

Relation between Anger, Loneliness, Stress, Nail Biting and Gender -A Case Study on Engineering Students

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Abstract -In humans Anger, stress and loneliness cause health problems. Nail biting is an indicator of tension. The present study has examined the impact of these parameters on health in relation to gender. The study carried out on eight engineering college students. A total of 952 (male: 547 and female: 406) is participated. Pearson correlation and t-test are conducted. A Significant relation is found between gender - headache and nail biting. Seasonal health problems are more in male and head ache problems is more in female students.

Keywords: Anger, loneliness, stress, nail biting, gender, engineering students

I. INTRODUCTION

Anger, stress and loneliness are some of the emotions that affect students' health. Nail biting gives a clue about the presence of tension. The anger has destructive effects, when it gets out of control. Kabir (2018) stated that uncontrollable anger can lead to serious problems at work and in personal relationships, and may undermine the individual's overall quality of life. It involves a strong uncomfortable and hostile response to a perceived provocation, hurt or threat (Videbeck, 2006). An angry person may lose his/her objectivity, empathy, prudence or thoughtfulness and may cause harm to themselves or others (Novaco, 2000; Mohr et al., 2007; Day et al., 2012). Anger causes a reduction in cognitive ability and the accurate processing of external stimuli. Angry people are more likely to make risky decisions, and make less realistic risk assessments (<https://en.wikipedia.org>). Loneliness has been defined as 'the unpleasant experience that occurs when a person's network of social relationships is significantly deficient in either quality or quantity (Perlman and Peplau, 1984, Ozatca, 2009). The loneliness is a complex, difficult and an anxiety-giving situation. According to the related literature, the loneliness is a displeasing and unwanted experience which everybody avoids and which results in anxiety, anger, sorrow and the feeling of being different from others. Stress is a normal part of living that cannot be avoided completely (Mazo 2015). Selye (1956) defines stress as "any external event or any internal drive which threaten to upset the organism equilibrium is stress" (in Bhargava and Trivedi, 2018). Reddy et al., (2018) Stress is now understood as a lifestyle crisis Masih & Gulrez, (2006) affecting any individual, regardless of their developmental stage (Banerjee & Chatterjee, 2012). Onychophagia is a habit of biting nails and fingertips, also called nail biting (NB). It is a stress relieving oral habit adopted by many children and adults. People usually do it when they are nervous, stressed, hungry or bored (Sachan and Chaturvedi, 2012, Siddiqui et al., 2017).

The present study is carried out to observe the degree of anger, loneliness, stress and nail biting on Engineering students with reference to gender. The colleges are distributed over Krishna Guntur and Prakasam Districts, Andhra Pradesh, India.

II. METHODOLOGY

A total of 952 students was participated, out of them 547 are male and 406 are female (Tables 1 and 2). The response was taken about anger, stress, loneliness and nail biting and their health problems. The purpose of the study and the details regarding the emotions and health were explained in their mother tongue. Pearson correlation coefficients are calculated and t-test is carried out and the results are present in the next section.

Table 1 Degree of emotion and gender

Emotion/Habit	Male			Female		
	High	Medium	Low	High	Medium	Low
Anger	93	382	72	80	299	27
Loneliness	68	359	119	47	254	105
Stress	124	318	105	86	261	59
Eating Nails	179	0	0	95	0	0

Table 2 Health problems and gender

Physical Problems	Male	Female
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Seasonal	150	102
Digestion	22	26
Head-ache	129	130
Others	59	45

III. RESULTS AND DISCUSSION

The relation between gender and emotions and health problems is explained in this section. The percent variation is included in tables 3 and 4 and figures 1 and 2.

Table 3 Degree of emotion and gender (%)

Emotion/Habit	Male			Female		
	High	Medium	Low	High	Medium	Low
Anger	17.03	69.96	13.19	19.70	73.65	6.65
Loneliness	12.45	65.75	21.79	11.58	62.56	25.86
Stress	22.71	58.24	19.23	21.18	64.29	14.53
Eating Nails	32.78	0.00	0.00	23.40	0.00	0.00

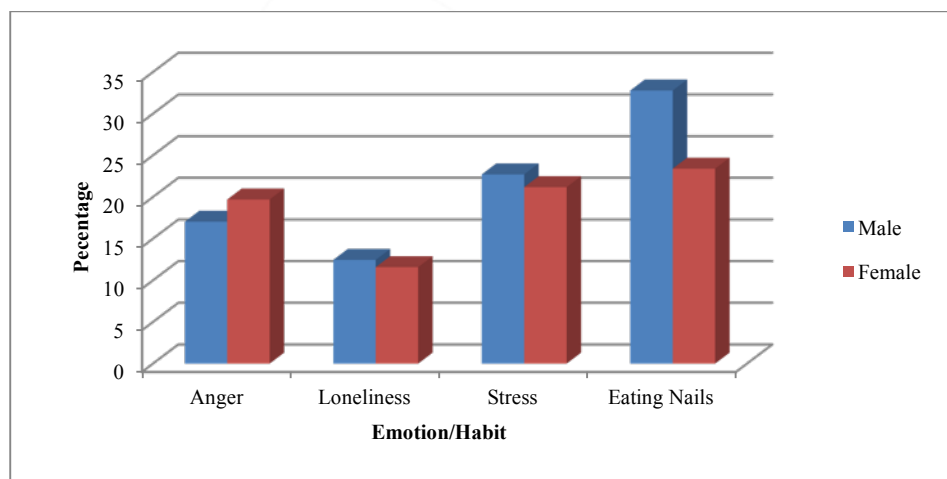


Figure 1 Relation between emotions and gender

Relation between emotions and gender

Male

Among the male students highest percent of students have NB habit (32.78%). Stress is high (22.71), followed by anger (17.03%) and loneliness (12.45%).

Female

Among the female students highest percent of students have a NB habit (23.40%). Stress is high (21.18), followed by anger (19.70%) and loneliness (11.58%).

Table 4 Health problems and gender(%)

Physical Problems	Male	Female
Seasonal	27.42	25.12
Digestion	4.02	6.40
Head-ache	23.58	32.02
Others	10.79	11.08

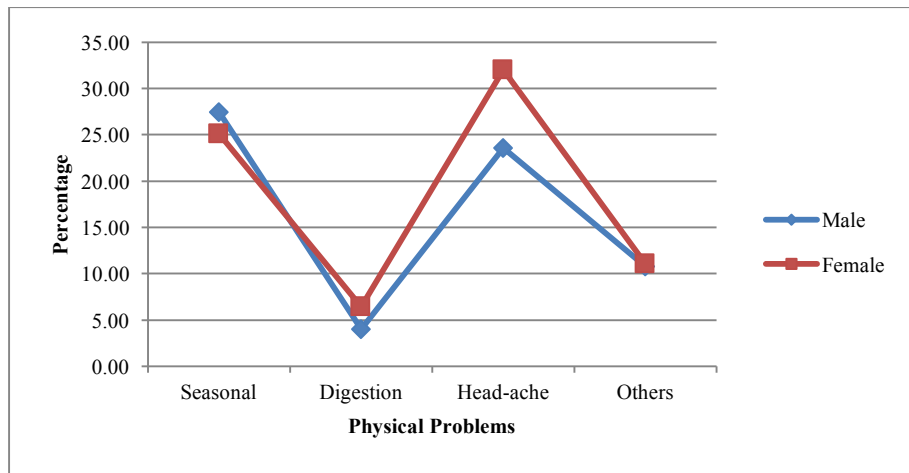


Figure 2 Relation between health problems and gender

Relation between health and gender

Male

Seasonal problems are high in male students (27.42%), followed by Head ache (23.58%) and other problems (10.79%). Digestion problem is low compared to the others (4.02%).

Female

Head ache problem is high in female students (32.02%), followed by Seasonal (25.12%) and other problems (11.08%). Low percent of the students pointed digestion problem (6.40%).

Relative to males, females of all ages reported more fear in frightening, anger-producing, and male-negative stereotypic situations. Males were reported to be more frightening and anger-producing than were females in those same situations (Brody et al., 1995). Study of Wong et al., (2018) explored potential sex and age differences in anger experience, expressions, and control. Results revealed that Grade 12 students experienced more anger than Grade 8 students. Furthermore, girls were less likely to control their outward anger as compared with boys. Lin and Huang (2012) investigated the relationships between loneliness and learning burnout. Both loneliness and learning burnout are related to negative psychological health, and there might exist a relationship between them. Arslan (2010) found a relationship between loneliness and concern over mistakes, doubts about actions, parental criticism was positively significant, there was a negatively significant relationship between loneliness and organization. Wiseman et al., (1995) concluded that Males were significantly higher in loneliness than females, while females were significantly higher in depression than males. Theeke et al., (2019) reported gender differences and relationships among loneliness, anger, depression, self management ability (SMA) and biomarkers of chronic illness in chronically ill mid-life adults in Appalachia. The results showed that loneliness in behavioral health assessments in clinical practice and developing and studying the impact of interventions designed to target loneliness as a health problem will be imperative to the continued understanding of loneliness and its impact on health. Kenneth et al., (1998) study supported the hypothesis that males appear reluctant to admit feelings of loneliness. Pourrajab et al., (2014) studied the impact of stress on male and female students. Stress effects on the female more, especially in academic career. It was also interesting to highlight that significant difference in the perception of male and female students regarding the stressors. These various perceptions can be attributed to the male and female attitude.

According to Herdiyati and Marhani (2017) most nail biters in elementary students are boys who are mostly aged 9 years old. NB is a common oral habit in children and young adults. It is estimated that 28 to 33% of children between the ages of 7 to 10 years and 45% of adolescents are nail biters. The etiologies suggested for NB include stress, imitation of other family members, heredity transference from the thumb sucking habit, and poorly manicured nails (Leung et al., 2015). More pathological forms of nails biting are considered an impulse control disorder in the DSM-IV-R and are classified under obsessive-compulsive and related disorders in the DSM-5. The ICD-10 classifies the practice as “other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence”. However, not all nail biting is pathological, and the difference between harmful obsession and normal behavior is not always clear (<https://en.wikipedia.org>).

IV. CONCLUSION

Emotions play a prominent role on students' career and health. It is observed that, except nail biting habit, there is no significant difference between male and female students. In relation to health and the gender head-ache problem is high in females compared to male. Parents and teachers shall explain the importance of these emotions and health aspects and guide them to manage the emotions and to maintain sound health.

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