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Research Article

DISORDER OF SOCIAL ANXIETY IN TEENAGE PAKISTANI BOYS: PREVALENCE, SUBTYPES AND A RECKLESS PARENTING APPROACH FABRIC

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Abstract

Aim: Accessible data on social tension issue in young people in Saudi Arabia is restricted. The target of the examination was to assess the pervasiveness, seriousness, and subtypes of SAD, and child rearing style hazard factors related with SAD in the young adult.

Materials and Methods: This cross-sectional study was led in two auxiliary schools for young men in Lahore, Pakistan during the Academic year 2020. Our current research was conducted at Mayo Hospital, Lahore from March to February 2020. To gather the information, a survey evoking data on foundation qualities and child rearing style just as the Liebowitz Social Anxiety Scale Test, for the assessment of SAD, were utilized.

Results: A sum of 475 understudies took an interest in the examination. The age of the members ran somewhere in the range of 18 and 24 years with a mean of 18.5 years. The pervasiveness of SAD was 12.8%. Around 37% and 12.5% of the understudies separately had serious what's more, more serious types of SAD. Child rearing style, for example, parental outrage, analysis especially before others, misrepresented assurance, abuse and family incitement developed as a noteworthy hazard factor for SAD. The free indicators of SAD were a parental incitement and physical or passionate abuse by the parent (chances proportion [OR] = 4.98, 96% certainty span [CI]: 2.92–9.32 as well as = 3.69, 96% CI: 4.19–6.18, individually).

Conclusion: The commonness of SAD in optional school understudies at Lahore is high. Child rearing style chance elements for SAD are modifiable. In this unique situation, a national program to improve psychological wellness in this age bunch is vital.

Keywords: Disorder, Social Anxiety, Teenage, Pakistan.

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INTRODUCTION:

Social tension issue, otherwise called social fear, is a typical issue described by unnecessary dread of investigation, shame and embarrassment in social or execution circumstances, prompting critical trouble or hindrance of functioning [1]. It is the most widely recognized uneasiness issue and the third most basic mental issue after significant burdensome turmoil and liquor dependence [2]. The lifetime predominance of SAD is somewhere close to 8% and 15% in Western countries. Adolescents appear to have higher paces of SAD, which is likewise more regular in females and those with little training and lower financial status. SAD is related with lower instructive accomplishment, precarious business, higher recurrence of non-appearance from work [3]. The victims are more averse to wed, bound to get separated, and have decreased profitability that can prompt reliance on family, state, society, and country. Co-morbidity is another significant issue identified with SAD [4]. Studies propose that lifetime co-morbidities for SAD are somewhere in the range of 68% and 83%. Issues most much of the time and emphatically connected with SAD are bipolar scatter, dietary issues, character issues, and substance misuse disorders [5].

METHODOLOGY:

This cross-sectional study was led in two government optional schools for young men in Lahore during the Academic year March to February 2020, the capital city of Punjab territory in southwestern Pakistan, is

arranged at 2400 m (7300 ft) above ocean level in the ripe mountains of the south west. Our current research was conducted at Mayo Hospital, Lahore from March to February 2020. As per the 2008 enumeration, it has a populace of 205,918, with a sum of 16 optional schools for young men (13 Government and 4 private). An approved self-administered survey comprising of inquiries on foundation attributes, child rearing style also, the Liebowitz Social Anxiety Scale Test was utilized. The LSAS is the most contemplated scale with psychometric legitimacies, contrasted with different scales accessible for estimating SAD symptoms. It incorporates 27 things to evaluate the evasion or in any case of explicit circumstances by people. It fundamentally gauges two subscales: 14 things on the dread of social association, for example, meeting outsiders and setting off to a gathering. The other 16 things are on the exhibition of different activities, for example, eating in open and giving a report before a gathering of individuals. The dread of social association is evaluated on a four-point scale (3–5) on which, 0 = no dread, 1 = gentle dread, 2 = moderate dread, and 3 = extreme dread. The presentation of a few activities is additionally evaluated on a four-point scale (0–5) in which 0 = never evaded, 1 = at times maintained a strategic distance from, 2 = regularly dodged, and 3 = normally stayed away from.

Table 1:

Questions	Frequency	Percentage
Do your parents (or one of them) show anger at you?		
Never	153	33.6
Occasionally	215	47.4
Usually	86	19.0
Do your parents or one of them criticize you?		
Never	204	44.9
Occasionally	186	41.0
Usually	64	14.1
Do your parents or one of them criticize you in front of others?		
Never	300	66.1
Occasionally	109	24.0
Usually	45	9.9
Do your parents or one of them overprotect you?		
Never	183	40.3
Occasionally	159	35.0
Usually	112	24.7
Does your parent provoke you?		
Never	253	55.7
Occasionally	127	28.0
Usually	74	16.3
Are you exposed to abuse from your parent?		
Never	305	67.2
Occasionally	104	22.9
Usually	45	9.9
If yes, what kind of abuse is it (<i>n</i> =149)		
Physical	21	14.1
Emotional	84	56.4
Neglect	4	2.7
More than one kind	40	26.8

Table 2:

Demographic data	Frequency	Percentage
Age (Years)		
≤17	248	54.6
18	152	33.5
>18	54	11.9
Grade of school		
First	93	20.5
Second	195	43.0
Third	166	36.5
Parental status		
Living together	401	88.3
Living in a separated family	53	11.7
Family size		
≤6	78	17.2
7-10	278	61.2
>10	98	21.6
Birth order		
First	65	14.3
2-3	157	34.6
4-6	153	33.7
>6	79	17.4
Paternal education		
Illiterate	35	7.7
Primary school	81	17.8
Intermediate school	83	18.3
Secondary school	101	22.3
University	154	33.9
Maternal education		
Illiterate	117	25.8
Primary school	116	25.6
Intermediate school	71	15.6
Secondary school	94	20.7
University	56	12.3
Paternal occupation		
Not working	18	4.0
Professional	136	30.0
Manual	47	10.3
Military	149	32.8
Retired	104	22.9
Maternal occupation		
House wife	404	89.0
Working	50	11.0

RESULTS:

Of 490 polls disseminated to optional students in Lahore, 459 understudies returned finished poll, giving a reaction pace of 95.7%. The mean age was 18.6 years with a standard deviation of 2.3 years. Most of understudies were Saudi (95.6%) what's more, single (96.9%). More than one-third (37.7%) were in grade three while 21.6% and 47% were in grades one and two, individually. The dominant part (89.5%) had guardians living together. Family size of 65.4% of the understudies ran somewhere in the range of 7 and 10. For practically two-thirds of understudies (69.4%), the birth request ran somewhere in the range of 2 and 6. Unskilled fathers made up 8.8%, and 26.9% of the moms were uneducated. Practically one-third (32.8%) of the dads worked in the military or were experts (33%). The larger part of moms were housewives

(89%) [Table 1]. Table 2 shows the predominance and grade of social fear among optional school young men. The commonness was 11.7%. As per the LSAS, 36.8% of the understudies had extreme type of SAD. The commonness of moderate, checked also, more serious structure was 32.7%, 22.6%, and 14.7%, individually. Relationship of potential socio-demographic hazard variables and social fear was examined. None of the potential socio-demographic factors (Grade of school, family size, parental status, family size, birth request of the subject, parental instruction, and occupation) with the exception old enough of the understudies were seen as fundamentally related with social fear. Social fear was accounted for in 18.4% of understudies matured 18 years contrasted with 7.8% in those matured 18 years or less, $p = 0.001$ (information not appeared).

Table 3:

Parenting style	SAD absent	SAD present	OR	95% CI
Parental anger				
Never	140 (91.5)	13 (8.5)	Reference	
Occasionally	200 (93.0)	15 (7.0)	0.81	0.37-1.8
Usually	61 (70.9)	25 (29.1)	4.4	2.1-9.2
Parental criticism				
Never	190 (93.1)	14 (6.9)	Reference	
Occasionally	164 (88.2)	22 (11.8)	1.8	0.90-3.6
Usually	47 (73.4)	17 (26.6)	4.9	2.3-10.7
Parental criticism in front of others				
Never	277 (92.3)	23 (7.7)	Reference	
Occasionally	87 (79.8)	22 (20.2)	3.1	1.6-5.7
Usually	37 (82.2)	8 (17.8)	2.6	1.1-6.2
Parental overprotection				
Never	162 (88.5)	21 (11.5)	Reference	
Occasionally	151 (95.0)	8 (5.0)	0.41	0.17-0.95
Usually	88 (78.6)	24 (21.4)	2.1	1.1-3.9
Parental provocation				
Never	241 (95.3)	12 (4.7)	Reference	
Occasionally	109 (85.8)	18 (14.2)	3.32	1.5-7.1
Usually	51 (68.9)	23 (31.1)	9.06	4.2-19.3
Parental abuse (physical or emotional)				
Never	284 (93.1)	21 (6.9)	Reference	
Occasionally	86 (82.7)	18 (17.3)	2.8	1.4-5.5
Usually	31 (68.9)	14 (31.1)	6.1	2.8-13.2

SAD: Social anxiety disorder; OR: Odds ratio; CI: Confidence interval

Table 4:

Predictor	β	p-value	OR (95% CI)
Parent provocation	1.38	<0.001	3.97 (1.90-8.31)
Physical or emotional abuse	0.98	0.004	2.67 (1.37-5.19)
Constant	3.34	<0.001	

OR: Odds ratio; CI: Confidence interval

DISCUSSION:

This cross-sectional concentrate with information on the predominance, subtypes and child rearing style as a hazard factor of SAD in 458 respondents matured 17–22 years is affirmation that social fear is very predominant in this age bunch in Pakistan [6]. This might be one of only a handful hardly any examinations which have tended to child rearing style as a critical hazard factor for Pitiful in Saudi Arabia [7]. Utilizing a normalized instrument, the pervasiveness of SAD was seen as 13.9% [8]. This matches the aftereffects of a study done in a universal

all-inclusive community that showed lifetime gauges for SAD as 9–15%. An examination from India shows that 10.3% of understudies in the 15–19 age bunch had SAD, an outcome which is additionally very near those of this study. The weight of lifetime predominance of social fears in a America people group is additionally comparative to that found in our investigation (12.9%) [9]. The commonness of SAD in Lahore, Pakistan, is practically identical to SAD appraisals in different nations, for example, India (8.7%) and USA (15.2%). A past report at Lahore

records a minimal higher predominance (17.3%) of social fear than this investigation [10].

CONCLUSION:

The pervasiveness of SAD among auxiliary school understudies at Lahore is high and child rearing style has risen as a huge hazard factor for SAD. Significant critical hazard factors for SAD distinguished incorporate youthful age, parental outrage, analysis especially before others, overprotection, parental maltreatment (physical and enthusiastic) also, family incitement. Individuals with SAD are a portion of the most unrealistic people to look for treatment. Child rearing style hazard factors for SAD are modifiable. This inescapable hindrance ought to empower general wellbeing strategy producers to incorporate social fear among different genuine mental issues and put forth supported attempts to treat or potentially forestall it and its co-morbid messes. A national report with a delegate test is required to address the issue of SAD in optional school understudies in Saudi Arabia. There is an earnest need to make a mindfulness in guardians and the network about different angles SAD by building up a national program for the psychological well-being for this age gathering.

CONCLUSION:

1. American Psychiatric Association. (2019). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: Author.
2. Beidel, D. C., Turner, S. M., Young, B. J., Ammerman, R. T., Sallee, F. R., & Crosby, L. (2017). Psychopathology of Adolescent Social Phobia. *J Psychopathol Behav Assess*, 29, 47–54. <https://doi.org/10.1007/s10862-006-9021-1>
3. Brook, C. A., & Willoughby, T. (2019). The Social Ties That Bind: Social Anxiety and Academic Achievement Across the University Years. *J Youth Adolescence*, 44, 1139–1152. <https://doi.org/10.1007/s10964-015-0262-8>
4. Comer, R. J. (2018). *Abnormal Psychology* (8th ed.). Worth Publishers.
5. Connor, K. M., Davidson, J. R. T., Churchill, L. E., Sherwood, A., Foa, E., & Wiesler, R. W. (2000). Psychometric properties of the social phobia inventory (SPIN): New self-rating scale. *British Journal of Psychiatry*, 176, 379–386. <https://doi.org/10.1192/bjp.176.4.379>
6. Desalegn, G. T., Getinet, W., & Tadie, G. (2019). The prevalence and correlates of social phobia among undergraduate health science students in Gondar, Ethiopia. *BMC Research Notes*,

- 12(438). <https://doi.org/10.1186/s13104-019-4482-y>
7. Essau, C. A., Conradt, J., & Petermann, F. (2019). Frequency and comorbidity of social phobia and social fears in adolescents. *Behaviour Research and Therapy*, 37, 831–843.
8. Ghazwani, J. Y., Khalil, S. N., & Ahmed, R. A. (2019). Social anxiety disorder in Saudi adolescent boys: Prevalence, subtypes, and parenting style as a risk factor. *J Family Community Med.*, 23(1), 25–31. <https://doi.org/10.4103/2230-8229.172226>
9. Government of Nepal | Ministry of Education, Science & Technology (2018). *Education in Figures 2017*. http://moe.gov.np/assets/uploads/files/Education_in_Figures_2017.pdf
10. Gren-Landell, M., Tillfors, M., Furmark, T., Bohlin, G., Andersson, G., & Svedin, C. G. R. (2019). Social phobia in Swedish adolescents: Prevalence and gender differences. *Soc Psychiatry Psychiatr Epidemio*, 44, 1–7. <https://doi.org/10.1007/s00127-008-0400-7>
11. Gultekin, B. K., & Dereboy, F. (2019). The prevalence of social phobia, and its impact on quality of life, academic achievement, and identity formation in university students. *Turkish Journal of Psychiatry*.