PREVALENCE LEVELS OF GENERALIZED ANXIETY DISORDER, INSOMNIA AND ACUTE STRESS DISORDER AMONG SENIOR SECONDARY STUDENTS IN ABUJA

ABEL EBIEGA ENOKELA
Federal College of Education, Ofeme-Ohuhu, Umuahia, Abia State, Nigeria.
Email: abelenokela2020@gmail.com +2348056064595
ORCID: https://orcid.org/0000-0003-4488-8614

Abstract

This study explored the prevalence levels of generalized anxiety disorder, insomnia and acute stress disorder among senior secondary students in Abuja. It adopted a descriptive survey design. The population of the study is 23,072 students, with male students about 10,709 and girls 12, 363, consisting of all SSS 2 students who were between the age of 13-20 in the public senior secondary schools in the Federal Capital Territory, Abuja which consists of six area councils: Abuja Municipal Area Council (AMAC), Abaji, Kwali, Kuje, Bwari, and Gwagwalada. Proportionate sampling technique was used to draw a sample of 1106 (530 boys and 576 girls). Three adapted research instruments were be used in the study namely: GADQ, HNIQ and SASRQ Questionnaires. Instruments were validated by experts in field of Guidance and Counselling. The reliability coefficients of the instruments are as follows: 0.80 for GADQ Questionnaire, 0.85 for HNIQ Questionnaire, 0.85 SASRQ Questionnaire. Data were measured using descriptive statistical tools of frequency, percentage, mean and range scores. Findings revealed ASD has the highest prevalence level (n=653; 59.0%); followed by GAD (n=306; 27.7%); and Insomnia (n=222; 20.1%). On the reverse, Insomnia has the highest number of students with low symptoms as (n=884; 79.9%); followed by GAD (n=800; 72.3%); and ASD (n=453; 41.0%). It is recommended that students' mental health should be prioritized by stakeholders.

Keywords: Generalized Anxiety Disorder, Insomnia, Acute Stress Disorder, Mental Health, Prevalence

Introduction

The pervasiveness of mental health challenges among students has been increasing over the years, making it a critical concern in school adjustment and overall well-being of learners. Besides, mental health challenges among students' populations signal extending implications of poor academic achievement, poor peer interaction and maladjusted psychosocial daily functioning. Mental health relates to an individual's psychological and emotional well-being, which determines mood, feeling and adaptive peer interactions among students. There are many mental health disorders that can affect students' mental health and school adjustment, including: Generalized Anxiety Disorder (GAD), Insomnia and Acute Stress Disorder (ASD).

GAD is a type of anxiety disorder. Anxiety can be perceived as a vague feeling of dread or fear with increased arousal with or without specific objective (Chand & Marwaha, 2022). Anxiety as a psychological condition is experienced by all human beings; but when it gets to a point of causing distresses and impairment of daily functioning, it becomes a disorder. One of the common anxiety disorders among students is GAD. Approximately 4% of the world's population meet GAD criteria within a one-year period (APA, 2023), and about 5.7% to 10% fulfill the criteria at some time throughout their life (APA, 2023). It is a type of anxiety disorder that is characterized by constant, excessive, and unrealistic concerns about issues of life (Yu et al., 2018). By implication, Generalized Anxiety Disorder can cause sleeplessness, lack of concentration, exhaustion and general health problems (Dunn et al., 2022; Majeed et al., 2023). GAD makes its victims to retain intrusive thoughts and perpetuate excess worry, leading to tension and emotional instability. Students who experience Generalized Anxiety Disorder may experience excessive worry and fear about their studies which could produce negative effects in their lives in the long run. GAD has been found to significantly associate with chronic diseases and death of family members, relatives or friends (Hasanpour et al., 2021), and more prevalent with

individuals who experience distresses (Li, et al., 2020). Thus, students who experience crises like domestic violence bullying are likely to become excessively anxious and stand a higher risk of GAD.

Insomnia is a type of sleep disorder and common among adolescent students. It is a sleep condition characterized by difficulty falling asleep, increased wakefulness, difficulty going back to sleep and waking up earlier than wished (APA 2021). Individuals experiencing insomnia have poor quality sleep, non-restorative or un-refreshing sleep, waking up too early even with sufficient time for sleep, and experiencing dysfunctional daytime (APA, 2013). Moreover, insomnia has implications on students' academic progress as it can impede cognitive functions that are fundamental to academic processes (Baklola et al 2024; Gianfredi et al., 2018; Haile et al., 2017), and by extension could increase the risk of poor examination outcomes (Vedaa et al, 2019).

Acute Stress Disorder (ASD) is a type of trauma disorder which happens as a result of exposure to traumatic events, characterized by accompanying symptoms like: intrusion, dissociation, avoidance, and anxiety (APA, 2013). Persons with ASD experience traumatic distress within one month of the trauma event. However, if trauma reaction continues for more than a month, the victim meets diagnostic requirement for PTSD (APA, 2013).

Aim and Objectives of the Study

The aim of this study is to examine the levels of GAD, Insomnia and ASD among students of senior secondary schools in the Federal Capital Territory FCT. Abuja. The specific objectives are to:

i. determine the levels of GAD among senior secondary school students in the Federal Capital Territory (FCT), Abuja;
ii. ascertain the levels of Insomnia among senior secondary school students in the Federal Capital Territory (FCT), Abuja;
iii. establish the levels of ASD among senior secondary school students in the Federal Capital Territory (FCT), Abuja.

Research Questions

The following research questions guided this study:

1. What are the levels of GAD among senior secondary school students in the Federal Capital Territory (FCT), Abuja?
2. What are the levels of Insomnia among senior secondary school students in the Federal Capital Territory (FCT), Abuja?
3. What are the levels of ASD among senior secondary school students in the Federal Capital Territory (FCT), Abuja?

Personal Characteristics of Participants

Table 1: Distribution of Sex of Participants

Sex	Frequency	Percent
Female	576	52.1
Male	530	47.9
Total	1106	100.0

Table 2: Distribution of Age of Participants

Age (years)	**Frequency**	**Percent**
13-15	399	36.1
16-18	639	57.8
19-20	68	6.1
Total	1106	100.0

Method/Procedure

This study adopts a descriptive survey design. The population of the study is 23,072 students, with male students about 10,709 and girls 12, 363, consisting of all SSS 2 students who were between the age of 13-20 in the public senior secondary schools in the Federal Capital Territory, Abuja which consists of six area councils: Abuja Municipal Area Council (AMAC), Abaji, Kwali, Kuje, Bwari, and Gwagwalada. Proportionate sampling technique was used to draw a sample of 1106 (530 boys and 576 girls) from 19 senior secondary schools in all the area councils. Three adapted research instruments were be used in this study namely: GADQ Questionnaire which was originally developed by Spitzer R.L., Kroenke, Williams, J.B.W., and Lowe, called Generalized Anxiety Disorder Questionnaire (GAD-7); HNIQ Questionnaire which was originally developed by JPS Health Network and called JPS Health Network Insomnia Screening Questionnaire; SASRQ Questionnaire which was originally developed by university of Stanford, called Stanford Acute Stress Reaction Questionnaire. The instruments have two parts; part A contains demographic features of respondents: age, gender and class. Part B contained the test items meant to diagnose insomniac statuses of students. Instruments were validated by experts in the field of Guidance and Counselling. The instruments were trial tested on a group of 30 students of senior secondary in Karu Local Government Area of Nasarawa State, outside the FCT, the area of study. After the pilot test was carried out, responses from participants were collated and measured using the Cronbach alpha. The reliability coefficients of the instruments are as follows: 0.80 for GADQ Questionnaire, 0.85 for HNIQ Questionnaire, 0.85 SASRQ Questionnaire. The instruments have 4-point scale of Always -4, Sometimes - 3, Rarely – 2 and Never - 1. Data were measured using descriptive statistical tools of frequency, percentage, mean and range scores. The students' score on each statement or test item on the instruments was measured and ranked into two classes. For GADQ and HNIQ instruments which had 10 items, the aggregate range scores of the students were based on the following dichotomization procedure: 10-25 = Low; and 26 – 40 = high. This classification was determined by taken the range (i.e., 40-10 = 30) between the lowest (i.e., 10) and maximum (i.e., 40) scores obtainable from their responses to the 10 questions. The range was then divided by two to give 15 (i.e., 30/2 = 15). Based on this value (i.e., 15), the benchmark score was estimated at 25, taken as the midpoint of 10 and 40. Thus, the two classes generated are 10-25 which represents low level; and 26 – 40 which represents the high level. However, SASRQ instrument which had 15 items, the aggregate score was based on the following dichotomization procedure: 10-35 = Low; and 36 – 60 = high. This classification was determined by taken the range (i.e., 60-10 = 50) between the lowest (i.e., 10) and maximum (i.e., 60) scores obtainable from their responses to the 15 questions. The range was then divided by two to give 25 (i.e., 50/2 = 25). Based on this value (i.e., 25), the benchmark score was estimated at 35, taken as the midpoint of 10 and 60. Thus, the two classes generated are 10-35 which represents low level; and 36 – 60 which represents high level.

Studies on Generalized Anxiety Disorder

Mbanuzuru et al (2023) in a study involving 1187 in-school adolescents in Anambra State, Nigeria found 120 (10.1%) students have probable generalized anxiety disorders using GAD-7 as screening tool with higher female propensity to exhibit symptoms than the males. Mohamad et al (2021) using Generalized Anxiety Disorder-7 (GAD-7) instrument recorded 29% prevalence risk of anxiety out of 1860 students who participated in a study in Malaysia. Atiri and Olayinka-Aliu (2024) assessed the level of generalized anxiety disorder (GAD) among undergraduates of Obafemi Awolowo university Ife – Ife, Nigeria and revealed that 75(4%) of the respondents experienced severe symptoms of GAD and males experience a significant level of GAD symptoms than females. Baruah and Sinha (2023) also confirmed the prevalence

of generalized disorder and found academic pressure, health, adjustment in a new environment, and past experiences as causes.

Still on GAD prevalence, Ghaffar et al (2023) conducted a descriptive cross-sectional study at the Majmaah University of Saudi Arabia, using Generalized Anxiety Disorder 7-item (GAD-7) scale to collect the data. A total of 631 males (45.2%) and females (54.8%) participated in the study with 38.2% with mild anxiety, and 26.6% with moderate anxiety, and 19.5% with severe anxiety. Female students significantly had higher anxiety than male students. Tan et al (2023) in a review study covering all regions including Africa, Arab States, Asia-Pacific, Europe, Middle East, North America, and South America noted that overall anxiety prevalence among college and university students had a median of 32.00 % and ranged from 7.40 to 55.00%. Subgroup analyses revealed that being female, living in Asia versus Europe, and being an undergraduate correlated with higher anxiety levels.

Furthermore, Hasanpour et al (2021) in a web-based cross-sectional study on 174 nursing students in Iran confirmed that the mean of GAD-7 total score was 6.05 ± 4.77, and the prevalence of GAD using a cut-off value of 10 for the GAD-7 was 20.7%. According to the adjusted analysis, GAD was significantly associated with having chronic diseases, long time thinking about COVID-19, and death of family members, relatives or friends due to COVID-19. Also, Mohamed (2024) in a cross-sectional study conducted among undergraduate medical students at Omdurman Islamic University in Sudan with a sample of 374 medical students revealed prevalence of GAD among the students. Reports show that 33.7% of participants had GAD with 41.2% as mild, 21.4% as moderate, and 12.3% as severe. The study further revealed significant associations between GAD and female students and students with chronic diseases. GAD also significantly impacted daily activities.

Studies on Insomnia

Baklola et al (2024) examined insomnia prevalence among Saudi university students, using standard diagnostic criteria, involving a total of 8,297 university students and found insomnia prevalence varied widely, ranging from 19.3% to 98.7%, with a pooled prevalence of 43.3% (95% CI 28.9–58.2%). Subgroup analyses showed a prevalence of 38.6% among medical students and 38.7% among female students. The study confirmed the prevalence of insomnia among university students in Saudi. Chowdhury et al (2020) in a systematic review found the prevalence rates of insomnia of seven studies ranged between 35.4% (95% CI: 32.4-38.5%) and 70% (95% CI: 65.7-74.1%). The pooled prevalence of insomnia among university students was 52.1% (95% CI: 41.1-63.1%) in South Asian Region.

Zhang et al (2023) in a study conducted 2 years after the global COVID-19 pandemic (April 1-April 23, 2022) found prevalence of insomnia was 27.80% (636/2289) among the Chinese medical college students. Aschale et al (2024) in a cross-sectional study also found that among 398 undergraduate students at Hawassa University Sidama, Ethiopia ,81 (20.4%) experienced insomnia, and there were significant associations between being female, age, anxiety symptoms, and mobile device use before going to sleep with insomnia. Al Omari et al (2022) explored the prevalence and predictors of insomnia among 632 students of Omani university in a cross-sectional study and found almost two thirds of the participants suffered from insomnia, of which a third suffered from sub-threshold insomnia, another third had moderate insomnia, and a tenth part suffered from severe insomnia.

Studies on Trauma Stress Disorder

Worku et al (2022) through Systematic random sampling recruited a total of 422 patients in Ethiopia. The prevalence of probable acute stress disorder was found to be 45%. The study also confirmed exposure to past history of trauma, past psychiatry illness, anxiety, poor social support and moderate

to severe threat to life significantly associated with probable acute stress disorder. Walker (2020) in a systematic review found pooled prevalence estimate for ASD as 16.5%. Studies with older participants associated with high prevalence and prevalence correlated significantly with participants with exposure to interpersonal trauma (27.9%) compared to non-interpersonal trauma (12.8%).

Al-Hemiary et al (2016) in study involving 240 secondary school students from 4 secondary schools (2 for boys and 2 for girls) in Baghdad and Iraq confirmed PTSD prevalence level of 37.1% among the students who participated in the study. Hu, Yang and Tuo (2023) in a study involving 38 articles in a meta-analysis found that the pooled prevalence of college students' PTSD was 25% (95% CI: 21–28%). Prevalence level of PTSD among college students were statistically significant ($p < 0.00001$) when stratified with geographical regions, income levels, and study majors. Subgroups of Africa and Europe, lower-middle-income countries, and medical college students possessed higher prevalence estimates when compared with the pooled prevalence of PTSD (25%).

Table 3: Distribution of Responses on Generalized Anxiety Disorder

Statements	*Never*		*Rarely*		*Sometimes*		*Always*		*Total*	
	Freq	%	Freq	%	Freq	%	Freq	%	Mean*	SD
I worry too much about different things	210	18.99	200	18.08	460	41.59	236	21.34	2.65	1.0
I easily become annoyed or irritable	260	23.51	199	17.99	448	40.51	199	17.99	2.53	1.0
I feel nervous, anxious, or on edge	280	25.32	159	14.38	567	51.27	100	9.04	2.44	1.0
I am not able to stop or control worrying	303	27.40	251	22.69	427	38.61	125	11.30	2.34	1.0
I feel something dangerous might happen	304	27.49	245	22.15	430	38.88	127	11.48	2.34	1.0
I find it difficult to concentrate	312	28.21	232	20.98	449	40.60	113	10.22	2.33	1.0
I am so restless and can't relax	487	44.03	238	21.52	300	27.12	81	7.32	1.98	1.0
I have trouble relaxing	503	45.48	234	21.16	285	25.77	84	7.59	1.95	1.0
I have lost interest in hobbies	609	55.06	177	16.00	225	20.34	95	8.59	1.82	1.0
I have sleepless nights because of worrying	628	56.78	171	15.46	248	22.42	59	5.33	1.76	1.0

**Mean > 2.50 (Regular)*

The above table shows the item-by-item responses of the senior secondary students who participated in the study. Table highlights the frequency, percentage, mean and standard deviation of the distribution of Never, Rarely, Sometimes and Always responses to GADQ instrument that was used to measure the prevalence levels of GAD among the participants of the study.

Table 4: Prevalence Levels of Generalized Anxiety Disorder

Level	Frequency	Percent
Low (Score: 10-25)	800	72.3
High (Score:26-40)	306	27.7
Total	1106	100.0

From the above table, it can be observed that 1,106 students participated in the present study which aimed at measuring the levels of GAD among senior secondary school students in public schools in Federal Capital Territory, Abuja, Nigeria. The aggregate scores of the students were based on the following dichotomization procedure: 10-25 = Low; and 26 – 40 = high to determine their GAD statuses. Based on this dichotomization benchmarks, Prevalence levels of GAD are as follows: 800 students representing 72.3% of students who participated in the study had low GAD symptoms based on their range scores (10-25) on the GADQ measuring scale used in the study. Furthermore, 306 students representing 27.7% of students who participated in the study had high GAD based on their range scores

(26-40) on the GADQ measuring scale used in the study. It can be concluded that GAD prevailed among the students who participate in the study.

Table 5: Distribution of Responses on Levels of Insomnia

Statements	Never		Rarely		Sometimes		Always		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Mean*	SD
I feel I don't have enough sleep at night	327	29.57	167	15.10	435	39.33	177	16.00	2.42	1.1
I feel sleepy during the day	298	26.94	199	17.99	499	45.12	110	9.95	2.38	1.0
I feel weak and tired in the day time	282	25.50	237	21.43	499	45.12	88	7.96	2.36	.9
I find it hard to sleep back when I wake up at night	382	34.54	170	15.37	393	35.53	161	14.56	2.30	1.1
I yawn a lot in the day time	402	36.35	282	25.50	315	28.48	107	9.67	2.11	1.0
I can't concentrate on my activities in the day	448	40.51	253	22.88	337	30.47	68	6.15	2.02	1.0
I wake up un-refreshed	518	46.84	188	17.00	302	27.31	98	8.86	1.98	1.0
I have trouble falling asleep	628	56.78	143	12.93	269	24.32	66	5.97	1.79	1.0
I have trouble staying asleep	656	59.31	181	16.37	216	19.53	53	4.79	1.70	.9
I take drug before I can sleep	910	82.28	59	5.33	112	10.13	25	2.26	1.32	.7

Mean > 2.50 (Regular)

The above table shows the item-by-item responses of the senior secondary students who participated in the study. Table highlights the frequency, percentage, mean and standard deviation of the distribution of Never, Rarely, Sometimes and Always responses to HNIQ instrument that was used to measure the prevalence levels of Insomnia among the participants of the study.

Table 6: Prevalence Levels of Insomnia

Level	Frequency	Percent
Low (Score: 10-25)	884	79.9
High (Score:26-40)	222	20.1
Total	1106	100.0

From the above table, it can be observed that 1,106 students participated in the study aimed at measuring the levels of insomnia among senior secondary school students in public schools in Federal Capital Territory, Abuja, Nigeria. The aggregate scores of the students were based on the following dichotomization procedure: 10-35 = Low; and 36 – 60 = high to determine their insomnia statuses. Based on this dichotomization, prevalence levels insomnia are as follows: 884 students representing 79.9% of students who participated in the study had low Insomniac symptoms based on their range scores (10-25) on the HNIQ measuring scale in the study. Furthermore, 222 students representing 20.1% of students who participated in the study had high insomniac symptoms based on their range scores (26-40) on the HNIQ measuring scale used in the study. It can be concluded that insomnia prevailed among the students who participated in the study.

Table 7: Distribution of Levels of Responses on Acute Stress Disorder

Statements	Never		Rarely		Sometimes		Always		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Mean*	SD
I try to forget about the event	384	34.72	137	12.39	310	28.03	275	24.86	2.43	1.2
I feel sad if any situation reminds of the event	368	33.27	152	13.74	358	32.37	228	20.61	2.40	1.1
I try to avoid feelings about the event.	402	36.35	160	14.47	328	29.66	216	19.53	2.32	1.2
I try to avoid conversations about the event.	403	36.44	190	17.18	307	27.76	206	18.63	2.29	1.1
I have repeated unwanted memories about the event	478	43.22	166	15.01	312	28.21	150	13.56	2.12	1.1
I feel shocked, or "on edge".	453	40.96	184	16.64	360	32.55	109	9.86	2.11	1.1
I can't remember important details of the event	456	41.23	192	17.36	337	30.47	121	10.94	2.11	1.1
I jump in surprise at the least thing.	472	42.68	200	18.08	300	27.12	134	12.12	2.09	1.1

I feel like the event is happening all over again	506	45.75	162	14.65	297	26.85	141	12.75	2.07	1.1
I can't sleep because of the event.	535	48.37	146	13.20	315	28.48	110	9.95	2.00	1.1
I feel restless and can't relax because of the event	514	46.47	185	16.73	327	29.57	80	7.23	1.98	1.0
I have repeated distressing dreams of the event.	520	47.02	188	17.00	293	26.49	105	9.49	1.98	1.1
I experience myself as though I were a stranger	541	48.92	180	16.27	281	25.41	104	9.40	1.95	1.1
I don't have interest in hobbies and activities.	555	50.18	146	13.20	319	28.84	86	7.78	1.94	1.0
I can't realize myself	552	49.91	195	17.63	271	24.50	88	7.96	1.91	1.0

**Mean > 2.50 (Regular)*

The above table shows the item-by- item responses of the senior secondary students who participated in the study. Table highlights the frequency, percentage, mean and standard deviation of the distribution of Never, Rarely, Sometimes and Always responses to ASD instrument that was used to measure the prevalence levels of ASD among the participants of the study.

Table 8: Prevalence Levels of Acute Stress Disorder

Level	Frequency	Percent
Low (Score: 10-35)	653	59.0
High (Score:36-60)	453	41.0
Total	1106	100.0

From the above table, it can be observed that 1,106 students participated in the study aimed at measuring the levels of ASD among senior secondary school students in public schools in Federal Capital Territory, Abuja, Nigeria. The aggregate scores of the students were based on the following dichotomization procedure: 10-25 = Low; and 26 – 40 = high to determine their ASD statuses. Based on this dichotomization, prevalence levels of ASD are as follows: 653 students representing 59.0% of students who participated in the study had low ASD symptoms based on their range scores (10-35) on the SASRQ measuring scale in the study. Furthermore, 453 students representing 41.0% of students who participated in the study had high ASD symptoms based on their range scores (36-60) on the SASRQ measuring scale used in the study. It can be concluded that ASD prevailed among the students who participated in the study.

Based on the above analysis, prevalence level of ASD has the highest number of students with high symptoms as 653 students representing 59.0% of participants reported high symptoms of ASD; followed by prevalence level of GAD with the number of students with high symptoms as 306 students representing 27.7% of participants who reported high symptoms of GAD; and Insomnia has the least prevalence of high level as 222 students representing 20.1% of students reported high symptoms of insomnia. On the reverse, Insomnia has the highest number of students with low symptoms as 884 students representing 79.9% reported low symptoms of Insomnia; followed by GAD as 800 students representing 72.3% reported low symptoms of GAD; and lastly, ASD has the least number of low prevalence level as 453 students representing 41.0% reported low symptoms of ASD among the public senior secondary school students who participated in the study.

Discussion

This study reveals the prevalence levels of GAD, insomnia and ASD. The present study confirms prevalence levels of GAD as 72.3% low cases and 27.7% high cases among senior secondary students who participated in this study in Abuja. The present study confirms the findings of researchers like:

Mbanuzuru et al (2023) who found 10.1% prevalence level among students in Anambra state Nigeria; Mohamad et al (2021) who recorded 29% prevalence risk level among students in Malaysia; Atiri et al (2024) who found 4% among students in Ife, Nigeria; Ghaffar et al (2023) who reported 38.2% with mild, and 26.6% moderate , and 19.5% severe cases among students in Saudi Arabia; Tan et al (2023) who reported a prevalence median of 32.00 % and ranged from 7.40 to 55.00% based on studies across the globe; Hasanpour et al (2021) who reported 20.7% prevalence rate; and Mohamed (2024) reported 41.2% as mild, 21.4% as moderate, and 12.3% prevalence rates among students in a study.

On the prevalence of level insomnia, the present study confirms 79.9% low cases and 20.1% high cases among senior secondary students who participated in this study in Abuja. The present study confirms findings of researchers like: Baklola et al (2024) who confirmed prevalence ranging from 19.3% to 98.7%, with a pooled prevalence of 43.3%, and subgroup prevalence of 38.6% among medical students and 38.7% among female students in Saudi; Chowdhury et al (2020) who in systematic review found the prevalence rates in seven studies ranged between 35.4% and 70% and pooled prevalence of 52.1% among students in South Asian Region; Zhang et al (2023) who found prevalence level of 27.80% among students China; Aschale et al (2024) who noted 20.4% prevalence level among participants; and Al Omari et al (2022) who found prevalence of almost two thirds of the participants.

On the prevalence level of ASD, the present study confirms 59.0% low cases and 41.0% high cases among senior secondary students who participated in this study in Abuja. The present study confirms the findings of researchers like: Worku et al (2022) who recorded 45% prevalence of ASD; Walker (2020) who found pooled prevalence estimate for ASD as 16.5%; Al-Hemiary et al (2016) who confirmed 37.1% prevalence among students in Baghdad; and Hu et al (2023) who observed 25% PTSD prevalence level and stressed that subgroups of Africa and Europe, lower-middle-income countries, and medical college students possessed higher prevalence levels than the pooled prevalence level of 25%.

Conclusion

This study has explored the prevalence levels of GAD, Insomnia and ASD among public senior secondary school students in Abuja, Federal Capital Territory, Nigeria. The present study confirms prevalence levels among the students. Findings revealed ASD has the highest prevalence level (n=653; 59.0%); followed by GAD (n=306; 27.7%); and Insomnia (n=222; 20.1%). On the reverse, Insomnia has the highest number of students with low symptoms (n=884; 79.9%); followed by GAD (n=800; 72.3%); and ASD (n=453; 41.0%).

Recommendations

Based on the findings of this study it is recommended as follows:

i. Students' mental health should be prioritized by government through appropriate policies and implementations.
ii. Counsellors should spend time with emotionally troubled students to find out their mental health statuses through appropriate counselling approaches and to make prompt referral to appropriate authorities where necessary.
iii. Counsellors should work hand in hand with parents of emotionally disturbed students to jointly provide supports to such students.
iv. Parents should make their homes free from domestic violence to foster students' emotional stability.
v. Counsellors in conjunction with the school management should put in place support systems that can address the needs of students going through GAD, insomnia and trauma distresses.

vi. School authorities should ensure that schools are peaceful and conducive for learning. Schools should be free from violent acts like bullying and cultism.

vii. Schools and parents should ensure that students have adequate sleeping time so as to reduce the risk of insomnia and anxiety.

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