

Social Anxiety Levels among Adolescents at Social Child Welfare Institutions in Pekanbaru City

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Abstract

Background: Social anxiety is a fear of getting negative judgments from others when individuals are involved in certain social activities or situations. Social anxiety can also be experienced by teenagers who live in Social Child Welfare Institutions. **Objective:** This study aims to obtain an overview of the level of social anxiety in adolescents who live in Social Child Welfare Institutions in Pekanbaru City. **Method:** This quantitative study used a descriptive survey method, with a cluster random sampling technique of 240 adolescents as a sample. The research instrument is the Liebowitz Social Anxiety Scale questionnaire. **Result:** The results of this study indicate that 69.7% of the 240 adolescents living in Social Child Welfare Institutions experienced social anxiety. The dominating level is mild social anxiety (33.8%), followed by moderate social anxiety (21.3%), marked social anxiety (10%), severe social anxiety (3.8%), and very severe social anxiety (0.8%). The social situation that makes most respondents feel afraid or anxious is going to a party or event (74.2%), while the most avoidance response is urinating in a public toilet (55.2%). **Conclusion:** It can be concluded that adolescents living in Social Child Welfare Institutions experience social anxiety at various levels. Therefore, this research intends to make related institutions (Social Services) cooperate with Social Child Welfare Institutions to pay more attention to teenagers' development. Support can be in the form of providing facilities and health professionals who can help prevent social anxiety from escalating into a more severe condition or even causing other mental illnesses.

Keywords: Adolescents, Social Child Welfare Institutions, Social Anxiety.

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INTRODUCTION

Teenager is one of the largest age groups in developing countries. The number of teenagers has increased every year. According to the Central Agency on Statistics, as of February 2022, the number of adolescents aged 15-19 years in Indonesia has reached 22 million people (1). In Riau Province, the teenage population reaches 568,312 people (2).

Teenagers will experience changes towards adulthood. Adolescence is a period of transformation from children to adults, where the transformation that occurs in the body and mind will create several changes and determine the unique needs of adolescents (3). Fulfilling these needs requires adolescents to get adequate assistance and support from adults. Emotional and social interactions between adolescents and parents are essential for development (4). However, not all teenagers are fortunate to receive adult help and support. One of them is a teenager living in an orphanage (5).

An orphanage or a Social Child Welfare Institution is a house or residence dedicated to caring for orphans, orphans, and neglected children (6). Based on the Application Data for the Social Welfare System-Next Generation, as of May 2021, there are 3,914 Social Child Welfare Institutions in Indonesia, with 191,696 children being cared for by orphanages/foundations/centers. On the other hand, Pekanbaru is a city in Indonesia with many Social Child Welfare Institutions. Data from the Pekanbaru City Social and Cemetery Office for 2021 reveals that 26 fully licensed Social Child Welfare Institutions in Pekanbaru and 22 still operate today. There are around 597 children who are classified as teenagers living in the Pekanbaru City Social Child Welfare Institutions.

Teenagers living in Social Child Welfare Institutions also need more adult attention. However, many family members in Social Child Welfare Institutions will significantly affect the quality of attention adolescents receive (5). This condition will be an obstacle for adolescents to fulfill their developmental tasks. Therefore, they do not deny the possibility that adolescents can experience social anxiety.

Besides, anxiety is a future-oriented apprehension associated with uncontrollable and unpredictable events (7). One type of

anxiety is anxiety about social situations. Social situations refer to conditions in which a person is with at least one other person. This situation can involve interactions with other people (interpersonal problems) or can include someone being noticed by other people (performance situations) (7). Socially anxious individuals interpret the emotional expressions of others in a distorted and negative way, which affects their social interactions with others in a negative way (4).

Furthermore, the Indonesian Ministry of Health explained that the prevalence of sufferers of symptoms of anxiety and depression in Indonesia in 2018 reached 6.1% of the population aged 15 years and over (8). Another study examined more specific social anxiety, finding that as many as 37.3% of 1156 participants aged 14-24 experienced social anxiety disorder (9). The social environment and significant transitions at puberty form neural circuits that modulate social alertness; therefore, it can potentially cause social anxiety in adolescents (10).

This social anxiety can also occur in adolescents who live in orphanages. Mental health problems are very common among adolescents in orphanages (11). This condition is due to the lack of self-determination and the inability to make decisions that put orphans at risk of experiencing anxiety (12). The statement supports that orphans living in Social Child Welfare Institutions have more difficulty understanding their feelings, regardless of the length of time they have lived there (13). As a result, when individuals become aware of their internal emotional experiences, this can increase threats to them and trigger inhibitory behaviors that can inhibit social interaction (14).

Much research has been done on anxiety disorders in Pekanbaru City. Still, not much research has specifically examined social anxiety, especially in adolescents at Social Child Welfare Institutions, even though social anxiety is one of the leading indicators measuring adolescent mental health (15).

A preliminary study was conducted by researchers on ten teenagers at the Puteri Aisyiyah Orphanage in Pekanbaru City. The research used the interview method and found that teenagers said they were often worried about other people's views of them and felt ashamed of their condition living in Social

Child Welfare Institutions. Another worrying factor is that teenagers don't get enough attention from the orphanage environment, causing them to feel insecure and start to be afraid of interacting with new people and doing something new in front of many people. This fear is feared to cause adolescents to be unable to adapt to the social environment after leaving the institution. This field condition interested researchers in researching an overview of social anxiety in adolescents living in Social Child Welfare Institutions in Pekanbaru City.

OBJECTIVE

This study aims to obtain an overview of the social anxiety level in adolescents living in Social Child Welfare Institutions in Pekanbaru City. The results of this study can be used as a basis for information about social anxiety in adolescents, where there is not much data in Pekanbaru City.

METHOD

Design

This study used a quantitative design with a descriptive survey method. This research has been carried out in all Social Child Welfare Institutions in Pekanbaru City, specifically in 22 Social Child Welfare Institutions in Pekanbaru City, which are fully licensed.

Sample, Sample Size & Sampling Technique

The population of this study was adolescents living in all Social Child Welfare Institutions in Pekanbaru City, totaling 597 people. The sampling technique used in this study is probability sampling with the cluster random sampling method. Therefore, the required research sample is 240 people. Also, the inclusion criteria for the samples of this study were youth aged 12-21 years old. Besides, the youth living in Child Welfare Institutions with complete permits in Pekanbaru City, those who were willing and able to participate in a series of activities, and the exclusion criteria were those who were not ready to join because of school activities or mandatory institutional activities.

Data Collection Process

According to appointments, the researcher visited each Social Child Welfare Institution and re-explained the research

procedure to their staff. The researcher selected and collected respondents with the help of the team. Researchers provide research statement sheets and explain the aims, objectives, and research procedures to respondents to enable them to make decisions about their involvement in research. However, in this particular study, no risk was involved. They voluntarily signed the consent form after providing this information to the respondents. After that, researchers distributed questionnaires and provided directions for filling out questionnaires.

The Instrument for Data Collection

This study used the Liebowitz Social Anxiety Scale questionnaire developed by Dr. Michael Liebowitz (1987) to measure a person's social anxiety and avoidance behavior in various situations. This questionnaire has 24 items of closed questions. Respondents will be asked to choose their reaction level of fear or anxiety with a value of 0=none, 1=mild, 2=moderate, and 3=severe and the level of avoidance of a situation with a value of 0=never, 1=occasionally, 2=often, and 3=usually. After that, the researcher re-examined the completeness of filling out the questionnaires that had been collected. This study-maintained research ethics by applying anonymity and confidentiality; therefore, this research is safe for respondents.

Data Analysis

The analysis in this study focused on univariate analysis. Univariate analysis is a descriptive statistical test to display the frequency distribution and proportion. This is used to explain the characteristics of the respondents and obtain an overview of the social anxiety level in adolescents living in Social Child Welfare Institutions.

Ethical Consideration

Before the actual data gathering, ethics clearance was obtained from the Research Ethics Supervisory Committee of the Faculty of Nursing, Riau University, number 505/UN19.5.1.8\KEPK.FKp\2022, which was issued on August 30th, 2022.

RESULTS

Table 1 The Characteristics of Respondents

The Characteristics of Respondents	Total (n)	Percentage (%)
Age		
a. 12-15 years old	136	56,7
b. 16-18 years old	96	40,0
c. 19-21 years old	8	3,3
Total	240	100
Gender		
a. Male	77	32,1
b. Female	163	67,9
Total	240	100
Length of stay		
a. <1 year	69	28,8
b. 1-3 years	74	30,8
c. >3 years	97	40,4
Total	240	100
Level of education		
a. Junior high school	128	53,3
b. Senior high school	108	45,0
c. College	4	1,7
Total	240	100

Demographic Sample Characteristics

Table 1 shows that the distribution of respondents based on age was dominated by teenagers aged 12-15 or in the early youth category (56.7%). Based on gender, the distribution is dominated by females more than males; it has a 2:1 ratio. Moreover, regarding the length of time, respondents stayed at Social Child Welfare Institutions, the distribution was more dominant among adolescents with a stay of more than three years, as many as 97 people (40.4%) compared to teenagers who lived less than three years, as many as 74 people (30.8%). Consequently, those who only settled for less than one year, as many as 69 people (28.8%). Based on the level of education attained, the distribution was more towards teenagers with junior high school/ equivalent education, with a total of 128 people (53.3%).

Table 2 Frequency Distribution Based on The Classification of Social Anxiety

Respondent's Level of Social Anxiety	Total (n)	Percentage (%)
a. Not Suffering from Social Anxiety = 0-29	73	30,4
Total	73	30,4
b. Mild Social Anxiety = 30-49	81	33,8
c. Moderate Social Anxiety = 50-64	51	21,3
d. Marked Social Anxiety = 65-79	24	10,0
e. Severe Social Anxiety = 80-94	9	3,8
f. Very Severe Social Anxiety = ≥95	2	0,8
Total	167	69,7

The Level of Social Anxiety

Table 2 shows that around 69,7% of teenagers living in Social Child Welfare Institutions experience social anxiety. The level of social anxiety suffered is quite varied; the dominant level is very mild, with as many as 81 out of 240 teenagers suffering, or around 33,8%. Followed by teenagers with a mild level of social anxiety of 51 people (21,3%), then teenagers with moderate social anxiety of 24 people (10%), teenagers with severe social anxiety of 9 people (3,8%), and the last teenagers with very severe social anxiety of 2 people (0,8%).

Types of Feared or Avoided Social Situations

Tables 3 and 4 show that the 24 social situations presented in the Liebowitz Social Anxiety Scale questionnaire represent social situations that cause adolescents' fear or anxiety and avoidance responses. It is known that the social situation that makes most respondents feel afraid or anxious is the situation of going to a party or event experienced by 74.2% of adolescents. In comparison, the most avoidance response was urinating in a public toilet, experienced by 55.2% of adolescents. The social situation that caused most respondents to feel severe anxiety was meeting strangers, experienced by 13.3% of adolescents, and social situations that always got avoidance responses was performing or speaking in front of an audience, experienced by 15.4% of adolescents.

Table 3
 Frequency Distribution Based on Social Situations Causes of Fear (%)

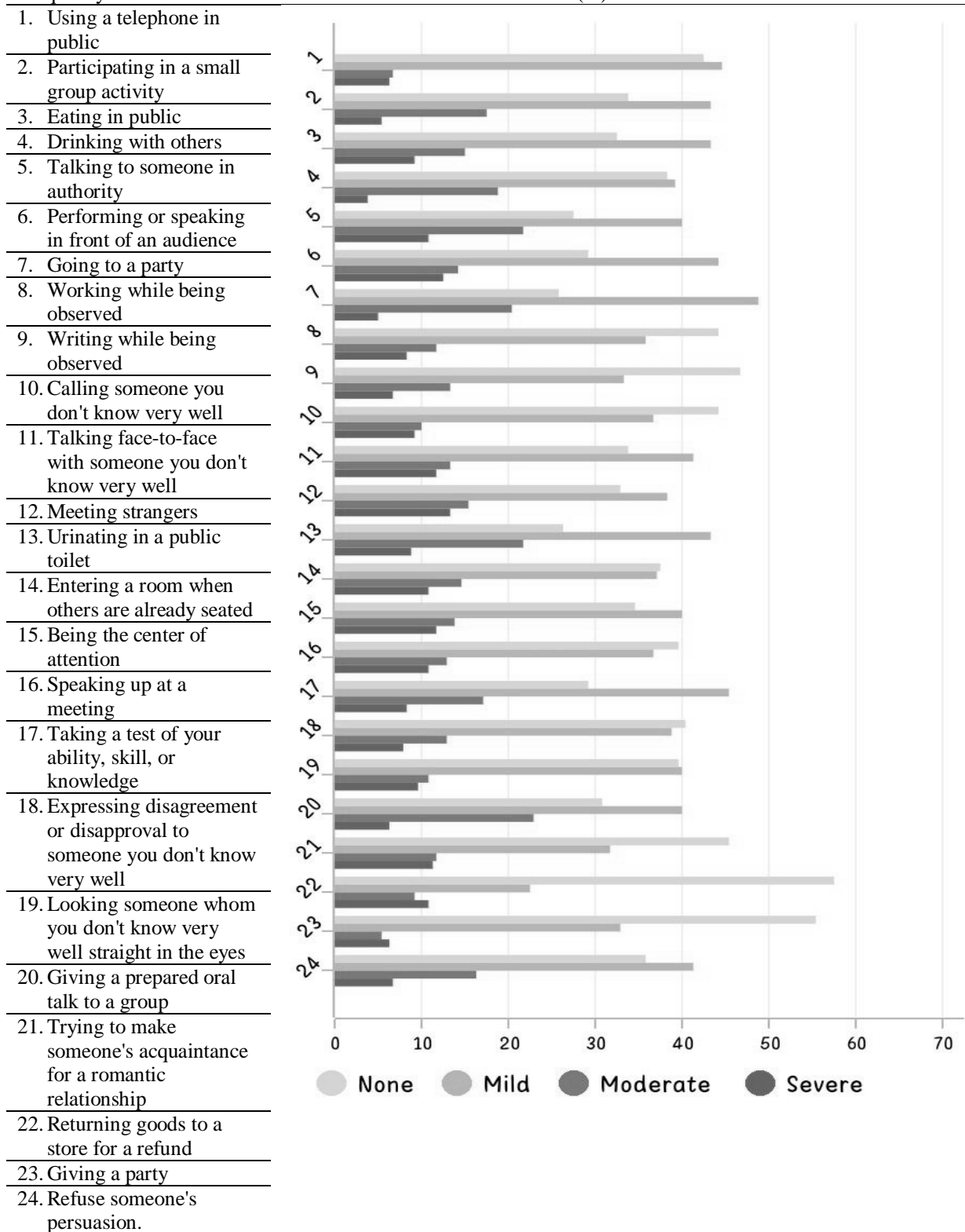
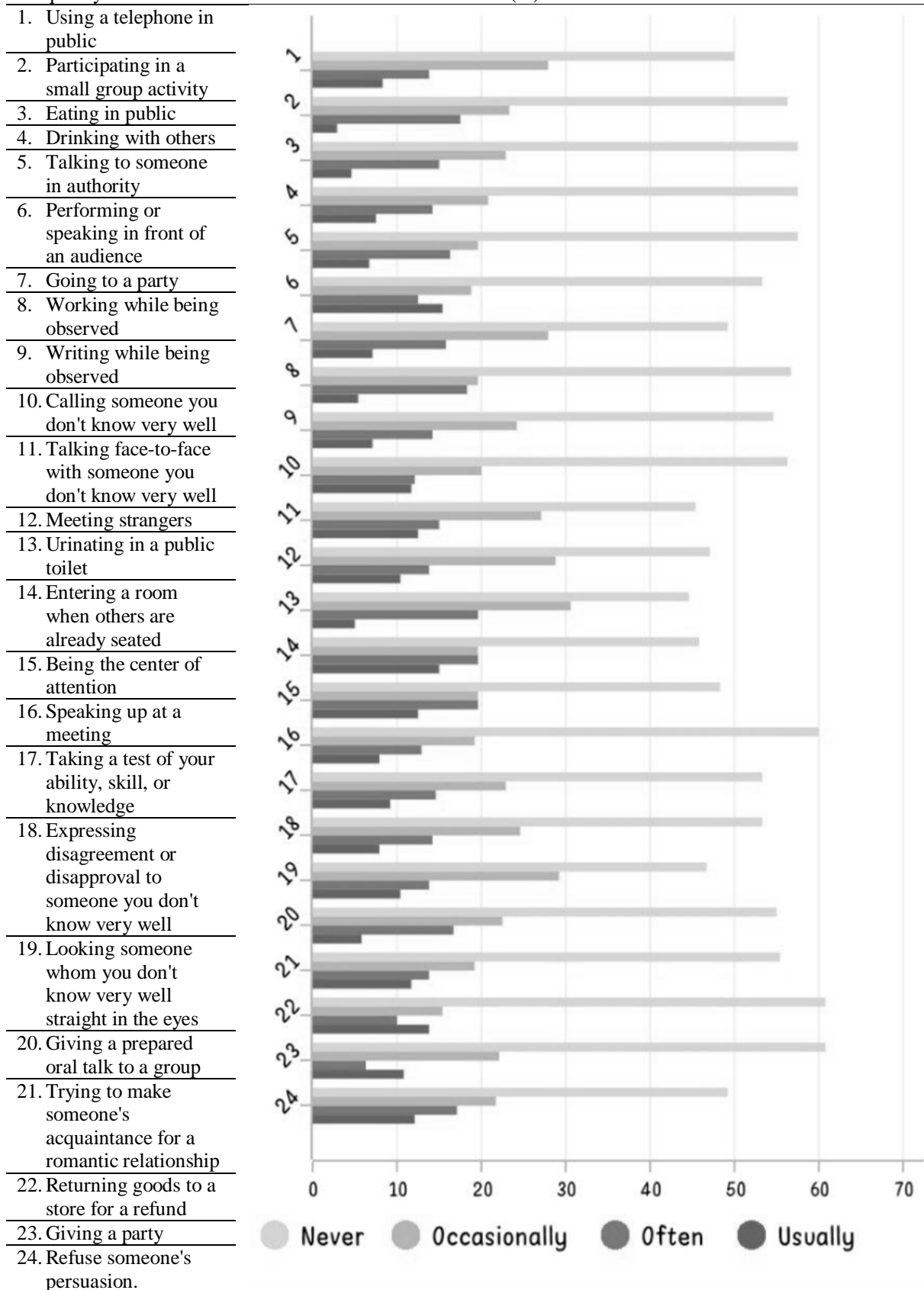


Table 4
Frequency Distribution Based on Avoided Social Situations (%)



Meanwhile, the social situation that the respondents least feared or worried about was the situation of returning the wrong item to the store and asking for a refund, which was experienced by 57.5% of adolescents. This situation is also one of the social situations that are least avoided or rarely avoided experienced by 60.8% of adolescents. In addition, some social problems have the same value (60.8%), namely the situation of having a party.

DISCUSSION

This study states that around 69.7% of adolescents living in Social Child Welfare Institutions experience social anxiety. This statement is evidenced by the Liebowitz Social Anxiety Scale questionnaire results, in which most respondents scored above 30; it means that the respondent experiences social anxiety. Meanwhile, adolescents' social anxiety suffered in Social Child Welfare Institutions was quite varied.

This difference in the level of social anxiety can occur due to differences in self-control in social situations. Antony & Swinson revealed that different people might have completely different emotional responses in identical conditions, depending on their beliefs about the problem (7). Many people experience anxiety related to thoughts. Someone experiencing social anxiety will interpret the feared social situation as threatening in some way or predict that something negative will happen. Consequently, if the person has more experience in social anxiety, they may engage in anxious thinking styles (7).

The parenting environment can influence another difference in the level of anxiety in orphans. It is essential to pay attention to how much orphans get attention from their caregivers because this can trigger anxiety about various situations (16). Different types of parenting behavior can occur due to the quality of interactions between adolescents and parents. Good interaction involvement is needed between parents and adolescents to prevent adolescents from facing potential anxiety and not make avoidant responses when faced with social situations (4).

This study also found that the 24 social situations presented in the Liebowitz Social Anxiety Scale questionnaire represent social situations that cause fear or anxiety and

avoidance responses in adolescents. It is known that the social situation that makes most respondents feel afraid or anxious is going to a party or event. In contrast, the most avoidance response is urinating in a public toilet. The social situation that causes most respondents to feel severe anxiety is meeting strangers, and the social situation that always gets an avoidance response from respondents is performing or speaking in front of an audience.

The social situation respondents least feared or worried about was returning the wrong item to the store and asking for a refund. This situation also includes social problems that are at least or rarely avoided by respondents so that teenagers do not feel the need to avoid these situations. In addition, some social cases have the same value, namely having a party situation.

This field condition is in line with the Diagnostic and statistical manual (DSM)-5, which states that one of the diagnostic assessments of social anxiety disorder is a solid and intense fear of one or more social situations that other people may monitor. Examples include social interactions (such as chatting and meeting strangers), being observed (such as eating and drinking), and appearing in front of others (such as public speaking) (17).

Meanwhile, the findings of this study are slightly different from those stated in research by Ernst et al., who found that in the situational group, the social situations that most often cause anxiety and avoidance are exam situations, especially oral exams and speaking or performing in front of others. Whereas in the group with lifelong social anxiety disorder, the social condition that causes the most anxiety is having a party, and the most frequent avoidance is talking to almost unknown people (18). But the findings from this study may differ depending on the experiences experienced by the respondents.

On the other hand, the results of this study prove that adolescents with social anxiety will also avoid when faced with social situations in addition to feeling afraid of social problems. Avoidance is also at different levels: occasionally, often, and usually. Those levels always avoid the social situation. This avoidance is a typical behavioral response in people with social anxiety. The researchers' observations found that adolescents felt that

avoidance was the most effective way to reduce discomfort in social situations.

Overall these findings are consistent with the existing literature that people with social anxiety will have two of the most common behavioral responses to feeling anxious or fearful, namely avoiding situations that trigger anxiety wholly or doing something else to reduce that anxiety as quickly as possible (7). Adolescents will perceive social problems as threatening and respond better to avoid them. This is due to adolescents' fear of negative evaluation when interacting with others (4).

It's worth noting, however, that this behavior is wrong because it can prevent people from learning that the predictions that fuel their anxiety are unlikely to come true. Social anxiety will last long if it continues to be in this condition (7).

In addition, this study also found that 0.8% of adolescents experienced very severe levels of social anxiety (score ≥ 95). This level of anxiety is considered quite alarming if left unsupervised by experts because it can become an obstacle for adolescents in fulfilling their developmental tasks. This very severe social anxiety was experienced by two teenage girls from different places of residence. It means that the characteristics of these two respondents were in the early adolescent age category (12-15 years old), female sex, and currently studying at junior high school equivalent. However, these two respondents had different length of stay characteristics; one had lived in the Social Child Welfare Institutions for five years, while the other had only lived there for approximately two years.

The results of the analysis of the questionnaires filled out by these two respondents found that two social situations showed anxiety and avoidance in the highest category, namely the situation of talking face-to-face with someone who was not well known and the situation of being the center of attention. The results of brief observations made by researchers also support this data; two respondents who are classified as having very severe anxiety will avoid talking to researchers, choosing to stay away or only join a few friends they know very well. It was also seen that respondents did not speak much during the research, either with their friends or with social child welfare staff. The findings in this study

follow with other literature, which explains that children with social anxiety interact less with other children; they will talk less and interact only in a shorter time (4).

Other findings from brief observations indicate that the probable causes of anxiety with the highest levels are caused by psychological factors: the learning process about social anxiety, direct experience of social anxiety, observing other people in social situations and exposure to information, and indirect means of social anxiety.

It was found in the first respondent that this very severe social anxiety could occur due to a learning process about fear from family members who also experience similar anxiety felt by the respondent. Hence, the respondent imitates and develops pressure from childhood. They were supported by information and indirect means obtained by the respondent, such as family or relatives who often warn about the dangers of exaggeration and always dictate the impression that the respondent needs to do it. Thus, growing the attitude of the respondent who is awkward to be in social situations stays away from them because it does not want to create an unfavorable evaluation from the people around them.

The second respondent found that the possible causes of social anxiety at this very severe level were almost the same as the first respondent. The reason was the learning process from previous family behavior (before moving to Social Child Welfare Institutions). Also, they experienced trauma in social situations that respondents felt: making mistakes when appearing in public, being criticized too much by the people around them, and the experience of observing other people who are humiliated in public. Therefore, the respondents absorb the negative judgment to the point of experiencing anxiety every time, and they will do something in a social situation.

Anxiety about social life will have a very significant negative impact, especially on adolescent groups (19). Previous studies have shown that adolescents with high social pressure exhibit deficits in emotional expression and have high levels of suppression of negative emotions compared to adolescents who are not socially anxious (19). Due to the fear of negative evaluation during social interactions with other people, adolescent

development is hampered, making it difficult for adolescents to communicate with their surroundings, and it is challenging to establish relationships with other people (20). Social anxiety disorder is widespread in adolescence. These conditions can affect adolescent educational attainment, allow for low-income family relationships, increase the risk of depressive disorders, and significantly impair quality of life (21).

This study hopes explicitly that there will be follow-up from related institutions (Social Services) cooperating with Social Child Welfare Institutions to pay more attention to teenagers' development. Support can be in the form of providing facilities and health professionals who can help prevent social anxiety from escalating into a more severe condition or even causing other mental illnesses.

The Limitations of this Research

This research is quite good, based on an adapted version of the Liebowitz Social Anxiety Scale which describes in detail the social situations that cause anxiety and situations of avoidance felt by adolescents living in Social Child Welfare Institutions. However, the researcher realizes that there are still many limitations in this study. This limitation is research that only focuses on quantitatively describing the level of social anxiety in adolescents, so the data that can be told is quite limited. It is hoped that future researchers will be able to examine further qualitatively the factors that cause social anxiety in adolescents to clarify the impact felt by adolescents who experience social anxiety.

Conclusion

The researcher concluded that 69.7% of the 240 adolescents living in the Social Child Welfare Institution experienced social anxiety at various levels, with a very severe level experienced by 0.8% of adolescents. The social situations that respondents feared the most were going to parties or events and meeting strangers, while situations that were avoided the most were urinating in public toilets and appearing or speaking in front of an audience. This social anxiety will be problematic if left without expert supervision because it can become an obstacle for adolescents in fulfilling

their developmental tasks and significantly interfere with their quality of life of adolescents.

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