Unveiling the Oral Presentation Anxiety among Higher Education Students

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Abstract
This study examined the factors contributing to oral presentation anxiety among university students and investigated whether significant differences exist in anxiety levels when grouped according to age and sex. The research was conducted in two phases: the first phase involved instrument development, wherein the researchers designed the *Oral Presentation Anxiety Questionnaire of Education Students*, while the second phase employed a descriptive-comparative research design, in which the validated questionnaire was distributed to 89 randomly selected Bachelor of Secondary Education students.
The results of the Exploratory Factor Analysis revealed three major dimensions of oral presentation anxiety: Somatic Cognitive Performance Anxiety (SCPA), Anticipatory and Post-Event Worry (APEW), and Fear of Negative Social Evaluation (FNSE). The findings showed that students experienced a high level of anxiety, with APEW emerging as the strongest contributor. The Independent Samples T-test results indicated that there is no significant difference in oral presentation anxiety across age groups, suggesting that anxiety is not dependent on chronological age but rather shaped by self-efficacy and prior experiences. A slight significant difference was observed between sexes in the SCPA dimension, with female students reporting higher levels of somatic symptoms, although no differences were found in APEW, FNSE, and over-all anxiety levels.
Based on these findings, it is recommended that educators provide scaffolded presentation tasks, integrate anxiety-reduction strategies into classroom practices, and foster a supportive feedback culture. The results implied the need for process-oriented oral communication instruction, gender-sensitive approaches, and institutional support systems to help students manage anxiety effectively.

Keywords: Oral Presentation Anxiety, Anticipatory Worry, Social Evaluation, Somatic Anxiety, University Students

INTRODUCTION

Oral presentation anxiety is one of the most common forms of anxiety experienced by individuals, particularly among students in higher education. In the academic context, oral presentations are a vital component of students' overall learning experience, fostering skills such as communication, critical thinking, and self-confidence (McCroskey, 2016; Lestari, et al, 2024). However, a significant number of students face debilitating anxiety during such activities, which can affect their performance, academic success, and overall well-being (Dwyer & Davidson, 2013; Amir, et al, 2021).
The Philippines is a multilingual country, with English as one of the official languages of instruction in higher education (Gonzalez, 1998 in Manalastas and Batang, 2018). However, for many students, English

is a second or third language, leading to concerns about language proficiency and fluency during oral presentations. While linguistic anxiety has been studied in global contexts, the unique linguistic landscape of the Philippines, with students navigating multiple languages including English, Filipino, and regional dialects has not been extensively studied in relation to oral presentation anxiety. This is particularly relevant in understanding how students' comfort with English and code-switching practices had impacted their anxiety (Martin, 2014).

The Philippine higher education institutions vary widely in terms of the quality of instructional support, pedagogical practices, and student-teacher dynamics (Bernardo, 2003). There is a lack of research examining how these contextual factors contribute to or alleviate oral presentation anxiety among Filipino students. Additionally, the effectiveness of coping strategies and intervention programs designed to address oral communication anxiety in the Philippines has not been thoroughly evaluated (Quintos, 2017).

Oral presentation anxiety can have significant effects on students' mental health and emotional well-being, leading to avoidance behavior and academic underachievement (Mak et al., 2019). While studies in the West have linked presentation anxiety to mental health issues such as low self-esteem and depression (Russ, 2016), there is limited research in the Philippine context regarding how this anxiety impacts Filipino students' overall psychological health. Further exploration is needed to understand the specific emotional toll that public speaking takes on Filipino students, considering the distinct socio-economic and familial pressures many face (Hechanova and Flores, 2017; Hechanova, 2019).

Despite the growing interest in oral presentation anxiety, there remains a significant gap in the literature regarding how these factors manifest in the Philippine context. While extensive research has been conducted on the factors influencing oral presentation anxiety, much of the existing literature is rooted in Western contexts (Tetzlaff, 2015), with limited exploration in the Philippine educational setting. Thus, this study sought to identify the primary factors contributing to oral presentation anxiety among university students and to examine how such anxiety differs when grouped according to age and sex. This research hopes to contribute to the development of targeted interventions that can help students manage and overcome this challenge. In addition, understanding the specific causes and effects of this form of anxiety can provide educators and institutions with valuable insights for redesigning assessment strategies, offering support mechanisms, and creating a more inclusive and supportive learning environment.

Objectives of the Study

1. Identify the primary factors contributing to oral presentation anxiety of university students using Exploratory Factor Analysis.
2. Examine how the oral presentation anxiety of university students differs when grouped according to demographic variables in terms of age and sex.

RESEARCH METHODOLOGY

Research Design

This study was carried out in two phases. The first phase involved Instrument Development Research, where a researcher- made survey questionnaire was created and pilot tested to ensure its validity and reliability. The second phase employed a Descriptive-Comparative Research Design, which aimed to describe the students' characteristics and compare their responses based on their profile variables using the finalized survey questionnaire.

Respondents of the Study

In the first phase, the developed survey questionnaire was tested on 195 randomly selected first-year students from the College of Education (CEd) who were officially enrolled in the Second Semester of School Year 2024–2025. Their responses were used to refine and validate the instrument.

For the second phase, the actual data collection was conducted with 89 randomly selected students from the Bachelor of Secondary Education (BSEd) program. Their participation provided the necessary data to describe and to compare findings according to the objectives of the study.

Research Instrument

The main tool used in this study was a researcher-made survey questionnaire entitled *Oral Presentation Anxiety Questionnaire of Education Students*. The instrument was designed to measure the level of oral presentation anxiety among first-year education students and was developed in alignment with the objectives of the study.

To ensure that the items were clear, unbiased, and aligned with the research objectives, the questionnaire went through several validation steps. First, it was reviewed by an English critic who examined the clarity, wording, and consistency of the instructions and questions. It was then distributed to 10 selected students for an informal review to check its clarity, comprehensibility, and appropriateness for the target group. In addition, Professional Education experts evaluated the content of the questionnaire to determine whether the items were suitable and consistent with the objectives of the study. Their feedback was used to improve the accuracy, relevance, and reliability of the instrument before its pilot testing.

The questionnaire was divided into two parts. Part I focused on the profile of the students, which included their age (17–20 years old; 21 and above) and sex (male; female).

Part II contained 38 statements on oral presentation anxiety, where students were asked to indicate the extent to which they agreed or disagreed with each statement. A five-point Likert scale was used for responses, ranging from 1 – Strongly Disagree, 2 – Disagree, 3 – Neither Agree nor Disagree, 4 – Agree, and 5 – Strongly Agree.

The reliability of the instrument was measured using Cronbach's Alpha coefficient. The pilot testing with 195 first-year College of Education (CEd) students yielded a reliability score of 0.96, while the final administration with 89 Bachelor of Secondary Education (BSEd) students resulted in a reliability score of 0.95. Both results indicated that the questionnaire possessed high internal consistency and reliability.

Data Gathering Procedure

The process of data collection in this study was carried out in several stages to ensure the accuracy and reliability of results.

The researchers first developed the Oral Presentation Anxiety Questionnaire of Education Students. The initial draft was subjected to validation by an English critic for clarity and consistency, followed by an informal review with 10 selected students to assess comprehensibility. Professional Education experts also reviewed the instrument to evaluate its content validity wherein their comments and suggestions were used to improve the questionnaire before pilot testing. The refined questionnaire was administered to 195 randomly selected first-year students from the College of Education. The responses were analyzed, and the instrument's reliability was computed, yielding a Cronbach's Alpha coefficient of 0.96, indicating very high reliability.

After establishing the reliability of the instrument, the final version of the questionnaire was distributed to 89 randomly selected Bachelor of Secondary Education (BSEd) students. The responses from this group served as the primary data for the descriptive-comparative analysis of the study. The reliability test conducted on this phase resulted in a Cronbach's Alpha coefficient of 0.95, further confirming the high internal consistency of the instrument.

To ensure the ethical conduct of the study, the students were informed of the purpose of the study and how the data would be used. A consent statement was included before the questionnaire to confirm that students willingly agreed to take part. All responses were treated with strict confidentiality, and no identifying information was collected to ensure the anonymity of the participants. Participants were also informed that they could withdraw from the study at any point without facing any penalty or negative consequence.

Data Analysis Procedure

The data gathered from the responses to the 38-item Oral Presentation Anxiety Questionnaire of Education Students were analyzed using both descriptive and inferential statistical methods.

Prior to the main analysis, the data were screened to ensure accuracy and completeness. The dataset was checked for duplicate entries, incomplete submissions, and impossible values. All responses were coded according to the five-point Likert scale used in the instrument, with 1 representing Strongly Disagree and 5 representing Strongly Agree.

To determine the oral presentation anxiety level of students, the mean and standard deviation of their responses were computed. The student's oral presentation anxiety level of the students was described using the following arbitrary scale:

Scale	**Weighted Mean**	**Descriptive Interpretation**
1	1.00- 1.50	Strongly Disagree/ Very Low Anxiety
2	1.51- 2.50	Disagree/ Low Anxiety
3	2.51- 3.50	Moderately Agree/ Moderately High Anxiety
4	3.51- 4.50	Agree/ High Anxiety
5	4.51- 5.00	Strongly Agree/ Very High Anxiety

To further identify the underlying dimensions of oral presentation anxiety, an Exploratory Factor Analysis (EFA) was conducted. The suitability of the data for factor analysis was first assessed using the Kaiser–Meyer–Olkin (KMO) measure of sampling adequacy and Bartlett's Test of Sphericity. Principal Component Analysis was used as the extraction method and to improve interpretability, Varimax rotation with Kaiser normalization was applied.

Items with factor loadings of at least 0.40 and clear loading differences from other factors were retained, while items with low communalities or problematic cross-loadings were reconsidered. Each factor was then labeled according to the thematic similarity of its items. Cronbach's alpha coefficients were computed to confirm internal consistency and reliability.

In addition to EFA, Independent Samples T- Test to determine whether significant differences in oral presentation anxiety existed when respondents were grouped according to age and sex.

Conceptual Framework of the Study

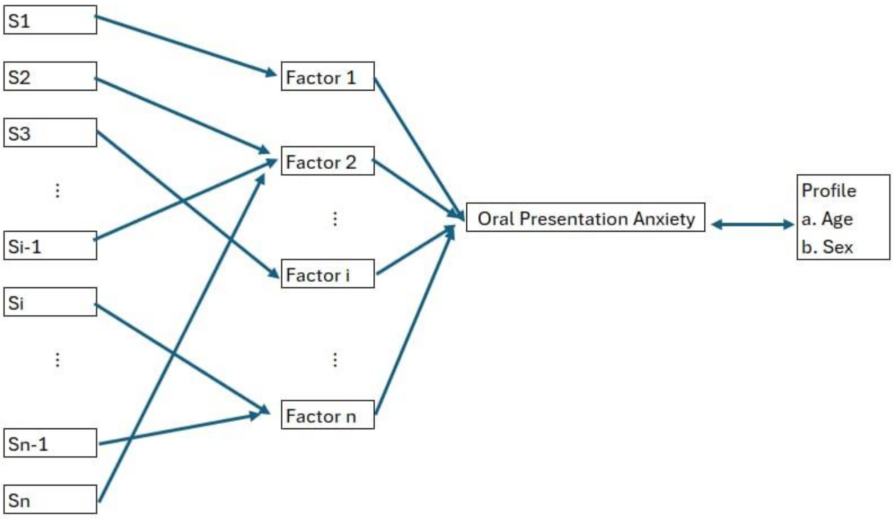

Figure 1. Research Paradigm

The conceptual paradigm for this study on oral presentation anxiety among higher education students focuses on understanding both the anxiety levels and the factors contributing to this anxiety. The aim of the study is to identify the underlying factors that contribute to oral presentation anxiety through Exploratory Factor Analysis (EFA). Oral Presentation Anxiety is the central concept, influenced by multiple factors that can be grouped into different categories wherein the goal is to identify these latent factors through Exploratory Factor Analysis, which will help in understanding the root causes of anxiety. The study also aims to determine the demographic profile influence on oral presentation anxiety level of university students.

This statistical approach will help uncover the latent factors driving anxiety, and by identifying these key contributors and the result of the study will inform strategies to mitigate anxiety and improve student performance in oral presentations.

RESULTS AND DISCUSSION

Initial Diagnostic

The Principal Component Method using varimax rotation method and the factor loadings of at least 0.40 were used; after the analysis, the 38 statements were clustered into three.

Table 1. Kaiser-Meyer-Olkin and Bartlett's Test of Sphericity

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.94
Bartlett's Test of Sphericity	Approx. Chi-Square	4599.67
	Df	703
	Sig.	.00

The Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy shows .94 which indicates that the patterns of correlations are relatively compact and that factor analysis should yield distinct and reliable factors suggesting that the sample is more than adequate for factor analysis.

For the Bartlett's Test of Sphericity, the Approx. Chi-Square of 4599.67 (df= 703; Sig. = .00) indicates that the variables do relate well enough to each other to conduct a valid factor analysis and since the p-value is below .05, the test confirms that factor analysis is appropriate.

The reliability analysis of the 38-item questionnaire yielded a Cronbach's Alpha of .962, which falls under the "excellent" range. This indicates that the instrument demonstrates a very high level of internal consistency, thus, the scale can be considered a dependable tool for assessing students' anxiety in oral presentations.

Table 2. Correlation Matrix and Determinant Score

Rotated Component Matrix			
	Component		
	1	**2**	**3**
S27	.727		
S25	.726		
S21	.717		
S16	.714		
S18	.688		
S19	.675		
S13	.670		
S15	.670		
S22	.644		
S6	.632		
S28	.618		
S5	.595		
S20	.595		
S29	.516		
S23	.510		
S8	.464		
S17	.459		
S4	.428		
S14	.423		
S12	.552	.405	
S7	.490	.482	
S34		.680	
S33		.663	
S37	.530	.586	
S38		.585	
S31		.553	
S11		.549	
S35	.474	.518	
S24		.492	
S26		.480	

S2			.759
S3			.733
S1			.707
S10	.502		.451
S9			.565
S36		.436	.506
S32	.425	.484	.491
S30	.442	.447	.454
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.			

Table 3. Summary of Factors Contributing to Oral Presentation Anxiety of University Students

Factor (Category)	**Label & Working Abbreviation**	**High-loading Items (item numbers)**
Factor 1	Somatic-Cognitive Performance Anxiety (SCPA)	S4, S5, S6, S8, S13, S14, S15, S16, S17, S18, S19, S20, S21, S22, S23, S25, S27, S28, S29
Factor 2	Anticipatory & Post-Event Worry (APEW)	S7, S11, S12, S24, S26, S31, S33, S34, S35, S37, S38
Factor 3	Fear of Negative Social Evaluation (FNSE)	S1, S2, S3, S9, S10, S30, S32, S36

Based on the factor analysis results, three key anxiety-related dimensions emerged, each capturing a distinct facet of oral presentation anxiety among students. These factors are interpreted and labeled based on the pattern of item loadings and their thematic content.

For Factor 1, the Somatic Cognitive Performance Anxiety (SCPA) refers to the internal distress experienced during the actual presentation. This factor encompasses both physical symptoms such as shaking, tension, and breathing difficulties and cognitive disruptions such as mind blanking, loss of concentration, and intrusive self-doubt. The items with high loadings under this factor (4, 5, 6, 8, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 25, 27, 28, and 29) reflect the immediate, embodied anxiety that arises while the individual is speaking in front of an audience. This includes perfectionistic tendencies and harsh self-evaluation during the performance, showing that students experience both bodily and mental signs of stress while presenting.

Factor 2 or Anticipatory and Post-Event Worry (APEW) shows the anxiety that builds up before a presentation and continues after it concludes. This factor includes cognitive and emotional symptoms like panic, a racing heart, sleeplessness, and fear of being asked difficult questions, as well as post-event rumination or relief. High-loading items (7, 11, 12, 24, 26, 31, 33, 34, 35, 37, and 38) show that some students experience extended worry, before, during, and after the event, which can impact both preparation and reflection. This pattern also shows how presentation anxiety is not limited to the moment of performance but includes anticipatory fear and self-evaluation afterward.

Lastly, Factor 3 or Fear of Negative Social Evaluation (FNSE) pertains to the students' concerns about being judged, criticized, or perceived negatively by their audience, especially professors and peers. Items

1, 2, 3, 9, 10, 30, 32, and 36 reflect the social evaluative component of anxiety, where students are preoccupied with how others perceive their performance. This includes fear of embarrassment, humiliation, or disapproval. The strong loadings on these items indicate that fear of negative judgment is a distinct and powerful contributor to oral presentation anxiety, separate from physical symptoms or internal self-criticism.

These three factors reveal that oral presentation anxiety is multidimensional, involving physical sensations, cognitive disruptions, anticipatory and retrospective worry, and social fears. Thus, understanding these factors can help educators develop targeted interventions that address not only performance anxiety but also the social and cognitive aspects of students' speaking experiences.

Table 4. Contributing Factors on Oral Presentation Anxiety of University Students

Somatic Cognitive Performance Anxiety (SCPA)		**Mean**	**SD**	**Descriptive Interpretation**
1	I often think that others will laugh at me or criticize me after my presentation.	3.13	0.94	Neither Agree nor Disagree
2	I often feel embarrassed or ashamed after giving a presentation.	3.55	1.00	Agree
3	I find it difficult to breathe normally when I am speaking in front of others.	3.62	0.92	Agree
4	I feel overwhelmed by anxiety when I am the center of attention during a presentation.	3.51	0.94	Agree
5	I feel shaky or unsteady when speaking in front of a group.	3.42	0.94	Neither Agree nor Disagree
6	I feel tense and restless during a presentation.	3.00	1.03	Neither Agree nor Disagree
7	I feel disappointed in myself after a presentation, even if it went well.	2.81	1.10	Neither Agree nor Disagree
8	I feel like my mind goes blank when I have to present in front of others.	3.27	1.05	Neither Agree nor Disagree
9	I find it difficult to concentrate on my presentation because of my anxiety.	3.00	1.03	Neither Agree nor Disagree
10	I doubt my ability to deliver a successful presentation.	3.63	0.90	Agree
11	I often worry that my classmates will judge me negatively during oral presentations.	3.27	1.00	Neither Agree nor Disagree
12	I avoid discussing my presentation with others because I feel embarrassed about it.	3.70	0.90	Agree
13	I feel that I cannot fully express my ideas due to my anxiety during presentations.	3.63	0.91	Agree
14	I tend to dwell on any mistakes I made during the presentation, long after it's over.	3.63	0.80	Agree

15	I find it hard to sleep the night before I have to give a presentation.	3.69	0.96	Agree
16	I experience physical symptoms like sweating or trembling when presenting.	3.19	1.13	Neither Agree nor Disagree
17	I feel relieved when others don't bring up my presentation afterward.	3.49	0.97	Neither Agree nor Disagree
18	I am concerned that my voice will shake or crack during a presentation.	4.08	0.84	Agree
19	I feel intense pressure to perform perfectly during presentations.	3.70	0.93	Agree
SCPA- Composite Mean		3.44	0.65	Moderately High
Anticipatory and Post-Event Worry (APEW)		**Mean**	**SD**	**Descriptive Interpretation**
1	I feel anxious when I know I have to give a presentation.	4.00	0.77	Agree
2	I experience a sense of panic when I know my turn to present is coming up.	4.46	0.77	Agree
3	I worry that I will not be able to answer questions from the audience.	3.62	0.86	Agree
4	I worry that I will forget what to say during my presentation.	4.03	0.75	Agree
5	My heart races when I have to speak in front of a group.	3.90	0.95	Agree
6	The thought of being evaluated negatively makes me anxious during presentations.	3.76	0.87	Agree
7	I worry excessively about making mistakes during my presentations.	3.99	0.85	Agree
8	I feel a sense of relief when my presentation is over.	4.00	0.78	Agree
9	I worry that my anxiety is noticeable to others when I present.	3.62	0.96	Agree
10	I frequently think about how I could have done better after my presentation is finished.	3.72	1.00	Agree
11	I often replay my performance in my mind after a presentation, focusing on what I did wrong.	3.82	0.98	Agree
APEW- Composite Mean		3.90	0.57	High
Fear of Negative Social Evaluation (FNSE)		**Mean**	**SD**	**Descriptive Interpretation**
1	I am afraid that I will be judged harshly if I say something wrong during a presentation.	3.75	0.99	Agree
2	I am afraid that others will not approve of me if I make a mistake while presenting.	3.82	1.04	Agree

3	I am concerned that my professor will think less of me if I don't present perfectly.	3.67	0.95	Agree
4	I fear that people will criticize my performance when I speak in front of a group.	3.84	0.93	Agree
5	I fear that others will think I am incompetent if I perform poorly in a presentation.	3.53	0.89	Agree
6	I worry that my peers or professors are still judging me negatively after my presentation.	3.67	0.97	Agree
7	I worry that I will be looked down upon if I don't meet others' expectations in my presentation.	3.92	0.91	Agree
8	I worry about what others think of me during presentations.	3.74	0.98	Agree
FNSE- Composite Mean		3.75	0.69	High
Over- All Mean		3.66	0.58	**High**

Table 4 shows the contributing factors on oral presentation anxiety of university students in terms of Somatic Cognitive Performance Anxiety (SCPA), Anticipatory and Post-Event Worry (APEW), and Fear of Negative Social Evaluation (FNSE).

In terms of SCPA, the students have agreed (M= 4.08, SD .84) that they are concerned that their voice will shake or crack during a presentation that suggests that physical manifestations of anxiety (voice shaking) is the strongest contributor, while the students have moderately agreed (M= 2.81, SD= 1.10) that they feel disappointed at themselves after a presentation, even if it went well, indicated that students are less self-critical afterwards, compared to how anxious they feel during the actual performance.

The mean of 3.44 (SD= 0.65) shows that the students had a moderately high anxiety that are manifested in both physical (sweating, trembling, shaking) and cognitive aspects (forgetting, doubting ability). This shows that anxiety is more intense *before and during* presentations, while self-reflection after presenting is less distressing. During the actual delivery, students frequently experience pronounced somatic and cognitive symptoms, including trembling, sweating, and mind-blanking. Gallego et al. (2021) highlighted that such symptoms are common indicators of public-speaking anxiety, validating the observed rise of speech-related cognitive and physical anxiety in the present study.

In terms of APEW, the students have agreed that they feel a sense of panic when they know their time to present is coming up (M=4.46, SD=.77), they worry that they will forget what to say during their presentation (M=4.03, SD=0.75), and just the mere fact of knowing that they have an upcoming presentation already makes them anxious (M=4.00, SD=0.77).

The mean of 3.90, (SD=0.57) shows that the students are experiencing heightened anxiety and a sense of panic as their scheduled turn to present is approaching. Research consistently shows that oral presentation anxiety follows a pattern, wherein anticipatory worry is typically peaking before the actual performance. Morrison et al. (2016) demonstrated that anxiety levels are highest prior to speaking tasks, often intensifying as students prepare for evaluation, which aligns with the current finding that anticipatory panic and worry (APEW) emerged as the strongest factor. Similarly, De Alda, et al. (2025) had also emphasized that anticipatory emotions such as worry and boredom can distort cognitive processing and undermine academic performance, underscoring the significance of pre-presentation emotional regulation.

In terms of Fear of Negative Social Evaluation (FNSE), the students agreed that they worry that they will be looked down upon when they didn't meet others' expectations (M=3.92, SD=0.91), their classmates will criticize their performance when they speak in front of a group (M=3.84, SD=0.92), and others will not approve of them if they make a mistake while presenting (M=3.82, SD=1.04).

The overall mean of 3.75 (SD=0.69) shows that the student's affirmed that social judgment from peers and professors highly contributes to their anxiety. The fear of negative social evaluation affects students who feel "less" than their peers. This is also associated with worry about appearing unintelligent or "wrong" which may lead to limited participation and learning. The fear of facing the audience and the instructor was reported by most studies as the worst fear of all in oral presentations (Al- Nouh, et al, 2015), thus, when left unchecked, it could lead to intense social anxiety and may contribute to depressive symptoms especially when students internalize the failure or criticisms (Liu, et al, 2022).

The analysis shows the over-all mean of 3.66 (SD= 0.58) and across all factors, students experience high levels of oral presentation anxiety, with APEW (3.90) being the strongest factor, followed by FNSE (3.75), and SCPA (3.44). These numerical trends show that before presentation, the student's panic/worry peaks while physical and cognitive symptoms appear during presentation, however, after presentation, the students' worry lessens, but reflection still brings stress.

Amir et al (2022) confirmed that university students report high levels of oral presentation anxiety, wherein students commonly fear audience evaluation and self-criticism, resulting in heightened stress even after presentations (Grieve, et al., 2021). Nur, et al. (2022) highlighted that Indonesian students undergoing oral thesis defenses during the pandemic experienced heightened cognitive and physical symptoms, which persisted even after presentations. Likewise, Riyadi, et al. (2024) found that university students in Indonesia experienced high anxiety during presentations, driven by fear of audience judgment and linguistic insecurity. In the Philippine context, Quintos (2017) found that Filipino senior high school students reported high apprehension during oral communication tasks, particularly when fearing judgment from peers and teachers, while Hechanova and Flores (2017) emphasized that stressors in higher education, including performance evaluation, adversely affect Filipino students' well-being.

Taken together, these studies confirm the numerical trends observed in the present analysis: students experience heightened panic and worry before presentations, manifest somatic and cognitive anxiety during delivery, and continue to experience stress after presentations due to self-evaluation and fear of negative judgment.

Table 5. Results of the Significant Difference between the of University Students' Oral Presentation Anxiety and Demographic Variables in terms of Age

Oral Presentation Anxiety Factors	Age	Mean	SD	t- value	p- value
SCPA	17-19	3.46	.64	.39	.69 ns
	20- and above	3.40	.67		
APEW	17-19	3.96	.55	1.36	.17 ns
	20- and above	3.78	.59		
FNSE	17-19	3.74	.69	.08	.93 ns
	20- and above	3.75	.68		
Over- All Mean	17-19	3.67	.57	.49	.62 ns
	20- and above	3.61	.61		

The Independent Samples T- test revealed no significant difference in the oral presentation anxiety levels between the students when grouped according to age. Results showed that SCPA (t = 0.39, p = .69), APEW (t = 1.36, p = .17), FNSE (t = -0.08, p = .93), and the over-all anxiety score (t = 0.49, p = .62) all yielded p-values greater than .05. This indicates that the students, regardless of age classification, experienced similar levels of anxiety in terms of somatic cognitive performance anxiety, anticipatory and post-event worry, and fear of negative social evaluation.

Mohamammadi and Rezaei (2021); Manalastas and Batang (2028) did not find association between age and anxiety. This challenge the assumption that older and experienced individuals naturally feel less anxious when speaking. In fact, even older individuals aged 26-30 years reported nervousness when they are speaking in public (Dansieh, 2021). In addition, it was also found by Ibrahim, et al (2021) that individuals aged 18-35 years old found no strong correlation between age and fear levels but instead, anxiety is shaped by self-efficacy, past experiences, and environmental factors which are the components of Bandura's (2006) Social Cognitive Theory.

Table 6. Results of the Significant Difference between the of University Students' Oral Presentation Anxiety and Demographic Variables in terms of Sex

Oral Presentation Anxiety Factors	Sex	Mean	SD	t- value	p- value
SCPA	Male	3.14	.51	2.14	.04 s
	Female	3.49	.66		
APEW	Male	3.79	.56	-0.76	.44 ns
	Female	3.92	.57		
FNSE	Male	3.52	.86	-1.28	.20 ns
	Female	3.78	.65		
Over- All Mean	Male	3.43	.51	-1.49	.13 ns
	Female	3.69	.59		

The Independent Samples T- test was conducted to determine whether there were significant differences in oral presentation anxiety between the students when grouped according to sex. Results indicated that there was a slight significant difference in SCPA (t = -2.14, p = .04) between male and female. However, no significant differences were found for APEW (t = -0.76, p = .44), FNSE (t = -1.28, p = .20), and the over-all anxiety scores (t = -1.49, p = .13), all of which yielded p-values greater than .05. These results imply that while a specific dimension of anxiety showed some variation between groups, the over-all level of oral presentation anxiety remained relatively similar.

This study found significant difference in SCPA with women having a higher level of anxiety in that area. It seems that female students are disproportionately affected by body image due to gendered beauty of standards. According to Hwa and Peck (2017); and Asio, et al, 2024) female students reported a higher level of anxiety compared to male students in academic settings, thus, self-consciousness was more pronounced among female participants which may result to trembling, sweating, and other physical symptoms.

Conclusions

Based on the results of the study, several key insights emerged regarding the nature and patterns of oral presentation anxiety among students.

Anticipatory worry is the most dominant factor contributing to oral presentation anxiety, demonstrating that students' fears and negative expectations before their turn to present are more distressing than the actual performance or post-performance reflection; fear of social judgment remains a critical concern, with students being highly sensitive to how peers and professors evaluate their performance; anxiety manifests both mentally and physically, indicating that oral presentation anxiety cannot be addressed solely at the cognitive level but must also consider physical symptoms.

Age does not play a significant role in differentiating students' levels of anxiety, suggesting that both younger and older students share similar challenges in public speaking; however, while overall levels of anxiety were comparable across sexes, female students exhibited higher vulnerability to somatic symptoms, highlighting subtle gender-based differences in how anxiety is experienced.

Recommendations

Based on these findings, several recommendations are proposed:

At the classroom level, teachers should design interventions that provide students with regular low-stakes speaking opportunities such as short impromptu talks or group presentations to normalize public speaking experiences. Pre-presentation support in the form of mindfulness activities, breathing exercises, and structured preparation strategies should be introduced to lessen anticipatory worry. After presentations, reflective debriefing sessions and peer encouragement activities may be employed to shift students' focus from self-criticism to constructive growth.

Gender-sensitive strategies are also encouraged, as female students may require additional support in managing somatic symptoms of anxiety. At the institutional level, universities should integrate workshops on public speaking and performance anxiety management into student development programs. Counseling services should also provide targeted interventions for students experiencing severe anxiety to prevent long-term academic and emotional consequences.

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