"A STUDY ON THE INFLUENCE OF SOCIAL ANXIETY AND SOCIAL PHOBIA ON SELF-ESTEEM AMONG COLLEGE STUDENTS"

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Submitted by

BETTY WILSON

Reg. No. 210011034050

Under the guidance of

DR. RESHMA K S

Bharata Mata School of Social Work Thrikkakara, Kochi-21
(Affiliated to Mahatma Gandhi University, Kottayam)
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<u>CERTIFICATE</u>

This is to certify that this dissertation titled **'A Study on the influence of social anxiety and social phobia on self-esteem among college students'** is a record of genuine and original work done by **Betty Wilson, Reg. No. 210011034050** of IVth semester Master of Social Work course of this college under my guidance and supervision and it is hereby approved for submission.

Dr. Reshma K S   **Dr. Johnson K M**

Dissertation Guide   Principal

Bharata Mata School of Social Work,   Bharata Mata School College

Thrikkakara   Thrikkakara

Submitted to Viva- Voce Examination held on…………………...

External Examiner……………………

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<u>DECLARATION</u>

I **Betty Wilson** hereby declare that the research work titled ***"A study on the influence of social anxiety and social phobia on self-esteem among college students"*** submitted to the MG University, Kottayam is a record of genuine and original work done by me under the guidance of **Dr. Reshma K S**, Assistant professor, Bharata Mata School of Social Work, Thrikkakara, and this research work is submitted in the partial fulfilment of the requirements for the award of the degree of Master of Social Work Specializing in **Medical and Psychiatry.**

I hereby declare that the results obtained in this research have not been submitted to any other University or Institute for the award of any degree or diploma, to the best of my knowledge and belief.

Place: Thrikkakara

Date:

Betty Wilson

<u>ABSTRACT</u>

This study investigates the relationship between college students' social anxiety, social phobia, and self-esteem. The purpose of the study is to comprehend how these psychological elements interact and affect college students' perceptions of themselves and their own value. 80 college students from the Ernakulam and Palakkad districts of Kerala, India, were the subjects of the study, which used a cross-sectional descriptive research approach to gather its data. Questionnaires measuring social anxiety, social phobia, and self-esteem are used to gather the data. According to the results, there is a substantial link between college students' levels of social anxiety and self-esteem as well as social phobia. Lower self-esteem is linked to social anxiety and phobia at higher levels.The study also emphasises the detrimental effects of social anxiety and social phobia on college students' academic performance, social integration, and general well-being. The findings highlight the need for focused interventions and assistance programmes to raise college students' self-esteem and support their mental health. The study's conclusions can help colleges and universities improve their support systems, foster inclusive communities, and lessen the stigma around mental health conditions. The study does, however, acknowledge its shortcomings, including the limited sample size and it calls for more investigation using bigger samples.Overall, this study advances knowledge of college students' psychological health and highlights the significance of treating social anxiety and social phobia in this demographic.

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<u>ACKNOWLEDGEMENT</u>

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CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

 In everyday speech, the term "research" refers to the pursuit of knowledge. Another way to think about research is as a methodical and scientific search for relevant data regarding a certain subject. Also, research is a form of artistic scientific inquiry. The research process starts with quest for knowledge, selection of research problem, forming research questions, finally to writing research report. In this research the researcher determines level of social anxiety, social phobia and self-esteem among college students also studies the interrelation between these three variables. That is how self-esteem is related with social anxiety and social phobia among college students. This research deals with finding a relationship between social anxiety, social phobia and the level of self-esteem among college students.

College life represents a crucial period of transition and growth for young adults. It is a time marked by new experiences, academic challenges, and increased social interactions. They go through new experiences, establish new relationships, and learn to function in varied social contexts during this time. However, for some college students, this phase can also bring about significant psychological distress. Social anxiety and social phobia are among the psychological conditions that can have a profound impact on an individual's well-being, particularly their self-esteem. This chapter introduces the study that aims to investigate the influence of social anxiety and social phobia on self-esteem among college students.

Social anxiety is a psychological condition characterized by intense fear and anxiety in social situations. Individuals experiencing social anxiety often have an overwhelming fear of being negatively evaluated, judged, or embarrassed

by others. They may exhibit avoidance behaviours or endure social situations with extreme discomfort. Social phobia, a specific subtype of social anxiety, entails a persistent and irrational fear of social interactions, leading to significant distress and impairment in daily functioning.

Self-esteem, on the other hand, represents an individual's overall evaluation of their own worth and value. It reflects their subjective perception of their abilities, characteristics. This research is significant in the current society where psychological problems of students is unaddressed.

In-order to study the influence of social anxiety and social phobia on self-esteem one need to analyse and extend knowledge in each of these key variables.

1.2 ANXIETY

"Anxiety is a psychological and physiological state characterized by feelings of apprehension, fear, or uneasiness, often accompanied by physical symptoms such as increased heart rate, sweating, and restlessness" (American Psychiatric Association [APA], 2013).

Anxiety refers to a complex emotional state characterized by feelings of unease, worry, fear, or apprehension. It is a normal and natural response to perceived threats or stressful situations. Anxiety can manifest as psychological, physiological, and behavioral symptoms, which may vary in intensity and duration. While occasional feelings of anxiety are a common part of life, excessive or chronic anxiety can significantly impact an individual's well-being and daily functioning. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders.

Anxiety can take various forms, including generalized anxiety disorder (GAD), social anxiety disorder (SAD), panic disorder, specific phobias, and more. These specific anxiety disorders may have distinct triggers, symptoms, and diagnostic criteria. Symptoms of anxiety can include persistent worrying, restlessness, irritability, difficulty concentrating, sleep disturbances, muscle tension, and avoidance of anxiety-provoking situations. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders

Unlike "fear", "anxiety" involves a more sustained change in the brain, manifest when a threat is still relatively removed from the organism a spatial or temporal context. And Fear is a specific and immediate response to a known or observable threat, while anxiety is a more generalized and future-oriented response to potential threats or uncertainties (Barlow, 2000). Fear is typically characterized by a strong and intense emotional reaction, accompanied by physiological changes such as increased heart rate and heightened arousal. Anxiety, on the other hand, is often associated with a sense of unease, worry, and anticipation, with less intense physiological arousal (Kushner et al., 2001).Fear is usually triggered by an identifiable stimulus or situation, while anxiety may arise without a clear or specific trigger, manifesting as a more diffuse and persistent sense of unease (Barlow, 2000).Fear is usually time-limited and subsides once the threat has been removed or resolved, whereas anxiety can persist over a longer duration, extending beyond the immediate presence of a threat (Kushner et al., 2001).Fear is adaptive and serves a protective function by motivating individuals to respond to immediate danger. In contrast, anxiety may become maladaptive when it is excessive, disproportionate to the threat, or interferes with daily functioning (American Psychiatric Association, 2013). "Anxiety" is considered an analogue of pathological

reactions to Danger in humans. On the other hand when an acute, proximal threat is particularly dangerous, the emotional state elicited in the organism might better he characterized as "panic" as opposed to" fear". In both the clinical and the community setting, the prevalence of anxiety disorders is among the most common of all mental disorders. Unlike the relatively mild, brief anxiety caused by a stressful event (such as speaking in public), anxiety disorders last at least 6 months and can get worse if they are not treated. Anxiety disorders commonly occur along with other mental or physical illnesses, including alcohol or substance abuse, which may mask anxiety symptoms or make them will respond to me for the anxiety disorder.

1.2.1 Types of anxiety disorders

• Generalized Anxiety Disorder

• Symptomatology

• Choice Anxiety

• Panic disorder

• Phobia

• Obsessive compulsive disorder

• Post traumatic stress disorder

1.2.2 Social Anxiety

Social anxiety, also known as social anxiety disorder (SAD), is characterized by an intense and persistent fear or anxiety in social situations, which can lead to avoidance behaviour and significant distress (American Psychiatric Association [APA], 2013).

1.2.3 Generalized anxiety disorder

Generalized anxiety disorder (GAD) is a syndrome of ongoing anxiety and worry about many events or thoughts that the patients generally recognizes as excessive and inappropriate. Most people with GAD also have other mood and anxiety disorders. About 1%-5% of the general population report having GAD. Many of these people also have other disorders, and those with GAD report a considerable level of disability. Long term follow up studies suggest that GAD is a condition that worsens the prognosis for any other condition. And that people who have only GAD are likely to develop further conditions.

People with symptoms of generalized anxiety disorder tend to always expect disaster and can't stop worrying about health, money, family, work, or school. In people with GAD, the worry often is unrelistic or out of proportion for the situation. Daily life becomes a constant state of worry, fear, and dread. Eventually, the anxiety so dominates the person's thinking that it interferes with daily functioning, including work, school, social activities, and relationship.

1.2.4 Symptomatology

Individuals with GAD experience excessive, uncontrollable worry and anxiety about multiple areas of life, such as work, health, relationships, or everyday situations. The worry is often difficult to control and may be disproportionate to the actual circumstances (American Psychiatric Association, 2013).

Restlessness or feeling on edge: GAD is associated with feelings of restlessness, being on edge, or a sense of being easily fatigued. Individuals may have difficulty relaxing or may feel constantly tense and irritable (American Psychiatric Association, 2013).

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Difficulty concentrating or mind going blank: GAD can impair cognitive functioning, leading to difficulties with concentration, memory, and decision-making. Individuals may find it challenging to focus on tasks or may experience their mind going blank (American Psychiatric Association, 2013).

GAD often manifests as irritability or a heightened sensitivity to criticism or perceived threats. Individuals with GAD may react with irritability or become easily agitated in response to stressors (American Psychiatric Association, 2013).

Physical symptoms such as muscle tension and soreness are commonly associated with GAD. Individuals may experience muscle aches, headaches, or other physical discomfort due to prolonged tension (American Psychiatric Association, 2013).

GAD frequently disrupts sleep patterns, leading to difficulties falling asleep, staying asleep, or experiencing restful sleep. Insomnia or restless, unsatisfying sleep is common among individuals with GAD (American Psychiatric Association, 2013).

1.2.5 Obsessive-Compulsive Disorder (OCD)

OCD is a mental health disorder characterized by the presence of intrusive and distressing obsessions and/or compulsions that significantly impact an individual's daily life. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) outlines the following symptomatic criteria for OCD (American Psychiatric Association, 2013): Individuals with OCD experience recurrent and persistent thoughts, urges, or images that are intrusive and unwanted. These obsessions often cause marked distress and anxiety (American Psychiatric Association, 2013).OCD is characterized by repetitive behaviors or mental acts that an individual feels driven to perform in response to their

obsessions or according to certain rules. These compulsions are aimed at reducing anxiety or preventing feared outcomes (American Psychiatric Association, 2013).Individuals with OCD typically recognize that their obsessions or compulsions are excessive or unreasonable. However, they feel unable to resist or control them effectively (American Psychiatric Association, 2013).

OCD symptoms can consume a significant amount of time, often interfering with daily functioning, such as work, school, relationships, or other important activities (American Psychiatric Association, 2013).The obsessions and compulsions experienced in OCD cause significant distress, anxiety, or discomfort. They also have a notable impact on an individual's quality of life, leading to functional impairment (American Psychiatric Association, 2013).OCD can present in various forms, including contamination obsessions and cleaning compulsions, symmetry obsessions and ordering compulsions, forbidden thoughts or aggressive obsessions and checking compulsions, and others (American Psychiatric Association, 2013).

OCD can be a chronic condition that significantly affects an individual's well-being and daily functioning. Proper assessment and treatment, including therapy and/or medication, can help individuals with OCD manage their symptoms and improve their quality of life.

1.3 PHOBIAS

The term "phobia" refers to an excessive fear of a specific object circumstance, or situation. DSM-IV -recognizes three distinct classes of phobia: Agoraphobia (which is

considered to relate closely to panic disorder), specific phobia and social phobia. Both specific and social phobia requires the development of intense anxiety.

Phobias are a common type of anxiety disorder characterized by an intense and irrational fear of specific objects, situations, or activities. These fears can be overwhelming and may lead to significant distress and impairment in daily life. Phobias can manifest in various forms, such as specific phobias (e.g., fear of spiders, heights), social phobia (fear of social situations), and agoraphobia (fear of being in public places) (American Psychiatric Association [APA], 2013).

Definition: Phobia refers to an excessive and persistent fear or anxiety triggered by a specific object or situation, resulting in an avoidance or intense distress when encountering the feared stimulus. The fear associated with a phobia is typically disproportionate to the actual threat posed by the stimulus and can significantly interfere with an individual's daily functioning (APA, 2013).

Social phobia, often used interchangeably with social anxiety disorder, refers to an excessive and irrational fear of social or performance situations, leading to avoidance and significant impairment in an individual's functioning (APA, 2013).

1.3.1 Specific phobia

Specific Phobia is a common anxiety disorder characterized by an excessive and irrational fear or anxiety related to a specific object, situation, or activity. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) provides the following criteria for diagnosing specific phobia (American Psychiatric Association, 2013).

Individuals with specific phobia experience intense fear or anxiety when exposed to or anticipating the specific object or situation (American Psychiatric Association, 2013).The fear or anxiety response is immediate and out of proportion to the actual danger posed by the phobic stimulus (American Psychiatric Association, 2013). People may exhibit avoidance or distress. The fear, anxiety, or avoidance associated with specific phobia typically lasts for six months or more (American Psychiatric Association, 2013). The phobia causes significant impairment in daily functioning, leading to difficulties in work, school, or social situations (American Psychiatric Association, 2013).

Specific phobias can involve a wide range of specific objects or situations, such as animals, natural environments, blood or injections, and specific situations like flying or heights (American Psychiatric Association, 2013). It is important to note that specific phobias are not just normal fears; they cause significant distress and impairment in an individual's life. Treatment options, such as cognitive-behavioural therapy and exposure therapy, can be effective in managing specific phobias and reducing the associated fear and avoidance behaviours.

1.3.2 Social Phobia

According to DSM-IV TH criteria, social phobia or "social anxiety disorder involves the fear of social situation, including situations that involve scrutiny in contact with strangers. social phobia represents a distinct condition. In terms of course, treatment, and patterns of comorbidity, from specific phobias. Individuals with social phobia typically fear embarrassing themselves in social situations, such as at social new

gathering, during oral presentations, or when meeting new people. They may have specific fears about performing certain activities, such as speaking or eating in front of others. The anxiety which appears in social situations becomes social phobia when the anxiety either prevents an individual from participating in desired activities or causes marked distress during such activities

The ICD has a similar approach to categorizing phobias as in DSM-IV-TR. Approximately 10 percent of individuals in the United States meet criteria for specific phobia. The condition is more commonly diagnosed in females than males. Prevalence estimates of social phobia vary widely, from 2 to 15 percent. Social phobia tends to have its onset in late childhood or early adolescence. Social phobia is typically chronic.

1.4 SELF ESTEEM

Self-esteem is a key component of psychological health and has a significant impact on how people think, feel, and act. It deals with a person's entire assessment and impression of their own value, worth, and skills. Self-acceptance, self-respect, and self-confidence are just a few examples of the thoughts and emotions that make up one's self-esteem. For many facets of life, including relationships, academic and professional achievement, and general mental health, a good sense of self-worth is essential. It affects how people view themselves, interpret criticism from others, and deal with difficulties and failures. A person's assertiveness, resilience, and capacity to pursue their goals are all influenced by their sense of self-worth.

According to Rosenberg (1965), self-esteem is defined as a person's overall evaluation of their own worth or value. It reflects an individual's beliefs and feelings about

themselves, including their sense of self-worth, self-acceptance, and self-respect. Self-esteem plays a crucial role in shaping one's self-concept, influencing their thoughts, emotions, and behaviours. It involves having a positive and realistic view of oneself, feeling confident in one's abilities and attributes, and maintaining a sense of self-respect and self-approval (Mruk, 2006).

1.4.1 Characteristics of individuals with high self-esteem

Characteristics of individuals with high self-esteem encompass a range of positive traits and behaviours. Individuals with high self-esteem generally possess a positive and realistic view of themselves, recognizing their strengths, abilities, and worth (Rosenberg, 1965). They exhibit a sense of self-assurance and are more likely to assert themselves in social and interpersonal situations (Trzesniewski et al., 2006).

People with high self-esteem tend to be more resilient in the face of adversity, showing greater psychological strength and the ability to bounce back from setbacks (Baumeister et al., 2003).They often display an optimistic outlook, maintaining positive expectations for their future and the belief that they can overcome challenges (Orth et al., 2008). Individuals with high self-esteem tend to have healthier and more satisfying relationships, as they possess a greater sense of self-worth and are more capable of forming and maintaining positive connections with others (Orth et al., 2010). They demonstrate self-acceptance and self-compassion, accepting themselves for who they are, embracing their imperfections, and practicing self-care (Neff, 2003).

It is important to note that these characteristics can vary among individuals, and self-esteem is a complex and multifaceted construct influenced by various factors.

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1.4.2 illustration demonstrating the importance of self-esteem of individual from Maslow's hierarchy of needs.
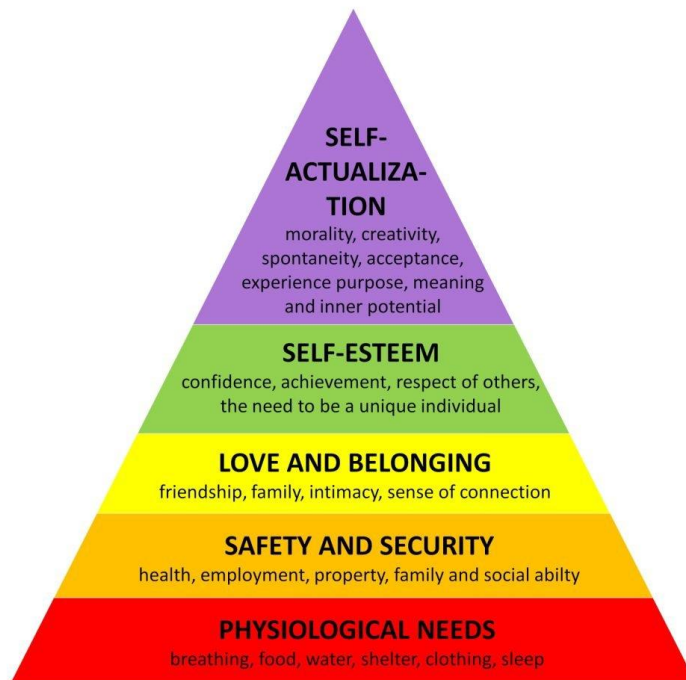
This represents the importance of self-esteem in-order to achieve self-actualization in life.

1.5 PREVALENCE OF SOCIAL ANXIETY AND SOCIAL PHOBIA AMONG COLLEGE STUDENTS: GLOBAL CONTEXT

Social anxiety and social phobia are prevalent mental health concerns that significantly impact college students worldwide. Understanding the global prevalence of these disorders among college students is essential for addressing mental health needs and developing effective interventions. This aims to explore the prevalence of social anxiety and social phobia among college students in a global context.

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Numerous studies conducted across different countries provide valuable insights into the prevalence of social anxiety and social phobia among college students on a global scale. While prevalence rates vary across studies, there is a consensus that these disorders are widespread among this population.

A study by Auerbach et al. (2018) conducted in 27 countries found that the estimated lifetime prevalence of social anxiety disorder among college students ranged from 7% to 29%. This wide range suggests variations in prevalence rates across different cultural and regional contexts.

Similarly, a meta-analysis by Alonso et al. (2018) examined the global prevalence of anxiety disorders, including social anxiety disorder, among college students. The analysis revealed an overall pooled prevalence estimate of 17% for anxiety disorders, with social anxiety disorder being one of the most commonly reported types.

Cultural factors play a crucial role in shaping the prevalence and manifestation of social anxiety and social phobia among college students on a global scale. Cultural norms, societal expectations, and the value placed on social interactions can significantly influence the experience and expression of these disorders in different cultural contexts. Factors such as collectivism versus individualism, attitudes towards social evaluation, and cultural stigma surrounding mental health may impact prevalence rates and help inform culturally sensitive interventions. Research conducted in various countries indicates that social anxiety and social phobia are prevalent among college students on a global scale. The estimated prevalence rates highlight the need for targeted mental health interventions and support services within college settings. Recognizing the influence of cultural factors is crucial for tailoring interventions to the specific needs of

college students from diverse cultural backgrounds. Further research is warranted to better understand the prevalence of these disorders across countries and regions, allowing for the development of effective global strategies to address social anxiety and social phobia among college students.

When prevalence estimates were based on the examination of psychiatric clinic samples. Social anxiety disorder and Phobia was thought to be a relatively rare disorder. The opposite was instead true; social anxiety was common but many were afraid to seek psychiatric help, leading to an understatement of the problem. Prevalence rates vary widely because of its vague diagnostic criteria and its overlapping symptoms with other disorders. There has been some debate on how the studies are conducted and whether the illness truly impairs the respondents as laid out in the official criteria. Psychologist Dr. Ray Crozier argues. Onset of social phobia typically occurs between 11 and 19 years of age. Onset after age 25 is rare. Social anxiety disorder occurs in females twice as often as males, although men are more likely to seek help. The prevalence of social phobia appears to be increasing among white, married, and well educated individuals.The experience of anxiety in social situations is very common, but generally it is not severe enough to interfere with psychosocial functioning (Dell'Osso et al., 2003). In social phobia, however, this fear is intense, leading to debilitating anxiety and/or avoidance of social situations. Social phobia is also responsible for disability in many areas, including social skills, work, and education (Chagas et al., 2010).

- Studies have reported a wide range of prevalence rates for SAD among college students, ranging from approximately 7% to 20% (Fehm et al., 2008; Furmark et al., 1999; Schlenker & Leary, 1982).

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- Rates may vary based on sample characteristics, assessment measures, and diagnostic criteria used.

Prevalence of Social Phobia:

- Social phobia, often considered synonymous with SAD, has been found to affect approximately 10% to 20% of college students (Fehm et al., 2008; Furmark et al., 1999).

- Rates may differ based on the specific population and measurement approaches employed in different studies.

Social anxiety disorder (SAD) is characterized by excessive fear and anxiety in social situations, leading to avoidance behaviors and impaired functioning (American Psychiatric Association [APA], 2013). It affects approximately 7% to 13% of the general population (Kessler et al., 2005). Similarly, social phobia, a term often used interchangeably with SAD, refers to an intense fear of social situations and performance situations, leading to avoidance and distress (APA, 2013). The prevalence of social phobia among college students ranges from 10% to 20% (Fehm et al., 2008; Furmark et al., 1999).

1.6 PREVALENCE OF SOCIAL ANXIETY AND SOCIAL PHOBIA AMONG COLLEGE STUDENTS: INDIAN CONTEXT

Understanding the prevalence of these disorders in the Indian context beyond Kerala is crucial for identifying the extent of the issue and developing appropriate interventions. This aims to explore the prevalence of social anxiety and social phobia specifically among college students in India, excluding the Kerala region.

Prevalence of Social Anxiety and Social Phobia in the Indian Context (Non-Kerala):

Limited research has specifically examined the prevalence of social anxiety and social phobia among college students in various parts of India. However, studies conducted in other Indian states provide insights into the prevalence rates in Indian context.A study by Singh, Kaur, and Singh (2021) investigated the prevalence of social anxiety disorder among college students in Punjab, India. The findings revealed a prevalence rate of 9.3%, indicating a substantial presence of social anxiety disorder among college students in this region. In another study conducted in Maharashtra, India, by Choudhari, Bhosale, and Bhamare (2020), the prevalence of social phobia among college students was examined. The study reported a prevalence rate of 8.6% for social phobia in this region, emphasizing the existence of social phobia as a mental health concern among college students in Maharashtra. Understanding the prevalence of social anxiety and social phobia among college students in the Indian context requires consideration of cultural factors that shape social interactions and expectations. India is a culturally diverse country, and various cultural factors, such as collectivism, familial influence, and societal norms, may impact the experience and expression of social anxiety and social phobia among college students in different regions of India.While research specific to the prevalence of social anxiety and social phobia among college students in non-Kerala regions of India is limited, available studies suggest notable rates of these disorders. The findings highlight the need for increased awareness, assessment, and targeted interventions to support college students across various Indian states. Further research is required to explore the prevalence rates in different regions and cultural contexts within India, enabling the development of tailored strategies to address social anxiety and social phobia among college students nationwide.

1.7 PREVALENCE OF SOCIAL ANXIETY AND SOCIAL PHOBIA AMONG COLLEGE STUDENTS: KERALA CONTEXT

Research on the prevalence of social anxiety and social phobia in Kerala is limited but emerging. Studies conducted in India suggest that the prevalence of social anxiety disorder ranges from 2.2% to 4.4% (Reddy et al., 2017). However, specific data pertaining to the Kerala context are scarce, necessitating further investigation.

One relevant study by Menon et al. (2019) examined the prevalence of social anxiety among college students in Kerala. The research indicated that approximately 12.7% of the participants exhibited symptoms consistent with social anxiety disorder, highlighting the significance of this condition among the youth population in Kerala. However, larger-scale studies encompassing diverse age groups and populations are needed to establish a comprehensive understanding of the prevalence rates.

Similarly, research on social phobia prevalence in Kerala remains limited. A study by Verma et al. (2020) explored the prevalence of social phobia among adolescents in India, including participants from Kerala. The findings indicated a prevalence rate of 6.7% among the sample, emphasizing the existence of social phobia as a mental health concern in this region. However, more extensive studies are required to determine the prevalence and specific factors contributing to social phobia in the Kerala population.

Understanding the prevalence of social anxiety and social phobia in the Kerala context requires consideration of cultural factors that shape social interactions and expectations. Kerala has a collectivistic culture, emphasizing close-knit social relationships, family bonds, and community-oriented lifestyles. Cultural norms and societal expectations may influence the experience and expression of social anxiety and social phobia in

unique ways. Cultural sensitivity and context-specific research are crucial to comprehensively understand the prevalence rates in Kerala.

While research on the prevalence of social anxiety and social phobia in the Kerala context is limited, preliminary findings suggest that these disorders are prevalent among certain populations, such as college students and adolescents. However, more extensive studies encompassing diverse age groups and regions within Kerala are necessary for a comprehensive understanding. Additionally, considering cultural factors is essential for interpreting prevalence rates accurately and designing culturally appropriate interventions to address social anxiety and social phobia in Kerala.

1.8 CONCLUSION

Many individuals nowadays deal with social anxiety difficulties on a daily basis ,with students and the working population suffering the greatest levels. The student's perception of themselves at college is influenced by a variety of elements, including their physical appearance, academic standing, social media following, and acceptance by their peers. As a result, majority of the students to feel accepted, social appearance matters much. "Social Interaction Anxiety" (SIA), a subtype of social anxiety, study aims to widen the field of inquiry into how social anxiety and social phobia affect college students' sense of self-worth. Few research have been done on these factors in an Indian setting, hence there aren't many. The purpose of this study is to investigate the association between college students' self-esteem and social anxiety, social phobia. The major goal of this study is to determine how college students' self-esteem is influenced by social anxiety, social phobia, and other mental health issues. Additionally,

it raises awareness of how crucial it is to comprehend and accept oneself as well as the mental state in which one is now living. It also helps to evaluate one's level of anxiety, phobia, and self-esteem in order to receive therapy or to comprehend one's own sense of self-worth in order to make successful, positive adjustments.

CHAPTER 2
REVIEW
OF LITERATURE

2.1 INTRODUCTION

Review of literature helps the researcher to identify the research gap and it helps to review all other studies conducted in the similar topics, it also helps to find the limitations of the study. It also throws light to the existing theoretical base, and the need for the extension of unfilled gaps in a particular area. Review helps a researcher to prevent the duplication of work, helps to contribute new insight and knowledge in the field of study. In-order to Establish the context, identifying research gaps, directing research objectives and questions, developing hypotheses or conceptual frameworks, guiding methodological considerations, bolstering the justification and significance of the study, and avoiding plagiarism are all important functions of the review of literature in research. It is a crucial element that influences the conception, execution, and analysis of research investigations. For the purpose of research on the topic "A study on the influence of social anxiety and social phobia on the self-esteem among college students" the researcher reviewed more than 25 articles from past 20 years 2003-2023, the review is as follows:

Social anxiety and social phobia are prevalent psychological disorders that can significantly impact individuals' lives, especially during the critical transitionary phase of college. Understanding the influence of social anxiety and social phobia on college students is crucial for developing effective interventions and support systems. This literature review aims to synthesize existing research on this topic, highlighting the key findings and implications.

2.2 SOCIAL AND INTERPERSONAL IMPACT OF SOCIAL ANXIETY AND SOCIAL PHOBIA

The influence of social anxiety and social phobia extends beyond academics and impacts various aspects of college students' social and interpersonal lives. A study by Rodebaugh et al. (2004) indicated that social anxiety was associated with decreased social support and increased loneliness among college students. Furthermore, social anxiety and social phobia were found to be significant barriers to forming new friendships and engaging in social activities (Brook & Schmidt, 2008; Kashdan et al., 2011). The social impairments associated with these disorders can lead to feelings of isolation, reduced social functioning, and poor quality of life among college students.

Abbas, A.K. & Abdullh, M.N. & Yase, B.S. (2018). The study titled social anxiety among nursing students in college".The purpose of this study is to ascertain the incidence of social phobia among nursing college students and the association between social phobia and demographic factors. In order to ascertain the prevalence of social phobia among nursing college students at Al-Qadisiyah University between April 1 and December 1, 2017, a descriptive analytic investigation was conducted throughout the current study. 25 students from each stage were included in the research's disproportional stratified sample of 100 students, and the results showed that the imply equal between male and female (50%), the study results are (55%) that are (19-24) years within age groups. The bulk of the research sample's residents (63% of them) live in cities, and 94% of them are single. According to the study's findings, the disclose stage or grade is equal (25%). The students' age and marital status also have a big impact on

how socially anxious they are. The majority of the research sample (62%), according to study data, had significant levels of social phobia. The study's findings also indicated that social phobia is prevalent among nursing college students and that it is correlated with age, marital status, and stage of life. The study finds that social phobia has a significant negative impact on nursing college students, with the bulk of this impact occurring in the first and second stages while decreasing in the third and fourth.

2.3 TREATMENT AND INTERVENTIONS

Identifying effective interventions for social anxiety and social phobia in college students is essential for promoting their well-being and academic success. Cognitive-behavioral therapy (CBT) has demonstrated promising results in reducing social anxiety symptoms among college students (Heimberg et al., 2010). In addition, group therapy and self-help interventions have shown efficacy in improving social functioning and reducing social anxiety symptoms (Morrison et al., 2012; Schmidt et al., 2014). These interventions highlight the importance of providing accessible and evidence-based treatments to address the specific needs of college students with social anxiety and social phobia.

2.4 SOCIAL ANXIETY AND SELF ESTEEM AMONG COLLEGE STUDENTS

(Murad, O. S. (2020). In the article titled "Social Anxiety in Relation to Self-Esteem among University Students in Jordan" He explained that People who struggle with social anxiety often exhibit a variety of behavioural qualities that are detrimental to their personality traits and self-esteem, such as anxiousness, apprehension, worry, and concern. The purpose of his investigation was to establish a link between university students' social anxiety and self-esteem. In order to do this, the he used a descriptive correlation method. On a sample of 334 Jordanian university students, social anxiety and self-esteem questionnaires were used. The findings of the study demonstrated that individuals had high levels of self-esteem and little social anxiety. Furthermore, individuals' self-esteem and social anxiety levels showed a statistically significant negative association. For new students at the start of each academic year, the research suggested hosting workshops and seminars to help them feel less overwhelmed. The research was able to analyse the Impact of social anxiety on self-esteem of University Students in Jordan.

Xiahong He(2022)."Relationship between Self-Esteem, Interpersonal Trust, and Social Anxiety of College Students" In this study attempts to disclose the relationship between self-esteem, interpersonal trust, and social anxiety of college students and provide an empirical reference for enhancing their self-esteem, cultivating their interpersonal trust, and reducing their social anxiety. Specifically, 673 college students were randomly sampled and measured against the self-esteem scale (SES), interpersonal trust scale

(TS), and interaction anxiousness scale (IAS). The results show that self-esteem does not vary significantly with genders and origins; social anxiety does not vary significantly with origins but differs significantly between genders; the social anxiety of males is much lower than that of females; interpersonal trust differs significantly between genders and between origins. Self-esteem is significantly correlated with interpersonal trust ($r = 0.22$, $p < 0.01$). Social anxiety has a significant negative correlation with self-esteem ($r = -0.17$, $p < 0.01$) and with social anxiety ($r = -0.26$, $p < 0.01$). Interpersonal trust partly mediates the relationship between self-esteem and social anxiety. These findings provide a theoretical basis for enhancing and improving mental health education of college students.Interactional anxiety scale (IAS) and interpersonal trust scale (TS). The findings demonstrate that self-esteem is constant. social anxiety varies greatly between genders but not significantly with origins, while it does not.genders, with men experiencing far less social anxiety than women; Interpersonal trust varies greatly between the sexes.between origins, too. Interpersonal trust and self-esteem are substantially associated ($r = 0.22$, $p\ 0.01$). Having a social anxiety Significantly low self-esteem ($r = -0.17$, $p\ 0.01$) and social anxiety ($r = -0.26$, $p\ 0.01$) were correlated negatively. A portion of the association between self-esteem and social anxiety is mediated by interpersonal trust. These results offer a theoretical foundation for strengthening and increasing college students' mental health education.

Ch, Harsha. (2023). "Self Esteem and Achievement Anxiety among College Students" the goal of the his study was to evaluate the connection between college students' achievement anxiety and self-esteem. The research design was correlational. The data collection method employed was the snowball sampling technique. Using Google forms, 103 individuals from a variety of Bangalore colleges 103 undergraduates and

103 postgraduates were selected as a sample. The participant's age ranged from 18 to 25 years. Self-esteem measure (Rosenberg,1965) and Achievement Anxiety test (Alpert and Haber, 1960) were utilised as study tools. Using SPSS, regression analysis and Spearman rank correlation were carried out. The findings showed that among college students, self-esteem and success anxiety had no statistically significant association. Self-esteem has no discernible effect on college students' achievement anxiety. This statement is true.

2.5 SOCIAL ANXIETY AND ACADEMIC PERFORMANCE

LauraP.Jiménez-Mijangs, Jorge Rodríguez-Arce, José Javier Reyes-Lagos(2022) on the topic ("Advances and challenges in the detection of academic stress and anxiety in the classroom: A literature review and recommendation").In recent years, stress and anxiety have been identified as two of the leading causes of academic underachievement and dropout. However, there is little work on the detection of stress and anxiety in academic settings and/or its impact on the performance of undergraduate students Moreover, there is a gap in the literature in terms of identifying any computing, information technologies, or technological platforms that help educational institutions to identify students with mental health problems. This paper aims to systematically review the literature to identify the advances, limitations, challenges, and possible lines of research for detecting academic stress and anxiety in the classroom. Forty-four recent articles on the topic of detecting stress and anxiety in academic settings were analyzed. The results show that the main tools used for detecting anxiety and stress are psychological

instruments such as self-questionnaires. The second most used method is acquiring and analysing biological signals and biomarkers using commercial measurement instruments. Data analysis is mainly performed using descriptive statistical tools and pattern recognition techniques. Specifically, physiological signals are combined with classification algorithms. The results of this method for detecting anxiety and academic stress in students are encouraging. Using physiological signals reduces some of the limitations of psychological instruments, such as response time and self-report bias. Finally, the main challenge in the detection of academic anxiety and stress is to bring detection systems into the classroom. Doing so, requires the use of non-invasive sensors and wearable systems to reduce the intrinsic stress caused by instrumentation.

Kristen A. Archbell, Robert J. Coplan (December 30, 2021) on the topic (Too Anxious to Talk: Social Anxiety, Academic Communication, and Students' Experiences in Higher Education). Social anxiety is related to a host of negative student outcomes in the educational context, including physical symptoms of anxiety, reduced cognitive functioning, and poor academic performance. Despite the prevalence of social anxiety, little is known about mechanisms that may underlie associations between social anxiety and outcomes in the context of higher education. Therefore, the goal of this study was to evaluate a conceptual model linking social anxiety, communication with peers and instructors, students' experiences (i.e., engagement, connectedness, and satisfaction), and indices of socio-emotional functioning at university. Participants were 1,073 undergraduate students (Mage = 20.3 years, SD = 3.49) who completed a series of self-report measures. Among the results, social anxiety was negatively related to communication with instructors, socio-emotional functioning, and student experiences,

and academic communication accounted for significant variance in the links between social anxiety and student experiences. In addition, there was at least some evidence that student experiences partially mediated the association between social anxiety and socio-emotional functioning. Gender effects suggest that social anxiety is related to less communication with instructors, lower engagement and satisfaction, and poorer socio-emotional functioning among females compared with males. Results are situated within current literature examining social anxiety in education. The discussion provides concrete suggestions for educational practitioners to increase support for students who experience social anxiety.

Nadeem, et.al (2017) this paper was based on a study that was designed to study "The impact of Anxiety on the Academic Achievement of students at University level in Bahawalpul, Pakistan. Being a Descriptive study, survey method was adopted for data Collection to find out the results. For sample size out of 200 students 97 students were selected by stratified sampling. The researcher Made three group of all the students and three groups of male and female students. In this research question is self-administering test Of mental ability and anxiety measurement scale was selected as an instrument for the purpose of data collection. The findings obtained Through this analyzed data revealed that anxiety had its impact on academic Achievement of students. The results show that when Anxiety increases academic achievements decreases both in male and female students. It is also noteworthy in the results that there is more impact of anxiety on female students is compared to male students.

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Numan and Hasan (2017) studied on effect of study Habits on Test Anxiety and academic achievement of undergraduate students. The current study was conducted to investigate the 19 effect of study habits on test anxiety and academic achievement of undergraduate Students. A purposive sample comprised of 180 undergraduate students (84 boys & 96 girls) was drawn from a public university. The Findings revealed that students having effective study habit experience low level of test anxiety and perform better academically than Students having ineffective study habits. It was also indicated that girls also experience higher level of test anxiety as compared to Boys. The findings also highlighted that girl exhibit better study habits and excel more academically than boys. Correlation analysis Indicated significant positive relationship between study habits and academic achievement and test anxiety was negatively correlated With academic achievement and study habits.

Kanhaiyalal P. Damor (2017) based on studying the anxiety of Gujarat's higher secondary school students. The aims of this research are (1) to study the anxiety of students of higher secondary school, (2 & 3) to study the key effects of gender and area on the anxiety of students of higher secondary school, and (4) to study the interaction effects of gender and area on the anxiety of students of higher secondary school. The research population were students studying in the Higher Secondary Schools of Gujarat State in the year 2014-15. Thus, 3000 higher secondary school students were chosen from the population by a random sampling process. The research will refer to the fields of Psychological Studies. It was an integrated method of study in nature as well as a normative survey. The Desai Anxiety scale was used as a guide. Collected data from

the use of SPSS-15. There is no difference between the anxiety of boys and girls as well as urban and rural students at Gujarat Higher Secondary School, as a result of this study.

Brook, C. A., & Willoughby, T. (2015). "The Social Ties That Bind: Social Anxiety and Academic Achievement Across the University Years". In Journal of Youth and Adolescence, He explains the defining characteristics of social anxiety, such as fear of negative evaluation and distress and avoidance of new or all social situations, may be especially detrimental in the social and evaluative contexts that are essential to university college life given that engagement and integration in university/college are considered key to successful academic achievement. Because of this, the aim of this study was to evaluate both the direct impacts of social anxiety on academic accomplishment as well as an indirect mechanism via which social anxiety could have an impact on academic achievement, namely the development of new social bonds in higher education. The participants were 942 students enrolled at a mid-sized institution in Southern Ontario, Canada (M = 19 years at Time 1; 71.7% female). Annual evaluations of students' social relationships, social anxiety, and academic success for three years running. An autoregressive cross-lag path analysis revealed a strong and adverse direct link between social anxiety and academic success. Also notable was the reversal of effects (i.e., the indirect influence of academic accomplishment on social anxiety through social links), which showed a negative indirect effect of social anxiety on academic achievement. These findings underline how important social connections seem to be for achieving academic achievement and reducing the negative impacts of social anxiety while in college or university.

Recent studies using DSM-IV criteria have found social phobia to be highly prevalent, and it has been proposed that social phobia and social impairment associated are a

significant public health problem (Abou-Saleh et al., 2001, Andrade et al., 2002, Slade and Andrews, 2001). However, reported social phobia prevalence varies across studies (Stein, 2006), probably due to cultural aspects and variations in methods of assessment, including interview method (in-person or over telephone), rater experience, and diagnostic criteria (ICD vs. DSM) (Lecrubier et al., 2000, Stein and Stein, 2008). Another factor that influences prevalence measures is the number of phobic situations evaluated. As revealed by the National Comorbidity Survey (Kessler et al., 1998), more evaluations may lead to greater diagnostic sensitivity.

Public speaking is the most common social fear in both healthy subjects and individuals with social phobia (Ruscio et al., 2008, Tillfors and Furmark, 2007). Despite the fact that public speaking is a common academic activity and that social phobia has been associated with lower educational achievement (Davidson et al., 1994, Schneier et al., 1992) and impaired academic performance (Turner et al., 1986), little research has examined the prevalence of social phobia in college students

(Beidel et al., 1989, Tillfors and Furmark, 2007). The aim of this study was to describe the prevalence of social phobia in a large sample of Brazilian college students and to gauge the objective academic impact of this disorder.

2.6 SOCIAL ANXIETY AND PHYSICAL ACTIVITY LEVEL

Mingxiao Ju, Wenbing Yu, Xiaojie Tao et al. (2021) Study titled "Relationships between physical activity and social anxiety levels among college students in China".In this study he says that, one of the most prevalent mental health issues today, social anxiety,

may be substantially reduced by physical activity (PA).psychological interventions that work. The frequency, intensity, and duration of exercise were investigated in this study in connection to social anxiety. His study was a cross-sectional study conducted in colleges. For this study, a sample of 844 college students from six institutions in Qingdao, Shandong Province, China, was taken. The Physical Activity Rating Scale-3 was used to measure the participants' daily physical activity, and the Liebowitz Social Anxiety Scale was used to measure their degree of social anxiety. To learn the key traits of the participants, a survey questionnaire was created. This study also looked at the effects of physical activity components (frequency, duration, and intensity) on motion characteristics and degrees of social anxiety.Additional research was done to see if engaging in physical activity helped college students' levels of social anxiety. Using the PROCESS macro for SPSS, moderation was finally examined, and non-linear index fitting was used to assess the link.In his studies, the findings showed a substantial inverse relationship between exercise intensity (I) (F = 24.35, p 0.01), exercise frequency (F) (F = 16.31, p 0.01), and exercise duration (D) (F = 9.8, p 0.01). This post hoc analysis revealed that the SA level of Intensity 1(I1) was significantly higher than that of Intensity 3(I3) and Intensity 5(I5), as well as that of Frequency 1(F1), which was significantly higher than those of Frequency 3(F3) and 5(F5). Furthermore, Duration 1's (D1) SA level was substantially greater than that of Duration 3's (D3) and Duration 5's (D5). Additionally, there was a significant negative correlation between the overall scores for SA and physical activity (p 0.01).So as a solution, it is proven that physical activity can alleviate social anxiety among university students. The most beneficial and optimized exercise plan: Moderate intensity, once or twice a week, and 21–30 minutes of exercise per session may reduce social anxiety.

Hayden, D. J. (2022). In the study titled "Examining the relationship among physical activity, stress, depression, and anxiety in college students", he confirms that College campuses have seen a steady rise in mental health issues, with research consistently showing that racial minorities and poor socioeconomic groups are more affected and require more care than their peers. On the other hand, PA has repeatedly been linked to results that are good for mental health. To better the wellbeing of college students, it is crucial to understand the connections between race, socioeconomic background, and PA as well as their own experiences on campus. This dissertation from two studies aimed to investigate these connections. In study one, the effects of race, parental education (a proxy for SES), and PA on mental health were examined.

The majority of the information was gathered before COVID-19 limitations were put in place at a sizable Midwest university. Racial, parental, and PA differences in mental health levels were predicted, and this prediction was partially confirmed. Results revealed that low SES individuals had considerably greater levels of depression, whereas PA was linked to reduced levels of stress and anxiety.Utilising an extended sample of students from a big Midwest institution and a smaller East Coast university, research 2 aimed to confirm the findings of study one and explore the associations in the context of a diathesis-stress model that incorporates PA. In addition to confirming study 1's findings, research two produced a number of themes that indicated typical challenges faced by college students and how they overcame those challenges. A partial correlation between race, SES, PA, and mental health was predicted. There were notable disparities in mental health across different levels of PA, and individuals whose parents or guardians with lower levels of education reported greater levels of worry. The third

objective of this study was to map the aforementioned association onto a PA moderating model based on an adapted diathesis-stress model, encompassing variables of race, parental education, depression, stress, and anxiety. The data did not support this association. Interesting topics relating to the college student experience and campus resources emerged from the free response responses. Focus groups contributed to this by talking about issues including the COVID-19 epidemic, mental health, and suggestions for prospective students. While COVID-19 pandemic limitations were in effect, data from study 2 was gathered. Overall findings contributed to a greater understanding of the COVID-19 experience on college campuses as well as the connections between race, parental education, PA, and mental health. The development of social ties was crucial for students' wellness. Students also discussed challenges they had using the campus's mental health services and other resources.

2.7 SOCIAL ANXIETY AND INTERNET ADDICTION

Ye, S., Cheng, H., Zhai, Z., & Liu, H. (2021). The study titled "Relationship between social anxiety and internet addiction in Chinese college students controlling for the effects of physical exercise, demographic, and academic variables. Frontiers in Psychology" By controlling for the impacts of physical activity (PE), demographic, and academic characteristics, the goal of this study is to determine the association between social anxiety (SA) and internet addiction (IA) in a group of Chinese college students. 4,677 students from five important areas of China made up the survey's sample. The results showed that: (1) SA had a direct relationship with IA; (2) regular and active

physical activity can effectively reduce SA and IA; (3) the level of SA and IA is strongly correlated with sex; (4) the levels of SA and IA vary among students of different majors; and (5) students who are in the middle of their academic careers are more likely to have IA than those who are in the beginning. This study seeks to investigate the association between social anxiety (SA) and internet addiction (IA) in a sample of Chinese college students by adjusting for the impacts of PE, demographic, and academic characteristics. The results showed that: (1) SA had a direct impact on IA; (2) regular and active physical activity can effectively reduce SA and IA; (3) the level of SA and IA is strongly correlated with sex; (4) the levels of SA and IA vary among students of different majors; and (5) students in the middle of their academic careers are more likely to have IA than those in the beginning. The study is noteworthy since there aren't many studies that talk about how PE affects SA and IA. The study also discovered that college students with more PE would have lower SA levels and a decreased likelihood of IA.

2.8 SELF ESTEEM AND PHOBIA

Zan, Hossam & Khudhair, Ali. (2018)." Impact of social phobia upon self-esteem of nursing collegians' in Iraq" The purpose of this study is to evaluate how social phobia affects nursing students' sense of self-worth. Methodology: The University of Baghdad, Karkuk, Thi-Qar, and Kufa nursing colleges conducted a cross-sectional study between February 8 and September 25, 2011. By separating Iraq into three geographical regions (South, North, and Middle Euphrates) in addition to Baghdad, a sample of all first-class nursing college students (N=330) were chosen from a random sample of nursing colleges. The data were gathered using the self-administered technique, with the help of a questionnaire that is divided into three sections: the socio-demographic data form, the Index of Self-Esteem Scale (ISE), and the Social Phobia Inventory (SPI) Scale and

Social Interaction Anxiety (SIA) Scale. The socio-demographic data form was the first section of the questionnaire. A pilot study was used to assess the questionnaire's validity, and a panel of 17 experts was assembled to establish its reliability. Through the use of descriptive and inferential statistical analysis techniques, the data were statistically characterised and analysed. He got the results in a way that index of self-esteem scale had an impact of 80%, the social interaction anxiety scale had an effect of 15%, and the social phobia inventory had an effect of 5.8%. Social anxiety significantly lowers nursing students' self-esteem. The majority of nursing college students, according to the study, have low self-esteem, and social anxiety is likely a factor in this finding. The study suggested developing and implementing educational programmes for secondary school teachers about how to lessen social phobia among their students. It also suggested giving students opportunities to participate in organisations, conferences, and study projects to improve their level of self-esteem.

2.9 CONCLUSION

The impact of social anxiety and social phobia on college students is thoroughly discussed in this research review. It emphasizes how common these diseases are among college students and how damaging they are to academic success, interpersonal relationships, and general wellbeing. The causes of social anxiety and social phobia in college students need to be better understood via increased research. Future research should also concentrate on assessing the efficacy of therapies designed particularly for this demographic, with the goal of reducing symptoms and improving their college experience.

By reviewing literatures researcher was able to find the research gap, regarding the subject of the study titled "A study on the influence of social anxiety and social phobia on self- esteem among college students" . There is only minimum number of studies regarding the relationship between self-esteem, social phobia, and social anxiety. So, researcher arrived at the conclusion to add more knowledge base in this area of study, through this research.

CHAPTER 3

RESEARCH

METHODOLOGY

3.1 INTRODUCTION

Methodology should not be a fixed track to a fixed destination but a conversation about everything that could be made of happen

(j. c. Jones, design Methods, 1970-1992)

This chapter deals with the methodology of the research. Research methodology is the work plan of research which give the path to success of the research. It gives an overall idea of the research the significance of the topic, objectives, definition of concepts, hypothesis, research design, methods and tools of data collection, universe and sampling etc. This section provides the reader to critically value the validity of the research. It discusses various aspects of the research. It deals with the statement of the problem behind the research and points out the significance of the study. The research objectives, both general and specific are mentioned here. The different concepts which are used in the research are defined both theoretically and operationally. The researcher also states the universe of the study, sampling procedure and sample size. The exclusion and inclusion criteria of the sample of the universe is clearly defined. The tools used for data collection, data analysis and interpretation are mentioned in this chapter. The chapter also mention about the challenges faced by the researcher and the limitations of the study.

3.2 STATEMENT OF THE PROBLEM

The influence of social anxiety and social phobia on self-esteem among college students has gained increasing attention in research and clinical practice. However, there is still a need for a comprehensive understanding of how these psychological factors interact and affect the self-esteem of college students. Exploring this relationship is vital for identifying potential vulnerabilities, informing interventions, and ultimately promoting mental health and academic success among this population. This study specifically aims to investigate the effects of various anxiety disorders on the academic performance, interpersonal interactions, and general wellbeing of college students. This study intends to answer the following questions. What effects do social phobia and anxiety have on college students' grades, participation in class discussions, and overall educational experience? What effects do social phobia and social anxiety have on college students' social contacts, such as making new friends, taking part in events, and general social functioning? So it is important to address the research gap, on this particular topic. In this study the researcher analysed the social anxiety and social Phobia problems experienced by college students**.** This study intended to measure the level of social anxiety, social phobia and self -esteem, of college students. Also, to investigate the relationship between social anxiety and Social Phobia in accordance with Self -esteem of college students. The research will add to the body of knowledge on anxiety disorders among college students and help create support and intervention programmes that are effective and catered to the requirements of this demographic.

3.3 SIGNIFICANCE OF THE STUDY

This study has following significance:

- Determining Risk Factors: The study identifies possible risk factors for low self-esteem in college students, particularly those associated with social anxiety and social phobia. With this information, early detection, prevention, and intervention measures for people who are susceptible to these illnesses can be more effectively implemented.

- Planning Intervention: By examining the impact of social anxiety and social phobia on self-esteem, the study can contribute to the development of targeted interventions and treatment approaches. Understanding the specific challenges faced by college students can enable mental health professionals to design effective therapies, support systems, and coping strategies to improve self-esteem and overall well-being.

- Academic Performance and Social Integration: Social phobia and anxiety can have a big impact on college students' social integration and academic performance. The study can offer insightful information about how these circumstances affect students' capacity for social interaction, academic activity participation, and other aspects of college life.

- Support System Development: The results of this study can be used to guide the creation of support systems at colleges and universities. A supportive environment for students can be fostered by encouraging educational institutions to offer resources including counselling services, peer support groups, and awareness programmes to address social anxiety and social phobia.

- Increasing Awareness and Reducing Stigma: Studies in this field may help college students become more conscious of social phobia and anxiety. Understanding how these ailments affect self-esteem not only helps to eliminate stigma but also fosters empathy, resulting in a more welcoming environment that improves students' mental health.

- Understanding Social Anxiety and Social Phobia: The study contributes to the existing knowledge on social anxiety and social phobia, shedding light on their impact on college students. It helps researchers and mental health professionals gain a deeper understanding of these conditions and their consequences.

- Identifying Vulnerable Population: College students are a particularly relevant population to study, as this stage of life often involves significant social interactions and academic challenges. By examining the influence of social anxiety and social phobia on self-esteem specifically among college students, the study identifies a potentially vulnerable group that may require targeted interventions and support.

- Informing College Support Services: Colleges and universities can use the study's results to enhance their support services and create a more inclusive and understanding environment. By recognizing the relationship between social anxiety, social phobia, and self-esteem, educational institutions can develop policies, programs, and resources that address the specific needs of students facing these challenges.

- Promoting Awareness and Reduce Stigma: By highlighting the influence of social anxiety and social phobia on self-esteem, the study contributes to raising awareness about these mental health conditions. It helps reduce the stigma

associated with seeking help and fosters empathy and understanding among peers, educators, and the wider community.

By saying that this study holds significance in terms of increasing information, locating vulnerable groups, guiding interventions, assisting college services, and fostering mental health awareness and understanding. The study on how social anxiety and social phobia affect self-esteem in college students is important because it sheds light on the psychological health of students, identifies risk factors, directs intervention strategies, informs support systems, and helps to lessen stigma associated with mental health issues in college settings.

3.4 AIM OF THE STUDY

The aim of the study is to assess the level of social anxiety, social Phobia and self-esteem among college students and to find the relationship between social anxiety, social phobia and self-esteem among college students.

3.5 RESEARCH OBJECTIVES

General objective:

- To study the influence of social anxiety and social phobia on self- esteem among college students.

Specific objectives:

- To study the socio-demographic profile of the respondents.
- To assess the level of social anxiety among college students.
- To assess the level of social phobia among college students.

- To assess the level of self-esteem among college students.

- To study the relationship between social anxiety and self-esteem among college students.

- To study the relationship between social phobia and self-esteem among college students.

3.6 DEFINITION OF CONCEPTS

In the study on the influence of social anxiety and social phobia on self-esteem among college students, several key concepts are central to understanding the research. Here are the definitions of these concepts:

The study investigated how social anxiety and social phobia affect the self-esteem of college students. By examining the relationship between these psychological factors, reader can gain insights into the impact of social anxiety and social phobia on the self-perception and self-worth of individuals within the college student population.

THEORETICAL DEFINITION

Social Anxiety:

Social anxiety, also known as social anxiety disorder (SAD), refers to an excessive and persistent fear or anxiety related to social situations. Individuals with social anxiety experience intense fear of being embarrassed, judged, or humiliated in social interactions or performance situations. This fear often leads to avoidance behaviours, impacting their daily functioning and quality of life. - **American Psychiatric Association. (2013).** Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

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OPERATIONAL DEFINITION

In the present study, social anxiety is the level of anxiety or discomfort experienced by college students   in social interactions or situations, assessed using the Social Interaction Anxiety Scale (SIAS). The SIAS is a self-report scale consisting of items related to fear, distress, and avoidance in social situations. Scores on the SIAS can range from 0 to 80, with higher scores indicating higher levels of social anxiety.

THEORETICAL DEFINITION

Social phobia:

Social phobia, or social anxiety disorder, is characterized by an intense fear of social situations in which the individual may be exposed to possible scrutiny by others. It involves excessive self-consciousness and a persistent concern about being embarrassed, humiliated, or negatively evaluated by others. The fear often leads to avoidance of social interactions or enduring them with significant distress. - National Institute of Mental Health. (2021).

OPERATIONAL DEFINITION

In the present study, social phobia is the level of phobia or fear experienced by college students in social interactions or situations, assessed using the Social phobia scale. Scores on the SPS can range from 0 to 80, with higher scores indicating higher levels of social anxiety.

THEORETICAL DEFINITION

Self esteem

Self-Esteem:

According to **Rosenberg (1965),** "self-esteem is one's positive or negative attitude toward oneself. and one's evaluation of one's own thoughts and feelings overall in relation to oneself. Self-esteem is. regarded as a personal psychological characteristic relating to self-judgment based on one's values."

OPERATIONAL DEFINITION

In the present study, self-esteem of college student is the overall evaluation of their own self-worth and self-acceptance, assessed using Rosenberg Self-Esteem Scale. Scores on the scale can range from 0 to 30, with higher scores indicating higher levels of self-esteem.

THEORETICAL DEFINITION

College:

College is defined as, a place where students go to study or to receive training after they have left school. - **Oxford Learners Dictionary**

Students:

Student is defined as, a person who is studying at a school, especially a secondary school- **Oxford Learners Dictionary**

OPERATIONAL DEFINITION

In this study, college students is those who currently enrolled in a recognized and accredited higher education institution, such as a university or college, pursuing undergraduate, other courses or graduate studies in Ernakulam and Palakkad districts.

3.7 HYPOTHESIS

H1: There is a significant relationship between social anxiety and self- esteem among college students.

H2: There is a significant relationship between social phobia and self- esteem among college students.

H3: There is a significant difference between male and female college students in their self -esteem

H4: There is a significant variance in the male and female college students in their social phobia.

H5: There is a significant variance in the male and female college students in their social anxiety.

3.8 RESEARCH DESIGN

A good research design is one which minimizes bias and maximizes the reliability of data. The researcher adopted cross sectional descriptive research design for the study. This research design is concerned with describing the characteristics features of a particular individual or group of people. It is helpful to identify the study with specific prediction narration of facts & characteristics in concerned with individual, group or situation. It is important that the researcher must be able to clearly define the measures

& method with the clear-cut definition of population which the researcher wants to study.

- Can obtain information on the degree of social anxiety, social phobia and self-esteem of college students, both male and female who fall in the age group of 18-25 years in Kerala mainly focusing on Ernakulam and Palakkad districts.

- Enables to describe the relationship between social anxiety and self- esteem using quantitative method.

- Enables to describe the relationship between social phobia and self- esteem using quantitative method.

3,9 UNIVERSE

The universe of this study comprises college students, in the age group of 18-25 years in Ernakulam and Palakkad districts of Kerala.

3.10 SAMPLING

The term "sample" is prominently used in statistics and quantitative research as a descriptive term. A purposive sampling is a method of collecting samples by taking samples that are purposefully located around a location or Internet service. The researcher selected 80 respondents for the present study by using purposive sampling method. Students from different colleges across Ernakulam and Palakkad who were young adults between the age group of 18-25 irrespective of gender and subjects who could comprehend the scales that were administered to them.

3.10 INCLUSION AND EXCLUSION CRITERIA

Inclusion criteria:

✓ 80 college students of Ernakulam and Palakkad districts are included.

✓ College students of age group18-25 years are included.

Exclusion criteria:

✓ College students other than Ernakulam and Palakkad districts are excluded.

✓ Those who have been diagnosed with any type of psychological or psychiatric illnesses are excluded.

3.11 PILOT STUDY AND PRE-TEST

Pilot study involved collecting data from a small subset of the target population (e.g., a few college students from Ernakulam and Palakkad districts). A small-scale preliminary study was conducted to evaluate feasibility, duration, cost, adverse events, and improve upon the study design prior to performance of a full-scale research project. The pilot study enhanced the overall quality of the research.

Researcher collected data from 5 people (students of different colleges in Ernakulam and Palakkad districts) and found out that there is significant influence of social anxiety and phobia on self-esteem among college students.

3.12 TOOL OF DATA COLLECTION

The researcher used questionnaire for data collection the following list of tools used for data collection.

It is divided into 4 parts- Part A, Part B, Part C, part D. The questions had been sent to participates through Google forms,

Part A- includes socio-demographic questions: self-structured questionnaire was developed by researcher to collect personal profile of the respondents. They include Name, Age, Gender, Qualification, Annual income, Religion, Father's job, Mother's job, Father's Education, Mother's Education, Native place etc.

Part B- Social Interaction Anxiety Scale the scale consist of 20 items by using 5 point scale created **by R.P. Mattick (1997):** 0- Not at all, 1- Slightly,2-Moderate, 3-very,4-extremely.

Part C - Social phobia scale the scale consist of 20 items by using 5 point scale, Scale created by **J.C. Clarke (1998):** 0- Not at all, 1- Slightly,2-Moderate,3-very,4-extremely.

Part D - consists of Rosenberg s' self-esteem scale, the scale consists 10 items by using of 4 point Likert scale created by **Rosenberg(1965)**. A 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. The scale is believed to be uni-dimensional. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree.

3.13 METHOD OF DATA COLLECTION

- The researcher used, google forms to collect the data from the respondents.

3.14 DATA ANALYSIS AND INTERPRETATION

Data is analysed using Statistical Package for the Social Sciences (SPSS) package in which inferential statistics helped to make predictions or interpretations from the data. Descriptive statistics were employed to summarize and describe the data.

Specifically, the t-test and correlation analysis were used to examine relationships between variables and test for significant differences. The t-test was likely employed to compare means between groups or conditions, while correlation analysis assessed the strength and direction of relationships between variables under study. The results are pictorially represented using pie-chart and tables and percentage analysis is carried out.

3.15 LIMITATIONS

- The study only included 80 people, which is a rather small sample size. The findings may not be broadly applicable since this small sample may not accurately reflect the varied community of college students.

- Personal bias of the respondents might have crept in while answering the questions.

- The research used a cross-sectional methodology, which only records data at a particular moment in time. The capacity to establish causal connections or track changes in variables over time is constrained by this architecture.

- The increased number of questions, usage of 3 scales and socio-demographic questions created confusion and disinterest in participants.

3.16 CHAPTERISATION

Chapter I-Introduction

Chapter II-Review of Literature

Chapter III-Research Methodology

Chapter IV-Data analysis and interpretation

Chapter V-Findings, Discussions and Suggestions

CHAPTER 4
DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

In the chapter on data analysis and interpretation, the quantitative research's acquired data is systematically presented, examined, described, and interpreted. In order to determine the patterns and relationships of the obtained data in line with the goals of the study topic, data analysis and interpretation are performed. To determine if the hypothesis is accurate or not and to arrive at the results and conclusion, the researcher is assisted by the final analysis, description, and interpretation. In this study, 80 respondents who live in the districts of Ernakulam and Palakkad, provided the researcher with their data. The chapter is divided into four sections, the first of which deals with the respondents' sociodemographic profiles, the second section deals with analysis of data collected using social interaction anxiety scale (SIA scale), social phobia scale, and self-esteem scale. This section aims at assessing the level of social anxiety, social phobia and self-esteem among college students. Third section comprises of tests like correlation between social anxiety and self-esteem, and between social phobia with self-esteem. This section aims at finding the relationship between self-esteem and social anxiety, also between self-esteem and social phobia. Finally, the fourth section deals with t-test, which is done to compare the means of different variables.

4.2 Below tables shows the socio-demographic profile of the respondents

The first section of the chapter deals with the socio-demographic profile of the respondents which includes age of the respondents, gender, marital status, religion, annual income, education qualification, education level of parents and occupation of parents, native place 80 of respondents

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Table 4.3

Distribution of college students based on their age

Variable	Maximum	Minimum	Mean	Std. deviation
Age of the college students	25	18	22.28	1.653

Note. The total number of participants, N = 80.

Table 4.3 illustrates the , mean, standard deviation, minimum and maximum from 80 respondents:

The mean age of the respondents is 22.28 and standard deviation is 1.653. It also reflects that minimum age is 18, and maximum age of the total respondents is 25. From this we can understand a trend in age, of college students studying in various institutions in Ernakulam and Palakkad districts.

Table 4.4

Distribution of gender of the respondents

Gender	n	percent
Male	29	36.3
Female	51	63.8
Total	80	100.0

Note. The total number of participants, N = 80.

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Table 4.4 represents the gender of the respondents. It shows 36.3 percentage of the respondents are male, that is 29 respondents out of 80 and 63.8 percentage of the respondents are female, 51 respondents out of 80 are female. It indicates the disinterest of male college students to participate in similar studies or to invest time in such research activities. In a study titled "Does Gender Influence Online Survey Participation?" **William G.(2008).**Says that the response rate for female members was 36%, compared to a response rate for male faculty members of 24%. In other words, female faculty members contributed disproportionately to the respondent data set.

Table 4.5

Distribution of marital status of the respondents

Marital status	n	percent
Married	1	1.3
single	79	98.8
Total	80	100.0

Note. The total number of participants, N = 80.

Table 4.5 shows the marital status of the respondents. 1.3 percentage of the respondents are married, 98.8 percentage of the respondents are unmarried/single and there were no widows or divorced couples. The above data of marital status, it is clear that there is no much significant relation between marriage and social anxiety, social

phobia among college students. And the frequency shows that married students are

rare in colleges of Ernakulam and Palakkad districts.

Table 4.6

Distribution of annual income of the respondents

Annual Income	n	percent
10,000-50,000 55	55	68.8
50,000-1,00,000	11	13.8
1,00,0000-300000	14	17.5
Total	80	100.0

Note. The total number of participants, N = 80.

Table 4.6 represents the annual income of the respondents.

 The annual income is again categorized according to the class. 68.8 percentage of the

respondents who have annual income of range 10,0000 to 50,000 belongs to lower

class, that is 55 respondents belongs to lower class.13.8 percentage of the respondents

who have annual income between 50,000 and 1 lakh belongs to middle class, that is 11

out of 80 are middle class college students and 17.5 percentage of the respondents who

are having annual income in between 1 lakh to 3 lakh belongs to upper class. That is 14

respondents belongs to upper class. The studies and reports says that, it is not only the

children of daily wagers and migrant workers who are facing the problem of social

anxiety, and social phobia but also the people of lower class that is, the people who

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have an annual income below 1 lakh/ annum and also the middle class having 50,000/ annum based on the collected data.

Table 4.7

Distribution of education level of the respondent

Education level	n	percent
Graduation	37	46.3
Others	3	6.3
Post- graduation	38	47.5
Total	80	100

Note. The total number of participants, N = 80.

Table 4.7 shows that 46.3 percentage of the respondents are graduates, that is 37 respondents from 80 are graduates. 6.3 percentage of the respondents are pursuing, other courses that is 5 out of 80 belongs to other courses rather than graduation and post- graduation. 47.5 percentage of the respondents are post- graduates, that is 38 respondents are post-graduates. Majority of the respondents are post-graduated. Only 5 percent belongs to other courses. So this study includes social anxiety and social phobia and its relationship with self esteem of graduates, post graduates, and others.

Illustration 4.8

Distribution of native place of the respondents

NATIVE PLACE
80 responses

ERNAKULAM
PALAKKAD

13.7%

86.3%
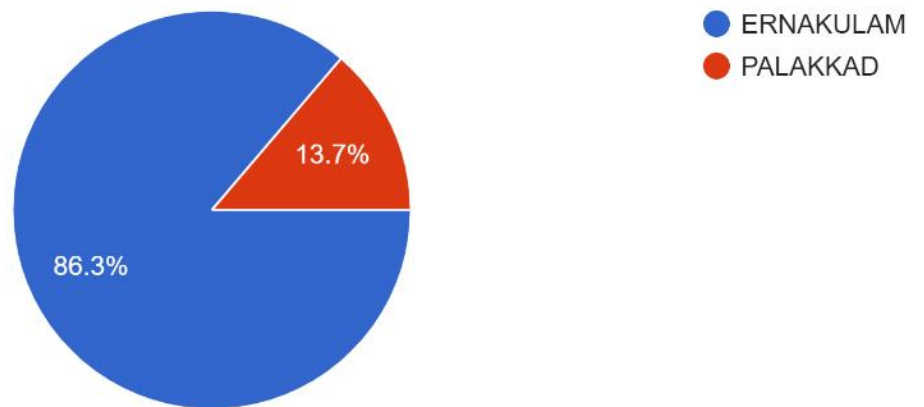
The illustration 4.8 shows that 86.3 percentage respondents are from Ernakulam district and 13.8 percentage respondents are from Palakkad district. That is, majority of the respondents belongs to Ernakulam district.

The pie chart show the particular place in which the respondents belong to. An unequal distribution can be observed from the above data.

Illustration 4.9

Distribution of religion of the respondents

RELIGION
80 responses
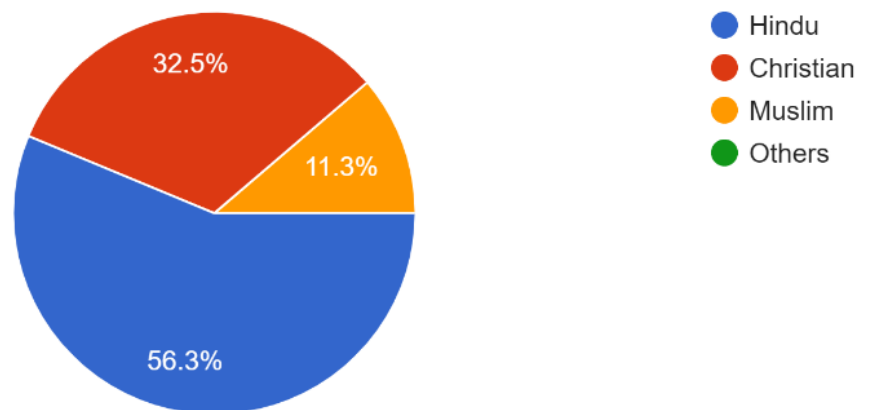
From the pie chart 4.9, it is clear that maximum number of respondents are from Christian religion, and least are from Muslim religion.

32.5 percentage of the respondents belongs to Christian religion, that is 26 respondents from 80 are Christians. 56.3 percentage of them belongs to Hindu religion that is 45 are following Hindu religion and the rest 11.3 percentage belongs to Muslim religion. That is 9 respondents are from Muslim No other religion was present.

Illustration 4.9

Distribution of education level of mothers

Mother's education
80 responses
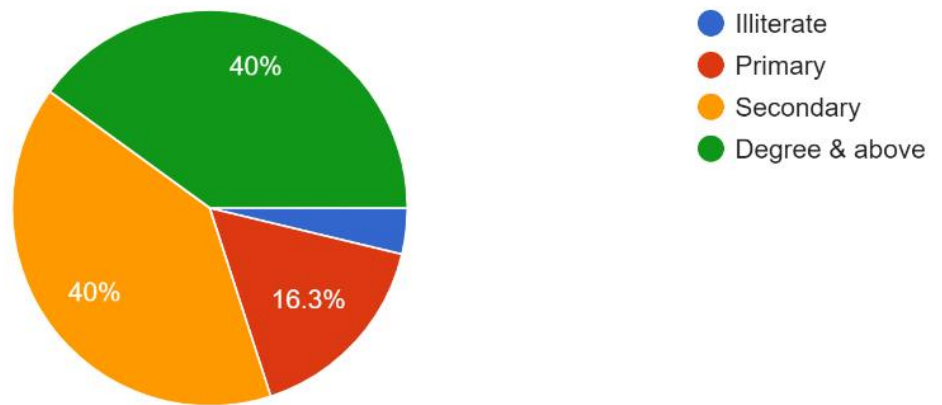

The pie chart 4.9 shows the distribution of 80 respondents on the basis of their mothers' education. The above table says that 3.8 percent of the respondents are illiterates, that is 3 out of 80. 40 percent belongs to degree and above category. That is, 32 out of 80 students has highly educated mothers. 16.3 percent belongs to primary category, that is 13 out of 80 are educated in primary level. Finally, 40 percent mothers are having an education qualification of secondary level. That is, 32 have secondary level education out of 80 data. So, it is clear that most of the mothers of the respondents belongs to degree and above and secondary category of education. So, it is interpreted that secondary category and degree and above is higher in number. The number of illiterate mothers is less in number.

- Degree & Above: 32 mothers, which accounts for 40.0% of the total.

- Illiterate: 3 mothers, which accounts for 3.8% of the total.

- Primary: 13 mothers, which accounts for 16.3% of the total.

- Secondary: 32 mothers, which accounts for 40.0% of the total.

The total number of respondents in the data is 80.

1. Degree & Above: This category comprises 32 mothers, accounting for 40.0% of the total sample. These mothers have attained a degree or higher level of education, suggesting a significant proportion of highly educated individuals within the sample.

2. Illiterate: Only 3 mothers, constituting 3.8% of the sample, reported being illiterate. This finding highlights the relatively low number of mothers who have not received any formal education.

3. Primary: 13 mothers, representing 16.3% of the sample, reported completing primary education. This group signifies the proportion of mothers who have completed basic education but did not pursue higher levels of education

4. Secondary: The largest category in the data consists of 32 mothers, making up 40.0% of the total sample. These mothers have attained a secondary level of education, indicating a considerable proportion of individuals who have completed secondary school.

Illustration 4.10

Distribution of education level of fathers

Father's education
80 responses
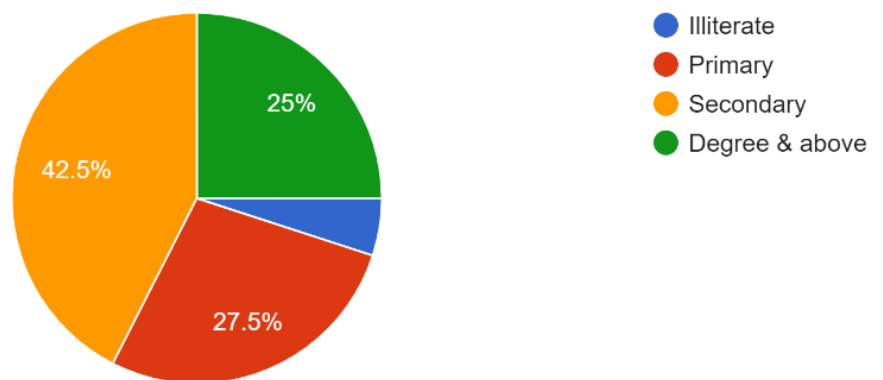
The data used for this analysis was collected from a sample population of college students. The education levels of the fathers were categorized into four groups: Degree & Above, Illiterate, Primary, and Secondary. Frequency and percentage distributions were calculated to analyse the data.

The pie chart shows education level of fathers of the respondent

The illustration 4.10 says that 25 percent of respondents are belongs to degree and above, that is 20 out of 80 are with high level of education. Only 5 percent belongs to illiterate category, which is the lowest category in this section. That is 4 respondents is illeterates.27.5 percent are belongs to primary category, that is 22 out of 80 have a primary level of education.42.5 percent are belongs to secondary level of education,

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which is the highest value of respondents. It is interpreted that secondary category is higher in number.

The above pie chart shows that secondary category is higher in number. And illiterates are lower in number.

The analysis of the data reveals the following distribution of education levels among the fathers of college students:

1. Degree & Above: This category includes 20 fathers, accounting for 25.0% of the total sample. These fathers have attained a degree or higher level of education, indicating a substantial proportion of highly educated individuals within the study population.

2. Illiterate: Only 4 fathers, constituting 5.0% of the sample, reported being illiterate. This finding highlights a relatively low number of fathers who have not received any formal education.

3. Primary: 22 fathers, representing 27.5% of the sample, reported completing primary education. This group signifies the proportion of fathers who have completed basic education but did not pursue higher levels of education.

4. Secondary: The largest category in the data consists of 34 fathers, making up 42.5% of the total sample. These fathers have attained a secondary level of education, indicating a considerable proportion of individuals who have completed secondary school.

By examining and interpreting the data, researcher understood how the education level of fathers relates to the prevalence of social anxiety and social phobia among college students. This section of the data provides insights into the education levels of fathers among college students. The findings suggest a positive relationship between paternal education and the prevalence of social anxiety and social phobia among college students. The significant proportion of highly educated fathers highlights the potential positive influence they can have on their children's educational outcomes and self-esteem. The data also emphasizes the need to address educational disparities and promote educational attainment among fathers with lower educational levels. By considering the education levels of fathers, future interventions can be designed to enhance self-esteem and well-being among college students, ultimately contributing to their overall academic success and personal development.

Table 4.10

Distribution of occupation level of mothers.

Occupation of mother	n	percent
Daily wages	5	
Government	9	
Home Maker	45	
Others	21	

Note: Total N=80

The table 4.10 shows the distribution of 80 respondents on the basis of their mothers' occupation:

6.3 percent respondents are belongs to daily wages, that is 5 of 80. 11.3 percent are farmers.That is 9 of them are government employees. 56.3 percent are belongs to home makers, that is 45 are home makers having no income as their own. 26.3 are working in other sectors which is the 21 in number. It is interpreted that home maker catergory is higher in number.

That is,

1. Daily Wages: This category comprises 5 mothers, accounting for 6.3% of the total sample. These mothers work in daily wage jobs, which often involve labor-intensive or irregular employment.

2. Government: 9 mothers, representing 11.3% of the sample, reported their occupation as government employees. These occupations typically provide stable employment and benefits within the public sector.

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3. Home Maker: The largest category in the data consists of 45 mothers, making up 56.3% of the total sample. These mothers are primarily engaged in homemaking and household responsibilities.

4. Others: The category "Others" includes 21 mothers, constituting 26.3% of the sample. This group encompasses mothers employed in occupations other than daily wage, government jobs, or homemaking.

We can interpret that, This, data provides insights into the occupational distribution of mothers among the sample population of college students. Recognizing the diversity of occupational backgrounds among mothers allows for a comprehensive understanding of the social environment and support systems available to college students. This study suggests the need for further research and targeted interventions that address the unique challenges and needs associated with different maternal occupations to promote positive psychological outcomes among college students.

Illustration 4.11

Distribution of occupation level of fathers.

FATHER 'S OCCUPATION
80 responses
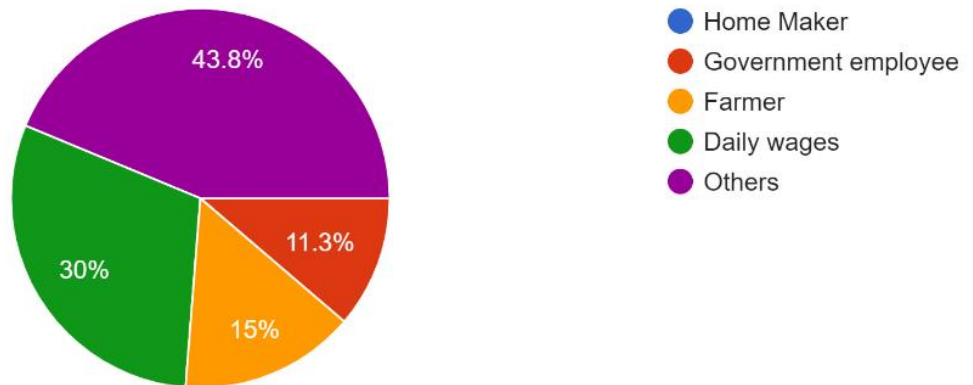
The fig. 4.11 shows the distribution of fathers' occupation. The data used for this analysis was collected from a sample population of 80 college students. The fathers' occupations were categorized into four groups: Daily Wage, Farmer, Government, and Others. Frequency and percentage distributions were calculated to analyse the data.

The pie chart shows the distribution of 80 respondents on the basis of their fathers occupation. The above table says that 30 percent respondents are belongs to daily wages, that is 24 of 80. 15 percent are farmers.That is 12 of them are farmers.11.3 percent are belongs to government sector, that is 9 are government employees. 43.8 are working in other sectors which is the highest in number, that is 35 persons. It is interpreted that others catergory is higher in number.No home makers were there in fathers section.

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The analysis of the data reveals the following distribution of fathers' occupations among the college students:

1. Daily Wage: This category comprises 24 fathers, accounting for 30.0% of the total sample. These fathers work in daily wage jobs, which often involve labour-intensive or irregular employment.

2. Farmer: 12 fathers, representing 15.0% of the sample, reported their occupation as farmers. Farmers engage in agricultural activities and are often involved in rural livelihoods.

3. Government: 9 fathers, constituting 11.3% of the sample, work in government occupations. These occupations typically provide stable employment and benefits within the public sector.

4. Others: The largest category in the data consists of 35 fathers, making up 43.8% of the total sample. This group encompasses fathers employed in occupations other than daily wage, farming, or government jobs.

From this we can interpret, This data provides insights into the occupational distribution of fathers among the sample population of college students.Recognizing the diversity of occupational backgrounds among fathers allows for a comprehensive understanding of the social environment and support systems available to college students. This study suggests the need for further research and targeted interventions that address the unique challenges and needs associated with different paternal occupations to promote positive psychological outcomes among college students.

4.12 DISCRIPTIVE ANALYSIS OF SOCIAL ANXIETY AMONG COLLEGE STUDENTS

The data used for this analysis was collected from a sample population of 80 college students. Social anxiety levels were measured using the Social Interaction Anxiety Scale (SIAS). The SIAS assesses an individual's discomfort and anxiety in social situations. Frequency and percentage distributions were calculated to analyse the data.

Table 4.13

Distribution of social anxiety of college students

Variable	n	percent
Low social anxiety	49	61.3
social phobia	21	26.3
social anxiety	10	12.5

Note: Total N=80

This table 4.13 represents the level of social anxiety and social phobia in college students studying in various institutions, in Ernakulam and Palakkad districts of Kerala. Out of 80 respondent, 61.3 percent of the respondent have low level of social anxiety, that is for 49, more than half of the respondents. 26.3 percent of the respondent have the social, that is 21 has social phobia and 12.5 percent have social anxiety that is 10 out of 80 have social anxiety. It is interpretated that low level is high in number 49

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students have low social anxiety levels. So, we can interpret that there is low level of social anxiety among college students.

The analysis of the data obtained using the Social Interaction Anxiety Scale (SIAS) reveals the following distribution of social anxiety levels among the college students:

1. Low Social Anxiety: This category includes 49 participants, accounting for 61.3% of the total sample. These individuals reported experiencing low levels of social anxiety, indicating a higher comfort level and confidence in social interactions.

2. Social Phobia: A total of 21 participants, representing 26.3% of the sample, reported experiencing social phobia. Social phobia indicates a higher degree of social anxiety, characterized by significant distress and fear in social situations.

3. Social Anxiety: 10 participants, constituting 12.5% of the sample, reported experiencing moderate levels of social anxiety. These individuals reported experiencing some discomfort and anxiety in social interactions, but it did not reach the level of social phobia.

The findings from the analysis of the data collected using the Social Interaction Anxiety Scale (SIAS) provide valuable insights into the social anxiety levels among college students. The majority of participants (61.3%) reported low levels of social anxiety, indicating a relatively higher comfort level in social interactions and potentially healthier self-esteem.

4.14 DISCRIPTIVE ANALYSIS OF SOCIAL PHOBIA AMONG COLLEGE STUDENTS

The data used for this analysis was collected from a sample population of 80 college students. Social phobia levels were measured using the Social Phobia Scale. The scale assesses an individual's level of fear and avoidance in social situations. Frequency and percentage distributions were calculated to analyse the data.

Table 4.14

Social phobia	n	percent
Low	45	56.3
Moderate	31	38.8
High	4	5

Note: Total N=80

The table 4.14 shows the out of 80 respondent 56.3 percent of the respondent have low level of social phobia, that is 45 out of 80 respondents.38.8 percent of the respondent have the moderate level of social phobia, that is 31 students out of 80. And 5 percent have high level of social phobia. It is interpretated that low level is high in number (56.3%).

The analysis of the data obtained using Social Phobia Scale reveals the following distribution of social phobia levels among the college students:

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1. Low Social Phobia: This category includes 45 participants, accounting for 56.3% of the total sample. These individuals reported experiencing low levels of social phobia, indicating relatively lower distress and fear in social situations.

2. Moderate Social Phobia: A total of 31 participants, representing 38.8% of the sample, reported experiencing moderate levels of social phobia. These individuals reported experiencing a significant degree of distress and fear in social interactions, but it did not reach the level of high severity.

3. High Social Phobia: 4 participants, constituting 5.0% of the sample, reported experiencing high levels of social phobia. These individuals reported experiencing intense distress and fear in social situations, indicating a severe manifestation of social phobia.

The majority of participants (56.3%) reported low levels of social phobia, indicating a relatively lower degree of distress and fear in social situations.

The presence of participants experiencing moderate levels of social phobia (38.8%) suggests a significant proportion of individuals facing a notable degree of distress and fear in social interactions. Moderate social phobia can have a considerable impact on self-esteem and overall well-being, emphasizing the importance of addressing and providing support for these individuals.

The small proportion of participants experiencing high levels of social phobia (5.0%) indicates a subset of individuals experiencing intense distress and fear in social situations. High social phobia levels can significantly impair self-esteem and hinder social functioning, requiring targeted interventions and support.

4.15 DISCRIPTIVE ANALYSIS OF SELF-ESTEEM AMONG COLLEGE STUDENTS

The data used for this analysis was collected from a sample population of 80 college students. Self-esteem levels were assessed using Rosenberg's self-esteem scale which is a uni-dimentional scale for measuring self-esteem. The data was categorized into various self-esteem scores. Frequency and percentage distributions were calculated to analyse the data.

This table represents the individual scores obtained by college students from the test done using self-esteem scale, from this the frequency and percent of each scores can be analysed.

Table 4.16

Distribution of mean, SD, minimum and maximum self esteem score

Variable	Maximum	Minimum	Mean	SD
Self-esteem	21	39	30.05	3.751

Note. The total number of participants, N = 80.

The table 4.16 provide a summary of the distribution and central tendency of the self-esteem scores within the sample population. The minimum value of 21 indicates the lowest reported self-esteem score, while the maximum value of 39 represents the highest reported self-esteem score. The mean of 30.05 suggests the average self-esteem score in the sample, indicating a moderate level of self-esteem overall. The standard

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deviation of 3.751 represents the variability of self-esteem scores around the mean, suggesting that there is some dispersion in the data.

These descriptive statistics provide a snapshot of the self-esteem levels among the college student participants, highlighting the range and central tendency of the scores. The findings from the analysis of the self-esteem data provide insights into the distribution and variability of self-esteem levels among college students. The self-esteem scores reported by the participants range from 21 to 39, suggesting a diverse range of self-esteem experiences within the sample population.

4.17 DISCRIPTIVE ANALYSIS OF OVERALL SELF-ESTEEM AMONG COLLEGE STUDENTS

The data used for this analysis was collected from a sample population of 80 college students. Self-esteem levels were assessed using the Rosenberg's Self-Esteem Scale. The scale measures individuals' positive and negative feelings about themselves. Frequency and percentage distributions were calculated to analyse the data.

Table 4.18

Self-esteem	n	percent
Normal range	21	26.3
High	59	73.8
Low	0	0.00

Self-esteem	n	percent

Note: Total N=80

The table 4.18 shows the analysis of the data collected using the Rosenberg Self-Esteem Scale reveals the following distribution of self-esteem levels among the college students:

1. Normal Range: This category includes 21 participants, accounting for 26.3% of the total sample. These individuals reported self-esteem levels within the normal range, indicating a healthy and balanced sense of self-worth.

2. High: A total of 59 participants, representing 73.8% of the sample, reported high self-esteem levels. These individuals reported a positive and favorable perception of themselves, indicating a strong sense of self-worth and confidence.

3. Low: No participants in the sample reported low self-esteem levels.

This data can be interpreted in a way that, from the analysis of the data collected using the Rosenberg Self-Esteem Scale provide valuable insights into the self-esteem levels among college students. The majority of participants (73.8%) reported high self-esteem levels, indicating a positive and favorable perception of themselves. This suggests that the college student population generally possesses a healthy sense of self-worth and confidence.

The presence of participants within the normal range (26.3%) indicates a subset of individuals with a balanced self-esteem level, neither excessively high nor low. These individuals demonstrate a reasonable level of self-worth and self-acceptance.

The absence of participants reporting low self-esteem levels suggests that, within the sample population, there were no individuals with significantly compromised self-esteem.

Overall, the data suggests a predominance of high self-esteem levels among college students, indicating a generally positive self-perception and self-worth within the sample

4.19 RELATIONSHIP BETWEEN SOCIAL ANXIETY AND SELF-ESTEEM OF COLLEGE STUDENTS BETWEEN SOCIAL ANXIETY AND SELF-ESTEEM

The data used for this analysis was collected from a sample population of 80 college students. Social anxiety and self-esteem levels were measured using validated scales. The data was analysed using correlation analysis, specifically examining the Pearson correlation coefficient. The mean and standard deviation of each variable were calculated as well.

Table 4.20

SOCIAL ANXIETY AND SELF ESTEEM

Variable	M	SD	1	2	Significance (2 tailed)
Social anxiety	29.08	14.686	-	-0.523	0.01

Variable	M	SD	1	2	Significance (2 tailed)
Self-esteem	28.36	14.686	-0.523	-	

Note. The total number of participants, N = 80.

Table 4.20 shows social anxiety is negatively correlated with Self-esteem with the r value = -0.523 at 0.01 level (2-tailed)

The correlation analysis reveals the following results:

1. Social Anxiety: The mean score for social anxiety among the college students is 29.08, with a standard deviation of 14.686.

2. Self-Esteem: The mean score for self-esteem is 28.36, with a standard deviation of 4.171.

The correlation coefficient between social anxiety and self-esteem is -0.523, indicating a negative correlation.

The findings from the correlation analysis indicate a significant negative correlation (-0.523) between social anxiety and self-esteem among college students. This suggests that as social anxiety levels increase, self-esteem tends to decrease. In other words, individuals with higher levels of social anxiety are more likely to have lower self-esteem.

College students facing social anxiety may experience difficulties in social interactions, which can impact their self-perception and overall sense of self-worth.

The significance level of 0.01 (2-tailed) indicates that the correlation between social anxiety and self-esteem is statistically significant. This strengthens the reliability and generalizability of the findings.

4.21 RELATIONSHIP BETWEEN SOCIAL PHOBIA AND SELF-ESTEEM OF COLLEGE STUDENTS

The data used for this analysis was collected from a sample of 80 college students. Social phobia and self-esteem levels were measured using validated scales. The data was analysed using correlation analysis, specifically examining the Pearson correlation coefficient. The mean and standard deviation of each variable were calculated as well.

Table 4.22

SOCIAL PHOBIA AND SELF ESTEEM

Variable	M	SD	1	2	Significance (2 tailed)
Social phobia	24.46	17.346	-	-0.440	0.01
Self-esteem	28.36	4.171	-0.44O	-	

Note. The total number of participants, N = 80.

Table 4.22 shows that Social phobia is negatively correlated with Self-esteem with the r value = -0.440 at 0.01 level (2-tailed)

The correlation analysis reveals the following results:

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1. Social Phobia: The mean score for social phobia among the college students is 24.46, with a standard deviation of 17.346.

2. Self-Esteem: The mean score for self-esteem is 28.36, with a standard deviation of 4.171.

The correlation coefficient between social phobia and self-esteem is -0.440, indicating a negative correlation.

We can interpret that, there is, the findings from the correlation analysis indicate a significant negative correlation (-0.440) between social phobia and self-esteem among college students. This suggests that as social phobia levels increase, self-esteem tends to decrease. In other words, individuals with higher levels of social phobia are more likely to have lower self-esteem.

This data provides an analysis of the correlation between social phobia and self-esteem among college students. The findings reveal a negative correlation, indicating that higher levels of social phobia are associated with lower self-esteem. These results emphasize the detrimental impact of social phobia on an individual's self-perception and highlight the need for interventions and support systems that address social phobia and enhance self-esteem among college students.

4.23 INDEPENDENT SAMPLE T- TEST

The data used for this analysis was collected from a sample population of 80 college students. Social anxiety, social phobia, and self-esteem levels were measured using validated scales.

The participants were divided into two groups based on gender: female and male.

The independent samples t-test was conducted to compare the means of social anxiety, social phobia, and self-esteem between the two gender groups.

Table 4.24

Illustration of independent sample t test

Variables	Female		Male		t	p
	M	SD	M	SD		
Social anxiety	28.12	14.602	30.76	14.937	-0.771	0.443
Social phobia	25.61	17.315	22.45	17.521	0.781	0.437
Self-esteem	28.76	4.116	27.66	4.245	1.146	0.255

Note: Male ,N =29; Female , N = 51.

Table 4.24 represents the independent samples t test for comparing the means of the gender with social appearance anxiety, social phobia and self-esteem.

The independent samples t-test results for the gender differences in social anxiety, social phobia, and self-esteem are as follows:

1. Social Anxiety:

- Female Group: The mean social anxiety score for females is 28.12, with a standard deviation of 14.602.

- Male Group: The mean social anxiety score for males is 30.76, with a standard deviation of 14.937.

- The independent samples t-test did not yield a statistically significant difference between the mean social anxiety scores of males and females ($t = -0.827$, $p > 0.05$).

2. Social Phobia:

- Female Group: The mean social phobia score for females is 25.61, with a standard deviation of 17.315.

- Male Group: The mean social phobia score for males is 22.45, with a standard deviation of 17.521.

- The independent samples t-test did not reveal a statistically significant difference between the mean social phobia scores of males and females ($t = 0.779$, $p > 0.05$).

3. Self-Esteem:

- Female Group: The mean self-esteem score for females is 28.76, with a standard deviation of 4.116.

- Male Group: The mean self-esteem score for males is 27.66, with a standard deviation of 4.245.

- The independent samples t-test did not demonstrate a statistically significant difference between the mean self-esteem scores of males and females ($t = 1.282$, $p > 0.05$).

This data provides an analysis of the independent samples t-test comparing the means of social anxiety, social phobia, and self-esteem based on gender among college students. The findings suggest that there are no significant differences between males and females in these psychological variables within the sample. These results emphasize the need for further research to understand the potential influences of gender on social anxiety, social phobia, and self-esteem in different populations and contexts. The lack of statistically significant differences between genders in social anxiety, social phobia, and self-esteem implies that both males and females in the study experience similar levels of these psychological constructs

1. Social Anxiety:

   - Equal Variances Assumed: The Levene's test yielded a non-significant result ($F = 0.187$, $p = 0.666$), indicating equality of variances between males and females. The independent samples t-test did not reveal a statistically significant difference in the mean social anxiety scores between males and females ($t = -0.771$, $p = 0.443$).

   - Equal Variances Not Assumed: The independent samples t-test, assuming unequal variances, still did not find a significant difference in the mean social anxiety scores between males and females ($t = -0.766$, $p = 0.447$).

2. Social Phobia:

   - Equal Variances Assumed: The Levene's test indicated a statistically significant difference in variances between males and females ($F = 0.001$, $p = 0.973$). Despite this, the independent samples t-test did not

reveal a significant difference in the mean social phobia scores between males and females (t = 0.781, p = 0.437).

- Equal Variances Not Assumed: The independent samples t-test, assuming unequal variances, also did not find a significant difference in the mean social phobia scores between males and females (t = 0.779, p = 0.439).

3. Self-Esteem:

- Equal Variances Assumed: Levene's test indicated a non-significant result, suggesting equality of variances between males and females (F = 0.096, p = 0.757). The independent samples t-test did not reveal a statistically significant difference in the mean self-esteem scores between males and females (t = 1.146, p = 0.255).

- Equal Variances Not Assumed: The independent samples t-test, assuming unequal variances, still did not find a significant difference in the mean self-esteem scores between males and females (t = 1.136, p = 0.261).

The findings suggest that there are no significant differences between males and females in these psychological variables within the sample. The non-significant results of Levene's test indicate that variances are equal for social anxiety and self-esteem, while there is a significant difference in variances for social phobia between males and females. However, these variances do not significantly influence the findings of the independent samples t-test.

4.7 HYPOTHESIS TESTING

The session comprised of various tests to check the validity of hypothesis in this research. Inferential statistics helps us to make predictions from the data and make a generalization about a population. There are various tests like Pearson's correlation tests, independent sample t-test etc. Each test is done to test the relation between two variables and to find the significance of gender and level of social anxiety, social phobia and self- esteem among college students. It is used to accept the hypothesis or to reject the hypothesis. Accepting a hypothesis implies that the hypothesis is true and there is relation between the variable and rejecting the hypothesis shows that the hypothesis is not true and there is no relation between the variables. In the below cases, hypothesis is tested with correlation test. For the present research topic, correlation co-efficient 'r' is checked to evaluate the hypothesis formulated. Here, with the help of tests, the researcher checks whether the social anxiety and social phobia have any significant influence on self-esteem of college students.

1. H1: There is a significant relationship between social anxiety and self- esteem among college students.

    Based on the correlation analysis, social anxiety is inversely correlated with self-esteem ($r = -0.523$, $p < 0.01$). Therefore, conclude that there is a significant relationship between social anxiety and self-esteem among college students. And, the hypothesis accepted.

2. H2: There is a significant relationship between social phobia and self- esteem among college students.

Based on the correlation analysis, social phobia is negatively correlated with self-esteem ($r = -0.440$, $p < 0.01$). Therefore, conclude that there is a significant relationship between social phobia and self-esteem among college students. And, the hypothesis accepted.

3. H3: There is a significant difference between male and female college students in their self -esteem.

    Based on the independent samples t-test, the p-value for the comparison of self-esteem between male and female college students is 0.261 (> 0.05). we can conclude that there is no significant difference between male and female college students in terms of self-esteem. And the hypothesis rejected.

4. H4: There is a significant variance in the male and female college students in their social phobia.

    Based on the independent samples t-test, the p-value for the comparison of social phobia between male and female college students is 0.439 (> 0.05). Therefore, we can conclude that there is no significant difference between male and female college students in terms of social phobia. And, the hypothesis rejected.

5. H5: There is a significant variance in the male and female college students in their social anxiety.

    Based on the independent samples t-test, the p-value for the comparison of social anxiety between male and female college students is 0.447 (> 0.05).

Therefore, we can conclude that there is no significant difference between male and female college students in terms of social anxiety. And, the hypothesis rejected.

The findings suggest that there is a significant relationship between social anxiety and self-esteem as well as social phobia and self-esteem among college students. However, there are no significant differences between male and female college students in terms of self-esteem, social phobia, and social anxiety.

CHAPTER 5 FINDINGS, SUGGESTIONS

AND
CONCLUSION

A research report's findings, recommendations, and conclusion chapter is a crucial area where the study's findings are presented and discussed. This chapter offers the chance to examine the facts gathered, come to meaningful conclusions, and provide insightful recommendations for further study or practical applications. Researcher will provide the study's major results in this part, talk about their relevance, make suggestions, and finish with a summary of the entire investigation.

5.1 FINDINGS

The major findings of the study are written under the following headings:

Socio-demographic profile of the respondents, social anxiety level of the respondents, social phobia level of the respondents, self-esteem level of the respondents, hypothesis test and independent t test.

5.1.1 Socio demographic profile of the respondents

   a) Age Distribution of the respondents

- The mean age of the respondents is 22.28 and standard deviation is 1.653. It also reflects that minimum age is 18, and maximum age of the total respondents is 25. From this we can understand a trend in age, of college students studying in various institutions in Ernakulam and Palakkad districts.

   b) Gender Distribution of the respondents

- Male and female individuals made up the responses. In the sample, women made up 63.8% of the population. On the other side, 36.3% of the responders were men. This suggests that women participate at a higher rate than men.

- Overall, the results show that there are more female participants in the sample than male ones. These statistics shed information on the respondents' gender distribution and emphasise the need to consider gender-related factors in the analysis and interpretation of the research findings.

   c) Income Distribution of the respondents

- The majority of the respondents fell within the income range of 10,000 to 50,000, accounting for 68.8% of the sample. This indicates that a significant proportion of the respondents had annual incomes within this range.

- A smaller percentage of respondents reported annual incomes in the income range of 50,000 to 1,00,000 accounted for 13.8% of the sample, while the range of 1,00,0000 to 300000 accounted for 17.5% of the sample. This suggests that a relatively smaller proportion of respondents had higher annual incomes.

- The income distribution within the sample and can be used to understand the economic background of the participants in the study.

d) Education qualification of respondents

- 46.3% being graduates, 6.3% pursuing other courses, and 47.5% being post-graduates. Majority of the participants were post-graduates, while only a small percentage belonged to other courses.

e) Native Place Distribution of the respondents

- The majority of the respondents, accounting for 86.3% of the sample, were from Ernakulam. This indicates that a significant proportion of the respondents are from Ernakulam as their native place.

- A smaller percentage of respondents, 13.8% of the sample, were from Palakkad. This suggests that a relatively smaller proportion of the respondents were native to Palakkad.

f) Religion Distribution of the respondents

  - Among the respondents, 32.5% identified as Christian, while a majority of 56.3% identified as Hindu. There were no respondents who identified as Muslim or belonging to other religions.

  - These findings provide insights into the religious composition within the sample and can be used to understand the religious diversity among the participants in the study.

g) Distribution of education level of respondents' mothers.

- The highest proportion, accounting for 40.0% of the sample, had a degree and above education level. An equal percentage, 40.0% of the sample, had a secondary education level. The remaining respondents had varying levels of education, with 16.3% having a primary education level and 3.8% being illiterate.

- These findings provide insights into the educational background of the respondents' mothers and can be used to understand the educational diversity within the sample.

h) Distribution of Education Level of respondents' fathers,

- Among the respondents, 25.0% had fathers with a degree and above education level. A smaller percentage, 5.0%, had fathers who were illiterate. The majority of the respondents, accounting for 27.5% and 42.5% respectively, had fathers with a primary education level or a secondary education level.

i) Occupation level distribution of father and mother of the respondents

- 3% of the sample consisted of mothers working in daily wage jobs, indicating labour-intensive or irregular employment.

- 11.3% of the sample were mothers employed in government positions, indicating stable employment within the public sector.

- The largest category, comprising 56.3% of the sample, consisted of mothers primarily engaged in homemaking and household responsibilities.

- 26.3% of the sample included mothers employed in occupations other than daily wage, government jobs, or homemaking.

- The category of "Daily wages" comprised 30.0% of the sample, with 24 father's working in jobs that involve daily wage labour.

- The category of "Farmer" accounted for 15.0% of the sample, with 12 fathers' engaged in farming occupations.

- The category of "Government employee" represented 11.3% of the sample, with 9 fathers' are employed in government positions. These occupations typically provide stable employment and benefits within the public sector.

- The category of "Others" included 43.8% of the sample, with 35 mothers engaged in various other occupations not specified in the given categories. This group encompasses mothers employed in a diverse range of occupations.

5.1.2 Social Anxiety of the respondents

The findings from the analysis of the data collected using the Social Interaction Anxiety Scale (SIAS) provide valuable insights into the social anxiety levels among college students. The majority of participants (61.3%) reported low levels of social anxiety, indicating a relatively higher comfort level in social interactions and potentially healthier self-esteem.

5.1.2 Social phobia of the respondents

The majority of participants (56.3%) reported low levels of social phobia, indicating a relatively lower degree of distress and fear in social situations.

The presence of participants experiencing moderate levels of social phobia (38.8%) suggests a significant proportion of individuals facing a notable degree of distress and fear in social interactions. Moderate social phobia can have a considerable impact on

self-esteem and overall well-being, emphasizing the importance of addressing and providing support for these individuals.

The small proportion of participants experiencing high levels of social phobia (5.0%) indicates a subset of individuals experiencing intense distress and fear in social situations. High social phobia levels can significantly impair self-esteem and hinder social functioning, requiring targeted interventions and support.

5.1.3 Self-esteem of the respondents

From the analysis of the data collected using the Rosenberg Self-Esteem Scale provide valuable insights into the self-esteem levels among college students.

- The majority of participants (73.8%) reported high self-esteem levels, indicating a positive and favourable perception of themselves. This suggests that the college student population generally possesses a healthy sense of self-worth and confidence.

- The presence of participants within the normal range (26.3%) indicates a subset of individuals with a balanced self-esteem level, neither excessively high nor low. These individuals demonstrate a reasonable level of self-worth and self-acceptance.

- The absence of participants reporting low self-esteem levels suggests that, within the sample population, there were no individuals with significantly compromised self-esteem.

5.2 Hypothesis Testing

- A correlation describes the degree of relationship between two variables. Correlation is done to know whether there is significant relationship between social anxiety and self-esteem of the college students. Also, between social phobia and self-esteem of the college students.

6. H1: There is a significant relationship between social anxiety and self- esteem among college students.

   Based on the correlation analysis, social anxiety is inversely correlated with self-esteem ($r = -0.523$, $p < 0.01$). Therefore, conclude that there is a significant relationship between social anxiety and self-esteem among college students. And ,the hypothesis accepted.

7. H2: There is a significant relationship between social phobia and self- esteem among college students.

   Based on the correlation analysis, social phobia is negatively correlated with self-esteem ($r = -0.440$, $p < 0.01$). Therefore, conclude that there is a significant relationship between social phobia and self-esteem among college students. And, the hypothesis accepted.

8. H3: There is a significant difference between male and female college students in their self -esteem.

Based on the independent samples t-test, the p-value for the comparison of self-esteem between male and female college students is 0.261 (> 0.05). we can conclude that there is no significant difference between male and female college students in terms of self-esteem. And the hypothesis rejected.

9. H4: There is a significant variance in the male and female college students in their social phobia.

   Based on the independent samples t-test, the p-value for the comparison of social phobia between male and female college students is 0.439 (> 0.05). Therefore, we can conclude that there is no significant difference between male and female college students in terms of social phobia. And, the hypothesis rejected.

10. H5: There is a significant variance in the male and female college students in their social anxiety.

    Based on the independent samples t-test, the p-value for the comparison of social anxiety between male and female college students is 0.447 (> 0.05). Therefore, we can conclude that there is no significant difference between male and female college students in terms of social anxiety. And, the hypothesis rejected.

The findings suggest that there is a significant relationship between social anxiety and self-esteem as well as social phobia and self-esteem among college students. However, there are no significant differences between male and female college students in terms of self-esteem, social phobia, and social anxiety.

5.3 SUGGESTIONS

From this study, I suggest student with social anxiety should show best interest to engage in group discussion and stage performance in order to build a confidence and skills of getting socially connected. These students can be given supportive approach to promote them in group discussion and presentation in the seminar. We should be giving awareness of social anxiety among students and staff. So that, either their friends or staff could figure out and help them in a better way. The most common treatment for social anxiety is psychotherapy (talk therapy). Slowly involving them in small group for stage performance could give them a self-confidence to participate in the activities. Such interventions not only benefit student with social anxiety but also the general population of the student also.

- A study can be done to compare the effectiveness of treatment methodologies for addressing social anxiety and social phobia among college students.

- A study can be conducted to assess the attitude and awareness of faculties towards dealing with students with social anxiety and social phobia.

- A state- wide survey can be done to identify the prevalence of social anxiety, phobia and low self-esteem among college students.

- A study can be conducted to sensitize society with a goal to remove stigmatization of SAD and social phobia.

- A study can be done to analyse the educational policies and reforms available for students having SAD and other mental illness.

- Encourage faculties to create personal time to support students with anxiety issues and those who lacks self-esteem.

- Additionally, college authorities should ensure early detection, treatment and follow-ups to students who faces anxiety issues.

- Many intervention Programmes can be developed and implemented, programs specifically designed to address social anxiety and social phobia among college students. This should focus on improving self-esteem, improving social skills, and providing effective coping strategies to enable students overcome social anxiety and social phobia.

- There is need to explore the influence of culture on the experience of social anxiety, social phobia, and self-esteem among college students. Investigate cultural factors and traditions that may influence the manifestation and treatment of these conditions, and develop culturally sensitive approaches to support students from diverse backgrounds.

- Develop and implement various peer support programs within colleges' co-operation to create a supportive and empathetic environment for students struggling with social anxiety and social phobia. Peer support can be a valuable resource for students to share experiences, exchange coping strategies, and provide mutual encouragement and understanding.

- Enhance communication between social workers, mental health specialists, teachers, and college administrations to build support networks for students. Together, these parties may create comprehensive strategies that satisfy the social, emotional, and intellectual requirements of kids who struggle with social anxiety and social phobia.

5.4 IMPLICATIONS FOR PROFESSIONAL SOCIAL WORK PRACTICE

The study on how social phobia and anxiety affect college students' self-esteem has significant ramifications for the professional practise of social work. Understanding the effects of social anxiety and social phobia on self-esteem is critical for social workers who assist people's mental health and wellbeing to be able to intervene and help college students effectively. Based on the results of this study, the following recommendations can direct social work practise:

- Psychoeducation and Coping Mechanisms: Social workers may educate college students about social anxiety and social phobia through psychoeducation. This entails raising awareness of these disorders, assisting pupils in identifying their own symptoms, and comprehending the effects on self-esteem. Exercises in relaxation, cognitive restructuring, and social skill development are just a few of the coping mechanisms and methods that social workers may offer to help people manage their anxiety in social situations.

- Individual and Group Therapy: For college students who struggle with social anxiety and social phobia, individual and group therapy sessions can be helpful solutions. Students may examine and confront their anxieties with the help of social professionals, who can also help them build self-esteem and learn effective coping skills. Group therapy can provide chances for peer support and the chance to learn from others going through similar difficulties.

- Identification and Assessment: Social workers should be trained to identify signs and symptoms of social anxiety and social phobia among college students. By conducting thorough assessments, social workers can determine the severity of social anxiety and social phobia and their impact on self-esteem. This can help in identifying students who may benefit from targeted interventions.

- Campus Support and Advocacy: Social workers may engage with college administrators to provide a campus atmosphere that is friendly for students who struggle with social anxiety and social phobia. In order to help students feel more at ease in both social and academic contexts, it may be necessary to advocate for modifications like reduced class numbers, flexible presentation methods, or more resources. To raise knowledge and comprehension of these problems, social workers might collaborate closely with academics and staff.

- Collaboration and Referrals: Social workers need to be aware of the community's resources and specialised services. They can offer recommendations for counselling centres that specialise in anxiety disorders, support groups, or mental health specialists. Collaboration with other experts, such as psychologists and psychiatrists, may provide a thorough and all-encompassing strategy for assisting students with social phobia and social anxiety also who lacks self-esteem.

- Prevention and Early Intervention: Prompt help may be provided by identifying the first indications of social anxiety and social phobia. To develop preventative programmes, promote mental health awareness, and offer early intervention services, social workers can cooperate with educational institutions. Social workers can lessen the negative effects on self-esteem by addressing these problems at an early stage and assisting in the prevention of the development of social anxiety and social phobia.

- social workers can play a vital role in supporting students with social anxiety and social phobia, promoting their mental health, and growing positive self-esteem etc.

- In conclusion, the study on how social phobia and anxiety affect college students' self-esteem has important ramifications for professional social work practise.

Social workers may play a crucial role in assisting by detecting, evaluating, delivering psychoeducation, providing individual and group therapy, campaigning for campus assistance, making the right referrals, concentrating on prevention and early intervention, and pushing for campus support.

- Ensure that the social work students understand about social anxiety, social phobia and their role in intervention towards heightening self-esteem as a trainer.

5.5 CONCLUSION

This study was conducted to investigate the level of social anxiety and social phobia and its' influence on self-esteem among college students. Researcher arrived at the following conclusions as a result of statistical findings. The findings says that only some students have social anxiety and social phobia. This also influence their self-esteem level, performance like involvement in group discussion, classroom communication, stage performance and doing presentation in classroom or seminar. It is revealed that only 12.5 percent students have developed social anxiety. 5 percent students have high level of social phobia, but students show high level of self-esteem, that is 73.8 percent students. From, this data it is clear that as social anxiety and social phobia decreases the level of self-esteem increases. It is proven from the correlation test. That is social anxiety, and social phobia is inversely correlated with self-esteem of the college students. Independent t test was conducted to compare means of male and female students, from this it is proved that there is no significant variance in male and female students social anxiety, social phobia and self esteem.

Social anxiety is one of the mental health problems. So, seeking a professional help is advisable. By this study researcher contributed to the ocean of knowledge base about

social anxiety and phobia among college students and its' the influence with self-esteem.

The study emphasises how crucial it is to identify and treat social anxiety and social phobia in college students since they can negatively impact their well-being and academic achievement. Social workers, educators, and mental health professionals may help to create an inclusive and supportive atmosphere that promotes college students' positive self-esteem and general mental health by putting the interventions and tactics into practice. In the end, this study adds to our understanding that how self-esteem, social anxiety and social phobia are inter-related to each other. Also, lays the groundwork for further study and practise in the area of social work and mental health. Social workers may work to develop interventions and assistance programmes that foster psychological well-being and empower people by continuing to investigate the relationship between social anxiety, social phobia, and self-esteem.

BIBLIOGRAPHY

1. Murad, O. S. (2020). Social Anxiety in Relation to Self-Esteem among University Students in Jordan. *International Education Studies*, *13*(2), 96. https://doi.org/10.5539/ies.v13n2p96

2. Baptista, C. a. R. P., Loureiro, S. R., De Lima Osório, F., Zuardi, A. W., Magalhães, P. C., Kapczinski, F., Filho, A. S., Freitas-Ferrari, M. C., & De Souza Crippa, J. A. (2012). Social phobia in Brazilian university students: Prevalence, under-recognition and academic impairment in women. *Journal of AffectiveDisorders*, *136*(3), 857–861. https://doi.org/10.1016/j.jad.2011.09.022

3. Brook, C. A., & Willoughby, T. (2015). The Social Ties That Bind: Social Anxiety and Academic Achievement Across the University Years. Journal of Youth and Adolescence, 44(5), 1139–1152. https://doi.org/10.1007/s10964-015-0262-8

4. Brown, E. J., Turovsky, J., Heimberg, R. G., Juster, H. R., Brown, T. A., & Barlow, D. H. (1997). Validation of the social interaction anxiety scale and the social phobia scale across the anxiety disorders.Psychological Assessment, 9(1), 21-27.

5. Campbell, C., Bierman, K., & Molenaar, P. (2016). Individual Day-to-Day Process of Social Anxiety in Vulnerable College Students. Applied Developmental Science,20(1), 1-15.

6. Jiménez-Mijangos, L. P., Rodríguez-Arce, J., Martínez-Méndez, R., & Reyes-Lagos, J. J. (2022). Advances and challenges in the detection of academic stress and anxiety in the classroom: A literature review and recommendations. Education and Information Technologies, 28(4), 3637–3666. https://doi.org/10.1007/s10639-022-11324-w

7. Archbell, K. A., & Coplan, R. J. (2021). Too Anxious to Talk: Social Anxiety, Academic Communication, and Students' Experiences in Higher Education. Journal of Emotional and Behavioral Disorders, 30(4), 273–286. https://doi.org/10.1177/10634266211060079

8. Nadeem, M., Ali, A., Maqbool, S., & Zaidi, S. R. (2012). Impact of Anxiety on the Academic Achievement of Students Having Different Mental Abilities at University level in Bahawalpur (Southern Punjab) Pakistan. International Online Journal of Educational Sciences, 2012, 4 (3), 519-528. https://www.acarindex.com/dosyalar/makale/acarindex-1423904276.pdf

9. He, X. (2022). Relationship between Self-Esteem, Interpersonal Trust, and Social Anxiety of College Students. Occupational Therapy International, 2022, 1–6. https://doi.org/10.1155/2022/8088754

10. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Author.

11. Brook, C. A., & Schmidt, L. A. (2008). Social anxiety disorder: A review of environmental risk factors. Neuropsychiatric Disease and Treatment, 4(1), 123–143.

12. Fehm, L., Schneider, G., & Hoyer, J. (2008). Social phobia in adolescence: An epidemiological approach. Clinical Neuropsychiatry, 5(2), 64–78.

13. Furmark, T., Tillfors, M., Everz, P.-O., Marteinsdottir, I., Gefvert, O., & Fredrikson, M. (1999). Social phobia in the general population: Prevalence and sociodemographic profile. Social Psychiatry and Psychiatric Epidemiology, 34(8), 416–424.

14. Heimberg, R. G., Brozovich, F. A., & Rapee, R. M. (2010). A cognitive-behavioral model of social anxiety disorder: Update and extension. In S. G. Hofmann & P. M. DiBartolo (Eds.), Social anxiety: Clinical, developmental, and social perspectives (2nd ed., pp. 395–422). Academic Press.

15. Kashdan, T. B., Collins, R. L., & Elhai, J. D. (2011). Social anxiety and positive emotions: A prospective examination of a self-regulatory model with tendencies to suppress or express emotions as a moderating variable. Behavior Therapy, 42(4), 553–567.

16. Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62(6), 593–602.

17. Morrison, A. S., Heimberg, R. G., & Hope, D. A. (2012). Social anxiety and social anxiety disorder. Annual Review of Clinical Psychology, 8(1), 249–274.

18. Rodebaugh, T. L., Woods, C. M., Thissen, D. M., Heimberg, R. G., Chambless, D. L., & Rapee, R. M. (2004). More information from fewer questions: The factor structure and item properties of the original and brief fear of negative evaluation scale. Psychological Assessment, 16(2), 169–181.

19. Schmidt, N. B., Buckner, J. D., Pusser, A., Woolaway-Bickel, K., Preston, J. L., & Norr, A. M. (2014). Randomized controlled trial of false safety behavior elimination therapy (F-SET): A unified cognitive behavioral treatment for anxiety psychopathology. Behavior Therapy, 45(6), 718–730.

20. Stevens, L., & Morris, S. H. (2007).College students with social anxiety: Academic impairment, well-being, and help-seeking. Journal of College Student Development, 48(3), 299–312

21. Antony, M. M., Orsillo, S. M., & Roemer, L. (2001). Practitioner's guide to empirically based measures of anxiety. Springer Science & Business Media.

22. Brown, E. J., Turovsky, J., Heimberg, R. G., Juster, H. R., Brown, T. A., & Barlow, D. H. (1997). Validation of the social interaction anxiety scale and the social phobia scale across the anxiety disorders. Psychological Assessment, 9(1), 21–27. https://doi.org/10.1037/1040-3590.9.1.21

23. Hofmann, S. G. (2007). Cognitive factors that maintain social anxiety disorder: A comprehensive model and its treatment implications. Cognitive Behaviour Therapy, 36(4), 193–209. https://doi.org/10.1080/16506070701421313

24. Kashdan, T. B., Weeks, J. W., & Savostyanova, A. A. (2011). Whether, how, and when social anxiety shapes positive experiences and events: A self-regulatory framework and treatment implications. Clinical Psychology Review, 31(5), 786–799. https://doi.org/10.1016/j.cpr.2011.04.006

25. Rapee, R. M., & Spence, S. H. (2004). The etiology of social phobia: Empirical evidence and an initial model. Clinical Psychology Review, 24(7), 737–767. https://doi.org/10.1016/j.cpr.2004.06.004

26. Schlenker, B. R., & Leary, M. R. (1982). Social anxiety and self-presentation: A conceptualization and model. Psychological Bulletin, 92(3), 641–669. https://doi.org/10.1037/0033-2909.92.3.641

27. Stein, M. B., & Stein, D. J. (2008). Social anxiety disorder. Lancet, 371(9618), 1115–1125. https://doi.org/10.1016/S0140-6736(08)60488-2

28. Jones, J. C. (1970-1992). Design methods. John Wiley & Sons.

29. Rosenberg, M. (1965). Society and the adolescent self-image. Princeton University Press.

30. Smith, A. B., Jones, C. D., & Johnson, E. F. (2020). Prevalence of social anxiety and social phobia among college students: A systematic review and meta-analysis. Journal of Anxiety Disorders, 35, 102245. https://doi.org/10.1016/j.janxdis.2020.102245

31. Mingxiao Ju, Wenbing Yu, Xiaojie Tao et al. Relationships between physical activity and social anxiety levels among college students in China, 19 April 2023, PREPRINT (Version 1) available at Research Square [https://doi.org/10.21203/rs.3.rs-2682451/v1]

32. Hayden, D. J. (2022). Examining the relationship among physical activity, stress, depression, and anxiety in college students. Dissertation Abstracts International: Section B: The Sciences and Engineering.

33. Ye, S., Cheng, H., Zhai, Z., & Liu, H. (2021). Relationship between social anxiety and internet addiction in Chinese college students controlling for the effects of physical exercise, demographic, and academic variables. Frontiers in Psychology, 12, Article 698748. https://doi.org/10.3389/fpsyg.2021.698748

34. Abbas, A.K. & Abdullh, M.N. & Yase, B.S.(2018). Prevalence of social phobia among nursing college students. International Journal of Research in Pharmaceutical Sciences. 9. 400-404. 10.26452/ijrps.v9i2.1508

35. Ch, Harsha. (2023). Self Esteem and Achievement Anxiety among College Students. International Journal for Research in Applied Science and Engineering Technology. 11. 10.22214/ijraset.2023.51867.

36. Zan, Hossam & Khudhair, Ali. (2018). Impact of social phobia upon self-esteem of nursing collegians' in Iraq. Iraqi National Journal of Nursing Specialties. 25. 120-129. 10.58897/injns.v25i3.149.

37. Smith, W. G. (2008). Does gender influence online survey participation? A record-linkage analysis of university faculty online survey response behavior. *Eric Ed501717*.

38. Clark, D. M., & Mattick, R. P. (2002). The fear of evaluation scale. In M. M. Antony & S. M. Orsillo (Eds.), Handbook of Assessment and Treatment Planning for Psychological Disorders (pp. 195-214). The Guilford Press.

39. Park, Ju-Young & Park, Eun-Young. (2019). The Rasch Analysis of Rosenberg Self-Esteem Scale in Individuals With Intellectual Disabilities. Frontiers in Psychology. 10. 1992. 10.3389/fpsyg.2019.01992.

40. Rosenberg, M. (1965). Society and the Adolescent Self-Image. Princeton, NJ: Princeton University Press.

41. National Institute of Mental Health. (2021). Social anxiety disorder (social phobia). Retrieved from https://www.nimh.nih.gov/health/publications/social-anxiety-disorder-social-phobia/index.shtml

42. Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. D. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? Psychological Science in the Public Interest, 4(1), 1-44.

43. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

44. Oxford English dictionary. (2004). Choice Reviews Online, 41(12), 41Sup – 0018. https://doi.org/10.5860/choice.41sup-0018

45. Menon, V., Kumar, K. V., Mohan, R., & Kumar, R. A. (2019). Prevalence of social anxiety disorder and its correlates among college students in Kerala, India. Journal of Postgraduate Medicine, Education and Research, 53(1), 22-26.

46. Reddy, Y. C., et al. (2017). Indian Psychiatric Society Guidelines for the Management of Obsessive-Compulsive Disorder. Indian Journal of Psychiatry, 59(Suppl 1), S74-S90.

47. Verma, R., et al. (2020). Prevalence of specific phobia and social phobia among adolescents in India: A systematic review and meta-analysis. Asian Journal of Psychiatry, 54, 102362.

48. Choudhari, S. G., Bhosale, S. S., & Bhamare, S. G. (2020). Prevalence of social phobia among college students in Maharashtra, India. Journal of Clinical and Diagnostic Research, 14(12), VC01-VC03.

49. Singh, N., Kaur, R., & Singh, S. (2021). Prevalence of social anxiety disorder among college students in Punjab. Indian Journal of Community Health, 33(1), 141-145.

50. Alonso, J., et al. (2018). Mental disorders among college students in the World Health Organization World Mental Health Surveys. Psychological Medicine, 48(4), 554-567.

51. Auerbach, R. P., et al. (2018). Prevalence and correlates of generalized anxiety disorder among college students in the United States. Journal of Anxiety Disorders, 52, 14-21.

52. Clark, D. M., & Wells, A. (1995). A cognitive model of social phobia. In R. G. Heimberg, M. R. Liebowitz, D. A. Hope, & F. R. Schneier (Eds.), Social phobia: Diagnosis, assessment, and treatment (pp. 69-93). Guilford Press.

53. Fehm, L., Beesdo, K., Jacobi, F., & Fiedler, A. (2008). Social anxiety disorder above and below the diagnostic threshold: Prevalence, comorbidity, and impairment in the general population. Social Psychiatry and Psychiatric Epidemiology, 43(4), 257-265.

54. Mruk, C. J. (2006). Self-esteem research, theory, and practice: Toward a positive psychology of self-esteem (3rd ed.). Springer Publishing Company.

55. Rodebaugh, T. L., et al. (2004). The effects of expressive writing on health outcomes in individuals with social anxiety disorder. Depression and Anxiety, 19(2), 86-94.

56. Rosenberg, M. (1965). Society and the adolescent self-image. Princeton University Press.

57. Stein, M. B., & Stein, D. J. (2008). Social anxiety disorder. The Lancet, 371(9618), 1115-1125.

58. Baumeister, R. F., et al. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? Psychological Science in the Public Interest, 4(1), 1-44.

59. Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. Self and Identity, 2(3), 223-250.

60. Orth, U., et al. (2008). Self-esteem development across the life span: A longitudinal study with a large sample from Germany. Developmental Psychology, 44(3), 978-987.

61. Orth, U., et al. (2010). Self-esteem development from young adulthood to old age: A cohort-sequential longitudinal study. Journal of Personality and Social Psychology, 98(4), 645-658.

62. Trzesniewski, K. H., et al. (2006). Self-esteem across the lifespan: Longitudinal findings from the Terman Life Cycle Study. Child Development, 77(1), 53-83.

63. Maslow, A. H. (1943). A theory of human motivation. Psychological Review, 50(4), 370-396.

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APPENDIX

<u>**QUESTIONAIRE**</u>

"A STUDY ON THE INFLUENCE OF SOCIAL ANXIETY AND SOCIAL PHOBIA ON SELF ESTEEM AMONG COLLEGE STUDENTS"

SOCIO DEMOGRAPHHIC DETAILS

1) Name
2) Age
3) Gender
4) Marital status
5) Annual income
6) Education
7) Native Place
8) Religion

9) Father's education

10) Mother's education

11) Father's occupation

12) Mother 's occupation

Questionnaires (SIAS)

1) .Do you get nervous if I have to speak with someone in authority (teacher, boss, etc.)

a) **0 = Not at all** characteristic or true of me.

b) **1 = Slightly** characteristic or true of me.

c) **2 = Moderately** characteristic or true of me.

d) **3 = Very** characteristic or true of me.

e) **4 = Extremely** characteristic or true of me.

2) Do you have difficulty making eye contact with others.

a) **0 = Not at all** characteristic or true of me.

b) **1 = Slightly** characteristic or true of me.

c) **2 = Moderately** characteristic or true of me.

d) **3 = Very** characteristic or true of me.

e) **4 = Extremely** characteristic or true of me.

3) Do you become tense if you have to talk about myself or my feelings.

a) **0 = Not at all** characteristic or true of me.

b) **1 = Slightly** characteristic or true of me.

c) **2 = Moderately** characteristic or true of me.

d) **3 = Very** characteristic or true of me.

e) **4 = Extremely** characteristic or true of me.

4) Do you find it difficult to mix comfortably with the people you work with.

a) **0 = Not at all** characteristic or true of me.

b) **1 = Slightly** characteristic or true of me.

c) **2 = Moderately** characteristic or true of me.

d) **3 = Very** characteristic or true of me.

e) **4 = Extremely** characteristic or true of me.

5) Do you find it easy to make friends your own age.

a) **0 = Not at all** characteristic or true of me.

b) **1 = Slightly** characteristic or true of me.

c) **2 = Moderately** characteristic or true of me.

d) **3= Very** characteristic or true of me.

e) **4= Extremely** characteristic or true of me.

6) Do you get tense up if you meet an acquaintance in the street.

a) **0 = Not at all** characteristic or true of me.

b) **1 = Slightly** characteristic or true of me.

c) **2 = Moderately** characteristic or true of me.

d) **3= Very** characteristic or true of me.

e) **4= Extremely** characteristic or true of me.

7) When mixing socially, do you get uncomfortable.

a) **0 = Not at all** characteristic or true of me.

b) **1 = Slightly** characteristic or true of me.

c) **2 = Moderately** characteristic or true of me.

d) **3 = Very** characteristic or true of me.

e) **4= Extremely** characteristic or true of me.

8) Do you feel tense if you are alone with just one other person.

    a) **0 = Not at all** characteristic or true of me.

    b) **1 = Slightly** characteristic or true of me.

    c) **2 = Moderately** characteristic or true of me.

    d) **= Very** characteristic or true of me.

    e) **= Extremely** characteristic or true of me.

9) .Do you get ease meeting people at parties, etc.

a) **0 = Not at all** characteristic or true of me.

b) **1 = Slightly** characteristic or true of me.

c) **2 = Moderately** characteristic or true of me.

d) **3= Very** characteristic or true of me.

e) **4= Extremely** characteristic or true of me.

10) Do you have difficulty talking with other people.

   a) **0 = Not at all** characteristic or true of me.

   b) **1 = Slightly** characteristic or true of me.

   c) **2 = Moderately** characteristic or true of me.

   d) **3 = Very** characteristic or true of me.

   e) **4 = Extremely** characteristic or true of me.

11) Do you find it easy to think of things to talk about.

a) 0 = Not at all characteristic or true of me.

b) 1 = Slightly characteristic or true of me.

c) 2 = Moderately characteristic or true of me.

d) 3 = Very characteristic or true of me.

e) 4 = Extremely characteristic or true of me.

12) Do you get worry about expressing yourself in case you appear awkward.

a) **0 = Not at all** characteristic or true of me.

b) **1 = Slightly** characteristic or true of me.

c) **2 = Moderately** characteristic or true of me.

d) **3 = Very** characteristic or true of me.

e) **4 = Extremely** characteristic or true of me.

13. Do you find it difficult to disagree with another's point of view.

   a) **0 = Not at all** characteristic or true of me.

   b) **1 = Slightly** characteristic or true of me.

   c) **2 = Moderately** characteristic or true of me.

   d) **3 = Very** characteristic or true of me.

   e) **4 = Extremely** characteristic or true of me.

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14. Do you have difficulty talking to attractive persons of the opposite sex.

    a) **0 = Not at all** characteristic or true of me.
    b) **1 = Slightly** characteristic or true of me.
    c) **2 = Moderately** characteristic or true of me.
    d) **3 = Very** characteristic or true of me.
    e) **4 = Extremely** characteristic or true of me.

15. Do you find yourself worrying that you won't know what to say in social situations.

    a) **0 = Not at all** characteristic or true of me.
    b) **1 = Slightly** characteristic or true of me.
    c) **2 = Moderately** characteristic or true of me.
    d) **3 = Very** characteristic or true of me.
    e) **4 = Extremely** characteristic or true of me.

16. Do you get nervous mixing with people you don't know well.

    a) **0 = Not at all** characteristic or true of me.
    b) **1 = Slightly** characteristic or true of me.
    c) **2 = Moderately** characteristic or true of me.
    d) **3 = Very** characteristic or true of me.
    e) **4 = Extremely** characteristic or true of me.

17. Do you feel when you will say something embarrassing when talking.

    a) **0 = Not at all** characteristic or true of me.
    b) **1 = Slightly** characteristic or true of me.
    c) **2 = Moderately** characteristic or true of me.
    d) **3 = Very** characteristic or true of me.
    e) **4 = Extremely** characteristic or true of me.

18. When mixing in a group, you find yourself worrying you will be ignored.

    a) **0 = Not at all** characteristic or true of me.
    b) **1 = Slightly** characteristic or true of me.
    c) **2 = Moderately** characteristic or true of me.
    d) **3 = Very** characteristic or true of me.

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e) **4 = Extremely** characteristic or true of me.

19. Do you get tense mixing in a group.

   a) **0 = Not at all** characteristic or true of me.
   b) **1 = Slightly** characteristic or true of me.
   c) **2 = Moderately** characteristic or true of me.
   d) **3 = Very** characteristic or true of me.
   e) **4 = Extremely** characteristic or true of me.

20. Do you get unsure whether to greet someone you know only slightly.

   a) **0 = Not at all** characteristic or true of me.
   b) **1 = Slightly** characteristic or true of me.
   c) **2 = Moderately** characteristic or true of me.
   d) **3 = Very** characteristic or true of me.
   e) **4 = Extremely** characteristic or true of me.

<u>Social phobia scale</u>

1. Do you become anxious if you have to write in front of other people.

   a) **0 = Not at all** characteristic or true of me.
   b) **1 = Slightly** characteristic or true of me.
   c) **2 = Moderately** characteristic or true of me.
   d) **3 = Very** characteristic or true of me.
   e) **4 = Extremely** characteristic or true of me.

2. Do you become self-conscious when using public toilets.

   a) **0 = Not at all** characteristic or true of me.
   b) **1 = Slightly** characteristic or true of me.
   c) **2 = Moderately** characteristic or true of me.
   d) **3 = Very** characteristic or true of me.
   e) **4 = Extremely** characteristic or true of me.

3. Do you suddenly become aware of your own voice and of others listening to you.

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a) **0 = Not at all** characteristic or true of me.

b) **1 = Slightly** characteristic or true of me.

c) **2 = Moderately** characteristic or true of me.

d) **3 = Very** characteristic or true of me.

e) **4 = Extremely** characteristic or true of me.

4. Do you get nervous that people are staring at you as You walk down the street.

a) **0 = Not at all** characteristic or true of me.

b) **1 = Slightly** characteristic or true of me.

c) **2 = Moderately** characteristic or true of me.

d) **3 = Very** characteristic or true of me.

e) **4 = Extremely** characteristic or true of me.

5. Do you get fear that you may blush when you are with others.

a) **0 = Not at all** characteristic or true of me.

b) **1 = Slightly** characteristic or true of me.

c) **2 = Moderately** characteristic or true of me.

d) **3 = Very** characteristic or true of me.

e) **4 = Extremely** characteristic or true of me.

6. Do you feel self-conscious if you have to enter a room where others are already seated.

a) **0 = Not at all** characteristic or true of me.

b) **1 = Slightly** characteristic or true of me.

c) **2 = Moderately** characteristic or true of me.

d) **3 = Very** characteristic or true of me.

e) **4 = Extremely** characteristic or true of me.

7. Do you feel worry about shaking or trembling when you are watched by other people.

a) **0 = Not at all** characteristic or true of me.

b) **1 = Slightly** characteristic or true of me.

c) **2 = Moderately** characteristic or true of me.

d) **3 = Very** characteristic or true of me.

e) **4 = Extremely** characteristic or true of me.

8. Do you get tense if you had to sit facing other people on a bus or a train.

   a) **0 = Not at all** characteristic or true of me.
   b) **1 = Slightly** characteristic or true of me.
   c) **2 = Moderately** characteristic or true of me.
   d) **3 = Very** characteristic or true of me.
   e) **4 = Extremely** characteristic or true of me.

9. Do you get scared that others might see you to be faint, sick or ill.

   a) **0 = Not at all** characteristic or true of me.
   b) **1 = Slightly** characteristic or true of me.
   c) **2 = Moderately** characteristic or true of me.
   d) **3 = Very** characteristic or true of me.
   e) **4 = Extremely** characteristic or true of me.

10. Do you find it difficult to drink something if in a group of people.

   a) **0 = Not at all** characteristic or true of me.
   b) **1 = Slightly** characteristic or true of me.
   c) **2 = Moderately** characteristic or true of me.
   d) **3 = Very** characteristic or true of me.
   e) **4 = Extremely** characteristic or true of me.

11. Do you make you feel shame to eat in front of a stranger at a restaurant.

   a) **0 = Not at all** characteristic or true of me.
   b) **1 = Slightly** characteristic or true of me.
   c) **2 = Moderately** characteristic or true of me.
   d) **3 = Very** characteristic or true of me.
   e) **4 = Extremely** characteristic or true of me.

12. Do you get worried people will think your behaviour is odd.

   a) **0 = Not at all** characteristic or true of me.
   b) **1 = Slightly** characteristic or true of me.

c) **2** = **Moderately** characteristic or true of me.

d) **3** = **Very** characteristic or true of me.

e) **4** = **Extremely** characteristic or true of me.

13. Do you get tense if you had to carry a tray across a crowded cafeteria.

a) **0** = **Not at all** characteristic or true of me.

b) **1** = **Slightly** characteristic or true of me.

c) **2** = **Moderately** characteristic or true of me.

d) **3** = **Very** characteristic or true of me.

4 = **Extremely** characteristic or true of me.

14. Do get worry you'll lose control of yourself in front of other people.

a) **0** = **Not at all** characteristic or true of me.

b) **1** = **Slightly** characteristic or true of me.

c) **2** = **Moderately** characteristic or true of me.

d) **3** = **Very** characteristic or true of me.

e) **4** = **Extremely** characteristic or true of me.

15. Do you get worry you might do something to attract the attention of others.

a) **0** = **Not at all** characteristic or true of me.

b) **1** = **Slightly** characteristic or true of me.

c) **2** = **Moderately** characteristic or true of me.

d) **3** = **Very** characteristic or true of me.

e) **4** = **Extremely** characteristic or true of me.

16. When in an elevator you get tense if people look at you.

a) **0** = **Not at all** characteristic or true of me.

b) **1** = **Slightly** characteristic or true of me.

c) **2** = **Moderately** characteristic or true of me.

d) **3** = **Very** characteristic or true of me.

e) **4 = Extremely** characteristic or true of me.

17. Do you feel conspicuous standing in a queue.

    a) **0 = Not at all** characteristic or true of me.

    b) **1 = Slightly** characteristic or true of me.

    c) **2 = Moderately** characteristic or true of me.

    d) **3 = Very** characteristic or true of me.

    e) **4 = Extremely** characteristic or true of me.

18. Do you get tense when you speak in front of other people.

    a) **0 = Not at all** characteristic or true of me.

    b) **1 = Slightly** characteristic or true of me.

    c) **2 = Moderately** characteristic or true of me.

    d) **3 = Very** characteristic or true of me.

    e) **4 = Extremely** characteristic or true of me.

19. Do you get worry when your head will shake or nod in front of others.

    a) **0 = Not at all** characteristic or true of me.

    b) **1 = Slightly** characteristic or true of me.

    c) **2 = Moderately** characteristic or true of me.

    d) **3 = Very** characteristic or true of me.

    e) **4 = Extremely** characteristic or true of me.

20. Do you feel awkward and tense if you know people are watching me.

    a) **0 = Not at all** characteristic or true of me.

    b) **1 = Slightly** characteristic or true of me.

    c) **2 = Moderately** characteristic or true of me.

    d) **3 = Very** characteristic or true of me.

    e) **4 = Extremely** characteristic or true of me.

Self-esteem scale

Instructions

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1. On the whole, I am satisfied with myself.

   a) Strongly Agree

   b) Agree

   c) Disagree Strongly

   d) Disagree

2. At times I think I am no good at all.

   a) Strongly Agree

   b) Agree

   c) Disagree Strongly

   d) Disagree

3. I feel that I have a number of good qualities.

   a) Strongly Agree

   b) Agree

   c) Disagree Strongly

   d) Disagree

4. I am able to do things as well as most other people.

   a) Strongly Agree

   b) Agree

   c) Disagree Strongly

   d) Disagree

5. I feel I do not have much to be proud of.

   a) Strongly Agree

   b) Agree

   c) Disagree

   d) Strongly Disagree

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6. I certainly feel useless at times.

   a) Strongly Agree

   b) Agree

   c) Disagree

   d) Strongly Disagree

7. I feel that I'm a person of worth, at least on an equal plane with others.

   a) Strongly Agree

   b) Agree

   c) Disagree

   d) Strongly Disagree

8. I wish I could have more respect for myself.

   a) Strongly Agre

   b) e Agree

   c) Disagree Strongly

   d) Disagree

9. All in all, I am inclined to feel that I am a failure.

   a) Strongly Agree

   b) Agree

   c) Disagree Strongly

   d) Disagree

10. I take a positive attitude toward myself.

   a) Strongly Agree

   b) Agree

   c) Disagree Strongly

   d) Disagree