



Self-efficacy and Perceived stress among young adults

Heena kamnani

ABSTRACT

Self-efficacy refers to a person's particular set of beliefs that determine how well one can execute a plan of action in prospective situations. Perceived stress is defined as Experiencing difficulty in meeting demands within important life domains. Sources of Self-efficacy include Performance Accomplishment or Enactive Mastery, Vicarious Experience, Social Persuasion, Physiological and Emotional States. Numerous studies have reported the importance of self-efficacy on individual's mental health and its relation with Perceived stress. This study examined the relationship between Self-efficacy and Perceived stress among young adults. The study involves 125 samples among which 59 are males and 66. The samples completed the Self-efficacy Scale and Perceived Stress Scale. Correlation, t-test were performed using SPSS. The results revealed that there exists a significant relationship between Self-efficacy and Perceived stress. When Self-efficacy increases, Perceived Stress decreases and vice-versa. In addition, the study also examined the gender differences among the variables. Results show that Females are higher in both Self-efficacy and Perceived stress.

KEYWORDS: Self-efficacy, Perceived Stress, Enactive mastery, Social Persuasion

Received 11 Jan., 2023; Revised 25 Jan., 2023; Accepted 27 Jan., 2023 © The author(s) 2023.
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INTRODUCTION

Numerous studies have examined Self-efficacy and Perceived stress among adults, to such an extent that by now it is widely recognized as an important indicator of adults' well-being and successful development. During the past, the construct of "stress" has received significant attention as an important factor and predictor of psychological and health outcomes. One of the most important factors that affect mental health status and appropriate responses to stressors is high self-efficacy. Some studies have reported the importance of self-efficacy on adolescent's mental health (Muris, Schmidt, Lambrichs & Meesters, 2001; Muris, 2002). Self-efficacy is a focal determinant because it affects health behavior, both directly and by its influence on the other determinants. Self-efficacy beliefs influence goals and aspiration.

1.1 Self-efficacy

Self-Efficacy, a concept given by Albert Bandura, defined as "a person's particular set of beliefs that determine how well one can execute a plan of action in prospective situations".

In other words, Self-efficacy can be defined as a person's belief in their ability to succeed in a particular task or any situation. Self-efficacy theory focuses upon significance of an individual and their perceptions of their own potential as a central determinant of successful end result. (Schunk & DiBenedetto, 2021) The Self-efficacy theory, and the broader social cognitive theory which encompasses self efficacy, also emphasises that individuals are efficient and capable of achieving success when they're given a chance and have self-efficacy required in order to pursue those goals. The theory spotlights on how people can be encouraged that will have them attain goals.

Although, the concept of Self-efficacy was given by Albert Bandura, it has been studied from several perspectives by psychologists. Kathy Kolbe (2009) thinks that believing in one's

own abilities can be vital in measuring cognitive strength. According to her, the concept of self-efficacy also involves determination and perseverance, seeing a show with help someone overcome an obstacle that would interfere with utilizing those innate abilities to achieve goals.

The primary idea behind the Self-Efficacy theory is that individuals are probable to engage in events which they've high self-efficacy for and less probable to engage in those they don't have. (Van der Bijl & Shortridge-Baggett, 2002).

There are three basic scales along which Judgement of Self-efficacy are usually measured.

- **Self-efficacy magnitude:** It measures the level of difficulty that a person thinks is essential in order to execute a particular task. For example - Easy, Moderate, Hard.
- **Self-efficacy Strength:** It is an amount of belief or opinion that a person has about executing a particular task successfully at various difficulty levels.
- **Generality of Self-efficacy:** It refers to the extent to which the expectation is generalised during various situations.

1.1.1 Sources of Self-efficacy:

1. **Performance Accomplishments or Enactive Mastery:** According to Bandura, strongly tackling first hand experiences refers to one of the finest sources of self-efficacy. It is because an individual gets authentic evidence of whether they can assemble what it takes to be successful.

2. **Vicarious Experience:** This refers to gaining vicarious experience by watching people or observing people, especially when an individual observes their role model or someone, they feel similar to performing that task and excel at it. This observational learning plays a crucial role in developing Self-efficacy.

3. **Social Persuasion:** This is when an individual is encouraged through positive verbal encouragement that they've the ability or what it takes for them to succeed at a particular task, also called Verbal Persuasion. Coaching and giving them feedback so that they can improve are types of Social Persuasion.

4. **Physiological and Emotional States:** When an individual is judged based on their potential to complete a particular task, people focus on their physiological and emotional states. Stress levels, emotions, arousal levels, etc play a crucial role in determining their ability to complete a challenge. Emotional reactions like anxiety may lead to negative judgements of their ability to complete the task.

1.1.2 Self-efficacy and Related ideas

Although self-efficacy is related to our sense of self-worth or value as a human being, there is at least one important distinction.

Self-Efficacy and Performance

The Self-Efficacy theory states that the four-factor combination of developing self-efficacy along with the three assessment processes used to expound self-efficacy will ascertain the extent to which self-efficacy that directly has an effect on performance result. The three assessment processes for self-efficacy are Analysis of task requirements, attributional analysis of experience as well as assessment of personal and situational resources.

- **Analysis of Task requirements:** This refers to a person's will towards performing a task.
- **Attributional Analysis of Experience:** This refers to a person's discernment towards the occurrence of performance level.
- **Assessment of Personal and Situational Resources/Constraints:** This refers to a person's thought of personal as well as situational factors. Here, the personal factors are those

like skill level and available effort. On the other hand, situational factors are those like competing demands.

Self-efficacy and Academic Success

The Academic success revolves around three assessment processes of Self-efficacy.

- **Analysis of Task Requirements:** This refers to a student's will towards performing a task.
- **Attributional Analysis of Experience:** This refers to student's perception and their understanding towards accomplishing a certain performance level.
- **Assessment of Personal and Situational Resources/constraints:** This refers to student's thought of personal and situational factors that may impact their education.

Self-Efficacy vs. Self-Esteem

According to Neill (2005), Self-esteem refers to a very general and overall feeling of one's worth, it has more to do with 'being' like the feeling that they are acceptable just as they are. Whereas, Self-efficacy is more towards 'doing' like the feeling that they are up to a challenge.

Self-Efficacy and Self-Regulation

While Self-efficacy refers to an individual's perceived abilities, Self-regulation has more to do with an individual's self-generated thoughts, actions or feelings designed to affect their learning.

Self-efficacy and Motivation

Motivation refers to an individual's desire to achieve and Self-efficacy refers to an individual's belief in their own ability to achieve. Individuals with high self-efficacy often have high motivation and vice versa.

Self-Efficacy and Resilience

Resilience is impacted by self-efficacy. Individuals with high levels of self-efficacy are not just more likely to succeed, although experience to some extent do contribute to development of self-efficacy, there are also chances of failure and the ability to bounce back and recover from failure is what is called as Resilience.

Self-Efficacy and Confidence

Self-efficacy is positively related to confidence but they are different. According to Albert Bandura, self-efficacy is an individual's capabilities that they can produce given level of attainment whereas Confidence refers to strength or belief that they have but isn't always specific about what the certainty is about.

1.1.3 Development

According to Maddux & Kleiman, self-efficacy starts to develop when a child is young. Self-efficacy isn't constant, it changes depending on various experiences throughout their lives as they grow as an individual. Parents greatly influence a child's perception of self-efficacy. Those whose parents who have high self-efficacy their children perceive them as being responsive to their needs. Along with it, during the age of 12-16 years, when adolescents start to make friends, their self-efficacy as well plays a major role. Adolescents who connect with people who don't perform academically, may experience a decrease themselves in academic self-efficacy (Wentzel, Barry & Caldwell, 2004). On the other hand, those who are associated with individuals who perform well and are very active, they themselves experience an increase in their academic self-efficacy. This can also be called as an example of Vicarious performances. Although, self-efficacy of individuals changes depending on the experiences

throughout their lives, the effects of self-efficacy that they evolve with in adolescence, are enduring.

A study measuring individuals within the age groups of 14 to 18 reported that an individual with higher academic and social self-efficacy foretells higher life satisfaction after five years (Vecchio, Gerbino, Pastorelli, Del Bove & Caprara, 2007)

1.1.4 Collective efficacy

Collective efficacy is an associated notion to self-efficacy. According to Bandura (1997) Collective efficacy are the common beliefs among a group of people about their group's potential to constructively execute tasks required to reach a goal. Naturally, groups and teams with higher collective efficacy perform better as compared to groups and teams with lower collective efficacy. Collective efficacy plays a major role when the given task needs a lot of teamwork which definitely requires every member of the group or team to participate and be active in executing the task, which leads to a better group performance. It also plays a crucial role in Relationships. Couples who believe in their potential to fulfil their shared goals are happier as compared to couples with weaker collective efficacy beliefs. Along with Collective efficacy playing a major role in group or team's performance, Self-efficacy plays an important role in team situations, where better decision-making self-efficacy predicts better performance in team sports like baseball.

1.1.5 Applications of Self-Efficacy

Albert Bandura's theory of self-efficacy also has various applications, these are increasing academic achievement, treating phobias and development of health behaviors.

Facing Fears

Bandura conducted a study on understanding the role of self-efficacy in assisting face fears. In one of his studies, he approached participants who had snake phobia and divided them into two groups. The participants of the first group were given hands-on activities related to the fear which refer to holding the snake in their hands, letting the snake slither on them, etc. The participants of the second group were observing another individual who was interacting with the snake but they themselves did not participate. After completing an assessment in order to understand if participants were still fearful of snakes, he found that those who interacted with the snake directly showed higher self-efficacy and less avoidance. This suggests that personally expecting something proved to be more effective than observing others when it comes to developing self-efficacy in facing our fears.

Academic Achievement

Mart Van Dinther along with his colleagues in a review of research on self-efficacy and education mentioned about self-efficacy being associated with several factors like the goals which are chosen by student themselves, their strategies that they plan on using as well as their academic achievement.

1.2 Stress

The term Stress was coined by Hans Selye in 1936. He defined stress as “the non-specific response of the body to any demand for change.”

Stress refers to a normal reaction that our body exhibits to everyday pressures or adjusted demands. These are called Stressors, the effect it creates is called stress and the effort that an individual takes in order to deal with these demands refers to coping strategies.

According to Neufeld (1990) Stress is by-product of poor or inadequate coping.

Roz Brody, R and D Dwyer (2002) in their definition of Stress define it as, “a state of physiological and physical tension produced, according to the transactional model, where there is a mismatch between the perceived demands of a situation (the stressor) and the individual’s perceived ability to cope. According to Hans Selye, there are two categories of Stress:

1. Eustress (Positive stress) It refers to what motivates an individual to make a change. It directs an individual to be able to make a change and overcome the obstacle. It increases self-efficacy and productivity of an individual. For example, Stress during Wedding, Stress during vacation, etc.
2. Distress (Negative stress) It refers to an unpleasant emotion, feeling, thought, condition or behavior. Sometimes, it may affect an individual’s daily functioning and leading to Fatigue, headaches, feeling overwhelmed. For example, Stress during Funeral, Deadlines, Financial crisis, Abuse or feeling neglected. Stress can be looked at in terms of external and internal stressors.

External stressors are sources of stress from outside of a person that an individual is aware of around them. These can include traumas, life experiences, Marriage or divorce, Birth, Death or simply daily hassles.

Internal stressors are the sources of stress that originate from within a person that an individual is aware of inside them and are often the most common sources of stress. They refer to thoughts and feelings that come to their minds maybe due to unease and can also include unrealistic expectations, uncertainties, low self-esteem and apprehensions.

1.2.1 Various Perspectives of Stress

A) Physiological perspective of stress

Hans Selye, gave a theory of GAS, General Adaptation Syndrome, a three-stage process that describes the physiological changes occurring in the body during stress.

The three stages Selye gave are Alarm, Resistance and Exhaustion.

1. The Alarm Stage: The initial stage is the alarm stage which refers to fight or flight

response, a physiological response of the body to stress. During stress, this reaction prepares the body to either fight or flee from the stressful situation. There's an increase in activity of the sympathetic nervous system which prepares the body for any emergency activity.

2. The Resistance stage: After the fight or flight reaction, this stage includes where the body repairs itself. The sympathetic nervous system declines, the adrenal cortex secretes cortisol and other hormones that enable the body to be alert, fight infections and heal wounds. Signs of the resistance stage are Irritability, Frustration and Poor concentration.

3. Exhaustion stage: After prolonged or chronic stress, in this stage, the individual is tired, inactive and vulnerable because the nervous system and immune system no longer have energy to fight stress. Signs of exhaustion include, fatigue, burnout, depression, anxiety and decreased stress tolerance.

B) Behavioral perspective of stress

Meyer Friedman and Ray Rosenman, two cardiologists conducted a study to indicate how heart diseases depend on individual differences in vulnerability to stress. They gave two personality types, which are Type A and Type B. Type A personality refers to being competitive, ambitious, impatient, restless and pressured. Type B personality refers to absence of these above-mentioned traits, rather they're more relaxed, during pressure as well. Friedman and Rosenman in 1959, tested the hypothesis that Type A individuals were prone to coronary heart disease (CHD) as compared to Type B individuals. Results indicated that there was a positive

correlation between both Type behaviour and CHD was sought. They concluded that Type A behavior is associated to CHD. It was also found that Type A behavior pattern is associated with individual's experience of stress, which leads to an increase in physiological reactivity and vulnerability to CHD.

C) Cognitive Perspective of stress

Marmot et al. (1997) in their study, explored the relation between workplace stress and stress-related illness. They sought to test the job-strain model which proposed that there are two ways in which workplace creates stress and illness which are high demand and low control. Total of 7372 men and women in London participated in their study. They also made a note of any signs of cardiovascular disease, and were reassessed five years later. Results showed that low job control is associated with high stress and cardiovascular disorder. On the other side, high job demand is not linked to stress and illness, which does not support the job-strain model.

These three perspectives, Physiological Cognitive & Behavioral, indicated that stress can impact us in our daily lives. In addition, individuals can get ill through a combination of cognitive and behavioral, which leads to physiology of stress in the body creating a harmful effect.

Lazarus and Folkman (1984) defined stress as "a pattern of negative physiological response occurring in situations where people perceive threats to their wellbeing which they may be unable to meet."

Lazarus and Folkman (1984) gave the transactional model of Stress and Coping. They've mentioned two important phases 1) Cognitive appraisals and 2) Coping. Cognitive appraisal is defined as "process of categorising an encounter, and its various facets, with respect to its significance for well-being". There are two types of appraisals, primary and secondary. Primary appraisals involve questions like "am I in trouble or being benefited, now or in the future, and in what ways?" If the answer is yes, then the situation is considered as a

threat or challenge. Secondary appraisal involves questions like “Can I cope with this situation?” It encourages and leads to confidence in one’s potential to cope with the stressful situation. Coping is defined as “Cognitive and behavioral efforts to master, reduce, or tolerate the internal and external demand created by stressful transaction” According to Lazarus and Folkman, coping has two major functions, Emotion focused coping- this refers to regulating the emotions and distress that comes with stressful situation. Problem focused coping- this refers to managing the problem which causes stress by changing the elements of the stressful situation.

1.2.2 Approach to the Study of Stress:

There are many approaches to the study of stress. Generally, researchers have conceptualized stress in three ways. In one approach, stress is seen as a stimulus, and studies focus on the impact of stressors (events). Another approach treats stress as a response and examines the strains that the stressors produce (e.g., the physiological consequences). The third approach views stress as a process that involves continuous interaction and adjustment- or transaction- between the person and the environment.

1.2.3 Models of Stress:

The Stimulus-Based Model of Stress

Holmes and Rahe have advanced the Stimulus-based model of stress. This theory states that any changes in life, any life events or stressors, which can be either positive or negative, are those stressors that test an individual’s adaptation capacity along with causing physiological and psychological strains that lead to health problems for an individual.

Holmes and Rahe developed a Social Readjustment Rating Scale (SRRS) For the scale, they hypothesized that individuals who score high in SRRS are likely to experience physical or mental illness. Some supporting evidence to this theory exists, however, correlational is low

which has also led to this theory being criticised for ignoring the cognitive aspect of effects of stress.
The Response-Based Model of Stress

This model focuses on the common physiological outcome of any stressful situation. This is represented in the well-known theory of Hans Selye referring to the Fight or Flight response in situations that an individual perceives as threatening. The response is a physiological response wherein arousal of the sympathetic nervous system leads to many physiological and somatic changes along with disruption of homeostasis. This idea, by Hans Selye, was developed in the theoretical model of stress: General Adaptation Syndrome theory. He proposed that different types of stimuli result in similar physiological responses. The GAS theory of Hans Selye is based upon three phases: Initial, Resistance, and Exhaustion stage.

1.3 Perceived Stress

Perceived stress is defined as Experiencing difficulty in meeting demands within important life domains (Willemsen, Koot, Ferdinand, Goossens, & Schuengel, 2008).

Perceived stress, as the name suggests, refers to the feelings and thoughts that a person has in regard to how much stress they're under in a certain amount of time. It incorporates feeling of one's life being out of control and unpredictable, how often an individual has to deal with hassles, or the change that occurs and the confidence while dealing with problems or difficulties. Perceived stress does not measure the stressful events but how an individual perceives the general stressful events and their ability to handle the stressful events.

Perceived stress is when an individual's thoughts spiral into what could happen, and they decide that awful things are inevitable. Perceived stress may cause headaches, pain, fatigue, lack of focus and motivation, etc. some of these are effects of stress and some are unhealthy coping mechanisms.

1.4 Significance of the study

In recent times of Covid-19, a lot of factors have led to stress among individuals. Be it from the fear of Covid-19, unemployment, shift to remote working, online education, lockdowns, etc have contributed towards stress. In addition, this may sometimes lead to doubting themselves and their abilities. The current study is about Self-efficacy which refers to an individual's own beliefs in their abilities and Perceived stress which refers to the feelings and thoughts of an individual about the stress they're under during a time. This study will help to understand what is the relationship between Self-efficacy and Perceived stress among individuals. It is important to understand whether perceived stress contributes towards high or low self-efficacy among individuals. The aim is to understand what exactly is the relationship between Self-efficacy and Perceived stress and the gender differences.

REVIEW OF LITERATURE

This chapter focuses on various studies and literature reviews conducted on Self-efficacy and Perceived stress by various authors. This review of literature is done based on the variables Self-efficacy and Perceived stress. Self-efficacy refers to the belief an individual has about their own abilities. Perceived stress refers to feelings and thoughts an individual has about how much stress they're under. Various studies focusing on various aspects related to Self-efficacy and Perceived stress—their results, conclusions, and findings—are discussed here.

Ng et al., (2003) in their study on “*Relationships between Perceived stress and health behaviors in working adults*” explored the associations between perceived stress and health behaviors like fat intake, exercise, alcohol consumption and smoking behaviors. The data for the study was from 12,110 individuals from 26 worksites who participated in the SUCCESS project, a study on smoking cessation interventions. Results indicated that High stress among men and women associated with a higher fat diet, less frequent exercise, cigarette smoking, less self-efficacy to quit smoking and less self-efficacy to not smoke when stressed. In addition, the study also suggested that the association between stress and disease might be moderated in part by unhealthy behaviors.

A Zajacova et al., (2005) conducted a study on “*Self-efficacy, stress and academic success in college students*” and examined the effects of academic self-efficacy and stress on academic performance. They developed a survey instrument to measure the level of academic self-efficacy and perceived stress associated with 27 college-related tasks and estimated structural equation models to assess the relative importance of stress and self-efficacy in predicting three academic performance outcomes: first-year college GPA, the number of accumulated credits, and college retention after the first year. A total of 107 participants, non-

traditional, immigrant and minority, college freshmen at institution filled the survey instrument. Findings suggest that academic self-efficacy is more robust and consistent predictor than stress of academic success.

R Mahyuddin et al., (2006) in their study on *“The relationship between students’ self efficacy and their English language achievement”* explored the relationship between students’ self efficacy and their English language achievement. A descriptive-correlational study was conducted on 1,146 students from eight secondary schools in the Petaling district, Selangor. The instruments used to measure self efficacy were the Self Efficacy Scale developed by Bandura (1995) and the Self Efficacy Scale developed by Kim and Park (1997). The results showed that 51 percent of the students reported high self-efficacy and 48% showed low self-efficacy. Findings reported that achievement in English language improves when students have high self efficacy in the language.

A Luszczynska et., al (2007) in their study on *“Received social support, self-efficacy, and finding benefits in disease as predictor of physical functioning and adherence to antiretroviral therapy”* explored whether received social support, self-efficacy and benefits in disease are related to physical functioning and adherence to antiretroviral medication among men and women infected with HIV. A total of 104 patients participated in the study and measures included self-efficacy scale, Berlin social support scales, questionnaire on taking medication. Results indicated that finding benefits and self-efficacy were directly related to both adherence and physical functioning. In addition, finding benefits mediated the relation between patients’ self-efficacy and adherence as well as physical functioning.

S Shonali (2009) conducted a study on *“Academic Self-Efficacy of College students in Shimla”* The aim of the study was to understand whether self-efficacy help counteract stress as a coping mechanism, and if there are any gender differences in Indian culture in Self-efficacy, academic achievement and stress. A total of 200 participants, 116 women and 84 men

participated in the study. Results indicate that Self-efficacy increases students' problem-solving ability and moderates stress effects. Performance of the students was measured in 3 contexts, their problem-solving ability, academic achievement and classroom tests. Results show that although stress was a reason of poor performance, self-efficacy as a coping mechanism influenced on improving problem solving ability as compared to academic achievement and classroom tests. Males showed greater self-efficacy and less stress.

S Kumar et.al., (2009) in their study on "*Perceived sources of stress amongst Indian dental students*" explored the perceived sources of stress among dental students. To assess the levels of stress, modified dental environment stress (DES) questionnaire consisting of 38 questions was used. The first major stressor for all the students was examination and grades with a mean score of 2.86 and SD 1.06 followed by full working day, receiving criticism from supervisors about academic or clinical work, amount of cheating in dental faculty, rules and regulations of the faculty and fear of unemployment after graduation. Amongst the six highest stressors in each year, at least three were dental faculty related. There was a significant difference in stress perception between genders.

K Caldwell et.al., (2010) in their study on "*Developing Mindfulness in College Students Through Movement-Based Courses: Effects on Self-Regulatory Self-Efficacy, Mood, Stress, and Sleep Quality*" explored if mindfulness is increased by participating in movement-based courses and if any changes in self-regulatory self efficacy, mood and perceived stress mediate the relationship among increased mindfulness and better sleep. A total of 166 participants enrolled in 15-week classes like Pilates, Taiji or yoga. The participants completed measures of mindfulness, self-regulatory self efficacy, mood, perceived stress and sleep quality during the beginning, middle and end of the semester. Results indicated that there were changes in mindfulness, directly relating to better sleep quality. Findings concluded that

Movement based courses do increase mindfulness, and an increase in mindfulness leads to changes in perceived stress which eventually lead to quality of sleep.

S Petrie (2010) conducted a study on *“The relationship between Perceived stress and Resilience among adolescents with Cystic Fibrosis”*. The aim of the study is to investigate the relationship between perceived stress and resilience among individuals with cystic fibrosis, focusing on the research question what is the relationship between the two variables. A total of 19 adolescents participated in the study within the age group of 15-23 years. Perceived stress scale (PPS-10) and Resilience Scale (RS-14) and convenience sampling were used. Pearson’s correlation showed a statistically significant relationship between perceived stress and resilience. Findings indicate that higher resilience level leads to lower perceived stress among adolescents with Cystic Fibrosis.

YM. Yusoff (2011) conducted a study on *“Self-efficacy, perceived social support and psychological adjustment”* to assess the relationship between self-efficacy, perceived social support and psychological adjustment. 185 international students participated in the study. The General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995) was administered to assess the international students’ self-beliefs to cope with a variety of difficult demands in life. The Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) was used to assess international students’ social support. Psychological adjustment was measured with the Satisfaction with Life Scale. Results indicated that self-efficacy and one dimension of perceived social support (support from friends and significant others) have a significant relationship with psychological adjustment.

SMishra & VShanwal (2014) conducted a study on *“Role of Family Environment in Developing Self Efficacy of Adolescents”*. The purpose of the study is to understand the role of family environment in developing self-efficacy. The samples of 130 respondents with the age range of 13-18 (average age of 14.91) were evaluated in this study to investigate the

relationship between family environment and self-efficacy. The results showed a positive association between family environment and self-efficacy.

R Varghese et.al., (2015) conducted a study on “*Perceived Stress and Self Efficacy among College students*”. This article gives an emphasis on studies available worldwide about the impact of Perceived stress among college students. The current review found that, high perceived stress results in low academic performance and vice versa. Different research findings also suggest that, level of perceived stress differs depending on the courses which the students are learning and also there are gender-related differences. Female students were found to have greater levels of stress and more health problems.

N Jaiswal & R Dhar (2015) in their study on “*Transformational leadership, innovation climate, creative self-efficacy and employee creativity*”. The purpose of the study is to explore the role of innovation climate and creative self-efficacy. A total of 372 people participated in the study. Findings of the study show that transformational leaders can foster a climate for innovation that promotes employee creativity. In addition, the role of creative self-efficacy was found in the relationship between innovation climate and employee creativity. Findings suggest that employees who have high creative self-efficacy resort to creative behaviour when they receive a supportive innovation climate.

P Gajendran & Y Nagle (2016) conducted a study on “*Self-Efficacy and Locus of Control in Indian Youth*”. The aim of the study was to find out the role of self-efficacy and locus of control and study the gender differences. A total of 465 job aspirants - 264 males and 201 females participated in the study between the age range of 20-27 years. General Self-efficacy Scale by Jerusalem & Schwarzer and Locus of Control by Rotter, J. B. was used along with descriptive statistics (mean & S.D) and ANOVA was used for the study. Results showed no significant difference in their self-efficacy and no gender differences were found in self-efficacy. Although, there was a significant difference in their Locus of control. In addition, the

study also reported that High self-efficacy with internal locus of control influences participants' performance to attain success.

SPatil et.al., (2016) conducted a study on *"Impact of Social Support and Self Efficacy on Stress levels in Students"*. The aim of the study is to assess the correlation among self-efficacy, social support and stress. A total of 250 students within the age range of 18-22 years participated in the study. To assess the relationship between academic self efficacy, social support and stress Pearson's correlation was used. Results indicated a consistent moderate negative correlation of social support with stress among the students. Perceived self efficacy was negatively associated with self-perceived stress among all the students.

S Shinde et.al., (2016) in their study on *"The relationship between self efficacy, hardiness and perceived stress amongst professional dancers"* assess the correlation between self-efficacy, hardiness and perceived stress. Professionals within the age range of 25-35 were assessed with General Self Efficacy, Hardiness scale and Perceived stress scale. The findings revealed a significant correlation between all the three variables amongst professional dancers. The r value was found to be significant at 0.01 level. Positive correlation among self efficacy and hardiness along with Negative correlation among self efficacy and perceived stress was also found.

S Sarkar et.al., (2017) in their study *"A systematic review of depression, anxiety, and stress among medical students in India"* attempted to collate the findings relating to the prevalence of depression, anxiety and stress among medical students in India. The studies conducted in India that reported prevalence of depression, anxiety and stress among the medical students were included and pooled prevalence rate was calculated for depression, anxiety and stress. The prevalence rate of depression varied from 8.7% to 71.3%, while the pooled prevalence rate of depression from 16 studies ($n = 3882$) was 39.2% (95% confidence interval: 29.0%–49.5%). Similarly, the pooled prevalence rate of anxiety from four studies ($n =$

686) was 34.5% (95% confidence interval: 10.1%–58.9%), and the pooled prevalence rate of

stress from 28 studies ($n = 5354$) was 51.3% (95% confidence intervals: 42.8%–59.8%). Results show that female students had higher rates of depression and stress as compared to males and depression, anxiety and stress affect a considerable proportion of students in India.

K Vishwanath & S. V Reddy (2017) conducted a study on “*Impact of Emotional Intelligence, Mental health and Self-efficacy on Academic achievement*”. The aim of study was to assess the emotional intelligence, mental health and self-efficacy among teacher trainees. A total of 360 teacher trainees participated in the

study and were administered Emotional Intelligence Scale by Mangal and Mangal, Mental Health Status Inventory by Reddy and Self-Efficacy Scale by Nazareth Amalraj and Mohan. Results indicated that there exists a significant influence of emotional intelligence, mental health and self efficacy on academic achievement among teacher trainees.

K Parthi & S Rohilla (2017) conducted a study on “*Mental health, Perceived Stress, and Self-Esteem among Students in Higher Education*”. The purpose of the study is to understand mental health status and the contributing factors for students to drop out of higher education. A total of 200 students, 100 from Ph.D. programs and 100 from post-Graduate with equal number of males and females were randomly selected and administered General Health Questionnaire-12 (GHQ-12), Perceived Stress Scale and Self-Esteem Scale. Results show significant differences on mental health among research students and postgraduate students.

M Hossain (2020) conducted a study on “*Perceived stress among young adults during social isolation*”. The aim of the study is to discover perceived stress among young adults during social isolation. A total of 100 participants within the age range of 18-25 participated and were sent two versions of PSS Item inventory, (Perceived Stress Scale by Sheldon Cohen)

-PSS 10 and PSS-14. The scores were then calculated after which the Mean and Standard Deviation was compared between males and females; students and working

individuals. Results indicated females having higher perceived stress than males in both versions. It was also reported that working individuals have more perceived stress as compared to students. They suggested that some stress relieving techniques like yoga and exercise, engaging in art or a hobby, meditation, staying connected with loved ones virtually, keeping a journal can help people during isolation.

S Jain & T Desai (2020) conducted a study on “*Adolescent’s self-efficacy and general well-being*”. The aim of this study was to understand the impact of Self-efficacy on general well-being. A total of 100 adolescents, 50 girls and 50 boys participated in the study, selected by purposive sampling method. Tools used for Self-efficacy was Self Efficacy Scale by A.K. Singh and Shruti Narain, for Well-Being General Well-being scale by Ashok K. Kalia and Anita Deswal was used. Correlation and t-test was used, and there was no significant difference in self-efficacy of adolescent girls and boys found and no significant difference of general well-being of adolescent boys and girls was found. In addition, Correlation showed that Self-efficacy has an impact on General well-being of adolescents.

K Sharma & D Kour (2021) conducted a study on “*Self-efficacy as a Mediator in the Relationship between Meaning in life and Mental Health in Young Adults*”. The aim of the study is to investigate the link among meaning in life and self-efficacy, as well the mediating role of self-efficacy in the relationship between meaning in life and mental health. A total of 150 young adults participated in the study, 93 females and 57 males. Results indicated a significant relationship between meaning in life and self-efficacy and that self-efficacy does play a statistically significant mediator role of the relationship between meaning in life and mental health. In addition, the important role of self-efficacy for health development and well-being of young adults is also highlighted in their study.

R Garg et.al., (2021) conducted a study on “*Perceived stress among doctors working in a dedicated covid-19 hospital*”. The purpose of the study is to assess level of perceived stress

among doctors and the association of stress in relation to time spent in ward, age and designation. It was a cross-sectional, Google-

based survey conducted in October and November 2020. The form was circulated and recorded the sociodemographic data, time spent in the COVID-19 ward, etc. The perceived stress scale (PSS) was used to assess the level of stress. Appropriate statistical analysis was used and all ethical considerations were followed. A total of 250 doctors participated in the study. Results indicated that Perceived stress has a significantly negative correlation with age and significantly positive Correlation with hours spent in Covid ward.

B Chhetri (2021) conducted a study on “*Prevalence of stress among Indian students during Covid-19*”. This study focuses on exploring the stress level of Indian students, psychological imbalances if any and major hurdles faced during Covid-19 lockdown. Using snowball sampling method an online survey of the Perceived Stress Scale (PSS) was conducted on students across India. A total of 450 students responded to the PSS survey and levels indicated by PSS were compared, variance and regression analyses was performed. Results indicate that Students were generally stressed during the lockdown, in which Females reported to be more stress than Males.

N. Dagli & R. Dagli (2021) conducted a study on “*Perceived stress during lockdown due to Corona pandemic in Indian Urban Population*”. The study focuses on the effect of lockdown on stress level of Indian urban population. Using Snowball sampling method, a Perceived Stress Questionnaire (PSQ), a total of 120 questionnaires were sent through social media. The Shapiro-Wilk test was applied, independent t-test to find the difference between males and females, One-way analysis of variance (ANOVA) to find difference in various age groups and post hoc Tukey’s honest significant difference test was used. A total of 100 filled responses were analysed. Results indicated that prevalence of moderate stress level in studied

sample population. Females showing more stress level than males, but the difference was not statistically significant. Stress was negatively correlated with age of participants.

AGautam and UKumar (2021) in their study on "*Perceived stress, Self-efficacy and Reasons for living as Predictors of Suicidal Ideation*" investigated the relationship among Perceived stress, self-efficacy and reasons for living with suicidal ideation. A total of 130 students were randomly drawn. The Scales used were Perceived Stress Scale, Self Efficacy, Reasons for Living Inventory and Beck Scale for Suicide Ideation, along with Pearson's correlation & stepwise multiple regression analyses. Results indicated Perceived stress was positively significantly correlated and a very potent predictor of suicidal ideation. In addition, the study also revealed that self efficacy and reasons for living were negatively significantly associated with suicidal ideation.

Overall, few previous studies on Self-efficacy report that there's no significant gender differences in Self-efficacy. Few studies on Self-efficacy showed greater in men as compared to women. Self-efficacy has also been reported to have an influence on academic achievement, and it plays a mediator role of relationship between meaning in life and mental health. Perceived Stress is reported higher in females than in males. In regards with Covid-19, several studies reported that students were stressed during lockdown. One study indicated Perceived stress having a negative correlation with age and positive correlation with hours spent in a Covid ward. Perceived self efficacy was negative associated with Self perceived stress among students, was found.

RESEARCH METHODOLOGY

The methodological procedure used in the study are introduced in this chapter. The topics are the samples, data collection instrument, the data collection procedure and the data analysis techniques. The aim, objective and hypothesis are included in the first part. The instrument used in the study are explained in the second part. Variable is given in the third part. The data collection procedure is explained in the fourth part. Data Analysis procedure was explained in the fifth section. The following section embodies the statistical techniques for the analysis of the data.

3.1 Aim:

To study the relationship between Self-efficacy and Perceived stress and also to understand gender differences among young adults.

3.2 Objectives:

1. To assess the relationship between Self-efficacy and Perceived stress among young adults.
2. To study the gender differences in male and female Self-efficacy.
3. To study the gender differences in male and female Perceived stress.

3.3 Hypotheses:

H1: There will be a positive relationship between Self-efficacy and Perceived stress among young adults.

H2: There will be a significant difference between Male and Female in Self-efficacy among young adults.

H3: There will be a significant difference between Male and Female in Perceived stress among young adults.

3.4 Variables Independent variables

Gender: Gender refers to the attitudes, feelings and behaviours that a given culture associates with a person's biological sex.

Dependent variable

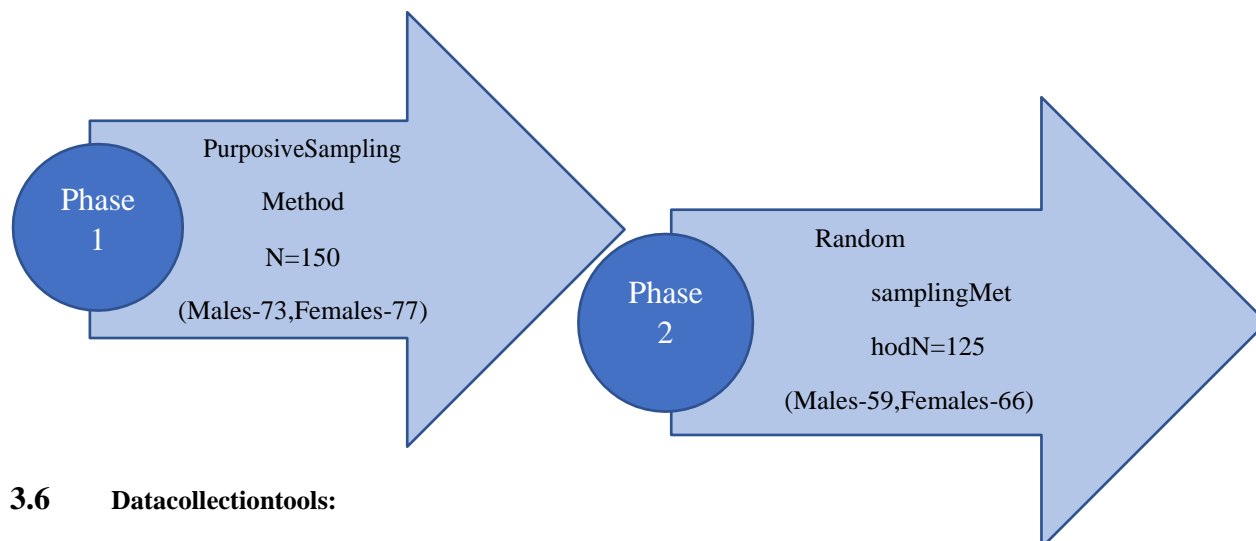
Perceived Stress: Perceived stress refers to the degree to which events in a person's life are assessed as stressful, unpredictable and uncontrollable (Cohen, Kamarck, & Mermelstein, 1983; Phillips, 2012)

Self-efficacy: Self-Efficacy is a person's particular set of beliefs that determine how well one can execute a plan of action in prospective situations (Bandura, 1977) Self-efficacy reflects confidence in the ability to exert control over one's own motivation, behavior, and social environment. These cognitive self-evaluations influence all manner of human experience, including the goals for which people strive, the amount of energy expended toward goal achievement, and likelihood of attaining particular levels of behavioral performance.

3.5 Sampling and sampling techniques

The study aimed to discover the relationship between Self-efficacy and Perceived stress among young adults and also to find the gender differences in Self-efficacy and Perceived stress. The participants of the study were 150 (73 Males and 77 Females) which was collected based on the purposive sampling method using Google Forms. After which the method of simple random sampling was used for the collected samples. The total samples at the final phase were

125 among which 59 are Males and 66 are Females. These samples were collected from various geographic areas in and around Maharashtra and Karnataka.



3.6 Data collection tools:

The data of this study was obtained by the following scales such as The Self-efficacy Scale (SES) and The Perceived Stress scale (PSS).

3.6.1 Self-efficacy Scale: The Self-efficacy Scale (SES) developed by Mark Sherer, James E. Maddux, Blaise Mercandante, Steven Prentice-Dunn, Beth Jacobs, and Ronald W. Rogers is a five-point rating scale consisting of 30-items that measures general expectations of self-efficacy that are not tied to specific situations or behavior. The SES consists of two subscales, general self-efficacy which has total 17 items and social self-efficacy which has total 6 items.

Norms: The initial studies of the SES involved 376 undergraduate students in introductory psychology classes and 150 inpatients from a Veterans Administration alcohol treatment unit. No other demographic data were provided nor were actual norms for these groups.

Reliability: The SES has fairly good internal consistency, with alphas of .86 for the general subscale and .71 for the social subscale. No test-retest data were reported.

Validity: The SES was shown to have good criterion-related validity by accurately predicting that people with higher self-efficacy would have greater success than those whose score is low.

self-efficacy in past vocational, educational, and monetary goals. The SES also has demonstrated construct validity by correlating significantly in predicted directions with a number of measures such as the Ego Strength Scale, the Interpersonal Competency Scale, and the Rosenberg Self-Esteem Scale.

3.6.2 Perceived Stress Scale: The Perceived Stress scale (PSS) developed by Cohen, S., Kamarck, T., & Mermelstein, R. is a five-point rating scale consisting of 14 items. It is to assess the degree to which people perceive their lives as stressful. High levels of stress are associated with poor self-reported health, elevated blood pressure, depression, and susceptibility to infection. Subjects indicate how often they have found their lives unpredictable, uncontrollable, and overloaded in the last month. *Norms:* The PSS was administered on college students at two time points including at baseline and then again 6 weeks later. Sample one consisted of $n=332$, a mean of 23.18 and SD of 7.31 was reported. Sample two consisted of $n=114$, a mean of 23.67 and SD of 7.79 was reported. *Reliability:* The Reliability of PSS is $\alpha=.78$

Validity: Validity Correlates in a predicted way with other measures of stress (Job Responsibilities Scale, life events scales).

3.7 Procedure:

To collect data, the inventories were converted into google forms and were distributed to the samples of the study. The subjects were asked for their permission and after their consent, the form was shared. They were given the questionnaire set, including the explanation of the study, confidentiality issues, contact information of the researcher, demographic information and the scales. The administration of the scale approximately 10 minutes.

3.8 Ethical considerations:

All the participants were provided with the informed consent. The participants were approached individually and given an explanation of the purpose of the study and data collection process. They were given appropriate time to ask questions and address any concerns. Once they agreed with the process, they were asked to sign the informed consent form before the data was collected from them. An explanation was clearly given to potential participants that they have a right to withdraw from the study at any time even after the informed consent had been signed. The anonymity and confidentiality of the participants was preserved by not revealing their names, identity in the data collection, analysis and reporting of the findings of the study.

3.9 Statistical analysis:

For the current study, qualitative data was gathered by reviewing the article to get an idea and the quantitative data were collected and analyzed using SPSS. Scores of the Social Media addiction were calculated. To calculate the scores, the sum of the responses to 30-item scale of the Self-efficacy scale were computed for each participant. Higher values state high level of Self-efficacy. Similarly, the Scores of Perceived Stress was calculated. Subsequently Mean, Standard Deviation and frequency were computed for the scores and responses of the demographic information form. Correlational analysis was performed for the variables and t-test was performed in order to find the gender differences.

RESULTS AND DISCUSSION

In this chapter, results and interpretation of the study are represented. In the first section, the result of the frequencies of gender of the samples were presented. In the second part descriptive statistics including Mean and Standard deviation regarding the Self-efficacy and Perceived stress questionnaire scores of the samples are represented. In the third part correlational analysis of Self-efficacy and Perceived stress were represented. In the fourth part t-test were covered in order to find the significant gender differences.

The flowchart representing the demographic details:

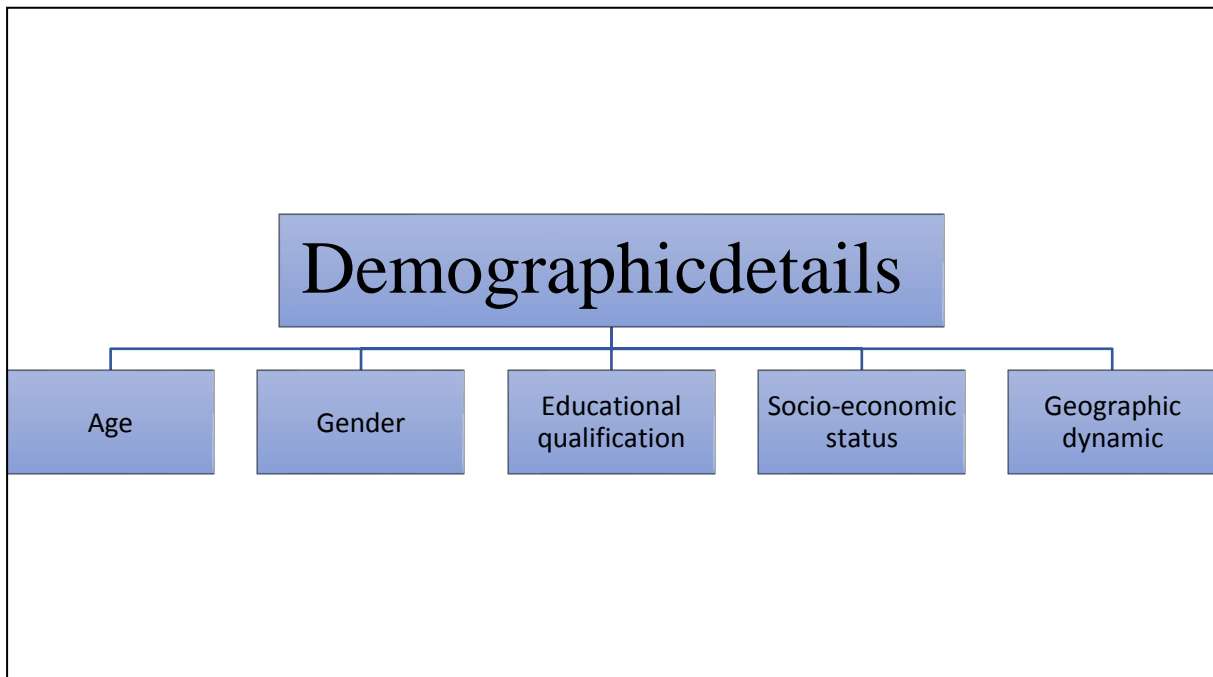


Table 4.1

Showing the Frequency percentage of Age and Gender

Variable	N=125	Frequency	Percentage
Age	18-20	41	34.2
	21-22	53	44.2
	23-25	31	24.8
Gender	Male	59	47.2
	Female	66	52.8
Educational Qualification	2 nd year aspirant	1	.8
	2 nd year student	1	.8
	Graduate	1	.8
	High school graduate	85	68
	Post-graduate	20	16.7
	Undergraduate	16	13.3
Socio-economic status	Lower middle	1	.8
	Middle	5	4.2
	Upper	79	63.2
	Urban	5	4.2
Geographic dynamic		36	30.0
		3	2.5
		3	2.5
		25	20.8
		94	75.2

The frequency and the frequency percentage of the samples based on the gender was performed. On the total the number of samples were 125 whose frequency percentage was found to be 100%. Among the respondents, the frequency of males was found to be 59 and females was found to be 66. Accordingly, the percentage of males and females is 47.2 and 52.8 respectively.

Hypothesis 1. There will be a positive relationship between Self-efficacy and Perceived stress among young adults.
Table 4.2

Correlation between Self-efficacy and Perceived stress

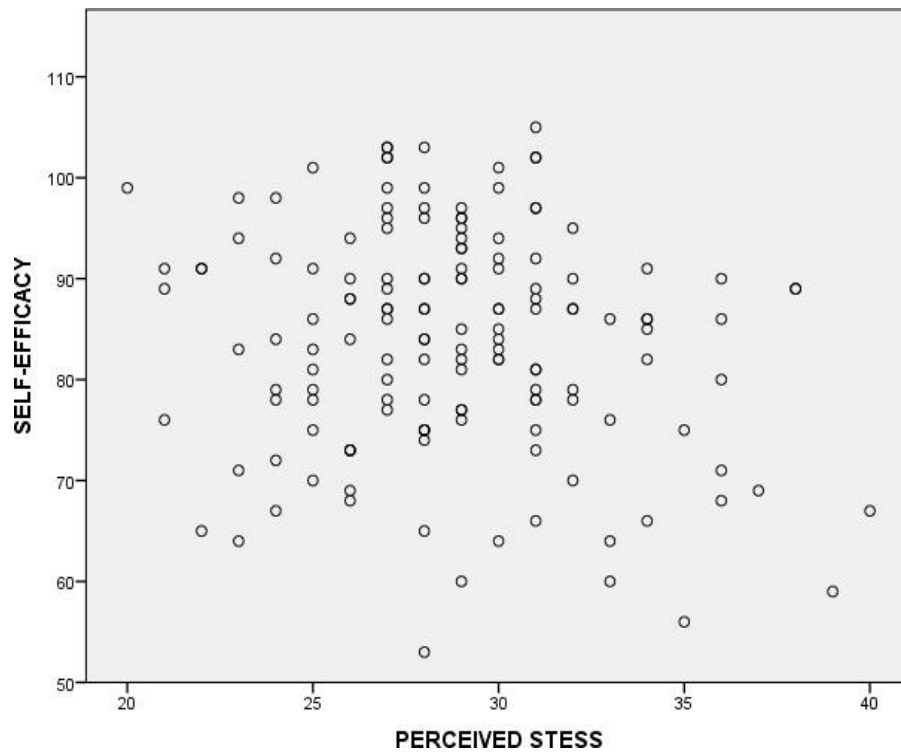
Variable	n	M	SD	Self-efficacy	Perceived stress
Self-efficacy	125	83.98	11.1	1	
Perceived stress	125	28.81	3.8	-0.138 (0.126)	1

Pearson correlation was performed to find out the relationship between Self-efficacy and Perceived stress. The total number of samples used in the study is 125. The mean of Self-efficacy was found to be 83.98 and Standard deviation was found to be 11.1. For Perceived stress, the Standard deviation was found to be 3.8 and Mean was found to be 28.81. The correlation coefficient of Self-efficacy and Perceived stress was -0.138, this showed that there

is a negative correlation between Self-efficacy and Perceived stress. The significance was found to be 0.126, which shows that there is a weak correlation between Self-efficacy and Perceived stress. It can be concluded that when Self-efficacy increases, there is a decrease in Perceived stress and vice-versa.

Figure 4.1

Scatterplot of Self-efficacy and Perceived stress



The above figure represents the scatter plot distribution of self-efficacy and perceived stress of the samples taken into the study.

Hypothesis 2. There will be a significant difference between Male and Female in Self-efficacy among young adults.
Table 4.3

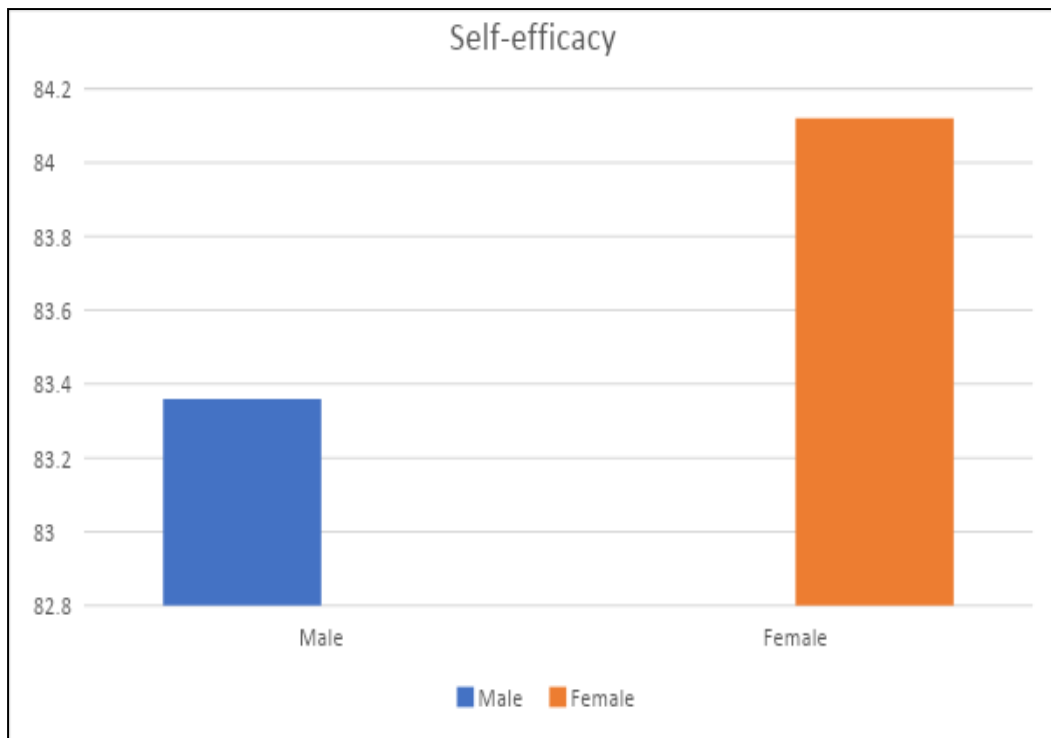
t-test of Self-efficacy with respect to gender

Variable	Male		Female		t	Sig
	M	SD	M	SD		
Self-efficacy	83.36	10.707	84.12	11.606	-.382	0.640

The t-test is performed on Self-efficacy with respect to gender. The above table reveals the results. When Self-efficacy is considered, it was found that the Mean and Standard deviation of Male was 83.36 and 10.707 respectively. And for female mean was found to be 84.12 and standard deviation was 11.606. The t-value was -.382 whose significance was found to be 0.640. From the analysis it was found that there exists a significant difference between male and female, where females are high in self-efficacy compared to males.

Figure 4.2

Bar diagram of self-efficacy with respect to gender



The above figure represents the differences in self-efficacy with respect to male and female. From that, it was found that females are high in self-efficacy comparing to males.

Hypothesis 3. There will be a significant difference between Male and Female in Perceived stress among young adults.
Table 4.4

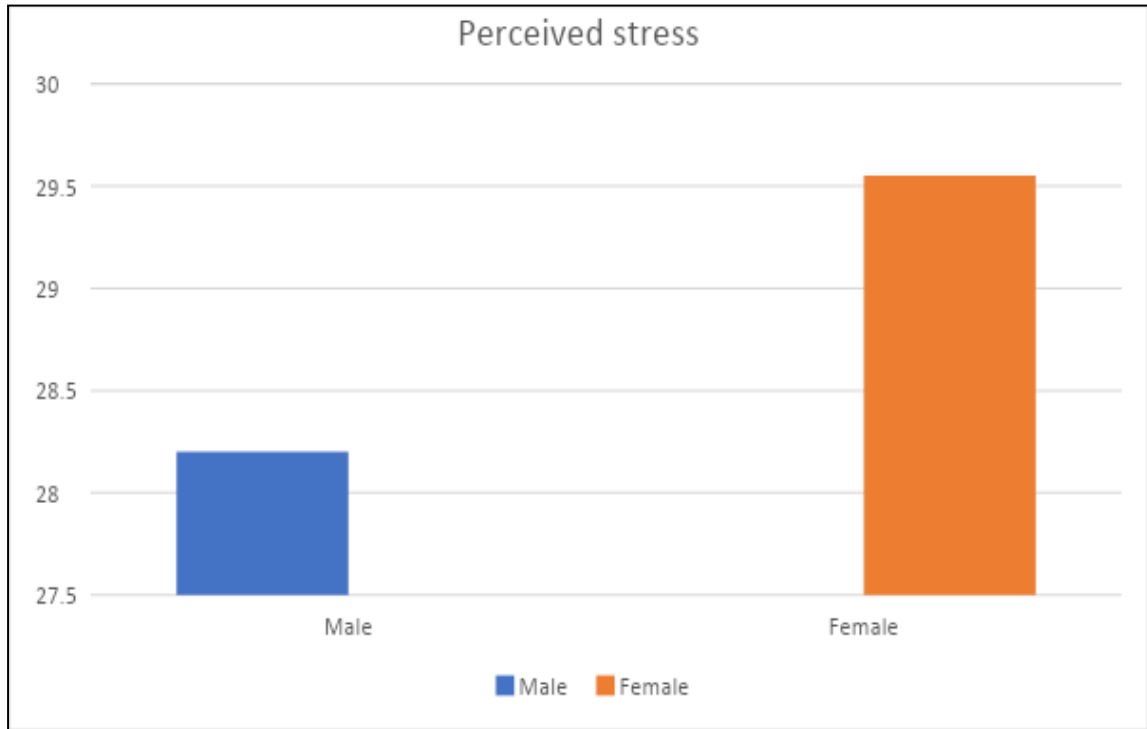
t-test of Perceived stress with respect to gender

Variable	Male		Female		t	Sig
	M	SD	M	SD		
Perceived Stress	28.20	3.899	29.55	3.655	-1.986	0.581

The t-test is performed on Perceived stress with respect to gender. The above table reveals the results. When Perceived stress is considered, the mean and standard deviation of males was 28.20 and 3.899 respectively. The mean and standard deviation of females was 29.55 and 3.655 respectively. The t-value was -1.986 and significance was 0.581. This shows that there exists a significant difference when considering gender, which shows that Perceived stress is high in females. It is concluded that both Self-efficacy and Perceived are high in females comparing to males.

Figure 4.3

Bar diagram of Perceived stress with respect to gender



The above figure represents the differences in perceived stress with respect to male and female. From that, it was found that females are high in self-efficacy comparing to males.

DISCUSSION

This chapter presents the discussion of the study based on the findings of statistical analysis. The research findings indicate that this study has considerably contributed towards an improved understanding of Self-efficacy and Perceived stress among young adults. For long time, the researchers have been attempting to the research, the relation between self-efficacy and Perceived stress and this study explored the certain important factor that is related and has explored the significance and relationship between each.

From the statistical analysis it was found that the frequency and the frequency percentage of the samples with respect to gender was analysed. Among the respondents, when considering gender, the frequency of the male was found to be 59 and 66 and female was whose percentage was found to be 47.2 and 52.8 respectively. The whole frequency percentage was found to be 100%.

Hypothesis 1: There will be a positive relationship between Self-efficacy and Perceived stress among young adults.

Correlational analysis was performed for finding the strength and significance of the variables. The Mean of Self-efficacy was found to be 57.63 and Standard deviation (SD) was 6.189 and finally for Perceived stress Mean=53.42 and Standard deviation=5.033. When considering the relationship between Self-efficacy and Perceived stress the Pearson coefficient was found to be 0.348 and the significance (2 tailed) was 0.006 which shows that there exists a significant relationship. From the correlation table it can be concluded that there exists a significant relationship between Self-efficacy and Perceived stress.

In one study on Perceived stress, self-efficacy and its relations to psychological well-being status, results revealed that Greater stress was associated with lower general self-efficacy and lower mental health status. A significant inverse relationship between self-efficacy and general health was found among students (Moeini et al., 2008)

Hypothesis 2: There will be a significant difference between Male and Female in Self-efficacy among young adults

t-test was performed to find the significant gender differences in Self-efficacy. The t-test is performed on Self-efficacy with respect to gender. The above table reveals the results. When Self-efficacy is considered, it was found that the Mean and Standard deviation of Male was 83.36 and 10.707 respectively. And for female mean was found to be 84.12 and standard deviation was 11.606. The t-value was -.382 whose significance was found to be 0.640. From the analysis it was found that there exists a significant difference between male and female, where females are high in Self-efficacy compared to Male.

Level of perceived stress differs based on gender differences, where females reported high level of stress and more health problems as compared to males (Varghese et al., 2015) In another study, results indicated Female students had higher rates of depression and stress as compared to males, reported in one of the studies. (Sarkar et al., 2017)

Hypothesis 3: There will be a significant difference between Male and Female in Perceived stress among young adults.

The t-test is performed on Perceived stress with respect to gender. When considering Perceived stress with respect to gender, the mean and standard deviation of males was 28.20 and 3.899 respectively. The mean and standard deviation of females was 29.55 and 3.655 respectively. The t-value was -1.986 and significance was 0.581. This shows that there exists a significant difference when considering gender, which shows that Perceived stress is high in

females. It is concluded that both Self-efficacy and Perceived stress are high in females comparing to males. In a study on Perceived Stress in a Gender Perspective, results indicated that females reported high perceived stress values. The result highlights that the female gender is associated with higher stress level, pointing out the relevance of specific and designed interventions in the context of health promotion programs. (Costa et al., 2021)

From the analysis, it was found that there exists a relationship between Self-efficacy and Perceived stress. Statistical analysis also revealed that there exists a gender difference in males and females in both Self-efficacy and Perceived stress. Females are higher in the level of Self-efficacy and in Perceived stress as compared to males.

CONCLUSION

This chapter presents the conclusion and proving the hypotheses. First section presents the conclusion above the results of this study. In the second section proving the hypotheses are proposed.

The purpose of the study was to investigate the relationship between Self-efficacy and Perceived stress; and to find the gender differences in the Self-efficacy and Perceived stress in males and females. Correlation and t-test was used for analysis of the result.

The Self-efficacy Scale and Perceived Stress scale were administered to 125 young adults in and around Karnataka and Maharashtra to gain insight about Self-efficacy and Perceived stress. Before the result of the correlational analysis, the findings of descriptive analysis of Self-efficacy and Perceived stress of participants are discussed. The descriptive statistics revealed that the mean value for the participants in Self-efficacy was 83.98 with a standard deviation of 11.1. On the other hand, statistical results of Perceived stress scores showed that mean was 28.81 (SD=3.8).

A correlational analysis helped in studying the relationship between the variables, and analysing the strength of the relationship. It was found that there exists the relationship between the Self-efficacy and Perceived stress, which shows that when one increases the other increases and vice-versa. T-test was also done to find the gender differences among the variables. The results of t-test showed that females were high in both Self-efficacy and Perceived stress.

✓ There will be a positive relationship between Self-efficacy and Perceived stress among young adults, the Mean of Self-efficacy was found to be 57.63 and Standard deviation (SD) was 6.189 and finally for Perceived stress Mean=53.42 and Standard deviation=5.033. When considering the relationship between Self-efficacy and Perceived stress the Pearson coefficient was found to be 0.348 and the significance (2 tailed) was 0.006 which shows that there exists a significant relationship and the hypothesis H1 is accepted.

✓ There will be a significant difference between Male and Female in Self-efficacy among young adults. The Mean and Standard deviation of Male was 83.36 and 10.707 respectively. And for female mean was found to be 84.12 and standard deviation was 11.606. The t-value was -0.382 whose significance was found to be 0.640. From the analysis it was found that there exists a significant difference between male and female, where females are high in Self-efficacy compared to Male. Hence H2 is accepted.

✓ There will be a significant difference between Male and Female in Perceived stress among young adults. When considering Perceived stress with respect to gender, the mean and standard deviation of males was 28.20 and 3.899 respectively. The mean and standard deviation of females was 29.55 and 3.655 respectively. The t-value was -1.986 and significance was 0.051. This shows that there exists a significant difference when considering gender, which shows that Perceived stress is high in females. Hence H3 is accepted.

From the study, it was found that there exists a relationship between Self-efficacy and Perceived stress. When Perceived stress tends to increase, there is a decrease in Self-efficacy and vice-versa. In addition, when considering the gender differences in Self-efficacy and Perceived stress both of them were found to be high in females comparing to males.

From the study, it can be concluded that the analysis measured what it intended to measure - Self-efficacy and Perceived stress among young adults. Frequency percentage of

Gender were analysed among which 47.2% were males and 52.8% were females. Test of normality was done to find out the distribution of the variables. Pearson correlation between Self-efficacy and Perceived stress shows that there is a weak correlation. It also showed that when Self-efficacy increases, there is a decrease in Perceived stress and vice versa. An Independent sample t-test to analyse the significant difference in the variables with respect to gender. The analysis revealed that both Self-efficacy and Perceived stress is high in females. In Principle, these findings could assist further researches doing study on Depression, personality on young adults to examine their Self-efficacy. This study can be helpful in understanding the factors related to Self-efficacy.

IMPLICATIONS, LIMITATIONS AND SUGGESTIONS

This chapter presents the implication, limitations and recommendations of the study based on the findings of statistical analysis. First section presents the research implications. In the second section limitations, and in the third section recommendations for future research are proposed.

7.1 Research Implications

These findings assist further researches doing study on Depression, personality on young adults to examine their Self-efficacy. This study can be helpful in understanding the factor revealed to Self-efficacy and also other factors related to Self-efficacy. It creates awareness among individual about their own self-efficacy and perceived stress. These findings help to know how self-efficacy interventions may address stress, helping to counteract the adverse effects perceived stress has on young adults. It also helps to understand and investigate the impact of stress on young people's life satisfaction. Ultimately, helping people to enhance their self-efficacy through youth empowerment programs and psychological interventions at school, which not only have a strong impact on individual level well-being, but also on public health levels more generally.

7.2 Limitations:

While contributing important insights to Self-efficacy and Perceived stress, the research has some limitations:

- The data were collected only in few states in India and thus the sample was geographically limited. Data from other cities may produce different results.
- The study was restricted to only individuals between the age-range of 18-25 focused on college students and the research should be extended to other individuals.
- The present study is focused on college students and similar research should be conducted on other populations such as children and adults.
- The findings of the research are based on self-reported inventories data, rather than offline observation of the individual. Although the research showed significant relation, it is important to take this limitation into account.

7.3 Suggestions:

- The same study could be conducted in majority of states in India focusing on both urban and rural parts.
- The age distribution was not equal, where majority of people were 20 and 21 years.

Further research could be done in more even age distribution.

- The research should be extended to the individual of other age groups rather than being specific.
- The research should also be extended to the individuals who do not have fluency in English.

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