



**INVESTIGATING THE RELATIONSHIP BETWEEN ACADEMIC ANXIETY,
COPING STRATEGIES & RISK-TAKING BEHAVIOUR IN UNIVERSITY
STUDENTS**

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ABSTRACT

The present study aimed to investigate the correlation and analyse the predictor relationship for academic anxiety, the subscales of coping strategies and risk-taking behaviour in university students. The sample consisted of 195 students in the age group of the 18-26 years. The Academic Anxiety Scale by (Cassady, 2020) was used to measure academic anxiety, the Brief-COPE by (Carver, 1997) was used, to measure coping strategies, and the Risk-Taking Behaviour questionnaire (RT-18) by (de Haan et al., 2011) was utilised to measure risk-taking behaviour. The analysis of the data collected was done using Pearson's Product- Moment Correlation and simple linear regression analysis. The findings revealed that there is a significant positive relationship between academic anxiety and emotion focussed coping

strategies, academic anxiety and avoidant coping strategies, and avoidant coping strategies and risk-taking behaviour, however the relationship between academic anxiety and problem focussed coping strategies, problem focussed coping strategies and risk-taking behaviour, emotion focussed coping strategies and risk-taking behaviour, and between academic anxiety and risk-taking behaviour was found to be not significant. The impact of academic anxiety on risk-taking behaviour in university students was found to be not significant. Results also showed that the subscales of coping strategies explained 5.5% variance in the risk-taking behaviour. While, of the components of coping strategies, only avoidant coping strategies significantly and positively predicted risk-taking behaviour, the rest of the subscales of coping strategies i.e. problem focussed coping strategies and emotion focussed coping strategies did not yield significant outcomes. Hence, the students who reported higher avoidant coping strategies tend to report higher risk-taking behaviour.

Keywords: *Academic Anxiety, Coping Strategies, Risk-Taking Behavior, Students*

INTRODUCTION

Academic Anxiety

Anxiety is defined as a state of tension, fear, or uneasiness that is marked by fear, dread, or uncertainty regarding something that the person is largely unaware of or does not recognise. It can include both generalised emotional reactions to any decision or choice point and persistent fears of future events (Good, 1973). Anxiety is a typical occurrence of daily living in the fiercely competitive world of today. It is essential to human existence because the majority of people suffer from anxiety in one form or another (Lenka & Kant, 2012). Academic anxiety, according to Gourav (2015), is anxiety related to educational institutions as well as a

mental insensitivity to worry or trouble reacting to circumstances at school or in college. Most researchers concur that anxiousness related to academics is not always a bad thing.

An average amount of anxiety helps people stay accountable and driven, and it also makes their lives more prosperous and sustainable (Kahan, 2008; DordiNejad et al., 2011; Donnelly, 2009). Mild anxiety helps with performance by focusing attention on a specific desired task. On the other side, extreme anxiety can have a detrimental effect on performance by disturbing a person's thinking and emotional condition (Yahaya, n.d.).

Anxiety related to academics might have several causes. Some pupils are naturally anxious, i.e. they have trait anxiety. For the most part, these students don't stop being nervous. Anxiety can be sparked by one's educational background. For instance, students with strong academic records may feel pressure to continue performing at their current level, while those with weaker records may worry about how they will perform in the future. Students may experience anxiety due to unfavourable situational variables such as time constraints, the personality of the instructor, the difficulty of the assignment, etc. (AAAC, n.d.).

Students who have academic anxiety may experience symptoms like excessive anxiety, tension, difficulty focusing, difficulty paying attention, dread of delays, and avoidance of academic work, which can all have an impact on academic progress (Jannata & Nur'aeni, 2020). Studies have revealed that university students experience psychological distress at a considerably higher rate than the general population (Stallman, 2010), and stress levels rise as students advance in their studies (Putwain, 2007). In fact, achieving academic goals presents a number of difficulties for university students, from managing intrapersonal and interpersonal changes to dealing with the pressures of academic course work and exams (Roddenberry & Renk, 2010; Ross et al., 1999). Even though these difficulties might be viewed as micro-stressors, they are significant for health because of their cumulative impacts over time (Zautra,

2003). They can also have a range of detrimental psychological and behavioural repercussions that could lower students' performance. For example, problems including depression (Dao et al., 2007), school failure, study burnout (Salanova et al., 2010), and immune system abnormalities (Vedhara & Nott, 1996) have all been linked to academic stress.

Coping Strategies

Coping mechanisms are seen to have two main purposes (Folkman & Lazarus, 1980, 1986; Lazarus & Folkman, 1984, Lazarus, 1990): controlling the issue that is creating stress and controlling the emotions associated with those stresses. Examining their findings in light of this supposition, the majority of research validate two significant associated conclusions. First, when someone feels they have less ability to handle a situation, they will partially classify it as stressful. As per Karasek and Theorell (1990), stressors that are perceived as controllable lead to more proactive coping mechanisms, whereas stressors that are perceived as uncontrollable result in more avoidance strategies (Anshel & Kaissidis, 1997; Compas et al., 1988; Lazarus, 1981; Lazarus & Folkman, 1984). This is the second finding.

Diverse approaches to the idea of coping have resulted in multiple classification schemes for coping techniques. A commonly accepted definition of coping was provided by Lazarus and Folkman (1984), who defined it as: continuously shifting behavioural and cognitive efforts to manage certain internal or external stresses. Afterwards, coping methods were divided into three primary divisions by Higgins and Endler (1995): task-oriented, emotion-oriented, and avoidance-oriented.

The problem-focused approach is task-oriented. It entails acting directly to change the circumstances in order to lessen the level of stress they cause. The emotion-oriented method focuses on changing how people react emotionally to stimuli. It also involves making an effort

to rephrase the issue so that it causes less stress and no longer provokes a negative emotional reaction (Mattlin, 1990). Last but not least, avoidance-oriented coping techniques include evading the circumstance, downplaying its significance, or giving up (Lazarus & Folkman, 1984).

Those whose personality disposition allows them to easily enter and sustain a state of emotional arousal in response to, or in anticipation of, emotionally-laden events, tend to favour emotion-oriented coping strategies, which involve proactive efforts to alter the stressfulness of the situation (Melamed, 1994). Avoidance techniques, on the other hand, are distinguished by their lack of efforts to change the circumstances.

Task-oriented and emotion-oriented approaches are the two proactive strategies linked to better adjustment, as evidenced by lower levels of depression and higher self-rated coping effectiveness (Causey & Dubow, 1993; Compas et al., 1988; Moos, 1990; Strutton & Lumpkin, 1993). While avoidance-oriented coping may seem like a good way to deal with stress at first, research by Billings and Moos (1981) indicates that it is linked to worse adjustment, and Endler and Parker (1999) propose that task-oriented coping is the most effective tactic over the long term.

Risk-Taking Behaviour

Many definitions of risk exist, but common elements include the weight of possible gains and losses as well as the importance of the relationship between immediate benefit and long-term effects. According to Moore and Gullone (1996), “taking risks include actions that have a moderate to high potential for short-term gain but also a higher danger of long-term loss.” Some people associate risk with excitement and the desire for new experiences (Plant &

Plant, 1992), but this association is probably just accidental as risk comes in numerous forms, some of which are fundamentally far more dangerous than others.

Individuals are impacted by their perceptions of risks rather than by the actual risks they face. Activities that are impulsive (and harmful) and thrill-seeking are commonly cited as instances of dangerous behaviour.

Gullone and Moore (2000) define risk activity as "the participation in behaviour which involves potential negative consequences (or loss) balanced in some way by perceived positive consequences or gain," which reflects the concept of negative risk. These risky actions typically start out rather early in childhood and could be seen as essential to maturing into adulthood (Dennison & Coleman, 2000).

According to Jessor (1991), taking risks has both advantages and disadvantages and is therefore a lifestyle choice. "Those behaviours, undertaken volitionally, whose outcomes remain uncertain with the possibility of an identifiable negative health outcome" is one way to characterise risk-taking behaviour (Igra & Irwin, 1996). Many research have shown a relationship between two or more risk behaviours, supporting Jessor's (1991) theory that issue behaviours are all part of a single syndrome.

Instead of focusing on individual risk behaviours in isolation, a 2002 study (Zweig et al., 2002) examined the nature of health-compromising lifestyles and discovered that students engage in unique combinations of health risk behaviours that collectively create risk profiles. These profiles capture the multifaceted nature of adolescent health risk behaviours.

METHODOLOGY

Purpose

To study the correlation between Academic Anxiety, the subscales of Coping Strategies and Risk-Taking Behaviour and analyse the predictor relationship for Academic Anxiety with Risk-Taking Behaviour and the subscales of Coping Strategies with Risk-Taking Behaviour in university students.

Research Objectives

- To study the relationship between Academic Anxiety and Problem Focussed Coping Strategies in students.
- To study the relationship between Academic Anxiety and Emotion Focussed Coping Strategies in students.
- To study the relationship between Academic Anxiety and Avoidant Coping Strategies in students.
- To study the relationship between Risk-Taking Behaviour and Problem Focussed Coping Strategies in students.
- To study the relationship between Risk-Taking Behaviour and Emotion Focussed Coping Strategies in students.
- To study the relationship between Risk-Taking Behaviour and Avoidant Coping Strategies in students.
- To study the relationship between Academic Anxiety and Risk-Taking Behaviour in students.

Hypothesis

- There will be a significant relationship between Academic Anxiety and Problem Focussed Coping Strategies in students.
- There will be a significant relationship between Academic Anxiety and Emotion Focussed Coping Strategies in students.
- There will be a significant relationship between Academic Anxiety and Avoidant Coping Strategies in students.
- There will be a significant relationship between Risk-Taking Behaviour and Problem Focussed Coping Strategies in students.
- There will be a significant relationship between Risk-Taking Behaviour and Emotion Focussed Coping Strategies in students.
- There will be a significant relationship between Risk-Taking Behaviour and Avoidant Coping Strategies in students.
- There will be a significant relationship between Academic Anxiety and Risk-Taking Behaviour in students.

Sample

Total number of sample is 195 (N=195). The age group of the sample collected is 18-26 ($M = 20.35$, $SD = 2.41$). The students were pursuing undergraduate or post-graduate degrees. The sample was collected through purposive and snow-ball sampling. There were initially 200 participants, but five were excluded from this study due to not meeting inclusion criteria.

Inclusion Criteria

- *Age:* At the time of study enrolment, participants must be between the ages of 18 and 26.
- *University Enrolment:* Participants must be enrolled full-time or part-time in an accredited college or university as of right now.
- *English competency:* In order to comprehend and reply to the English-language questionnaire or interview, participants must possess a suitable degree of English language competency.
- *Consent:* In order to willingly take part in the study, participants must give informed consent, demonstrating their knowledge of the research methods and their readiness to supply data.
- *Student Status:* Students must be enrolled full-time in an undergraduate or graduate programme at the college or university.
- *No Age-Related disorders:* In order to participate in the study, individuals must not be affected by any cognitive or developmental disorders that could affect their comprehension and response to the materials.

Exclusion Criteria

- *Age:* Participants who are older than 26 or younger than 18 are not allowed to participate in this study.
- *Non-University Students:* The study does not include anyone who is not enrolled as a student at a university or college at this time.
- *Language Barrier:* Those who do not speak English well enough to comprehend and reply to the study materials are not allowed to participate.

- *Incapable of Consent*: People who suffer from mental illnesses, cognitive impairments, or other disorders that prevent them from giving informed consent are not eligible.
- *Not Actively Enrolled*: Those who are not actively pursuing a degree programme at the university or college, are suspended, or are on academic leave are not included.
- *Non-English Speakers*: Those who do not meet the required English proficiency requirements and who speak a language other than English as their first language are not eligible.

Measures

The Academic Anxiety Scale by Cassady (2020) offers a non-clinical assessment tool specifically tailored to measure anxiety stemming from educational contexts. Unlike anxiety measures targeting specific activities like test-taking or mathematics, academic anxiety encompasses a broader spectrum of school-related stressors. Comprising 11 statements, the AAS employs a scoring system without any reversals, where responses range from one to four points. Participants rate their agreement level, with “Not typical of me at all,” “Somewhat typical of me,” “Quite typical of me” and “Very typical of me” equating to one, two, three, and four points, respectively. Total scores across the 11 items provide a cumulative reflection of one’s academic anxiety level, with higher scores indicating greater levels of anxiety. The reliability estimates for the final 11-item scale was notably high, with Guttman’s split half reliability coefficient measuring at .91 and Cronbach’s alpha coefficient at .90.

The Brief-COPE by Carver (1997) is a self-report questionnaire comprising 28 items, crafted to assess both effective and ineffective coping strategies employed in response to stressful life events. The scores for the responses range from one to four points. Participants rate their agreement level, with “I haven’t been doing this at all,” “I’ve been doing this a little

bit,” “I’ve been doing this a medium amount,” “I’ve been doing this a lot” equating to one, two, three, and four points, respectively. The scale is capable of identifying individuals’ primary coping styles, delineated by scores on three subscales; Problem focused, emotion focused and avoidant coping

The Brief-COPE emerged as a condensed version of the original 60-item COPE scale (Carver et al., 1989), which drew upon various coping models. Its initial validation occurred within a community sample of 168 individuals affected by a hurricane (Carver, 1997). In the subsequent studies, alternative factor delineations were proposed. The internal consistency was pretty high with the Cronbach’s alpha coefficient being .89 for the overall scale.

The Risk Taking Behaviour Questionnaire (RT-18) by de Haan et al. (2011) is a screening tool to assess young adult risk-taking behaviour. Across the 18 questions asked, the participants can respond to questions with “yes” or “no”, with each question scoring either scoring 0 or 1 point respectively. Total scores across the 18 items provide a cumulative reflection of one’s risk taking behaviour level, with higher scores indicating greater levels of risk taking behaviour. In a study, a sample of 522 university students completed the RT-18 risk-taking questionnaire. Among them, 100 students were retested after 2 and 4 weeks and also underwent the Cambridge Gambling Task (CGT). The mean RT-18 score was 7.69, with a high level of internal consistency indicated by Cronbach’s alpha of 0.886. the test-retest reliability yielded a coefficient of $r = 0.94$.

Procedure

Students who participated in the study were either given a QR code to access the Google Forms survey or were handed a physical form to fill. The initial page included a brief description of the study, the researcher’s contact information and a confidentiality agreement in which the

participant chose whether they consented to continue the survey. Their consent is implied by clicking on the corresponding checkbox.

After they consented to the study, they provided some demographic details such as age, gender, educational qualification and a confirmation if they are currently enrolled in an educational program. Upon filling the demographic details, they answered questions from the AAS, Brief-COPE, and RT-18. The first block consisted of questions from the Academic Anxiety Scale (AAS), the second block was from Brief-COPE, and the third block was from the RT-18 questionnaire. This survey took approximately 15 to 20 minutes.

Participants also had the option to share their email address if they wished to know their personal results of the questionnaires.

Statistical Analysis

The data gathered was quantitatively analysed using statistical techniques of (1) Mean and Standard Deviation, (2) Simple Linear Regression, and (3) Pearson's Product-Moment Correlation. All statistical analyses were conducted with the IBM SPSS Statistics, Version 21 (IBM Corp. Released 2012. IBM SPSS Statistics for Windows, Version 21.0. Armonk, NY: IBM Corp.).

Assumption testing for the linear regression was conducted prior to the analysis, which confirmed that all of the assumptions were satisfied. The assumptions for linear regression are listed below:

1. *Linearity*. There is a linear relationship between the predictor and outcome variables.
2. *Normality*. The data collected has a relatively normal distribution.

3. *Homoscedasticity*. The variance of error terms is similar and relatively equal for all values of the outcome variable.
4. *Independence of errors*. There is no relationship between the error terms.
5. *Absence of multicollinearity*. The predictor variables are not too highly correlated with each other.

RESULTS

The present study aims to investigate the correlation between Academic Anxiety, the subscales of Coping Strategies and Risk-Taking Behaviour and analyse the predictor relationship for Academic Anxiety with Risk Taking Behaviour and the subscales of Coping Strategies with Risk Taking Behaviour in the sample of 195 university students.

To study the correlation between academic anxiety, coping strategies, and risk-taking behaviour, Pearson's correlation was used, and to perform the predictor analysis of academic anxiety on risk-taking behaviour and subscales of coping strategies on risk-taking behaviour, simple linear regression was used.

RESULTS**Table 1***Descriptive Statistics and Correlation of Study Variables*

Variables	M	SD	1	2	3	4	5
1. Academic Anxiety	22.8	7.2	1				
2. Problem Focussed Coping Strategies	2.7	0.6	.08	1			
3. Emotion Focussed Coping Strategies	2.5	0.5	.43*	-	1		
4. Avoidant Coping Strategies	2.1	0.6	.56*	-	-	1	
5. Risk Taking Behaviour	11.1	3.1	.08	.06	.11	.23*	1

* $p < 0.05$ (2-tailed)

Table 1 indicates the descriptive statistics (mean & standard deviation) for the study variables Academic Anxiety, subtypes of Coping Strategies i.e. Problem Focussed Coping Strategies, Emotion Focussed Coping Strategies, Avoidant Coping Strategies, Risk Taking Behaviour, as well as the correlation between Academic Anxiety and the subtypes of Coping Strategies of university students, the correlation of Risk Taking Behaviour and the subtypes of Coping Strategies of university students as well as the correlation of Academic Anxiety and Risk Taking Behaviour in university students ($N = 195$). Results reveal that the correlation between Academic Anxiety and Problem Focussed Coping Strategies is positive but not significant ($r = .08$, $p = .292$), there is a significant positive relationship between Academic Anxiety and Emotion Focussed Coping Strategies ($r = .43$, $p < .001$), there is a significant positive relationship between Academic Anxiety and Avoidant Coping Strategies ($r = .56$, $p < .001$), the correlation between Academic Anxiety and Risk Taking Behaviour is positive but

not significant ($r = .08, p = .262$), the correlation between Problem Focussed Coping Strategies and Risk Taking Behaviour is positive but not significant ($r = .06, p = .412$), the correlation between Emotion Focussed Coping Strategies and Risk Taking Behaviour is positive but not significant ($r = .11, p = .119$), there is a significant positive relationship between Avoidant Coping Strategies and Risk Taking Behaviour ($r = .23, p = .001$).

Table 2

Regression Coefficients of Academic Anxiety on Risk Taking Behaviour

Variable	<i>B</i>	<i>SE</i>	<i>B</i>	95% CI		<i>p</i>
				LL	UL	
Constant	10.27*	0.74		8.82	11.73	.000
Academic Anxiety	0.04	0.03	0.08	-0.03	0.10	.262
<i>R</i> ²	0.01					

Note. N = 195.

* $p < .05$

Table 2 shows the impact of Academic Anxiety (independent variable) on Risk Taking Behaviour (dependent variable) in University Students. The outcome found was not significant as the p value is .262 which is greater than .05.

Table 3

Regression Coefficients of Coping Strategies Subscales on Risk Taking Behaviour

Variable	<i>B</i>	<i>SE</i>	β	<i>p</i>
Constant	8.43*	1.19		.000
Problem Focussed Coping Strategies	0.29	0.49	0.06	.548
Emotion Focussed Coping Strategies	-0.28	0.62	-0.05	.653

Avoidant Coping Strategies	1.22	0.42	0.25*	.004
R^2	0.06			

Note. N=195.

* $p < .05$

Table 3 shows the impact of subscales of Coping Strategies (independent variable) on Risk Taking Behaviour (dependent variable) in University Students. The R^2 value of 0.06 revealed that the predictor variable explained 5.5% variance in the outcome variable with $F(3,191) = 3.70, p = .013$. The findings revealed that of the components of Coping Strategies, only Avoidant Coping Strategies significantly and positively predicted Risk-Taking Behaviour ($\beta = 0.25, t(194) = 2.92, p = .004$), while the rest of the subscales of Coping Strategies i.e. Problem Focussed Coping Strategies and Emotion Focussed Coping Strategies did not yield significant outcomes. Hence, the students who reported higher Avoidant Coping Strategies tend to report higher Risk-Taking Behaviour.

DISCUSSION

The study aimed to investigate the correlation between Academic Anxiety, the subscales of Coping Strategies and Risk-Taking Behaviour and analyse the predictor relationship for Academic Anxiety with Risk Taking Behaviour and the subscales of Coping Strategies with Risk Taking Behaviour in university students.

To measure Academic Anxiety, the Academic Anxiety Scale by Cassady (2020) was used, to measure Coping strategies, the Brief-COPE by Carver (1997) was used, and to measure Risk-Taking Behaviour, The Risk-Taking Behaviour questionnaire (RT-18) by de Haan et al. (2011) was utilised.

Data was collected, scored, and then analysed using Pearson's correlation and Simple linear regression analysis. To study the correlation between academic anxiety, coping strategies, and risk-taking behaviour, Pearson's correlation was used, and to perform the predictor analysis of academic anxiety on risk-taking behaviour and subscales of coping strategies on risk-taking behaviour, simple linear regression was used.

The first objective was to study the relationship between Academic Anxiety and Problem Focussed Coping Strategies in students, and the hypothesis was that there will be a significant relationship between Academic Anxiety and Problem Focussed Coping Strategies in students. To test this hypothesis, Pearson's Correlation was used. Results reveal that the correlation between Academic Anxiety and Problem Focussed Coping Strategies is not significant at 0.05 level ($r = .08$, $p = .292$). Thus, the hypothesis was rejected.

The second objective was to study the relationship between Academic Anxiety and Emotion Focussed Coping Strategies in students, and the hypothesis was that there will be a significant relationship between Academic Anxiety and Emotion Focussed Coping Strategies in students. To test this hypothesis, Pearson's Correlation was used. Results reveal that there is a significant positive relationship between Academic Anxiety and Emotion Focussed Coping Strategies ($r = .43$, $p < .001$). Thus, the hypothesis was accepted.

This current finding can be corroborated by a study conducted by Ding et al. (2021) where they performed a study to find the impact of different coping styles on psychological distress of students. From a sample of 492 undergraduate students they found that emotion-focused coping styles positively predicted perceived stress including academic anxiety in students.

The third objective was to study the relationship between Academic Anxiety and Avoidant Coping Strategies in students, and the hypothesis was that there will be a significant

relationship between Academic Anxiety and Avoidant Coping Strategies in students. To test this hypothesis, Pearson's Correlation was used. Results reveal that there is a significant positive relationship between Academic Anxiety and Avoidant Coping Strategies ($r = .56$, $p < .001$). Thus, the hypothesis was accepted.

This current finding can be corroborated by a study conducted by MacCann et al. (2012) where they found that avoidant coping strategies predicted both positive and negative feelings about school and academics from a sample of 354 high school students.

The fourth objective was to study the relationship between Risk-Taking Behaviour and Problem Focussed Coping Strategies in students, and the hypothesis was that there will be a significant relationship between Risk-Taking Behaviour and Problem Focussed Coping Strategies in students. To test this hypothesis, Pearson's Correlation was used. Results reveal that the correlation between Problem Focussed Coping Strategies and Risk-Taking Behaviour is not significant ($r = .06$, $p = .412$). Thus, the hypothesis was rejected.

The fifth objective was to study the relationship between Risk Taking Behaviour and Emotion Focussed Coping Strategies in students, and the hypothesis was that there will be a significant relationship between Risk-Taking Behaviour and Emotion Focussed Coping Strategies in students. To test this hypothesis, Pearson's Correlation was used. Results reveal that the correlation between Emotion Focussed Coping Strategies and Risk-Taking Behaviour is not significant ($r = .11$, $p = .119$). Thus, the hypothesis was rejected.

The sixth objective was to study the relationship between Risk-Taking Behaviour and Avoidant Coping Strategies in students, and the hypothesis was that there will be a significant relationship between Risk-Taking Behaviour and Avoidant Coping Strategies in students. To test this hypothesis, Pearson's Correlation was used. Results reveal that there is a significant

positive relationship between Avoidant Coping Strategies and Risk-Taking Behaviour ($r = .23$, $p = .001$). Thus, the hypothesis was accepted.

To further investigate these results, I extended my research to study the impact of subscales of Coping Strategies on Risk-Taking Behaviour in University Students. The R^2 value of 0.06 revealed that the predictor variable explained 5.5% variance in the outcome variable with $F(3,191) = 3.70$, $p = .013$. The findings revealed that of the components of Coping Strategies, only Avoidant Coping Strategies significantly and positively predicted Risk-Taking Behaviour ($\beta = 0.25$, $t(194) = 2.92$, $p = .004$), while the rest of the subscales of Coping Strategies i.e. Problem Focussed Coping Strategies and Emotion Focussed Coping Strategies did not yield significant outcomes. Hence, the students who reported higher Avoidant Coping Strategies tend to report higher Risk-Taking Behaviour.

This current finding can be corroborated by a study conducted by Ben-Zur and Reshef-Kfir (2003) who studied the risk taking and coping strategies among 140 Israeli adolescents and found that the use of avoidance coping strategies was related to high involvement in risk behaviours. They analysed the data by using correlations and multiple regressions.

The seventh objective was to study the relationship between Academic Anxiety and Risk-Taking Behaviour in students, and the hypothesis was that there will be a significant relationship between Academic Anxiety and Risk-Taking Behaviour in students. To test this hypothesis, Pearson's Correlation and Simple Linear Regression was used. Results reveal that the correlation between Academic Anxiety and Risk-Taking Behaviour is positive but not significant ($r = .08$, $p = .262$). The regression analysis also revealed that impact of Academic Anxiety on Risk Taking Behaviour in University Students was not significant ($p = .262$). Thus, the hypothesis was rejected.

CONCLUSION

The study was aimed to investigate the correlation between Academic Anxiety, the subscales of Coping Strategies and Risk-Taking Behaviour and analyse the predictor relationship for Academic Anxiety with Risk-Taking Behaviour and the subscales of Coping Strategies with Risk-Taking Behaviour in university students. To measure Academic Anxiety, the Academic Anxiety Scale by Cassady (2020) was used, to measure Coping strategies, the Brief-COPE by Carver (1997) was used, and to measure Risk-Taking Behaviour, The Risk-Taking Behaviour questionnaire (RT-18) by de Haan et al. (2011) was utilised. Data was collected, scored, and then analysed using Pearson's correlation and Simple linear regression analysis. To study the correlation between academic anxiety, coping strategies, and risk-taking behaviour, Pearson's correlation was used, and to perform the predictor analysis of academic anxiety on risk-taking behaviour and subscales of coping strategies on risk-taking behaviour, simple linear regression was used.

Results reveal that the correlation between Academic Anxiety and Problem Focussed Coping Strategies is positive but not significant ($r = .08$, $p = .292$), there is a significant positive relationship between Academic Anxiety and Emotion Focussed Coping Strategies ($r = .43$, $p < .001$), there is a significant positive relationship between Academic Anxiety and Avoidant Coping Strategies ($r = .56$, $p < .001$), the correlation between Academic Anxiety and Risk-Taking Behaviour is positive but not significant ($r = .08$, $p = .262$), the correlation between Problem Focussed Coping Strategies and Risk-Taking Behaviour is positive but not significant ($r = .06$, $p = .412$), the correlation between Emotion Focussed Coping Strategies and Risk-Taking Behaviour is positive but not significant ($r = .11$, $p = .119$), there is a significant positive relationship between Avoidant Coping Strategies and Risk-Taking Behaviour ($r = .23$, $p = .001$). The impact of Academic Anxiety on Risk-Taking Behaviour in University Students was found to be not significant as the p value is .262 which is greater than .05. Results also shows

the impact of subscales of Coping Strategies on Risk-Taking Behaviour in University Students. The R^2 value of 0.06 revealed that the predictor variable explained 5.5% variance in the outcome variable with $F(3,191) = 3.70, p = .013$. The findings revealed that of the components of Coping Strategies, only Avoidant Coping Strategies significantly and positively predicted Risk-Taking Behaviour ($\beta = 0.25, t(194) = 2.92, p = .004$), while the rest of the subscales of Coping Strategies i.e. Problem Focussed Coping Strategies and Emotion Focussed Coping Strategies did not yield significant outcomes. Hence, the students who reported higher Avoidant Coping Strategies tend to report higher Risk-Taking Behaviour.

Limitations

A few limitations that can be identified for this study are as follows, the data collection used convenience and snow-ball sampling. This is important to consider as there may be cohort effect (APA, n.d.), as these outcomes are associated with all these students undergoing similar experiences in the same university. The study is also not an accurate representation of the population with respect to the gender demographics. Self-report questionnaires were used for this study which might not always provide most accurate results as the subjects might be biased while answering the questions to be what is socially acceptable especially while answering the questions related to risk-taking behaviour and academic anxiety which was asked in this study. Moreover, the self-report nature of the questionnaire only captures the subjects' personal perceptions of their performance without any means of verifying its accuracy. Perceptions are inherently subjective and may not always align with objective reality. This discrepancy can arise from various factors, including biases such as social desirability bias, where participants tend to respond in a manner that they believe is socially desirable, and acquiescent responding

bias, wherein individuals tend to favour the positive end of a rating scale irrespective of the specific question being asked (Kreitchmann et al., 2019).

If the study was conducted for a longer period of time under varying circumstances, we would get more refined results. Moreover, the selection of questionnaires to assess risk-taking behaviour was compromised by financial constraints, leading to the adoption of the RT-18 questionnaire primarily because of its accessibility at no cost. The RT-18 utilized a dichotomous scaling approach, prompting participants to categorize each statement as either "yes" or "no" regarding their own behaviours. Unlike the more nuanced four-point Likert scale employed in the AAS, this binary response format in the RT-18 restricts the depth of information that can be gleaned from participants' responses. Consequently, the measure may lack the sensitivity required to detect subtle variations in participants' behaviours, potentially undermining the accuracy of the assessment (Purgato & Barbui, 2013).

Future Implications

Future studies have great potential with these variables as there needs to be research on the long-term effects of academic anxiety, coping strategies, and risk-taking behaviour on academic achievement, career outcomes, and overall well-being. We need to understand the mechanisms underlying these relationships which will then help us develop more targeted interventions and support services in the future. The findings may be used to guide the creation of focused treatments and support systems in educational settings that target academic anxiety and encourage effective ways to cope. Workshops, counselling services, and stress management courses are a few examples of these interventions that aim to assist students in controlling their anxiety and embracing more healthy coping strategies. Education policymakers should think about including resilience-building and stress management in the

curriculum to provide kids the tools they need to handle academic difficulties. This can entail creating new educational modules with a well-being focus or adding subjects like risk assessment, coping mechanisms, and mental health to already-existing courses.

Findings from the research may also have an impact on teacher training programmes, giving instructors the information and abilities they need to help students who are experiencing academic anxiety. Educators could acquire knowledge on recognising indicators of stress, offering suitable assistance, and cultivating a classroom atmosphere that encourages healthy coping mechanisms and risk-aware decision-making. Raising understanding of the connection between risk-taking behaviour, coping mechanisms, and academic anxiety may help lessen the stigma associated with mental health problems in educational environments. This might promote help-seeking behaviour, candid conversations about mental health, and the development of a more accepting and friendly school climate. To assist students in making well-informed decisions on their academic and career trajectories, career counselling services could benefit from the integration of research findings. Counsellors can better advise and guide students encountering academic issues if they have an understanding of how coping mechanisms and risk-taking behaviour affect academic achievement and career choices. In order to assist their children's academic and emotional well-being, parents and other caretakers are essential. Research results may provide parents the tools they need to better assist and mentor their children during times of academic stress by teaching them risk management and appropriate coping mechanisms.

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