shock phase and a subsequent counter shock phase. The shock phase exhibits autonomic excitability, an increased adrenaline discharge and gastro-intestinal ulcerations. The counter shock phase marks the initial operation of defensive processes and is characterized by increased adrenocordical activity. (b) Stage of resistance is the next stage if noxious stimulation continues, the symptoms of the alarm reaction disappears, which seemingly indicates the organisms adaptation to the stressor. While resistance to the noxious stimulation increases, resistance to other kinds of stressors stimulation persist, resistance gives way to the stage of exhaustion. The organisms' capacity of adapting to the stressor is exhausted, the symptoms of the alarm stage reappears, but resistance is no longer possible. Irreversible tissue damages appear, and as the stimulation persists, the organism will eventually die.

Hypothesis two, a positive relationship was found between anxiety and students' behavioural problems among students of Federal Colleges of Education in North-West Nigeria. The finding is in line with the conflict theory, conflicts theory according to Basowitz, Persky, Korchin and Grinker (2005) produce tension; when the conflicts are severe, the states of tension may be prolonged and experienced as an unspecific but unpleasant feeling called anxiety. The conflict theory of anxiety exemplified anxiety to be similar to fear, an experience of dread, as if something were about to happen.

The conflict theory of anxiety, postulates that anxiety serves as a signal of a psychological problem, and that a feeling of anxiety signals a kind of psychological danger. The theory also postulates that anxiety can serve as a signal that one has an internal conflict that needs to be resolved. One may then take action to resolve or reduce the danger and anxiety. Often when an important internal conflict is resolved, the feelings of anxiety are markedly reduced. Laughlin (2009) observed that the conflict theory of anxiety is that anxiety can also be experienced almost continuously, rather than suddenly



coming and going. A continuous feeling of intense anxiety is called a chronic anxiety reaction, and can interfere seriously with everyday life. This can affect the health status of victims unless the internal conflict is resolved.

Cognitive theorists Tobia (2009); Smith and Ellsworth (2005); Updegraff and Taylor (2000) believed that it is not events or problems, which cause anxiety or stress but rather it is the individual's interpretation of these events that may lead to these problems. This also may probably be applicable to the study of stress and anxiety as correlates of behavioural problems among NCE students Federal Colleges of Education in North West Nigeria: Implications for Counselling. Though different theorists offer slightly different emphasis, cognitive theories in general state that anxiety is maintained by the mistaken or dysfunctional appraisal of a situation leading to perception of danger.

Beck cited in Champion, (2006) believed that the anxious person's pre-occupation with danger is manifested by the continuous involuntary intrusion of autonomic thoughts, either visual images or verbal self statements, whose content involves potential physical or mental harm. Such thoughts, according to him, may occur so fleeting that the person is unaware of their occurrence and merely recognizes being in a state of high anxiety.

Hypothesis three, shows a positive relationship between stress and anxiety among students of Federal Colleges of Education in North-West Nigeria. The finding concurs with the cognitive theory, which was developed largely as an explanation and treatment approach for depression caused by anxiety. The theory has been applied to the field of anxiety where there was emphasis on the relationship between stress and anxiety (Tobia, 2009). The victims referred to above could be likened to secondary school teachers, counsellors as was the case in the present study. Cognitive theorists Tobia, 2009; Smith and Ellsworth, 2005; Updegraff and Taylor (2000) believed that it is not events or

problems, which cause anxiety or stress but rather it is the individual's interpretation of these events that may lead to these problems.

Hypothesis four, shows that the significant results of the procedure indicated that the combination of the predictor variables were able to account for a significant amount of variance in the dependent variable. Although, stress is significantly more related to students' behavioural problems than anxiety among students of Federal Colleges of Education in North-West Nigeria. This finding could be linked to systemic stress theory also known as the response based theory which perceives stress as a cluster of disturbing psychological and physiological responses to different situations. This cluster of response is known as a syndrome.

The basic assumption of this theory is that different environmental events known as stressors can produce the same stress response syndrome. The most popular response based theory called General Adaptation Syndrome (GAS), proceeds in three stages: (a) The alarm reaction stage comprises an initial shock phase and a subsequent counter shock phase. The shock phase exhibits autonomic excitability, an increased adrenaline discharge and gastro-intestinal ulcerations. The counter shock phase marks the initial operation of defensive processes and is characterized by increased adrenocordical activity. (b) Stage of resistance is the next stage if noxious stimulation continues, the symptoms of the alarm reaction disappears, which seemingly indicates the organisms adaptation to the stressor. While resistance to the noxious stimulation increases, resistance to other kinds of stressors stimulation persist, resistance gives way to the stage of exhaustion. When the organisms' capacity of adapting to the stressor is exhausted, the symptoms of the alarm stage reappears, while resistance is no longer possible. Irreversible tissue damages appear, and as the stimulation persists, the organism will eventually die.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Introduction**

The chapter presented summary of the research work, conclusion drawn from the research, some recommendations and suggestions for further research.

#### **5.2 Summary**

The study examined the relationship between stress and anxiety as correlates of behavioural problems among students of Federal Colleges of Education (FCEs) in North-West Nigeria. Four objectives, four research questions and four null hypotheses guided the study. The hypotheses includes among others that (i) there is no significant relationship between stress and students' behavioural problems among students of Federal Colleges of Education in North-West Nigeria; (ii) there is no significant relationship between anxiety and students' behavioural problems among students of Federal Colleges of Education in North-West Nigeria; (iii) there is no significant relationship between stress and anxiety among students of Federal Colleges of Education in North-West Nigeria; and (iv) Stress or anxiety is significantly related to students' behavioural problems among students of Federal Colleges of Education in North-West Nigeria.

Chapter two provides background knowledge of previous studies that are related to and upon which a conceptual framework of the proposed study was anchored. The researcher reviewed the Concept of Stress; Types of Stress; Etiology of Stress; Signs of Stress; Sources of Stress for Students; Effect of Stress on Students; Concept of Anxiety: Types of Anxiety; Effects of Anxiety on Students; Sources of Anxiety for Students;

Concept of Behavior and Behavioral problems; Causes of Behavior Problems; Types of behavior and behavioural problems; Characteristics of normal behavior; Stress, Anxiety and Behavior Problems; Effect of Behaviour Problems on Students; Stress and Behavior; Anxiety and Behavior; Moping Behavior. The Theoretical Framework of the study focuses on Systemic Stress Theory (Response Based Theory); Psychological Stress Theory (Stimulus Based Theory);

Conflict Theory of Anxiety; Role Theory; Social Learning Theory (SLT); Problem Behavior Theory (PBT); Cognitive-Behavioral Therapy (CBT); Contemporary behavior therapy; Review of Empirical Studies and Summary of the review and uniqueness of the study.

Chapter three discussed the research design, population of the study, sample and sampling procedure, instrument and, validation and reliability of the instrument, scoring, method of data collection and methods of data analysis. The study was descriptive in nature and employed correlational research design. The population of the study comprised of all 12,060 NCE students of the 5 Federal Colleges of Education in the North West Nigeria out of which 3 Federal Colleges of Education (FCEs) were selected using stratified sampling technique. The total population of NCE III students in the 3 Federal Colleges of Education (FCEs) was 6925, the Research Advisor (2006) table was used to determine the sample size of 365. Two adopted set of instruments were used to measure Stress and Anxiety while an adapted instrument was used to measure students' Behavioural Problem. Hypotheses 1 to 3 were tested using Pearson Product Moment Correlation Coefficient (PPMCC) and hypothesis 4 was tested using regression analysis at 5% (0.05) level of significance. Statistical Package for Social Sciences (SPSS) Version 20.0 (Statistical Software) were used to analyze the collected data.

Chapter four presents data analysis, summary of major findings and discussion of findings. While chapter five presented summary of the research work, conclusion drawn from the research including some recommendations and suggestions for further research.

### **5.3 Conclusion**

From the findings of this study, it was found that a positive relationship exist between stress and students' behavioural problems, a positive relationship exist between anxiety and students' behavioural problems, a positive relationship exist between stress and anxiety. Thus, it is concluded that stress and anxiety were related to students' behavioural problem. This means that stress and anxiety has great influence on students' behavioural problem. However, the study concluded that stress is significantly more related to students' behavioural problems than anxiety among students of Federal Colleges of Education in North-West Nigeria.

### **5.4 Recommendations**

In view of the above findings, it is recommended that: -

1. Counsellors should minimize stress among students through group counselling with a view to develop and mitigate strategy for students to overcome stress and thus, minimize behavioural problems among students in Federal Colleges of Education.
2. Counsellors and lecturers of Federal Colleges of Education should minimize sources of anxiety among students there by making both home and institution's environment friendly. This can be done through reducing task at home and given adequate time for students to prepare for assignments, test and semester examinations.

3. Management of Colleges of Education and National Commission for Colleges of Education (NCCE) should organize training programme for students in area of stress and anxiety management through seminars, conference and workshops.
4. Although stress is more prevalent but seminar for students could cover stress and anxiety.

### **5.5 Implications for Counselling**

The evidence from the findings indicates that stress and anxiety are correlates of students' behavioural problems. Since guidance and counselling services seem to determine students' social and emotional adjustment in midst of stress and anxiety, it implies therefore, the need for the school leadership to establish a fora that will involve Students Union Government (S.U.G) leadership in school policy formulation and implementation. This is because students feel and appreciate their role as stakeholders in the school decision making processing. It also enhances their sense of ownership and moral obligation in practicing understanding and tolerance to a policy they are part of.

A robust and unique framework on group counselling for students should be put in place in the colleges for routine guidance and counselling to further equip them with proactive skills in processing and handling students' emotions in better and constructive manner.

The study also necessitates the need to allocate more time and motivation to colleges' guidance counsellors with a view to entrenching formidable counselling process that is assessable to each student.

Career consultants and professional counsellors should be appointed by the college administrators for each level in the colleges. Behavioural counselling techniques

such as Rational Emotive Behavioural Therapy can be used by school counsellor to regulate problems of stress and anxiety which could lead to behavioural problems.

## **5.6 Suggestions for Further Studies**

Based on the findings of this study, the researcher suggests the following areas for further research work: -

1. It is suggested that a research on relationship among stress, anxiety and behavioral problem should be carried out using different target population like State Colleges of Education in North-west Nigeria.
2. Further research can be conducted on the same topic but exploring more variables like influence of anxiety, socio-economic status, achievement motivation and parental social status.
3. There is need to replicate this study using the population of undergraduates in FCEs to examine the influence of stress and anxiety on their behavioural problems.

## REFERENCES

- Abeid, A.A. (2003). Job stress among teachers. *Journal of King Saudi University*, 16(2), 16-29.
- Abubakar, S.H. (2010). Pre-retirement planning and golden year aspiration of lecturers of tertiary institutions in Sokoto State. Kano counselor: Book of reading, an official publication of counselling association of Nigeria (CASSON), 1(2) 96-104.
- Adego, E. E. (2003). Coping with stress spiritually and medically. *Echo Magazine*, 6(1), 5-7.
- Ahmed, A.A. (2002). Causes and effects of stress & anxiety among undergraduates of Usmanu Danfodiyo University, Sokoto. Unpublished Master's Thesis Usmanu Danfodiyo University, Sokoto.
- Akinade, E.A. (2004). *Toward satisfactory retirement: A social psychological approach*. Lagos: Kola London services Ltd.
- Akinade, E. A. (2007). *Stress: understanding and managing it*. Lagos: Pumark Publisher.
- Akinboye, R. (2003). Stress: How does it affect you? National Concord, p. 5-6.
- Akinleye, G.A. (2009). Stress and behavior problems among undergraduate counseling implication for social and Behavioural change. *The counselor*, 25(1), 25-32.
- Amanda, L.D. (2009). Perceived stress levels and health promoting behaviour among Naia and Ncaa division I student athletes. Unpublished Doctoral Thesis, Oklahoma State University, Oklahoma.
- American Psychological Association (2000). Anxiety disorder: The role of psychotherapy in effective treatment. Retrieved from <http://www.apahe/pcenter.org/articles/article.sphp>.
- American Psychological Association (2000). *Diagnostic and statistical manual for mental disorder* (dsm-iv-tr) text revision (2<sup>nd</sup> ed). Arlington: American Psychiatric Publishing.
- Andrew, A.M. (2013). *Management of anxiety in stressful situations*. Oxford: Norton.
- Angie, C. (2007). How exercise can help relieve stress. <http://www.hormonedoctor.com/how-exercise-can-help-relieve-stress/> retrieved on 22nd September, 2015.
- Awoniyi, G.F. (2011). *Re-orientation of workers towards retirement*. Cambridge: Mass Schienkam Publishing Company.
- Bakare, G.H.B. (2000). Human behaviour. *Journal of Psychology*, 2(3) 340-342.
- Bandura, A. (2004). *Social foundation of thought and action*. Englewood cliff, NJ: Prentice-Hall. Incorporation.



- Banerjee, S. & Green, K. (2008). *Adolescent cigarette smoking: An application of problem behaviour theory to examine systems on influence*. Paper presented at the annual meeting of international communication association, Montreal, Quebec, Canada retrieved from <http://www.allacademic.com/meta/p229870index.html>
- Barlow, D.H. (2001). *Clinical handbook of psychological disorder* (3<sup>rd</sup> ed.). New York, NY: Guilford.
- Basowitz, H. Persky, H. Korchin, S.J. & Grinkev, R.R. (2005). *Anxiety and stress* (3<sup>rd</sup> ed.). New York: McGraw-Hill.
- Bello, Z.N. (2013). Relationship among teacher stress, teacher job performance and academic performance of senior secondaryschool students in Sokoto state metropolis: Implications for counselling. Unpublished Master's Thesis, Umanu Danfodiyo University, Sokoto.
- Berry, J.W. (2002). *Cross cultural psychology: Research and applications books*. google.com.
- Birader, Z. (2007). *Stress*. London: May Books.
- Brammer, R. & Chen, C. (2000). *The effect of expanding gender roles on behavioural problems: A comparison of female college students in Taiwan*. *Li-Sun Journal*, 2, 1-24.
- Brookman, P. H. & Sood, J. (2006). *The neuroses*. Washington, D.C: Butterworth.
- Bruce, B.J. (2010). Recent development in role theory. *Annual review of sociology*. P. 1267
- Byrd, O.E. (2000). *Health*. Philadelphia: W.B. Saunders.
- Byrne, K.O. (2000). Mental stress at work. *The Practitioner*, 219(1), 500-506.
- Calm Clinic (2014). Unusual ways that anxiety affects behaviour. Retrieved from <http://www.calmclinic.com/anxiety/symptoms/behaviour>
- Cartwright, S. Cooper, C.L. & Barron, A. (2013). The company car driver: Occupational stress as a predicator of motor vehicle accident involvement. *Human Relation* 49(2), 195-208.
- Ceomis, V. (2004). *Overcoming stress*. London: Sheldon Press.
- Champion, L.A. (2006). Depression. In L.A. champion & M. power (eds). *Adult psychological problems: An introduction* (2<sup>nd</sup> ed.). Hove: Psychology press.
- Chan, G.C. & Koh, D. (2007). Understanding the psychosocial and physical work environment in a Singapore medical school. *Singapore Medical Journal* 48(2), 166-171.

- Chimhenga, S. (2002). Behaviour problems of adolescents in secondary schools of Bulawayo: causes, manifestations and educational support. Unpublished Master's Thesis). University of South Africa, South Africa.
- Christenson, S. (2004). The family- school partnership: An opportunity to promote the learning competence of all students. *School psychology review* 33(1), 83-104.
- Codington, R.D. & Troxell, J.R. (2008). The effect of emotional factors on football Injury rates: A pilot study. *Journal of Human Stress*, 6(1), 3-5.
- Covington, S.M. & Omelich, V. (2007). *Motivation, issues and explanations*. Woolfork: Allyn and Bacon.
- Covington, S.M. (2012). *Concepts of anxiety and wealth*. New York, NY: New market press.
- Crosta, P. (2013). Anxiety disorder. Medical News Today. Retrieved from [http://www.medicalnewstoday.com/info/anxiety/anxiety\\_treatments.php](http://www.medicalnewstoday.com/info/anxiety/anxiety_treatments.php)
- Dahlin, L. Joneborg, D. & Runeson, M.C. (2005). Personal, health, academic and environmental predictors of stress for residence hall students. *Journal of American College Health*, 54 (1), 15 – 24.
- Dahlin, M. Joneborg, N. & Runeson, B. (2005). Stress and depression among medical students: A cross-sectional study. *Medical Education*, 39(6), 594-604.
- Dickson, K. (2008). Mastering examination anxiety. Retrieved from [www.city.aciuk/counselling/examination anxiety](http://www.city.aciuk/counselling/examination%20anxiety.html). Html.disorder (dsm-iv-tr) text revision (4<sup>th</sup> ed.) Arlington: American Psychiatric Publishing.
- Doctor, R.M. & Kalu, A.P. (2009). *The encyclopedia of phobias, fears and anxieties*. New York, NY: Fact on File Books.
- Dyerbye, J. Thomas, A. and Shanafelt, E. (2005). Stress symptoms, sign and causes: the effects of stress overload. Retrieved from <http://www.helpguide.org/mental/stress-signs.htm>
- Eboh, E. C. (2009). *Developing conceptual framework for empirical research*. In E.U Anyakoha, (Ed). *Developing research skills: Concepts and conceptual frameworks*. Nsukka: Great AP Express Publishers Ltd.
- Egbule, J.F. & Egbule, E.O. (2011). *Clinical counselling (A psychotherapeutic approach)*. Benin City: Real choice concepts publishers.
- Ekennia, C.C. (2008). Stressful life event and behavioural problem among pre-university students. Unpublished Doctoral Thesis, Abia State University. Umuahia.
- Essuman, J.K. Nwaogu, P.O. & Nwachukwu, V.C. (2008). *Principles and techniques of behaviour modification*. Owerri: International Universities press Limited.
- Evans, J. Woodman, H. (2001). Anxiety symptom scale: Development and validation. Retrieved from <http://www.anxietscale.com/anxietsymptomscale.html>

- Evans, L. & Woodman, T. (2001). Stress and anxiety. In R. Singer, H.A., Hausenblas, & C.M. Sanelle (Eds). *Handbook of research on psychology* (2nd ed) New York, NY: Wiley.
- Evans, R. C. & Evans, H. L. (2005). Coping: Stressors and depression among middle class African American men. *Western Journal of Black Studies*, 19 (3), 211-217.
- Ezeilo, B.N. Clark. N. & Wattan, K. (2000). *Family stress management*. Enugu: Abic Books.
- Fasawe, S. (2013). Stress in workplace. Punch, pp. 14-16.
- Fisher, P. H. Masia-Warner, C. & Klein, R.G. (2004). Skills for social and academic success: A school-based intervention for social anxiety disorder in adolescents. *Clinical Child and Family Psychology Review*, 7 (4), 241-249.
- Folkman, S. & Lazarus, R.S. (2004). *Stress, appraisal and coping*. New York, NY: Springer Publishing Co.
- Frank, K. (2003). *The handbook for helping kids with anxiety and stress*. Chapin: SC: Youth Light Inc.
- Franks, M.S. & Wilson, J. (2000). Client therapeutic relationship. *The psychologist*. 36(1), 57-61.
- Freeman, J.L. (2005). Long-term behavioural effect of cognitive dissonance. *Journal of Experimental & Social Psychology*, 1(1), 45-55.
- Galloway, D. Panckhurst, F. Boswell, C. & Green, K. (2006). Sources of stress among primary head teachers in New Zealand. *British Educational Researchers Journal*, 12(3), 181-288.
- Garba, B.N. (2018). Relationship among job stress, attitude and satisfaction of special education teachers in Northwest, Nigeria. Unpublished Master's Thesis. Usmanu Danfodiyo Univesity, Sokoto.
- Gear, H.S. & Cunningham, P.J. (2005). *Preventive medicine for public health nurse*. (6th ed.). New York, NY: February.
- Gibbons, C. (2012). "Stress, positive psychology and the national student survey". *Psychology Teaching Review*, 18(2), 22-30.
- Gier, D.L. (2008). An investigation of dogmatism and stress of elementary students. *Teachers Dissertation Abstracts International*, 31(8), 4004.
- Gilbson, R. L. & Mitchell, N. H. (2002). *Introduction to guidance and counselling*. New York: Macmillian Publishing Co.
- Glass, A. & Arnkoff, J. (2005). Predators of anxiety attitude. *Student and School*, 1(1), 110-120.

- Gray, J. (2001). *Adolescent depression and risk factors, Adolescence*. London: Macmillian.
- Grolier, E. (2002). *Abnormal Psychology*. Connecticut: Grolier Educational.
- Gross, P.O. & Hen, P. (2004). *Managing stress*. Texas: University Press.
- Gross, R. (2014). *Psychology: The science of mind and behaviour*. London: Hodder Education.
- Hansen, M. (2007). A study of, sources manifestation and magnitude of anxiety among student teachers at University of Caledonia. *Los Angeles: Dissertation Abstract International*, 27 (8), 23-25.
- Hapson, L. (2008). Key to stress feeling. Retrieved from [www.stressfeeling.com](http://www.stressfeeling.com).
- Haralambos, M. Holborn, M. Chapman, S. & Moore, S. (2013). *Sociology: Themes and perspectives*. (8<sup>th</sup> ed). London: Harpercollins publishers.
- Help Guide (2014). Anxiety attack and anxiety disorders: Signs, symptoms, and treatment. Retrieved from [http://www.helpguide.org/mental/anxiety-types-symptoms\\_treatment.html](http://www.helpguide.org/mental/anxiety-types-symptoms_treatment.html)
- Herbert, T.B. (2004). Stress and immune system World Health. *The Magazine of the World Health Organization*, 47 (2), 4-5.
- Hilgard, E.R. (2001). *Introduction to Psychology*. New York: Harcourt Brace Jovanovich Inc.
- Hollen, C.R. & Beck, A.T. (2006). *Social psychology: An introduction*. Hemel Hempstead: Prentice-Hall.
- Holmes, T.H. (2004). *Life change events research, 1966-1978*. New York, NY: Preager.
- Hotstede, G. (2006). *Nationality and organizational, stress mimeographed report*. Brussel: European Institute for Advanced Studies in management.
- Hui, E.K.P. & Chan, D.W. (2010). Teachers stress and guidance work in Hong Kong secondary school teachers. *British Journal of Guidance and Counselling*, 24(2), 199-211.
- Hussaini, H. (2010). A study of teacher stress: Exploring practitioner research and teacher collaboration as a forward. Established Unpublished Doctoral Thesis, Bournemouth University. Bournemouth.
- Iheanacho, P. (2003). *Social problems*. Nsukka: Courthouse.
- Jewett, J. & Peterson, K. (2003). Stress and young children. Retrieved from ERIC Digest: <http://www.ericdigest.org/2003-4/stress/html>.
- Kalat, J.W. (2008). *Biological psychology*. (2<sup>nd</sup> ed.) Belamont, CA: Wadsworth.

- Kaneoka, E. (2013). Overwhelmed: Anxiety levels among high school students are on the rise. Retrieved from <http://bohswildcat.com/feature/2013/03/11/overwhelmed-anxiety-levels-among-high-school-students-are-on-the-rise/#sthash.YeQylJm3.dpuf>.
- Kaplan, L.S. (2000). Helping gifted students with stress management. Retrieved from Eric EC Digest 488, ED321493.
- Kelly, Y. (2013). Irregular bedtimes leads to behaviour problem in kids. Daily Trust, October 18, pp.52.
- Kerlinger, P.W. & Lee, H.B. (2000). *Foundations of Behaviour Research*. (2<sup>nd</sup> ed.). California: Harcourt.
- Kessler, R.C. & Wang, P.S. (2008). The descriptive epidemiology of commonly occurring mental disorders in the United States. *Annual Review of Public Health*, 29(1), 115-129.
- Klepp, G.A. & Perry, E. (2010). *Psychology*. London: Harper & Row.
- Klin, R.B. (2004). Beyond significance testing: Reforming data analysis methods in behavioural research. American Psychology Association-2004-Citeseer (U. of Maine, US) and Duckham (U. of Melbourne, Australia) Multidisciplinary. 28, 3.
- Kochenderfer-ladd, B. & Skinner, K. (2002). Children's coping strategies: Moderators of the effect of peer victimization. *Developmental Psychology*. 38(2), 267-278.
- Komolafe, A.O. (2013). Strategies for enhancing stress management among spouses in Katsina State, Nigeria. Unpublished Doctoral Thesis, University of Nigeria, Nsukka. Enugu.
- Koshiba, P. & Helgeson, R. (2009). *Health making life choices*. Washington D.C: West Education Publishing Company.
- Krautz, M.J., May, U. & Right, P. (2002). *Curing stress and it's attendant effect*. Manchester: Hoflin Brooks.
- Krohne, E. (2002). *Understanding stress*. London: Macmillan.
- Krucik, G. (2015 May, 7). What Causes Problem Behaviour? Healthline Newsletter, 12-14.
- Kurebshi, L.F.S. Prado, J.M.D. & Da-silva, M.J.P. (2012). Correlations between stress and anxiety levels in nursing students. *Journal of Nursing Educational Practice*, 2(3), 128-129
- Ladan, B. (2012). *Research Method in Schools*. Kaduna: Sun flower Nigeria Ltd.
- Lazarus, R.S. (1993). From psychological stress to the emotion: A history of changing outlooks. *Annual Review of Psychology*. 44(1), 1-22.

- Liman, B.M. (2016). Stress, anxiety and depression as correlates of retirement phobia among secondary school teachers in Sokoto state, Nigeria. Unpublished Doctoral Thesis, Usmanu Danfodiyo University, Sokoto.
- Liverpool Counselling Services (2014). Behavioural symptoms of anxiety. Retrieved from [http://www.liv.aci.uk/counserv/selfhelp/anxiety/behavioural\\_symptoms](http://www.liv.aci.uk/counserv/selfhelp/anxiety/behavioural_symptoms).
- Machima, H.M (2012). Relationship among anxiety, stress factors and counseling needs of retired secondary school teachers in Niger state. Unpublished Master's Thesis, Usmanu Danfodiyo University, Sokoto.
- Mandler, E. (2012). *Relaxation response*. New York, NY: Aaron Books.
- Mba, A.I. (2011). *Research methods and statistics in education*. Okene: College Printing Press.
- McDowell, I. (2006). *Measuring health: A guide to ratings scales and questionnaires*. (3<sup>rd</sup> ed.). New York, NY: Oxford University Press.
- McLeod, J.D. Uemura, R. & Rohrman, S. (2012). Adolescent mental health and behaviour. *Journal of Health and Social Behaviour*. 53(4) 482-497.
- Meichenbaum, M. (2005). *Management of behaviour*. New York: Forthwood.
- Micelle, H.J. (2007). "Role Theory" In R. George (Ed) *the Blackwell encyclopedia of sociology*. (2nd ed., Vol.2, pp 3959 - 3962). Blackwell publishing.
- Miller, G.A. & Dollard, H. (2004). *Psychology: The science of mental life*. Harmondsworth: Penguin.
- Minaham, J. & Rappaport, N. (2013). *Anxiety in students: A hidden culprit in behavior issues*. Cambridge, M. A : Harvard Education press.
- Monroe, S.M. (2008). Modern Approaches to Conceptualizing and Measuring Human Life Stress. *Annual Review of Clinical Psychology*, 4(1), 33–52.
- Morakinyo, P.O. (2001). *Preparation for retirement, towards a happy and rich retirement*. Oshogbo: Shalom Publications.
- Morgan, C.T. King, R.A. Weisz, J.R. & Schopler, J. (2008). *Introduction to psychology*. (7<sup>th</sup> ed.). New York, NY: McGraw-Hill.
- Muris, P. Meesters, C. Merckelbach, H. Sermon, A. & Zwakhlen, S. (2008). Worry in normal children. *Journal of America Academy of Child and Adolescent Psychiatry*, 37(1), 703-710.
- Murphy, M.C. & Archer, J. (2006). Stressors on the college campus: A Comparison of 1985 - 1993. *Journal of College Student Development*, 37, 20-28.
- Murray, M. & Clifford, S. (2008). Anxiety and aspects of health behaviour among adolescent in Northern Ireland. *Adolescence*, 23(91), 661-666.

- Myers, D.G. (2009). *Psychology*. New York, NY: Worth Publishers, Inc.
- Nakhoda, N. (2012). Effect of stress on behaviour. National institute of mental health. Retrieved from <http://www.ebrary.com>
- Neil, M. & Christensen, H. (2009). Efficacy and effectiveness of school-based prevention and early intervention programs for anxiety. *Clinical Psychology Review*, 6(2), 18-23.
- Nwajei, S.D. (2009). The Hassles of daily life, Healthy youth: Our best resources towards health education in the 90s. *Journal of Nigeria School Health Association* 9(1), 67.
- Nweze, A. (2006). Current development in stress and illness research: A selective review in medicine and psychology. *Nigeria Journal of Clinical Psychology*, 2(1), 20-25.
- Nwimo, I.O. (2004). Health status, anxiety and stress of secondary school teachers in Enugu State. Unpubsihed Doctoral Thesis, University of Nigeria, Nsukka. Enugu.
- O'Neil, R. (2005). Worldly and workday worries: Contemporary concerns of children and young adolescents. *Journal of Abnormal Child Psychology*, 23(6), 685-702.
- Oboegbulam, A. (2007). *Student Stress: Management and control strategies*. Nsukka: University Trust Publishers.
- Ogbuji, C.N. (2006). Stress management techniques among undergraduate students of university of Nigeria. *A Journal of the Nigerian Council of Educational Psychologists*, 2(1) 124-131.
- Okafor, J.O. & Okafor, R.U. (2008). *Emotional and Mental Health*. Nsukka: Taba.
- Okorodudu, F.M. (2003). *Issues of behaviour among adolescent*. Lagos: Stream Publishers.
- Oladele, J.O. (2004). *Fundamental of educational psychology*. Lagos: John-lad publisher's ltd.
- Olatunji, B.O. Cisler, J.M. & Tolin, D.F. (2007). Quality of life in anxiety disorders: A meta-analytical review. *Clinical Psychology Review*, 27, 572-581.
- Olawale, S.G. (2001). *Introduction to behavior modification for undergraduates and helping professionals*. Oyo: Adebayo Calvary printers.
- Olusakin, A.M. (2000). Activity schedule and anticipation training strategies in the management of depression among Nigeria women. Unpublished Doctoral Thesis, University of Ibadan, Ibadan.
- Onifadi, A. & Odedeyi, A.O. (2001). College students' academic stress and its relation to anxiety, time management and Leisure satisfaction. *Journal Health Studies* 16(1), 14-51.
- Ortese, P.T. (2009). Effect of stress on creativity among secondary school students in Makurdi metropolis, Benue state, Nigeria. *The counselor*, 26(2) 145-154

- Ozueh, F.M. (2006). *Stress in schools situations: Applying management techniques*. Onitsha: Maline.
- Payne, J. & Furnham, I. (2007). Preference and development of psychiatric disorder in childhood and adolescence. *Arc. Gen Psychiatry*, 60(1), 837 – 844.
- Payne, M.A. Hahn, A. & Mauer, F. (2005). Dimensions of stress in West Indian secondary school teachers experiencing high and low levels of burnout. *British Journal of Educational Psychology*, 60(1), 37-51.
- Plate, E. & Eubanks, J.H. (2004). Trait procrastination, time management and academic behaviour. *Journal of Social Behaviour, and Personality*. 84(4), 647-662.
- Powell, J. & Enright, S.J. (2000). *Anxiety and Stress Management*. London: Rutledge.
- Rawson, O. Blommer, F. & Kandall, U. (2009). *Stress and anxiety in Schools*. Franscisco, Ca: Jossey-Bass Inc.
- Rebecca, J.F. (2003). Gale encyclopedia of mental disorder. Retrieved from [www.mworld.com](http://www.mworld.com)
- Reekly, F. & Harcourt, J. (2001). Stress and its effect on occupations. *Journal of American Psychology*, (14), 617-650
- Research Advisor (2006). The recommended Sample size for a given Population size, level of confidence, and margin of error appears in the body of the table.
- Rogge, T. (2011). Stress and anxiety. National Library of Medicine. National Institute ofHealth.Retrieved from <http://www.ncbi.nlm.nih.gov/medlineplus/ency/article/003211.htm>.
- Roth, R.H. (2009). Incongruence of perceived role expectation and positional stress: School teachers in England and United States. *Dissertation Abstracts International* 28(10), 4290-4291
- Rotter, J.B. Miller, B.S. & Dollard, F. (2004). *The development and application of social learning theory*. New York: Worth Publishers.
- Ryan, J.L. & Carrie, M. (2012). Teaching adolescents with social anxiety disorder in school child & adolescent psychiatric clinic. *Child Adolescent Psychiatric Clinic*, 21 (1), 105-116.
- Sagaria, L. (2008). Stress in elementary children. Unpublished Master's Thesis, Northern Michigan University. U.S.A.
- Salkovskis, F. (2006). *Stress and emotion*. London: Macmillan.
- Santrock, J.W. (2000). *Psychology*. London: McGraw Hill.
- Sarason, I.G. (2000). *Stress and anxiety among adolescent*. London: Penguin Books.



- Sayedfatemi, N. Tafreshi, M. & Hagani, H. (2007). Experienced stressors and coping strategies among Iranian nursing Students. BMC Nursing. Retrieved from <http://books.goggle.com>.
- Schunk, F.M. (2006). *Human Psychology*. Massachusetts: Spectrum.
- Schwab, K.A. Marder, W. Clemmons, D. & McGinns, M. (2010). Factors influencing stress among public secondary School female principals in Kenya: A case study of Rachuonyo North and homa bay Sub-counties. *Educational Research*, 7(2), 041-054.
- Screeramareddy, C.T. Shankur, P.R. Benu, V. & Menezes, R.G. (2007). Psychological morbidity, sources of stress and coping strategies among undergraduate medical students of Nepals. BMC Medical Education, 7, 26.
- Seiber, U. K. O'Neil, U. & Tobias, H. (2007). *Anxiety disorders in adults*. New York, NY: Hall Mark.
- Shaikh, A. Kahloon, R. Kazmi, T. Khalid, W. Nawas, U. & Khan, K. (2004). Helping students confront and deal with stress and procrastination. *Journal of College Student Psychology*, 6(2), 87-102.
- Shinko, B.T. (2008). The effect of anxiety on the mental health of the Girl-child. *Sokoto Educational Review*, 10 (1), 70-77.
- Shoyemi, O. S. (2013). Perceived Influence of Stress on Academic performance among secondary school students in Ilorin metropolis, Kwara state, Nigeria. An Unpublished M. Ed Health Education Dissertation, Submitted to the department of Human Kinetics & Health Education, University of Ilorin.
- Shri, R. (2006). Management of anxiety. In B. Mahesh, K.M. Brijlata & B. Vivek (Eds.). *Modern Psychology and Human Life*. (34-36). Agra: Rakhi Prakashan.
- Smith, A. & Witt, S.L. (2003). A comparative study of occupational stress among African American and white University Faculty: A research note. *Research in Higher Education*, 34(2), 229-241.
- Smith, M. A.Segal, L. & Segal, J. (2014). Stress symptoms, sign and causes: the effects of stress overload. Retrieved from <http://www.helpguide.org/mental/stress-signs.htm>
- Smith, M. Jaffe-Gill, E. Segal, J. & Segal, R. (2007). Preventing burnout. signs, symptoms, and strategies to avoid it. Retrieved from <http://www.helpguide.org/mental/burnout-signs-symptoms.htm>.
- Smith, N. Ellsworth, D. (2005). Stress and health: Psychological, behavioural and Biological Determinants. *Annual Review of Clinical Psychology* 1: 607-628
- Somrongthong, R. (2014). Social support, self-esteem and stress as predictors of adjustment to university among first year undergraduate. *Journal of College Muse.Jhu.Edu*. 4(1), 22-25.
- Spielberger, C.D. (2006). Anxiety as a state. In C.D. Spielberger (Ed). *Anxiety, current trends in theory and research*. New York: NY: Academy Press.

- Suleiman, J. (2016). Influence of Depression and anxiety on the Academic Performance of Senior Secondary School Students in Kaduna state. An unpublished M.Ed. Dissertation of Ahmadu Bello University, Zaria.
- Supe, A. (2008). A study of stress in medical students at Seth G.S. medical college. *Journal of Postgraduate Medicine*, 44(1), 1-6.
- Tabia, A.B. (2009). *Psychology*. London: Macmillan.
- Tambawal, M.U. (2001). Relationship among self-concept, self-other motivation and satisfaction of teachers in tertiary institution in Sokoto state. Unpublished Doctoral Thesis, Usman Danfodiyo University, Sokoto.
- Taylor, E.M. & Francis, S.G. (2004). Stressor, child and adolescent psychopathology: measurement issues and prospective effect. *Journal of Clinical Psychology* 2(1) 22-23.
- Taylor, S.E. (2006). *Health psychology*. New York, NY: McGraw-Hill.
- Trim, E. & Coutts, T. (2003). *Stress associated scales and risk*. London: Macmillan.
- Twenge, F. (2000). *The science of anxiety*. France: Longman.
- UNESCO (2000). *Teacher education guidelines: using open and distance learning*. Higher Education Division. Paris.
- UNESCO, (2000). *Behavior modification: Regional training seminar on guidance and counselling*. France: UNESCO.
- Updegraff, L. Taylor, A. (2000). Leisure time physical activity in relation to depressive symptoms in the black women's health study. *Ann Behavior Med*. 32 (1), 68-76.
- Vogel, H. & Collins, A. (2006). The relationship between test anxiety and academic performance. *Journal of Abnormal and Social Psychology*, 67, 523-532.
- Wadsworth, M.E. & Berger, L. (2006). Adolescents coping with poverty-related family stress: Prospective predictors of coping and psychological symptoms. *Journal of Youth and Adolescence*, 35(1), 57-70.
- Ward, J. & Gryczynski, O. (2009). *Behaviour*. London: Hutchinsonson.
- Weiten, W. & Lloyel, M. (2004). *Psychology themes and variation*. California: Avon Book.
- Williamson, D.E. Birmaher, B. Ryan, N.D. & Dahl, R.E. (2005). Stressful life events in anxious and depressed children. *Journal of Child and Adolescent Psychopharmacology*, 15(4), 571-580.
- Wilson, G.T. Nathan, P.E. O'Leary, K.D. & Clark L.A. (2006). *Abnormal psychology: Integrating perspectives*. Boston: Allyn and Bacon.

- Witkin-lanoil, G. (2004). *The female stress syndrome: How to recognize and live with it*. New York, NY: New Market Press.
- Woolfolk, A. (2007). *Educational psychology*. Boston: Pearson Education.
- World health organisation (WHO), (2004). Mental health: New understanding, New hope. The world health report 2004.
- Yeh, Y.C. Yen, C.F. Lai, C.S. Huang, C.H. Liu, K.M. & Huang, I.T. (2007). Correlations between academic achievement and anxiety and depression in medical students experiencing integrated curriculum reform. *Kaonsiung Medical Science*, 23(8), 379-386.
- Yunging, S. Yueguin, H. Liu, D. Kwan, J.S.H. Fuquan, Z. & Sham, P.C. (2008). Depression in college: Depressive symptoms and personality factors in Beijing and Hong Kong college freshmen. *Comprehensive Psychiatry*, 22 (4), 25-27.
- Yusuf, F.A & Durosaro, I.A. (2009). Effectiveness of relaxation techniques in reducing examination anxiety among secondary school students in Nigeria. *Sokoto Educational Review*, 11 (20), 237-247
- Zeidner, F.M. (2008). *Clinical case management for people with mental illness: A biopsychosocial vulnerability stress model*. New York, NY: Haworth.
- Zimbardo, P. (2008). *Psychology and life*. New York, NY: John Willey Publ.
- Zung, W.W.K. (2009). Assessment of anxiety disorder qualitative approaches. In A.D. Karocan, M. Portray & R.L. William, (Eds). *Phenomenology treatment of anxiety*. New York, NY: Spectrum Publication.

## APPENDICES

### QUESTIONNAIRE FOR STUDENTS

Faculty of Education and Extension Services.  
Department of Educational Foundation  
Usmanu Danfodiyo University, Sokoto,  
Sokoto State.

Dear respondents,

I am a postgraduate student from the Usman Danfodiyo University, Sokoto conducting a research on **“Stress and Anxiety as Correlates of Behavioural Problems Among NCE Students of Federal Colleges of Education, in NorthWest Nigeria: Counselling Implication”**. Your assistance in providing answers to the following questions will be appreciated. It is important to note that whatever information provided will be used purely for academic purpose as well as treated with utmost confidence.

Thank you  
Amina Abdu  
**Adm. No. 12310413001**

**APPENDIX A**  
**ADOPTED VERSION OF SHOYEMI (2013) STRESS QUESTIONNAIRE FOR**  
**STUDENTS (SQS)**

**Instructions**

Please read each of the options carefully and then tick out the one that fits you.

**Section A:**

- a. Sex: Male ( )                      Female ( )
- b. Age.....
- c. Name of College.....
- d. Type of College: Female only ( )      Mixed ( )

# ADOPTED VERSION OF SHOYEMI (2013) STRESS QUESTIONNAIRE FOR STUDENTS (SQS)

## SECTION B

### Instructions

Please read each statements carefully and then pick out one option that best describes the way you have been feeling. You can tick either SA (strongly agree), A (agree), D (disagree) or SD (strongly disagree). Please be sure you do not tick more than one option for any statement.

S/NO	ITEMS	SA	A	D	SD
1	I frequently go late to school				
2	Not enough hours in the day to do all the things that I must do				
3	I deny or ignore problems in the hope that they will go away				
4	I do the jobs myself to ensure they are done properly				
5	I underestimate how long it takes to do things				
6	I feel that there are too many deadlines in my school work that are difficult to meet				
7	My self-confidence / self-esteem is lower than I would like it to be				
8	I frequently have guilty feelings if I relax and do nothing				
9	I find myself thinking about problems even when I am supposed to be relaxing				
10	I feel fatigued or tired even when I wake after an adequate sleep				
11	I often nod or finish other peoples sentences for them when they speak slowly				
12	I have a tendency to eat, talk, walk and drive quickly				
13	My appetite has changed, have either a desire to binge or have a loss of appetite / may skip meals				
14	I become very frustrated at having to wait in a queue				
15	If something or someone really annoys me I will bottle up my feelings				
16	When I play sport or games, I really try to win whoever I play				
17	I find fault and criticize others rather than praising, even if it is deserved				
18	I find myself grinding my teeth				
19	Increase in muscular aches and pains especially in the neck, head, lower back, shoulders				
20	I find I have a greater dependency on drugs				

## APPENDIX B

### ADOPTED VERSION OF SULEIMAN (2016) ANXIETY INVENTORY (AI)

#### Instructions

Please read each of statements carefully and then tick the option that best describes the way you have been feeling.

Student response on anxiety	SA	A	D	SD
1. I feel nervous when someone watches my work				
2. I feel effectively in coping with changes that were occurring in life				
3. I feel confident about my ability to handle personal problems				
4. I feel on top of things				
5. I feel angered because of things that happened which I cannot control				
6. I am thinking about things that I have to accomplish in life				
7. I feel unpleasant on my work				
8. I feel worried about my future uncertainties				
9. I was unable to have sufficient sleep unlike before				
10. I begin to smoke cigarettes so as to make myself comfortable				
11. I feel worried about my frequent work related burdens				
12. I feel worried about my past experience and situations				
13. I feel unsecured about the nature of my work / studies				
14. I feel unsecured about my school work				
15. I am unable to cope with threats of my studies				
16. I feel confuse in all my activities				
17. I always feel disturbed				
18. I was unable to take decision on anything on my own				
19. I feel powerless on my future endeavour				
20. I feel poor in solving my problems				

## APPENDIX C

### ADAPTED VERSION OF MERTON (2003) BEHAVIOURAL PROBLEM

#### SCALE (BPS)

Which of these behavioural problems do you experience due to stress/anxiety?

S/N	Variable	A (4)	O (3)	R (2)	N (1)
1	Made more errors than usual				
2	Drank alcohol and smoke more than I should				
3	Slept too much				
4	Unable to use or enjoy leisure time with others				
5	Had trouble concentrating				
6	Withdrew or acted under-assertive situations				
7	Loss of appetite				
8	Had difficulties communicating with others				
9	Be absent from school				
10	Had uncontrollable outburst of anger				
11	Had difficulty making decision				
12	Displayed emotional responses out of proportion				
13	Made excessive or unrealistic demand from others				
14	Felt ill				
15	Felt run down and out of sort				
16	Felt constantly under strain				
17	Got pained in the head				
18	Got scared and panicky for no good reason				
19	Felt nervous and strung of time				
20	Thought of self as worthless person				
21	Felt life is entirely hopeless				
22	Felt life isn't worth living				
23	Could not do anything due to bad nerves				
24	Found self wishing one was dead and away from it all				
25	Lost much sleep over worry			-	
26	Felt tightness or pressure in the head				

**A = Always, O = Occasionally, R = Rarely, N = Never**



## APPENDIX D

### RELIABILITY TEST OF THE QUESTIONNAIRES

The main questions that defined the objectives of the study were of four agreements, which are Very serious (4), Serious (3), Mild (2) and Not at all (1) for the section B; Always (4), Occasionally (3), Rarely (2) and Never (1) for section C and Always (3), Occasionally (2), Rarely (1) and Never (0) for section D. For reliability of the pilot survey using PPMCC (Product Pearson Moment Correlation Coefficient), the agreements were chosen based on the average of the highest frequency with 20 samples each for pre-test and post-test.

S/NO	Pre-test	Post-test
1	76	89
2	73	76
3	77	73
4	90	68
5	68	92
6	86	82
7	65	72
8	65	68
9	76	66
10	76	90
11	79	76
12	90	78
13	92	66
14	66	90
15	55	66
16	56	52
17	58	60
18	56	58
19	78	72
20	62	82

## PILOT TEST OUTPUT

### Descriptive Statistics

	Mean	Std. Deviation	N
PreTest	15.10	3.754	20
PostTest	15.55	4.915	20

### Correlations

		PreTest	PostTest
PreTest	Pearson Correlation	1	.793**
	Sig. (2-tailed)		.000
	N	20	20
PostTest	Pearson Correlation	.793**	1
	Sig. (2-tailed)	.000	
	N	20	20

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

Comment:

Strong Positive relationship value of 0.793 because it lies between 0.5 and 1.0; therefore, the reliability is confirmed.

KEYS

X - Pre-test Questionnaire

Y - Post-test Questionnaire

## APPENDIX E

### TABLE FOR DETERMINING SAMPLE FROM A GIVEN POPULATION

Required Sample Size from: The Research Advisors								
Population Size	Confidence =95.0%				Confidence = 99.0%			
	Degree of Accuracy/ Margin of Error				Degree of Accuracy/ Margin of Error			
	0.05	0.035	0.025	0.01	0.05	0.035	0.025	0.01
10	10	10	10	10	10	10	10	10
20	19	20	20	20	19	20	20	20
30	28	29	29	30	29	29	30	30
50	44	47	48	50	47	48	49	50
75	63	69	72	74	67	71	73	75
100	80	89	94	99	87	93	96	99
150	108	126	137	148	122	135	142	149
200	132	160	177	196	154	174	186	198
250	152	190	215	244	182	211	229	246
300	169	217	251	291	207	246	270	295
400	196	265	318	384	250	309	348	391
500	217	306	377	475	285	365	421	485
600	234	340	432	565	315	416	490	579
700	248	370	481	653	341	462	554	672
800	260	396	526	739	363	503	615	763
900	269	419	568	823	382	541	672	854
1000	278	440	606	906	399	575	727	943
1200	291	474	674	1067	427	636	827	1119
1500	306	515	759	1297	460	712	959	1376
2000	322	563	869	1655	498	808	1141	1785
2500	333	597	952	1984	524	879	1288	2173
3500	346	641	1068	2565	558	977	1510	2890
5000	357	678	1176	3288	586	1066	1734	3842
<b>7500</b>	<b>365</b>	710	1275	4211	610	1147	1960	5165
10000	370	727	1332	4899	622	1193	2098	6239
25000	378	760	1448	6939	646	1285	2399	9972
50000	381	772	1491	8056	655	1318	2520	12455
75000	382	776	1506	8514	658	1330	2563	13583
100000	383	778	1513	8762	659	1336	2585	14227
250000	384	782	1527	9248	662	1347	2626	15555
500000	384	783	1532	9423	663	1350	2640	16055
1000,000	384	783	1534	9512	663	1352	2647	16317
2,500,000	384	784	1536	9567	663	1353	2651	16478
10,000,000	384	784	1536	9594	663	1354	2653	16560
100,000,000	384	784	1537	9603	663	1354	2654	16584
264,000,000	384	784	1537	9603	663	1354	2654	16586

Source: Research Advisors (2006)

The recommended Sample size for a given Population size, level of confidence, and margin of error appears in the body of the table.

## APPENDIX F

### FIELD WORK SPSS PRINT OUT

#### CORRELATIONS

/VARIABLES=stress, anxiety, behaviour problem  
 /PRINT=TWOTAIL NOSIG  
 /STATISTICS DESCRIPTIVES  
 /MISSING=PAIRWISE.

#### Correlations

Notes		
Output Created		24-May-2019 02:15:23
Comments		
Input	Data	C:\Users\\Desktop\hjia amna fce.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	375
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each pair of variables are based on all the cases with valid data for that pair.
Syntax		CORRELATIONS /VARIABLES=stress behaviour problem /PRINT=TWOTAIL NOSIG /STATISTICS DESCRIPTIVES /MISSING=PAIRWISE.
Resources	Processor Time	00:00:00.028
	Elapsed Time	00:00:00.036

[DataSet1] C:\Users\\Desktop\hajia amina fce.sav

#### Descriptive Statistics

	Mean	Std. Deviation	N
Stress	48.6285	17.76026	371
behaviour problem	47.7633	15.15383	371

### Correlations

		Stress	behaviour problem
Stress	Pearson Correlation	1	.222**
	Sig. (2-tailed)		.000
	N	371	371
behaviour problem	Pearson Correlation	.222**	1
	Sig. (2-tailed)	.000	
	N	371	371

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

### Correlations

#### Notes

Output Created	24-May-2019 02:16:20	
Comments		
Input	Data	C:\Users\Desktop\hajia amina fce.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	375
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each pair of variables are based on all the cases with valid data for that pair.
Syntax		CORRELATIONS /VARIABLES=anxiety behaviourproblem /PRINT=TWOTAIL NOSIG /STATISTICS DESCRIPTIVES /MISSING=PAIRWISE.
Resources	Processor Time	00:00:00.048
	Elapsed Time	00:00:00.037

[DataSet1] C:\Users\ProfOkam\Desktop\hajia amina fce.sav

### Descriptive Statistics

	Mean	Std. Deviation	N
Anxiety	45.6422	15.82919	371
Behaviour problem	42.2233	15.53583	371

### Correlations

		Anxiety	Behaviourproblem
Anxiety	Pearson Correlation	1	.162**
	Sig. (2-tailed)		.042
	N	371	371
Behaviourproblem	Pearson Correlation	.162**	1
	Sig. (2-tailed)	.042	
	N	371	371

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

### Correlations

#### Notes

Output Created		24-May-2019 02:24:54
Comments		
Input	Data	C:\Users\\Desktop\hajia amina fce.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	375
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each pair of variables are based on all the cases with valid data for that pair.
Syntax		CORRELATIONS /VARIABLES=stress anxiety /PRINT=TWOTAIL NOSIG /STATISTICS DESCRIPTIVES /MISSING=PAIRWISE.
Resources	Processor Time	00:00:00.043
	Elapsed Time	00:00:00.042

[DataSet1] C:\Users\\Desktop\hajia amina fce.sav

### Descriptive Statistics

	Mean	Std. Deviation	N
Stress	45.5981	15.09601	371
Anxiety	46.6242	14.38676	371

### Correlations

		Stress	anxiety
Stress	Pearson Correlation	1	.206**
	Sig. (2-tailed)		.000
	N	371	371
Anxiety	Pearson Correlation	.206**	1
	Sig. (2-tailed)	.000	
	N	371	371

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



## Regression Notes

Output Created		24-May-2019 02:32:12	
Comments			
Input	Data	C:\Users\\Desktop\hajia	amina
		fce.sav	
	Active Dataset	DataSet1	
	Filter	<none>	
	Weight	<none>	
	Split File	<none>	
	N of Rows in Working Data File		375
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.	
	Cases Used	Statistics are based on cases with no missing values for any variable used.	
Syntax		REGRESSION /DESCRIPTIVES MEAN STDDEV CORR SIG N /MISSING LISTWISE /STATISTICS COEFF OUTS R ANOVA CHANGE /CRITERIA=PIN(.05) POUT(.10) /NOORIGIN /DEPENDENT behaviour problem /METHOD=ENTER stress anxiety /CASEWISE PLOT(ZRESID) OUTLIERS(3).	
Resources	Processor Time		00:00:00.110
	Elapsed Time		00:00:00.125
	Memory Required		1636 bytes
	Additional Memory Required for Residual Plots		0 bytes

[DataSet1] C:\Users\\Desktop\hajia amina fce.sav

### Descriptive Statistics

	Mean	Std. Deviation	N
behaviour problem	47.7633	15.15383	371
Stress	48.6285	17.76026	371
Anxiety	45.6422	15.82919	371

### Correlations

		behaviour problem	stress	anxiety
Pearson Correlation	behaviour problem	1.000	.222	.162
	Stress	.222	1.000	.222
	Anxiety	.162	.201	1.000
Sig. (1-tailed)	behaviour problem	.	.000	.001
	Stress	.000	.	.000
	Anxiety	.001	.000	.
N	behaviour problem	371	371	371
	Stress	371	371	371
	Anxiety	371	371	371

### Variables Entered/Removed<sup>b</sup>

Model	Variables Entered	Variables Removed	Method
1	anxiety, stress <sup>a</sup>	.	Enter

a. All requested variables entered.

b. Dependent Variable: behaviour problem

### Model Summary<sup>b</sup>

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics		
					R Square Change	F Change	df1
1	.245 <sup>a</sup>	.060	.055	13.27444	.060	11.783	

a. Predictors: (Constant), anxiety, stress

b. Dependent Variable: behaviour problem

### ANOVA<sup>b</sup>

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	4152.631	2	2076.315	11.783	.000 <sup>a</sup>
	Residual	64845.590	368	176.211		
	Total	68998.221	370			

a. Predictors: (Constant), anxiety, stress

b. Dependent Variable: behaviour problem

**Coefficients<sup>a</sup>**

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	30.449	2.817		10.808	.000
	Stress	.165	.045	.190	3.688	.000
	Anxiety	.115	.049	.121	2.351	.019

a. Dependent Variable: behaviour problem

**Casewise Diagnostics<sup>a</sup>**

Case Number	Std. Residual	behaviour problem	Predicted Value	Residual
149	3.446	90.00	44.2569	4.57431E1
274	3.430	90.00	44.4627	4.55373E1
330	3.784	90.00	39.7662	5.02338E1

a. Dependent Variable: behaviour problem

**Residuals Statistics<sup>a</sup>**

	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	37.2814	55.4752	43.3315	3.35012	371
Residual	-2.78431E1	50.23376	.00000	13.23852	371
Std. Predicted Value	-1.806	3.625	.000	1.000	371
Std. Residual	-2.097	3.784	.000	.997	371

a. Dependent Variable: behaviour problem

**USMANU DANFODIYO UNIVERSITY, SOKOTO**  
**FACULTY OF EDUCATION AND EXTENSION SERVICE**  
**DEPARTMENT OF EDUCATIONAL FOUNDATIONS**

From: Head of Department: Prof. Aisha Madawaki Isah MFR, B.Ed (UDUSOK), M.Ed. (UDUSOK), Ph.D. (BUN)

26<sup>th</sup> November, 2014

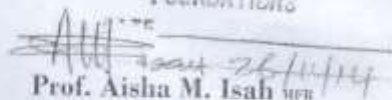
**INTRODUCTORY LETTER**

This is to introduce Amina Abdu (Adm. No: (12310413001) She is one of our Ph.D Guidance and Counsellig student in the Department. She is undergoing a Research Project leading to the award of Doctor of Philosophy Degree in Guidance and Counselling.

She is therefore recommended for the assistance she is looking for to facilitate her research work.

Thanks,

FOUNDATIONS

  
Prof. Aisha M. Isah

H.O.D Educational Foundations

Faculty of Education and Extension services,  
Department of Educational Foundation,  
Usman Danfodiyo University, Sokoto,  
Sokoto state.

Dear Sir/Ma

### Instrument Evaluation Guide For Experts

You have been selected to assist the researcher in the development of a research instrument. You were selected on the basis of your experience and training in instrument development and evaluation. The researcher would be grateful if you review the attached instrument and evaluation. The researcher would be grateful if you review the attached instrument and following questions. Feel free to make any corrections, additions or decisions as you deem fit. Thank you for your co-operations, additions or decisions as you fit. Thank you for your co-operation.

1. Does the title reflect the content of the instrument?
  - a) Yes ( )
  - b) No ( )
  - c) Unsure ( )
2. Does the introductory statement clearly state the purpose of the study?
  - a) Yes ( )
  - b) No ( )
  - c) Unsure ( )
3. Is the confidentiality statement adequate?
  - a) Yes ( )
  - b) No ( )
  - c) Unsure ( )
4. Is the language of the introductory statement appropriate for the population to be studied?
  - a) Yes ( )
  - b) No ( )
  - c) Unsure ( )
5. Are directions concise, clear, and complete?
  - a) Yes ( )
  - b) No ( )
  - c) Unsure ( )
6. Are items in the personal data section appropriate?
  - a) Yes ( )
  - b) No ( )
  - c) Unsure ( )
7. Are the numerical scales unidimensional?
  - a) Yes ( )
  - b) No ( )
  - c) Unsure ( )
8. Are the items responses mutually exclusive?
  - a) Yes ( )
  - b) No ( )
  - c) Unsure ( )

9. Are items responses responses exhaustive?
- a) Yes ( )
  - b) No ( )
  - c) Unsure ( )
10. Are questions grouped appropriately according to question typed or similarly of content?
- a) Yes ( )
  - b) No ( )
  - c) Unsure ( )
11. Is the length of the instrument for the intended purpose (e.g., face-to-face administration of question)?
- a) Yes ( )
  - b) No ( )
  - c) Unsure ( )
12. Is the instrument clearly reproduced?
- a) Yes ( )
  - b) No ( )
  - c) Unsure ( )
13. Is the language of the items appropriate for the population to be studied?
- a) Yes ( )
  - b) No ( )
  - c) Unsure ( )

Comments/Suggestion:.....  
.....  
.....