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RESEARCH ON STRESS AND EMOTIONAL ANXIETY LEVELS AMONG FOREIGN STUDENTS

Introduction

Stress and anxiety are major concerns for students, especially those studying in a foreign country. The difficulties of adjusting to a new academic environment, cultural differences, and social isolation all lead to high stress levels. Financial burdens, linguistic barriers, and academic expectations all contribute to anxiety among overseas students [1, 2]. These pressures can have a psychological impact on students' well-being and academic performance [3]. Understanding these pressures is critical in creating effective support networks for international students [4]. PSM-25 Psychological Stress Scale (Lemur–Tessier–Fillion) can be used to measure the phenomenological structure of stress experience. The perception of certain events depends on gender, age, race, religious affiliation, and cultural characteristics. Young age seems to be a special period in human development. During the student years, self-determination takes place, the search for life values and the meaning of life. Students enter a new environment, they are assigned new responsibilities, family relationships are changing, financial responsibility and the need to make independent decisions appear. Changing stereotypes when upon admission to university, the rhythm of life, working and leisure conditions can cause frustration and stress in first-year students [2, 3, 4].

Goal

The purpose of this study is to analyze the stress and anxiety levels of students of various nationalities, determine the major stressors they face, and examine their coping techniques.

Material and methods of research

This study included a total of 100 foreign students. The participants were from India, Sri Lanka, and Nigeria, providing a broad sample for comparison. Data was collected via an online survey that contained both quantitative and qualitative measurements. The survey evaluated stress on a scale of 1 to 10, as well as primary stressors, coping techniques, and views of institutional support. The findings were statistically evaluated to determine differences based on nationality and gender. The PSM-25 scale adapted by N. E. Vodopyanova was used to identify

the structure of stress. The intensity of the experiences (symptoms) was assessed using an analog scale from 1 to 8 points. Statistical data processing was performed using the program “Statistica”, 8.0. The Mann-Whitney criterion was used to compare the initial values in groups. The level of $p < 0.05$ was accepted as statistically significant. The data is presented in the form of a median and an interquartile range.

The results of the research and their discussion

The obtained data on the PSM-25 scale are presented in Table 1.

Table 1 – Assessment of stress level (in points) on the PSM-25 scale

PSM-25 Scale Questionnaire	Students from Nigeria, group 1 (n=25)	Students from Sri Lanka, group 2 (n=30)	Students from India, group 3 (n=45)
A state of extreme agitation	5,0 [3,0-5,0]	7,0 [5,0-6,0]	4,0 [3,0-5,0]
Feeling of a "lump in the throat", dry mouth	2,0 [2,0-3,0]	3,0 [2,0-5,0]	3,0 [2,0-5,0]
Work overload	5,0 [3,0-5,5]	6,0 [4,0-7,0]*	5,0 [3,0-6,0]*
Eating in a hurry, I forget to eat	5,0 [3,0-5,0]	3,0 [2,0-5,0]*	4,0 [2,0-5,0]
Obsessive thoughts about unfinished business, plans, problems	4,0 [2,5-5,0]	5,0 [4,0-6,0]*	5,0 [4,0-6,0]
Feeling of loneliness			
Physical malaise (headaches, etc.)	3,0 [2,0-5,0]	2,0 [1,0-4,0]	3,0 [2,0-5,0]
Preoccupation with gloomy thoughts, anxiety	2,5 [1,5-5,0]	3,0 [2,0-5,0]	2,0 [2,0-5,0]
Feeling of heat and/or cold	3,0 [2,0-4,0]	3,0 [2,0-5,0]	2,0 [2,0-4,0]
Forgetfulness	1,5 [1,0-3,0]	1,0 [1,0-2,0]	2,0 [1,0-3,0]
Mood changes (tearfulness, aggression)	2,0 [1,0-3,0]	2,0 [1,0-3,0]	2,0 [1,0-3,0]
I feel tired.	4,0 [2,0-5,5]	3,0 [2,0-4,0]	2,0 [2,0-5,0]
Excessive stress in difficult situations	4,0 [3,0-5,0]	4,0 [3,0-6,0]	3,0 [2,0-4,0]
Calmness and serenity;	3,0 [1,5-5,0]	3,0 [1,0-4,0]	2,0 [1,0-3,0]
Shortness of breath, feeling of lack of air	6,0 [5,0-7,0]	6,0 [3,0-6,0]	5,0 [3,0-6,0]
Digestive problems	2,0 [1,0-2,0]	1,0 [1,0-2,0]	2,0 [1,0-3,0]
Excitement, anxiety, excitement	1,0 [1,0-2,0]	2,0 [1,0-3,0]	2,0 [1,0-4,0]
Fearfulness	3,0 [2,0-5,0]	3,0 [3,0-5,0]	3,0 [2,0-4,0]
Difficulty falling asleep	3,0 [2,0-5,0]	2,0 [2,0-3,0]	2,0 [2,0-5,0]
Impaired concentration of attention	3,0 [2,0-4,0]	2,0 [1,0-5,0]	2,0 [2,0-5,0]
I look tired.			
Feeling of "heaviness"	2,0 [2,0-4,0]	2,0 [1,0-4,0]	3,0 [2,0-4,0]
Restlessness	3,0 [1,5-5,5]	4,0 [3,0-6,0]	3,0 [1,0-5,0]
Difficulties in controlling actions and emotions	2,5 [1,0-4,0]	3,0 [1,0-5,0]	2,0 [2,0-3,0]
Tension	4,0 [2,0-5,0]	4,0 [2,0-5,0]	3,0 [2,0-5,0]
The sum	73 [54-96]	94 [81-107]*	89 [69-104]

* – Statistically significant differences compared to group 1; # – between groups 2 and 3, where p is the probability of error for the Mann–Whitney test

Values of neuropsychiatric tension on this scale below 100 points are considered low. A low stress level indicates a state of psychological adaptation to workloads. Differences were found between the stress levels of students from Sri Lanka and India compared with students from Nigeria, $p=0.037$. It turned out that students from Sri Lanka and India have specific symptoms of anxiety in comparison with students from Nigeria. Higher levels of excessive stress, extreme agitation ($p=0.03$), feelings of overwork ($p=0.04$), anxiety and tension ($p=0.04$) were found.

Conclusions

According to the data obtained, the majority of respondents experienced low levels of stress and were in a stable psychological and physical (somatic) state. Students from Sri Lanka and India have higher stress levels than students from Nigeria. The prevalence of symptoms associated with physical malaise (somatization of symptoms) was noted in these students.

Academic pressure was the most commonly cited stressor across all groups, followed by homesickness, financial issues, and cultural adaptation. Indian students reported the most academic stress, whereas Nigerian students experienced greater financial hardship than the others. Sri Lankan students experienced mild stress but struggled more with social isolation.

Institutional support accessibility varied by nationality. Sri Lankan students had the least access to mental health assistance, but Indian students had a stronger perception of institutional support. Nigerian students, despite considerable financial stress, were less likely to seek official mental health support. To create a more inclusive and supportive academic atmosphere, higher education institutions should develop gender-sensitive mental health care, improve financial aid programs, and raise awareness of institutional resources. Focused activities, such as peer mentorship programs and specialized counseling services, can help to reduce stress and improve overall health. Institutions can help overseas students succeed academically and psychologically by providing enough support and developing effective coping techniques.

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INTERPLAY BETWEEN GASTROINTESTINAL HEALTH AND POTENTIAL CAUSES IN STUDENTS

Introduction

Gastrointestinal problems are highly prevalent in students all around the world thereby affecting their overall wellbeing. Functional gastrointestinal disorders such as irritable bowel syndrome and functional dyspepsia, are the most widespread gastrointestinal pathologies in young people. Gastroesophageal reflux disease is also common, prevailing in 25.9% of students,