

## THE PREVALENCE OF SOCIAL PHOBIA AND ITS POTENTIAL DEMOGRAPHICS CHARACTERISTICS RISK FACTORS, AMONG MEDICAL STUDENTS IN SYRIAN PRIVATE UNIVERSITY

Youssef Latifeh<sup>1,2</sup>, Abdulaal Aless<sup>1</sup> and Riham Salloum\*<sup>1</sup>

<sup>1</sup>Department of Internal Medicine, Faculty of Medicine of Syrian Private University, Rif Dimshq, Syria.

<sup>2</sup>Department of Psychiatry, Faculty of Medicine of Damascus University, Damascus, Syria.

Article Received on  
01 May 2018,

Revised on 22 May 2018,  
Accepted on 11 June 2018,  
DOI: 10.20959/wjpps20187-11915

### \*Corresponding Author

Riham Salloum

Department of Internal  
Medicine, Faculty of  
Medicine of Syrian Private  
University, Rif Dimshq,  
Syria.

### ABSTRACT

**Objectives:** study the prevalence of social phobia and potential risk triggers that may be associated with social phobia among Syrian private medical undergraduate students. **Methods:** Liebowitz Social Anxiety Scale Test (LSAS) and a questionnaire assessing gender, Academic year, number of siblings, type of precedent school (mixed gender or not), smoking, father and mother educational level. **Results:** There were 285 medical students, (169) male & (116) female of which 21.8% of the medical students scored > 54 in (LSAS) suggesting that they having social phobia. The sample consisted of different academic years with the highest number from the 2<sup>th</sup> year (82, 28.8%) and the lowest number from the 5<sup>th</sup> year (30, 10.5%). **Conclusion:** Less than

the quarter of the medical Syrian private university, students have significant social phobia. We found important significant risk triggers Of social phobia including gender, academic year, smoking, number of siblings and mother educational level, but the association between social phobia and the academic average was not proved significant.

**KEYWORDS:** Social phobia; Academic performance; Medical students.

### INTRODUCTION

Social phobia (SP) is permanent fear of one or more social or act of performing in which the person meets strange people or to possible scrutiny by others,<sup>[1]</sup> leading to important distress or impairment of functioning.<sup>[1-3]</sup>

social phobia is the one of the most common anxiety disorder<sup>4</sup>, after major depressive disorder and alcohol dependence.<sup>[5]</sup> Its lifetime prevalence between 7-13%.<sup>[6]</sup> In addition, higher rates are observed in females and those with lower educational achievement and lower economic status.<sup>[7]</sup>

In the United States, the median age of onset for social phobia is 13 years, and 75% of the people have an age between 8 and 15 years at onset. The First onset in puberty is comparatively rare, it is more likely to happen after a stressful or shameful event or after life changes that demand new social position (e.g., marrying someone from another social class, receiving a new job).<sup>[1]</sup>

The aim of this study is to conduct prevalence and the degree of social phobia among medical students in Syrian Private University. Furthermore, we aim to determine whether there is a correlation between the social phobia and academic achievement measured by grade percentage, as grades score well reflects the acquired theoretical information and practical skills among medical students.

studies of social phobia vary for the etiology There is significant evidence to propose arises from a combination of biological and environmental factors,<sup>[8]</sup> including genetic traits, experience, and neurotransmitters in amygdala and anterior cingulate cortex in the brain.<sup>[1]</sup>

people with social phobia feelings discomfort in certain situations within three different symptoms: including physical like difficulty speaking, sweating shaking and rapid heart rate, etc. also the social phobia involves cognitive symptoms the expecting a negative outcome in social situations. the people go over scenarios in their head of what could go wrong and how to prevent it after social situation.<sup>[1]</sup>

In addition to physical symptoms, people act in certain ways, known as behavioral symptoms like avoids social interaction, avoids eye contact, and crosses arms.<sup>[1]</sup>

The undergraduate study period is one of most important in contemporary human life, particularly for medical students. Medical students Suffer higher levels of anxiety compared to the general people and to their same age peers,<sup>[9,10]</sup> due to many factors including academic pressures, many difficulties achieving their academic goals, and life and social challenges including the mandatory social interaction, adaptation especially when their role changes from students to intelligent doctors.<sup>[11]</sup> The psychological and mental comfort of medical

students is one of public health interest global as it is correlated with the quality of healthcare they will supply in the future.<sup>[12]</sup>

## MATERIALS AND METHODS

This is a cross-sectional study involving medical students at Faculty of Medicine of Syrian private university during the academic year 2017\2018. The student's names were entered into the Microsoft Excel computer program to select (285) students. The Ethics Committee of the Syrian Privet University approved the research protocol. A self-administered questionnaire was given to the students which included demographic information at the beginning including gender, Academic year, a number of siblings, type of precedent school (mixed gender or not), smoking, father and mother educational level.

These variables were included to estimate if those can be associated with improving social phobia.

Liebowitz Social Anxiety Scale Test (LSAS) Arabic version was used to discover social phobia among the participants. LSAS consists of 24 points to appraise the avoidance or fear of particular situations by students. It essentially measures two subscales: 13 items are on the presentation in several actions such as giving a presentation in front of a group of people. The other 11 items on the anxiety of social interaction such as calling someone you do not know very well. The terror of social communication is evaluated on a four-point scale, (zero = no terror, one = mild terror, two = moderate terror, and three = severe terror). The presentation in several actions is also estimated on a four-point scale (zero = never evaded, one = occasionally evaded, two = often evaded, and three = usually evaded.) to determine the severity of social phobia of the respondent, the scores were summed the scores of  $\leq 54$  showed no social phobia, 55–65 = moderate social phobia, 66–80 = marked social phobia, 81–95 = severe social phobia,  $\geq 96$  = very severe social phobia.

A lot of research has confirmed validity and reliability of the questionnaire. It has been translated, proper and validated in many languages besides the original English. These are French,<sup>[13]</sup> Spanish,<sup>[14]</sup> Turkish,<sup>[15]</sup> Brazilian and Arabic.<sup>[16]</sup>

All these versions had good results on the evaluation of the internal matchmaking parameter, with the alpha values varying between 0.61 and 0.98. The results of these studies shown the perfect psychometric properties of the LSAS, confessing it's as the gold standard.<sup>[17]</sup> The

Cronbach's Alpha value of Arabic version questionnaire for this study showing high internal uniformity (0.942)

The results were conducted using the Statistical Package for the Social Sciences (SPSS) version 23 (IBM Corporation, NY, USA).

## RESULTS

**Table 1. Socio-demographic characteristics of participants.**

Characteristic	Male, n (%) N=169	Female, n (%) N=116	Total, n (%) N=285
<b>Academic year</b>			
2th	36 (21.3)	46 (39.7)	82 (28.8)
3th	33 (19.5)	27 (23.3)	60 (21.2)
4th	36 (21.3)	18 (15.5)	54 (18.6)
5th	19 (11.2)	11 (9.5)	30 (10.5)
6th	45 (26.6)	14 (12.1)	59(20.7)
<b>Father's Education</b>			
Primary	16 (9.5)	3 (2.6)	19 (6.7)
Intermediate	25 (14.8)	18 (15.5)	43 (15.1)
Secondary	18 (10.7)	16 (13.8)	34 (11.9)
University	110 (65.1)	79 (68.1)	189(66.3)
<b>mother's education</b>			
Primary	21 (12.4)	3 (2.6)	24 (8.4)
Intermediate	26 (15.4)	24 (20.7)	50 (17.5)
Secondary	32 (18.9)	32 (27.6)	64 (22.5)
University	90 (53.5)	57 (49.1)	147 (51.6)
<b>Number of siblings</b>			
1-2	51 (30.2)	26 (22.4)	77(27.0)
3-4	44 (26.0)	37 (31.9)	81 (28.4)
More than 4	74 (43.8)	53 (45.7)	127(44.6)
<b>Smoking</b>			
No	103 (60.9)	106 (91.4)	209 (73.3)
Less than 10	27 (16.0)	8 (6.9)	35 (12.3)
More than10	39 (23.1)	2(1.7)	41 (14.4)
<b>Precedent school</b>			
Mixed	66 (39.1)	39 (33.6)	105(36.8)
Non- mixed	103 (60.9)	77 (66.4)	180(63.2)

**Table 2: Severity of SAD according to the LSAS scale.**

	Frequency	Percent	Valid Percent
<b>Mild</b>	223	78.2	78.2
<b>Moderate</b>	5	1.8	1.8
<b>Marked</b>	26	9.1	9.1
<b>Severe</b>	22	7.7	7.7
<b>Very severe</b>	9	3.2	3.2
<b>Total</b>	285	100.0	100.0

**Table 3: Association between risk factors and personal data of the participants and SAD.**

Characteristic	Social Anxiety Disorder		p-value*
	No, N=223 n (%)	Yes, N=62 n (%)	
<b>Academic year</b>			.000
2th(n=82)	60(26.9)	22 (35.5)	
3th(n=60)	46(20.6)	14(22.6)	
4th(n=54)	43(19.3)	11 (17.7)	
5th(n=30)	21(9.4)	9(14.5)	
6th(n=59)	53(23.8)	6 (9.7)	
<b>Gender</b>			.003
Male(n=169)	141(63.2)	28(45.2)	
Female(n=116)	82(36.8)	34 (54.8)	
<b>Father's Education</b>			.052
Primary(n=19)	13(5.8)	6(9.7)	
Intermediate(n=43)	14.3(14.3)	11(17.7)	
Secondary(n=34)	27(12.1)	7(11.3)	
University(n=189)	151(67.7)	38(61.3)	
<b>Mouther's education</b>			.028
Primary(n=24)	19(8.5)	5(8.1)	
Intermediate(n=50)	36(16.1)	14(22.6)	
Secondary(n=64)	50(22.4)	14(22.6)	
University(n=147)	118(52.9)	29(46.8)	
<b>Parental Living Status</b>			.373
Living Together (n=253)	196(87.9)	57(91.9)	
Separated (n=11)	9(4.0)	2(3.2)	
Dead(n=21)	18(8.1)	3(4.8)	
<b>Number of siblings</b>			.029
1-2 (n=77)	67(30.0)	10(16.1)	
3-4 (n=81)	67(30.0)	14(22.6)	
More than 4 (n=127)	89(39.9)	38(61.3)	
<b>Smoking</b>			.037
No (n=209)	164(73.5)	45(72.6)	
Less than 10(n=35)	30(13.5)	5(8.1)	
More than10(n=41)	29(13.0)	12(19.4)	
<b>Precedent school</b>			.930
Mixed(n=105)	80(35.9)	25(40.3)	
Non- mixed(n=180)	143(64.1)	37(59.7)	
<b>Academic average</b>			.126
50-60(n=57)	41(18.4)	16(25.8)	
61-70(n=125)	98(43.9)	27(43.5)	
71-80(n=87)	71(31.8)	16(25.8)	
81-90(n=14)	11(4.9)	3(4.8)	
91-100(n=2)	2(0.9)	0(0.0)	

Students completed 285 questionnaires with a response rate of 95%. Table 1 shown the sociodemographic divergence of the study population. The results show that 169 (59.29 %) of

respondents were males and 116 (40.7%) were females.

The sample consisted of different academic years with the highest number from the 2nd year (82, 28.8%) and the lowest number from the 5<sup>th</sup> year (30, 10.5%).

Most of the respondents (73.3%) were nonsmoker (N=209), and the most of them were in non-mixed school (63.2%). Those who lived in families have more than 4 siblings comprised the majority of the study population (44.6%).

With relation father's and mother's educational level, the least frequent level was primary (9.5 %), (2.6%), respectively.

Using the LSAS scale to detect the severity of social phobia, 78.2% (N=223) had mild or no social phobia mild symptoms, 1.8%, (N=5) had moderate, 9.1 % ( N=26) marked symptoms, and 7.7% (N=22) had severe, 3.2(N=9) very severe symptoms. As shown in Table 2 Using a cut-off score of 54, participants were screened positive for SOCIAL PHOBIA if they scored 54 or higher on the LSAS scale. Table 3 shows that 62 (21.8%) students were screened positive for social phobia, 28 of them (45.2%) were males and 34 were females (54.8%). There was a statistically significant difference in the prevalence of social phobia regarding the academic year, gender, mother's education level, number of siblings, smoking, (all P values <0.05). However, father's education, type of precedent school (mixed gender or not), and academic average there was no statistically significant difference in the prevalence of social phobia (all P values >0.05).

## DISCUSSION

This study aimed to determine the prevalence and severity of social phobia among medical students in Syrian Private University which was 21.8%, abundant studies of social phobia from different countries informed widely varied appraisal of the prevalence ranging from 9.3%,<sup>[18]</sup> and 37.6%.<sup>[19]</sup>

Similar studies showed that 20.9% Turkish student had social phobia.<sup>[20]</sup>

In the precedent study, social phobia was much higher than many other studies among undergraduate students such as Jazan university, Saudi Arabia study (25.8%)<sup>21</sup>, but it was lower than Swedish university study (16.1%) of them had social phobia.<sup>[22]</sup>

A similar study among medical students in Iraq found that social phobia is more common in females than males.<sup>[23]</sup> In our study, our results were similar in that females were more common. 54.8 % of those who had social phobia were females.

The academic year of medical students was statistically significant to SP. In our study, 35.5% of those with social phobia were (second year) students, and this percent declined gradually until it reached its lowest value (9.7%) in sixth year (final year) students. This could be due to the increased awareness of the medical profession and the fact that younger students could be more intimidated by medical specialty.

A study in Malaysia,<sup>[24]</sup> found that increased number of the sibling is not associated with higher rates of social phobia. (84% of those who had siblings had social phobia, at variance to our study. In our study, 61.3% of those with social phobia had more than four siblings.

Social phobia is related to smoking and nicotine dependence.<sup>[25]</sup> Furthermore, social phobia is considered a risk factor for smoking, which begins later to social phobia. However, in our study 72.6% of those with social phobia were nonsmokers.

Regarding academic performance, our study found no significant association between academic average and social phobia similar to Makkah Saudi study, and Turkish study,<sup>[20]</sup> because the academic rate depends on the verbal skills of the student, and does not relate to the communication skills of students but in another Brazilian university study,<sup>[27]</sup> demonstrated significant association between social phobia and academic performance.

Our study found that mother education level was associated with social phobia. It appears that the students whose mother had university education were Social phobia as compared to their colleagues. In contrast the Taif study,<sup>[28]</sup> which didn't find a relation between social phobia and mother education. As for there is no connection between the fathers educational level and social phobia,<sup>[28]</sup> similar to our study.

Our study also found that type of school was not significantly associated with social phobia and this is similar to Malaya University study.<sup>[24]</sup>

### **Study limitations**

This study targeted only medical students and it is necessary to choose a community representative sample to generalize the results.

## CONCLUSIONS

The prevalence of social phobia is high among the participants it establishes around 21.8% of the targeted medical students. In addition, important significant risk triggers for social phobia have been identified including gender, academic year, smoking, number of siblings and mother educational level, the association between social phobia and the academic average was not proved to be significant.

## ACKNOWLEDGMENT

Sincere gratitude to our university (Syrian Privat University) for their timely guidance, and thank our Colleagues Mhd.Nezar Alsharif, Nawras Al Halabi and all participants in this study for supporting our research project.

## REFERENCES

1. Association AP. Diagnostic and statistical manual of mental disorders (DSM-5®): American Psychiatric Pub, 2013.
2. Organization WH. The ICD-10 classification of mental and behavioural disorders: diagnostic criteria for research: World Health Organization, 1993.
3. Stein MB, Fuetsch M, Muller N, Hofler M, Lieb R, Wittchen HU. Social anxiety disorder and the risk of depression: a prospective community study of adolescents and young adults. *Archives of general psychiatry*, 2001; 58: 251-6.
4. Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry*, 2005; 62: 617-27.
5. Sareen L, Stein M. A review of the epidemiology and approaches to the treatment of social anxiety disorder. *Drugs*, 2000; 59: 497-509.
6. Furmark T. Social phobia: overview of community surveys. *Acta psychiatrica Scandinavica*, 2002; 105: 84-93.
7. Hidalgo RB, Barnett SD, Davidson JR. Social anxiety disorder in review: two decades of progress. *The international journal of neuropsychopharmacology*, 2001; 4: 279-98.
8. Rapee RM, Spence SH. The etiology of social phobia: Empirical evidence and an initial model. *Clinical psychology review*, 2004; 24: 737-67.
9. Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clinic Proceedings; Elsevier*, 2015; 1600-13.



10. Dyrbye LN, Thomas MR, Shanafelt TD. Systematic review of depression, anxiety, and other indicators of psychological distress among US and Canadian medical students. *Academic Medicine*, 2006; 81: 354-73.
11. Bayram N, Bilgel N. The prevalence and socio-demographic correlations of depression, anxiety and stress among a group of university students. *Social psychiatry and psychiatric epidemiology*, 2008; 43: 667-72.
12. Fahrenkopf AM, Sectish TC, Barger LK, et al. Rates of medication errors among depressed and burnt out residents: prospective cohort study. *BMJ (Clinical research ed)*, 2008; 336: 488-91.
13. Yao S, Note I, Fanget F, et al. Social anxiety in patients with social phobia: validation of the Liebowitz social anxiety scale: the French version. *L'encéphale*, 1999; 25: 429-35.
14. Bobes J, Badia X, Luque A, Garcia M, González M, Dal-Re R. Validation of the Spanish version of the Liebowitz social anxiety scale, social anxiety and distress scale and Sheehan disability inventory for the evaluation of social phobia. *Medicina clínica*, 1999; 112: 530-8.
15. Soykan Ç, Özgüven HD, Gençöz T. Liebowitz social anxiety scale: the Turkish version. *Psychological Reports*, 2003; 93: 1059-69.
16. Ghazwani JY, Khalil SN, Ahmed RA. Social anxiety disorder in Saudi adolescent boys: Prevalence, subtypes, and parenting style as a risk factor. *Journal of family & community medicine*, 2016; 23: 25.
17. dos Santos LF, Loureiro SR, de Souza Crippa JA, de Lima Osório F. Psychometric validation study of the liebowitz social anxiety scale-Self-reported version for Brazilian Portuguese. *PloS one*, 2013; 8: e70235.
18. Afifi DY. Social anxiety among Egyptian University students: Cairo University, 2012.
19. Joseph N, Rasheeka V, Nayar V, Gupta P, Manjeswar MP, Mohandas A. Assessment of determinants and quality of life of university students with social phobias in a coastal city of south India. *Asian journal of psychiatry*, 2018; 33: 30-7.
20. GÜLTEKİN BK, Dereboy IF. The prevalence of social phobia, and its impact on quality of life, academic achievement, and identity formation in university students. *Turk Psikiyatri Dergisi*, 2011; 22: 150.
21. Hakami RM, Mahfouz MS, Adawi AM, et al. Social anxiety disorder and its impact in undergraduate students at Jazan University, Saudi Arabia. *Mental illness*, 2017; 9.

22. Tillfors M, Furmark T. Social phobia in Swedish university students: prevalence, subgroups and avoidant behavior. *Social psychiatry and psychiatric epidemiology*, 2007; 42: 79-86.
23. Alkhafij A. Social phobia among Al Qadissya medical student: prevalence, academic performance and response to different treatments. *J Fac Med Baghdad*, 2012; 54: 33-7.
24. Salina M, Ng C, Gill J, Chin J, Chin C, Yap W. Social anxiety problem among medical students in Universiti Malaya Medical Center (UMMC)–A cross-sectional study. *Malaysian Journal of Psychiatry*, 2008; 17.
25. Buckner JD, Vinci C. Smoking and social anxiety: The roles of gender and smoking motives. *Addictive Behaviors*, 2013; 38: 2388-91.
26. Aboalshamat K, Hou X-Y, Strodl E. Psychological well-being status among medical and dental students in Makkah, Saudi Arabia: A cross-sectional study. *Medical teacher*, 2015; 37: S75-S81.
27. Baptista CA, Loureiro SR, de Lima Osório F, et al. Social phobia in Brazilian university students: Prevalence, under-recognition and academic impairment in women. *Journal of affective disorders*, 2012; 136: 857-61.
28. Alzahrani AH. Depression and suicide among medical students: a comparison study between medical and medical sciences students in Taif University, Taif-KSA, 2017; 22: 100.