SOCIAL ANXIETY IN ADOLESCENTS: PREVALANCE AND MORBIDITY

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ABSTRACT

Objective: To explore the prevalence of "social anxiety" among adolescent student of Pakistani students.

Study Design: Cross sectional study.

Place and Duration of Study: Department of Psychology, University of Gujrat, from 10th Oct 2017 to 30th Mar 2018.

Methodology: The 716 adolescent students (344 male & 372 females) were assessed through Pakistani version of the scale initially developed by La Greca and Lopez in 1989 to measure social anxiety titled "Social Anxiety Scale – Adolescents".

Results: There was high prevalence of anxiety in adolescents as 22.5% of sample scored high on the SAS-A. No marked gender differences were observed on variable of interest. However, when analyzed for morbidity of social anxiety across early, middle and late adolescent groups it was observed that relatively less number of students in late adolescents scored high as 21.16% on social anxiety as compared to early 21.43% and middle adolescents 25.5%. Among high scorers in middle adolescents there was the greater number of boys as 59% reflecting middle adolescents as the most critical times for male adolescents.

Conclusion: Social anxiety was found a most prevalent disorder in adolescents and morbidity of social anxiety alarmingly increase in youth.

Keywords: Adolescent, Prevalence, Social anxiety, Students.

INTRODUCTION

Diagnostic and Statistical Manual of Mental Disorders have classified anxiety disorder into various types on the basis of its manifestation and symptomatology[1]. Among these disorders, social phobia is considered as one of the prevalent, chronic, and debilitating psychiatric disorder. According to Alonso *et al* social anxiety disorder has been positioned as one of the top ten chronic mental or physical disorders. Prevalence rate of social anxiety has been observed worldwide among all nations; For example 7.1-7.9% in America, 9.1% in Brazil, 0.2% in China, 0.8% in Japan, Mexico 1.7%, Nigeria 0.3%, South Africa 1.9% and Europe 0.8%[2-5].

Social anxiety disorder with early onset leads to significant impairment in functioning. As results of meta-analysis reveals that social anxiety rate in childhood ranging from 6 to 12 years was lower as reported to range from early to mid-adolescence and most probably increased in mid-adolescence. Lifespan occurrence of morbidity of social anxiety in teenagers usually ranges from 2 to 9%. Researches in diverse areas of the world disclose that the occurrence of social anxiety amongst Turkish university scholars was 23%, in Malaysia 9.2%, and in Qatar 12.7%[6,7].

Plenty of researches have targeted significant concerns linked with the expansion and performance of social anxiety signs in adolescents and dig out that the symptoms of social anxiety are common in adolescents across various cultures. Though disorder of social anxiety is the third utmost communal psychological health issue[8], however many maternities and teachers are unacquainted with the indicators in children and adolescents. Although most adolescents pass through stages of usual anxiety linked to the variations that go side by side this phase, however the person who has social anxiety disorder feel dread that does not match to the states that they confront. During this time social

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anxiety disorder is frequently related with mutism, school refusal, behavioral inhibition, embarrassment and extreme shyness. These problems lead to severe destruction in social, academic and occupational functioning[9].

Studies also report evidence of varying trends subjected to various demographic factors in the report of social anxiety in children and adolescents. Gender differences in social anxiety have been an area of interest for researchers. Study result also foundthat more girls are diagnosed with social phobia than boys[9]. Evidences showed that female sex constantly arises as a hazard for the progress of clinical anxiety. Women are approximately two fold as probable as men to develop each of the anxiety disorders. Apart from gender the stage of adolescence is also considered as significant in explaining the trends of social anxiety in adolescence as a usually early adolescence is reported to be most significant age in terms of social anxiety.

METHODOLOGY

Participants of this study comprised of 716 adolescents recruited consecutively from various schools and colleges.

Under consideration scale the Social Anxiety Scale for Adolescents[10] is a self-report measure that comprise of 18 items and every item is responded on a 5 point Likert scale. The SAS-A demonstrated good psychometric properties with high levels of internal consistency and reliability (0.872), test retest reliability (0.887) and split half (0.817) at 0.01 level of significance. Exploratory and Confirmatory Factor Analysis was also significant.

The sample was collected from different educational institutions (schools & colleges). The consent from the authorities of 15 schools and colleges selected for data collection were taken. Participants were approached through the assistance of teaching staff during school/college timings. First the researcher filled in the demographic form which includes personal, academic and family related information of the participants

individually and then the Social Anxiety Scale for Adolescents (Urdu version) was administered in group of maximum 20 adolescents at a time.

In order to interpret the data descriptive statistics was applied to analyze the sample characteristics and the prevalence of social anxiety among different genders and age groups of adolescents by using SPSS-20.

RESULTS

The adolescents include students between age range of 12-19 years with an mean ± 2.25 of 16 years. Regarding gender distribution: there were 52% girls and 48% were boys. There was

Table-I: Suggested qualitative descriptors for SAS-S score ranges.

Score Range	Descriptors
Above 50	High Social Anxiety
37-50	Normal Social Anxiety
≤ 36	Low Social Anxiety

Table-II: Prevalence of social anxiety in entire data.

Score Range	Total score (716) n %	Males (n=344) n %	Females (n=372) n %
Above 50	161 (22.5)	78 (10.9)	83 (11.6)
37-50	270 (37.7)	135 (18.85)	135 (18.85)
≤ 36	285 (39.80)	131 (18.3)	154 (21.51)

Table-III: Prevalence of social anxiety in the period of early, middle and late adolescence.

	Score Range	n(%)
12-14 yrs (n=238)	>50	51 (21.43)
	37-50	94 (39.5)
	≤ 36	93 (39.1)
15-16 yrs (n=204)	>50	52 (25.5)
	37-50	78 (38.24)
	≤ 36	74 (36.27)
17-19 yrs (n=274	>50	58 (21.16)
	37-50	98 (35.77)
	≤ 36	118 (43.1)

high prevalence of anxiety in adolescents as 22.5% of sample scored high on the SAS-A.

No marked gender differences were observed on variable of interest. However, when analyzed for morbidity of social anxiety across early, middle and late adolescent groups it was observed that relatively less number of students

in late adolescents scored high as 21.16% on social anxiety as compared to early 21.43% and middle adolescents 25.5%. Among high scorers in middle adolescents there was the greater number of boys as 59% reflecting middle adolescents as the most critical times for male adolescents.

DISCUSSION

Generally, findings were the frightening indications which were consistent with previous findings of the studies conducted in Asian societies. The growing rate of anxiety in youth requires attention of clinicians, researchers and

Table-IV: Distribution of adolescents scoring high, normal and low social anxiety across gender (n=716).

Score Range	Gender	Stages of Adolescence		
		12-14.11 yrs (n=51)	15-16.11 yrs (n=52)	17-19 yrs (n=58)
>50	Male n%	24 (47.1)	33 (63.5)	21 (36.2)
	Female n%	27 (52.9)	19 (36.5)	37 (63.8)
		12-14 yrs (n=94)	15-16 yrs (n=78)	17-19 yrs (n=98)
37-50	Male n%	45 (47.9)	46(59)	44 (44.9)
	Female n%	49 (52.1)	32 (41)	54 (55.1)
		12-14 yrs (n=93)	15-16 yrs (n=74)	17-19 yrs (n=118)
≤36	Male n%	52 (56)	41 (55.4)	38 (32.20)
	Female n%	41 (44)	33 (44.6)	80 (67.80)

policy makers[11-14].

Adolescence is a development period that includes three stages, i.e. early, middle and late. The findings regarding morbidity of social anxiety in early, middle and late adolescence, reflects nearly similar profile across these three categories, in terms of high anxiety however few significant and the transition to adulthood and shift of responsibilities as an independent part of society both which can be particularly difficult for many young students. Evidences related to the gender differences though reported females

as the more disadvantaged group worldwide, the reported differences are not well established in apprehension than male adolescents[15-18].

Research evidence supports the existence of gender differences in Pakistan. Craske[25] meta-analysis stated that differences in prevalence, if any, are small in childhood but they increase with age. The conclusion is consistent with the findings of the present research as age appears to play a major role in the existing trends observed. In Pakistani culture the age from 15 years to 17 year place a huge burdenon teenagers, as their parts in the social world switch to an independent individual from a dependent one[19,20].

In Pakistani culture the age from 15 years to 17 year place a huge burden on teenagers, as their parts in the social world switch to more independent one from a dependent individual. On the other hand, youngsters are supposed to be reliant on others and docile as they were beforehand and simultaneously also got the stress from peers for extra autonomous and independent role[21,22]. Generally, this autonomous role is highly desirable in young adolescents and is crucial in developing their self-concept. These contradictory sources of stress place the stress of social appraisal and anticipations, which might turn into susceptibility to social anxiety. While for females in Pakistan, especially in Urban areas the more critical time is the age when they leave their schools and start a college life. The strains from the surroundings boosts as mother and father normally desire them to bear the obligation of households; on the other hand, friend group desire for more self-governing roles approving the social standards of the group[23-25]. Moreover, they begin to be more sentient about their appearance. These sources of stress may produce social misery, along with a dread of adverse appraisal.

CONCLUSION

Social anxiety was found a most prevalent disorder in adolescents and morbidity of social anxiety alarmingly increase in youth.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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