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Does self-esteem influence social phobia among undergraduate nursing students in Nigeria?

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Abstract

Although social phobia is the most common anxiety disorder and one of the most common psychiatric disorders, little has been done to substantially identify its prevailing cause and periodically determine its prevalence among groups and proffer solutions. The study was conducted to determine the level and prevalence of self-esteem and social phobia among University of Jos Students and to assess the relationship that exists between them. A descriptive research design was adopted by the researcher. The study utilized a structured self-administered questionnaire as a major tool. Utilizing a convenience sampling, 161 participants representing 59.2% of the total population were recruited for the study. The prevalence of phobia was higher (50%) among students with low self-esteem when compared with those with high self-esteem (30.1%). There was no significant relationship between self-esteem and social phobia. Provision of social support and self-esteem enhancement program, among others were recommended.

Keywords: self-esteem, social phobia, undergraduate students, anxiety.

1. Introduction

The aspects of self-esteem and social phobia in Nursing are areas where there is dearth of research. In Sociology and Psychology, self-esteem reflects a person's over all emotional evaluation of his or her own worth^[1]

Inferentially, one's judgment of himself/herself (in a self-conscious state) vis-à-vis perception of people's negative evaluation leads to perceived inadequacy in social performance. This occurs alongside doubts for gaining satisfactory commendation/impression in real or imagined social evaluation circumstances. Without this, social phobia does not ensue and a healthy self-esteem is formed.

Until recently, the concept of self-esteem in Psychiatry literature, in broadest terms, has been a judgment that shows "how a person values himself/herself"^[2]; how they perceive their value to the world and how valuable they think they are to others. It affects trust in others, relationships, work—virtually every part of life.

Self-esteem has been regarded as a judgment of oneself as well as an attitude toward the self. It encompasses beliefs (for example, "I am competent", "I am worthy") and emotions such as the feeling of triumph, despair, pride and shame^[1] "The self-concept is what we think about the self; self-esteem is the positive or negative evaluations of the self, as in how we feel about it"^[3] It has been reported that self-esteem begins to form in early childhood and factors that can influence it include: thoughts and perceptions of oneself, reaction from other people, experience at home, school, work and in the community, illness, disability or injury, culture or religion, role and status in society. Others are media, feedback, consequences/happenings, handling, success and popularity^[4]

Social anxiety disorder (SAD), also known as social phobia, the most common anxiety disorder^[5], is said to be one of the most common Psychiatric disorders^[6]. It is a persistent irrational fear of and a compelling desire to avoid situations in which a person may be exposed to unfamiliar people or to the security of others, causing considerable distress and impaired ability to function in at least some parts of daily life.

While the fear of social interaction may be recognized by the person as excessive or unreasonable, overcoming it can be quite difficult. The person will experience marked anticipatory anxiety if confronted with such a situation and will attempt to avoid it.

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Examples include: fear of speaking in public, eating or taking a test in the presence of others, using public rest rooms, attending a social engagement alone, interacting with the opposite sex or with strangers, making complaints, and becoming the center of attention^[7]

Consequently, in social phobia, the fear of interaction with other people brings on self-consciousness, feelings of being negatively judged and evaluated, and as a result, avoidance, feelings of adequacy, inferiority, embarrassment, humiliation, and depression. The fear is rooted in low self-esteem and concern about others' judgments. The person fears looking socially inept, appearing anxious, or doing something embarrassing, such as burping or spilling food. He/she may have one or several social phobias; the latter is known as generalized social phobia^[7] Social anxiety disorder (SAD) is sometimes referred to as an "Illness of loss opportunities" where individuals make major life choices to accommodate their illness^[8].

There was a reported increase in interest regarding social phobia due to higher-than-expected incidences. Social phobia leads to disrupted relationships, severe anxiety, depression, substance abuse, and loss of natural faculties at an important level in patients^[2]. Of all anxiety disorders, social phobia is the most common^[5] and one of the most common Psychiatric disorders^[6]. Although a large number of researches in western countries focus and explain the relationship between social anxiety and self-esteem in adolescents, there is a dearth of research in this area. Some University students face the problems of anxiety, especially due to lack of confidence and low self-esteem. Due to these factors, students may become anxious in social interactions, public speaking and performance in front of audience^[9]. The extent and prevalence of this has not been well understood by many.

Social phobia; the fear of interaction with other people, leads to avoidance, intense anxiety or distress in the feared social or performance situations and significantly interferes in all domains, functioning. It leads to disrupted relationships, severe anxiety, depression, substance abuse, and loss of natural faculties at an important level in patients^[2] The issues of low self-esteem, concern about others' judgments and social phobia pose a threat to the self-actualization needs of humans especially youths who are mostly students. A gross impediment to their career and general performance will occur when given-in to the devastating, states of substance abuse, depression, disrupted relationships, and loss of natural faculties² among others as a result of social phobia.

In a correlational study carried out by Izgic *et al.*^[2] on Social Phobia among University Students and its Relation to Self-esteem and body image, results for the distribution of self-esteem levels and social phobia among the study subjects showed that the highest prevalence of social phobia was found in the group with low self-esteem (14.9%) and the lowest prevalence was found in the group with high self-esteem (6.6%). A statistically significant difference was found between the groups with low self-esteem and high self-esteem ($p < 0.02$). Similarly, in a correlational study of 210 adolescents from low, middle and high socio-economic classes by Ahmad *et al.*^[9] reveal that a negative correlation ($r = -0.418$, $p < 0.001$) also exist between self-esteem and social anxiety. A trend between these two variables ($r = -0.417$, $p < 0.001$) was also found after controlling the effects of gender, age and monthly income of family.

Determinants of self-esteem include: school years where academic achievement affects significantly individual's self-esteem, social experiences using social comparison, peer

pressure, successful relationship among friends, social acceptance, parenting style, childhood experiences such as receiving appropriate attention and affection, having accomplishments recognized and mistakes or failures acknowledged and accepted, sexual or emotional abuse, being ignored, teased or expected to be "perfect" all the time^[10] A population-based study found that 66% of those with social phobia had one or more additional mental health disorders. Social phobia often occurs alongside low self-esteem and clinical depression, possibly due to lack of personal relationships and long periods of isolation related to avoidance of social situations^[11].

This research delves into assessment of the level and statistical occurrence of self-esteem and social phobia among participants so as to assess healthy and unhealthy states. Detailed knowledge about these two concepts (self-esteem and social phobia) will be provided and the relationship between them will also be established.

Research hypothesis

There is a significant relationship between self-esteem and social phobia

Materials and Method

The descriptive research design was adopted by the researchers for the study. This is because the problem under study requires a systematic collection and presentation of data, to give a clear picture of the assessment. The interest is on observing what is happening to the sample or variable without any attempt to manipulate or control them; to find out the relationship between the two variables-self-esteem and social phobia.

The study was conducted in the Department of Nursing, Faculty of Medical Sciences University of Jos main campus. A total number of 161 respondents participated in the study. Respondents were drawn using the convenience sampling method.

A questionnaire was used for data collection. It was divided into three (3) sections which include:

- (i) Socio-demographic characteristics which asks questions about such features as age, gender, level, religion, and marital status.
- (ii) The Rosenberg Self-esteem Scale (RSES): A ten item Likert-type scale with items answered on the four-point scale - from strongly agree to strongly disagree. Five of the items on the RSES have positively worded statements and five have negatively worded statements. The scale measures state self-esteem by asking the respondents to reflect on their current feelings. The scores for the current study were added. Typical scores on the Rosenberg scale are around 22, with most people scoring between 15 and 25.
- (iii) The social anxiety Questionnaire for Adults (SAQ-A30) which was used to measure social phobia. The SAQ-A30 contains 30 items conforming to a social phobia/anxiety structure of five (5) very solid dimensions (factors), each of them including six items. Each dimension has its own cut-off score as the questionnaire also has a whole.

Each item was answered on the 5-point Likert scale. The higher the score in every dimension the more anxiety the person has in the specific dimension. The sum of all the dimensions was the general score of the questionnaire. The five dimensions include the following:

- (i) Speaking in public/ talking with people in authority
- (ii) Interaction with the opposite sex

- (iii) Assertive expression of annoyance, disgust, or displeasure
- (iv) Criticism and embarrassment and
- (v) Interactions with strangers.

The researcher and supervisor objectively condensed the 30 items conforming to a social phobia/anxiety structure to 15 items following the specific objectives of the research. Scores on the SAQ-A30 were summed up and their mean value taken. Thus, the overall subjects' level of anxiety was assessed. The data was collected, analyzed and presented using the descriptive statistics of frequency tables and percentages, bar chart, chi-square, and measures of central tendency especially mean.

Ethical Consideration

An informed consent was made and participants given the freedom to anonymity and assurance of confidentiality.

Results

Socio-Demographic Characteristics of Respondents

Age, gender, marital status, religion and level were chosen as a primary bases for assessment of the socio-demographic features of the study's respondents. There was very little variation in respondents' religion and marital status.

Table I: Socio-Demographic Characteristics of Respondents

Category	Variables	Frequency	Percentage (%)
Age	15-19	4	2.5
	20-24	84	52.2
	25-29	56	34.8
	30-34	11	6.8
	35-39	5	3.1
	No response	1	0.6
	Mean	24.6	
Sex	Male	73	45.3
	Female	88	54.7
Marital status	Single	145	90.1
	Married	16	9.9
	Divorced	0	
Religion	Christianity	155	96.3
	Islam	5	3.1
	No response	1	0.6
Level	200	15	9.3
	300	36	22.4
	400	55	34.2
	500	55	34.2

n = 161 % = 100

As shown in the table 1, the mean age (year) of the respondents is 25years. Four (2.5%) of the respondents were within the age range 15-19. Following the highest recorded 84(52.2%) within the age range 20-24 were 56(34.8%) within the age range 25-29.11(6.8%) of them were within the age range 30-34 and 5(3.1%) were within the age range 35-39. There were more female respondents (88, 54.7%) than males

(73, 45.3%). Several of the 161 respondents (145, 90.1%) were single whereas (16, 9.9%) were married and none divorced. The Christians dominated the religion variable with 155 (96.3%), Islam 5 (3.1%) and a recorded 1 (0.6%) no response. 15 (9.3%), 36 (22.4%), 55 (34.2%) and 55 (34.2%) respondents were in the levels 200, 300, 400, and 500 respectively (see table 1)

Table 2: Data on Respondents' Scores on the RSES

		SA 3	A 2	D 1	SD 0	Mean score
1	I feel that I am a person of worth at least on an equal plane with others	110(68.3%)	40(24.8%)	6(3.7%)	5(3.1%)	2.6
2	I feel that I have a number of good qualities	132(76.4%)	20(12.4%)	5(3.1%)	4(2.5%)	2.7
3	I am able to do things as well as most people	116(72.0%)	37(23.7%)	6(3.7%)	2(1.2%)	2.7
4	I take a positive attitude toward myself	122(75.8%)	29(18%)	7(4.3%)	3(1.9%)	2.7
5	On the whole I am satisfied with myself	97(60.2%)	47(29.2%)	14(8.7%)	3(1.9%)	2.5
		SD	D	A	SA	
6	All in all I am inclined to feel that I am a failure	128(79.5%)	12(7.5%)	5(3.1%)	16(9.9%)	2.6
7	I feel I do not have much to be proud of	93(57.8)	36(22.4%)	13(8.1%)	19(11.8%)	2.3
8	I wish I could have more respect for myself	53(32.9%)	32(19.9%)	43(26.7%)	33(20.5%)	1.7
9	I certainly feel useless times	79(49.1%)	44(27.3%)	22(13.7%)	16(9.9%)	2.2
10	At times, I think that I am no good at all	96(59.6%)	35(21.7%)	16(9.9%)	14(8.7%)	2.3

n = 161 % = 100

Typical scores on the Rosenberg scale are around 22, with most people scoring between 15 and 25. The table revealed that 110 (68.3%) of the respondents strongly agreed that they are persons of worth at least on an equal plane with others, 40 (24.8%) agreed, 6 (3.7%) disagreed while 5 (3.1%) of the respondents strongly disagreed. 132 (76.4%) of the respondents strongly agreed that they have a number of good qualities, 20

(12.4%) agreed, 5 (3.1%) disagreed whereas 4 (2.5%) strongly disagreed.

When asked if they are able to do things as well as most people, 116 (72.0%) of the respondents strongly agreed, 37 (23.0%) agreed, 6 (3.7%) disagreed while 2 (1.2%) of the respondents strongly disagreed. One hundred and twenty two (75.8%) strongly agreed that they take a positive attitude

toward themselves, 29 (18.0%) agreed, 7 (4.3%) disagreed and 3 (1.9%) strongly disagreed. 97 (60.2%) of the respondents strongly agreed that on the whole they are satisfied with themselves, 47 (29.2%) of them agreed, 14 (8.7%) disagreed while 3 (1.9%) strongly disagreed.

One hundred and twenty eight (79.5%) of the respondents strongly disagreed that all in all they are inclined to feel that they are failures, few of the respondents 12 (7.5%) disagreed, 5 (3.1%) agreed while 16 (9.9%) strongly agreed. When asked if they feel they do not have much to be proud of, 93 (57.8%) strongly disagreed, 36 (22.4%) disagreed, 13 (8.1%) agreed while 19 (11.8%) strongly agreed. 53 (32.9%) of the

respondents strongly disagreed when asked if they wish they could have more respect for themselves, 32 (19.9%) disagreed, 43 (26.7%) agreed whereas 33 (20.5%) strongly agreed.

More of the respondents 79 (49.1%) strongly disagreed when asked if they certainly feel useless at times, 44 (27.3%) disagreed, 22 (13.7%) agreed while 16 (9.9%) strongly agreed. 96 (59.6%) of the respondents strongly disagreed that at times they think that they are no good at all, 35 (21.7%) disagreed, 16 (9.9%) agreed while 14 (8.7%) strongly agreed.

Table 3: Data on Respondents' Scores on the Saq-A3o

S/N	Data On Saq-A3o	Level Of Unease, Stress Or Nervousness					No Response	Mean Score
		1	2	3	4	5		
1	Greeting someone and being ignored	33(20.5%)	60(37.3%)	37(23%)	21(13%)	10(6.21%)		2.5
2	Asking someone attractive of the opposite sex for a date	64(39.8%)	28(17.4%)	32(20%)	17(10.6%)	20(12.4%)		2.4
3	Feeling watched by people of the opposite sex	31(19.3%)	35(21.7%)	48(29.8%)	30(18.6%)	17(10.6%)		2.8
4	Participating in a meeting with people in authority	29(18%)	30(18.6%)	57(35.4%)	32(19.9%)	13(8.1%)		2.8
5	Talking to someone who isn't paying attention to what I am saying	35(21.7%)	34(21.1%)	39(24.2%)	30(18.6%)	23(14.3%)		2.8
6	Refusing when asked to do something I don't like doing	32(19.9%)	41(25.5%)	41(25.5%)	33(20.5%)	14(8.7%)		2.7
7	Telling someone that they have hurt my feelings	27(16.8%)	35(21.7%)	54(33.5%)	31(19.3%)	14(8.7%)		2.8
8	Having to speak in class, at work or in a meeting	31(19.5%)	42(26.1%)	60(37.3%)	21(13.0%)	6(3.7%)	1(0.6%)	2.5
9	Greeting each person at a social meeting when I don't know most of them	33(20.5%)	96(28.6%)	43(26.7%)	30(18.6%)	9(5.6%)		2.6
10	Being asked a question in class by the teacher or by a superior in a meeting	26(16.1%)	38(23.6%)	62(38.5%)	26(16.1%)	9(5.6%)		2.7
11	Making a mistake in front of other people	19(11.8%)	45(28.0%)	42(26.0%)	31(19.3%)	24(14.9%)		3.0
12	Starting a conversation with someone of the opposite sex that I like	46(28.6%)	46(28.6%)	31(19.3%)	21(13.0%)	13(8.1%)	1(0.6%)	2.4
13	Being reprimanded about something I have done wrong	25(15.5%)	36(22.4)	49(30.4%)	35(21.7%)	16(9.9%)		2.9
14	Telling someone that their behavior bothers me and asking them to stop	24(14.9%)	40(24.6%)	54(37.5%)	30(18.6%)	13(8.1%)		2.8
15	Being criticized	23(14.3%)	40(24.8%)	41(25.5%)	25(15.5%)	32(19.9%)		3.0

n=161 % =100

Table 3 summarizes the degree of anxiety of the respondents in specific dimensions. Respondents' level of unease, stress or nervousness in each dimension was assessed as not at all or very slight, slight, moderate, high, very high or extremely high following the numbers 1,2,3,4,5 respectively.

Thirty-three (20.5%) of the respondents reported very slight anxiety in greeting someone and being ignored, 60 (37.3%) reported slight anxiety when faced with such a social situation in real life, 37 (23.0%) of the respondents rather reported moderate anxiety, 21 (13.0%) high anxiety while 10 (6.2%) very high or extremely high anxiety. In asking someone attractive of the opposite sex for a date, 64 (39.8%) of the respondents recorded very slight anxiety, 28 (17.4%) slight anxiety, 32 (20.0%) moderate anxiety, 17 (10.6%) high anxiety and 20 (12.4%) very high anxiety.

Thirty-one (19.3%) of the respondents reported very slight anxiety in feeling watched by people of the opposite sex, 35 (21.7%) slight anxiety, 48 (29.8%) moderate anxiety, 30 (18.6%) high anxiety and 17 (10.6%) very high anxiety. In Participating in a meeting with people in authority, 29 (18%) of the respondents recorded very slight anxiety, 30 (18.6%)

slight anxiety, 57 (35.4%) moderate anxiety, 32 (19.9%) high anxiety and 13 (8.1%) very high anxiety. 35 (21.7%) of the respondents manifest very slight anxiety at talking to someone who isn't paying attention to what they're saying, 34 (21.1%) slight anxiety, 39 (4.2%) moderate anxiety, 30 (18.6%) anxiety, while 23 (14.3%) manifest very high anxiety.

In refusing when asked to do something one doesn't like doing, 32 (19.9%) of the respondents recorded very slight anxiety, 41 (25.5%) slight anxiety, another 41 (25.5%) moderate anxiety, 33 (20.5%) high anxiety and 14 (8.7%) very high anxiety. 27 (16.8%) of the respondents manifest very slight anxiety in telling someone they have hurt their feelings, 35 (21.7%) slight anxiety, 54 (33.5%) moderate anxiety, 31 (19.3%) high anxiety and 14 (8.7%) very high anxiety. In having to speak in class, at work or in a meeting, 31 (19.3%) of the respondents recorded very slight anxiety, 42 (26.1%) slight anxiety, 60 (37.3%) moderate anxiety, 21 (13.0%) high anxiety and (3.7%) very high anxiety. Whereas 1 (0.6%) of the respondents recorded no response.

Thirty three (20.5%) of the respondents recorded very slight anxiety in greeting each person at a social meeting when they

don't know most of them, 46 (28.6%) recorded slight anxiety, 43 (26.7%) moderate anxiety, 30 (18.6%) high anxiety and 9 (5.6%) very high anxiety. 26 (16.1%) recorded very slight anxiety in being asked a question in class by the teacher or by a superior in a meeting, 38 (23.6%) of the respondents manifest slight anxiety, 62 (38.5%) moderate anxiety, 26 (16.1%) high anxiety and 9 (5.6%) very high anxiety, 19 (11.8%) of the respondents manifest very slight anxiety in making a mistake in front of other people, 45 (28.0%) slight anxiety, 42 (26.0%) moderate anxiety, 31 (19.3%) high anxiety and 24 (14.9%) very high anxiety.

When starting a conversation with someone of the opposite sex that they like, 46 (28.6%) of the respondents manifest very slight anxiety, another 46 (28.6%) slight anxiety, 31 (19.3%) moderate anxiety 21 (13.0%) high anxiety and 13 (8.1%) very high anxiety. While 1 (0.6%) of the respondents recorded no response. 25 (15.5%) of the respondents manifest very slight anxiety in being reprimanded about something they have done wrong, 36 (22.4%) slight anxiety, 49 (30.4%) moderate anxiety 35 (21.7%) high anxiety and 16 (9.9%) very high anxiety. 24 (14.9%) of the respondents manifest very slight anxiety when telling someone that his/her behavior bothers them and asking them to stop, 40 (24.8%) of the respondents recorded slight anxiety, 54 (33.5%) moderate anxiety, 30 (18.6%) high anxiety and 13 (8.1%) very high anxiety. 23 (14.3%) of the respondents recorded very slight anxiety at being criticized, 40 (24.8%) slight anxiety, 41 (25.5%) recorded moderate anxiety, 25 (15.5%) high anxiety and 32 (19.9%) very high anxiety.

Hypothesis testing

H1: There is no significant relationship between self-esteem and social phobia.

Table 4: Cross Tabulation of Self-Esteem and Social Phobia

Level Of Anxiety In A Social Situation	Level Of Self-Esteem		
	High Self-Esteem	Low Self-Esteem	Total
Low Or Moderate Anxiety	107	4	111
High Or Extremely High Anxiety	46	4	50
Total	153	8	161

- Correlation is significant at the 0.05 level
- Degree of freedom (df) = 1
- Chi-square (χ^2) = 1.412
- Critical value = 3.841

Above is the illustration of the results of correlational analysis between self-esteem and social phobia. The table revealed that the critical value is 3.841 at the significance level 0.05. The degree of freedom was calculated to be 1 while the calculated chi-square value was less than the critical value. The alternate hypothesis is therefore rejected and the null hypothesis accepted. Thus, it can be inferred that there is no significant relationship between self-esteem and social phobia.

Discussion of Findings

The study showed that majority (52.2%) of the respondents were within the age range (20-24) and some (34.8%) were within the age range (25-29). The mean age of the participants turned out to be 25 years. This is in contrast to the correlational study carried out by Ahmad, *et al.*, (2013) where the mean age for total sample was 17 years. Most of the respondents (54.7%) were females while very few (9.9%)

were married, whereas majorities (90.1%) were single. This closely agrees with Izgic, *et al.* [2] where 98.3% of the respondents were single and Ahmad *et al.* [9]. Where over half (59%) of the respondents were females. There were more (96.3%) Christians than Muslims, Several (68.4%) of the respondents were in the levels 400 and 500. The socio-demographic characteristics show that the respondents cut across various groups.

The average RSES was 24.3 indicating a generally high self-esteem of the study group (table 2). The prevalence of low self-esteem was 5% (table 4). Although the prevalence of low self-esteem is low among the students, there is need for an urgent intervention to ensure that poor performance associated with low self-esteem is addressed.

Table 3 shows findings regarding the level of anxiety. The study shows that most respondents experience moderate anxiety in their interactions with other students. The prevalence of high or extremely high anxiety was 31.1%.

The proportion of women with low self-esteem who had high or extremely high anxiety are more than the proportion of women with high self-esteem who reported high or extremely high anxiety (table 4). One in every two students with low self-esteem was likely to be anxious, while one of every three students with high self-esteem was likely to be anxious. This implies that the prevalence of extremely high anxiety is higher among students with low self-esteem. This finding is consistent with the position of Izgic *et al.* [2] and Ahmad *et al.* [9].

However, the test statistics suggested a statistically insignificant relationship between self-esteem and phobia/anxiety. Inadequate sample size may be responsible for the inability of the test statistics to detect the association between the two variables.

Conclusion

Based on the finding of this study, it concluded that self-esteem has an influence on social phobia among undergraduate nursing students in Nigeria. Low self-esteem is associated with social phobia among students.

Recommendations for Future Study

1. Similar studies in the future should utilize larger sample size and participants should be given an equal chance of participating.
2. The socio-economic variable such as low, middle and high classes should be considered in subsequent research on this topic as this could largely influence the incidences of self-esteem and social phobia.
3. Subsequent studies should seek to understand the factors responsible for low self-esteem and phobia.

References

1. Hewitt JP. Oxford handbook of Positive Psychology. Oxford University Press. 2009; 217-224.
2. Izgic E, Akyuz G, Dogan O, Kugu N. Social Phobia among University Students and Its Relation to Self-esteem and Body image. Can J Psychiatry. 2004; 49(9):630-634.
3. Smith ER, Mackie DM. Social Psychology. Third edition. Hove: Psychology Press, 2007.
4. Raboteg SZ, Sakic M. Relations of Parenting Styles and Friendship Quality to Self-esteem, Life Satisfaction and Happiness in Adolescents. Applied Research Quality Life. 2014; 9:749-765.
5. Stein MB, Stein DJ. Social Anxiety Disorder. Lancet 2008; 29:371(9618):1115-25.

6. Kessler RC. Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Sunay Replication. *Arch Gen Psychiatry* 2005; 62(6):593-602.
7. Yidebeck SL. Psychiatric-Mental Health Nursing. Fifth edition, Wolters Klumer, 2011, 240-241.
8. Shields M. Social anxiety Disorder-Beyond Shyness. How Healthy are Canadians? Statistics Canada Annual Report 2004; 15:58-62.
9. Ahmad ZR, Bano N, Ahmad R, Khanam SJ. Social Anxiety in Adolescents: Does Self-esteem Matter? *Asian Journal of Social Sciences and Humanities*. 2013; 2(2):91-98.
10. Leary MR, Baumeister RR. The Nature and Function of Self-esteem: Sociometer Theory. Academic Press, 2000.
11. Acarturk C, De Graaf R, Van Straten A, Have MT, Cuijpers P. Social Phobia and Number of Social Fears, and Their Association with Comorbidity, Health-Related Quality of Life and Help Seeking. *Social psychiatry and psychiatric epidemiology* 2008; 43(4):273.