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RESEARCH ARTICLE

AN EXPLORATORY STUDY TO ASSESS THE PREVALNCE AND CONTRIBITING FACTORS OF SOCIAL ANXIETY AMONG ADOLSCENTS RESIDING IN SELECTED COMMUNITY AREA AT MEERUT

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Abstract

Statement of the study
"An exploratory study to assess the prevalence and contributing factors of social
anxiety among adolescents residing in a selected community area at Meerut."

Objective:-
1. To assess the prevalence of social anxiety among adolescents
2. To identify contributing factors of social Anxiety among adolescents
3. To find out the association between level of social Anxiety with selected
demographic variables

Methododlogy: A quantitative research approach and descriptive research design was used in this study. Sample size is 60 in the age group of adolescents, which is having categories (early, middle, late) adolescents was selected by purposive sampling technique. The gathered data was analyzed by the using of descriptive and inferential statistics.

Result: The finding shows that out of 60 sample , 21(35%) are having moderate social anxiety, 26(43.4%) are having marked social anxiety, 13(21.6%) are having severe social anxiety.

Conclusion: The study revealed that most of the adolescents are having marked social anxiety. There was no significant relation between the sociodemographic variable and the social anxiety.

Introduction:-

"My anxiety doesn't come from thinking about the future
But from wanting to control it."…… By Hugh Prather

The World Health Organization has reported that mental disorders are one of the leading causes of disability worldwide. Half of all mental health conditions start by 14 years of age but most cases are undetected and untreated. The consequences of not addressing adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults. SAD is said to be the third most prevalent psychiatric disorder in the world.

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The physiological development during adolescence or puberty leads to changes in emotional and physical reaction to the socio-environmental situations. There are evidence that the type of personality, type, moral support at home, interaction with peer group and physical activities lessens those emotional reactions and psychological disorders. Some of the problems will start as anxiety or phobia that are termed social anxiety disorder (SAD) at early or mid-adolescence phase and may remain for temporary duration. In some individuals, it may be more in severity that may disturb their routine activities.

Social anxiety disorder (SAD, or social phobia) is described in the DSM-5 as a "Marked social anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others" However, not all socially anxious individuals meet the criteria for SAD. Social anxiety is seen as a continuous variable with some individuals having low or average social anxiety levels and others having high levels. Only those who experience life interference because of distress in and avoidance of social situations are diagnosed with SAD.

Social anxiety disorder – which can include being afraid of speaking in public, fear of interacting with people, and intense nervousness at being the center of attention affects millions of people each year. Social anxiety disorder (SAD) is one of the most common mental health difficulties across the life span (8.6% prevalence) The age of onset of SAD is commonly during early adolescence (median age of onset 13 years)

One of the factors that may be related to substance use is social anxiety. Those living with it suffer from distorted thinking, including false beliefs about social situations and the negative opinions of others. They feel judged, embarrassed and criticized. The disorder can interfere with school, work, activities and relationships.

Social anxiety is defined as social phobia which is marked or intense fear or anxiety of social situations in which the individual may be scrutinized by others and this situation interferes significantly with routines, occupational (academic) functioning, social activities, and relationships . Though it is a debilitating psychiatric condition which is treatable, it often remains undetected and untreated. Individuals will have reduced quality of life, disturbed social interactions, poor daily functioning, and poor treatment adherence for other medical or psychiatric conditions.

Social anxiety is a fast-growing phenomenon which is thought to disproportionately affect young people. In this study, we explore the prevalence of social anxiety in the adolescent group. The global prevalence of social anxiety was found to be significantly higher than previously reported number of young people may be experiencing substantial disruptions in functioning and well-being which may be ameliorable with appropriate education and intervention.

Social anxiety or phobia was associated with problems within the siblings and the family. The most common prevalence of social fear among the people was public speaking, and associated with female gender, low educational performance, psychiatric medication use, and absence of social support which led to low self-esteem, more distorted body image, and difficulty to interact with a social environment.

Social anxiety disorder (SAD) is a common psychiatric disorder, with up to 1 in 8 people suffering from SAD at some point in their life. SAD is linked to reduced quality of life, occupational underachievement and poor psychological well-being, and is highly comorbid with other disorder.

The global prevalence of social anxiety was found to be significantly higher than previously reported number of young people may be experiencing substantial disruptions in functioning and well-being which may be ameliorable with appropriate education and intervention.

Mounting evidence suggests that social anxiety exists on a severity continum , and that social anxiety that is not severe enough to warrant a diagnosis of SAD may still produce significant individual burden there is little evidence to suggest that social anxiety may negatively affect others' perceptions of agreeableness or warmth . However, if social anxiety impairs an individual's ability to function effectively in common performance situations such as job interviews, presentations and other social challenges. This could cause or maintain feelings of failure and inadequacy and even affect career success .

Cognitive models predict that social anxiety could impaired social competence by increasing self-focused attention and consuming attentional resources necessary for effective communication. On the other hand, social anxiety can

also lead to a willingness to engage in socially-facilitative behavior such as polite smiling, head nodding and avoiding interruption, which can facilitate interaction and lead to more favorable impression of another's social behavior.

However, a number of other studies have identified a link between social anxiety and impaired social behavior. Found that patients with SAD were rated significantly more poorly on observer ratings of voice intonation and fluency during a three-minute speech compared to controls. Other studies have also found patients with SAD to be rated more poorly by observers on adequacy of eye contact and speech clarity and as exhibiting more "negative social behaviors" (e.g. awkwardness) during conversations.

Norton, Also notes that studies using exclusively female samples have often found stronger associations of social anxiety with behavioral deficits than studies with male samples, consistent with the argument that gender-role expectations may lead to more deleterious effects of social anxiety in women again, however, it is impossible to determine with any certainty whether more pronounced effects of social anxiety in studies with females is attributable to moderating effects of gender or some other difference in study characteristics.

Background Of The Study

Social phobia was a high prevalence among high school, college, and university students. Two studies were done among undergraduate university students: the point prevalence of social phobia estimated at 7.8% and 80%, respectively. Different studies revealed that the major source of SP among university students was; exam, presentation, language, parental anger, criticism in front of others, exaggerated protection, maltreatment, and family provocation.

The prevalence of social anxiety among school adolescents varied from country to country For instance, in high-income countries, the magnitude ranges from 3.5% to 21% Even though there is scarcity of evidence developing countries, the available literatures suggested that social phobia is higher, which ranges from 10.3% to 27% .Students with social anxiety have difficulty of speaking in front of a group of people and fail or drop out of school due to fear. Students' attention to academic information may be distracted.

Students with social anxiety have difficulty of speaking in front of a group of people and fail or drop out of school due to fear. Students' attention to academic information may be distracted Social phobia or social anxiety disorder is a serious and disabling mental health problem that begins before or during adolescence, has a chronic course, is associated with significant impairment in social functioning and work, and reduced quality of life. Among university, social phobia symptoms arise in a great number of students or existing symptoms increase. During this period, students go into the effort of having himself or herself accepted by others as a self-governing person and showing himself or herself. Performing or giving a talk in front of an audience was the most commonly feared situations and also showed an association with increased disability, and impaired quality of life.

It is generally estimated that 13% of the population will meet the diagnostic criteria for lifetime social phobia with onset typically occurring in adolescence or early adulthood. However, recent studies suggest that lifetime prevalence rates may be much higher. After major depression disorder and alcohol dependence, social anxiety disorder is the third most common disorder in the general population and it is also the most prevalent anxiety disorder.

United States A recent review of 21 community studies in European countries found median lifetime and 12-month prevalence rates of SAD of 6.7 % and 2.0 %, respectively. The WHO World Mental Health (WMH) Survey Initiative (Stein et al. 2010) found that lifetime social fears are common in both developed (15.9 %) and developing (14.3 %) countries; however, lifetime SAD has a higher prevalence in developed countries (6.1 %) compared to developing countries (2.1 %).

Mean age of onset is in the mid-teens, and onset after age 30 is uncommon Although prevalence of SAD is greatest among young adults, for many sufferers the disorder is chronic. Prevalence is also greater among persons who are less educated and those who are single .Additionally, SAD is usually accompanied by comorbid disorders, such as depression, substance abuse, or other anxiety disorders, which can further impair functioning .

SAD has been shown in many studies to be associated with impairment and disability. SAD increases the risk of dropout from school, work absence, unemployment, and utilization of social welfare, causing significant financial

costs for society .When compared with persons with no psychiatric disorder, having SAD is associated with financial dependency and increased rates of suicidal examined costs and impairment associated with SAD in a community sample of 1,017 subjects. Subjects with generalized SAD and no comorbidity reported significant impairment in terms of family relations, romantic relationships, social network, and ability to moderate alcohol use, compared to those with no diagnosis. Generalized SAD was associated with significantly lower health-related quality of life, work productivity and earnings, and greater utilization of health services. During the month before participating in the survey, 12.2 % of subjects with SAD reported having had thoughts of suicide.

Several subtypes of SAD have been described. Generalized SAD has been the most studied subtype, and it was defined in DSM-III-R and DSM-IV by fear of most social situations (American Psychiatric Association 2000). Persons with generalized SAD tend to have more severe symptoms and impairment, and are more likely to seek treatment. The National Comorbidity Survey (1998) reported significantly greater comorbidity among persons with SAD and at least one feared situation other than public speaking. Persons with SAD involving three or more social fears also evidenced greater chronicity and impairment. Most persons with the non generalized type of SAD, or with the performance type newly described in DSM-5 (American Psychiatric Association 2013), have predominantly fears of performance such as public speaking, with relative sparing of social interaction situations.

Need Of The Study

Recent studies suggest that lifetime prevalence rates may be much higher. After major depression disorder and alcohol dependence, social anxiety disorder is the third most common disorder in the general population and it is also the most prevalent anxiety disorder.

A cross-sectional study conducted in Swedish, Jordan University, Saudi Arabia (2014), and University of Parakuo students showed that about 16.1% of participants were positive of social phobia. Research conducted in Nigeria shows SAD in about 9.4% which states that there will be a significant difference in the phobic health of adolescents in the selected private and public Nigerian universities.

In Ethiopia, research conducted on prevalence of social phobia among high school students in Woldia, Gondar and Hawassa was 27.5%, 31.2%, 32.8%.14–16 Factors have shown to have an association include being the first or only child .Medical science faculties being female, younger age, religion, marital status (unmarried), the presence psychiatric illness, having a positive family history of mental disorder had a significant role for development of social phobia.

Evidence showed that social phobia was associated with substance use, low socioeconomic status, unemployment, low level of education, and social support. Also decreased academic achievement, poor clinical exam performance, and impaired quality of life also shown to have associated with social phobia despite on the high worldwide burden of social phobia, like shy, withdraw, unfriendly, and disinterested in social activity and limited evidence is available, particularly in developing countries. To the best of the author's knowledge, no study has investigated the effects of social phobia on quality of life in Ethiopia. The present study aimed to determine the prevalence of social phobia among university students, its correlate, and impacts on quality of life

Adolescence is a crucial developmental stage of transition where they are more influenced by outside factors such as parents, peers, family, school and society at large. This influence can be both positive and negative. The positive influence could increase self-confidence, good relations with peer, family and society, academic achievements whereas negative impact could lead to low self-esteem, inability to deal with social situations etc. leading to great stress and social anxiety among adolescents. Social anxiety disorder (or social phobia) is a mental disorder with hampered ability of social interaction which causes impairment in academic and social functioning and can seriously limit adolescent's self-beliefs and his ability to succeed.

Social anxiety is a common mental health problem that resides on a continuum of distress and disability. In its mildest form, it may present as transient social apprehension, occurring in response to common social-evaluative situations, while its more severe form is characterized disabling, pervasive fear and avoidance.

Social Anxiety starts in childhood or adolescence. The median age of onset is in the early to mid-teens. Most people develop the condition before they reach their 20s.As Social Anxiety has a particularly early age of onset, many comorbid conditions, such as nicotine dependence, substance use, bipolar and major depressive disorder, develop

subsequently. Social Anxiety precedes these comorbid conditions in up to 80% of cases. Identification and treatment of pathological childhood anxiety and social anxiety may be critical to preventing the development of a debilitating adult disorder.

Prevalence and severity of social anxiety symptoms did not differ between sexes but varied as a function of age, country, work status, level of education, and whether an individual lived in an urban or rural location. Additionally, 1 in 6 (18%) perceived themselves as not having social anxiety, yet still met or exceeded the threshold for SAD. The data indicate that social anxiety is a concern for young adults around the world, many of whom do not recognize the difficulties they may experience.

A large number of young people may be experiencing substantial disruptions in functioning and well-being which may be ameliorable with appropriate education and intervention .

Social phobia or social anxiety disorder is a serious and disabling mental health problem that begins before or during adolescence, has a chronic course, is associated with significant impairment in social functioning and work, and reduced quality of life. Among university, social phobia symptoms arise in a great number of students or existing symptoms increase. During this period, students go into the effort of having himself or herself accepted by others as a self-governing person and showing himself or herself. Performing or giving a talk in front of an audience was the most commonly feared situations and also showed an association with increased disability, and impaired quality of life.It is generally estimated that 13% of the population will meet the diagnostic criteria for lifetime social phobia with onset typically occurring in adolescence or early adulthood. However, recent studies suggest that lifetimeprevalence rates may be much higher. After major depression disorder and alcohol dependence, social anxiety disorder is the third most common disorder in the general population and it is also the most prevalent anxiety disorder.

Social anxiety is a common mental health problem that resides on a continuum of distress and disability. In its mildest form, it may present as transient social apprehension, occurring in response to common social-evaluative situations, while its more severe form is characterised by disabling, pervasive fear and avoidance (According to the presentation model, social anxiety occurs when an individual wants to present a favourable public image, but doubts his or her ability to do so .Such doubt may be fuelled by low self-worth and internalised shame (Gilbert & Procter, 2006). Together these can exert a strong, untoward impact through social anxiety on personal identity, social relationships, mental health and success in education. More specifically, Bernstein found that severity of social anxiety was correlated with deficits in social skills, attention difficulties and learning problems in school settings.

Ameringen found that a significant proportion of patients with social anxiety reported leaving school prematurely due to anxiety and Wetterberg found that 21% of 17-year-old Swedish school students reported impaired functioning due to social anxiety. Further studies have reported significant effects of social anxiety on failure to complete school, increased risk of exam failure ,and failure to graduate . Social anxiety is relatively common with typical lifetime prevalence rates of 7–13% for adults and young people. Moreover, first onset occurs during mid-to-late adolescence when many young people are engaged in full or part-time time education. Recent research has revealed similar prevalence rates in higher education with Russell and Shaw and Tillfors and Furmark documenting clinically significant levels of social anxiety in 10–16% in the UK and Sweden, respectively. Despite these findings, relatively little is known about the effects of social anxiety on students studying in higher education. To address this, two complementary surveys were conducted to explore how university students experience and manage their social anxiety while engaged in learning activities.

Statement Of The Problem

"An exploratory study on prevalence and contributing factors of social anxiety among adolescents residing in a selected community area at Meerut."

Objectives Of The Study:-

1.To assess the prevalence of social anxiety among adolescents.
2.To identify contributing factors of social anxiety among adolescents.
3.To find out the association between level of social anxiety with their selected demographic variables

Operational Definition

Prevalence: -

In this study, prevalence refers to the number of cases of social anxiety among adolescent population in a selected area.

Adolescents: -

It refers to the individual who comes in the age group of 15 to 21 year living in a selected community area.

Contributing Factor:-

In this study contributing factor refers the causes that lead to occurrence of social anxiety among adolescents.

Social Anxiety:-

Social anxiety refers to the adolescent significant fear or anxiety about one or more social situation in which they might be judged by other and fears that he or she will be evaluated negativity. In this study level of anxiety will be assessed by Leibowitz social anxiety scale

Research Hypothesis

H1: There will be a significant association between social anxiety with selected demographic variables.

Assumption

1. There will be social anxiety among adolescents
2. The variables of the study will influence the social anxiety among adolescents.

Delimination Of The Study

The study is delimited to adolescent of age group 10 to 21 years
The sample size is limited to 60
The study has time limits of 2 to 4 weeks

Review Of Literaure:-

Literature related to the prevalence of social anxiety among adolescents.

Archana S, Prasad K N, Bushra Jabeen [2017], carried out a study to assess the prevalence and determinants of SAD among school children aged 11-16 years in rural population of Ramnagara district, Karnataka. A community-based, cross-sectional, and descriptive study was conducted in the six schools in Ramnagara district of Karnataka . Semi-open ended questionnaire was used to interview school children aged between 11 and 16 years in the school premises. Social phobia inventory (SPIN) scale was used to collect data The study results show that the prevalence of SAD was 39.7%. The mild, moderate, and severe SAD accounted for 24.1%, 13.9%, and 1.6%, respectively. It was more in the female adolescents (47.7%) and age group of 11-13 years (43.4%). The mean score was 18.23 (±10.7) and it was higher for female adolescents. Number of siblings, family type, active physical activity, sports, yoga, and meditation had influence on the prevalence of SAD on males and females. The study concluded that prevalence of SAD was two out of five adolescents, and one-fourth of the adolescents had mild grade SAD. The important determinants of SAD were age, type of family.

Philip Jefferies , Michael Ungar [2020] , Conducted a study to assess the prevalence of social anxiety around the world using a self-report survey of 6,825 individuals aged 16–29 years (M = 22.84, SD = 3.97), from seven countries selected for their cultural and economic diversity .The respondents completed the Social Interaction Anxiety Scale (SIAS). The global prevalence of social anxiety was found to be significantly higher than previously reported, with more than 1 in 3 (36%) respondents meeting the threshold criteria for having Social Anxiety Disorder (SAD). Prevalence and severity of social anxiety symptoms did not differ between sexes but varied as a function of age, country, work status, level of education, and whether an individual lived in an urban or rural location. The data indicate that social anxiety is a concern for young adults which needs education and intervention.

Mohammadreza Tamannaeifar, Maryam Sanatkarfar [2017] , Carried a study to investigate the relation of coping styles and attachment styles with social anxiety among high-school students.The Study population comprised all male and female students of Kashan high schools. A total of 440 students (196 males and 244 females, aged from 17 to 18 years in the third or fourth grade of Kashan high schools (academic year 2015- 2016) were selected by cluster sampling method. Data were gathered using social phobia inventory, coping inventory for stressful situation, and

adult attachment inventory. For analyzing the data, analysis of regression method were used. The Results shows there was significant correlations between the social anxiety problem-focused coping style , emotion-focused coping style , and avoidance coping style. Results of this study shows coping styles and attachment styles in social anxiety and show that maladaptive coping strategies predispose people to social anxiety. The study concluded insecure-ambivalent attachment people are vulnerable to social anxiety.

Murray B Stein, Dan J Stein carried out study on social anxiety disorder (also known as social phobia) which shows rudimentary awareness that it is not merely shyness to a much more sophisticated appreciation of its prevalence, its chronic and pernicious nature, and its neurobiological underpinnings. Social anxiety disorder is the most common anxiety disorder; it has an early age of onset—by age 11 years in about 50% and by age 20 years in about 80% of individuals—and it is a risk factor for subsequent depressive illness and substance abuse. Functional neuroimaging studies point to increased activity in amygdala and insula in patients with social anxiety disorder, and genetic studies are increasingly focusing on this and other (eg, personality trait neuroticism) core phenotypes to identify risk loci. A range of effective cognitive behavioural and pharmacological treatments for children and adults now exists; the challenges lie in optimum integration and dissemination of these treatments, and learning how to help the 30–40% of patients for whom treatment does not work.

Mohammedamin Hajure, Zakir Abdu Department of Psychiatry, Mettu University, Mettu, Oromia, Ethiopia 20 march 2020 cross-sectional study was conducted among a stratified sample of 523 undergraduate students to identify the prevalence, correlates of social anxiety disorder, and impacts on quality life. All participants completed the Social Phobia Inventory, Liebowitz Social Anxiety Scale, and World Health Organization Quality of Life-Brief Form, Turkish Version (WHOQOL-BREF-TR). Of 523 students, 26% were screened positive for social anxiety disorder. About 69.4% and 17.4% of the students had mild and moderate symptoms of social anxiety disorder, respectively. WHOQOL BREF-TR scores showed that students with social phobia had significantly lower quality of life quality than those without social phobia. Being criticized by others or fear of parties was the most commonly feared situations. Talking to strangers was the most commonly avoided situations. Being females, current tobacco use, and family history of psychiatric illness were factors significantly associated with social phobia symptoms using logistic regression analysis.

Hazeem Abdeljaleel Suleiman,Wegdan Elshame Altaib conducted a study in 2018 the study on Prevalence of Social Anxiety Disorder among Medical Students from Six Medical Schools in Sudanese in Khartoum State.This study was conducted using the Arabic SPIN and a group of questions to assess the associated factors, complications, and sociodemographic determinate of social anxiety disorder and included a total of 375 medical students from different universities and educational years.Results: The overall prevalence of social anxiety disorder among our participants was 61.3%, of which 19.2% had mild, 21.6% moderate, 10.9% severe, ad 9.6% had very severe SAD.

Nagarjun Mundinamani ,Renukaraj Nagammanavar ,MSc. Nursing 2nd Year, Shri B.V.V.S Sajjalashree Institute of Nursing Sciences, Bagalkot, KKarnataka. The study was conducted in 2022 the study was An Explorative Study to Assess the Prevalence of Social Anxiety Disorder (SAD) and Its Determinants Among High School Students of Selected High school of Bagalkot .Descriptive survey approach was used for the study with cross sectional survey design. 120 high school students between 14 years to 16 years of age were selected Disproportionate stratified Random sampling technique method from high school students studying in selected high school of Bagalkot. The result of the study is Total 120 high school students were responded for Social Phobia Inventory (SPIN) scale, in that level of social anxiety disorders had reveals that majority 83.3% had non phobic, 15.8% had mild and 0.8% had moderate, there is no extremely phobic.

Arif Khan conducted a study on High Magnitude of Social Anxiety Disorder in School Adolescents 16 Feb 2017 .The population of the study was regular students in 11th and 12th grades in academic year were enrolled. The setting of sample was school ,is located in Woldia town, Amhara regional state 424 students were the sample study, of which 386 completed the questionnaires with the response rate of 91.03%. 233 (60.4%) of the participants were males and 346 (89.6%) were between the ages of 16 and 19 years. The result of the study was Fourteen (3.6%) students had past psychiatric history and 18 (4.7%) of them had family history of mental illness. About one-third of the participants reported that they did not use any mass media.The overall prevalence of social phobia was 27.5%. In multivariable logistic regression analysis, sex, current use of alcohol, social support, and students raised by single parent were significantly associated with social phobia.

Preeti ., Parnava Das was conducted a research in 2019 on Prevalence of social anxiety disorder and its determinants among undergraduate medical students of East Delhi. The objective of the study was to find out the prevalence and determinants of SAD among medical undergraduate students. This was a cross-sectional descriptive study done among 404 undergraduate students of a Medical College in east Delhi. Data was collected using a questionnaire containing sociodemographic details and Social interaction anxiety scale (SIAS) The results of the study was found that 12.62% of the study participants were having social phobia and 5.95% were having social anxiety. The determinants found to be significant by univariate analysis were language barrier, body image perception, facial appearance perception and academic performance satisfaction.

Katja Beesdo, PhD; Antje Bittner, PhD; Daniel S. Pine, MD; Arch Gen Psychiatry. 2007; conducted a study on incidence of Social Anxiety Disorder and the Consistent Risk for Secondary Depression in the First Three Decades of Life to conduct examine patterns of SAD incidence, the consistency of associations of SAD with subsequent depression, and distal and proximal predictors for subsequent depression.Under the community setting of Munich .The samples are Three thousand twenty-one individuals aged 14 to 24 years at baseline and 21 to 34 years at follow-up The result of the study was Cumulative incidence for SAD was 11.0%; for depression, 27.0%. Standardized person-years of incidence for SAD were highest for those aged 10 to 19 years (0.72%) and were low before (0.20%) and after (0.19%) that age range. Depression incidence was different, characterized by delayed and continued high rates. Social anxiety disorder was consistently associated with subsequent depression, independent of age at onset for SAD.

Literature related to contributing factors of social anxiety

Isha Kapoor, Shaveta Sharma[2020] carried out a study was conducted to investigate the role and impact of peer pressure and family environment on social anxiety disorder among adolescents. Sample consist of 520 adolescents studying in schools in the state of Punjab were selected randomly using multi-stage sampling technique. The tools used were Social Anxiety Disorder scale , Peer Pressure Scale, Family Environment Scale. The study was descriptive in nature. The major findings of the study revealed that ,a significant positive relationship exists between social anxiety disorder and peer pressure among adolescents,a significant negative relationship exists between social anxiety disorder and family environment of adolescents,the conjoint effect of peer pressure and family environment on social anxiety disorder among adolescents is higher than their individual effects.

Ms Clydina Khandagale [2015] carried a study to assess the level of social anxiety among adolescents and to correlate social anxiety with the selected socio- demographic variables, among Adolescents Studying in Higher Secondary Schools of Pune City. A descriptive research design was adopted for the study. 210 adolescents including both boys and girls fulfilling the inclusion criteria were selected by stratified random sampling technique.The tools were questionnaire related to demographic data, two checklists regarding the home and school environment and a rating scale to assess the level of social anxiety. The findings revealed that 99 (47.14%) adolescents have mild social anxiety, 88 (41.90%) have no social anxiety, 23 (10.95%) have moderate social anxiety and none have severe social anxiety. The results denoted a highly significant correlation between social anxiety and father's education ($P < 0.001$) There was a significant correlation between social anxiety and mother's education ($P < 0.05$). The adolescents whose parents had a low family monthly income also exhibited a significant correlation with the social anxiety ($P < 0.01$). The factors like most enjoyable place, parent's education and family monthly income highly influence the social anxiety in adolescents.

Methodology:-

The methodology of the research indicates the general pattern of organizing the procedure (Burn and Groove 2000).The research methodology indicates the general pattern for getting the valid and reliable data. It deals with the development and description of Music therapy, tryout, pilot study, procedure for data collection and plan for data analysis.

Research Approach

A research approach tells the researcher that what data is to be collected and how to analyses it. It is a overall plan to carry out the study. A research approach tells the researcher as to what data to collect and how to analyses it. It is overall plan or blueprint chosen to carry out the study. It also suggests the possible conclusion to be drawn from the data. Quantitative descriptive approach was used in this study.

Research Design-
Research design refers to strategies that the researcher adopt to develop information that is accurate, objective and meaningful. According to Polit and Hungler (2011) research design is overall plan for addressing a research question, including specification for enhancing the integrity of the study. Non- Experimental research design was used in this study.

Study Setting:
According to Polit and Beck (2015) "Setting is a physical location and condition in which data collection takes place in the study". The selection of appropriate set up is important because the set up can influence the way people behave or feel and how they respond. The researcher needs to decide where the data will be collected. The study was conducted in selected community area at Meerut.

Criteria for the selection of the sample
Inclusion Criteria
1. Adolescent age group 10 to 21 years
2. Adolescent present at the time of data collection

Exclusion Criteria
1. Adolescent who are not willing to participate in the study.
2. Adolescent who are diagnosed with psychological or medical comorbidities.

Population:
Polit and Beck (2015) describe population as the entire aggregation of cases that meet at designated set of criteria. The need for defining a population for a research project arises out of the requirement to specify the group on which the result of the study can be applied. The population will be easily accessible to the investigator since the researcher permission will be taken from the concerned authorities. Target population of study were adolescent of the community area at meerut.

Sample
Polit and Beck (2015) states that "sample is a subset of population selected to participate in the research study" and sampling refers to "the process of selecting a portion of the population to represent the entire population". Sample consists of Adolescents living in a community area at meerut.

Sampling Technique:
Polit and Beck (2015) states that, the choice of sampling technique depend on the nature of the problem, the kind of variables included in the study, the types of research and the number of sample unit. Purposive sampling technique will be use for collecting the sample, which are fulfilling the inclusion criteria.

Sample Size:
Sample size included in the study will 60 from Selected Community area of Meerut

Research Tool And Technique:
The data collection tool consists of three sections.

Section A:
Socio-demographic profile
It comprised of demographic data of the Adolescents eg. Age , gender, birth order of children, religion, area, working status of parents etc.

Section B:
Leibowitz social anxiety Scale

Section C:
Checklist for contributing factors of social Anxiety

Ethical consideration:
A formal consent will be obtained from the gram pradhan and the oral consent will be obtained from the subjects. Assurance has been given to the subjects regarding the confidentiality of the data and anonymity will be maintained throughout the study. Period of data collection: The main study was conducted in selected community area of Meerut

Data collection procedure:
Before conducting the main study, the researcher met the concerned authorities in the selected community area of Meerut and obtained the permission for the data collection. The data collection will done after explaining the procedure to the Adolescents group and to the family if needed.

Consent. The Adolescent who met the inclusion criteria and selected by purposive sampling

Analysis And Interpretation Of Data
This chapter deals with analysis and interpretation of data collection through standards tools for study population. The study was**"An exploratory study on prevalence and contributing factors of social anxiety among adolescents residing in a selected community area at Meerut."**

Analysis interpretation of data is the most important phase of research process. Analysis is compilation, editing, coding, classification and percentage of data to answer the question.

Interpretation of data referred to critical examination of analyzed data to draw inference and Conclusion. Interpretation is one of the essential tasks in a research process to frame the recommendations of a research problem. It is an activity of critical thinking, which is done carefully through brainstorming to infer the condensed and statistically computed data so that research questions can be answered.

The data has been presented using tables and diagram. The data has been analyzed in three sections:-

Section A:-
Percentage and frequency distribution of sociodemographic variables.

Section B:-
Association level between socio demographic variables with social anxiety.

Section C :-
Percentage and frequency distribution of social anxiety.

Section D :-
Percentage and frequency of contributing factors of social anxiety.

Section -1:
Discription Of Socio Demographic Profile
Table No.1
Percentage and frequency distribution of adolescent according to there demographic characteristics. N=60

Socio demographic variables	No. Of students (frequency)	Percentage
1.AGE GROUP		
A.Early adolescent	23	38.3%
B.Middle adolescent	19	31.7%
C.Late adolescent	18	30%
2.GENDER		
A.male	26	43.3%
B.female	34	56.7%
3.BIRTH ORDER OF CHILD		
A.First	19	31.6%

B.Second	20	33.4%
C.Third	17	28.3%
D.More than three	4	6.7%
4.BIRTH PLACE		
A.Rural	30	50%
B.Urban	30	50%
5.EDUCATIONAL STATUS OF PARENTS		
A.Illiterate	8	13.4%
B.Primary school	14	23.3%
C.High school	15	25%
D.Intermediate	19	31.6%
E.Graduated	4	6.7%
6.WORKING STATUS OF PARENTS		
A.father working	48	80%
Father not working	12	20%
B.Mother(working)	12	20%
Mother not working	48	80%
7.TYPES OF FAMILY		
Joint Nuclear	21 31	35% 51.6%
.Extended	8	13.4%
8.INCOME SCALE OF FAMILY		
A.Less than 5,000	7	11.7%
B. 5,000-10,000	21	35%
C. 10,000-20,000	23	38.3%
D. More than 20,000	9	15%
9. RELIGION		
A.Hindu	26	43.3%
B.Muslim	23	38.4%
C.Christians	8	13.3%
D.Others	3	5%

Distribution Of Age

Distribution of adolescents according to there age group in years shows that 38.3% of them were in age group of early adolescents , 31.7% were in age group of late adolescents, 30% of them were in age group of late adolescents

Distribution Of Gender

Distribution of adolescents according to there gender shows that 43.3% of them were males and 56.7% of them were females.

Distribution Of Birth Order Of Adolscents

Distribution of birth order of adolescents shows that 31.6% of them were first child, 33.4% of them were the second child, 28.3% of them were the third child, 6.7% of them were the fourth child.

Distribution Of Birth Place

Distribution of adolescents according to there birth place shows that 50% of them live in rural area and 50% of them were live in urban area.

Distribution Of Educational Status Of Parents

The distribution shows that13.4% of adolescents parents are not educated, 23.3% of them were educated upto primary school, 25% of them were educated upto high school, 31.6% of them were educated upto intermediate, 6.7% of them were educated upto graduation.

Distribution Of Working Staus Of Parents

Distribution of working status of parents shows that 80% of them were father working and 20% of the father are not working,20% of the mother are working and 80% of mothers are not working.

Distribution Of Types Of Family

Distribution of types of family shows that 35% of them were belongs to joint family, 51.6% of them were from nuclear family, 13.4% of them were belonging to the extended family.

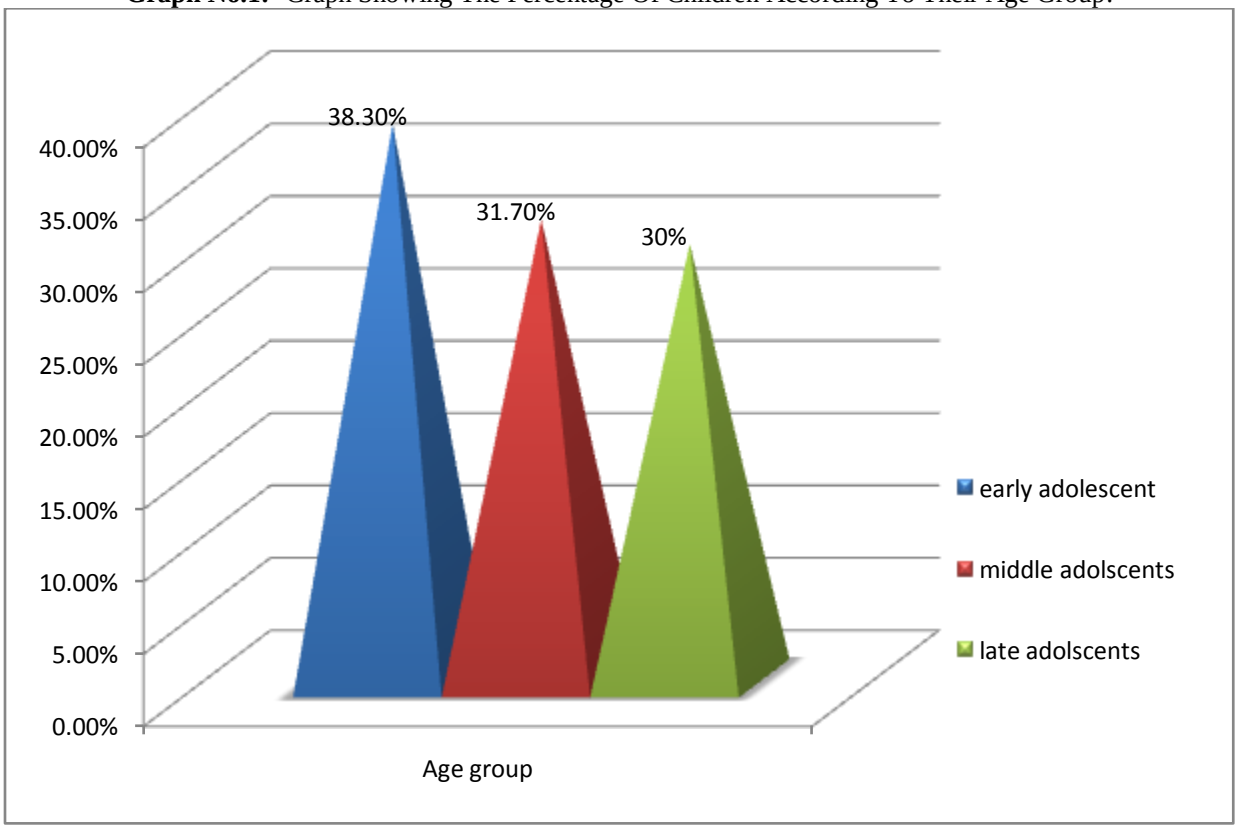
Distribution Of Income Scale Of Family

Distribution of income scale of adolescents family shows that 11.7% of them are having less than 5,000 income per month, 35% were having 5,000-10,000 income per month, 38.3% of them were having 10,000-20,000 income per month, 15% of them were having more than 20,000 income per month.

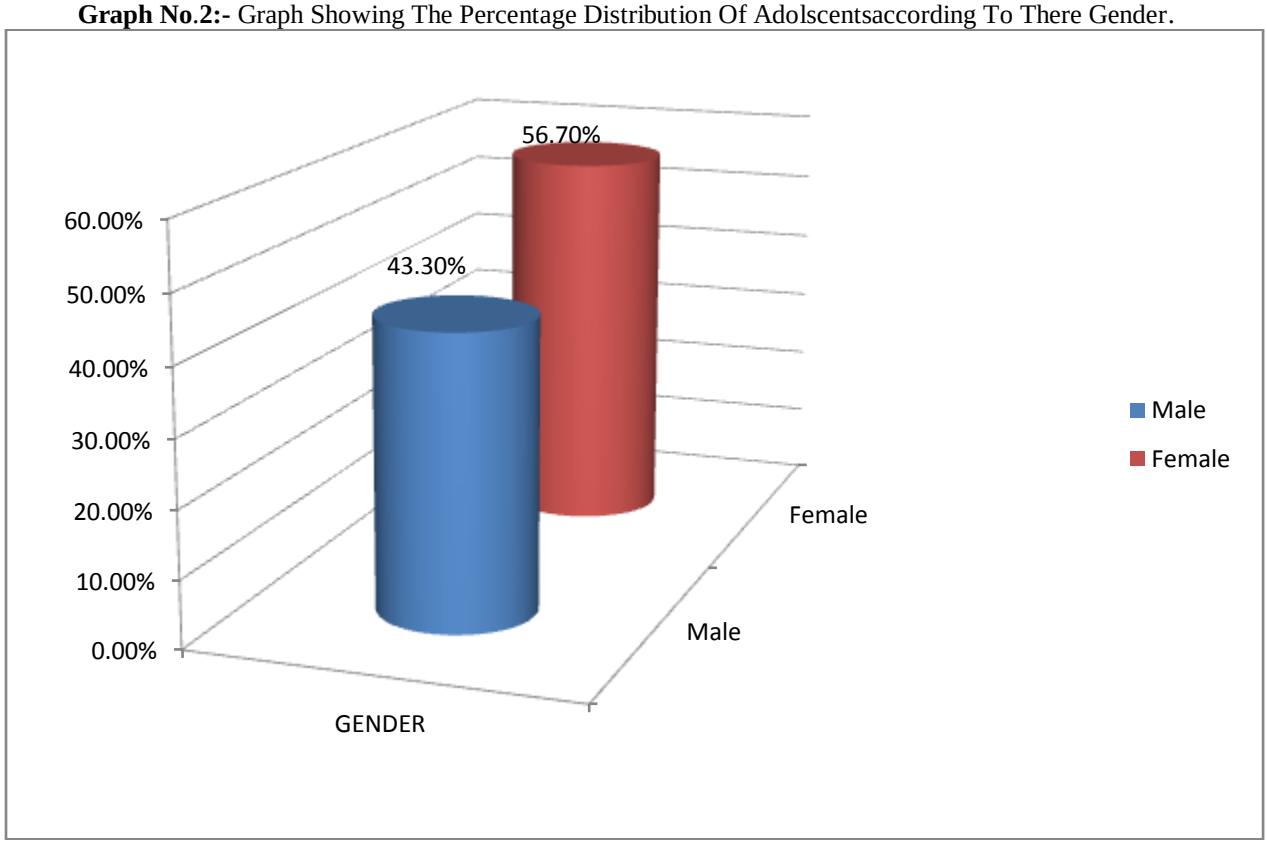
Distribution Of Religion

Distribution of religion shows that 43.3% of them were belonging to hindu religion, 38.4% of them were belonging to muslim religion, 13.3% of them were Christians and 55 of them were from other religion.

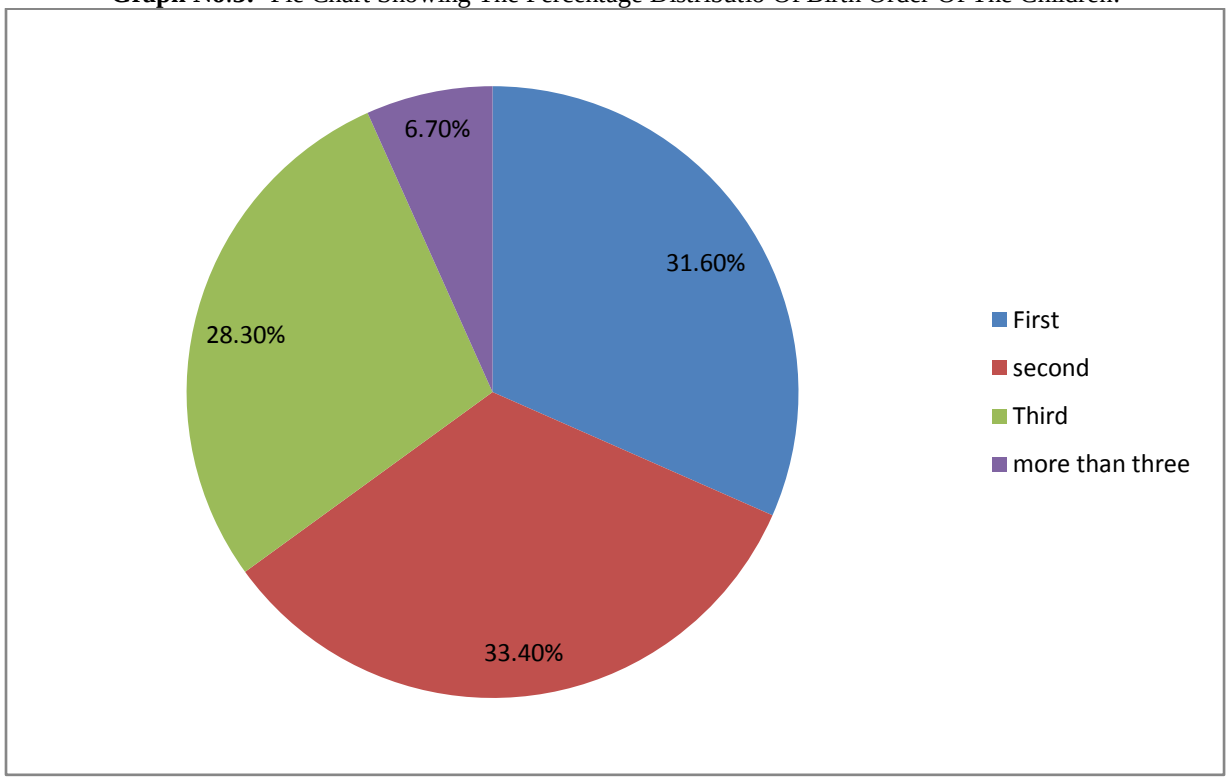
Graph No.1:- Graph Showing The Percentage Of Children According To Their Age Group.



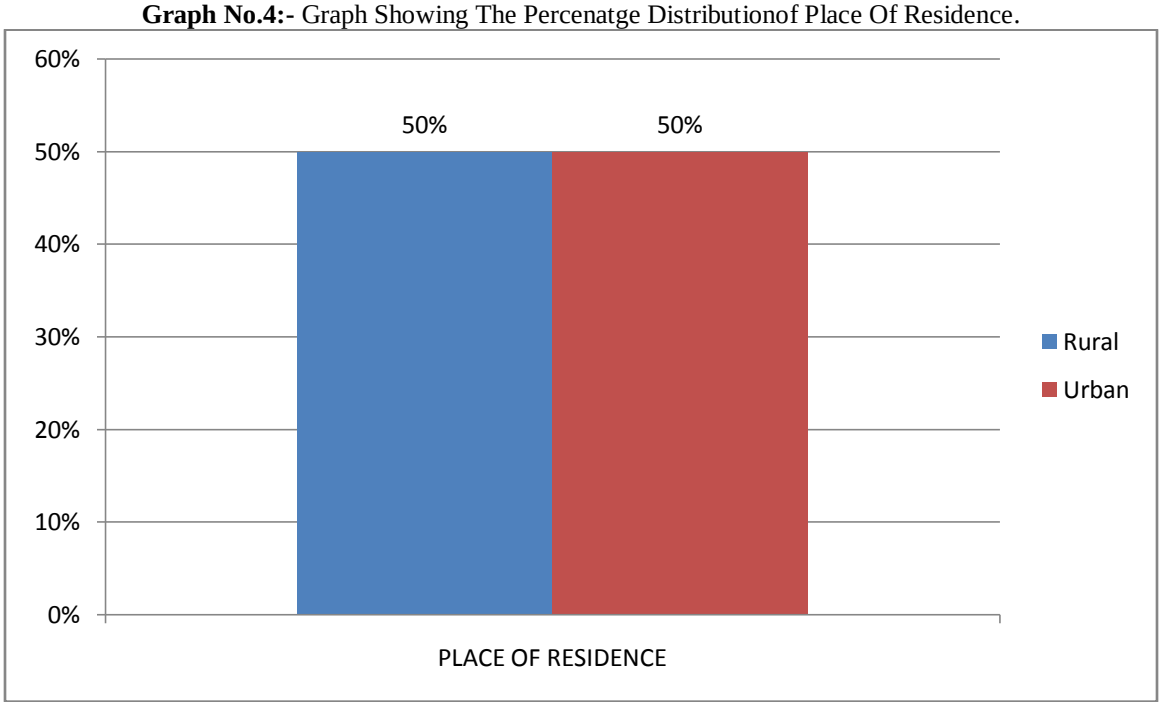
Graph No.2:- Graph Showing The Percentage Distribution Of Adolscentsaccording To There Gender.



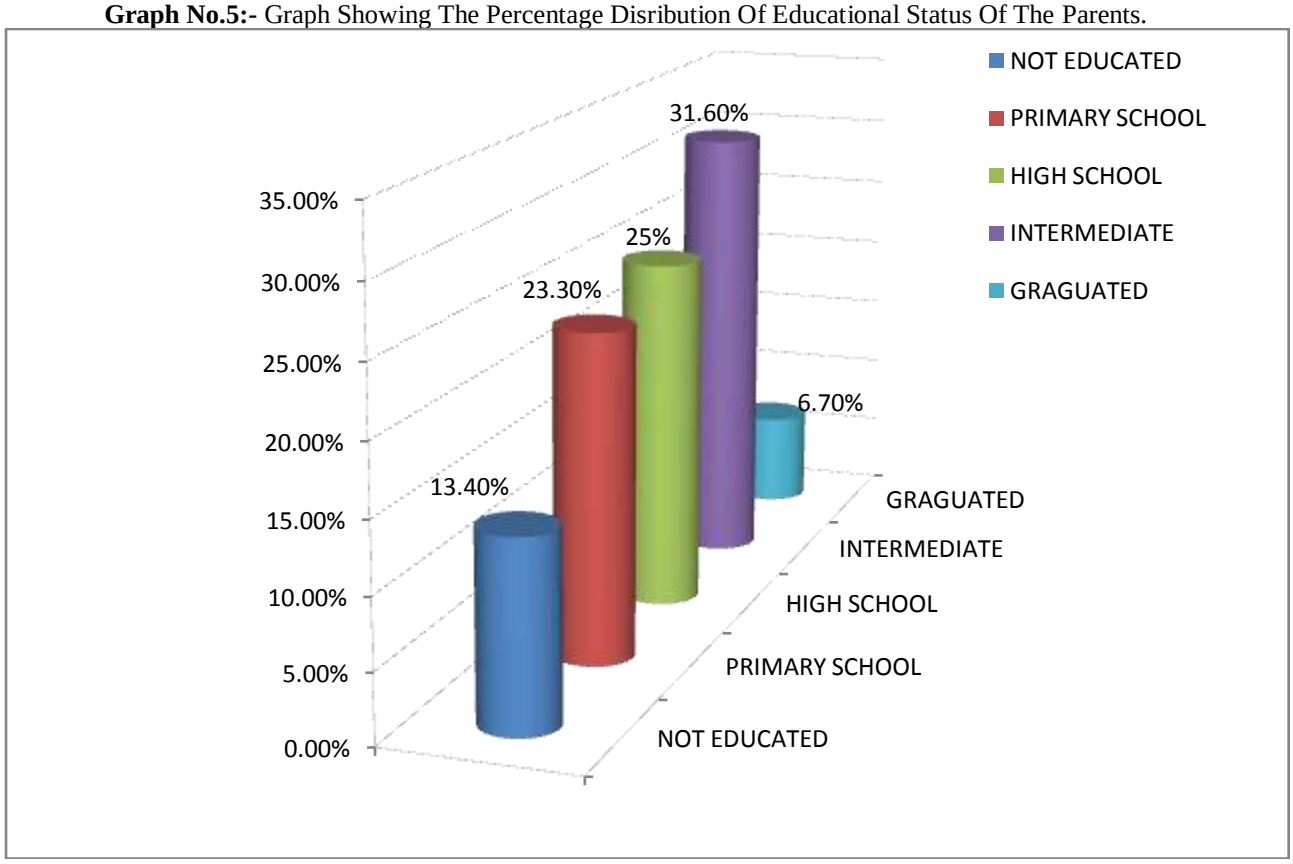
Graph No.3:- Pie Chart Showing The Percentage Distributio Of Birth Order Of The Children.



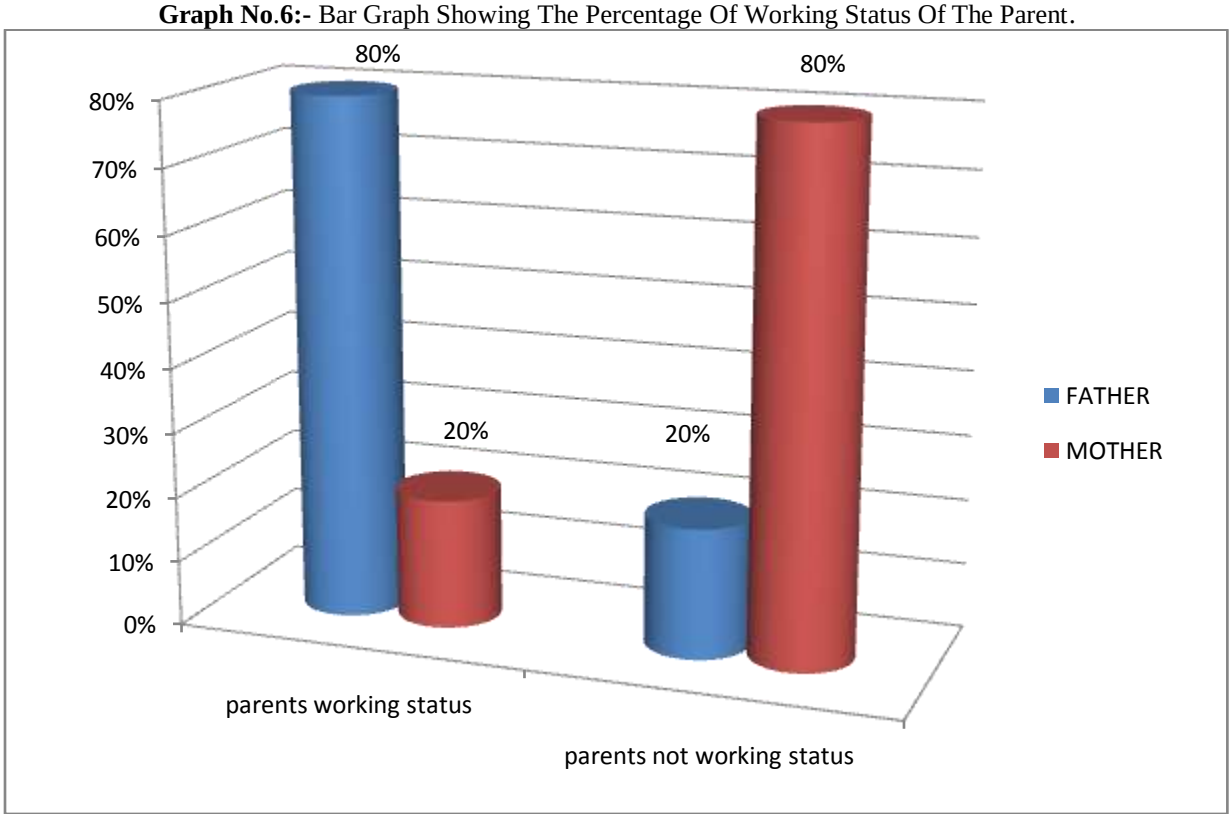
Graph No.4:- Graph Showing The Percenatge Distributionof Place Of Residence.



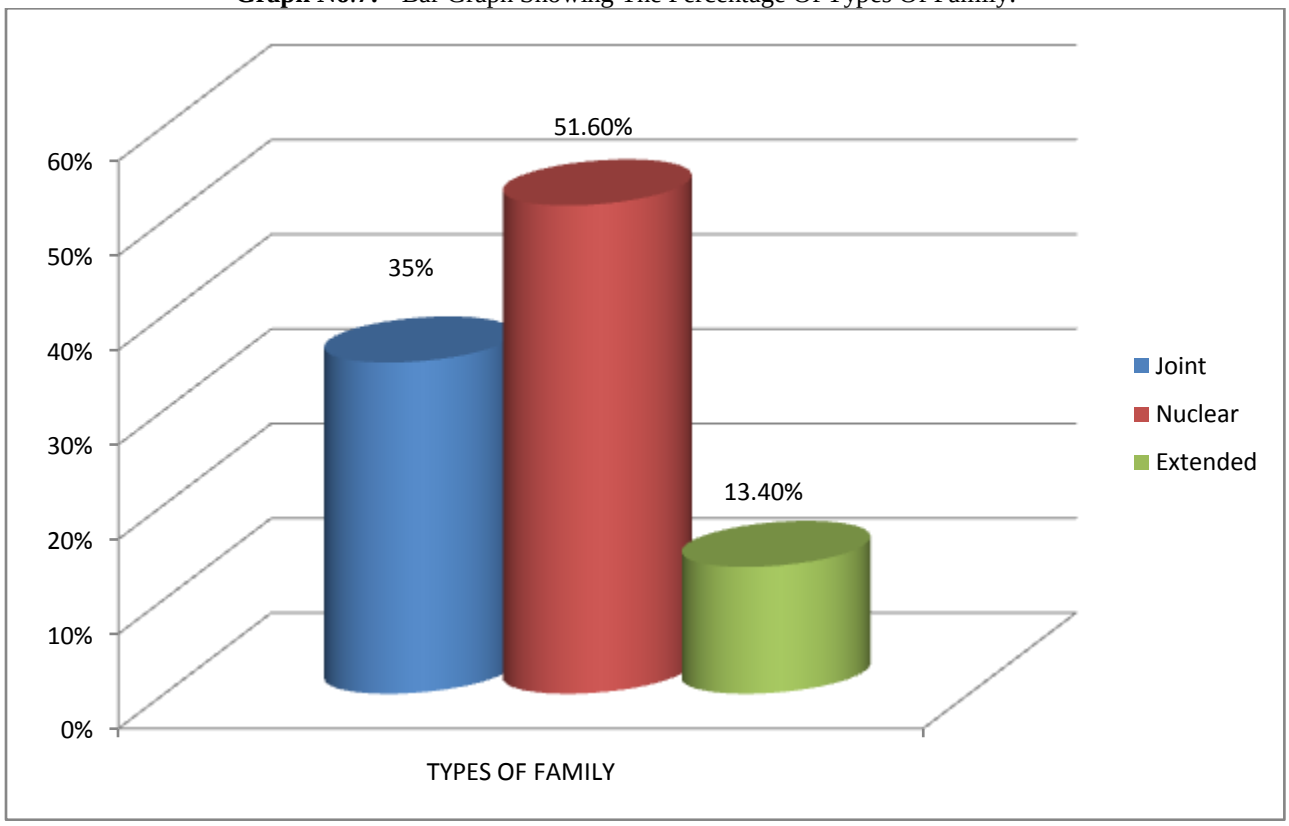
Graph No.5:- Graph Showing The Percentage Disribution Of Educational Status Of The Parents.



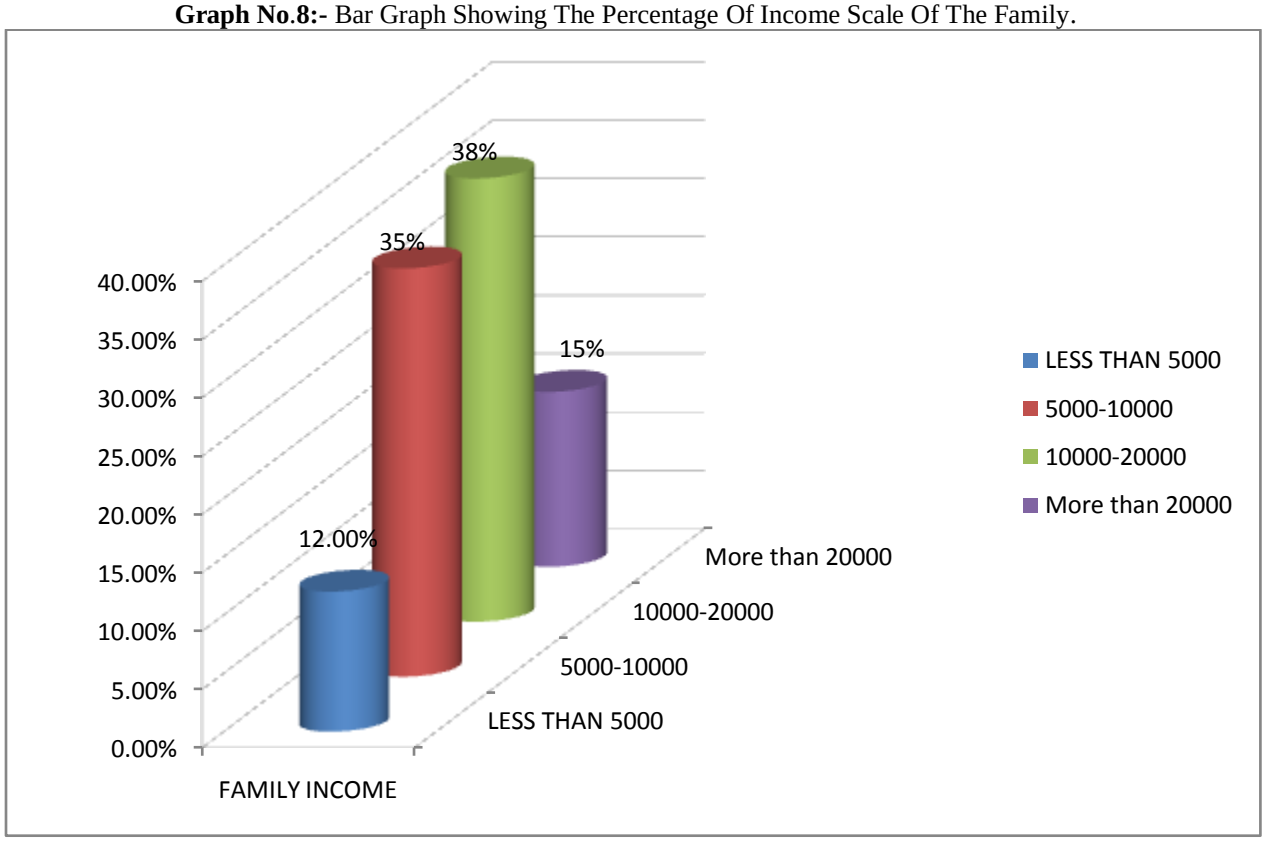
Graph No.6:- Bar Graph Showing The Percentage Of Working Status Of The Parent.



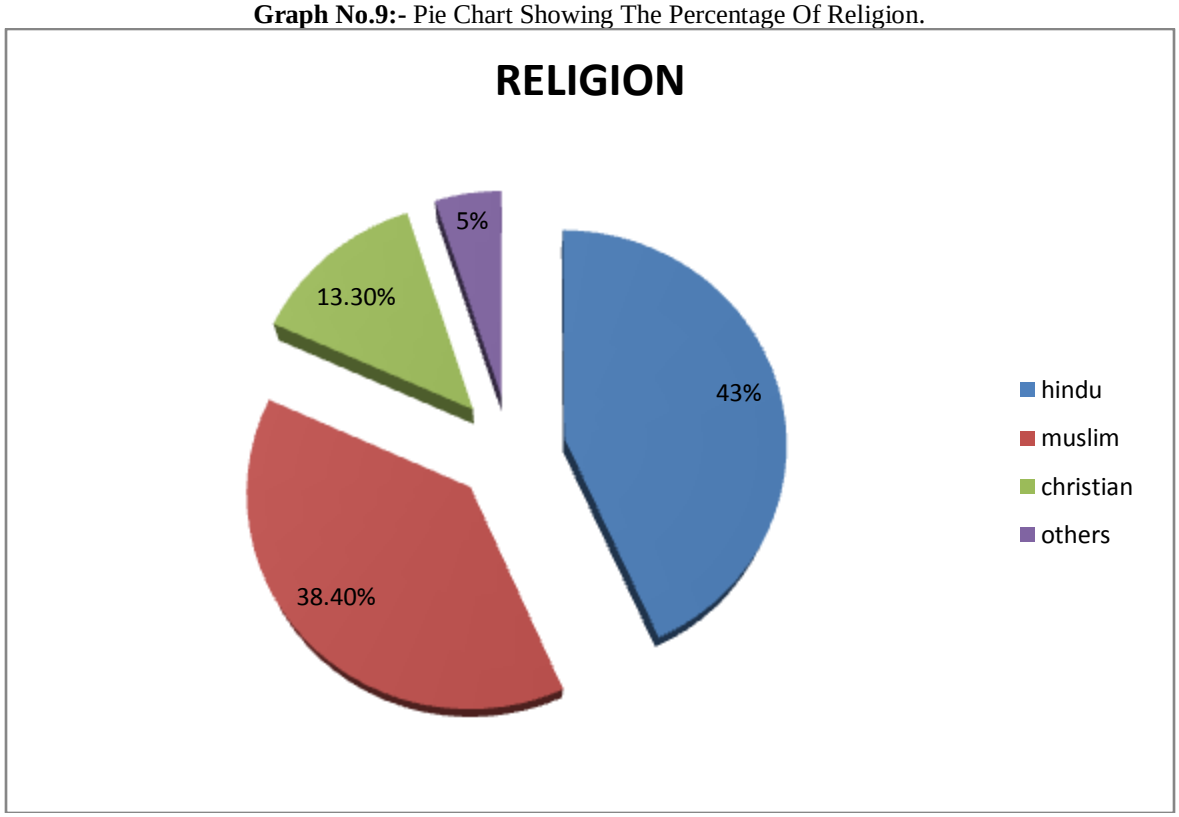
Graph No.7:- Bar Graph Showing The Percentage Of Types Of Family.



Graph No.8:- Bar Graph Showing The Percentage Of Income Scale Of The Family.



Graph No.9:- Pie Chart Showing The Percentage Of Religion.



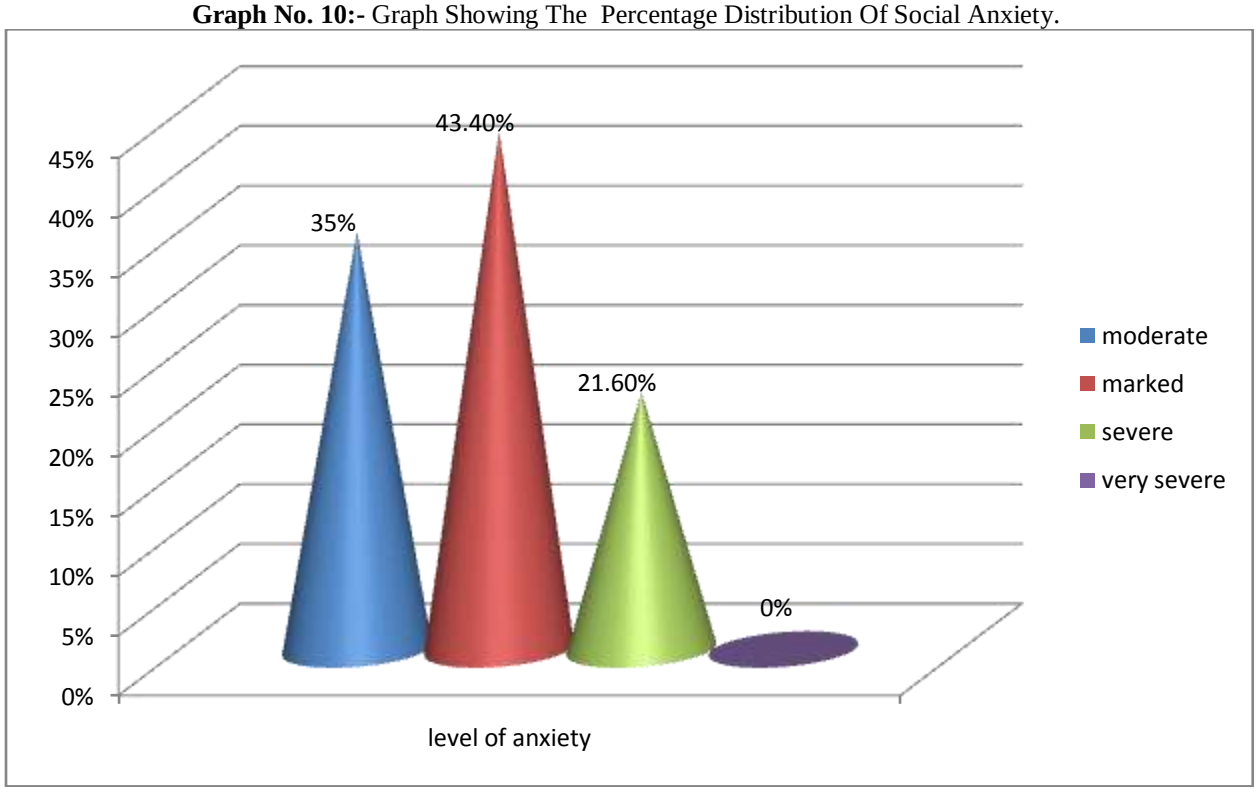
Section :-2
Frequency Distribution Of Level Of Social Anxiety Among Adolescents

Table No2:- Frequency distribution of level of social anxiety among adolescents.

Level of social anxiety	Frequency	Percentage
MODERATE SOCIAL ANXIETY	21	35%
MARKED SOCIAL ANXIETY	26	43.4%
SEVERE SOCIAL ANXIETY	13	21.6%
VERY SEVERE SOCIAL ANXIETY	0	0%

Frequency distribution of social anxiety among adolescents table shows that 21(35%) among total sample 60 are having moderate social anxiety,26 (43.3%)out of total sample 60 are having marked social anxiety, 13 (21.6%) out of total sample 60 are having severe social anxiety, 0 out of total sample 60 are having very severe social anxiety.

Graph No. 10:- Graph Showing The Percentage Distribution Of Social Anxiety.



Section 3
Description Of Leibowitz Social Anxiety Scale.

Table No 3:- Description Of Social Anxiety.

s.no	Variable	Maximum score	Mean	Standard deviation
1.	Level of social anxiety among adolscents	100	69.88	11.55

Table No. 3: Shows that the mean score of social anxiety is 69.88, standard deviation is 11.55

Section 4
Associated Level Of Social Anxiety Among Adolescents

Table No. 4:-

s.no	Demographic variable	LEVEL OF SOCIAL ANXIETY AMONG ADOLESCENTS										
		Moderate Social anxiety		Marked social anxiety		Severe social anxiety		Very severe social anxiety		d/f	Chi square	Table
1.		f	%	F	%	f	%	f	%	4	4.83	9.49
	Age group											
	Early adolescents	6	10%	7	11.4 %	2	3.4 %	0	0%			
	Middle adolescents	7	11.6 %	9	15%	5	8.3 %	0	0%			
	Late adolescents	8	13.4 %	10	16.6 %	6	10%	0	0%			
2.	Gender									2	0.97	5.99
	Male	13	21.6 %	15	25%	7	11.6 %	0	0%			
	Female	8	13.3	11	18.3 %	6	10%	0	0%			
3.	Birth order of the child									6	8.4	12.59
	First	9	15%	10	16.6 %	5	8.3 %	0	0%			
	Second	5	8.3 %	4	6.7 %	2	3.3 %	0	0%			
	Third	3	5%	6	10%	4	6.7 %	0	0%			
	More than three	4	6.7 %	6	10%	2	3.3 %	0	0%			
4.	Place of resident									2	0.9	5.9
	Urban	13	21.6 %	18	30%	8	13.4 %	0	0%			
	Rural	8	13.3 %	8	13.4 %	5	8.3 %	0	0%			
5.	Educational status of parents											
	Illiterate	7	11.6 %	9	15%	4	6.7 %	0	0%			
	Primary school	3	5%	5	8.3	3	5%	0	0%			

					%					8	7.48	15.51
	High school	3	5%	6	10%	3	5%	0	0%			
	Intermediate	5	8.4 %	2	3.3 %	1	1.6 %	0	0%			
	Graduated	3	5%	4	6.7 %	2	3.4 %	0	0%			
6.	Working status of parents									6	4.89	12.59
	Father working	3	5%	4	6.7 %	3	5%	0	0%			
	Father not working	9	15%	11	18.3 %	5	8.4 %	0	0%			
	Mother working	5	8.3 %	5	8.3 %	1	1.6 %	0	0%			
	Mother not working	4	6.7 %	6	10%	4	6.7 %	0	0%			
7.	Types of family									4	3.73	9.49
	Joint	7	11.7 %	15	25%	5	8.3 %	0	0%			
	Nuclear family	8	13.3 %	7	11.6 %	4	6.7 %	0	0%			
	Extended	6	10%	4	6.7 %	4	6.7 %	0	0%			
8.	Income scale of the family									6	6.41	12.59
	Less than 5,000	8	13.4 %	11	18.3 %	7	11.6 %	0	0%			
	5,000 -10,000	4	6.7 %	3	5%	4	6.8 %	0	0%			
	10000-20,000	6	10%	8	13.3 %	1	1.6 %	0	0%			
	More than 20,000	3	5%	4	6.7 %	1	1.6 %	0	0%			
9.	Religion											
	Hindu	9	15%	9	15%	5	8.3 %	0	0%	6	6.06	12.59
	Muslim	5	8.3 %	10	16.6 %	2	3.4 %	0	0%			
	Christians	4	6.7 %	3	5%	3	5%	0	0%			
	Others	3	5%	4	6.7 %	3	5%	0	0%			

Table:- 4

Shows that there is no significant association between the sociodemographic variable and social anxiety among adolescents.**SECTION:- C**

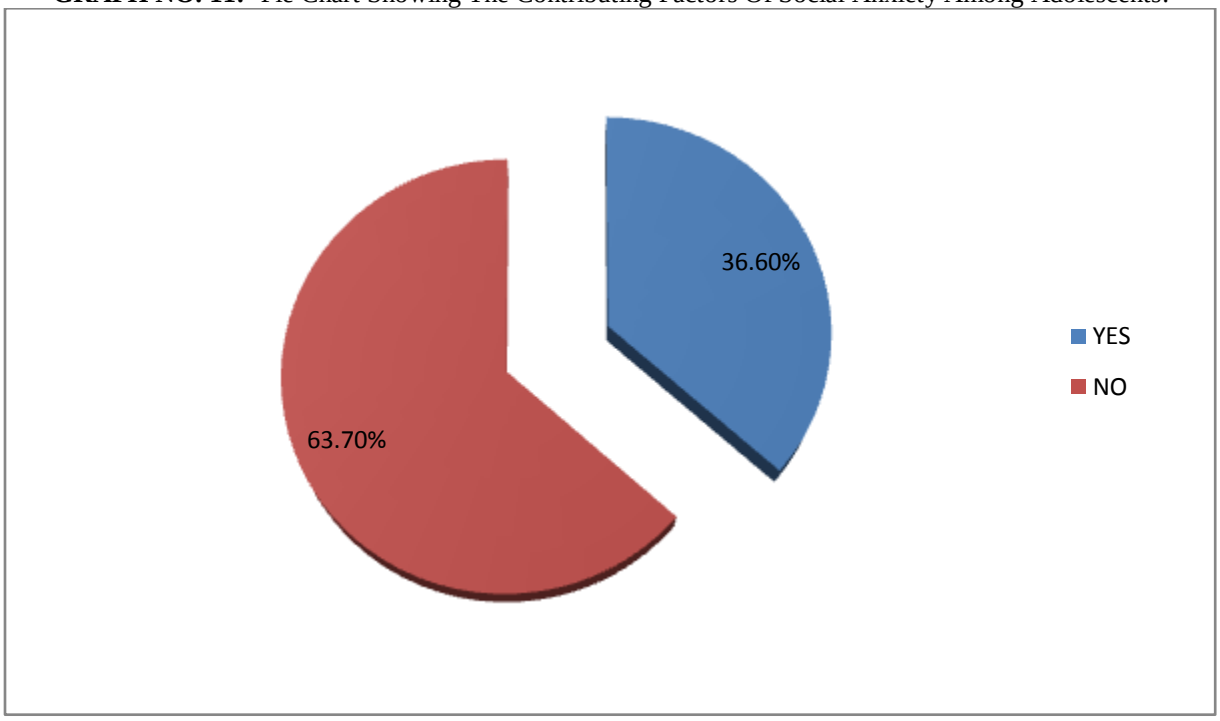
Checklist For Contributing Factors Of Social Anxiety

Table No.5:- Percentage and frequency of self made checklist for the contributing factor of social anxiety.

QUESTION	YES(Frequency)	percentage	NO(frequency)	percentage
1.Maintain eye contacts while talking to others	32	53.3	28	46.7
2.Being focus of attention	25	41.6%	35	58.4%
3.Talking to senior or people of authority	23	38.3%	37	61.7%
4.Difficulty forgetting an awkward social mistake	24	40%	36	60%
5.Affraid of getting things wrong and looking stupid	16	26.6%	44	73.4%
6.Starting a conversation	13	21.7%	47	78.3%
7.Feeling anxious or being rejected, ignored by other	21	35%	39	65%
8.Writing in front of others	17	28.3%	43	71.7%
9.Odering a meal in a restaurant	14	23.3%	46	76.7%
10. Working while being observed	22	36.7%	38	63.3%
11. Using a public restroom	23	38.3%	37	61.7%
12.Eating in public	24	40%	36	60%
13. Attending social gathering or parties	22	36.7%	38	63.3%
14. Telling there point of view on a particular situation	19	31.7%	41	68.3%
15. Performing in front of audience	19	31.7%	41	68.3%

Section- C

GRAPH NO. 11:- Pie Chart Showing The Contributing Factors Of Social Anxiety Among Adolescents.



Discussion:-

The study deals with the discussion based on the objectives of the study and hypothesis present in the study.

Statemet"An exploratory study to assess the prevalence and contributing factors of social anxiety among adolescents residing in a selected community area at Meerut."

The research was conducted in community area at Khadauli in Meerut

In this study the tools used were

Section:- 1
Socio demographic variables

Section:- 2
Leibowitz social Anxiety scales which is having total maximum marks of 100

Section:- 3
Structured knowledge questionnaire checklist to assess the prevalence and contributing factors of social anxiety among adolescents. The self structured checklist consist of 15 question , option of having Yes and No

Objectives:-

1. To assess the prevalence of social Anxiety among adolescents.
2. To identify contributing factors of social anxiety among adolescents.
3. To find the association between level of social anxiety with their selected demographic variables

1.To find out the association between level of social anxiety with their selected demographic variables.
In this study 60samples were collected 21(35%) of them were having moderate social anxiety, 26(43.4%) were having marked social Anxiety, 13 (21.6%) were having severe social anxiety

2.To identify contributing factors of social anxiety among adolescents
There are various contributing factos which are leading to social anxiety.

3.To find the association between level of social anxiety with their selected demographic variables
There was no significant association between level of social anxiety with selected demographic variables age, gender, Birth order , working status etc.

Summary, Major, Finding, Implication, Limitation, Recommendation:-

This chapter deals with summary of study under taken discussion on the finding of the study, and implication to nursing field, limitation of study and recommendation for future research in the field.

Summary
The present study was conducted to view and asses the level of social anxiety among adolescents who are under age of 10 to 21 years.

This study shows that most of the adolescents are having marked social anxiety. the chi square calculated value age is 4.83* is smaller than table value , the chi square value of gender is having 0.97* which is smaller than the table , the chi square value of birth order of child shows 8.4* which is smaller than the table value, the chi square value of place of residence shows 0.9* which is smaller than the table value, the chi square value of educational status of parents shows 7.4* which is smaller than the table value , the chi square value of working status of parents shows 4.89* which is smaller than he table value ,the chi square value of types of family is 3.7* which is smaller than the table value, the chi square value of income scale of family shows the 6.4* which is smaller than the table value, the chi square value of religion shows 6.06* which is also smaller than the table value . Hence , it indicated that there was no association between demographic variables and social anxiety among adolescents.

Objectives Of The Study:-

* To assess the prevalence of social anxiety among adolescents.
* To identify contributing factor of social anxiety among adolescents.
* To find out the association between level of social anxiety with their selected demographic variables.

Review of literature enhanced by investigation to the assess the level of social anxiety among adolescents. The review of literature of present study is designed in two section.

Leibowitz social anxiety rating scale and self made checklist for the contributing factor of social anxiety was used for data collection. The tool consisted of three section demographic variable and Leibowitz social anxiety rating scale to assess the level of social anxiety and self made checklist for the contributing factor of social anxiety was used for data collection among adolescents.

Validation of tools was done after obtaining suggestion from the expert in the field of nursing, psychiatrist, research, clinical psychologist and statistician. the standardized tool was used for collection of the data.

Major Finding Of The Study:-

The current study was conducted on homogenous population the respondents are 10-21 yrs age group early adolescents 38.3% , middle adolescents 31.7% and late adolescents 30% . Gender, the female (53.7%) male 43.3% . birth order of child first 31.6% ,second 33.4% third 28.3% , more than three 6.7%. place of residence, rural 50%, urban 50% . educational status of parents, illiterate13.4%, primary school 23.3%, high school 25%, intermediate 31.6%, graduated 6.7%. working status of parent, father working 80%, father not working 20%, mother working 20%, mother not working 80%. Types of family, joint 35%, nuclear 51.6% , extended 13.4%. income scale of family , less than 5000 11.7%, 5000-10000 35%, 10000-20000 38.3% more than 20000 15%. Religion hindu 43.3%, muslim 38.4%, Christian 13.3%, others 5%. Out total sample size is 60, in this study (35%) were moderate social anxiety (43.4%) are having marked social anxiety, (21.6%) were having severe social anxiety, 0% is having very severe social anxiety

This study shows that most of the adolescents are having marked social anxiety. the chi square calculated value age is 4.83 is smaller than table value , the chi square value of gender is having 0.97 which is smaller than the table , the chi square value of birth order of child shows 8.4 which is smaller than the table value, the chi square value of place of residence shows 0.9 which is smaller than the table value, the chi square value of educational status of parents shows 7.4 which is smaller than the table value , the chi square value of working status of parents shows 4.89 which is smaller than he table value ,the chi square value of types of family is 3.7 which is smaller than the table value, the chi square value of income scale of family shows the 6.4 which is smaller than the table value, the chi square value of religion shows 6.06 which is also smaller than the table value . Hence , it indicated that there was no significant association between demographic variables and social anxiety among adolescents

Implication Of Study

The finding of the study can be used in the following areas.

Nursing Education

A nursing educator nurses plays a major role in educating the children and their parents about the level of social anxiety.

Nurse Practice

In nursing practice a nurse can counsel their parents about the level of social anxiety A nurses can organize programmes such as role play and workshop to make parents aware about the level social anxiety. Explain about the parents how to manage the social anxiety and other situation.

Nursing Administration

1. As being the nurse administration a nurses should conduct the program to being the awareness related to social anxiety among adolescents.

Nursing Research

1. The study help to other or the researcher to conduct such studies again.
2. The study will provide as the reference and motivation for other research.
3. The study will encourage the scholars to implements action to solve the identify problem or issues and encountered during study.

Limitation

This study is limited to –

* This study is limited only to the adolescents.
* The age between 10-21 yrs.

* Who is willing to participate in the study.

Recommendation:-

On the basis of finding of the following recommendation finding-
* A similar study can be replicated on a large sample to generalize the finding.
* A similar study can be conducted to assess the level of social anxiety among adolescents
* A comparative study can be conducted to find the level of social anxiety among adolescents.
* A study can be conducted educated about the level of anxiety among adolescents and their parents .

Conclusion:-

Social anxiety disorder – which can include being afraid of speaking in public, fear of interacting with people, and intense nervousness at being the center of attention – affects millions of people each year. Social anxiety disorder (SAD) is one of the most common mental health difficulties across the life span (8.6% prevalence) The age of onset of SAD is commonly during early adolescence (median age of onset 13 years)

Social anxiety disorder (SAD) is a common psychiatric disorder, with up to 1 in 8 people suffering from SAD at some point in their life . SAD is linked to reduced quality of life, occupational underachievement and poor psychological well-being, and is highly comorbid with other disorder.

In this study out of total sample size is 60, in this study 21 (35%) were moderate social anxiety 26 (43.4%) are having marked social anxiety,13 (21.6%) were having severe social anxiety, 0% is having very severe social anxiety.

There was no significant association between LASA score, of adolescents with selected demographic variables age, gender, birth order of child, educational status of parents etc.

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