

Research Article

Social Phobia in Undergraduate University Students in Oman: Prevalence and Correlates with Academic Achievement and Personal Characteristics

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Abstract

Background: Social Anxiety disorder (SAD) is common worldwide. However, data from Oman is deficient. This study aimed to determine the prevalence of social phobia among undergraduate university students in Oman and investigate its relationship with the subjects' academic performance and personal characteristics. **Methodology:** Using a cross-sectional study design, 377 students were selected as a sample from University of the Technology and Applied Sciences at AL-Dhahira Governorate of Oman. A convenience sampling method was adopted to reach out to the participants. The data was collected between March, 2024, to May, 2024. Data from nurses was gathered by a primary survey approach utilizing a closed-ended questionnaire. The statistical analysis was carried out using IBM SPSS (Statistical Tool for Social Sciences) version 20.0. **Results:** A total of 377 students self-completed the study survey. The results showed a high prevalence (91.2%) of social phobia among study subjects. Single linear-regression analysis indicated a significant association between social phobia and the academic GPA ($p = 0.000$). The influences of participants' characteristics on the level of social phobia were also tested among study participants. Analysis utilizing Chi-square test showed that there was a significant association in the gender ($p = 0.001$), smoking ($p = 0.000$) and socioeconomic status ($p = 0.018$) with the level of social phobia. Using Further analysis utilizing an independent ttest showed that there was a significant difference in the gender ($p = 0.000$), medication use ($p = 0.020$) and history child abuse ($p = 0.000$) with the level of social phobia. Finally, one way Anova F-Test was applied and socioeconomic status was significant ($p = 0.042$) with social phobia level. **Conclusion:** The study came to the conclusion that SAD is prevalent among the sampled population and various associated factors have been found. The current findings may increase healthcare professionals' and academics' awareness of the need of early case detection and management. This study lays the foundation for succeeding studies that will seek an understanding of the contributing factors related to the incidence of social phobia among Omani university students.

Keywords

Social Phobia, Social Anxiety Disorder, University Students, Prevalence

1. Introduction

Among all anxiety disorders, social anxiety disorder (SAD) is the most frequent. It is also the third most common mental

condition, behind major depression and alcohol dependence. [1], which affects 5.2% to 60% of young adults depending on

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Received: 3 July 2024; Accepted: 22 July 2024; Published: 6 August 2024



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the demographics and the diagnostic method employed [2, 3]. The person worries that they may behave in a way or exhibit anxiety symptoms that will make them look foolish and unprofessional. Social Phobia is described as a "marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or possible scrutiny by others" [4]. Previous studies found that the lifetime prevalence of SAD was 13.3% and the 12-month prevalence was 7.9%. [5]. Numerous researches conducted by many specialists worldwide have indicated that this illness is highly prevalent in humans. In a study conducted in the USA by Essau et al. with teenagers ages 12 to 17, it was discovered that over half of the subjects suffered from social anxiety [6]. Reading aloud in class or participating in speech and drama productions have been shown to be the most frequently experienced concerns in a school setting [7]. Given the broad prevalence, some characteristics have been linked to social anxiety in youth, including gender, age, low income and education, quality of life, coping, depressive symptoms, and confidence [8]. According to a study, social anxiety affects women more frequently than it does men [9] which typically manifests in 3 to 5% of young people. [10]. If left untreated, it is a very chronic illness that can result in a number of comorbidities, including substance-use disorder, other anxiety disorders, affective disorders, and nicotine dependence, all of which are associated with worse treatment outcomes [11-13]. Social phobia is associated with both inherited and environmental variables. Environmental influences include unemployment, low socioeconomic position, low level of education, and a lack of social support at difficult times in life. [14]. Studies have shown that shy kids with short fused tempers are more prone to develop a social phobia in the future. Furthermore, there is a greater chance that children reared by overprotective and domineering parents would experience social anxiety. [14]. One study conducted in Oman, according to the findings, 42 students (24.7%) had severe social anxiety and 55 (32.4%) had mild social anxiety. The study's findings revealed that 140 (82.4%) of the 170 participants exhibited social anxiety to some extent [15]. Another study done in Saudi Arabia to assess the prevalence, risk factors, and impact of social anxiety disorder on medical students' academic performance at Taibah University in Medina City. The results were that SAD was comparatively high and had a negative correlation with academic achievement. In order to control and recognize SAD early on, rigorous measures are required [16]. Research indicates that people with social anxiety disorder have a discernible decline in their quality of life, as well as difficulties at work and in their social interactions. In addition, their self-esteem is lower than that of people without the same disease, which causes them to lose out on a lot of prospects for employment and education [17]. Furthermore, major depressive illness and alcoholism are also more common in people who have social phobia [18]. This study assessed the prevalence of social phobia among University students at Higher Technology students in Al Dhahira Governorate and examine its relationship with academic performance (Grade Point Av-

erage, GPA) and personal characteristics. The study also investigated at the following social phobia predictors: age, gender, income, place of residence, marital status, academic standing, health issues, alcohol and smoke use patterns, and history of abuse as a child.

2. Materials and Methods

According to the student affairs deanship at the university of the technology and applied sciences - ALDhahira Branch, the total current students from first years and above were 2900 students. This study approach to contacting the participants was based on convenience sampling techniques. Utilizing Solvin's formula [$n = N / (1 + Ne^2)$], the sample size was determined. Here, "N" stands for the estimated population of total current students at the University of the Technology and Applied Sciences at AL-Dhahira Governorate of Oman. "e" for the margin of error (0.05), and "n" for the sample size. Following an addition of 10% attrition, the study's total sample size was approximately 377. A personal and online survey was conducted involving the sample included undergraduate students attending the University of the Technology and Applied Sciences at AL-Dhahira Governorate of Oman during the study time frame already completed at least first semester of first year and able to speak, read and write in the English language. Undergraduate students with known mental illness, foundation students and those who were unwilling to participate were excluded. The current was cross-sectional correlational and comparative study research design. The data was collected between March, 2024, to May, 2024. The online survey was carried out by making use of Google Forms that targeted the new nursing graduates by dispatching the survey on social media platforms (e.g., WhatsApp). In order to prevent selection bias, the survey was conducted confidentially and did not collect any identity-related data. The Liebowitz Social Anxiety Scale (LSAS) and the demographic information sheet were the two instruments given to the participants. Both instruments were given to them in English language. Furthermore, prior to use, permission from the tool's developer was acquired to use the LSAS. The study's researchers created a form to collect the individuals' demographic data. Data on the participants' age, gender, income, place of residence, marital status, academic year, academic GPA, history of maltreatment as a kid, smoking, alcohol usage, and chronic health issues were also included. The person's level of social anxiety was assessed using the Liebowitz Social Anxiety Scale. This self-administered tool consisted of 24 items that were graded on a Likert scale from zero to three, with the first item rating the fear experienced during the circumstance and the second item rating the avoidance of the situation. The overall score for the "fear" and "avoidance" sections ranges from 0 to 133, where a score of over 95 denotes extremely severe social anxiety, a score between 80 and 95 denotes severe social phobia, a score between 65 and 80 indicates strong social phobia, and a score between 55 and 65 denotes moderate social phobia. The initial tool's

internal consistency was judged to be very excellent, and its internal dependability was determined to be good (Cronbach's alpha value: 0.88) [18]. Ethical approval was obtained from the Research and Studies Committee, in the Ministry of Health for performing the study. Another Ethical approval was obtained from student affairs deanship at the University of the Technology and Applied Sciences - ALDhahira Branch. For the data analysis, the study used the IBM SPSS Statistics for Windows, Version 20.0 (IBM SPSS, V 20.0, 2011, Armonk, NY: IBM Corp., United State of America) software. Initially, the items of the questionnaire were analyzed by descriptive and inferential statistics. Frequency, prevalence, percentage, mean, and standard deviation were used in the descriptive statistical analysis. Additionally, inferential statistics was applied through Chi-square test, independent t-test and One Way Anova for determining the Social Phobia and Participants' Characteristics. Also, linear regression analysis and correlation were used to assess the relationship between Social Phobia Versus Academic GPA and Social Phobia and Age. The significance value was determined at 0.05.

3. Results

3.1. Sociodemographic Characteristics

A total of 377 undergraduate students agreed to participate in the study and have completed the study questionnaires with a zero attrition rate. Of these, 197 (52.3%) were female students, and 180 (47.7%) were males. The mean age of the study participants was 21.53 (SD= 1.41) years. There highest representation of subjects from level three academic years 129 (34.2), followed by students level two 84 (22.3) and the lowest was level six 16 (4.2). The majority of the subjects categorized themselves as having moderate socioeconomic status 306 (81.2). In addition, the majority of the study subjects were from urban areas; 247 (65.5) and 302 (80.1) did not have a history of child abuse. About the other study variables, the mean social phobia score was 34.94 SD= 30.62, and the mean academic GPA was 2.76 (SD= 0.59) (Table 1).

3.2. Prevalence of Social Phobia

The results indicated that 255 (67.6) students had mild social phobia and 28 (7.4) had marked social phobia. A small number, 26 (6.9) and 17 (4.5) of the students had severe and very severe social phobia, respectively. Further categorization for social phobia scores into two groups that are "no social phobia" and "with social phobia." The study results showed that out of 377 subjects, 344 (91.2) of the students had some degree of social phobia (Table 1).

Table 1. Sample demographic characteristics.

Age (mean±SD)	(21.53 ± 1.41)	No. (%)
Gender	Male	180 (47.7)
	Female	197 (52.3)
Residence	Rural	130 (34.5)
	Urban	247 (65.5)
Marital Status	Single	360 (95.5)
	Married	17 (4.5)
Health Problem	No	324 (85.9)
	Yes	53 (14.1)
Medication Use	No	311 (82.5)
	Yes	66 (17.5)
Smoking	No	370 (98.1)
	Yes	7 (1.9)
History Child Abuse	No	302 (80.1)
	Yes	75 (19.9)
Socioeconomic Status	Low	40 (10.6)
	Moderate	306 (81.2)
	High	31 (8.2)
Academic GPA (mean±SD)	(2.76 ± 0.59)	
Academic GPA (Category)	1.0 – 1.49	8 (2.1)
	1.5 – 2.49	102 (27.1)
	2.5 – 3.49	221 (58.6)
	3.5 – 4.0	46 (12.2)
	First Year	27 (7.2)
Academic Year	Second Year	84 (22.3)
	Third Year	129 (34.2)
	Fourth Year	81 (21.5)
	Fifth Year	40 (10.6)
	Sixth Year	16 (4.2)
Social Phobia Status	Social Phobia	344 (91.2)
	NoSocialPhobia	33 (8.2)
Social Phobia (mean±SD)	(34.94 ± 30.62)	
Social Phobia (Category)	Mild	255 (67.6)
	Moderate	18 (4.8)
	Marked	28 (7.4)
	Severe	26 (6.9)
	Very Severe	17 (4.5)

3.3. Social Phobia Verse Academic GPA and Age

The findings of the relationship between social social phobia and the academic GPA of the study participants from single linear regression indicate that the overall model fit was adjusted R-square =.032, indicating that 3.2 % of the total variation in the subjects' academic GPA was explained by

social phobia. The overall relationship was significant [$F(1, 375) = 13.29, p = .000$]. However, the relationship was not significant between social social phobia and age of study participants (Table 2). In addition, the Pearson correlation showed that there was a negative correlation between social phobia and the academic GPA of the study participants GPA, $r = -.185, n = 377, p = .000$.

Table 2. Social phobia verse academic GPA and age.

	Coefficient	SE	P-Value	Overall Adjusted R2
Intercept	61.276	7.389	.000	.032
Academic GPA	-9.554	2.621	.000	
Intercept	66.359	24.202	.006	.002
Age	-1.459	1.122	.194	

3.4. Social Phobia and Participants' Characteristics

The influences of participants' characteristics on the level of social phobia were also tested among study participants by using three statistical techniques. The suitable test was applied depend on the type of variables. Analysis utilizing Chi-square test showed that there was a significant association in the gender ($\chi^2(1, N = 377) = 11.37, p = 0.001$), smoking

($\chi^2(1, N = 377) = 20.910, p = 0.000$) and socioeconomic status ($\chi^2(1, N = 377) = 8.086, p = 0.018$) with the level of social phobia (Table 3). Using Further analysis utilizing an independent ttest showed that there was a significant difference in the gender ($t = -4.291, p = 0.000$), medication use ($t = -2.332, p = 0.020$) and history child abuse ($t = -4.349, p = 0.000$) with the level of social phobia (Table 4). Finally, one way Anova F-Test was applied and socioeconomic status was significant ($F = 3.189, p = 0.042$) with social phobia level (Table 5).

Table 3. Participants' characteristics and social phobia using Chi-square test.

	Social Phobia	No. Social Phobia		p-Value
Gender	Male	155 (45.1)	25 (75.8)	0.001
	Female	189 (54.9)	8 (24.2)	
Residence	Rural	119 (34.6)	11 (33.3)	0.884
	Urban	225 (65.4)	22 (66.7)	
Marital Status	Single	329 (95.6)	31 (93.9)	0.653
	Married	15 (4.4)	2 (6.1)	
Health Problem	No	296 (86)	28 (84.8)	0.850
	Yes	48 (14)	5 (15.2)	
Medication Use	No	281 (81.7)	30 (90.9)	0.183
	Yes	63 (18.3)	3 (9.1)	
Smoking	No	341 (99.1)	29 (87.9)	0.000
	Yes	3 (0.9)	4 (12.1)	
History Child Abuse	No	272 (79.1)	30 (90.9)	0.104

	Social Phobia	No. Social Phobia		<i>p-Value</i>
Socioeconomic Status	Yes	72 (20.9)	3 (9.1)	0.018
	Low	37 (10.8)	3 (9.1)	
	Moderate	283 (82.3)	23 (69.7)	
	High	24 (7)	7 (21.2)	
Academic Year	First		3 (9.1)	0.814
	Second	24 (7)	6 (18.2)	
	Third	78 (22.7)	116 (33.7)	
	Fourth	76 (22.1)	5 (15.2)	
	Fifth	35 (10.2)	5 (15.2)	
	Sixth	15 (4.4)	1 (3)	

Table 4. Participants' characteristics and social phobia using independent t-test.

Social Phobia		Mean	SD	<i>p- Value</i>
Gender	Male	28.02	27.61	0.000
	Female	41.26	31.91	
Residence	Rural	34.22	29.72	0.741
	Urban	35.32	31.13	
Marital Status	Single	34.95	30.50	0.987
	Married	34.82	33.92	
Health Problem	No	34.06	30.42	0.166
	Yes	40.34	31.57	
Medication Use	No	33.26	30.54	0.020
	Yes	42.88	29.94	
Smoking	No	35.26	30.68	0.136
	Yes	22.319	22.32	
History Child Abuse	No	31.60	29.74	0.000
	Yes	48.39	30.59	

Table 5. Participants' characteristics and social phobia using One Way Anova Test.

Social Phobia		F- test (Anova)	<i>p</i>
Socioeconomic Status		3.189	0.042
Academic Year		1.919	0.091

4. Discussion

The present study evaluated the prevalence of social phobia among Omani undergraduate students and any potential connections between it and different participants' Characteristics. The results of this study showed that a large number of research participants experienced some level of social phobia. The study participants had an 91.2% prevalence of social phobia, which is in line with results from undergraduate university students in Oman and around the globe [3, 15, 19, 20]. Lower prevalence rates, however, have been found by other studies conducted in Saudi Arabia and India; they were estimated to be 17.2%, 16.3%, and 7.8%, respectively [20, 21]. The significant discrepancies in the occurrence of social phobia could be ascribed to many factors such as the assessment instruments, sample size, composition, and socio-cultural background of the participants in different research. For example, the Diagnostic Interview Social Phobia Inventory (SPIN) and Social Phobia Scale (SPS) were employed in India and Iraq, respectively, to measure the prevalence of social phobia among college students [21, 22]. According to the results of the current study, there was significant difference in the academic GPA between participants with and without social phobia. Similarly, On the other hand, research [3] revealed that students who score highly on social phobia typically perform less academically. Furthermore, research conducted on a broader sample by Jystad et al. [17] and Elhadad et al. [3] revealed that people with high social phobia ratings were more likely to experience educational impairment and drop out. In contrast another study showed no significant difference in the academic GPA between participants with social phobia and participants with nonsocial phobia [2, 15, 20]. In terms of participants' characteristics, the current study's findings revealed differences in the social phobia group's and non-social phobia group's gender, socioeconomic status, medication use, history of child abuse, smoking. This study was supported by other studies, where the incidence of social phobia was correlated significantly to the female gender [18, 23], history of child abuse [24], low socioeconomic status [24, 25], and smoking [24]. In current study was found no significant difference in academic year between the social phobia group and the no social phobia group. In contrast other studies showed that students in their first three academic years had a higher social phobia score than 5th and 6th year students. This finding is supported by three other studies done in India, Ethiopia, and Iraq [26, 14, 20]. Inconsistent with findings from research [26, 16, 27], the prevalence of social phobia in this study was not associated significantly with the likelihood of being young. On the other hand, there was no variation in the prevalence rate of social phobia between younger and older students in Ali et al.'s study [19]. On the other hand, there was no variation in the prevalence rate of social phobia between younger and older students in Ali et al.'s study [14].

5. Conclusions

According to a present study, social anxiety is very common among undergraduate students in Oman's Al Dhahira Governorate. Most of them have the condition in mild to noticeable degrees. The incidence of social anxiety was substantially correlated with the students' socioeconomic position, academic GPA, gender, history of child abuse, history of smoking, and medication use. This study is the second of its sort in Oman, as per literature review. As a result, the findings of this study will be useful for future research aimed at determining the factors that contribute to the prevalence of social phobia among Omani university students. The study also clarifies how social phobia affects Omani university students' academic performance. According to the results, this study urges legislators to create preventative measures, such as educating the public about this illness and making sure that the appropriate therapy is accessible to lessen the detrimental effects of social anxiety on pupils' general well-being. To maximize the value to the students, teaching members should also be aware of the signs and symptoms of social anxiety and think about developing suitable evaluation strategies. Future research should concentrate on creating and validating a diagnostic instrument that makes it easier for high-risk individuals to identify the issue early on and then arrange a suitable health intervention to lessen the harmful effects of social phobia on those who experience it. Lastly, it is important to recognize the limits of this research. The current study had limitations in that it only included undergraduate students who were recruited through convenience sampling as study volunteers. As a result, the study's findings cannot be broadly applied to the wider public. Additionally, self-reporting surveys are known to have a bias in memory even though they are a simple and efficient method of gathering data. However, this is the first study to describe social anxiety in a sample of undergraduate students.

Abbreviations

SAD	Social Anxiety Disorder
GPA	Grade Point Average
LSAS	Liebowitz Social Anxiety Scale

Author Contributions

Maryam Al Ghafri: Conceptualization, Data curation, Investigation, Project administration, Validation, Visualization, Writing – original draft, Writing – review & editing

Khalid Al Nassri: Formal Analysis, Methodology, Project administration, Software, Supervision, Validation, Visualization

tion, Writing – original draft, Writing – review & editing

Conflicts of Interest

The authors declare no conflicts of interest.

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