

ANXIOUS SYMPTOMS AMONG STUDENTES AT A UNIVERSITY ON THE FRANCO BRASILEIRO FRONTIER

Sintomas ansiosos entre estudantes de uma universidade na fronteira franco brasileiro

Síntomas ansiosos entre estudiantes de una universidad en la frontera de franco brasileiro

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ABSTRACT

Objective: to estimate the prevalence of anxiety symptoms among students at a university on the Brazilian franc border. **Method:** cross-sectional and descriptive study carried out with 233 students from a university located on the Brazilian franc border, through questionnaires with closed questions and aspects related to the Beck Anxiety Inventory. **Results:** predominance of young adults (82.4%) aged between 20 and 40 years old, female (58.6%), single (51.9%), evangelical (39.9%), carry out curricular activities concomitantly paid women (59.7%). Beck's inventory pointed to minimal anxiety (67.2%), mild anxiety (15.5%), moderate anxiety (12.9%) and severe anxiety (4.3%). **Conclusion:** the data show a low prevalence of symptoms of severe anxiety among students, however, it is essential to take care and preventive measures that slow or prevent mental illness among the investigated public.

DESCRIPTORS: Anxiety; Student; Universities; Health at the border.

RESUMO

Objetivo: estimar a prevalência de sintomas ansiosos em estudantes de uma universidade na fronteira franco brasileira. **Método:** estudo transversal e descritivo realizado com 233 estudantes de uma universidade localizada na fronteira franco brasileira, através de questionários com questões fechadas e aspectos relacionados ao BAI. **Resultados:** predomínio de adultos jovens (82,4%) com idade entre 20 a 40 anos, sexo feminino (58,6%), solteiros (51,9%), evangélicos (39,9%), realizam atividades curriculares em concomitância as remuneradas (59,7%). Inventário de Beck apontou, ansiedade mínima (67,2%), ansiedade leve (15,5%), ansiedade moderada (12,9%) e ansiedade severa (4,3%). **Conclusão:** os dados demonstram baixa prevalência de sintomas de ansiedade severa entre os estudantes, contudo considera imprescindível o cuidado e medidas preventivas que retardem ou impossibilitem o adoecimento mental dentre o público investigado.

DESCRIPTORIOS: Ansiedade; Estudante; Universidades; Saúde na fronteira.

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RESUMEN

Objetivo: estimar la prevalencia de los síntomas de ansiedad entre los estudiantes de una universidad en la frontera del franco brasileño.

Método: estudio transversal y descriptivo realizado con 233 estudiantes de una universidad ubicada en la frontera brasileña francesa, utilizando cuestionarios con preguntas cerradas y aspectos relacionados con el Inventario de ansiedad de Beck. **Resultados:** predominio de adultos jóvenes (82.4%) con edades entre 20 y 40 años, mujeres (58.6%), solteros (51.9%), evangélicos (39.9%), realizan actividades curriculares concomitantemente mujeres remuneradas (59,7%). El inventario de Beck señaló ansiedad mínima (67.2%), ansiedad leve (15.5%), ansiedad moderada (12.9%) y ansiedad severa (4.3%). **Conclusión:** los datos muestran una baja prevalencia de síntomas de ansiedad severa entre los estudiantes, sin embargo, es esencial tener cuidado y tomar medidas preventivas que retrasen o prevengan las enfermedades mentales entre el público investigado.

DESCRIPTORES: Ansiedad; Estudiante; Universidades; Salud en la frontera.

INTRODUCTION

Anxiety is considered a common mental disorder, which consists of an internal conflict, whose function is to respond in an adaptive way to impulses, and when it occurs in a maladjusted way it becomes pathological, characterized by restlessness, difficulty in concentration, sleep disorders, fatigue, tremors, among other symptoms.¹

It should not be pointed out as a necessarily pathological fact, but a natural function of the organism, which enables it to be prepared, or to prepare itself to respond, in the best possible way, to a new and unknown situation, as well as to a situation already known and interpreted as potentially dangerous.² How pathological it can sound negative if it is experienced excessively and for long periods and instead of collaborating to face the situation, it limits, hampers and often makes it impossible to adapt and cope.³

This symptomatology is quite common among university students, since during their academic life they have to deal with stressful situations that generate anxiety.⁴ They point out difficulties when entering a still unknown scenario, which collaborates to the development of tensions and anxieties, besides experiencing a totally new world during the formation process, being thus exposed to emotional distress.⁵

In addition, the sudden transition of reality that academics suffer when they enter university, the insecurity that many face regarding their qualifications at the end of their course, the increasingly demanding requirements in the labour market, and the various cases of social turbulence that they did not know before, are factors that lead to a feeling of powerlessness in this group.⁶

There are some ways that can help students control anxiety, or even reduction in situations recognized as threatening, such as in the case of practical, theoretical tests or the beginning of an internship, etc. Among these measures for anxiety reduction, or control, are: classroom training, strengthening the relationship between the teacher, building an environment that favors individualized teaching, individualized attention, and laboratory training with the supervision of an experienced teacher, student and university, and the existence of a psychological support service for the student.³

This study was justified, above all, by the lack of investigation in the field investigated, in addition to the specificity experienced in the municipality, with remote access, in a border area, in the extreme north of Brazil, which imposes students in situations of vulnerability when compared to other contexts in the country. The detachment from social life can cause psychic and emotional wear and tear, which can lead to the appearance of disorders of various orders that seriously affect emotional health and can cause anxious symptoms.

Therefore, due to the high prevalence of anxious symptoms in university students, the magnitude of this problem and the scarcity of studies in the literature, this study aimed at: estimating the prevalence of anxious symptoms in students at a university on the Brazilian border.

METHOD

A cross-sectional and descriptive study, carried out at a federal university, located in the extreme north of Brazil, in the region of the Brazilian border, of which at the time of collection there were 717 students regularly enrolled. The collection took place from March to May 2019.

Regarding the sample calculation, the stratified sample by proportion technique was used; the stratification was performed by the university courses, based on the quantitative existing in the undergraduate coordination of the university under study: pedagogy (N=86, n=30), letters (N=57, n=20), indigenous intercultural degree (N=139, n=49), history (N=63, n=22), geography (N=74, n=26), nursing (N=106, n=37), law (N=105, n=37), biology (N=87, n=30), totaling a sample of 251.

During the collection it was noticed that many students who were initially on the list were no longer attending university, for various reasons. The questionnaires were then applied in a smaller quantity than that established by the minimum sample, but without compromising the representativeness of the students on campus, therefore 233 questionnaires were applied.

University students aged ≥ 18 years, regularly enrolled in undergraduate programs and who agreed to participate in the research by signing the Informed Consent Form (ICF) were included in this research. Those excluded were the students enrolled but not attending university or who were disconnected from the institution at the time of the collection.

For data collection, two instruments were used, first a self-administered questionnaire prepared by the researchers themselves, structured with closed questions, contemplating the socio-demographic, educational, clinical and behavioral variables.

For the screening of anxious symptoms, an instrument called Beck's Anxiety Inventory (BAI) was used; a Brazilian version, being considered a good psychometric instrument for the detection of anxiety, is an adapted and standardized instrument for the population, the BAI inventory is composed by 21 items that cover the most frequent anxiety symptoms, being self-applicable, each item is scored from 0 to 3 and the higher the score, the more severe the symptoms. Levels with scores from 0 to 10 are classified as minimum anxiety, from

11 to 19 as mild anxiety, from 20 to 30 as moderate anxiety, and from 31 to 63 as severe anxiety.⁷

For data collection procedures, the students focused on the research in a cautious manner during the interval periods of classes in the campus area. Those who agreed to participate were taken to a reserved room, or laboratory on campus, so that the subjects felt safe, at ease, and interested in answering questions.

The data were inserted in a spreadsheet in Microsoft Excel® and analyzed using the Statistical Package for the Social Sciences® Software, version 22. Descriptive analyses were performed to verify the consistency of the data, with the data presented in absolute and relative frequency. Finally, the Cronbach's Alpha test was applied to evidence the internal consistency of the investigated data.

The research followed all the necessary ethical procedures, being a priori forwarded to the campus management for the release of the data collection.

It was then submitted to evaluation by the Ethics Committee of the Federal University of Amapá, through the Brazil platform, and approved with opinion 3,103,757/18 CAAE: 04145218.7,0000,0003. The participation of the students was voluntary, through reading and signing of the Term of Free and Informed Consent based on the Resolution of the National Health Council.⁸ Confidentiality and anonymity were guaranteed to the participants to avoid any harm to those involved.

RESULTS

The majority of the studied sample is female 136 (58.6%), in the age range of 20 to 40 years 192 (82.4%); from the state of Amapá 143 (61.4%); single 121 (51.9%); brown 119 (51.1%); evangelical 93 (39.9%); with children 151 (64.8%);

they live more than 5 years in the city 187 (80.3%); they live in their own house 135 (58.4%); they live with their relatives 95 (40.8%); they live with their family 125 (53.6%); they have a family income of 954 reais or less 92 (39.7%); they study and work 139 (59.7%).

As far as the educational characterization of university students of the Brazilian Franc Frontier is concerned. The students who study/work were 139 (59.7%); without financial support 154 (66.1%); higher prevalence of the Intercultural Indigenous course 49 (21.0%); students 122 (52.4%); first option of graduation 138 (59.2%); good satisfaction with the course 115 (49.4%); with time available for academic activities 105 (45.1%).

In the case of clinical/behavioral characterization of university students, it was observed: sleep time less than seven hours 167 (71.7%); unsatisfactory sleep quality 140 (60.1%); less than three meals per day 115 (49.4%); no physical activity 140 (60.1%); more than four hours of internet 122 (52.4%); use of alcohol 74 (31.8%), smoking 21 (9%), use of other drugs 13 (5.6%), of which 11 (84.6% - marijuana) and 2 (15.4% - cocaine/crack); 230 (98.7%) deny any type of disability; use of psychotropic 4 (1.7%), these 2 (50%) with medical prescription and 2 (50%) on their own, all with more than one year of use 4 (100%); without use of other medications 216 (92.7%); without knowledge of the existence of psychologist in the university 161 (69.1%); without attendance by psychologist in the university 232 (99.6%); perform psychological treatment 6 (2.6%); denies to perform psychiatric treatment 230 (98.7%).

According to the BAI, of the interviewees there was predominance of the quantitative in relation to the "absolutely not" response for all the symptoms stipulated by the evaluation instrument, as can be seen in Table 1:

Table 01 - Characterization of Beck's Anxiety Inventory responses of French-Brazilian Frontier University students. Oiapoque, AP, Brazil, 2019.

	Absolutely	Lightly	Moderately	Seriously
Numbness or tingling	151(65,1%)	63(27,2%)	17(7,3%)	1(0,4%)
Heat sensation	121(52,4%)	70(30,3%)	40(17,3%)	0(0,0%)
Leg tremors	179(77,5%)	37(16,0%)	10(4,3%)	5(2,52%)
Unable to relax	138(60,0%)	49(21,3%)	32(13,9%)	11(4,8%)
Afraid the worst will happen	131(57,0%)	44(19,1%)	40(17,45)	15(6,5%)
Stunned or dizzy	167(72,65)	39(17,0%)	20(8,75)	4(1,7%)
Heart palpitation or acceleration	135(58,4%)	59(25,5%)	35(15,2%)	2(0,9%)
No balance	188(81,0%)	35(15,1%)	7(3,0%)	2(0,9%)
Terrified	191(82,3%)	30(12,9%)	8(3,4%)	3(1,3%)
Nervous	97(41,8%)	77(33,2%)	45(19,4%)	13(5,6%)
Sensation of suffocation	180(77,6%)	29(12,5%)	16(6,9%)	7(3,0%)
Tremors in the hands	157(68,0%)	50(21,6%)	20(8,7%)	4(1,7%)
Trembling	180(77,6%)	41(17,75%)	9(3,9%)	2(0,95)
Fear of losing control	140(60,3%)	57(24,6%)	22(9,5%)	13(5,6%)
Difficulty breathing	170(73,3%)	46(19,8%)	13(5,6%)	3(1,3%)
Fear of dying	143(61,6%)	44(19,0%)	28(12,1%)	17(7,3%)
Scared	153(65,9%)	57(24,6%)	19(8,2%)	3(1,3%)
Indigestion or discomfort in the abdomen	132(56,9%)	59(25,4%)	32(13,8%)	9(3,9%)
Feeling faint	191(82,3%)	29(12,55%)	9(3,9%)	3(1,3%)
Drowned face	196(84,5%)	26(11,2%)	7(3,0%)	3(1,3%)
Sweat (not due to heat)	167(72,6%)	37(16,1%)	17(7,4%)	9(3,9%)

In Table 2, the characterization of Beck's Inventory scores at different levels can be seen based on the responses of the investigated students and overall score.

Table 2 - Characterization of the Beck Anxiety Inventory score of French-Brazilian Frontier University students. Oiapoque, AP, Brazil, 2019.

	Average	Minimum	Maximum	Standard deviation
Numbness or tingling	0,43	0,00	3,00	0,65
Heat sensation	0,65	0,00	2,00	0,76
Leg tremors	0,31	0,00	3,00	0,66
Unable to relax	0,63	0,00	3,00	0,89
Afraid the worst will happen	0,73	0,00	3,00	0,97
Stunned or dizzy	0,40	0,00	3,00	0,72
Heart palpitation or acceleration	0,58	0,00	3,00	0,77
No balance	0,24	0,00	3,00	0,54
Terrified	0,24	0,00	3,00	0,57
Nervous	0,89	0,00	3,00	0,91
Sensation of suffocation	0,35	0,00	3,00	0,74
Tremors in the hands	0,44	0,00	3,00	0,73
Trembling	0,28	0,00	3,00	0,58
Fear of losing control	0,60	0,00	3,00	0,88
Difficulty breathing	0,35	0,00	3,00	0,65
Fear of dying	0,65	0,00	3,00	0,96
Scared	0,45	0,00	3,00	0,70
Indigestion or discomfort in the abdomen	0,65	0,00	3,00	0,86
Feeling faint	0,24	0,00	3,00	0,58
Drowned face	0,21	0,00	3,00	0,55
Sweat (not due to heat)	0,43	0,00	3,00	0,79
General score	9,73	0,00	50,00	9,65

Regarding the degree of anxious symptoms, Table 3 scores according to the data shown by Beck's Inventory.

Table 3 - Characterization of the Beck Anxiety Inventory classification of French-Brazilian Frontier University students. Oiapoque, AP, Brazil, 2019.

	N	%
BAI Classification		
Minimum Anxiety	156	67,2%
Light Anxiety	36	15,5%
Moderate Anxiety	30	12,9%
Severe Anxiety	10	4,3%

Based on the consistency test, it is observed in Table 4, statistical evidence that the participants' responses present high internal consistency, thus the result reflects well the reality.

Table 4 - Internal consistency analysis of the Beck Anxiety Inventory of French-Brazilian Frontier University students. Oiapoque, AP, Brazil, 2019.

Alpha of Cronbach	N of items
0,909	21

*Cronbach's consistency test

DISCUSSION

Through the analysis and literature search, it was possible to identify results concordant with this research, such as

the work performed with 205 university students from a public institution the prevalence of anxious and depressive symptoms, identifying the prevailing female gender (81.5%).⁹

A study of 110 university students from a private college also observed a prevalence of women as (73%) of the sample.¹⁰ Another survey corroborates the other studies, in relation to the sharp number of female interviewees (75.5%).¹¹

In the studies^{9,12} the average age was between 21 and 21.8 years. Fishermen¹³ found that they were under 20 years of age; in contrast to other studies that specify the age range of academics greater than the value mentioned.

Regarding the marital situation, the majority (51.9%) are classified as single. In this context,^{11,10} show similar results to the study (81.4% and 49.1%, respectively).

Religion was strongly expressed in this study among university students and given in agreement with research, conducted with 251 students at a university in Mato Grosso, where 78% of students declared themselves religious.¹⁴ Religion is a way to seek understanding of all that is happening to the individual, it helps, brings consolation, relief, in the face of doubts and fears that are passing, is a way that many people find not to give up the phases where they are, helps students to decrease the rates of depression and anxiety.¹⁵

The sample highlighted an important factor that can lead to an increase in pathological symptoms, since academics are not exclusively involved in pedagogical activities, but there is also the development of remunerative activities. The concomitance of various activities can present difficulties and mental damage

to the individual.¹⁶ Findings from a survey reconcile this fact, identifying among the academics interviewed, most work (79%) or carry out some work activity.¹⁰

Regarding the consumption of psychoactive substances, a study that identified the prevalence of alcohol consumption and of factors associated with binge drinking among health scholars of a higher education institution, pointed out that the prevalence of alcohol use was 135 students (74.9%) and of binge drinking was 44 (15.3%).¹⁷ Regarding the use of other drugs, this study pointed out smoking (9%), the use of other drugs (5.6%), of which 84.6% (marijuana) and 15.4% (cocaine/crack), approximate data from the National School Health Survey that pointed to the consumption of illicit drugs, at least once in a lifetime, by 7.3% of the interviewees.¹⁸

Regarding the scores of the instrument for analysis of symptoms found in the interviewees called Beck's Anxiety Inventory, presenting a well distributed response in all questions with classification in scales of minimum, maximum and their standard deviation, thus allowing us to identify the alpha. The overall mean score of the survey enabled us to demonstrate a mean 9.65 that fits minimum symptoms or no anxiety.

In view of the analysis of data pointed out in this study, it is remarkable that a significant part of the sample presents some trace of anxiety. The most evidenced degree is 67.3% of the surveyed population classified as minimum degree of anxiety. According to¹⁰, about 60% of the university population presents similar values to that of the study, corroborating the values presented in this study, it highlights the importance of rethinking the university environment, raising the premise that higher institutions should use measures to maintain and prevent anxiety symptoms in order to extinguish or minimize the harmful effects that symptoms have on academic mental health.

Corroborating the results found⁹ in his sample of 205 university students from the Nursing course of a federal public university in the Northeast of Brazil, using the Beck Depression Inventory (BDI), he demonstrated that all interviewees presented symptoms of anxiety, distribution in: minimal or none (76, 37.1%) mild (62, 30.2%), moderate (44, 21.5%) and severe (23, 11.2%). These data also find similarity in other studies, which when analyzing the sample of their study, found that the level of minimal anxiety (43.14%) was evidenced in most university students.¹¹

It is important to note that academic experience is a daily challenge, where we are faced with various situations that trigger various stressors, leading to the development of symptoms and signs of mental health damage.¹⁹ However, anxiety is one of the factors that prepare students for situations that take them out of the comfort zone, leading them to create tools for threat and danger solutions, because anxiety is related to several environmental and psychological elements, together with fear symptoms, stimulate cognitive, behavioral, neurological factors that adapt the academic way of thinking in relation to the environment in which they are inserted, promoting specific and targeted responses to some type of action.²⁰

Finally, as one of the strategies to minimize this discomfort/feeling, is to approach the teacher/student relationship, because some academics cannot reveal their feelings and this causes them to go unnoticed and/or disqualified. Thus, their probable potential is disregarded and only their fragility is evaluated, which further increases their low self-esteem and their feelings of disability and inferiority.²¹

CONCLUSION

This study concludes that most of the participants are young adults, aged between 20 and 40 years old, predominantly women, who call themselves single, of evangelical religion and carry out curricular activities in concomitance with those paid. On the other hand, we had a good participation from all those who remained frequent, in which they showed interest and concern throughout the collection. It is worth highlighting, as a positive factor, the results of anxiety remained at minimum anxiety levels.

Although this study is not unprecedented in the Brazilian context, the site investigated translates pioneering data, thus showing the relevance of this scientific investigation, in addition to calling the attention of all who are involved in the educational environment.

The main limitations of the research were the students who were not present at the time of collection, this meant that we had the number of the reduced sample, which could have possible interferences in the results. However, with the data obtained we could show the university body the estimate of anxious symptoms among the students, and thus goals could be set to give better conditions to the students, being essential the care, besides the health promotion, with focus on mental health.

Therefore, a valid study in the area of nursing, health and as a public health measure in order to guide strategies, because it is necessary to confront in addition to measures that retard or make mental illness impossible.

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