



## PREVALENCE OF SOCIAL ANXIETY DISORDERS AMONG RURAL CHILDREN

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### ABSTRACT

*Social anxiety disorder is one of the most common diseases which is easily detectable and readily treatable and often leading to community and society complications if left untreated. A community based cross-sectional study was conducted to estimate the prevalence of Social disorder in the Primary Health Centre (Naravarikuppam) area using cluster sampling technique among 810 child population of 14 years below. A pre-tested structured questionnaire prepared to collect the data. Statistical analysis was done using EPI 6 and SPSS packages. Totally, 24.3% had, Social anxiety disorder prevalence was high among malechild, it was increasing with age, also the study population did not show any relation to the parents occupation or socio-economic status. It was observed that the prevalence of Social anxiety disorder was different for different educational status, high in the illiterate children and fairly low in the educated. Among the home children, only 4 (4.3%) had Social disorder, among the street children was 23.3% whereas it was 48.04% among the orphans. It was concluded that there is a need to implement health education in this population with mild to Social disorder reduce complications in this community, at the same time, protecting the children with severely affected social anxiety disorder from developing complications.*

**KEYWORDS : Social Anxiety Disorder (SAD), Chronic non-communicable diseases, psychological child disorders.**

**Introduction:** Chronic non-communicable diseases are assuming increasing importance among the adult population both in developed and developing countries. The most common and problematic non-communicable diseases encountered in the developing countries is Social anxiety disorder. **Social anxiety disorder** Excessive fear of embarrassment in social situations that is extremely intrusive and can have debilitating effects on personal and professional relationships. Also called social phobia.

Phobias are persistent, irrational fears of certain objects or situations. They recognize that their fear may be excessive or unreasonable, but are unable to overcome it.

The symptoms and signs of social phobia include blushing, sweating, trembling, rapid heartbeat, muscle tension, nausea or other stomach discomfort, light headedness, and other symptoms of anxiety.

Social phobia can be extremely disabling to a person's work, social and family relationships. People with this disorder tend to lead difficult and diminished lives. The emotional toll of the disease is great. Many people with social phobia have trouble reaching their educational and professional goals or even maintaining employment. They may depend on others financially and try to relieve anxiety with alcohol and drugs. In extreme cases, a person may begin to avoid all social situations and become housebound.

In spite of effective treatment, the detection and long-term management of those at risk pose substantial challenges for public health authorities and medical practitioners in the control of social anxiety disorder worldwide both in individual patient and in the population.

Hence this community based study on prevalence of social anxiety disorder, associated risk factors and awareness of social anxiety disorder was taken up which would help in understanding the distribution of health education among the child population and in planning the remedial measures.

### Objectives:

To estimate the prevalence of social anxiety disorder in adult population below 14 years at Primary Health Centre area.

### Review of literature:

Sunitha et al. did a cross-sectional survey in K.V.Kuppam panchayat North Arcot District and found the prevalence of social anxiety disorder in highest socio-economic group of parents (22.5%) was more than twice that in the lowest socio-economic group of parents (8.8%) Putta.R.B. et al. found social class I, II, III (high & middle) in an urban child population of India has higher prevalence of social anxiety disorder and Suicidal risk factors in both sexes. Social class was positively associated social anxiety disorders.

Bilal U.N. et al. detected the prevalence of social anxiety disorder in an asymptomatic rural community from Central India, being higher in female children and the level of physical activity, economic status, body mass index showed a real association with social anxiety disorder.

Georgr.H. et al. found 17% prevalence of social anxiety disorder and studied the distribution of body mass index in the participants of the 3rd examination cycle of the Framingham offspring study and found high prevalence of overweight in Americans and supported the concept that increased BMI is associated with adverse effects on all major Coronary Artery Disease risk factors. Uehana et al suggested that blood pressure more likely to be determined by BMI in the individuals with the genetic predisposition to the social anxiety disorder. Jackson et al. measure BMI and found both hypertension and Diabetes was associated with significantly higher social anxiety disorder. Jones D.N. observed that counseling and health education can reduce social anxiety disorder and promote further reduction when combined with therapy.

**Materials and Methods:** A community based cross-sectional study was conducted to estimate the prevalence of social anxiety disorder in the Primary Health Centre (Naravarikuppam) area using cluster sampling technique among the child population of 14 and below.

Sample size for the study was 810 which was calculated based on the assumption of about 30% of the adult population were affected with social anxiety disorder.

**Study Instrument:** The pre-tested structural questionnaire, consists of 3 parts. The first part sought information on the socio-demographic aspect like age, sex, occupation, and education, per capital income, marital status of the parents. The second part sought information on awareness about child health education.

**Limitation:**

- Single visit questions even when averaged may over estimate the prevalence of social anxiety disorder by 17%.due to lack of awareness of symptoms.
- Unfortunately limited samples and No guidelines were formed for the cut off age group.(since below 14 years category include all the children in the pool)

**Results and Discussion:**

**Prevalence Of social anxiety disorder**

There were 197 children who had social anxiety disorder and the rest 613 children had normal values.

1.60). Hypertension prevalence was more in males than in females.

**Table 1 Mean social anxiety disorder and sex**

Awareness about social anxiety disorder	YES	NO
Street Male children	19%	81%
Street female children	15%	85%
School Male children	32%	68%
School female children	26%	74%

Mean value of male children was 25.5 whereas for females 20.5 which was significantly different (P=0.0000). male childrens having more awareness.

**Age:**

**Table - 2 Social anxiety disorder By Age**

Age (in Years)	Symptoms present	Symptoms absent	Unknown
12- 14	210	333	187
10 -12	121	421	239
08-10	15	32	101

**Social anxiety disorder** was found to be increasing with age from 8 to 12 years where as merely unknown among 10-12 age group of children (Table 2).

**Parents Occupation:**

The prevalence of Social anxiety disorder among the study population did not show any relation to the occupation of parents (Table 3).

**Table 4 Prevalence of Social anxiety disorder By Parents Occupation**

Occupation	Normal	Affected	Total
Unemployed	280	89(24.11)	369
Unskilled	139	40(22.35)	179
Semi skilled	55	16(22.54)	71
Skilled	76	30(28.30)	106
Clerk/Shopkeeper	44	16(26.67)	60
Semi Professional	15	5(25.00)	20
Professional	4	1(20.00)	5
<b>Total</b>	<b>613</b>	<b>197(24.32)</b>	<b>810</b>

Affected denotes the parents able to find the symptoms and tried for a treatment

**Education:** In this study population, the prevalence of hypertension was different for different educational status. High in the illiterate people and fairly low in the professionals

**Table : 4 Prevalence of Social anxiety disorder By Education**

Educational Status	Normal	Affected	Total
Illiterate	147	65 (30.66)	212
1-3 Standard	89	30(25.21)	119
3-5 Standard	150	36(19.35)	186
5-7 Standard	119	38(24.20)	157
7-9 Standard	43	12(21.82)	55
Drop out below 5 standard	54	13(19.40)	67
Drop out above 5 standard	11	3(21.43)	14
<b>Total</b>	<b>613</b>	<b>197(24.32)</b>	<b>810</b>

p=0.0287                      X<sup>2</sup> = 4.783

**Discussion:** It was found that 24% of the childrens aged 14 years and below in this study population had Social anxiety disorder. Among the affected in the study population, 48% was grade I or mild degree Social anxiety disorder, 15% was grade II or moderate degree of Social anxiety disorder and only 3% was grade III or severe Social anxiety disorder. Similar results were found in the cross-sectional survey in a rural population of Moradabad district, North India, among adults aged 18 years and below conducted by Singh & Sharma et al. where the prevalence of Social anxiety disorder was 20.8%<sup>12</sup>

**Conclusion:** The possible reason for higher prevalence of Social anxiety disorder in this study population might be because of the changing life styles. The study area was located only 25 Kms from Chennai city, most of them were travelling across the city for earning their livelihood, education, health and entertainments etc. which resulted in lifestyle changes associated with rapid urbanization which might have had influence on the higher prevalence of Social anxiety disorder. The high prevalence of mild Social anxiety disorder would result in a correspondingly high health burden for this population. This would high lighten the need to implement health education in this children community as a whole, at the same time protecting the individuals with severely affected Social anxiety disorder from developing complications by counseling and medications

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**References:**

1. AKATSU, H., ASLAM, A. Prevalence of Social anxiety disorder and phobia among children aged 18 and below in a low income area in Karachi, Pakistan. JPMA. Journal of Pakistan Medical Association. 1996 September. 46(9): 191-3.
2. COLEMANR., G. GILL & D. WILKINSON. Non-communicable disease management in resource - poor settings, a primary care model from rural South-Africa. Bulletin of World Health Organisation. 1998; 76(6): 633-640.
3. JACKSON, A., COLE, C., ESQUIRO, J., EDWARD, M. Social anxiety disorder in primary care patients in Kelantan, Malaysia. Prevalence and patients knowledge and attitudes. Southeast-Asian Journal of Tropical Medicine, Public-Health. 1996 December. 27(4): 776-9.
4. JAJOO, U.N., KALANTRI, S.P., GUPTA, O.P., JAIN, A.P., GUPTA, K. The prevalence of Social anxiety disorder in rural population around Sevagram. Journal of the Association of Physicians of India. 1993 July. 41(7): 422-4.
5. LAMON FAVA, S., WILSON, P.W., SCHAEFER, E.J. The impact of body mass index on coronary heart disease risk factors in men and women. The Framingham Offspring study. Arteriosclerosis, Thrombosis. Vascular Biology. 1996 December. 16(12): 1509-15.
6. PARK, K.(2011). Preventive and Social Medicine. 21<sup>st</sup> edition. Banarsidas Bhanot

- publishers, Jabalpur. pp.268-278.
7. RAJEEV GUPTA, H. PRAKASH, V.P. GUPTA and K.D. GUPTA. Prevalence and determinants of Social anxiety disorder in a rural population of India. *Journal of clinical epidemiology*. Volume 50, No.2, pp.203-209.1997.
  8. SINGH, R.B., NIAZ, M.A., THAKUR, A.S., JANUS, E.D., MOSHIRI. Social class and coronary artery disease in a urban population of North India in the Indian lifestyle and heart study. *International Journal of Cardiology*. 64(2): 195-203.1998 April 1.
  9. UEHARA, Y., MIYAZAKI, M., KANASE, H., SUGANO, K., TOYO-OKA, T. phobia is a determinant of blood pressure in young adults with essential Social anxiety disorder parents. Health Care Programme of University of Tokyo. *Journal of Human Social anxiety disorder*. 1996 September. 10(9):601-6.
  10. YANG, Y.C., HUANG, S.C., WU', J.S., CHANG, C.J. Community-based study on the relationship between physical activity and Social anxiety disorder. *Journal of Formos-Medical-Association*. 1996 February. 95(2): 110-8.