Prevalence of Social Anxiety Among University Students in Saudi Arabia

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Abstract: The present study aimed to detect the prevalence rates of social anxiety among a sample of university youth in light of some demographic variables and to discover the differences in anxiety according to gender and academic level. The study sample consisted of (n = 400) students from three Saudi universities. The study found a low level of SA in the sample. The study also revealed that there are significant differences in SA between the sexes and differences in the female orientation, and the study revealed that there are differences in SA, according to the academic level in the direction of first-level students, based on the results, the study recommended several recommendations, including activating the role of psychological counseling in universities to deal with all psychological problems and disorders among university students.

Keywords: *social anxiety, university students, gender Differences,*

Introduction

Some of us experience social anxiety (SA) due to our fear of criticism, humiliation, and making mistakes. People with anxiety may adopt different behavioral patterns in social situations (Rum et al., 2024).

Casper was among the first to examine SA, describing it in 1846 as "a serious SA affecting young people." Peters and Regis conducted studies on phobia in 1807 and 1902, while Claparède published a comprehensive review of the subject during the same period. SA was first classified as a phobia by Janet in 1903. Later, in 1910, Hartenberg noted that various forms of SA were commonly referred to under the general term "shyness," including performance anxiety, social inhibition, and certain personality disorders(1)

In 1938, Schilder, a psychiatrist, introduced the term "social neurosis" to describe the condition of individuals with extreme shyness. In 1950, Joseph, a South African psychiatrist, pioneered efforts to enhance behavioral treatment for this phobia by developing the technique of systematic desensitization. This advancement stimulated increased research into behavioral therapy. However, despite the interest of figures such as Morita (Japan, 1930s), significant developments in the field were not recorded until the 1960s. Furthermore, terms such as "communicative neurosis" and "social neurosis" were mentioned in British and German literature during this period (2)

SA, formerly known as social phobia, is defined as the fear of being humiliated or negatively evaluated by others(3) According to the American Psychological Association (APA) in 2013, it is characterized by a fear of social situations, often leading to avoidance due to the stress it causes(4)

Individuals affected by SA experience significant fear of public humiliation, often leading them to avoid social interactions or settings. In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), SA is categorized as an anxiety disorder(5)

The third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980 described social phobia in a way that limited the diagnosis due to exclusionary criteria, including those with an avoidant personality disorder, a new category at the time. 1985, that view was challenged, and by 1987, the DSM-III-R removed the exclusion. In 1994, DSM-IV added the alternative name of SAD due to a recognition that social phobia could be differentiated from specific phobias due to important pathophysiological and clinical factors. With the publication of DSM-5 in 2013, SAD became the primary name. With the publication of DSM-5, the diagnostic criteria for SAD have been broadened from previous

editions to include fear of acting in a way or showing anxiety symptoms that offend others or lead to rejection, in addition to fear of humiliation or embarrassment The latest edition of DSM also removed the generalized subtype and added the "performance only" specifier.[6]

The lifetime prevalence of SA is estimated at 4%, with a 12-month prevalence rate of 2.4%(7). The onset typically occurs around the age of 13, and approximately 80% of cases manifest by the age of 20(8). Globally, the estimated prevalence rates are 1.3% per month, 2.4% annually, and 4.0% for a lifetime. These rates differ across countries, being generally lower in low- and middle-income nations, while higher in high-income countries (8)

SA affects both men and women at comparable rates. One study reports a six-month prevalence of 1-2% in men and 1-4% in women within the 18-64 age range. The disorder typically manifests between the ages of 17 and 30(9). A recent analysis of 43 epidemiological studies conducted in the United States found that the prevalence of SA ranged from 7% to 12%, with an average onset age of 15.5 years(10)

SA greatly affects the quality of life and is an emotional disorder that impairs professional and social functioning, leading to psychological loneliness, isolation, distraction, and poor interaction with others. Individuals with it also experience functional impairment in various areas of their lives(11);(12);(13) For example, people with SA have difficulty dating and making friends, show poor social functioning, and are more likely to be single and live alone compared to people with other anxiety disorders(14);(15);(16).

SA is associated with other disorders, including low self-esteem, frustration, and loneliness, as well as addictive behaviors such as internet and mobile phone addiction, aggressive behaviors, depression, and suicidal tendencies(17);(18);(19);(20). In the university context, numerous studies have focused on SA among college students (21);(22);(23); Despite the accumulation of research on SA, there are few studies analyzing gender differences in the disorder, although older epidemiological research suggests that it is more common in women.(5) Although the literature on gender is limited, it provides valuable information to researchers and practitioners(24). Hence, this study is launched to identify the prevalence rates, correlations, and predictors of SA among university students in Qassim, Jeddah, and Tabuk

Review of literature

SA is a mental disorder classified as a phobic anxiety disorder, as stated in the World Health Organization's Tenth Manual of Classification of Psychiatric and Mental Illness, as well as in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, as a widespread but treatable chronic psychiatric disorder (25). SA, or "formerly" social phobia, is known as

one of the most common disorders worldwide, with people avoiding social environments or activities for fear of humiliation in public. It is classified in DSM-5 as an anxiety disorder(5)

Ibrahim (26) defines it as fear that an individual recognizes as excessive or irrational of a social or performance situation, and usually includes excessive sensitivity to criticism and negative evaluation or rejection from others. It is also defined as an individual's fear or avoidance of performance and interaction situations in social groups as a result of being preoccupied with the idea that others are constantly watching and judging them negatively(27).

Based on the above, the current study defines SA as a chronic and severe psychological disorder characterized by a constant fear of social situations in anticipation of negative judgment from others.

On the other hand, Baron (1989) classified the symptoms of SA into three categories:

1. Cognitive symptoms include negative thoughts about oneself, excessive preoccupation with evaluating others, the expectation to appear tactless, and fear of critical feedback.

2. Physical symptoms, including facial redness, tremors, nausea, sweating, dry throat, and rapid heartbeat.

3. Behavioral and emotional symptoms: stopping social behavior, avoiding interaction with others, speaking in a low voice or being silent, and avoiding eye contact (28) .

The World Health Organization (29) reports that the prevalence of SA in 30 days, 12 months, and over a lifetime was 1.3%, 2.4%, and 4.0%, respectively. The proportions are lowest in low- and middle-income countries, especially in Africa and the Eastern Mediterranean, and highest in high-income countries(7). In another report by the International Organization for Mental Health in 2020, it was found that 27% of the world's adult population suffers from mental disorders, including anxiety, which ranks sixth in the world. The prevalence of SA is estimated at 7% in the United States and is more common among females and those with low socioeconomic status(29).

Its lifetime prevalence ranges from 7% to 13% in Western countries, with cases increasing among educated and low-income male and female adolescents (30).

In a study by Meng et al. (31), its lifetime prevalence in the United States was 12% and in Europe, 0.8%. The rates were 0.2% in China, 12.8% in India, and 22.5% in Pakistan. In Ethiopia, Kurdistan, and Turkey, the rates were 27.5%, 31.25%, and 20.9%, respectively, and were higher among females.

SA is one of the most common disorders in Saudi Arabia, accounting for about 13% of all psychological conditions, especially in adolescents (30). In a 2010 study conducted at Buraidah Hospital, its monthly prevalence was 5.6% among psychiatric clinic visitors(31). A 2019 review also showed that

the prevalence of SA among medical students in Saudi Arabia ranged between 34.9% and 65% and was more prevalent among female students, while higher rates were recorded among male dental students compared to females. (32). According to the National Mental Health Survey in Saudi Arabia (2019), SA is one of the most common disorders among young Saudis, along with other disorders such as separation anxiety, hyperactivity disorder, and obsessive-compulsive disorder. It was 7% in females and 4.3% in males (33).

It is worth noting that mental health is the cornerstone of life satisfaction and quality. However, anxiety continues to spread among university students around the world. Psychological research, both in developed and developing countries, over the past decades, has highlighted the increasing prevalence of anxiety, depression, and stress among university students, especially in 2019. It is estimated that about 301 million people globally develop anxiety disorders, making it one of the most prevalent mental health disorders globally(34). SA, formerly known as social phobia, is a prominent subtype of the anxiety disorder spectrum, characterized by a deep fear of social interactions or observation, which hinders daily functioning and leads to severe suffering. Epidemiological studies have shown that its lifetime prevalence ranges from 8.4% to 15%, while the current prevalence rate ranges from 5% to 10%(35).

SA is classified as an anxiety disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)(5). Studies indicate that its prevalence ranges from 7% to 14% in most societies, and it is a chronic disorder that disrupts social life. Some researchers believe that this disorder accounts for about 25% of all phobias(36). SA is the third most common disorder globally, but its prevalence varies between countries and cultures, ranging from 7% to 13% in Western countries, 10% in India, and 11.7% in Saudi Arabia. It is reported that 34.6% of students reported having the disorder. According to DSM-5, a disorder is a constant fear of social or performance situations in which an individual may be evaluated by others(37). Lifetime prevalence rates of SA ranged from 3% to 13%, and studies at universities in Jordan, Ghana, Nigeria, Brazil, and Sweden showed prevalence rates ranging from 9% to 16.1%. Rates were higher in Ethiopia and India, at 26% and 31.1%, respectively(38). SA was also associated with low educational attainment, family or personal history, use of psychiatric medications, and lack of social support. Studies have shown that SA leads to low self-esteem and poor body image, negatively affecting academic performance (39). In Saudi Arabia, SA is one of the most common mental disorders, with a study at Buraidah Mental Health Hospital reporting a monthly outpatient prevalence of 5.6% (40). In a 2020 article in the Mecca newspaper, the National Center for Mental Health Promotion pointed to the same percentage.

Based on the above, the current study seeks to determine the prevalence of SA among university students, to reveal the extent of its prevalence, and the extent to which it is related to some demographic variables, such as gender and academic level.

Study Questions

1. What is the prevalence of SA among university students in Saudi Arabia?
2. What are the differences between males and females in SA among university students in Saudi Arabia?
3. What are the differences in SA among university students in Saudi Arabia according to academic level?

Aims of the study

This study aims to investigate SAD the prevalence among students at three universities in Saudi Arabia. and to assess the gender difference in the prevalence of social anxiety. We expect this study to be useful in bridging the gap in local research of SAD, and will be useful for future studies that try to reduce the high prevalence of this disorder and prevent its long-term consequences..

Methodology

Research Design

A cross-sectional research design was adopted for conducting the present study. Cross-sectional research is defined as a research method where data is collected from multiple individuals at one specific time. This type of research involves observing variables without causing any influence. Cross-sectional studies are employed across various disciplines

Sample and Data Collection

The study sample consisted of 400 of them (148 males, 34.1% of the total sample, and 252 females, 60.2% of the total sample). The age range of the sample ranges from 16 to 22 years, with an average age of 17.2 years and a standard deviation of 1.17 years. The sample was a Convenience sample selected from students of three universities.

Prior to commencing the cross-sectional study, the research team obtained ethical approval from the Imam Mohammad Ibn Saud Islamic University (IMISU)Scientific Research Ethics Committee. Participants were briefed on the study's aims and objectives, and digital consent was obtained from them before they completed the survey. Consent was indicated by participants. The demographic characteristics of the total sample of the current study can be presented in Table 1.

Table 1: Demographic information of the participants

Data	N	%
Gender		
male	148	58.7%
Female	252	63%
Specialization	N	%
theoretical	220	55%
Practical	80	20%
University	N	%
Tabuk	200	50%
King Abdulaziz	100	25%
Qassim	100	25%

Instruments

Social Anxiety Scale (SAS):

Al-Hajres et al.(41), by preparing the SAS, the scale consists of 19 items, and the scale is corrected by choosing the response from among five alternatives, where the examinee chooses from these alternatives: not, often, sometimes, and rarely, where the following grades were given respectively (5-4-3-1), taking into account that the correction of negative paragraphs is reversed, which are the paragraphs (9-11-12-14). The scale has good psychometric properties, as its validity has been verified by factor honesty. The scale is characterized by a factor structure with only one factor saturated in (19). Paragraph ramifications extended from .3 to .63, and this factor was interpreted as 19.31% of the total variance in the scale defined by its distinctive value (3.86) and measured through these phrases of SA. The preparers of the scale also calculated the stability of the scale in two ways: the Cronbach's alpha method reached .88, and the half-segmentation method reached .81 after correcting the length using the Spearman-Brown equation.

To verify the psychometric properties of the scale in the current study, the researcher calculated the honesty and stability of the scale on an exploratory sample of the current study population of 2000 individuals for honesty. Five professors of psychology from the faculty members of the Faculty of Social Sciences, Department of Psychology, were consulted to verify the apparent honesty of the scale and know its suitability for the current study sample and its validity, and after deliberation, the scale was approved, the paragraph was deleted, and the rates of agreement between the arbitrators It reached 80% to 100%, which is an indicator of the validity of the apparent scale in the current study. The internal homogeneity or internal consistency of the scale was also calculated on the previously mentioned survey sample, calculating the correlation coefficients between the score of the item with the total sum of the scale, and

all the correlation coefficients between all items and the total score were statistically significant at the level of .001, which indicates the consistency of the internal structure of the scale or the stability of the scale. The internal consistency coefficients were used, Cronbach's alpha, in addition to the half Split-Half Method, where the correlation coefficient of Cronbach's alpha was .747, while the half Split-Half Method was .771 after correction for length by the Spearman-Brown equation.

Procedure:

The study tools were applied electronically via the Google Form model, and the application continued for 6 months, during the period from 1/1/2025 to 21/5/2025. Students of Qassim University, Tabuk, and King Abdulaziz University can view the demographic characteristics of the total sample of the current study.

Statistical methods used

The study relied on the Pearson correlation coefficient, the t-test **and Variance Analysis** using the SPSS statistical analysis program (version 25).

Results

The results will be presented and discussed according to the order of their questions as follows:

Results of the first question

Q.1.What is the prevalence of SA among university students in Saudi Arabia? To answer this question, the t-test was used for one sample in order to compare the average scores of SA for the study sample with the hypothetical average of the two scales, as shown in table 2:

Table 2. Results of differences between the arithmetic mean and the hypothetical mean of the study sample on the SAS (N=400)

Scale Anxiety Meeting	Number of items	M	Hypothetical average	SD	T	p-value	Level
	19	51.8	57	12.8	8.12	<0.001	low

The average scores of the total sample were calculated on the SAS, reaching 51.8 degrees, with a standard deviation of 12.8. When compared with the hypothetical average of the scale, which amounted to 57 degrees, and after applying the T-test for one sample, it was found that the calculated T value is greater than the tabular value, as it reached 8.12, and it was statistically significant at the level of .001. This means that the sample has a lower level of SA than the hypothetical level, indicating that the sample members are characterized by low SA.

Results of the second question

Q.2. What are the differences between males and females in SA among university students in Saudi Arabia? To answer this question, the t-test was calculated to compare males and females in the level of SA, and the results are shown in Table 3.

Table 3: Results of the comparison of SA between males and females

Samples	N	Mean	SD	T	p-value
male	148	48.5	11.3	3.9	<0.001
Female	252	53.9	13.2		

Table 3 shows that there are statistically significant differences between males and females in the level of SA, and these differences were in the direction of females, indicating that female students suffer from higher levels of SA compared to males.

Results of the third question

Q.3. What are the differences in SA among university students in Saudi Arabia according to academic level? To answer this question, the analysis of single variance between the sample members was calculated according to the academic level, and the results are shown in Table 4.

Table 4. Results of Comparative Single Variance Analysis in SA by Academic Level

Between Groups	Sum of Squares	df	Mean Square	F	p-value
Between Groups	67661.1	408	163.5	7.6	.006
Within Groups	1244.15	1	1244.15		
Total	6766.12	409	163.5		

Table 3 shows that there are statistically significant differences in SA according to the level of the study, and to find out the direction of differences in gender, the current study uses dimensional analysis using LCD to determine the direction of differences in SA, and the results are shown in Table5.

Table 5. Differences and their trend in the level of SA among the sample members according to the level of study using the test LSD (Least Significant Difference).

Comparison groups for socioeconomic level	Mean Difference (2/1)	Mean Difference (3/1)	Mean Difference (3/2)
Higher levels	2.64403	7.7928*	4.435
Middle levels			
First levels			

Looking at the results of Table 5, it is clear that there are statistically significant differences in the level of SA among the members of the study sample according to the academic level at three levels: upper

levels, middle levels, and first levels. The differences were in the direction of the first-level group, meaning that first-level students showed higher levels of SA than their higher-level peers.

Discussion

This sectional descriptive study provides information on the prevalence of social anxiety among university students. A total of 400 students were included from the first year to the final year. In our study, it was found that the prevalence of social anxiety was low compared to its global rates. These considerable variations in prevalence findings have been attributed to the fact that there are methodological differences between studies, such as sample composition, cultural reasons and possible differences in methods of assessment and diagnostic criteria.

In this section, I discuss the results obtained from the research. The results are discussed as follows:

The low level of SA in the current study sample of university students can be explained by the fact that they tend to interact normally in social situations and are characterized by good social interaction skills. This result can also be explained by the fact that the culture of Saudi society is a collective culture that motivates its members to good social relations and participation in various social situations. This finding is consistent with the findings of several previous studies that have shown that SA is less common among non-clinical individuals than college students, such as(42);(43);(44);(45);(46);(47);(48).

This finding also supports the findings of the Alhazmi et al. (49) study, conducted in the Saudi environment, which showed low rates of SA among university students, reflecting the impact of local culture in enhancing social interaction and alleviating feelings of anxiety in social situations.

The researcher explains this finding in light of the psychological and social factors associated with gender, as females tend to show more pronounced physical symptoms when faced with social situations. Such as tremors and dry throat, as a result of low self-esteem and inadequacy, in addition to the influence of societal modesty and the nature of conservative society, which may promote a sense of stress in females without necessarily being an obstacle to social interaction.

Although the difference between males and females is not significant, the high level of SA in females may be attributed to several reasons, including sexual restrictions associated with women's social role. and negative cultural messages towards female self-expression. and additional social pressures faced by females. In some countries, there is income inequality.

Males, by cultural upbringing, may also be reluctant to express their concern because this is linked to weakness or detracting from masculinity, while females do not experience this type of pressure, making their expression of anxiety more visible.

This finding is supported by the DSM-5, which indicates that SA is more common in females and is most evident in adolescence, and is supported by the results of several studies such as(50);(51);(52).

The results of the study are also consistent with Arab studies such as((53);(54);(55);(56),(57)).

While the results of this study differ from some previous studies that did not find statistically significant differences between the sexes in the level of social anxiety, such as the studies of (58) and (59), in addition to the study of Radwan (60), which indicated that males are more concerned than females.

On the other hand, the results of the current study are inconsistent with some other studies conducted in different cultural and social contexts, such as the study of Al-Najjar et al. (60) in Malaysia and the study of Alaa Hijazi (61), Nasra Al-Ghafri (62), and Yasmin et al. (63), which found mixed results that may reflect the influence of local culture and the nature of society on patterns of expression of social anxiety, which explains the variation in results between studies.

The results of the current study are consistent with the findings of (55)which indicated that first-year students at university suffer from higher levels of SA compared to students at advanced levels (seventh and eighth). This is due to the dread of the new university environment, characterized by geographical vastness, crowding, and social diversity, which constitutes a sudden transition for the student from a relatively limited school environment to a more open and complex one.

Later-year students may have passed this transition, gained some adaptation, and are motivated to engage in practical tasks associated with graduation, such as internships or teamwork projects, which can reduce SA.

Although the level of SA in the sample in general was low, the differences associated with the school year remain worth studying, noting that these differences may not reflect substantial differences, which requires additional studies to verify the stability of these differences across different samples.

This finding can also be explained by the fact that SA usually begins early in life and manifests itself to varying degrees during adolescence or beyond. Therefore, it may appear in some first-level students, while

it may be delayed in advanced students, depending on the personal and environmental factors of each individual.

Recommendations

Attention to the design and implementation of counseling programs aimed at alleviating SA among university students in general, with a special focus on female students and first-level students, with the aim of helping them adapt and interact positively in different social situations inside and outside the university. Directing parents to the importance of providing a positive family climate based on feelings of unconditional love, appreciation, psychological support, and cohesive family relationships in a way that contributes to building a psychologically and socially balanced personality in children. Educating parents about proper parenting methods because of their great impact on the prevention of SA. Negative childhood experiences within the family or school may be an early starting point for the disorder to develop later. In addition to holding preventive and therapeutic workshops and counseling courses within universities, targeting students and faculty members, and focusing on raising awareness of SA and mechanisms for dealing with and preventing it.

Future research directions

Finally, propose **future research directions** (e.g., longitudinal tracking of social anxiety among different age groups, other therapeutic studies to reduce social anxiety, and exploration of diseases associated with social anxiety).

Limitations

This study was conducted only in three universities in Saudi Arabia, and the sample size was n = 400. Thus, the results of this study do not describe the general profile of university students in Saudi Arabia. Moreover, due to limitations, future researchers must expand this research to a wider area at the provincial or even national level.

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