



A COMPARATIVE STUDY TO ASSESS THE PREVALENCE OF SOCIAL ANXIETY AND ITS ASSOCIATED FACTORS AMONG BOYS AND GIRLS OF AGED 13-14 YEARS STUDYING AT SELECTED SCHOOLS, NORTH TRIPURA.

Nursing

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ABSTRACT

Social Anxiety Disorder (SAD) is a pervasive mental health condition characterized by intense fear of social situations, leading to significant distress and impairment. Adolescence is a critical period for SAD onset, potentially impacting academic performance, peer relationships, and long-term well-being. Gender differences in presentation and prevalence are often reported in literature, warranting specific investigation in diverse cultural contexts. **Aim:** This study aims to comparatively assess the prevalence of social anxiety and identify its associated factors among 13-14-year-old boys and girls studying in selected schools in North Tripura. **Materials And Method:** Non-experimental comparative research design was adopted. A sample of approximately 203 were selected by using purposive sampling techniques among these 203, 67% of the boys and girls are having social anxiety, 202 subjects are selected as a sample. Tool consists of Likert scale to assess the prevalence of social anxiety and Checklist to assess the associated factors of social anxiety. Result: The study result showed that majority i.e., 67% of the boys and girls are having social anxiety. Results showed that mean and standard deviation of prevalence of social anxiety among boys were 42 ± 5.3 and prevalence of social anxiety among girls were 42.3 ± 5.9 which was not significant at $p < 0.65$. There was significant association was found between Age ($\chi^2 = 4.25$, $p = 0.04$) and Use of mobile phone ($\chi^2 = 6.51$, $p = 0.01$) among boys and also significant association was found between Age ($\chi^2 = 5.81$, $p = 0.02$) and Use of mobile phone ($\chi^2 = 7.76$, $p = 0.03$) among girls. **Conclusion:** The present study concluded that prevalence of social anxiety among boys and girls does not differ and it is moderate. A similar study can be done on large sample to generalize the study findings.

KEYWORDS

Comparison, Social anxiety Disorder, Prevalence, Boys, Girls and Associated factors

INTRODUCTION

Anxiety is a natural emotional response to perceived threats, but when it becomes excessive and persistent, it can develop into a debilitating disorder. Unlike normal worry, which is temporary and situation-specific, anxiety disorders involve chronic fear and avoidance that interfere with daily functioning. Social Anxiety Disorder (SAD), also known as Social Phobia, is characterized by an intense fear of social situations, avoidance behaviors, and significant distress in scenarios such as public speaking, eating in public, or meeting new people. Globally, SAD is one of the most prevalent anxiety disorders, affecting individuals across age groups, with adolescence being a particularly vulnerable period.

Adolescence (13-14 years) is a critical developmental stage marked by heightened social demands, identity formation, and peer pressure, making it a common period for the onset or exacerbation of SAD. Untreated social anxiety in adolescents can lead to severe consequences, including academic underachievement, school refusal, poor peer relationships, low self-esteem, and an increased risk of depression and substance abuse. Research suggests potential gender differences in the prevalence and manifestation of SAD, with some studies indicating higher rates among girls, while others report no significant differences or even higher rates among boys in certain contexts.

Despite existing global and national data on SAD, there remains a lack of region-specific research on its prevalence and associated factors among adolescents in North Tripura. This gap limits the development of culturally appropriate interventions and school-based mental health programs. Understanding how social anxiety manifests differently among boys and girls in this region is crucial for early identification and support. This study aims to assess the prevalence of social anxiety and its associated factors among adolescents aged 13-14 in selected schools in North Tripura, providing valuable insights for targeted mental health strategies and reducing the long-term impact of untreated SAD.

Objectives Of The Study:

1. To assess the prevalence of social anxiety among boys and girls of aged 13-14 years.
2. To compare the prevalence of social anxiety among boys and girls of aged 13-14 years.

3. To compare the associated factors of social anxiety among boys and girls of aged 13-14 years.
4. To find out the association between prevalence of social anxiety among boys and girls with their selected socio-demographic variables.

5. Hypothesis:

H1: There is an association between prevalence of social anxiety among boys with their selected socio-demographic variables.

H2: There is an association between prevalence of social anxiety among girls with their selected socio-demographic variables.

Research Methodology:

Research Approach

A quantitative research approach was adopted to assess the prevalence of social anxiety and its associated factors among adolescents aged 13-14 years in selected schools in North Tripura.

Research Design

A non-experimental comparative research design was used to compare social anxiety levels between boys and girls without manipulating variables.

Setting Of The Study

The pilot study was conducted at Ragna High School, Dharmanagar. The main study was carried out in Chandrapur Government H.S. School and Sri Bhumi Vidyabhavan H.S. (+2 Stage) School, both co-educational institutions in North Tripura. The schools were selected based on availability of participants, feasibility, and administrative approval.

Population And Sampling

- **Target Population:** Boys and girls aged 13-14 years studying in North Tripura schools.
- **Accessible Population:** Students from the selected schools (Chandrapur Government H.S. School and Sri Bhumi Vidyabhavan).
- **Sample Size:** 202 students (Class VII & VIII).
- **Sampling Technique:** Purposive sampling was used to select participants meeting the criteria.

Inclusion & Exclusion Criteria

Inclusion Criteria:

- Age 13-14 years.
- Understand Bengali/English.
- Willing to participate.

Exclusion Criteria:

- Unwilling to participate.

Data Collection Instruments**The Study Used A Structured Tool With Three Sections:**

1. **Section A: Likert scale (24 items)** assessing social anxiety across three domains—fear of negative evaluation, social avoidance in new situations, and distress with acquaintances.
2. **Section B: Socio-demographic proforma (11 items)** covering age, gender, family background, etc.
3. **Section C: Checklist (27 items)** evaluating associated factors (parenting, maltreatment, traumatic experiences, family environment, peer issues).

Validity & Reliability

- **Validity:** Ensured through expert review (7 nursing experts).
- **Reliability:** Tested via **split-half method** ($r = 0.85$ for anxiety scale, $r = 0.82$ for checklist).

Pilot Study

Conducted with **20 students** at Ragna High School to test feasibility. The finding of the pilot study was revealed that the tool was an effective and feasible to conduct the study. The investigator then proceeded for the main study.

Ethical Considerations

- Approval from **Tripura Institute of Paramedical Sciences** and school authorities.
- **Informed consent** from participants.
- **Confidentiality** maintained.

Data Collection Procedure

- Conducted from **10th–18th January 2024**.
- Students completed questionnaires in **30–45 minutes**.

Data Analysis Plan

- **Descriptive statistics** (mean, percentage, SD).
- **Inferential statistics** (t-test, chi-square) to compare groups and assess associations.

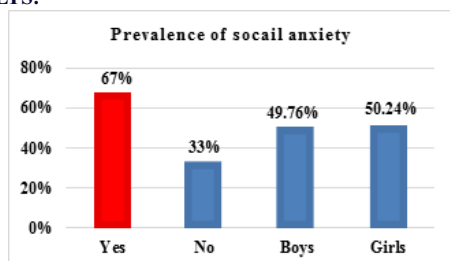
RESULTS:

Figure 1: reveals that 67% of adolescents (13-14 years) experience social anxiety, while 33% do not, with nearly equal prevalence among genders (49.76% boys and 50.24% girls).

Demographic Key Findings Of The Study:

The study included 202 adolescents aged 13-14 years, with nearly equal distribution between 13-year-olds (49%) and 14-year-olds (51%). Participants were evenly split between 7th grade (49%) and 8th grade (51%), with balanced gender representation (50% boys and 50% girls). Religious distribution showed a Hindu majority (84.2%), followed by Muslims (12.9%), Christians (0.5%), and others (2.5%). Family structures varied, with half (50.5%) coming from nuclear families, 34.7% from joint families, and 14.9% from extended families. Parental education revealed significant disparities: while 33.7% of mothers had no formal education, only 6.4% of fathers lacked schooling. Conversely, 16.3% of fathers held graduate degrees compared to just 6.4% of mothers. Occupational patterns differed markedly, with 79.2% of mothers being homemakers versus 49.5% of fathers engaged in business. Regarding technology use, 55% of adolescents reported mobile phone usage for 1.5-3 hours daily. Living arrangements showed that 91.1% resided with both parents, while

smaller proportions lived with single parents (6.9%) or relatives (2%), and none in hostels. These demographic findings provide important context for understanding social anxiety patterns in this population.

Table 1: Distribution Of Social Anxiety Levels Among Adolescents By Gender

Anxiety Level	Boys (n=101)	Girls (n=101)	Total (N=202)
Mild	4% (4)	5% (5)	4.5% (9)
Moderate	96% (7)	95% (96)	95.5% (193)
Severe	0% (0)	0% (0)	0% (0)

This table shows that, majority of the population among boys (96%) and girls (95%) showed moderate level of social anxiety and only 5% (girls) and 4% (boys) showed mild level of social anxiety. There is no severe level of social anxiety found among boys and girls.

Table 2: Comparison Of Social Anxiety Scores Between Boys And Girls.

Group	Mean Score	Mean Difference	SD	t-value	p-value
Girls	42.3	0.3	5.9	0.45	0.65 (NS)
Boys	42.0		5.3		

The table 2 presents a comparative analysis of social anxiety scores between male and female adolescents. Girls showed a slightly higher mean anxiety score (42.3) compared to boys (42.0), with a minimal mean difference of 0.3 points. Both groups demonstrated similar variability in scores, with standard deviations of 5.9 for girls and 5.3 for boys. The independent samples t-test revealed no statistically significant difference between groups ($t = 0.45$, $p = 0.65$), as indicated by the "NS" (not significant) notation.

Mean, Mean Percentage, Sd Of Area Wise Prevalence Of Social Anxiety:

Analysis revealed gender differences across social anxiety domains. Girls showed higher fear of negative evaluation (mean=10.4±3.1, 37%) compared to boys (mean=9.9±2.5, 35%), with both groups scoring between 4-17 points. Similarly, girls exhibited greater social avoidance in new situations (mean=12.8±3.8, 46%) versus boys (mean=11.8±3.9, 42%), though boys had a wider score range (1-24). Interestingly, boys demonstrated marginally higher avoidance with acquaintances (mean=20.3±4.2, 51%) than girls (mean=19.2±3.6, 48%), despite girls' scores being more clustered (12-29 vs boys' 11-35).

Association Between Social Anxiety And Socio-Demographic Variables:

The analysis revealed significant associations between social anxiety and specific demographic factors in both genders. Among boys, age ($\chi^2=4.25$, $p=0.04$) and mobile phone use ($\chi^2=6.51$, $p=0.01$) showed significant relationships with social anxiety, with 13-year-olds and non-mobile users exhibiting higher prevalence. Similarly for girls, significant associations emerged with age ($\chi^2=5.81$, $p=0.02$) and mobile phone use ($\chi^2=7.76$, $p=0.03$), where 14-year-olds and non-users demonstrated greater anxiety levels. No other variables - including education, religion, family type, parental education/occupation, or living arrangements - showed statistically significant associations (all $p>0.05$) for either gender. These findings led to rejection of the null hypotheses (H01/H02), confirming that age and technology use patterns represent important demographic correlates of social anxiety in this adolescent population, while other tested factors showed no measurable impact.

CONCLUSION:

This study reveals significant social anxiety prevalence (67%) among 13-14-year-olds in North Tripura, with near-equal gender distribution (boys:49.76%, girls:50.24%) but distinct manifestations—girls showed greater fear of evaluation (10.4 vs 9.9) and new-situational avoidance (12.8 vs 11.8), while boys had marginally higher discomfort in familiar settings (20.3 vs 19.2). Parenting factors (girls:70%, boys:60%) and family environment (girls:40%, boys:35%) were strongest correlates, while mobile non-use (boys: $\chi^2=6.51$ girls $\chi^2=7.76$) and age (13y boys 14y girls) showed significant associations. These findings highlight the need for gender-sensitive, school-based interventions targeting parenting support, digital literacy, and coping strategies to address this public health challenge.

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