

A Study on Psychosocial Problems Among College Students in Karur District

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ABSTRACT

The present study entitled “A Study on Psychosocial Problems among College Students in Karur District” aims to examine the psychosocial problems faced by college students and their impact on general health and academic life. Adolescence and early adulthood are critical stages characterized by emotional, psychological, and social changes, making students vulnerable to stress, anxiety, depression, and other psychosocial difficulties. The study adopted a descriptive research design and used both primary and secondary data. Primary data were collected through a well-structured interview schedule using purposive sampling technique among 60 college students from various colleges in Karur District, Tamil Nadu, during November 2025 to February 2026. The collected data were analyzed using the SPSS package with appropriate statistical tools such as percentage analysis, t-test, chi-square test, and one-way ANOVA. The findings revealed that the majority of respondents were 20 years old, equally represented by male and female students, and mostly belonged to urban and nuclear family backgrounds. The study identified significant psychosocial issues such as stress, anxiety, sleep disturbances, irritability, hopelessness, and suicidal ideation among students. The results further showed that educational qualification, type of college, and age had a significant relationship with overall general health, whereas gender, living place, and family size did not show significant differences. The study emphasizes the importance of mental health awareness, counselling services, and supportive educational environments to improve students’ psychosocial well-being. The study concludes that psychosocial problems significantly affect the mental health and academic performance of college students, thereby highlighting the need for timely intervention and support mechanisms.

Keywords: Psychosocial Problems, College Students, Mental Health, Anxiety and Depression, General Health, Stress

INTRODUCTION

Adolescence and early adulthood are important transitional stages characterized by rapid physical, emotional, psychological, and social changes. According to G. Stanley Hall, adolescence is often described as a period of “storm and stress,” where conflicts and emotional instability are common. During this stage, many students experience psychosocial problems such as anxiety, depression, stress, emotional instability, and behavioural difficulties, which negatively influence their academic performance and overall well-being. Educational achievement depends not only on intellectual ability but also on physical, emotional, social, and psychological health (Hammen & Rudolph, 2003).

College students face several academic and personal pressures, including examinations, assignments, competition, family expectations, financial burdens, and social adjustment. These stressors can lead to anxiety, depression, low self-esteem, and poor concentration. Studies have shown that anxiety and depression are among the most common psychological problems experienced by college students seeking counseling services (Edwards & Holden, 2001). Psychosocial dysfunction is commonly associated with emotional and behavioural problems such as aggression, truancy, depression, and anxiety, which affect students’ interpersonal relationships and academic success (Ahamd et al., 2007).

Technological advancement and excessive use of mobile phones and social media have also contributed to psychosocial problems among adolescents and college students. Mobile phone usage during classroom sessions reduces attention span, concentration, and participation in academic activities. Continuous exposure to technology and social media may disturb sleep patterns, increase stress levels, and negatively affect academic achievement. Researchers argue that the rapid growth of technology and information overload have significantly changed social interactions and created psychological stress among young people (Henriques, 2014).

The college environment itself presents numerous challenges for students. Transitioning from school to college requires adaptation to new academic systems, peer groups, and social expectations. Many students struggle to balance academic responsibilities, employment, and personal life, leading to emotional exhaustion and mental health concerns. Students from poor socioeconomic backgrounds and rural areas are more vulnerable to stress, anxiety, and depression because of financial difficulties and adjustment problems (Steinberg & Darling, 1994). Lack of social support further aggravates psychosocial difficulties and may lead to poor mental health outcomes.

Mental health problems among college students have increased globally in recent years. Stress, depression, eating disorders, poor sleep patterns, and anxiety are becoming more common among young adults. Economic uncertainty, family instability, academic competition, and changing societal expectations are considered major contributing factors (Twenge, 2007). Additionally, overprotective parenting, reduced coping abilities, and lack of resilience among young people may increase vulnerability to psychological distress (Marano, 2008).

Educational institutions play a significant role in promoting the psychosocial well-being of students. Colleges should provide counseling services, mental health awareness programs, and supportive environments to help students manage stress and emotional difficulties effectively. Understanding psychosocial problems among college students is essential for improving their academic performance, emotional stability, and social adjustment. Therefore, the present study focuses on psychosocial problems among college students and their impact on mental health and academic life.

STATEMENT OF THE PROBLEM

College life is one of the most enjoyable times, as well as a critical period for psychosocial development in every individual. Due to tight schedules, the new environment in colleges, exams, interpersonal relationships with teachers and fellow students, and late adolescence, many students face psychosocial issues such as anxiety, depression and a lack of interest in studies. Therefore, it is essential to assess and analyze the extent to which these psychosocial problems affect students and how they vary according to gender differences. Thus, in this study, the researchers aim to examine the psychosocial problems among college students. The problem undertaken by the investigator is stated as "A Study on Psychosocial Problems among College Students in Karur District."

OBJECTIVES

- ✚ To study the socio-demographic profile of college students in Karur District.
- ✚ To analyze the psychosocial problems faced by the students.
- ✚ To identify the causes of psychological problems.
- ✚ To provide suitable suggestions for the peaceful lives of the respondents.

RESEARCH HYPOTHESES

1. There is a significant difference between gender of the respondents and their overall general health
2. There is significant difference between living place of the respondents and their overall general health
3. There is significant difference between educational qualification of the respondents and their overall general health
4. There is significant difference between type of college of the respondents and their overall general health
5. There is significant association between age of the respondents and their overall general health
6. There is significant difference between size of family of the respondents and their opinion about overall study habit.

METHODOLOGY

The researcher adopted a descriptive research design to study the problem. The present study was conducted with the support of primary data collected through a field survey using a well-structured interview schedule and purposive sampling technique in Karur District of Tamil Nadu during November 2025 - February 2026. The data were analyzed with the help of the SPSS package to draw suitable statistical results. A sample of 60 college students from various colleges was selected for the study using purposive sampling technique. A pre-test was conducted with 10 respondents to determine whether the instrument would elicit the necessary responses to achieve the research

objectives. Based on their responses, modifications were made in vocabulary, uniformity of meaning, exactness, simplicity, neutrality, and question wording. The pre-test samples were excluded from the final study. For the present study, the researcher translated the tool into Tamil. The reliability coefficient was found to be 0.88, and the validity coefficient with an external criterion was 0.83. The standardized personal scale used in the study was developed by the researcher based on the academic syllabus of the selected group. Both primary and secondary data were collected using a descriptive/quantitative research approach. Primary data were collected through a well-structured questionnaire, while secondary data were gathered from journals, magazines, newspapers, published materials, and websites.

DATA ANALYSIS AND INTERPERTITION

Table No - 1

Distribution of the Respondents by their Age

S. No	Age	No. of Respondents (N*=60)	Percentage (100%)
1.	20 years	31	51.7%
2.	21 years	13	21.7%
3.	22 years	16	26.6%

**Source: Computed from Primary data*

The table shows the age distribution of respondents in the study on psychosocial problems among college students in Karur District. Out of the 60 respondents, the majority (51.7%) were 20 years old, with 31 individuals in this group. Those who were 22 years old made up 26.6% of the sample, representing 16 respondents. A smaller portion, 21 years old, accounted for 21.7% of the participants, totalling 13 individuals. This indicates that the study primarily includes 20-year-old students, with a smaller representation from the other age groups.

Figure -1

Distribution of the respondents and their Age

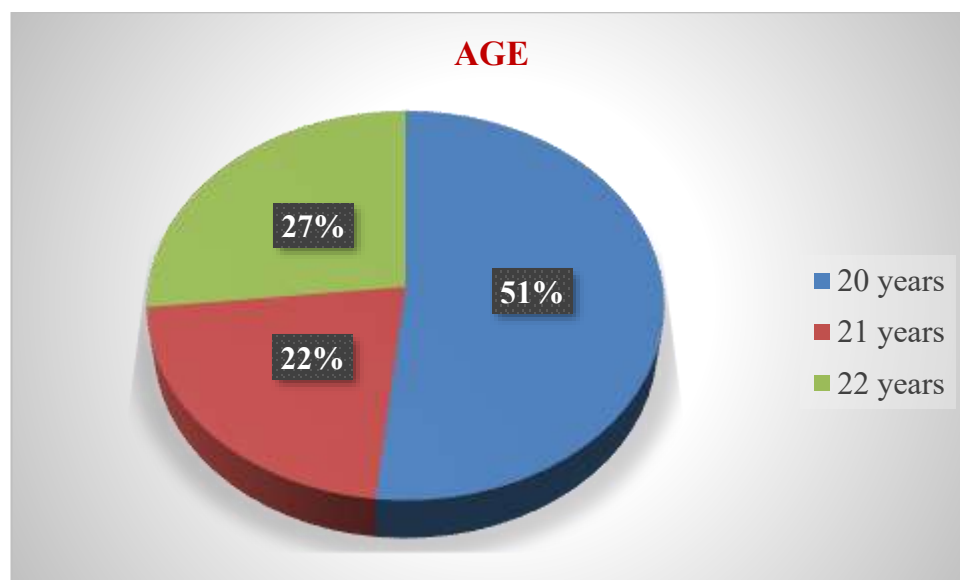


Table No - 2

Distribution of the Respondents by their Gender

S. No	Gender	No. of Respondents (N*=60)	Percentage (100%)
1.	Male	30	50%
2.	Female	30	50%

**Source: Computed from Primary data*

The table illustrates the gender distribution of the respondents in the study on psychosocial problems among college students in Karur District. Of the 60 respondents, Half (50%) were male students, with 30 respondents in this category. Similarly, Half (50%) were female students, also comprising 30 individuals. This shows that the study achieved a balanced representation of both genders, with equal participation from male and female respondents.

Figure -2

Distribution of the respondents and their Gender

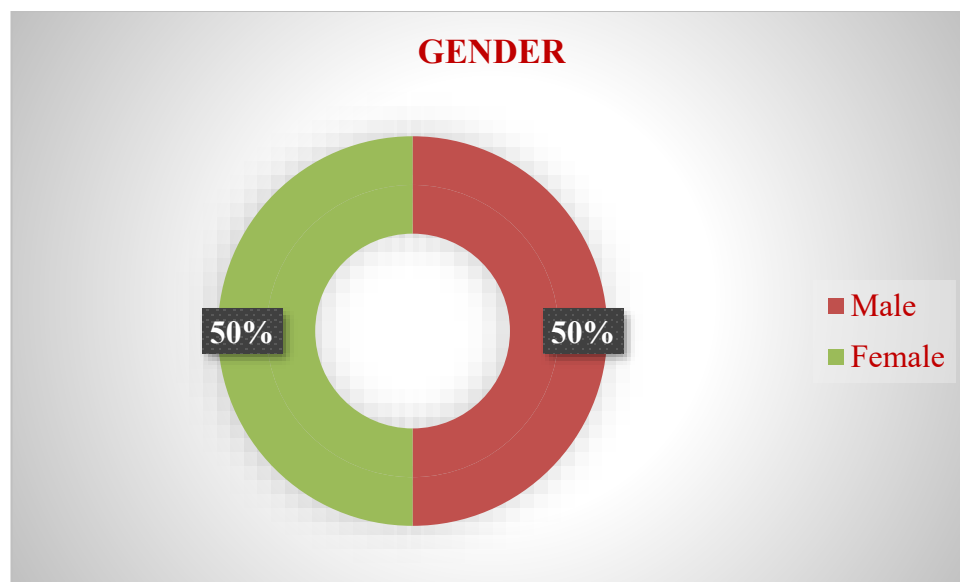


Table No - 3

Distribution of the Respondents by their Native Place

S. No	Native Place	No. of Respondents (N*=60)	Percentage (100%)
1.	Rural	25	41.7%
2.	Urban	35	58.3%

**Source: Computed from Primary data*

The table presents the distribution of respondents based on their native place in the study on psychosocial problems among college students in Karur District. Out of the 60 respondents, more than half 58.3% (35 respondents) were from urban areas, while less than half 41.7% (25 respondents) were from rural areas. This indicates a higher representation of urban students in the study compared to their rural counterparts.

Figure -3

Distribution of the respondents and their Native Place

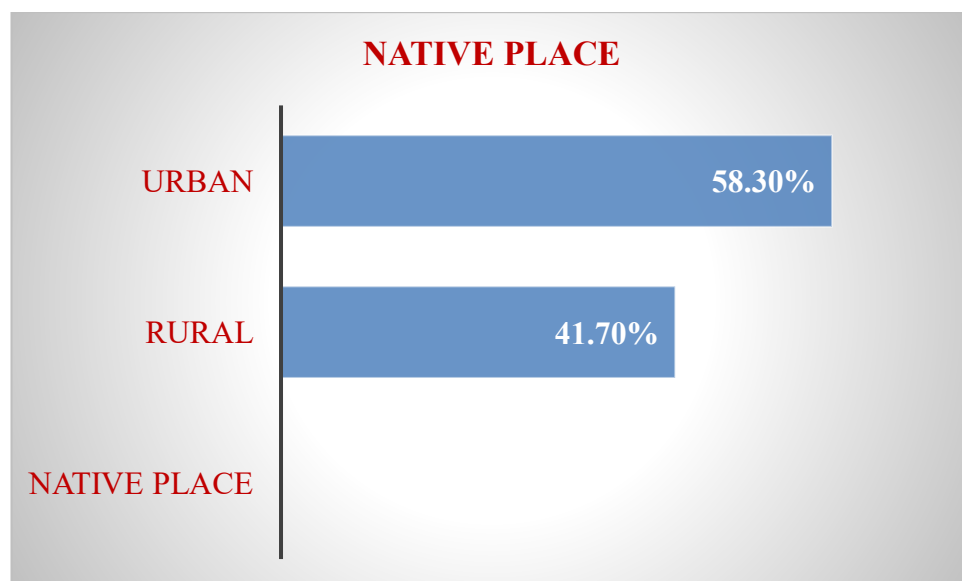


Table No - 4

Distribution of the Respondents by their Type of Family

S. No	Type of Family	No. of Respondents (N*=60)	Percentage (100%)
1.	Joint family	20	33.3%
2.	Nuclear family	40	66.7%

**Source: Computed from Primary data*

The table presents the distribution of respondents based on their type of family in the study on psychosocial problems among college students in Karur District. Out of the 60 respondents, the majority 66.7% (40 respondents) belonged to nuclear families, while more than one-fourth 33.3% (20 respondents) came from joint families. This indicates that a larger proportion of the respondents were from nuclear families compared to those from joint family backgrounds.

Figure - 4

Distribution of the Respondents by their Type of Family

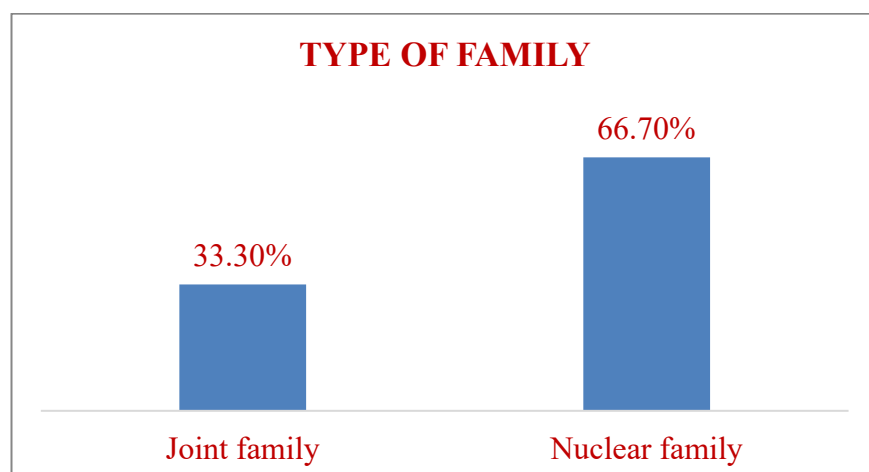


Table No - 5

Distribution of the Respondents by their Name of Graduation

S. No	Name of Graduation	No. of Respondents (N*=60)	Percentage (100%)
1.	UG	41	68.3%
2.	PG	19	31.7%

**Source: Computed from Primary data*

The table shows the distribution of respondents based on their level of graduation in the study on psychosocial problems among college students in Karur District. Out of the 60 respondents, the majority 68.3% (41 respondents) were undergraduate (UG) students, while more than one-fourth 31.7% (19 respondents) were postgraduate (PG) students. This indicates that the study predominantly includes undergraduate students, with a smaller proportion of postgraduate students.

Figure - 5

Distribution of the Respondents by their Name of Graduation

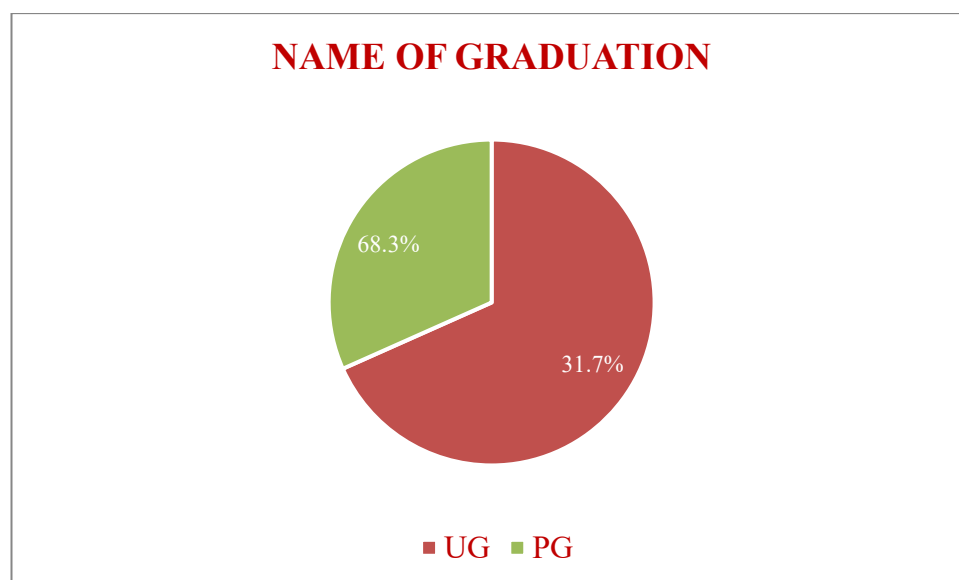


Table No - 6

Distribution of the Respondents by their Overall General Health

S. No	Overall General Health	No. of Respondents (N*=60)	Percentage (100%)
1.	Low	28	46.7%
2.	High	32	53.3%

**Source: Computed from Primary data*

The table presents the distribution of respondents based on their overall general health in the study on psychosocial problems among college students in Karur District. Among the 60 respondents, more than half 53.3% (32 respondents) reported having high general health, while less than half 46.7% (28 respondents) indicated low general health. The mean score for overall health is 13.80, with a median of 14.00, suggesting that the general health of most respondents was somewhat positive. The standard deviation of 2.024 indicates moderate variability in health scores, with the minimum score being 11 and the maximum score being 18. This suggests a generally healthy sample, though with some variation in individual health perceptions.

Table No - 7

Difference between gender of the respondents and their Overall General Health

Overall General Health	N	Mean	S.D	Statistical inference
Boy	30	13.77	2.063	t=-0.127 Df=58 p>0.05 Not Significant
Girl	30	13.83	2.019	

**Source: Computed from Primary data*

The table presents the comparison of overall general health between male and female respondents in the study. For boys, the mean score of overall general health is 13.77, with a standard deviation of 2.063, while for girls; the mean score is slightly higher at 13.83, with a standard deviation of 2.019. A t-test was performed to compare the overall general health between the two genders, resulting in a t-value of -0.127 with 58 degrees of freedom. The p-value is greater than 0.05, indicating that the difference in overall general health between boys and girls is not statistically significant. Therefore, gender does not have a significant impact on the overall general health of the respondents in this study.

Table No - 8

Difference between living place of the respondents and their Overall General Health

Overall General Health	N	Mean	S.D	Statistical inference
Rural	25	13.88	2.369	t=0.257 Df=58 p>0.05 Not Significant
Urban	35	13.74	1.771	

**Source: Computed from Primary data*

The table presents the comparison of overall general health between respondents from rural and urban areas. For respondents from rural areas, the mean score of overall general health is 13.88, with a standard deviation of 2.369, while for urban respondents; the mean score is 13.74, with a standard deviation of 1.771. A t-test was conducted to compare the overall general health between rural and urban respondents, resulting in a t-value of 0.257 with 58 degrees of freedom. Since the p-value is greater than 0.05, the difference in overall general health between rural and urban respondents is not statistically significant. This indicates that the respondents' living place (rural or urban) does not have a significant effect on their overall general health in this study.

Table No - 9

Difference between educational qualification of the respondents and their Overall General Health

Overall General Health	N	mean	S.D	Statistical inference
UG	41	14.29	1.834	t=2.945 Df=58 p<0.05 Significant
PG	19	12.74	2.051	

**Source: Computed from Primary data*

The table presents the comparison of overall general health between respondents with different educational qualifications (UG vs. PG). For undergraduate (UG) students, the mean score of overall general health is 14.29, with a standard deviation of 1.834, while for postgraduate (PG) students; the mean score is 12.74, with a standard deviation of 2.051. A t-test was performed to compare the overall general health between UG and PG students, resulting in a t-value of 2.945 with 58 degrees of freedom. Since the p-value is less than 0.05, the difference in overall general health between UG and PG students is statistically significant. This suggests that educational qualification significantly

affects the overall general health of the respondents, with UG students reporting better general health compared to PG students.

Table No - 10

Difference between type of college of the respondents and their Overall General Health

Overall General Health	N	mean	S.D	Statistical inference
Science	8	12.00	.000	t=-2.863 Df=58 p<0.05 Significant
Arts	52	14.08	2.037	

**Source: Computed from Primary data*

The table presents the comparison of overall general health between respondents from Science and Arts colleges. For Science students, the mean score of overall general health is 12.00, with no variation (standard deviation = 0.000), while for Arts students, the mean score is 14.08, with a standard deviation of 2.037. A t-test was conducted to compare the overall general health between Science and Arts students, resulting in a t-value of -2.863 with 58 degrees of freedom. Since the p-value is less than 0.05, the difference in overall general health between Science and Arts students is statistically significant. This indicates that the type of college (Science or Arts) significantly affects the overall general health, with Arts students reporting better overall health than Science students.

Table No - 11

Association between Age of the respondents and their Overall General Health

Age	Overall general health			Statistical inference
	Low (n=28)	High (n=32)	Total (n=60)	
20 years	11(39.3%)	20(62.5%)	31(51.7%)	X ² =15.183 Df=2 P<0.05 Significant
21 years	3(10.7%)	10(31.3%)	13(21.7%)	
22 years	14(50%)	2(6.3%)	16(26.7%)	

**Source: Computed from Primary data*

The table illustrates the association between the age of the respondents and their overall general health. It shows that for 20-year-olds, 39.3% reported low general health and 62.5% reported high general health, making up 51.7% of the sample. Among 21-year-olds, 10.7% had low general health, while 31.3% reported high general health, contributing to 21.7% of the sample. For 22-year-olds, 50% reported low general health, and only 6.3% reported high general health, representing 26.7% of the total sample. The Chi-square test yielded a value of 15.183 with 2 degrees of freedom, and the p-value was less than 0.05, indicating a statistically significant association between age and overall general health. This suggests that age is significantly related to overall health, with younger respondents (20 years) generally reporting better health, while older respondents (22 years) reported poorer health.

Table No - 12

Oneway ANOVA difference between size of family of the respondents and their opinion about overall study habit

Overall general health	N	Mean	S.D	SS	Df	MS	Statistical inference
Between Groups				11.156	2	5.578	f=1.380 P>0.05 Not Significant
Small	27	13.44	2.342				
Medium	18	14.44	2.229				
Large	15	13.67	.488				
Within Groups				230.444	57	4.043	

**Source: Computed from Primary data*

The results of the one-way ANOVA analysis show that there is no significant difference between the size of the family and the respondents' opinions about their overall study habits. The analysis compared three groups based on family size: small, medium, and large. The mean overall general health scores were 13.44 for the small family group, 14.44 for the medium family group, and 13.67 for the large family group. The calculated F-value was 1.380, and the p-value was greater than 0.05, indicating that the differences between the groups were not statistically significant. Therefore, family size does not appear to have a significant effect on the respondents' perceptions of their study habits.

MAJOR FINDINGS

-  More than half (51.7%) of the respondents were 20 years of age.
-  Half (50%) of the respondents were boys, and the remaining were girls.
-  More than half (58.3%) of the respondents lived in urban areas.
-  More than half (58.3%) of the respondents were from SC/ST castes.
-  A vast majority (75%) of the respondents were Hindu.
-  A vast majority (66.7%) of the respondents came from nuclear families.
-  A majority (68.3%) of the respondents were undergraduate graduates.
-  A vast majority (86.7%) of the respondents studied Arts subjects.
-  A vast majority (93.3%) of the respondents had monthly earnings below Rs.5,000.
-  Nearly half (45%) of the respondents came from small families.
-  A majority (68.3%) of the respondents were the first graduates in their families.
-  More than half (53.3%) of the respondents rated their overall general health as high.

Health Perception

-  A vast majority (93.3%) of respondents reported feeling well and in good health, indicating that most of the study group considers themselves to be in good health.

Need for a Tonic

-  A majority 83.3% of respondents did not feel the need for a good tonic, suggesting that most respondents did not perceive a deficiency in their health or energy.

Feeling Run Down

-  A vast majority 93.3% of respondents felt “run down” or “out of sorts,” indicating widespread feelings of fatigue or physical discomfort.

Illness Perception

-  A majority (86.7%) of respondents did not feel ill, while a minority (13.3%) reported experiencing illness.

Hot or Cold Spells

-  A majority (80.0%) did not experience hot or cold spells, but a notable minority (20.0%) did report such occurrences.

Head Pressure

-  A vast majority 93.3% of respondents did not experience a feeling of tightness or pressure in the head, making this sensation rare among the study group.

Sleep Issues

-  Less than Half 43.3% of respondents had lost sleep due to worry, indicating a significant portion of the group affected by anxiety or stress.

Difficulty Sleeping

-  A majority 83.3% of respondents did not have trouble staying asleep once they had fallen asleep, while 16.7% reported difficulty with sleep maintenance.

Feeling Under Strain

-  More than one-fourth 26.7% of respondents felt constantly under strain, suggesting that a minority of the group is dealing with persistent stress.

Edginess and Irritability

-  A majority (73.3%) reported feeling edgy and bad-tempered, highlighting a high level of irritability and emotional distress.

Panic and Anxiety

✚ Nearly Half 48.3% of respondents experienced unexplained panic or anxiety, indicating a significant proportion of the group struggling with emotional distress.

Overwhelmed by Life

✚ A vast majority 93.3% of respondents did not feel overwhelmed by life, suggesting that most respondents felt in control, though 6.7% struggled with overwhelming feelings.

Chronic Anxiety

✚ A small proportion (6.7%) reported feeling nervous and “strung-up” all the time, while the majority (93.3%) did not experience chronic anxiety.

Engagement in Daily Activities

✚ A vast majority 96.7% of respondents were able to enjoy their normal day-to-day activities, indicating that the majority of respondents maintained a positive connection with their routine.

Self-Worth

✚ A majority 83.3% of respondents did not feel worthless, though 16.7% reported struggling with self-worth, suggesting emotional or psychological distress in a small proportion of the group.

Hopelessness

✚ A significant majority (76.7%) felt that life was entirely hopeless, indicating a high level of despair among most respondents.

Life's Worth

✚ Less than three-fourth 70.0% of respondents felt that life was not worth living, revealing prevalent feelings of hopelessness and dissatisfaction in a large portion of the group.

Suicidal Thoughts

✚ A concerning 90.0% of respondents reported having thoughts of taking their own life, indicating a severe mental health crisis among the study group.

Nervous Breakdown

✚ A majority 85.0% of respondents reported being unable to function at times due to intense nervousness, suggesting significant mental health challenges affecting daily functioning.

Desire to Escape Life

✚ A nearly equal split was observed between those who wished they were dead (51.7%) and those who did not (48.3%), indicating a high level of distress and emotional turmoil in the group.

Suicidal Ideation

✚ A vast majority 90.0% of respondents experienced recurring thoughts of suicide, highlighting a deeply concerning mental health issue among the majority of participants.

FINDINGS RELATED TO HYPOTHESES

✚ There is no significant difference between gender of the respondents and their overall general health. Hence, the calculated value is greater than table value ($p > 0.05$). So the research hypothesis is rejected and the null hypothesis is accepted (Table No: 7).

✚ There is no significant difference between living place of the respondents and their overall general health. Hence, the calculated value is greater than table value ($p > 0.05$). So the research hypothesis is rejected and the null hypothesis is accepted (Table No: 8).

✚ There is significant difference between educational qualification of the respondents and their overall general health. Hence, the calculated value is less than table value ($p < 0.05$). So the research hypothesis is accepted and the null hypothesis is rejected (Table No: 9).

✚ There is significant difference between type of college of the respondents and their overall general health. Hence, the calculated value is less than table value ($p < 0.05$). So the research hypothesis is accepted and the null hypothesis is rejected (Table No: 10).

✚ There is significant association between age of the respondents and their overall general health. Hence, the calculated value is less than table value ($p < 0.05$). So the research hypothesis is accepted and the null hypothesis is rejected (Table No: 11).

There is no significant difference between size of family of the respondents and their opinion about overall study habit. Hence, the calculated value is greater than table value ($p > 0.05$). So the research hypothesis is rejected and the null hypothesis is accepted (Table No: 12).

SUGGESTIONS

It is suggested that there may be a need for effective mental health screening and the provision of mental health services for college students. Psychosocial problems and psychopathology are prevalent mental health concerns. Therefore, it shall be important to identify acceptable treatment pathways to address vulnerable students. The assessment of students' psychosocial problems may be incorporated as a routine part of student medical check-ups.

Regarding students who live with their families, it was found that more than three-quarters of the students live with their families, while less than one-tenth live with their relatives or colleagues. Further research may explore the impact of living arrangements on students' mental health and well-being.

CONCLUSION

Student life, especially college life, is a crucial period for students most of whom are in their late adolescence, physically maturing, and psychologically unstable. During this time, they undergo various kinds of stress, including academic pressures, the need to complete assignments, and the expectation to participate in different college activities. This stress arises due to the imbalance between environmental demands and personal capacity. The results of this study indicate that students are experiencing psychosocial problems, such as depression. In this regard, there was no significant difference between boys and girls, though the problem persists for both genders. Therefore, it is essential to address these issues. Future research should focus on interventions aimed at helping students overcome these challenges.

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