



Application of the Adolescents' Social Anxiety Scale (ASAS) to Detect the Prevalence of Adolescents' Social Anxiety in the Andoni/Opobo, Nkoro Federal Constituency of Nigeria

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ABSTRACT

The aim of the study was to apply the Adolescents' Social Anxiety Scale to detect the prevalence of social anxiety in the Andoni, Opobo/Nkoro federal constituency of Rivers State, Nigeria. Three research questions and three hypotheses guided the study. Descriptive survey research design was used for the study. The instrument for data collection was the Adolescents' Social Anxiety Scale- a 33-item questionnaire with yes and no options developed by the researcher. The items in the instrument were subdivided into 3 subscales titled fear of negative evaluation (FNE), social avoidance and distress-N (SAD-N), social avoidance and distress-general (SAD-G). A sample of 432 SS2 students drawn through multi-stage procedure involving stratified random sampling and cluster sampling was used. Test of proportion was used for prevalence and the independent sample t-test was used for gender and locational differences. The prevalence of Adolescents' social anxiety was found to be more than 53 %. Gender difference on ASAS was not statistically significant ($p > 0.05$) while the locational difference was statistically significant ($p = 0.03$). One of the recommendations of the study is that ASAS should be used as part of entrance tests in schools so as to detect the presence of social anxiety for necessary remediation where applicable.

Keywords: Adolescents' Social Anxiety Scale, distress, gender

INTRODUCTION

Social anxiety involves fear of public humiliation or embarrassment and the ensuing avoidance of situations likely to arouse fear. Kosslyn and Rosenberg (2001) in trying to explain social anxiety opined that people with social anxiety try to avoid eating, speaking or performing in public or using public restrooms or dressing rooms. When social anxiety arises, individual's minds go blank; they get confused and often think that they come across in a bad light. In most cases it is not surprising that a person with social anxiety will often avoid many social situations which can further result in poor self-esteem and depression. It is worthy to note that social anxiety happens to everybody at one time or another. It is very normal to feel anxious in situations such as a job interview, making a speech or going on a date but some people however develop anxiety in most social situations which can seriously affect their quality of life.

Its clinical description is that it is more than an exaggerated shyness. There are instances where a student would want to ask question or answer question in the classroom but refused to do so for fear of being humiliated or embarrassed. Albano(2000) observed that individuals with social anxiety have low self-esteem, are highly sensitive to criticism and rejection and also lack assertiveness. Albano also opined that adolescents girls with high level of social anxiety report strong feelings of loneliness, isolation and estrangement from peers while boys report feeling less competent and less well liked by peers. Liebowitz, Gorman, Fyer and Klein(1985) and Turner, Beidel, Dancu and Keys (1986) opined that the

combined and interactive effects of social anxiety and avoidance frequently lead to functional impairments in the lives of the sufferer which include their ability to work, achieve educational goals or career advancement and participate in activities of daily living. The negative consequences of high level of social anxiety can be long lasting and might eventually impact negatively on the individual throughout life.

Grant, Hasin, Blanco, Stinson, Chou, Goldstein, Dawson, Smith, Saha and Huang (2005) opined that the prevalence of 12-month and lifetime SAD in USA was found to be 2.8% and 5% respectively while another finding recorded the incidence of social anxiety disorder (SAD) in USA to be 6.8% and is equally common among men and women typically beginning around age 13(www.adaa.org/home/about). Another work by Beesdo, Bittner, Pine, Stein, Hofler, Lieb and Wittchen (2007) showed that the cumulative incidence of social anxiety disorder (SAD) in USA was 11% and was high for adolescents between 10 and 19 years.

Other researchers observed that it is the third most common mental disorders in adults and though a common one, it is often not diagnosed or effectively treated (Veale; 2003, Davidson, Hughes, George & Blazer; 1993) and the one mostly diagnosed in adolescents (Scheibe & Albus; 1992).

It is as a result of this that one is interested in using the newly locally developed and standardized adolescents' social anxiety scale (ASAS) to detect the prevalence of adolescents' social anxiety in the Andoni,Opobo/Nkoro federal constituency of Nigeria. The ASAS is a newly developed and standardized scale with the one-parameter logistic model of item response theory of test development. It has thirty three calibrated items with yes and no options. The items represent the different situations and level of the trait (social anxiety). A yes answer to a positive item depicts the presence of social anxiety in the individual at the performance situation, a no answer to a negative item depicts the presence of social anxiety in the individual at the performance situation while a no answer to a positive item shows the absence of social anxiety (the trait) at the performance situation and a yes answer to a negative item also show the absence of the trait at the performance situation. The Adolescents' Social Anxiety Scale (ASAS) was developed for adolescents (ages 15-19).

Purpose of the study

The purpose of the study was to apply the adolescents' social anxiety scale to measure the prevalence of social anxiety among SS2 students in the region. This implies that the study will determine the following:

- The prevalence of adolescents' social anxiety
- Gender difference on ASAS
- Locational difference on ASAS.

Research questions:

- What is the prevalence of adolescents' social anxiety?
- What is the gender difference on ASAS scores?
- What is the locational (Urban vs. rural) difference on ASAs scores?

Research Hypothesis

- The prevalence of adolescents' social anxiety is not up to 10% in the Andoni/Opobo,Nkoro federal constituency.
- There is no gender difference on ASAS scores.
- There is no locational difference on ASAS scores.

METHOD

The research adopted the descriptive survey research design. The population of the study comprises of all SS2 student in the 19 secondary schools in the Andoni/Opobo, Nkoro federal constituency of Nigeria whose number is 1123 students. The sample of the study was 432 SS2 students composed through multi-stage procedure. The instrument for data collection was the adolescents' social anxiety scale (ASAS) developed by the researcher. It comprises 3 subscales (A-C). The reliability and validity which are the test information and model fit for IRT respectively were established. The TIF is 3.646 at ASAS theta 0.200.

The model fit shows that the chi-square is 666.537 at p-value of 0.000 which is less than 0.05 and therefore significant.

Research Question 1

What is the prevalence of adolescent social anxiety in the Andoni, Opobo/Nkoro Federal constituency of Nigeria?

Table 1. Prevalence of adolescent social anxiety

ASAS SCORES	NO OF EXAMINEE	PROPORTION
≤0	203	0.47
> 0	229	0.53

Table 1 shows the prevalence of social anxiety in the Andoni, Opobo /Nkoro federal constituency of Nigeria. Adolescents whose ASAS scores are less than or equal to 0 are 203 while those whose ASAS scores are more than zero are 229.

Research Question 2: *What is the gender difference on ASAS?*

Table 2 Gender difference on ASAS

Gender	N	mean	SD
Male	204	0.034	1.0198
Female	228	-0.031	0.9832

Table 2 shows the gender difference on adolescents’ social anxiety scale. The number of boys that took the ASAS is 204 while the number of girls that took the test is 228. The mean score of boys is 0.034 while that of girls is -0.031. The standard deviation for boys is 1.0198 while that of girls is 0.9832.

Research Question 3: *What is the locational difference in the ASAS scores?*

Table 3 Locational difference on ASAS

Location	N	Mean	SD
Rural	298	0.0972	1.0489
urban	134	-0.2161	0.8459

Table 3 shows the locational difference on ASAS. The number of rural adolescents that took the test is 298 while the number of urban adolescents that took the test is 134. The mean score for rural students is 0.0972 while that of urban students is -0.2161. The standard deviation for rural students is 1.0489 while that of urban students is 0.8459.

Research Hypothesis 1

The prevalence of adolescents' social anxiety is not up to 10% in the Andoni, Opobo/Nkoro federal constituency of Nigeria.

Table 4 Test of proportion for prevalence of adolescents' social anxiety

ASAS scores	Σ	proportion	p_e	$^u p$	z-cal	z-crit	Ls	Decision
≤ 0	203	0.47	0.1	0.05	8.6	± 1.96	0.05	Reject
> 0	229	0.53						

Table 4 displays the prevalence of social anxiety in the Andoni, Opobo/Nkoro federal constituency. ASAS scores less than or equal to 0 is 203 with proportion 0.47 and ASAS scores greater than 0 is 229 with proportion 0.53. The expected proportion as stated in the hypothesis is less than or equal to 0.1, the standard error of the observed proportion is 0.05 while the z-ratio calculated is 8.6. The calculated z is greater than the critical $z \pm 1.96$ at 0.05 level of significance. The hypothesis is therefore rejected. This shows that the prevalence of adolescents' social anxiety is more than 10% in the Andoni, Opobo /Nkoro federal constituency of Nigeria.

Research Hypothesis 2

There is no significant gender difference on Adolescent Social Anxiety scale (ASAS).

Table 5 Significance of Gender difference

Gender	N	Mean	SD	T	df	LS.	Sig.	Decision
Male	204	0.034	1.0198	-0.674	430	0.05	0.501	Accept
Female	228	-0.031	0.9832					

Table 5 shows that the t-calculated t is -0.674, the degree of freedom is 430, the level of significant is 0.05 and the t-calculated is significant at 0.501 which is greater than the level of significant (0.05) and so the hypothesis is accepted. There is therefore no significant gender difference on adolescents' social anxiety scale (ASAS).

Research Hypothesis 3

There is no significant locational (urban vs. rural) difference in the Adolescent Social Anxiety Scale (ASAS) scores in the Andoni , Opobo/Nkoro Federal constituency.

Table 6 Significance of Locational difference

Location	N	Mean	SD	T	Df	LS	Sig.	Decision
Rural	298	0.0972	1.0489	3.041	430	0.05	0.003	Reject
Urban	134	-0.2161	0.8459					

Table 6 shows that the t-calculated t is 3.041, the degree of freedom is 430, the level of significant is 0.05 and the t-calculated is significant at 0.003 which is less than the level of significant (0.05) and so the hypothesis is rejected. There is therefore significant locational difference on adolescents' social anxiety scale (ASAS).

DISCUSSION OF RESULTS

The prevalence of social anxiety in the Andoni, Opobo/Nkoro federal constituency of Nigeria shows that adolescents whose ASAS scores are less than or equal to the midpoint score of 0 are 203 while those

whose ASAS scores are more than the midpoint score are 229. The prevalence of social anxiety in the area under study was found to be 53% which is more than 10% hypothesized.

The gender difference on ASAS score was found to be 0.034 mean score for male and -0.031 mean score for female while the standard deviations were 1.019 and 0.9832 for male and female respectively. The gender difference on ASAS score was found to be insignificant since the t-calculated (-0.674) is significant at 0.501 which is greater than the level of significance of 0.05.

The locational difference on ASAS score was found to be 0.0972 mean score for rural adolescents and -0.2161 mean score for urban adolescents while the standard deviations were 1.048 and 0.846 for rural and urban adolescents respectively. The locational difference was found to be significant at 0.003 which is less than the level of significant (0.05).

RECOMMENDATION

From the findings of this study, the following recommendations were made:

- Teachers, psychologists and counselors should use the ASAS to detect incidence of social anxiety among adolescents and commence treatment where applicable
- Also preventive measures on social anxiety should also be an area of interest.
- Since the locational difference on ASAS scores shows that social anxiety is more common in the rural area than the urban areas, treatment measures should focus more on the rural areas.

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