Anxiety/Depression And Academic Achievement In Adolescents In Prishtina

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Abstract

Numerous empirical studies suggest that psychological difficulties of children and adolescents are negatively correlated with academic achievement. The main purpose of the study is the recognition level of emotional problems—anxiety and depression to an adolescent school sample in Prishtina and their relation with academic achievement. A sample of the school population (219 children aged from 10 years to 18), 38.8% boys and 61.2% girls have completed instruments: Revised Children Manifest Anxiety Scale (RCMAS) and Depression Self-Rating Scale for children. 15% of cases have resulted in anxiety and 22.1% with depression. Results showed that anxiety and depression have no significant correlation with success at school while having significant positive correlation between them (r=.56, p<.00) with great effect size. Nonsignificantly students with depression had a poor success and those with anxiety had better success. Also the results showed statistically significant gender differences in the level of anxiety and depression. Women have more anxiety (r=.24, p<.00) and depression (r=.20, p<.01); in both cases the effect size is small. The multiple standard regression analysis of academic achievement as the dependent variable and gender, age, anxiety and depression as independent variables resulted in a significant statistical model (R2=.216, F(5,131)=6.598, p<.00). However, the model describes only 21% of shown success variance, significant unique contribution have given gender (β=.17, p<.04), residence (β=.24, p<.00), age (β=.19, p<.02) depression (β=.24, p<.01) and anxiety (β=.20, p<.03). These results have important implications in the context of addressing anxiety and depression with the goal of improving academic achievement.

Keywords: academic achievement, anxiety, depression, students, Prishtina.

1. Background

1.1 Anxiety, depression, academic success

Experiencing emotional states such as anxiety and depression is a universal phenomenon (Spielberger, 2006). Anxiety is one of the most common psychological disorders in school-aged children and adolescents worldwide (Costello, Mustillo, Erkanli,Keeler & Angold, 2003). The prevalence rates range from 4.0% to 25.0%, with an average rate of 8.0% (Bernstein & Borchardt, 1991; Boyd,Kostanski, Gullone, Ollendick & Shek, 2000). Anxiety is associated with substantial negative effects on children’s social, emotional and academic success (Essau, Conradt & Petermann, 2000) and with negative sequelae: poorer academic performance and higher rates of school dropout (Ialongo, Edelsohn, Werthamer-Larsson, Crocket & Kellam, 1994; Ialongo, Edelsohn, Werthamer-Larsson, Crocket & Kellam, 1995; Kusche, Cook, Greenberg, 1993).

The depressive syndrome in young people has been estimated at 10 to 30% by some researchers (Hammen & Rudolph, 2003). Edwards and Holden (2001) found that among college students seeking counseling services, anxiety and depression were ranked first and third as presenting problems.

Performance in academic life demands all aspects of well-being, those that include physical, social, emotional, spiritual, and psychological well-being (Crystal, Chen, Fuligni, Stevenson, Hsu, Ko, Kitamura, & Kimura, 1994).

1.2 Literature review: anxiety, depression and academic success

Numerous empirical studies suggest that children’s psychological difficulties are negatively correlated with academic achievement. Previously it has been known that anxiety plays significant role in student's learnings and academic...
performance (Tobias, 1979). According to Owens (2012) "a finding that schoolchildren and adolescents experiencing high levels of anxiety or depression are at risk for poor academic performance (Hembree, 1988) has been replicated in many countries including South Africa, Finland, Australia, the UK, Germany, the USA, and others". The majority of the research literature in this area has tended to focus on anxiety rather than depression, a fact which is reflected in the extant meta-analyses on anxiety and test anxiety (Ergene, 2003; Hembree, 1988; Ma, 1999). The researches show that psychological problems like anxiety and depression affect academic achievement inversely; especially the high level of anxiety has more damaging effect on academic achievement and can lead to lower academic performance and poorer working memory function; because school tasks that involve more working memory are greatly affected (Owens et al., 2012). In same time this effect is due to poor school attendance and the negative behavior (Hughes, Lourea-Waddell & Kendall, 2008). Similarly, in research carried out by Von Ameringen et al. (2003), results suggest that children and adolescents with anxiety problems suffer greater risk of failing academically, of dropping out of school, and of not aspiring to higher education, when compared to the normal population. In this line, results from Mazzone et al. (2007) reveal a statistically significant association between high level self-reported anxiety and poor academic performance. Thus, children with high levels of anxiety were more likely to have school grades in the failure range, as compared to children with low scores in anxiety.

Ialongo et al. (1995) followed first grade children for 4½ years and found that the children who were in the top third of self-reported anxiety symptoms were 10 times more likely to be in the bottom third of achievement in the fifth grade. Moreover, research findings suggest children and adolescents with anxiety problems are at increased risk of underachieving in school, dropping out of school, and/or not pursuing higher education compared to the general population (Kessler, Foster, Saunders & Stang, 1995; Von Ameringen, Mancini & Farvolden, 2003).

Regarding depression in children and adolescents the results of the studies showed that there was an inverse relationship between academic achievement and depression. Moreover, several researchers have linked depressive disorders or symptoms to underachievement (e.g., PuigAntich et al., 1993). Adolescents with depression are at increased risk for impairment in school and educational attainment (Asarnow, Jaycox, Duan, LaBorde, et al., 2005). This notion was then supported by Zaid, Chan, and Ho (2007) in the study on emotional disorders among medical students in one of the Malaysian private colleges found that students who experienced depression had a lower academic performance.

Eisenberg, Golberstein, & Hunt (2009) stated that detailed descriptive analysis of association between mental health and academic outcomes in college showed depression as a significant predictor of lower GPA (Grade Point Average) and co-occurring anxiety and depression have an additional negative association with GPA. Students who experience mild or moderate symptoms of depression or anxiety also demonstrate more academic difficulties and lower GPA than non-depressed students (Locke, 2009; Deroma, Leach, and Leverett, 2009). Certainly, clinical depression is often associated with both an inability to concentrate and intrusive ruminative thoughts (Nolen-Hoeksema, 2000) which are likely to reduce available cognitive resources. Many clinical descriptive reports suggested that depression may be a contributing factor to poor academic performance (Fine & Carlson, 1994). It is noteworthy that other researchers have found no connections between internalizing symptoms and poor academic performance (e.g., Reinherz et al., 1993).

2. Aims

In this study, it is aimed to estimate the levels of depression and anxiety to a sample of adolescents in Prishtina and their correlation with academic achievement. At the same time it will be analysed socio-demographic factors such as age, gender and residence and their correlation anxiety, depression and academic achievement in adolescents. The scope of this research is to answer the following questions:

1) Do the anxiety levels of students show a significant difference according to their age, gender and residence?
2) Do the depression levels of students show a significant difference according to their age, gender and residence?
3) Do the academic success levels of students based on GPA show a significant difference according to their age, gender and residence?
4) Do the academic success levels of students based on GPA show a significant difference according to their presence of anxiety?
5) Do the academic success levels of students based on GPA show a significant difference according to their presence of depression?
6) Do the levels of anxiety and depression can predict academic success levels of students based on GPA?

3. Method

The population of this descriptive study, carried out to identify depression, anxiety and the academic success levels of students of the primary and secondary schools in Prishtina kapital city of Kosovo. The data were obtained by using The Revised Children Manifest Anxiety Scale (RCMAS) and The Depression Self-Rating Scale for Children that were applied to students in the school, between 15 and 30 January in 2014. In terms of the accessibility the study group consists of 219 students randomly selected, aged 10-18 years. The sample was constructed by students of primary and lower secondary schools of Prishtina region. School population regarding the gender composition was 38.8% boys and 61.2% girls. 85.4% of samples come from urban areas and 14.6% from rural areas. Regarding to academic achievement students are classified as follows: excellent, very good, good, enough, not enough. In Kosovo in pre-University education grades are from one five. The classification is done based on the average mark of self-reported by students in the end of research.

3.1 Instruments

To measure anxiety and depression are used: Revised Children Manifest Anxiety Scale (RCMAS) and Depression Self-Rating Scale for Children. These two questionnaires are translated in Albanian language by Martin Asshauer, Merita Osmani & Ziberi.

Revised Children Manifest Anxiety Scale (RCMAS) is a 28-item self-report inventory used to measure anxiety in children, for clinical purposes (diagnosis and treatment evaluation), educational settings, and for research purposes. The RCMAS consists of 28 Anxiety items and was developed by Reynolds and Richmond (1978) to assess “the degree and quality of anxiety experienced by children and adolescents” (Gerald and Reynolds, 1999, p. 323). Wisniewski, Mulick, Genshaft and Coury (1987) examined the test-retest reliabilities of the RCMAS with 161 children in Grades 6 to 8. Analyses of retesting after one and five weeks indicated “good reliability” (Pearson correlations from .60 to .88, significant at p < .01, p. 67) and an insignificant difference between test and retest mean raw scores. These results would support the stability of the scale over brief periods. With retesting after a substantial longer period, nine months, Reynolds (1981) found a .68 correlation between RCMAS Anxiety Scale scores for 534 children in Grades 4 to 6. This would be indicative of relatively high temporal stability. The RCMAS is suitable for individual or group administration, by clinicians, researchers or teachers, with 6 to 19 year old children. Each item is given a score of one for a “yes” response, yielding a Total Anxiety score. A score above 18 has been suggested as indicative of possible depressive disorder. In this study the reliability of the scale was assessed using Cronbach alpha coefficients. Cronbach’s alphas for the 28 items of Depression Self-Rating Scale for Children were .84. Thus showed that has good internal consistency.

The Depression Self-Rating Scale for Children was developed in 1978 as part of a Masters of Philosophy Thesis at the University of Edinburgh. The Depression Self Rating Scale (DSRS) is an 18-item self-report measure for children (Denda, Kako, Kitagawa, & Koyama, 2006), which has been used in a range of cross-cultural contexts (Denda, Kako, Kitagawa, & Koyama, 2006). This instrument records symptoms over the past week. Items are presented as statements, e.g. “I sleep very well.” Responses are a 0 ‘mostly’, 1 ‘sometimes’, 2 ‘never’. Scores are then added. A score above 15 has been
suggested as indicative of possible depressive disorder. Author reported test-retest reliability coefficient of 0.80 and a split-half reliability of 0.86 (Birleson, 1981). Further studies have found split-half reliabilities ranging from 0.61-0.85 and alpha coefficients ranging from 0.73-0.90 (Birleson, 1981). This measure has moderate concurrent validity and demonstrated discriminative validity with acceptable sensitivity and specificity (Birleson, 1981). In this study the reliability of the scale was assessed using Cronbach alpha coefficients. Cronbach’s alphas for the 18 items of Depression Self-Rating Scale for Children were .75. Thus showed that has good internal consistency.

Students’ GPA was accepted as the indicator of their academic success.

3.2 Data Analysis

The data analysis was performed using SPSS 21.0 software package and Microsoft Excel 2007. Since the scores obtained by study group from the scales don’t show a normal distribution, non-parametric tests were used. Thus, Mann-Whitney U test was used to analyze whether student’s anxiety, depression and academic success levels differ significantly according to tenderand residence. Kruskal- Wallis H test was used to analyze whether student’s anxiety, depression and academic success levels differ significantly according to their age-group and to analyze whether academic success levels differ significantly according to their anxiety and depression levels. The multiple standard regression analyze is used to examine predictive poker of anxiety, depression, age, gender and residence in the academic success levels. The results obtained from analysis are summarized in the finding section.

4. Results

4.1 Anxiety and depression

Results showed that 15.7 of cases resulted with anxiety; by sex 3.4% are boys and 12.4% are girls. With depression are 22% of sample; by sex 4.7% are boys and 17.4 are girls.

Based on found correlations we have some statistically important differences in anxiety and depression level by gender, age and location. Gender is in significant positive correlation with anxiety (r=.24, p<.00), which means girls have correlation with highest levels of anxiety and in this case the effect size is small. (Tab.1). Also in case of depression gender is in positive significant correlation with highest levels of depression (r=.20, p<.00), where girls have correlation with highest levels of depression and in this case the effect size is small. (Tab.1).

Chi-square test (me Yates Continuity Correction) indicates that we have significant association between gender and depression presence, $X^2 (1, n= 163) =7.028, p=.008, \phi = .22$. This has a small effect size. From this analysis we understand that in cases with depression 81.8 % are girls and 12.8 % boys. We don’t have significant association between gender and anxiety presence. Also, we don’t have significant association between residence and anxiety / depression presence.

We calculated the Eta to estimate association between age and depression presence; in this case Eta=.022 and in case of anxiety eta=.016. This is a small effect size in both cases.

It is used Man-Whitney technique for testing differences between groups within variables by sex. Therefore Mann-Whitney test has found that there are statistically important differences between girls (Md=11; N=98) and boys (Md=10; N=65) in depression level; $U=2601.500, Z=-2.841, p < .04, r = .21$ (this is a moderate effect size). With this technique there are not found differences in anxiety level. Also there are not found differences in case of location.

Table 1. Intercorrelations, Means and Standard Deviations for variables (N=132)

<table>
<thead>
<tr>
<th>Correlations</th>
<th>Sex</th>
<th>Residence</th>
<th>Age</th>
<th>Success</th>
<th>ANXIETY</th>
<th>DEPRESSION</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
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### Table 1: Correlation Coefficients

<table>
<thead>
<tr>
<th></th>
<th>Sex</th>
<th>Residence</th>
<th>Age</th>
<th>Success</th>
<th>Anxiety</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residence</td>
<td>-</td>
<td>-.349**</td>
<td>-.293**</td>
<td>.104</td>
<td>.580**</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>.104</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Success</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

*Correlation is significant at the 0.05 level (2-tailed).**Correlation is significant at the 0.01 level (2-tailed).
c. Listwise N=132

### 4.2. Success at school

In terms of academic achievement, students are classified as follows: excellent were - 58.8 %; very good-15.5%; good-19.6 %; enough - 4.1 % not enough - 2.1 %.

Gender is in significant positive correlation with success in school (r=.20, p<.01),where girls have correlation with highest levels of success (Tab.1). In this case the effect size is small. Residence is in positive significant correlation with success in school (r=.32, p<.01), where students from city have correlation with highest levels of success (Tab.1). In this case the effect size is medium. Age is in negative significant correlation with success in school (r=-.20, p<.01) where younger ages have correlation with highest levels of success (Tab.1). In this case the effect size is small.

To investigate the report between success and gender we have used Kendall-Tau analysis. It indicates that we do not have significant association between them. (161) =.314, p<.00. But Kendall Tau analysis has found positive significant association between success and residence. This means that students from urban areas had better success. This is a medium effect size.

### 4.3. Anxiety, depression and success at school

Results showed that anxiety and depression don't have significant correlation with school success but have positive significant correlation between each other with big effect size (r=.58, p<.00) (Tab.1). Non significantly the high level of depression was in correlation with lowest success. In case of anxiety we have positive non-significant correlation where the highest level of anxiety resulted with the highest level of success.

The multiple regression analysis with academic achievement as a depended variable and gender, residence, age, anxiety and depression as independent variables resulted in a model with statistical significance (R²=.216, F(5,131)=6.598, p<.00) (Tab.2). However, the model describes only 21 % of shown success variance, where significant unique contribution have given gender (β=.17, p<.04), residence (β=.24, p<.00), age (β=-.19, p<.02) depression (β=-.24, p<.01) and anxiety (β=.20, p<.03). (Tab.3).
Table 2. Arithmetic average, standard deviation and correlations between success at school and gender, residence, age, anxiety, depression

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>Sex</th>
<th>Residence</th>
<th>Age</th>
<th>Anxiety</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Success (GPA)</td>
<td>4.17</td>
<td>1.099</td>
<td>.206</td>
<td>.328</td>
<td>-.293</td>
<td>.104</td>
<td>-.093</td>
</tr>
</tbody>
</table>

Predictor variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>Sex</th>
<th>Residence</th>
<th>Age</th>
<th>Anxiety</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>1.613</td>
<td>.4887</td>
<td>-</td>
<td>.104</td>
<td>-.044</td>
<td>.243</td>
<td>.203</td>
</tr>
<tr>
<td>Residence</td>
<td>1.833</td>
<td>.3741</td>
<td>-</td>
<td>-.349</td>
<td>.023</td>
<td>.023</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>14.378</td>
<td>2.375</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>.055</td>
<td>.067</td>
</tr>
<tr>
<td>Anxiety</td>
<td>12.28</td>
<td>6.436</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td>.580</td>
</tr>
<tr>
<td>Depression</td>
<td>11.55</td>
<td>5.362</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

Table 3. Summary of standard regression analysis gender, residence, age, anxiety and depression while predicting success at school

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>SEB</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>.383</td>
<td>.184</td>
<td>.170</td>
</tr>
<tr>
<td>Residence</td>
<td>.712</td>
<td>.249</td>
<td>.242</td>
</tr>
<tr>
<td>Age</td>
<td>-.091</td>
<td>.039</td>
<td>-.197</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.036</td>
<td>.017</td>
<td>.208</td>
</tr>
<tr>
<td>Depression</td>
<td>-.049</td>
<td>.020</td>
<td>-.241</td>
</tr>
<tr>
<td>Constant</td>
<td>3.865</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: R²=21.6, F(5,131)=6.598, p<.00

So Kruskal Wallis test found that there are not any statistically differences between the groups by success in school. Kruskal-Wallis analysis performed on groups by school success showed that there are not any significant differences in depression level between groups (not enough success, n=4; enough success, n=8; good success, n=31; very good success, n=28; and excellent success, n=103) X²(4, n=174)=7.996, p=.092. Cases with bad success had the highest median (Md=15.5) comparing to other groups (Md=10.5), (Md=11), (Md=12) dhe (Md=10).

Kruskal-Wallis analysis performed on groups by school success showed that there are not any significant differences on anxiety levels (not enough success, n=4; enough success, n=8; good success, n=36; very good success, n=27; and excellent success, n=101) X²(4, n=176)=5.227, p=.265. Cases with good success had highest median (Md=14), comparing to other groups (Md=13), (Md=13), (Md=9) dhe (Md=8). Overall, groups with higher success had higher level of anxiety.
5. Limitations

A limitation is the measure of academic success based on only students’ self-report average of their marks. However, it should be noted that there is an empirical evidence (meta-analysis) which suggests that self-report of marks’ average reflects good actual performance (Kuncel et al., 2005). In fact, Chi-square test showed that academic achievement of study are statistically higher than official reported marks in years 2004-2005 in Kosova’s level X2 (4, n=219) = 32.029, p<.00 (MASHT, 2008).

6. Discussions and conclusions

Finding of a higher level of depression than anxiety are interesting; but however as prevalence are in range of findings from different known researches (Bernstein & Borchardt, 1991; Boyd, Kostanski, Gullone, Ollendick & Shek, 2000; Hammen & Rudolph, 2003); in the other side their presence in our case with big effect size is something accepted in research literature (Costello, Mustillo, Erkanli, Keeler & Angold, 2003).

Findings that these disorders are often present in girls (Rutter, et al., 2008, Costello, Mustillo, Erkanli, Keeler & Angold, 2003) based in correlations they are verified only for depression and not for anxiety with association and difference between groups statistical analysis.

Findings of higher of depression than the anxiety are interesting but however as prevalence are in a range (Strahan, 2003) to most of the research findings, but in some cases contrary to most of the research findings, Preiss and Franova (2006) found no effect of gender on academic achievement of school students.

Findings that anxiety and depression have no significant correlations with success in school despite that students who had more anxiety and those who had less depression had better results in school, they hadn’t achieved statistical significance in comparative and differences between groups analysis; thus showed that relationship between academic performance and anxiety / depression symptomatology is complex; and as Ormord (2000) stated “anxiety and academic achievements has been a difficult relationship to clearly elucidate”. This goes in line with findings of one longitudinal study in community (Reinherz, Giaconia, Pakiz, Silverman, Frost, & Lefkowitz, 1993). Overall all the variables as gender, age, residence, anxiety and depression each gave predictive power of success.

Despite of these findings we are sure that understanding the relationship between psychopathology and academic performance may have implications for devising counselling interventions directed at the negative effects of psychological distress on students’ learning outcomes.

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