DEMOGRAPHIC FACTORS ASSOCIATED WITH SOCIAL ANXIETY DISORDER AMONG SECONDARY SCHOOL ADOLESCENTS IN OBIO/AKPOR LOCAL GOVERNMENT AREA OF RIVERS STATE

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Abstract
The study examined demographic factors associated with social anxiety disorder among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State. The study adopted the correlational research design. Three research questions as well as three corresponding hypotheses guided the study. The population of the study consisted of all 14,784 senior secondary school students (SSS 1, 2 and 3) in the 16 public secondary schools in Obio/Akpor LGA of Rivers State. A sample of 300 students were drawn for the study using the purposive sampling technique. Four instruments were adapted and used to collect data for the study. They include: Social Anxiety Disorder Scale (SADS), Personality Inventory (NEO-PI-R), Self-efficacy Scale(SES), and Parenting Styles Scale (PSS). The reliability of the instrument was determined through Cronbach Alpha statistics and the following reliability coefficients were obtained 0.87, 0.81, 0.88 and 0.79 respectively. The research questions were analyzed with linear regression, while the hypotheses were tested with multiple regression and t-test statistics. The findings of the study showed that family type and parenting styles relate significantly to social anxiety disorder among adolescents in secondary schools in Obio/Akpor Local Government of Rivers State. Based on the findings of the study, it was recommended among others that, counseling for adolescents with social interaction anxiety should be encouraged in schools with the aim of improving students' interactional skills so as to reduce their level of social anxiety. More so, parents and care givers should be mindful of the type of parenting style they adopt in training their children as this could have a positive or negative influence on the children's level of social adjustments in new or unfamiliar situations.

Keywords: *Family Type, Parenting styles and Social Anxiety Disorder.*

Introduction
Almost everyone gets a little anxious or embarrassed in front of people and in certain situations now and then, although some are more shy than others. Sometimes, though these feelings of anxiety can be intense that it stops us from doing the things we enjoy or start interfering with our daily lives. This aptly describes social anxiety disorder. Social anxiety disorder also known as social phobia is an anxiety disorder that is characterized by intense fear and

avoidance of social situations causing considerable distress and impaired ability to function normal (Ernest, 2003). It is an extreme form of social phobia involving excessive fear of embarrassment or humiliation in social performance situations (Bruch, Fallon and Heimberg, 2003). Miller (2007) described social anxiety disorder as a chronic fear of one or more social situations in which one is afraid of being judged negatively by others and is shy in front of others. Cheek and Melchior (1990) opined that social anxiety disorder is characterized by feelings of apprehension, emotional distress and reticent or avoiding behaviour in real or imagined social interactions. Social anxiety disorder typically involves an unreasonable, persistent, intense and chronic fear of being judged by others or being embarrassed or humiliated by one's own actions (Costa, 2005). These fears can be triggered by perceived or actual scrutiny from others (Boyd, Kostanski, Gullone, Ollendick and Shek, 2000).

Kim, Kim, Cho, Kim, Shin and Yoo (2010) opined that social anxiety disorder is a common anxiety disorder that affects about 7 to 14 percent of people at some time during their lives. They further explained that people with this disorder are intensely anxious about some or all of the social interactions and public events of everyday life. They understand that their fears are excessive, but nevertheless are unable to overcome their anxiety around other people. Hajure and Abdu (2020) stressed that social anxiety disorder is a serious and disabling mental health problem that begins before or during adolescence, has a chronic course, is associated with significant impairment in social functioning and work, and reduced quality of life. Zarafshan, Mohammadi and Salmanian (2015) explained that anxiety disorder has negative effects on the well-being and function of individuals and can lead to severe problems that are long lasting in children and adolescents. In examining the epidemiology of anxiety disorder, Amirfakhraei and Alinaghizadeh (2012) explained that everyday events like making a phone call, purchasing items at a store, attending a meeting or party, or speaking to others can be extremely difficult and stressful for people who have social anxiety disorder. They further stressed that people with this disorder are constantly worried that others are watching them or judging them negatively. They often avoid social situations and only feel comfortable at home either alone or with family members. Unfortunately, they may also feel lonely because they want contact with others, even though it makes them feel anxious (Amirfakhraei & Alinaghizadeh, 2012). Having social anxiety disorder is not the same as being an introvert (a person who simply prefers to spend time alone rather than with others), nor is it the same as performance anxiety or stage fright, which are temporary symptoms related to specific situations such as giving a speech, playing a musical instrument, or acting in a play, rather it is an irrational and excessive fear of being scrutinized or negatively judged by others characterized by confusion, pounding heart, sweating, shaking, blushing, muscle tension, upset stomach, and sometimes diarrhoea in feared situations and events (Seyyed, Behdani, Jarahi, Erfanian & Miri, 2013).Symptoms

often accompanying social anxiety disorder include excessive blushing, sweating (hypochondriasis), heart palpitations, trembling or shaking, shortness of breath or choking feeling, lightheadedness, feeling dizzy, dry throat and mouth (Capaso, 2006).

Social anxiety disorder is characterized by persistent anxiety when exposed to observation or scrutiny by others and fear of acting in a way that will be embarrassing or humiliating (Brunello, Den-Boer, Judd, Kasper, Kelsey, Lader, Lecrubier, Lepine, Lydiard, Mendlewicz, Montgomery, Racagin, Stein & Wittchen, 2000). Dixon, Tull, Lee, Kimbrel and Gratz (2017) maintained that even though social anxiety disorder is highly prevalent, it has been neglected and trivialized for decades by society and science. Rosario, Stewart and Jonathan (2001) stated that social anxiety disorder is among the most common of all psychiatric disorders. It presents with a lifetime prevalence rate of up to 16% in the general population and, like other anxiety disorders, is more frequent in women than in men. They further stressed that people with social anxiety disorder suffer from considerable psychiatric comorbidity that is often preceded by social avoidance and isolation. Social anxiety affects people early in life and provokes a great deal of impairment and cost much being related to the under-recognition and, or under-treatment of this disorder (Kessler, Ruscio Shear & Wittchen, 2010).

The Diagnostic Statistical Manual Fifth Edition defines social anxiety disorder as marked or intense fear or anxiety of social situations in which the individual may be scrutinized by others and this situation interferes significantly with routines, occupational (academic) functioning, social activities, and relationships (American Psychiatric Association, 2013). Ameringen, Mancini and Farvolden (2003) adolescents with social anxiety disorder have difficulty of speaking in front of a group of people and fail or drop out of school due to fear, and that their attention to academic information may be distracted by an excessive focus on their anxiety.

Costello, Mustillo, Erkanli, Keeler and Angold (2003) observed that social anxiety disorder is one of the most common psychological disorder in school-aged children and adolescents worldwide, with a global prevalence that ranges from15% to over 30%. Festa and Ginsburg (2011) stressed that adolescents' social anxiety disorder may be confused with shyness, being reserved or being introverted, hence its diagnosis may seem difficult. However, Rocha (2005) explained that social anxiety disorder exceeds normal shyness as it leads to excessive social avoidance and substantial social and psychological impairment. Feared situations may include giving a presentation or talking in front of people, meeting new people, talking to people of authority, being watched while doing something or being the center of attention (Fang and Hofmann, 2010). Blanco (2012) explained that when socially anxious people find themselves in social situations, their attention shifts such that they view themselves from the perspective of the audience or observer. They then compare how they believe the audience views them and their performance to the expectations of what

they perceive the audience holds of them. To this end, this study will examine demographic factors associated with social anxiety disorder among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State.

There are debates that family type may influence social anxiety disorder among secondary school adolescents. The family is the most important primary group in the society and immediate social environment to which a child is developed and exposed (Adhiambo, Odwar and Mildred, 2011). It is primarily made up of father, mother and children (Adani, 2001). Depending on the number of a household, families are generally classified as nuclear or extended (Karsh, 2006). A child learns to respond and adjust in various fields of life according to the values and virtues provided by his or her family. Children grow up in families which provide consistent and relatively permanent relationship which affects their social, emotional and psychological adjustment level to a large extent (Dudley, 2012). The family also provides support for children while they explore new situations and learn about new people especially in their late childhood commonly referred to as adolescent stage (Dhyani and Singh, 2013). Nuclear family consist of the father, mother and child or children while extended family type is made up of the father, mother, children as well as close relatives such as grandfathers, grandmothers, uncles, aunts, nieces, cousins and nephews (Muntreal, 1991). McLeod (2007) observed that nuclear families are more attached and stable emotionally hence the tendency of

developing social anxiety disorder is minimal. He further explained that extended families do not attend to the emotional needs of their children and lack a sense of support and affiliation which increases social anxiety disorder. Barkley (2005) in support of this view, explained that children from nuclear families have the ability to internalize emotions, evaluate them, and analyze them before acting out publicly as such they are less predisposed to social anxiety disorder. Peris and Hinshaw (2003) maintained that family interaction patterns extended families has a significant impact on severity and the developmental causes of social anxiety disorder. Adolescents growing up with extended family member are usually socially isolated and have limited opportunities to habituate to social interactions and to develop a sense of competence and mastery, thereby increasing their level of social anxiety (Fisak and Grills-Taquechel 2007). Recent studies also suggest that children from extended families with social difficulties (poor friendship quality and deficient social skills) are at greater risk for peer victimization that could further increase social anxiety disorder (Crawford and Manassis 2011).

Another variable that may influence social anxiety disorder among adolescents in secondary schools is parenting styles. Parenting styles is the general patterns of childrearing that illustrate the typical techniques and responses of parents (Coplan, 2002). Eriega (2010) described parenting styles as the constellation of strategies that parents adopt in rearing their children. He further explained that

these different approaches parents adopt in bringing up their children may have serious effect (positive or negative) across various ages of their children's development. Baumrind cited in Aunola, Stattin and Nurmi (2000) described three different parenting styles: (1) Authoritative parenting, characterized by high levels of both parental responsiveness (e.g., warmth, support, and affection) and demandingness (e.g., limit setting, maturity demands). Authoritative parents usually encourage discussions about family rules, as well as provide independence, autonomy and freedom, while encouraging children to think about their lives and the consequences of their behaviour. (2) Authoritarian parenting, characterized by high demandingness (e.g., harsh and punitive control) and low responsiveness. Parents who adopt this type of parenting style have a strict set of rules and regulations and required strict compliance or obedience. (3) Permissive parenting characterized by high responsiveness but low demandingness. This type of parenting style, little attempts is made to control children's' behaviour and less guidelines on what behaviour is considered appropriate. Nwankwo (2010) asserted that permissive parents permit their children to act as they please.

Barber (1996) explained that the authoritative parent attempts to direct the adolescent's activities in a self-oriented and rational manner, shares with the child's reasoning and encourages in a verbal and social way. The authoritative parent affirms the child's present qualities but sets the standards and limits for future activities. He/she uses power, reason, and shaping by reinforcement and regime to achieve desired objectives and does not base decisions on group consensus or the individual child's hopes (Hart, 2003). The authoritarian parenting style attempts to control, shape, and evaluate the behaviour and attitudes of a child in accordance with a standard of conduct (Hart, Newell, & Olsen 2003). Barber, Stoltz, and Olsen (2005) observed that authoritarian parents usually display low affection, use physical coercion, verbal hostility, and other disciplinary strategies in raising their children. This type of parenting style may pose serious challenge and increases social anxiety disorder (Goldman and Barclay 1994). Kiuru (2012) maintained that permissive parenting style allows children to regulate their own activities as much as possible, avoiding the exercise of control and standards of parenting limits and this reduces the risk of developing social anxiety disorder. Permissive parenting style encourages adolescents' autonomy and strengthens their academic and social functioning (Landry, Smith, & Swank, 2006). Dixon, Tull, Lee, Kimbrel and Gratz (2017) found out that parenting styles relate significantly to social anxiety. Rosario, Stewart and Jonathan (2010) in examining the epidemiology of anxiety disorder, found out that social anxiety is significantly influenced by family type and parenting styles.

Aim and Objectives of the Study
The study examined Demographic factors associated with social anxiety disorder among secondary school adolescents in Obio/Akpor Local Government of Rivers State. Specifically, the study sought to:

1. Examine the extent to which family type (nuclear/extended) relate to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State.
2. Determine whether parenting styles independently relate to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State.
3. To find out whether parenting styles jointly relate to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State.

Research Questions

The following research questions were posed to guide the study;
1. To what extent does family type (nuclear/extended) relate to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State?
2. How do parenting styles independently relate to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State?
3. How do parenting styles jointly relate to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State?

Hypotheses

The following null hypotheses were tested at 0.05 level of significance;
1. Family type (nuclear/extended) does not significantly relate to social anxiety disorder among secondary school

adolescents in Obio/Akpor LGA of Rivers State.
2. Parenting styles do not independently relate significantly to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State.
3. Parenting styles do not jointly relate significantly to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State.

Methodology

The study adopted the correlational research design. The population of the study consist of all 14,784 senior secondary school students (SSS 1, 2 and 3) in the 16 public secondary schools in Obio/Akpor LGA of Rivers State. A sample of 300 students was drawn for the study using the purposive sampling technique. Two instruments (questionnaire) were adapted and used to collect data for the study. They include: Social Anxiety Disorder Scale (SADS), and Parenting Styles Scale (PSS). The instruments were designed on a four point Likert scale of Strongly Agree (SA) =4, Agree (A) =3, Disagree (D) =2, and Strongly Disagree (SD) =1. The reliability of the instrument was determined without Cronbach Alpha statistics and the following reliability coefficients were obtained 0.87 and 0.81 respectively. The research questions were analyzed with linear regression, while the hypotheses were tested with multiple regression and t-test statistics.

Results and Discussion

Research Question 1: To what extent does family type (nuclear/extended) relate to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State?

Table 1: Mean and standard deviation on the relationship between family types (nuclear/extended) and social anxiety disorder among secondary school adolescents

Family Type	N	$\overline{X}$	Std.Dev.
Nuclear	156	37.24	4.60
Extended	144	37.42	4.83

In table 1, it is shown that the nuclear and extended family are numbered 156 and 144 respectively. The students from nuclear family type had a mean score of 37.24 and a standard deviation of 4.60. On the other hand, students from extended family type had a mean score of 37.42 and SD of 4.83. Based on their mean scores, it is deduced that adolescents from extended family are more susceptible to social anxiety disorder compared to those from nuclear family by a mean difference of 0.19.

Hypothesis 1: Family type (nuclear/extended) does not significantly relate to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State.

Table 2: Independent T-test Analysis on the relationship between family type (nuclear/extended) and social anxiety disorder

	Variables	F-value	P-value	T-value	Decision
Nuclear/Extended	Family Type				
	Social Anxiety	35.217	.000	15.206	Reject HO_4

Level of Sig: 0.05

Table 2 shows the independent t-test summary of the relationship between family type (nuclear/extended) and social anxiety disorder among secondary school adolescents Obio/Akpor LGA of Rivers State. The t-test value calculated and used in testing the hypothesis stood at 15.206 and the F-value = 35.217 at 0.05 level of significance. Also, P-value of 0.000 is less than level of significance ($P<0.05$). Hence, by the decision rule, the null hypothesis was rejected. Thus this implies that family type (nuclear/extended) relate significantly to social anxiety disorder among secondary school adolescents Obio/Akpor LGA of Rivers State.

Research Question 2: How do parenting styles (authoritative, authoritarian, permissive) independently relate to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State?

Table 3: Simple Regression Analysis on the extent parenting styles (authoritative, authoritarian, permissive) independently relate to social anxiety disorder among secondary school adolescents

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
	.881[a]	.776	.774	.33420

From the data analyzed on table 3, the correlation coefficient (r = 0.881) between parenting styles (authoritative, authoritarian, permissive) and social anxiety disorder is positive and strong. This reveals that 78% of social anxiety disorder can be explained by parenting styles.

Hypothesis 2: Parenting styles do not independently relate significantly to social anxiety disorder among secondary school adolescents Obio/Akpor LGA of Rivers State.

Table 4: Regression analysis on how parenting styles (authoritative, authoritarian, permissive) relate to social anxiety disorder

Variables	F-Ratio	Sig. of P	R	R^2	Adj. R^2	β	t	P
Authoritative	62.367	.000	.622	.387	.381	.634	13.441	S
Authoritarian						.126	2.229	S
Permissive						-.048	-.853	NS

(P < .05)

The result analyzed showed that the linear combination effect of parenting styles (authoritative, authoritarian and permissive) on social anxiety disorder among secondary school adolescents Obio/Akpor LGA of Rivers State was significant $F_{(3,296)}$ = 62.367; R = .622, R2 = .387, Adj. R^2 = .381; P <. 05). That is, the independent variables of authoritative, authoritarian and permissive jointly accounted for a variation of 41%. The result also showed the various relative contributions and levels of significance of the independent variables: Authoritative (β = .634, P <.05), Authoritarian (β = .126, P <.05) and permissive (β = -.048, P >.05). From the analyzed data, the results showed that, while authoritative and authoritarian parenting styles were significant, permissive parenting style was not.

Research Question 3: How do parenting styles jointly relate to social anxiety disorder among secondary school adolescents Obio/Akpor LGA of Rivers State?

Hypothesis 3: Parenting styles do not jointly relate to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State?

Table 5: Simple Regression Analysis, on how parenting styles jointly relate to social anxiety disorder among secondary school adolescents

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
	.771[a]	.594	.592	.33193

From the result of the above table, the correlation coefficient (r = 0.771) between the joint parenting styles and social anxiety disorder is strong and positive. The coefficient of determination (r^2 = 0.594) indicates that 59% of social anxiety disorder can be explained by joint parenting styles (authoritative, authoritarian, permissive). This therefore indicates that, parenting styles (authoritative, authoritarian, permissive) jointly relates significantly to social anxiety disorder among secondary school adolescents Obio/Akpor LGA of Rivers State.

Summary of the Findings
The findings of the study are summarized as follows:
1. Family type (nuclear/extended) significantly relates to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State.
2. Parenting styles jointly relates significantly to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State. However, when parenting styles of authoritative, authoritarian and permissive were looked at independently, only authoritative and authoritarian parenting styles relate significantly to social anxiety disorder whereas permissive parenting style did not.

Discussion of the Findings
Family type and Social Anxiety Disorder
The finding of the study showed that family type significantly relates to social anxiety disorder among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State. The null hypothesis of no significant relationship between family type and social anxiety disorder was rejected. Therefore, this implies that family type relates significantly to social anxiety disorder among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State. The finding of this study agrees with an earlier study by McLeod (2007) who observed that nuclear families are more attached and stable emotionally hence the tendency of developing social anxiety disorder is minimal, but extended families do not attend to the emotional needs of their children and lack a sense of

support and affiliation which increases social anxiety disorder. Chandler (2012) found out that family type relate significantly to social anxiety disorder, stressing that among extended family members, one or more persons may show traits of anxiety disorder. He further found out that some children may be irritable as infants, shy and fearful as toddlers, cautious, quiet and introverted at the school age, and this trait may continue to show into adolescence and adulthood. Peris and Hinshaw (2003) also found out that family interaction patterns in nuclear or extended families has a significant impact on severity and the developmental causes of social anxiety disorder.

Parenting styles and Social Anxiety Disorder

The finding of the study revealed that parenting styles jointly and independently relates significantly to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State. The null hypothesis of no significant relationship between parenting styles and social anxiety disorder was rejected. This, therefore, implies that parenting styles jointly and independently relates significantly to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State. The finding of this study agrees with an earlier study by Barber, Stoltz, and Olsen (2005) who found out that parenting styles significantly predicts social anxiety disorder among adolescents. They further explained that authoritarian and authoritative parents usually display low affection, use physical coercion, verbal hostility, and other disciplinary strategies

in raising their children and this makes children susceptible to social anxiety disorder. Also Rosario, Stewart and Jonathan (2010) in examining the epidemiology of anxiety disorder, found out that social anxiety is significantly influenced by family type and parenting styles. Dixon, Tull , Lee, Kimbrel and Gratz (2017) also found out that parenting styles relate significantly to social anxiety. Esther and Pamela (2013) examined parental influence on social anxiety in children and adolescents and found out that parenting styles significantly influence society anxiety. The findings also indicated that permissive parenting style and its hybrids tend to promote the development of social and performance anxieties in the participants more than other parenting styles.

Conclusion

Social anxiety disorder also known as social phobia is an anxiety disorder that is characterized by intense fear and avoidance of social situations causing considerable distress and impaired ability to function normal. It is an extreme form of social phobia involving excessive fear of embarrassment or humiliation in social performance situations. Social anxiety disorder negatively affects adolescents' social, emotional and academic success. It leads to poor social and interactive skills, often resulting in avoidance of social interactions. Some psychological effects of social anxiety disorder include loneliness, low self-esteem, irritability, mood swings, feelings of social rejection and frustration. This study examined demographic factors associated with social anxiety disorder, and has shown that family type and

parenting styles relate significantly to social anxiety disorder among secondary school adolescents in Obio/Akpor Local Government of Rivers State.

Recommendations

Based on the findings of this study, the researcher recommended the following;

1. Counselling for adolescents with social interaction anxiety should be encouraged in schools with the aim of improving students' interactional skills so as to reduce their level of social anxiety.
2. Parents and care givers should be mindful of the type of parenting style they adopt in training their children as this could have a positive or negative influence on the children's level of social adjustments in new or unfamiliar situations.
3. From time to time, parents should take their children out on social gatherings like field trips, excursions, recreational parks etc in order for them to learn how to adjust socially with other persons.

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