

Prevalence of Social Phobia among School Going Adolescents

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ABSTRACT

Context: Little is known about the prevalence of social phobia among school going adolescents in North East states of India. Despite the wide prevalence of social phobia, individuals with social phobia often do not seek treatment and this lead to impairment on daily activities. **Aim:** To assess prevalence of social phobia among school going adolescents. **Methods and Material:** The present study was a cross sectional descriptive study design. Schools were selected from urban areas of Sonitpur district, Assam. Socio demographic data sheet; The Liebowitz Social Anxiety Scale (LSAS) and The Social Phobia Inventory (SPIN) were administered to the participants. The statistical analysis was done using SPSS-16 statistical software using appropriate statistical test. Percentage, chi-square test and person correlation test was done. **Results:** A total of 561 students participated in the study. In the study 14.6% of the participants had moderate level of social anxiety, 12.8% of the participants had marked social anxiety and 2.5% of the participants had severe social anxiety. Results from the present study showed that 38.3 % of the participants reported to have social phobia and 61.7 % of the participants were found to be below cut off score (normal). Further in the study no gender difference was found in social phobia. **Conclusion:** The study shows that there is a prevalence of social phobias among school adolescents in Tezpur, Assam. Therefore, early detection and adequate intervention is crucial to reduce overall burden and disability associated with psychiatric disorder in adolescent population.

Keywords: Adolescent, Social Phobia, Social Anxiety

Social phobia is a common anxiety disorder in adolescents, and findings from wide range studies suggest that prevalence rates of social phobia among children and adolescents is from 3% to 6.8% in clinical settings and 5% to 9% in community studies surveys⁽¹⁻⁷⁾, though prevalence rates are varying due to methodological and cultural reasons as well as due to age groups studied

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⁽⁸⁻¹⁰⁾. National Institute of Mental Health ⁽¹¹⁾ stated that the onset age of socio phobic symptoms is mainly in early adolescence. In India the prevalence of overall psychiatry morbidity (depression, conduct disorder, social anxiety and panic disorder) among adolescents has varied from 12 to 16.5 per cent ⁽¹²⁻¹³⁾. In the context of social phobia very few studies have been conducted in India .Chhabra et al. ⁽⁴⁾ conducted a study to assess the prevalence of social phobia in school- going adolescents in an urban area and it was found that the prevalence rate be 10.3%, in which 5% belonged to the moderate category, 4.3% to be marked 0.7% to the severe phobia in adults. Female showed a higher incidence of social phobia when compared to males and in the age group of 14-15 years had a higher incidence of social phobia than those aged p 16-17 years. Similarly, P Shah and Kataria ⁽¹⁴⁾ reported the prevalence rate of social phobia was 19.5% among young adults. The present study aims to find the prevalence of social phobia among school going adolescents in Tezpur, Assam, as there is dearth of literature in North East States of India .Despite the wide prevalence of social phobia , it has been found that people with social phobia often do not seek treatment . This leads to impairment on daily activities, significant disability in work functioning, family and social life, affecting academic performance, social and interpersonal domain of an individual and results in poor quality of life ⁽¹⁵⁻¹⁶⁾. Thus a school based survey was conducted to assess the prevalence of social phobia among school going adolescents.

Aim

- To find out the prevalence of social phobia among the school going adolescents.

Objectives

- To assess the prevalence of social phobia among the school going adolescents.
- To see the gender difference in prevalence of social phobia among the school going adolescents

SUBJECTS AND METHODS

The research design of the study is cross sectional descriptive design. Three private schools were selected in Tezpur municipality, Sonitpur, Assam using convenience sampling technique. School adolescents in the age range of 13-17 years who were willing to give consent were included in the study. Total enumeration method was used for selection of sample. The total number of school going adolescent population in all the three schools was 561. Participants who did not meet the age criteria and those who did not complete the Performa were excluded (n=47). Finally, 514 participants were taken for data analysis. The study was under taken with the approval of the scientific committee and ethical committee of LGB Regional Institute of Mental Health, Tezpur Assam, India .The participants were been assured confidentiality. The participants were clearly explained the purpose and procedure involved in the study.

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Statistical analysis

The statistical analysis was done using SPSS-16 statistical software using appropriate statistical test. Percentage, chi-square test and person correlation test was done.

Tools for data collection

- 1. Socio-Demographic Performa:** In the socio demographic Performa consisted of age, sex, education and religion of participants.
- 2. The Liebowitz Social Anxiety Scale (LSAS)** ⁽¹⁷⁾: The Liebowitz Social Anxiety Scale (LSAS) developed by Michael Liebowitz rates fear/anxiety and avoidance on 24 commonly feared “performance” or “social” situations. There are 13 performance-related items and 11 social-related items which are rated on a 0 to 3 spectrum (0=none/never, 3=severe/usually). The LSAS has good internal consistency and the score evaluates degree/severity of fear and avoidance in common social situations as mild (<55), moderate (55-64), marked (65-79), severe (80-94) and very severe (>95). The Cronbach alpha for the fear/anxiety domain was 0.88 and for the avoidance domain was 0.87.
- 3. The Social Phobia Inventory (SPIN)** ⁽¹⁸⁾: The Social Phobia Inventory (SPIN) by K. M. Connor is a short, easily administered self-rating scale that captures the spectrum of fear, avoidance and physiological symptoms. It is a 17-item scale and each item is rated from 0 (not at all) to 4 (extremely). The scale ranges from 0-68. A score of 19 and above suggests social phobia. It demonstrates good test-retest reliability, internal consistency, convergent and divergent validity and can be used as a measurement for the screening of and treatment response to social phobia. It has a sensitivity of 73-85% and a specificity of 69-84% in regard to diagnosis of social phobia. The Cronbach alpha is 0.85.

RESULTS

Table (1) shows that the mean age of the participants was 14.37 years. In the study 52.7% were males and 47.3 were females. More than half (54.1%) were in class IX, majority (87.2%) of the participants were Hindu by religion (87%), followed by Muslims (9.5%) and Christians (1.9%).

Table (2) shows that 30.7 % of the participants reported to have social anxiety in which 14.6% of the participants had moderate level of social anxiety, 12.8% of the participants had marked social anxiety, 2.5% of the r participants had severe social anxiety and 0.8 % had very severe social anxiety .The social phobia inventory (SPIN) showed that 38.3 % of the participants had social phobia and 61.7 % of the participants scored below the cut off score indication of absence of social phobia (Table 3). Table (4) shows that 51.3% of the male and 39.5% of the female had social phobias, when chi-square was computed no significant gender difference was found ($\chi^2 = 2.718.58$; $p = .603$).Table (5) shows that age has a negative correlation with social anxiety score($r=.083$) and age significant negative correlation with social phobia score ($r=-.110$, $p<.0.05$).

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Table-1: Distribution of socio demographic details of participants

Socio Demographic Details		N= 514
Age	Mean	SD
	14.37	.801
	Variables	Frequency N (%)
Gender	Male	271 (52.7)
	Female	243 (47.3)
Education	Class VIII	77 (15)
	Class IX	278 (54.1)
	Class X	159 (30.9)
Religion	Hinduism	448 (87.2)
	Islam	49 (9.5)
	Christianity	10 (1.9)
	Others	7 (1.4)

Table-2: Prevalence of social anxiety among the participants

Category	Frequency	Percentage
Below the cut off/Normal	356	69.3
Moderate Social Anxiety	75	14.6
Marked Social Anxiety	66	12.8
Severe Social Anxiety	13	2.5
Very Severe Social Anxiety	4	0.8

Table3: Prevalence of Social Phobia among participants

Variables	Absent	Present
Social Phobia	317 (61.7%)	197(38.3%)

Table-4: Gender difference in Social Phobia Inventory (SPIN)

Variables		The Social Phobia		Chi-square	P-value
		Absent	Present		
Gender	Male	170 (53.6)	101 (51.3)	.271	.603
	Female	147 (60.5)	96 (39.5)	.	

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Table-5: Pearson's correlation of age with Social anxiety & Social Phobia

Correlation	Social Anxiety	Social Phobia
Age	-.076	-.110*

* $P < 0.05$

DISCUSSION

Major part of children and adolescents lives are spent in school environment and many adolescents can experience anxiety in school setting⁽¹⁴⁻¹⁶⁾. In our study we found that 30.7 % of the participants reported to have social anxiety in which 14.6% of the participants had moderate level of social anxiety, 12.8% of the r participants had marked social anxiety, 2.5% of the participants had severe social anxiety and 0.8 % had very severe social anxiety (Table 2). The prevalence found in the current research is higher than in previous research conducted in India .Chhabra et al. ⁽⁴⁾ reported that incidence of social anxiety in school going children under the age group 14-17 years was found out to be 10.3%, in which 5% belonged to the moderate category, 4.3% to the marked, 0.7% to the severe and 0.3% to the very severe social anxiety category. Results from the present study (Table, 3) showed that 38.3 % of the participants reported to have social phobia based on social phobia inventory (SPIN). Studies suggest social phobias are present among children and adolescents ^(1, 2, 4).

We did not find significant gender difference in social phobia, (male =51.3%, female= 39.5%, $\chi^2 = 2.718.58$; $p = .603$) (Table 4).Turk et al. ⁽²²⁾ found no gender differences in history of social phobia and social phobia subtype as similar to our studies .Various other studies how ever reported gender difference in social phobia ^(23,-26). The rationale for no gender differences in social phobia in the present study may be due to cultural role expectations, in the Assamese community. In the north east region of India women enjoyed greater freedom and respect when compared with their counterparts in the country. Women in the region have gender equality, ⁽²⁷⁻²⁸⁾. In north east India, the different roles that are attributed to both male and female are socially and culturally determined and influenced by traditional practices, institutions, customs and beliefs⁽²⁹⁾. In the study it was found that shows that age has a negative correlation with social anxiety score($r = -.076$) and age significant negative correlation with social phobia score ($r = -.110$, $p < 0.05$). (Table 5).Studies have reported that thee mean age of onset of social phobia is between 12 and 16.6 years and the onset of social phobia after the age of 25 is rare ^(30 - 32)

LIMITATION

The study was carried out in three private schools in Tezpur town, Sonitpur district Assam. Hence this result cannot be generalized. Further, we do not have rural representations, which limit the findings. Rural and urban comparison could have yielded in a better result. Another limitation was the small sample size. Areas likes' behavioral inhibition (BI) could have been

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included in the present study as it is believed that temperamental factors are precursor for development of social phobia.

CONCLUSION

The study shows that there is a prevalence of social phobias among school adolescents in Tezpur, Assam. There is no gender difference in prevalence of social phobia among school children. Schools should have standard operation procedures in place to periodically screen adolescents for mental health related issues. Teachers, parents and all stake holders in education need to be sensitized by trained in adolescent health and mental health. Action oriented and intervention research should be taken up by mental health professionals to develop models of psycho social interventions for adolescents with health and mental health. Therefore, early detection and adequate intervention are crucial to reduce overall burden and disability associated with psychiatric disorder. Therefore, attention to adolescent social phobia and its impact are critical in facilitating prevention and early intervention

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Conflict of Interests

The author declared no conflict of interests.

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