Prevalence of Social Phobia among Adults in a Selected Setting

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Abstract

Social phobia is an irrational fear that is caused during certain social situations. It is a specific response of a person to a social situation that disturbs normal functioning. Social phobia is a very interesting topic and many researchers have conducted various studies on this in the recent years. Therefore, a descriptive study was planned with the objective to determine the prevalence of social phobia among adults. The findings of the study can be useful in identifying the severity of social phobia and in finding the association of it among adults with demographic variables. The study outcome revealed that 10.08% had severe social phobia.

Keywords
- social fear
- teenagers
- public fear
- stress
- phobic disorder

Introduction

One of the common psychiatric illnesses in the modern scenario is fear related to the society.[1] Around 13% of people in and around the world are suffering with societal worries which is also called as social anxiety and it can be composed of particular or broad area.[2] "Social phobia is a condition characterized by excessive fear of social interaction, pervasive behavioral avoidance of social and performance situations, and physiological arousal." The common reason behind this is atmospheric or eugenic changes, attributes, altered chemical balance in the brain, and past life events.[3] Social phobia can be experienced in certain social situations like those that involve interaction, observation, and performance. Examples include meeting unknown people, talking during group discussions, initiating conversation, talking to higher authority, while doing certain works, attending class, shopping, being observed by others, using washrooms in public, and stage performance including giving speech.[4]

Social anxiety disorder is a disabling disorder in which patients suffer with considerable morbidity that often leads to the development of other psychiatric disorders and it adds to the severity of the disorder and increases the risk of suicide attempts.[5] According to Furmark (2000), the incidence of occurrence will vary between 7 and 13% in Western nations throughout the lifetime, forming the leading cause in the world toward psychiatric illness.[6]

Descriptive survey design was used to identify the social anxiety disorder at Jazan University comprising a population of 500 undergraduates from health and management field. The tools used were Leibowitz social anxiety scale, Sheehan disability scale, and the World Health Organization (WHO) Quality of Life—BREF questionnaire. Out of these samples 25.8% reported to have social anxiety disorder. Mild signs were shown by 47.2% of the students, whereas a group of 10.5% ranged their symptoms between moderate to marked.[7]

Quantitative design was used to identify the phobic symptoms among 386 high school students in Ethiopia. Participants were selected randomly and social phobia inventory was

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administered. The results revealed that 106 (27.5%) manifested social phobic symptoms and adjusted odds ratio showed a significant difference among females (adjusted odds ratio = 3.1; 95% confidence interval [CI]: 1.82–5.27), those who use alcohol (adjusted odds ratio = 1.75; 95% CI: 1.03–2.98), with minimum social care (adjusted odds ratio = 2.40; 95% CI: 1.17–4.92) and leading a life with single parent (adjusted odds ratio = 5.72; 95% CI: 2.98–10.99).[8]

A corelational study was carried out among 523 undergraduate students in Mettu University, Ethiopia, to investigate the occurrence of social phobia and its relation with quality of life. The tool used was Liebowitz social anxiety scale and social phobia inventory to grade the frequency of phobic features. The outcome showed 13.2% ($n = 69$) with extreme problems with lowered aspect in life.[9]

Some studies have shown that young teenagers and adolescents are the target groups for these common types of anxious illnesses. Reviews also suggest that 42% of them meet the characteristics of this disorder; still the focus thrown on this group is very minimal,[10] which makes them to end up with psychological complications.

We the investigators selected this study as we have come across in our day today college life with many of our friends who were showing some signs of social phobia and during the crisis situation they were easily ending up with depression and social isolation intern showing some suicidal thoughts that are the leading causes for mortality among young adults. Keeping in view of above experience, we searched literatures related to social phobia in databases like PubMed, Medline, and ProQuest and found that less studies are done on social phobia in Indian context. Hence, we were interested to know the prevalence of social phobia in our setting that may help us to build a healthy mental status among our peers

Objectives

The main objectives of this study are as follows:

1. Determine the prevalence of social phobia among adults.
2. Identify the association of social phobia with demographic variables.

Materials and Methods

This study was carried out with quantitative descriptive approach comprising of 129 subjects of Basic BSc nursing students of IInd, IIIrd, IVth year batches and clerical staffs were selected by convenient sampling in a selected hospital at Mangaluru. Sample size was calculated using below formula

$$n = \frac{Z\alpha^2 P[1-P][}{e^2}$$ where Zα=1.96, Zα2= 3.84, p= 0.079 (reference article), $e = 0.05$

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There were two inclusion criteria's: age group should be between 18 and 35 years and those who can read and write English. The tool that was used for data collection was submitted to 11 experts to establish the content validity. They were requested to verify the items for their relevance and accuracy specially the demographic variables. There was agreement on all of the items. The final tool had Part 1: Demographic Proforma that contained seven items, Part 2: Liebowitz social anxiety scale that contained 24 items, (Standardized tool—permission was obtained through E-mail from the original author).

Data Collection Process

The formal permission was obtained from the concerned authority of selected College of Nursing and Hospital before the data collection. Ethical permission was obtained from Institutional Ethics Committee (FMIEC/CCM/250/2020). The data was collected from October 8 to 30, 2020. The participants who fulfilled the sampling criteria were identified. Details like e-mail and phone numbers of the students were collected from college and for clerical staffs, one of the investigators has individually collected them. The investigators introduced themselves by messaging the participants in WhatsApp and the purpose of the study was explained to the participants. Informed consent was obtained. Demographic proforma and Liebowitz social anxiety were sent to the participants personally via WhatsApp chat. Due to covid pandemic data, collection was carried out via online mode. The data collection was terminated by thanking the participants via WhatsApp for their participation and co-operation. Collected data was compiled for analysis.

Results

The collected data was tabulated and analyzed using SPSS-16.

In this study, the majority of the participants belongs to the age group of 18 to 20 years (44.9%). Majority of patients were aware about social phobia (61.2%), and most of them came to know about social phobia through the mass media, few through health professionals, and few through friends, and only some through books and neighbors (►**Table 1**).

The mean social phobia score was 46.61 ± 23.54 (►**Table 2**) and mean percentage was 32.37% indicating that majority of the subjects reported to have mild-to-moderate level of social phobia.

Significant association was found between the social phobia and area of residence ($p = 0.018$, $p < 0.05$). Hence, null hypothesis is accepted saying that there is no association between levels of social phobia and demographic variables.

Discussion

Cross-sectional study was conducted at rural area of Puducherry among 1,018 school-going adolescents to identify the prevalence and factors contributing social phobia. About 72.55% belonged to 10 to 13 years age group, and 51.1% were boys and 96.1% had siblings.[11] Study conducted at Mettu University, Ethiopia, revealed that 270 (51.6%) belongs to male gender and 253 (48.6%) to opposite gender. The overall age category was 18 to 32 years (22.07 ± 2.36). It was

Table 1 Distribution of demographic variables, $n = 129$

	Variable	f	%
1	Age in years (mean age: 21.92 ± 3.218)		
	18–20	58	44.9
	21–25	52	40.3
	26–30	15	11.7
	31–35	4	3.1
2	Gender		
	Male	11	8.5
	Female	118	91.5
3	Marital status		
	Single	123	95.3
	Married	6	4.7
4	Educational qualification		
	Secondary education	9	7.0
	Graduation	115	89.1
	Postgraduation	5	3.9
5	Employment status		
	Student	85	65.9
	Skilled	19	14.7
	Professional	25	19.4
6	Type of family		
	Joint family	16	12.4
	Nuclear family	113	87.6
7	Area of residence		
	Urban	87	67.4
	Rural	42	32.6
8	Awareness about social phobia		
	No	50	38.8
	Yes	79	61.2

observed that financial status was poor (58.9%) and maximum of the participants 319(61.0%) hail from rural locality.[9]

This study findings of the baseline variables (►**Table 1**) are corelating with above study such as 44.9% belong to 18 to 20 years (22.91 ± 3.21), 12.4% belong to joint family, 67.4% from urban area, and 61.8% were aware of social phobia.

This study findings (►**Table 3**) reveal that 31.1% experienced mild level of social phobia, whereas 10.08% had severe level of social phobia. A similar study conducted in Gondar, Ethiopia, suggests that 84(16.7%) reported mild social phobia, whereas 47(9.3%) of students mimicked moderate phobic signs. Severe level was observed among 19 (3.8%) and 7 (1.39%) contributed to very severe level. Overall occurrence of social phobia was 31.2%.[12]

A cross-sectional study was conducted among first-year university students in Mangaluru revealed that prevalence of social phobia was 41.7% and there was statistical significance with the functional disability ($p < 0.001$).[13] In the current study, significant association was found with level of social phobia and area of residence ($p = 0.018$; ►**Table 4**).

Table 2 Total score distribution of social phobia, $n = 129$

Variable	Mean ± SD	Mean %
Severity of social phobia	46.61 ± 23.54	32.37

Abbreviation: SD, standard deviation.
Note: Maximum score =144
The mean social phobia score was 46.61 ± 23.54 and mean percentage was 32.37% indicating that majority of the subjects reported having mild-to-moderate level of social phobia.

Table 3 Grading of the social phobia score, $n = 129$

Grading of social phobia	Range	f	%
No social phobia	0–29	34	26.36
Mild	30–49	40	31.01
Moderate	50–64	24	18.6
Marked	65–79	16	12.4
Severe	80–94	13	10.08
Very severe	≥95	2	1.55

Maximum score =144

Table 4 Association of demographic variables and level of social phobia, $n = 129$

Sl. no.	Variable	Grading						χ^2	df	*p*-Value
		No phobia (0–29)	Mild (30–49)	Moderate (50–64)	Marked (65–79)	Severe (80–94)	Very severe (≥95)			
1.	Age in years									
	18-20	16	17	9	8	6	2	86.190	15	0.40
	21–25	15	16	10	5	6	0			
	26–30	2	6	4	2	1	0			
	31–35	1	1	1	1	0	0			
2.	Gender									
	Male	3	3	3	2	0	0	2.445	5	0.811
	Female	31	37	21	14	13	2	(Fisher's exact test)		
3.	Marital Status									
	Single	32	39	22	15	13	2	2.925	5	0.836
	Married	2	1	2	1	0	0	(Fisher's exact test)		
4.	Educational qualification									
	Secondary education	5	2	2	0	0	0	9.468	10	0.355
	Graduation	29	35	20	16	13	2	(Fisher's exact test)		
	Postgraduation	0	3	2	0	0	0			
5.	Employment status									
	Student	28	23	16	10	6	2	18.937	10	0.311
	Skilled	0	10	5	2	2	0	(Fisher's exact test)		
	Professional	6	7	3	4	5	0			
6.	Type of family									
	Joint	2	7	1	3	2	1	7.322	5	0.214
	Nuclear	32	33	23	13	11	1	(Fisher's exact test)		
7.	Area of residence									
	Urban	23	22	23	9	8	2	15.222	5	0.018
	Rural	11	18	1	7	5	0	(Fisher's exact test)		

A study was conducted among university students in India to identify the burden of internet addiction, social anxiety, and social phobia revealed that more than 90% students are addicted to Internet and more than one-third of the participants had social anxiety.[14]

With the above findings, it is evident that there exists some kind of social phobia when students are exposed in community. As we work in health profession, it is always necessary to maintain a good relationship with our colleagues and patients for which these kind of fear needs to be overcome. Adaptation of mentor mentee concept or preceptor/facilitator concept in academics or work area will help to overcome these problems that will bring out better academic and work performance to the organization.

Conclusion

Early recognition of social phobia signs helps each individual to adopt himself or herself to the present situation. Additionally, individual psychotherapy and social support can be given to improve the outcome.

Conflict of Interest
None declared.

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