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Original Research Article

# A Cross Sectional Study of Educational Stress in School Going Adolescents

**Rekha Singhvi[1], Dileep Singh Verma[2], Rajnish Kanojia[3]**

[1]Assistant Professor, Department of Physiology, RNT Medical College, Udaipur, Rajasthan
[2]Assistant Professor, Department of Psychiatry, RNT Medical College, Udaipur, Rajasthan
[3]Assistant Professor, Department of Physiology, Government Medical College, Pali, Rajasthan

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**Corresponding Author: Dr. Rekha Singhvi**
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**Abstract:**

**Background:** Academic pressure is one of the main causes of stress for young people and this stress is a significant catalyst and precursor to depression. Current study was aimed to find out prevalence of educational stress among school going adolescents.

**Methods:** It was Cross-sectional study enrolled 1000 students selected randomly. Prepared questionnaire in Hindi and English language adapted from Educational Stress Scale for Adolescent (ESSA) and Academic Stress Scale (ASC). Scales were modified according to our settings.

**Results:** We found that School going adolescents of age group between 10 to 19 years in number of enrolled 1000 taken from government and private schools. Overall prevalence of educational stress were 80.4%. 46.6% adolescents had minimal stress, 31.9% had moderate stress and 1.9 % had highly stress.

**Conclusions:** The present study reveals that the school going adolescents are having educational stress and which is affected by age, gender, socioeconomic status, examinations, parents' expectation and peer and also found that adolescents use different coping strategies to cope up with educational stress.

**Keywords:** Adolescents, Coping Strategies, Educational Stress.



## Introduction

Health and well-being are universal pursuits at individual, community, national and global levels. World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity. Well-being is a complex combination of a person's physical, mental, emotional and social health factors and is strongly linked to happiness and life satisfaction. India is committed to achieving the sustainable development goals including good health and well-being to ensure healthy lives and promote well-being for everyone at all ages. Life skills (also referred as Jeevan Kaushal) are recognized as psycho-social abilities to bring in action and behavioral transformation in children and Children so as to develop healthy life styles. WHO defines life skills as "the psychosocial competencies and abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life". The term "psychosocial" speaks of an interconnection between the psychological and emotional dimension of a person as well as in the social and prosocial behavior of the person. Health, well-being and life skills are globally recognized as essential needs for holistic development of school going children. This document is a proposal to bring both health and well-being as well as life skills into the forefront of the current national requirements. [1]

India is home to 47.3 crore children (0-18 years) comprising 39% of the total population. The recent data suggests around 26 crore children in the age group of 6-18 years are attending schools. Investments in children will enable the country to harness the demographic dividend, have an immediate, direct and positive impact on India's health goals, support effective social functioning and over all development including economic development. Similarly, investments in Life skills of children will strengthen the health and wellbeing by empowering them to connect with their own self, with others, discover one's strengths and weaknesses and hold self-motivation to improve upon it. [2]

Adolescence is the period of transition. Depressive disorders often start at a young age; they reduce people's functioning and often are recurring. Globally, the reported prevalence rates of mental disorders among children and adolescent range from 1% to 51%. According to the WHO reports, community-based studies revealed an overall

prevalence rate for mental disorders around 20% in several national and cultural contexts.[3] Major depression was the fourth most prevalent human disease in 1990 and is expected to rank second by the year 2020 in adolescent age group (Lopez and Murray, 1998).[4] In the USA and Australia, one in five teenagers suffers from mental health problems. In developing countries, the prevalence of mental disorders among adolescents attending primary health-care facilities ranges between 12% and 29%. [5] Several studies indicate that the prevalence rates of the individual disorders: Depression, anxiety, and stress (DAS) are growing among adolescents.

India contributes 21% of adolescent's population in the world. One out of six children affected with mental disorder. Early Indian community-based studies reported the prevalence rate of psychiatric disorders among children ranging from 2.6% to 35.6%.[6] It has been noted that the majority of suicides in India are by those below the age of 30 years.[7] Depressive disorders often start at a young age; they reduce people's functioning and often are recurring.[8]

**Materials and Methods**

**Study Design:** Cross-sectional study.

**Study Population:** 11th & 12th standard Students in Udaipur, Rajasthan.

**Inclusion Criteria:**

1. Class 11th & 12th standard students of both genders.
2. Those who will give informed consent.

**Exclusion Criteria:**

1. Students having any diagnosed mental or Chronic physical disease (eg: Hypertension, Diabetes, cancer, Asthma, Stroke, Obesity, Skin disease, Chronic lung disease, chronic kidney disease etc).
2. Students having any neurological deficit, Intellectual disability and substance abuse except tobacco.
3. Students absent in class on day of study

**Sampling Method:** Random sampling method.

**Data Collection:** After getting the approval of Ethics Committee study details was explained to participants meeting the above inclusion and exclusion criteria and students who was give consent to participate in the study was only be enrolled into the study. Total 1057 students were included in the study but 1000 students enrolled in study after applying inclusion and exclusion criteria. Educational Stress Scale for Adolescent (ESSA) and Academic Stress Scale (ASC) were used, which were modified according to our settings.

**Data Analysis:** All statistical analyses was performed by using appropriate method. Student "t" test for quantitative data.

All data were summarized as mean ± SD for continuous variables, numbers and percentages for categorical variables. Computed total and subscale scores as per the original scales; where appropriate, categorize stress level (minimal/ moderate/ high) using predefined cutoffs. A $p < 0.05$ was accepted as statistically significant.

**Results**

The mean age of participants were found 16 ± 2 years. There were no significant difference between numbers and ages of girls and boys ($p<0.05$)

**Table 1: Prevalence of educational stress**

| Educational stress | No of subjects | Percentage |
|---|---|---|
| Minimal stress | 466 | 46.6 |
| Moderate stress | 319 | 31.9 |
| Highly stress | 19 | 01.9 |
| Total | 804 | 80.4 |

School going adolescents of age group between 10 to 19 years in number of 1000 were taken from government and private schools. Overall prevalence of educational stress were 80.4% (804). In which 46.6% (466) were in minimal stress, 31.9% (319) were in moderate stress and 1.9 % (19) were in high stress.

**Discussion**

The 1000 adolescents of age group between 10 to 19 years were enrolled and analysed after fullfilled criteria. These constituted cases for the study. Adolescents are most vulnerable age group which suffers the transition from childhood to adulthood in all forms including stress. Overall prevalence of educational stress were 80.4% in which 46.6% adolscents had minimal stress, 31.9% moderate stress and 1.9 % had highly stress.

According to the WHO reports, community-based studies revealed an overall prevalence rate for mental disorders around 20% in several national and cultural contexts [3] According to Deb S et al Nearly two-thirds (63.5%) of the students reported stress due to academic pressure.[9] Prabu S found in his study that Higher secondary students showed

a moderate level of academic stress across all subgroups. Stress was higher in male, urban, private school, and science-stream students. Students with literate parents also reported higher academic stress than their counterparts.[10]

## Conclusion

The present study reveals that the school going adolescents are having educational stress and which is affected by age, gender, socioeconomic status, examinations, parent's expectation and peer and also found that adolescents use different coping strategies to cope up with educational stress.

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