

Evaluation of Knowledge, Attitude and Practice Regarding Stress Management among Undergraduate Medical Students at Tertiary Care Teaching Hospital

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ABSTRACT

Introduction: Medical schooling demands substantial level of dedication, patience, commitment and perverseness from undergraduate students. Hence, medical undergraduates face high level of stress and which has negative effects on their learning aptitudes and perceptive thinking.

Aim: This cross-sectional questionnaire-based study was conducted to evaluate the knowledge, attitude and practice regarding stress management among undergraduate medical students at GMERS Medical College and Hospital, Himmatnagar, Gujarat, India.

Materials and Methods: A total of 260 undergraduate students of first year, second year and third first year of MBBS were briefed on the aims and objectives of the study and written informed consents were obtained from those who were willing to participate in the study. The questionnaire of 12 questions was to be filled within 30 minutes. Out of 12 questions, 4 questions were of knowledge, 3 of attitude and 5 of practice regarding stress management among medical undergraduates. The questionnaire were collected and evaluated for their completeness. The data were recorded in Microsoft Excel Worksheet and analysed.

Results: Out of 260 total undergraduates, 26.9%, 46.1% and 26.9% of students were of first, second and third year MBBS, respectively. The college was new (recently open), hence, there was zero student batch in fourth year of MBBS, hence, there was not any student from fourth year to participate in this study. There were 49.2% male and 50.7% female students. 30.7% could give a relevant definition of stress. The most common condition related to stress is depression (57.6%), followed by anxiety (36.3%). Only 35.7% of students could answer the correct clinical features confronted by a person under stress. Most common stressors were vast syllabus and tough topics of MBBS curriculum (first-year), followed by procrastination (second-year) and less study

time (third-year). 11.9% of students strongly agreed and 45.7% of students fairly agreed that they have faced difficulties in adapting to the new environment and away from home, these observations were particularly founded in first-year students. Socio-behavioural problem was the most common non-academic cause of stress faced by 41.1% of students. 64.6% students of all years (except fourth year) of MBBS had confronted stress because of study performance anxiety among colleagues. Most commonly used stress coping strategy by the students was listening to music especially in female students, followed by watching internet videos particularly in male students. Male students preferred to sleep for 6-8 hours for maintaining good mental health; however, meditation and prayer were commonly practiced method among female students. A total of 12.3% students thought that a balanced and healthy diet can make mind healthier, 68.1% of students indulged themselves in various hobbies when felt stressed out and listening to music and singing (32.7%) and playing outdoor games (23.1%) were the most common hobbies. Only 19.7% of students worked harder and faster when under stress, 13.8% of students behaved irritably and took out their stress on surrounding people and 24 (9.2%) third-year male students became addicted to smoking and alcohol.

Conclusion: Among MBBS students of GMERS medical college, Himmatnagar, there are different stressors for each year and which cause undue academic stress. Pressure of study among medical undergraduates leads to their negative physical and mental health. Effective stress coping system for medical students must be established and implemented by concerning authorities at local and central level. Medical course curriculum should include academic teaching and extracurricular activities to upsurge cognitive thinking and adaptive skills of students to deal with various stressors. This issue should be addressed by concerning authorities as to create conducive medical teaching atmosphere for undergraduates.

Keywords: Academic stress, India, Mental health, Stress management, Undergraduate student

INTRODUCTION

As per William C, stress "is a physical, mental, or emotional factor that causes bodily or mental tension" [1]. Most common causes of stress are work pressure, health crisis, poor nutrition, insomnia, monetary, interpersonal relationship, media overload etc., [2,3]. Clinical features of stress may include tachycardia, hypertension, nausea, restlessness, palpitations, headache, etc., [4]. Mild stress acts as stimulation for optimum work performance; yet, excessive distress can lead to detrimental effects on mental as well as physical health in general. Complications of stress include a migraine, angina, asthma, depression, diabetes, and ulcers [5-7].

There are different types of stress; acute stress, chronic stress, eustress and distress. Specific occasions or circumstances that involve newness, unpredictability and risk, leads to acute stress [8]. Chronic stress is caused by frequent exposure to conditions that lead to the release of glucocorticoids and can cause detrimental impact on physical and mental health [8]. Eustress means positive stress and has the following characteristics such as motivates, focuses energy, perceived as coping abilities from within, and improves the performance but lasts for short term [9]. In contrast, distress is negative stress and associated with anxiety, of short or long-term, is perceived as overwhelming the coping abilities,

feels unpleasant, decreases performance and can lead to mental and physical problems [10] each with their own characteristics, symptoms, time duration and treatment.

Current global epidemiological data consistently report that up to 20% of children and adolescents suffer from stress related psychological disorders and suicide is the third leading cause of death among adolescents [11]. Up to 50% of all adult mental disorders have their onset in adolescence [11]. A study conducted in the India had found prevalence of depression, anxiety and stress among college students are 49%, 61% and 45% respectively [11]. Psychological health conditions responsible for 16% of the illness and grievance in individuals aged 10-19 years all over world [12]. During a study conducted among adolescences and young adults in Ranchi, India, it was observed that mild to extremely severe, depressive symptoms were present in 18.5% of the population, anxiety in 24.4%, and stress in 20% [11].

At global level, different studies have shown that undergraduate medical students experience a significant level of stress during their academic life span [13,14]. Academic curriculum established by the medical council of India has set a level of commitment of undergraduate medical students very high for five and half years with 23 subjects to be learned. The level and amount of stress are different in different years of MBBS. In the first year of MBBS, utmost stressors are sudden vast syllabus, tutorials, overlapping exams by different departments, language barrier, fear of ragging, tough topics, staying away from home, alien environment, etc. Moreover, social background difference and financial instability also contribute to stress. In the second and third year of MBBS, clinical postings, term ending examinations and viva, theory examinations, competitive exams preparations, etc., are the causes of stress. Studies among undergraduate medical students have revealed that academic stress is linked with psychological problems such as anxiety, depression, insomnia, social conflicts and poor performance in the study [15-17]. In majority of medical colleges, main focus is to prioritise academic learning of students that creates competitive situation rather than cooperation and compassion among learners [18].

There are few research articles published those give information regarding aetiology, prevalence and stress management among MBBS students in western part of the India, hence, present study was conducted to knowledge, attitude and practice of stress management among undergraduate MBBS students at GMERS Medical College and Hospital, Himmatnagar, Gujarat, India.

MATERIALS AND METHODS

This was a cross-sectional, questionnaire-based study, which was conducted in the department of pharmacology, at GMERS Medical College and Hospital, Himmatnagar, Gujarat from April 2018 to August 2018. A total of 260 undergraduate students of first year, second year and third first year of MBBS were briefed on the aims and objectives of the study and written informed consents were obtained from those who were willing to participate in the study. There was zero student batch in fourth year of MBBS, hence, there was not any student from fourth year to participate in this study. All Prior permission to conduct the study was obtained from Institutional Ethics Committee (IEC) of the Institute (IEC no: GMERSMCH/IHEC/Approval-2/2018/01).

The questionnaire consisted of age, study year and gender of the participating students which was followed by 12 questions regarding knowledge, attitude and practice on stress management **[Annexure A]**. The students were asked to fill the questionnaire by themselves within 30 minutes of time. Out of 12 questions, 4 questions were of knowledge, 3 of attitude and 5 of practice regarding stress management among medical undergraduates. For evaluation of the knowledge of stress among medical undergraduates, definition of stress, comorbidities, clinical symptoms associated with stress and type of stressors were included in

questionnaire. For assessment of attitude, students were asked about difficulties they faced in adapting to new environment or home sickness, non-academic reasons making them anxious and confrontation of stress due to competition. To evaluate their practice regarding stress coping methods, students were asked different ways to alleviate stress, as the most preferred way to maintain sound mental health, indulging in their hobbies when stressed, how did they approach stress and presently, whether or not, they were victim of addiction. The questionnaires were collected and evaluated for their completeness.

STATISTICAL ANALYSIS

The data were recorded in Microsoft Excel Worksheet and analysed.

RESULTS

The general particulars of the students who participated in the survey are shown in [Table/Fig-1]. Knowledge of the students regarding stress are shown in [Table/Fig-2]. Attitude of students towards stress (according to Questionnaire) are shown in [Table/Fig-3]. Details of practice of students towards stress in present study are mentioned in [Table/Fig-4].

Variables	n (%)
Study year	
First year	70 (26.9%)
Second year	120 (46.1%)
Third year	70 (26.9%)
Total	260 (100%)
Gender	
Male	128 (49.2%)
Female	132 (50.7%)
Age	
18-19 years	80 (30.7%)
20-21 years	120 (46.1%)
22 and above	60 (23%)

[Table/Fig-1]: General particulars of the student (n=260).
(Values are expressed as absolute numbers and percentage in parentheses)

Questions	n (%)
1) How do you define stress?	
Relevant definition	80 (30.7%)
Irrelevant definition	180 (69.2%)
2) Which of the following is related to stress?	
a) Depression	173 (57.6%)
b) Schizophrenia	9 (3%)
c) Anxiety	109 (36.3%)
d) Hallucinations	9 (3%)
3) What clinical features are confronted by a person under stress?	
Relevant	93 (35.7%)
Irrelevant	167 (64.2%)

[Table/Fig-2]: Knowledge of the students regarding stress (n=260).
(Values are expressed as absolute numbers and percentage in parentheses)

DISCUSSION

In modern era, there is increased competition among students for medical admission and higher cost of medical education. Students with different socio-economical background come together from various parts of India and globally [19]. Undergraduate medical curriculum is five and half year long with total of 21 subjects to learn with their practical implication [20]. Hence, medical students are under tremendous pressure for academic performance and it leads to distress among them. Stress has negative effects on mental and physical health of students and causes complication like anxiety, depression, low self-esteem and substance abuse [21].

Questions	n (%)
1) What makes you feel stressed out?	
a) Vast syllabus and tough topics	91 (26.3%)
b) Less self-study time	69 (20%)
c) Overlapping of short exams and seminars by different departments	41 (11.8%)
d) Fear of facing questions	40 (11.5%)
e) Procrastination	84 (24.3%)
f) Others	20 (5.7%)
2) Have you faced difficulties in adapting to new environment/ home sickness?	
a) Strongly agree	31 (11.9%)
b) Agree	119 (45.7%)
c) Disagree	79 (30.3%)
d) Strongly Disagree	31 (11.9)
3) What reasons other than academics makes you anxious/ restless?	
a) Fear of ragging	15 (5.5%)
b) Financial instability in family	64 (23.5%)
c) Major health issue	26 (9.5%)
d) Socio-behavioural problems	112 (41.1%)
e) Others	55 (20.2%)
4) Have you ever confronted stress because of competition?	
a) Yes	168 (64.6%)
b) No	92 (35.3%)

[Table/Fig-3]: Attitude of students towards stress (n=260).
(Values are expressed as absolute numbers and percentage in parentheses)

Questions	n (%)
1) Ways to alleviate stress?	
a) Listening music	170 (54.8%)
b) Watching TV	35 (11.2%)
c) Internet videos	70 (22.5%)
d) Seeking help from peers	35 (11.2%)
2) Most preferred way for sound mental health?	
a) Prayers and meditation	66 (19.4%)
b) Indulging in physical activity	66 (19.4%)
c) Health and balanced diet	42 (12.3%)
d) 6-8 hour sleep	145 (42.7%)
e) Others	20 (5.8%)
3) Do you indulge yourself in any of the hobbies when tensed?	
a) Yes	177 (68%)
b) No	83 (31.9%)
4) How do you approach stress?	
a) Try to focus on things which can be controlled and accepting things which can't be controlled	105 (36.4%)
b) Facing problems by putting it in better perspective	86 (29.8%)
c) Ignoring one's own needs and working harder and faster	57 (19.7%)
d) Getting irritable and taking out on surrounding people	40 (13.8%)
5) Have you been/presently are victim of addiction? (alcohol, tobacco)	
a) Yes	24 (9.2%)
b) No	236 (90.7%)
If yes, was it due to stress?	
a) Yes	18 (75%)
b) No	6 (25%)

[Table/Fig-4]: Practice of students under stress (n=260).
(Values are expressed as absolute numbers and percentage in parentheses)

tribulation caused by distress were carried out. Living condition of medical undergraduates are knowingly demanding and requires high level of constant work-related commitment when compared to other students or the general population. Such pressurise career initiates vicious cycle of stress and its adversity on physical and psychological health of student such as anxiety, depression, substance abuse, etc., [5,6,22]. Differences in social and terrestrial setting, academic milieu, year of study of the medical student, and evaluation methods in tertiary teaching medical institute may explain difference in the prevalence rates [23,24].

In this study, the present authors observed that most common stressor agents related to education were vast syllabus and tough topics in first year, procrastination in second year and less self-study time in third year students, whereas the study in Mangalore and Nepal found lack of time for recreation in the institution as an important source of stress [25,26]. In the study conducted in Tamil Nadu, fear of failure, the vastness of academic curriculum and lack of recreation were the determinants of stress [13]. Previous studies have also reported the frequency of examinations, performance in examinations, competition with peer were common sources of stress [27]. Furthermore, most common non-educational determinants of stress found out in the present study were socio-behavioural problems and financial instability in the family. In addition, in current study, 57.6% of students experienced homesickness which was contributing to stress particularly in first year. On the other hand, a study conducted by Shah M et al., in a Pakistani Medical college, medium of education, being a hosteller had no significant association with stress level [28]. According to study carried out by Dutta JD et al., in Tamil Nadu, loneliness and family problems were significant psychosocial stressors [13]. The study conducted in Mangalore by Brahmbhatt KR et al., found high parental expectations and loneliness as the determinant of stress cases [25]. However, the quality of food in mess emerged as an important stressor among students in a Medical school in Kathmandu [26]. According to previous studies, competition with peers was also a source of stress among MBBS students [25-27]. In the present study, we observed similar result with 64.6% of students have developed stress due to competition with peers.

In current study, 54.8% of undergraduates listened to music to alleviate stress and making it the most common method of coping with stress. This trend was more observed in female undergrads. Watching internet videos was the second most favoured (22.5%) way to cope up with stress by students of the present institution especially in male students. Whereas according to a study in Karnataka, talking to a friend was the most common coping method [25]. In current study, to maintain sound mental health, male students preferred to sleep for 6-8 hours, while, among female students favoured to meditate and pray. Similarly, from Karnataka study, sleeping and eating healthy food were used techniques for maintaining good health [25]. In the present study, the most frequent stress alleviating technique used by students, was trying to focus on things which could be controlled and accepting things which could not be controlled (36.4%).

According to the observations made in present study, 24(9.2%) male third year students were a part of substance abuse or addiction, out of which stress was the foremost motive for 18 such students. Studies conducted at various cities within the India such as Mangalore, Ranchi, and Tamil Nadu and outside of the India at Nepal and Pakistan have observed similar prevalence and pattern of illicit drug use among medical students [11,13,25-28]. A study from Kolkata, India, noted nearly 50% of MBBS students reporting experiencing the stress of variable severity, predisposing to illicit drug use [29].

In modern era, at global level, with evolution of digital media and easy availability of cost effective internet plans on smart phones, youth have become addicted to social media [30,31]. As compared

to previous generations, the tolerance level of today's youth have been reduced drastically [30,31]. During transition phase from school to college, when the young students get admission into different undergraduate courses particularly in MBBS, owing to low tolerance and less adaptive ability in alien environment, they feel stressful. This is particularly observed among students who are home sick, having language barrier, with different socio-economical back grounds, from different geographical regions. Because of evolution of technologies and westernisation of developing country like India, prevalence of psychological problems has been increased gradually over last couple of years. Hence, it is very essential to take measure to improve mental health of future of the nation (students). Improving mental health of MBBS students is very essential measure for building up their prosperous career ahead for which different programs related to mental health such as subject of aerobic exercises, yoga and relaxation techniques, substance abuse awareness campaigns, medical education training of teaching faculties to make them more student friendly and providing spirit of cooperation to make students emotionally expressive should be a part of the academic curriculum in different universities of the India [25-29]. These will increase work efficiency and scholastic performance of undergraduate students. Moreover, medical college campus should be more students affable and academic curriculum should include group activities such as case based learning and problem base learning in small groups of 15 to 20 students, which can induce reasoning power of students and enhance their overall performance and build up cooperation among them. Positive peers support is paramount importance in student life to cope up any type of stress and adversity.

LIMITATION

The present study was a single centre study and hence in future similar studies should be conducted at different medical colleges across India to assess prevalence of stress, different types of stressors, detrimental impact of stress and practice stress management techniques by MBBS students with larger sample size.

CONCLUSION

In present study, there was significant level of perceived stress among majority of medical undergraduates owing to various stressors such as academic, environmental, psychological and socio-economical factors. Despite the practice of several strategies to cope up the stress, none were effective. Hence, for MBBS students, in addition to academic teaching, extracurricular doings such as yoga classes, sports, etc., should be part of their course curriculum in their universities. This will booster up will power of undergrads to deal with diverse stressors with more confidence, and to upsurge their work efficiency. It will be appropriate if the central authorities will take this matter into their considerations as to provide an opportunistic medical teaching environment.

REFERENCES

- [1] William C. Definition of Stress [Internet]. MedicineNet [accessed 2016 June 24]. Available from: <https://www.medicinenet.com/script/main/art.asp?articlekey=20104>.
- [2] Shah NP. Stress among Medical Students. Kerala Medical Journal. 2012 Jun 28;5(2):3437.
- [3] Anderson NB. Levels of analysis in health science: a framework for integrating sociobehavioural and biomedical research. Annals of the New York Academy of Sciences. 1998;840:563-76.
- [4] Niemi PM, Vainiomaki PT. Medical students' academic distress, coping and achievement strategies during the pre-clinical years. Teach Learn Med. 1999;11:125-34.
- [5] Singh G, Hankins M, Weinman JA. Does medical school cause health anxiety and worry in medical students? Med Educ. 2004;38:479-81.
- [6] Griffin RM. 10 Health Problems Related to Stress That You Can Fix [Internet]. WebMD [accessed 2014 Apr 01]. Available from: <https://www.webmd.com/balance/stress-management/features/10-fixable-stress-related-health-problems#1>
- [7] Iqbal S, Gupta S, Venkatarao E. Stress, anxiety and depression among medical undergraduate students and their socio-demographic correlates. Indian J Med Res. 2015;141(3):354-57.
- [8] Hammen C, Kim EY, Eberhart NK, Brennan PA. Chronic and acute stress and the prediction of major depression in women. Depress Anxiety. 2009;26(8):718-23. doi:10.1002/da.20571
- [9] Mills H, Reiss N, Dombeck M. Types of Stressors (Eustress vs. Distress) [Internet]. MentalHelp.net [accessed 2019 Apr 07]. Available from: <https://www.mentalhelp.net/articles/types-of-stressors-eustress-vs-distress/>
- [10] Winerman L. By the numbers: Stress on campus [Internet]. American Psychological Association [accessed 2017 Sept 09]. Available from: <https://www.apa.org/monitor/2017/09/numbers>
- [11] Sahoo S, Khess CR. Prevalence of depression, anxiety, and stress among young male adults in India: a dimensional and categorical diagnoses-based study. J Nerv Ment Dis. 2010;198(12):901-04. doi: 10.1097/NMD.0b013e3181fe75dc
- [12] Adolescent mental health [Internet]. World health organization [cited 2018 September 18]. Available from: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
- [13] Dutta JD, Raja J, Sivaprakasam P, Patil AB, Rama A. Stress and stressors among medical undergraduate students: a cross-sectional study in a private medical college in Tamil Nadu. R. Indian J Community Med. 2017;42(4):222-25. doi: 10.4103/ijcm.IJCM_287_16
- [14] Belfer ML. Child and Adolescent Mental Disorders: the magnitude of the problem across the globe. J Child Psychol Psychiatry. 2008;49(3):226-36.
- [15] Talwar R, Kumar V. Determinants of psychological stress and suicidal behaviour in Indian adolescents. J Indian Assoc Child Adolesc Ment Health. 2014;10(1):47-68.
- [16] Stewart SM, Lam TH, Betson CL, Wong CM, Wong AM. A prospective analysis of stress and academic performance in the first two years of medical school. Med Educ. 1999;33:243-50.
- [17] Wilkinsons TJ, Gill DJ, Fitzjohn J, Palmer CL, Mulder RT. The impact on students of adverse experiences during medical school. Med Teach. 2006;28:129-35.
- [18] Clark EJ, Rieker PP. Gender differences in relationships and stress of medical and law students. J Med Educ. 1986;61:32-40.
- [19] Niemi PM, Vainiomaki PT. Medical students' distress-quality, continuity and gender differences during a six-year medical programme. Med Teach. 2006;28:136-41.
- [20] Patil SK, Patkar US, Patkar KU. Comparison of levels of stress in different years of M.B.B.S. students in a medical college-an observational study. International Journal of Contemporary Medical Research. 2016;3(6):1655-57.
- [21] Linn BS, Zeppa R. Stress in junior medical students: relationship to personality and performance. J Med Educ. 1984;59:07-12.
- [22] Arria AM, Caldeira KM, O'Grady KE, Vincent KB, Fitzelle DB, Johnson EP, et al. Drug exposure opportunities and use patterns among college students: Results of a longitudinal prospective cohort study. Subt Abus. 2008;29:19-38
- [23] Sohail N. Stress and academic performance among medical students. J Coll Physicians Surg Pak. 2013;23(1):67-71.
- [24] Bramness JG, Fidgal TC, Vaglum P. Effect of medical school stress on the mental health of medical students in early and late clinical curriculum. Acta Psychiatr Scand. 199;84(4):340-45.
- [25] Brahmibhatt KR, Nadeera VP, Prasanna KS, Jayram S. Perceived stress and sources of stress among medical undergraduates in a private medical college in Mangalore, India. Int J Biomed Adv Res. 2013;4:128-36.
- [26] Sreeramareddy CT, Shankar PR, Binu VS, Mukhopadhyay C, Ray B, Menezes RG. Psychological morbidity, sources of stress and coping strategies among undergraduate medical students of Nepal. BMC Med Educ. 2007;7:26.
- [27] Vella SA, Swann C, Batterham M, Boydell KM, Eckermann S, Fogarty A, et al. Ahead of the game protocol: a multi-component, community sport-based program targeting prevention, promotion and early intervention for mental health among adolescent males. BMC Public Health. 2018;18:390. doi:10.1186/s12889-018-5319-7.
- [28] Shah M, Hasan S, Malik S, Sreeramareddy CT. Perceived stress, sources and severity of stress among medical undergraduates in a Pakistani medical school. BMC Med Educ. 2010;10:2.
- [29] Gupta S, Choudhury S, Das M, Mondol A, Pradhan R. Factors causing stress among students of a Medical College in Kolkata, India. Educ Health (Abingdon). 2015;28(1):92-95.
- [30] Blackwell D, Leaman C, Trampisch R, Osborne C, Liss C. Extraversion, neuroticism, attachment style and fear of missing out as predictors of social media use and addiction. Personality and Individual Differences. 2017;116:9-72.
- [31] Andreassen CS, Pallesen S, Griffiths MD. The relationship between addictive use of social media, narcissism, and self-esteem: Findings from a large national survey. Addictive Behaviours. 2017;64:287-93.

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[Annexure A]

Questionnaire for evaluation of knowledge, attitude and practice regarding stress management among undergraduate medical students at tertiary care teaching hospital.

Age: years Gender: M/F Study year:

1. How do you define stress?**2. Which of the following is related to stress?**

- Depression
- Schizophrenia
- Anxiety
- Hallucinations

3. What clinical features are confronted by a person under stress?**4. What makes you feel stressed out?**

Vast syllabus and tough topics

Less self-study time

Overlapping of short exams and seminars by different departments

Fear of facing questions

Procrastination (habit of postponing routine work)

Others _____

5. Face difficulties in adapting to new environment/home sickness?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

6. What reasons other than academics makes you anxious/ restless?

- Fear of ragging
- Financial instability in family
- Major health issue
- Socio-behavioural problems
- Others

7. Have you ever confronted stress because of competition?

- Yes
- No

8. Which of the following ways do you think can alleviate stress?

- Listening music
- Watching television
- Internet videos
- Seeking help from peers

9. Which of the following is most preferred way to maintain sound mental health?

- Prayers and meditation
- Indulging in physical activity
- Healthy and balanced diet
- 6-8 hours sleep
- Others _____

10. Do you indulge yourself in any of the hobbies when tensed?

- Yes
- No
- If yes, mention them

11. How do you approach stress?

- Try to focus on things which can be controlled and accepting the things which can't be controlled
- Facing problems by putting it in a better perspective
- Ignoring one's own needs and working harder and faster
- Getting irritable and taking out on surrounding people

12. Have you been/presently are victim of addiction? (E.g. smoking/drinking/tobacco)

- Yes
- No
- If yes, was it due to stress?

- Yes
- No