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Prevalence of Social Anxiety Disorder in Undergraduate Students of Hazara Division, Pakistan

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Abstract

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Keywords: Social Anxiety, Undergraduate Students, Frequency, SPIN

Authors:

Ayla Khan: (Corresponding Author)

Ph.D. scholar, Department of Psychology, The University of Haripur, KP, Pakistan.

(Email: aylakhn3241@yahoo.com)

Amara Gul: Chairperson, Department of Psychology, Dean Faculty of Social Sciences & Administrative Sciences, The University of Haripur, KP, Pakistan.

Muhammad Rizwan: Professor, Clinical Psychology, National University of Medical Sciences, NUMS, Rawalpindi, Punjab, Pakistan.

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Cite Us



Title

Prevalence of Social Anxiety Disorder in Undergraduate Students of Hazara Division, Pakistan

Authors:

Ayla Khan: (Corresponding Author)

Ph.D. scholar, Department of Psychology, The University of Haripur, KP, Pakistan. (Email: aylakhn3241@yahoo.com)

Amara Gul: Chairperson, Department of Psychology, Dean Faculty of Social Sciences & Administrative Sciences, The University of Haripur, KP, Pakistan.

Muhammad Rizwan: Professor, Clinical Psychology, National University of Medical Sciences, NUMS, Rawalpindi, Punjab, Pakistan.

Abstract

Globally, people are more likely to suffer from social anxiety issues (SAD) in regions with high levels of social and performance demands. This study evaluates the occurrence and severity of SAD among undergraduates in the Pakistani culture Hazara Area. It controls for gender and age. A descriptive and cross-sectional study was conducted. An investigation of 353 college students looked into the frequency, symptoms, and effects of SAD on everyday functioning and academic performance. This research backs up earlier findings that students aged 21–25 had a higher prevalence of a disorder of social anxiety (SAD), which also demonstrates that a large proportion of students suffer from SAD in general. Symptoms such as protective behaviors, physical signs (such as sweat), and fear of censure were observed, indicating that the condition significantly impacts social ties and academic progress. These findings highlight the need to implement focused interventions in educational settings.

Keywords:

[Social Anxiety](#), [Undergraduate Students](#), [Frequency](#), [SPIN](#)

Contents

- [Introduction](#)
- [Methodology](#)
- [Results](#)
- [Discussion](#)
- [Conclusion](#)
- [References](#)

Introduction

Despite its critical importance to people's mental health, not everyone has easy access to social interaction. Some individuals suffer from social anxiety because they have poor self-esteem, are afraid of rejection, or are excessively critical of other people. Anxieties about social circumstances or social anxieties may indicate an overabundance of anxiety, as stated by the American Psychologist Association (2022). For

many people, this is only one of several mental health issues they face. According to Goodman (2021), a prevalent symptom among people with SAD is an irrational dread of being seen or being in unfamiliar social circumstances. People with social anxiety may experience extreme nervousness or choose to stay away from such settings totally.

Psychiatrists and psychiatrists have recently taken an interest in this disease because of its awful track



record and outlook (Morrison and others [2015](#)). Epidemiological studies have shown that social anxiety disorder affects at least 1 in 13 people at some point in their lives. This disease is the most common kind of anxiety, and according to da the authors et al. (2011), it ranks third in terms of prevalence worldwide, behind only alcohol dependency and major depressive disorder. Substance misuse, major depressive disorder, panic attacks, phobias, and post-traumatic stress disorder are among the many conditions that have been shown to be associated with this. The vast majority of those who suffer from social anxiety disorder also deal with other mental health issues, according to Bjornsson ([2020](#)). People who have social anxieties are at an increased risk of developing a major depressive disorder, according to research by Jacobson et al. ([2020](#)).

It is already challenging to go about one's daily life without treatment for social anxiety disorder, which may begin in adolescence—a crucial developmental period—and persist into adulthood (Haller et al., [2015](#)). One symptom of social phobia is feeling nervous while speaking in front of a large group of people. Public speaking anxiety affects 89.4 percent of patients with social anxiety disorder, according to Solmi et al. ([2021](#)). College students are anticipated to participate in more social events and discussions with their peers. Students put more stock in the opinions of their peers as college is the final year of puberty. Anxiety levels rise once our lofty expectations aren't satisfied.

One research indicated that 31% of college pupils in the Americas, the continent of Europe, and the Asia-Pacific region suffer from SAD (Tan et al., [2023](#)), demonstrating how ubiquitous the illness is. Several research has investigated the prevalence and causes of social anxiety among students; Norouzi and colleagues ([2016](#)) are a single of them. Social anxiety is common among Iranian college students. Similar findings were also obtained by Halasa et al. [2020](#) in their study of Jordanian students. Bella et al. ([2008](#)) analyzed data from Nigeria to find out how prevalent social anxiety is and what factors cause it. The study's authors estimated that 9.4% of students will have this ailment at some point in their lives, with 8.5%

experiencing symptoms within a year. Unfortunately, our understanding of SAD in specific cultural and geographical contexts is impeded by a dearth of data about the incidence of the illness across South Asian college students.

A heterogeneous student population in northern Pakistan's Hazara Division has distinct social, cultural, and academic problems. Because of the cultural taboo and limited access to treatment for mental disorders, students in this area may be more likely to develop SAD. To address this knowledge gap, this study will survey students in the Hazara Division to determine the prevalence of SAD and any associated demographic factors.

Methodology

Descriptive analysis was the method used in this research. We intentionally chose 353 students to participate in the sample due to the research's constraints. In 2000, Connor and colleagues created the seventeen-item social phobic assessment (SPIN). The fear subscale included six items, the refuse subscale had seven, and the illness symptoms subscale had four. Everything was evaluated using a scale of five that ranges where zero denoted very little importance and four meant a great deal. A score between 0 and 10 usually means there are no symptoms. Anxieties towards social situations are moderate to borderline when the score is eleven to twenty. With scores between 21 and 30, social anxiety is moderate. A score exceeding 31 and 40 may suggest a significant amount of social anxiety. Values between 41 and 50 indicate moderate social anxiety and values of 51 and higher indicate severe social anxiety. Test reliability was 0.89 according to research by Connor and colleagues ([2000](#)). Results for internal reliability, as measured by Cronbach's alpha, ranged from 0.87 to 0.94 (Connor et al., [2000](#)). At schools, participants were recruited via the distribution of brochures and email invitations. We offered participants the option to complete our self-report questionnaires online or on paper, depending on their preference, once we received their informed permission. For the analysis, we relied on SPSS-21.

Results

Table 1

Demographic Characteristics of the Sample (n = 353)

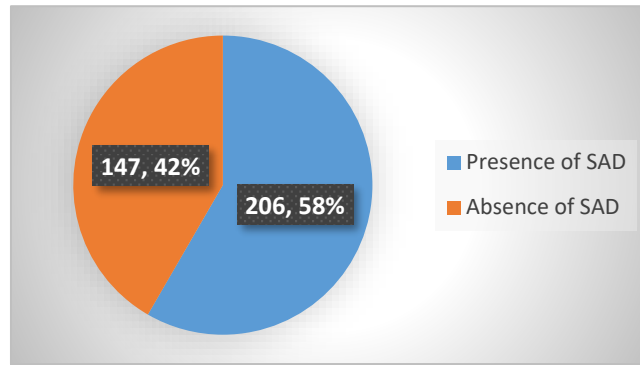
Characteristic	N	%
Gender		
Male	124	35.1
Female	229	64.9
Age		
15-20 years	111	31.4
21-25 years	232	65.6
26-30 years	4	1.2
31-35 years	2	0.6
36-40 years	4	1.2
Departments		
BBA	3	0.8
Chemistry	40	11.3
Psychology	184	52.1
Economics	6	1.7
Electrical Engineering	4	1.1
Food Sciences	4	1.2
Forestry and wildlife management	22	6.2
IT	12	3.4
Linguistic	5	1.4
Management Sciences	17	5.4
Mathematics	19	5.4
MBA	2	.6
Physics	12	3.4
Public Health	21	6
Statistics	2	0.6

Table 1 summarizes the demographic characteristics of the sample (n = 353) based on gender, age, and departments. The sample includes 64.9% female participants (n = 229) and 35.1% male participants (n=124), indicating a higher female representation. 65.6% of the participants (n = 232) are between the ages of 21 and 25 years. Participants aged 15-20 years account for 31.4% (n = 111), with lesser numbers falling between 26-30 years (1.2%, n = 4), 31-35 years (0.6%, n = 2), and 36-40 years (1.2%, n = 4). Most participants are from the Psychology department,

representing 52.1% of the sample (n = 184). The second most represented department is Chemistry (11.3%, n = 40), followed by Forestry and Wildlife Management (6.2%, n = 22) and Public Health (6%, n = 21). Other departments, such as IT, Physics, and Mathematics, have lower representation, each comprising between 0.6% and 5.4% of the sample. Overall, the table highlights a sample with a higher representation of females, a young age distribution, and most participants from the Psychology department.

Figure 1

Prevalence of social anxiety disorder among students



Screening for social anxiousness was deemed successful when the patient had a score of 19 or higher on the Spinner scale. Figure 1 shows that many students had social anxiety disorder. Just over half of

the 353 participants (206 out of 353) tested positive for social anxiety disorder; the other half (147 out of 353) said they didn't have any issues in this area.

Table 2

Distribution of SPIN items among the studied participants

Items Detail	Not at all No (%)	A little bit No (%)	Somewhat No (%)	Very much No (%)	Extremely No (%)
Authority figures terrify me.”	120 (34%)	162 (45.9%)	55(15.6%)	16(4.5%)	0(0%)
I find it embarrassing when I flush in social situations.	182(51.6%)	128(36.3%)	5(1.4%)	20(5.7%)	18(5.1%)
Social gatherings and parties terrify me.	231(65.4%)	80(22.7%)	42(11.9%)	0(0%)	0(0%)
I stay away from strangers whenever possible.	139(39.4%)	159(45%)	55(15.6%)	0(0%)	0(0%)
Being criticized scares me a lot	(28.0%)	118(33.4%)	75(21.2%)	61(17.3%)	0(0%)
I avoid doing things or speaking to people for fear of embarrassment	135(38.2%)	3(0.8%)	163(46.2%)	52(14.7%)	0(0%)

Items Detail	Not at all No (%)	A little bit No (%)	Somewhat No (%)	Very much No (%)	Extremely No (%)
Sweating in front of people causes me distress	85(24.1%)	75(21.2%)	33(9.3%)	160(45.3%)	0(0%)
I avoid going to parties	137(38.8%)	90(25.5%)	64(18.1%)	62(17.6%)	0(0%)
I avoid activities in which I am the center of attention	149(42.2%)	91(25.8%)	24(6.8%)	51(14.4%)	38(10.8%)
Talking to strangers scares me	145(41.1%)	99(28.0%)	20(5.7%)	37(10.5%)	52(14.7%)
I avoid having to give speeches	111(31.4%)	90(25.5%)	12(3.4%)	73(20.7%)	67(19.0%)
I would do anything to avoid being criticized	97(27.5%)	98(27.8%)	8(2.3%)	83(23.5%)	67(19.0%)
Heart palpitations bother me when I am around people	97(27.5%)	98(27.8%)	8(2.3%)	83(23.5%)	67(19.0%)
I am afraid of doing things when people might be watching	121(34.3%)	90(25.5%)	10(2.8%)	77(21.8%)	55(15.6%)
Being embarrassed or looking stupid are among my worst fears	68(19.3%)	111(31.4%)	73(20.7%)	101(28.6%)	0(0%)
I avoid speaking to anyone in authority	131(37.1%)	106(30.0%)	18(5.1%)	62(17.6%)	34(9.6%)
Trembling or shaking in front of others	125(35.4%)	91(25.8%)	18(5.1%)	65(18.4%)	54(15.3%)

Items Detail	Not at all No (%)	A little bit No (%)	Somewhat No (%)	Very much No (%)	Extremely No (%)
is distressing to me					

The distribution of SPIN items among the studied participants was reported in Table 2. The most feared

situation reported by students is “sweating in front of people causes me distress” (45.3%).

Table 3

Levels of SAD among students

SAD Levels	n	%
Absence of symptoms	34	9.6
Borderline/very mild social anxiety	116	32.9
Mild social anxiety	109	30.9
Moderate social anxiety	67	19.0
Severe social anxiety	27	7.6

Table 3 presents the levels of social anxiety disorder (SAD) among students, categorized from absence of symptoms to severe social anxiety.

- Absence of symptoms: 9.6% of students (n = 34) reported no symptoms of social anxiety.
- Borderline/very mild social anxiety: This group represents the largest proportion, with 32.9% of students (n = 116) experiencing very mild symptoms.
- Mild social anxiety: 30.9% of students (n = 109) fall within this level, indicating some symptoms of social anxiety that are more noticeable.
- Moderate social anxiety: 19.0% of students (n = 67) reported moderate levels of social anxiety, suggesting a more impactful presence of symptoms.
- Severe social anxiety: 7.6% of students (n = 27) experience severe symptoms, indicating a significant impact on their daily lives.

This table shows that, while most children have low to mild levels of social anxiety, a sizable proportion have moderate to severe symptoms, emphasizing the need for supportive resources and interventions.

Discussion

The results of this study demonstrate how great and widespread social anxiety disorder (SAD) is for students of various demographic backgrounds. Figure 1's demographic distribution information also supports previous research (e.g. Jaleel & Hussein, 2023) that the prevalence rate of SAOS among female students is higher (64.9%) than the male students (35.1%). Most of the participant (65.6%) was aged between 21 – 25 years; a period often associated with increased social pressures and vulnerability to SAD because most of these students are just about to undertake the transition from the easier courses they used to do to advanced courses (Fisher et al., 2020).

From Figure 1 we can say 58% of people who were investigated were suffering from SAD meaning that social anxiety is so very common among students. This high prevalence corresponds to previous large-scale studies that report the prevalence of the condition to be higher in academic settings because of higher performance and social demands (Russell & Shaw, 2009). It is possible these elevated levels are due to peer review exposure, public speaking assignments, and academic achievement pressures that universities are notorious for.

Table 2 goes into further detail about specific symptoms of SAD, revealing that many students have physical symptoms such as sweating in social

situations (45.3%) and fear of being watched or criticized (33.4%). These responses are consistent with previous research that suggests that these physiological responses are central to SAD and frequently reinforce avoidance behaviors. Additionally, almost half of the students reported avoiding social situations because they were afraid of criticism, which is an avoidance pattern that is consistent with cognitive models of SAD that emphasize the importance of negative self-perception and fear of judgment (Golde et al., [2023](#)).

SAD severity levels are presented in Table 3, with 30.9% in the mild category and 32.9% in borderline/very mild. Divided further, 19 percent of them had 'moderate' levels and 7.6 percent had 'severe' levels, meaning a subset of kids are seriously impaired in terms of the day-to-day functioning of SAD. The distribution of many students' treatable symptoms does, however, lend the impression that quite a few children actually struggle with moderate to severe SAD, and that makes it tougher for some kids to get where they deserve to be academically and socially. The amount of research prior shows that SAD has a negative impact on academic performance, in particular that severe cases of SAD are associated with low academic engagement and high dropout rates (Alonso-Tapia, [2022](#)) and these results were consistent.

The results suggest that interventions such as the formation of peer support groups and counselors for children at risk of social anxiety would be worthwhile in the classroom. Besides evidence-based therapies like cognitive behavioral therapy, they can help

students perform better in their social and academic performance and help decrease the probability of them chronically experiencing seasonal anxiety disorder (Nakao et al., [2021](#)). There's a reason why mental disorders are treated in this manner why SAD is so common, and why it is so prevalent in so many ways among the populace. Persons who have moderate to severe symptoms have a lot of trouble in their personal and professional academic lives.

Conclusion

On careful study of the study findings, it was realized that students have a high prevalence and severity of social anxiety disorders (SAD), especially among female students and those aged 21 – 25 years who have social and academic pressures. The statistical analysis on the distribution of SAD severity indicates that many people have moderate to severe SAD, which may greatly interfere with students' social development and academic stimulation, and further threaten students' general wellbeing and achievement. SAD is high frequency and has a big impact across many demographic groups, so targeted mental health therapeutics (e.g. cognitive behavioral therapy, structured peer support) are needed. These tools will help to put into practice, with sufficient effort, students to create healthier academic and also social environments, alleviate chronic signs of SAD, and create useful coping strategies. A holistic approach to mental health in academic contexts is needed to prevent students most at risk of SAD-related difficulties from succumbing to their educational experience and results.

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