

# **A Study of Social Interaction Anxiety and Quality of Life among Adolescents**

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## **CHAPTER 1**

### **INTRODUCTION**

#### **1.1 BACKGROUND OF THE STUDY**

Higher secondary students belong to the adolescent age, which is a critical period of transition, challenge, and vulnerableness. Along with the altering physical and psychological status as grownup, they have to face various other problems. As this is a crucial turning point in their life, parents and teachers pressurize them to achieve more, without considering the child's abilities and interests. In a society, where unnecessary importance is given to entrance examinations and professional courses, it is normal that the children will feel the stress and anxiety. These may be the root to many psychological tribulations for our future generation (Raakhee, 2011).

The twenty first century, which is considered to be a world of competence, is also a world of stress and anxiety (Arul et al., 2012). One finds anxiety and stress all over the place, whether it is within the home, school or any other social, economic, cultural activity or in the virtual field. Anxiety and stress is a theme, which is hard to avoid (Shincy, 2017). Stress is as conflicting as troubles, strains, anxiety traits, uncertainties, and depression.

Everyone has had stress or has it in one point in their secondary school life. The level of stress on students in the learning process is undeniable (Kumar et al., 2017). This is because of the human factors like the home and school environment in the learning structure. Stress is believed to be caused by various problems that exist, such as problems in physical/mental, financial problems, family problems and problems in their surroundings (Mubeena, 2012). Now, due to the new technology, teenagers have lots of strength and potentiality to face challenges. Secondary education is the crucial stage, which prepares the students for the world of work so it is a time of stress and anxiety, which leads to depression (Nirmala, 2014).

#### **ADOLESCENCE**

Adolescence is a unique development period during which people experience a pileup of life-changes, not previously encountered. This period is marked by the onset of puberty, changing socio-environmental contexts and tasks (e.g. transition from junior to high school), and the gradual move to more independence and autonomy from parents (Lal das, 2014; Gouri et al., 2017). Adolescents are the energy of today and the bright hope of the future. The stage of adolescence is characterized by significant physical, emotional, and intellectual changes, and changes in social roles, relationships and expectations (Joseph M W, 2011). Peer relationships become more important and more intimate, and adolescents become more aware of their status in the peer group (Stephen, 1980; Hartup et al., 1999;

Hasumi et al., 2012). These normative transitions and challenges broaden and enrich the world of adolescents, and are important for their emotional, behavioural, and intellectual growth and development (Leslie Morrison Gutman et al., 2005; Rajasekar, 2013). The adolescence period is considered to be difficult and critical. It is so because of the numerous qualitative shifts, that takes place, and which at times assume the character of a radical break with the previous properties, interests, and the relationships of the child. Moreover, the changes that take place are often accompanied by the manifestation in the adolescent himself/herself of significantly subjective difficulties of various orders.

The adolescent begins to have a sharpened sense of his/her own dignity. He/she sees himself/ herself as someone who may not be browbeaten, humiliated, and deprived of the right to independence (Pamela et al, 2009). The type of relationship with adults that existed during childhood becomes unacceptable to him/her as not corresponding to his/her assessment of the level of his/her own maturity. At that stage, the life of an adolescent contains many contradictions. They strive for recognition; but do not get it. Consequently, they cling to their own age group and peers play the most important role in their lives. They suffer from an identity crisis. 'What am I? What will I be?' - are the questions that bother them. Due to these crises, they remain stressed (Suresh Prabu, 2015).

In the adolescence phase, adolescents significantly suffer by socio-economic status. Socio-economic status refers to a cluster of factors, which include occupation, income, and cultural features of the home (Stephan, 1980; Anju Sharma et al., 2013). Thus socio-economic status is evidently a joining together of the two statuses, viz. social and economic statuses, though none of them can exist without the other. Social status is the position of an individual within the social relationship whereas economic status refers to the financial conditions and facilities possessed by the parents. So, with regard to the stress status of adolescents, more comprehensive studies were conducted by many authors (Bowden, 2010; Ediz et al., 2017).

There are various sources of information and many people are involved in providing sexual health information to adolescents. People who are involved have their own concepts, perceptions, beliefs, and desires. They are individually, and uniquely different from others. Not only can adolescents get information from school, but also from friends, parents, books, Internet, and social media.

## **SOCIAL INTERACTION ANXIETY**

Social phobia originally considered as a mental disorder in the DSM-III, has been renamed Social Anxiety Disorder (SAD) in the DSM-5. The main characteristic of SAD is ongoing fear and worry encompassing multiple social situations (Kerns, Corner, Pincus, & Hofmann, 2013). It is a common mental disorders with a lifetime occurrence rate of slightly greater than 10%. Most of the diagnoses are made during childhood or early adolescence (Kerns et al., 2013; Marques et al., 2011). SAD is usually seen in concurrence with Major Depressive Disorders, other Anxiety Disorders, and Substance Use Disorders (APA, 2013). Individuals with SAD often fear negative judgment (e.g., being humiliated, embarrassed, or rejected) by others (either unfamiliar or familiar) in performance, interaction, or observation situations. In the DSM-5, a Performance only specifier has been added for SAD .It includes a minimum duration of 6 months. The criterion for duration is same for, Children, adolescents, and adults. The criterion for adult insight has been dropped (Mohr & Schneider, 2013). If anxiety is specific to speaking or performing in public, the Performance only specifier is given. In regard to their occupational environments, individuals diagnosed with the Performance only specifier are mainly impaired. In school situations where public speaking is a requirement, they may also display difficulty.

**Definition of Social Interaction Anxiety**

Social anxiety is a distress or an apprehension of a person in social interplay that includes a concern about being interpreted or appraised by others (Jacobs, 2012). The main feature is severe apprehension of what others are judging about them. As a consequence, the individual feels uncertain and not suitable for other people. GarciaLopez (2013), points out that the consequence is apprehension and nervousness within social circumstance. They assume that peers will certainly refuse them in social situations.

Social anxiety development occurs early in childhood as a typical aspect of the progression of the social behavior (Albano and Detweiler, 2001). Majority of the children come out of this stage, yet it can endure and advance into chronic social anxiety. There is a variation with regard to frequentness of occurring social anxiety and with regard to the kind of circumstance. Decreased quality of life can be the consequence of the social anxiety, which is a persistent difficulty (Leary, 2001). Angelico (2004), delineates the distinction between social anxiety and normal fear of social situations. Social anxiety includes acute feeling of apprehension in social situations and situations that are strange, or in which one will be analyzed or appraised by others. The feeling of apprehension is tremendous in these kind of settings. An individual is very much upset that he or she becomes apprehensive just imagining about them and will go to great magnitude to avoid from them. Depending upon the individual and context, one can overcome social anxiety. In certain cases, it can be to some extent not so difficult but for some others, social anxiety can become intricate, distressing and disabling difficulty that is persisting in nature. The rationale behind this is unknown.

Beginning of SAD occurs at an almost early age. The average onset is 15.5 years. During childhood or mid-teens, the beginning of social anxiety almost occurs, onset later 25 is rare. Though the rigor may reduce in adult life, the disorder is usually persistent problem. (Khalid-Khan et al., 2007).

In most cases, with therapy or constant self help or support group work betterment from social anxiety is possible (Akinade, 2005). During infancy social anxiety first occurs. It is considered to be normal and vital emotion for effective social functioning and development. Improvement in cognition and culmination of demands in late childhood and early adolescence culminate in recurrent social anxiety.

Social anxiety includes exaggerated apprehension of interpersonal analysis and related capability for shame or awkward situation (Mancini et al., 2005, cited by Raino, S.S., 2008).

During preadolescence and early adolescent years the progression of social anxiety starts to increase (Mancini et al., 2005cited by Raino, S.S., 2008)). Youth with social anxiety, frequently disconnect and face difficulty to carry on conversations with peers.

Lesser level of social initiation and interaction and short response length during role plays was observed by Spence et al., (1999, cited by Raino, S.S., 2008). Individual with social phobia, when interacted, was less likely to get affirmative reaction from peers compared to non anxious classmates (Spence et al., 1999). During social interaction with peers longer response latency was recorded for the anxious children (Alfano, Beider, &Turner, 2006; Biedel et al., 1999, cited by Raino.S.S., 2008). Beidel et al., (1999 cited by Raino.S.S., 2008) sates that those with social phobia report that socially distressing outcome occur on most days, produce significant degree of anxiety. As a consequence, there is subsequent social avoidance about 35% of the time. The individual with social phobia expressed significant level of social disengagement. 50% of them were not involved in any extracurricular activities, 75% of them had no or few friends.

Kearney (2001), points out that, those with social anxiety may refrain and be unable to indulge in a vast and generalized extent of activities.

Groups, peer group, people of other gender, individuals in authority evoke more anxiety rather than individual, older individual, individual of the same gender and those at the same level, especially at work. The diagnosis of the social phobia is warranted by the intensity of distress or impairment. During adolescence mild social anxiety is especially common. The intensity of severity in social phobia keeps changing. It ranges from who are essentially home bound and never had a relationship to others who are highly active except in particular areas, which the individual with social phobia refrains.

### **Etiology of Social Interaction Anxiety**

The origin of social anxiety is explained by psychodynamic, cognitive and behavioral theories. Psychodynamic perspective emphasizes on crucial striving which are not resolved, and individuals indicate it through the symptoms of anxiety (Davison, Neale, Blakstein, & Fleet, 2005).

Theories with cognitive perspective have focused on negative analysis and view, which caused emotion and it is related to social anxiety beliefs (Antony & Swinson, 2000).

Behavioral perspective asserts that anxiety is related to learning via modelling and classical conditioning (Kashdan & Herbert, 2001).

### **Causes of Social Interaction Anxiety**

Biological, psychological, environmental constituents seem to be the causes of social anxiety.

- a. Neurobiological Factors: Researchers have analyzed that individuals with social anxiety have a distinct neuro chemical response to specific social circumstance which stimulates the limbic system rather than cerebral cortex, which was identified through Positron Emission Tomography (PET) scans.
- b. Temperament Many researchers have mentioned that in born temperament is one of the factors in the development of anxiety and mood disorder.
- c. Psychological Factors Parent child interaction, individual's family history, learning and personal experiences, beliefs, teasing and other negative peer social experiences play a role in the progression of social anxiety.

### **QUALITY OF LIFE**

Quality of life can be defined in many ways, making its measurement and incorporation into scientific study difficult. As illness and its treatment affect the psychological, social and economic well-being, as well as the biological integrity, of individuals, any definition should be all encompassing while allowing individual components to be delineated. This allows the impact of different disease states or interventions on overall or specific aspects of quality of life to be determined.

Quality of life is defined as individual's perceptions of their position in life in the context of the culture and value system where they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept, incorporating in a complex way a person's physical health, psychological state level of independence, social relationships, personal belief and relationship to salient features of the environment. Most people are able to assess how good life is overall at any one time. This is so despite the fact that life has many dimensions, not all of which have the same quality. An individual's quality of life is sometimes defined in terms of happiness. While at other times it many mean personal satisfaction

with one's life. However, happiness and satisfaction is not necessarily the same thing. For instance, one might consider oneself happy but not satisfied with some aspects of life.

One study defined quality of life according to four underlying dimension – life, satisfaction, self-esteem, general health and functional status and social economic status. These dimensions can also be broken down into more specific elements such as one's job, marriage, place of residence, etc. Some of the other's research has used an ethical or philosophical definition of the quality of life usage of this definition implies that the pursuit of happiness is a continuous attempt through life to attain and enjoy mental and physical health, personal associations and social contacts and consumer goods and services. Some differences in the definition and dimensions of quality of life, a number of elements are common. These include physical health, personal relationship and social activities, personal development and safety and economic circumstances.

Quality of life is considered to be the central aspect of human life and welfare. It's an important concern and the ultimate goal of modern life which human being strives to achieve throughout their lives and are strongly motivated to attain it. Till date there exists no consensus to what quality of life actually is. It is often taken as the behavioral process by which humans maintain balance among their various need or between their need and obstacles of their environments. It also has been defined as the value assigned to duration of life as modified by the impairments, functional states, perceptions and social opportunities that are influenced by disease, injury, treatment or policy (Patrick & Ericson, 1993), a personal statement of the positivity or negativity of attributes that characterize one's life (Grant et. al., 1990). Quality of life depends upon the degree and extent to which the person feels he is leading a meaningful life. It consists of two components. The first is a physical component is psychological in nature. This aspect includes stress, worry, pleasure and other positive or negative emotional states. It can refer to aspect of a person's well-being (Physical, Psychological, social) as well as aspects of the environment and person's standard of living (Harding, 2001).

### **Concept of Quality of Life**

Today the issues on quality of life are discussed widely in different scientific fields. In social science quality of life is understood as subjective understanding of well-being taking into account individual needs and understanding. In economics it is the standard of living, in medicine it is ratio of health and illness with factors influencing health lifestyle. Health factor is often given a priority in quality of life though the quality of life concept must be understood more widely. There is no universally accepted definition of quality of life. Usually it is referred to the definition of world health organization introduced in 1995. Quality of life is an individual's perception of their position in the context of the culture and value systems in which they live and in relation to their goals, expectations, value and concerns incorporating physical health, psychological state, level of independence, social relations, personal beliefs and their relationship to salient features of the environment quality of life refers to a subjective evaluation which is embedded in a cultural, social and environmental context (World Health Organization Quality of Life WHOQOL Group, 1995). Many factors influence quality of life i.e. physical spiritual and health state, independent level, social relationship with the environment and others (Ruzevicius, 2006; Shin, 1979; Bagdoniene, 2000). To put it in other word quality of life can be defined as satisfaction of person with current life dimensions in comparison with the pursued or ideal quality of life. Also the assessment of quality of life depends on person's value system as well as cultural environment to which he/she belongs to (Gilgeous, 1998; Suber, 1996; Fitzpatrick, 1996). When



describing the quality of life concept, claims that it depends on external circumstances. Life conditions can determine high life value though after even a slight change of the latter a shift in understanding and assessment of quality of life occurs too. Quality of life is determined by a lot of factor and conditions: well-being; employment, income and material well-being, moral attitudes, personal and family life, social support, stress and crisis, condition of health, prospects of health care, relationship with the environment, ecologic factors, etc. (Juozulynas and Cemerych, 2005; Rugiene, 2005; Phillips, 2006).

Human well-being depends on what resources enable people to do and to be. The ability to convert resources into a good life varies across people. Individuals with greater capacities for enjoyment or greater abilities for achievement in valuable domains of life may be better off even if they command fewer economic resources. This suggests that indicators that go beyond being measures of income, wealth and consumption and incorporate the non-monetary aspects of quality of life have an important role to play. They variety of these measures, and the lack of an obvious metric to compare developments in the various dimensions, constitutes both the main advantage and the main limit of these indicators. What constitutes a "good life" has occupied leading philosophers since Aristotle, and dozens of definitions of the "good life" are discussed in the literature. None of these definitions commands universal agreement and each correspond to a different philosophical perspective. Quality of life is often tide to the opportunities available to people, to the meaning and purpose they attach to their lives and to the extent to which they enjoy the possibilities available to them. Quality of life research has identified a rich array of others that are associated with quality of life. Some of these attributes are intangible and difficult to evaluate. Others, however, have a more tangible character and can be measured in reasonably valid and reliable ways. In all cases, measuring quality of life requires consideration of a multidimensional array of indicators; at the same time, these indicators lack a unique metric that would allow simple aggregation across dimensions.

## **1.2 RATIONALE OF STUDY**

school students in relation to quality of life. Hence, an attempt is made to explore the situation. The present research focuses on the socio-demographic characteristics and some key correlates of Social Interaction Anxiety and quality of life among the higher secondary school students. The rapid change of technology that the teenagers are experiencing and what their parents or elderly people have never experienced are often confusing. Understanding what the teacher is teaching, competing with other classmates, and fulfilling teachers' and parents' academic expectations creates Social Interaction Anxiety. The person endures certain social situations in extreme distress or may avoid them altogether, sometimes leading to experiencing panic attacks. The fear and avoidance must not be due to the physiological effects of substances or any other general medical condition such as panic disorders as part of one of the pervasive developmental disorders. Social Interaction Anxiety usually affects the individual's normal routine, occupational (academic) functioning, or social activities or relationships. The way the environment treats the children have a profound impact not only on family relationship but also on their quality of life. The fall out will lead to Social Interaction Anxiety, and low of quality of life.

Hence, this research is focused on Social Interaction Anxiety among higher secondary school students in quality of life in Narnaul, Haryana.

Based on the review of related literature, studies on Social Interaction Anxiety and quality of life among adolescents from Narnaul, Haryana have not been conducted so far. Therefore, the investigator

feels it important to conduct a research on Social Interaction Anxiety and quality of life among adolescent.

### **1.3 STATEMENT OF THE PROBLEM**

The statement of the problem is “**A STUDY OF SOCIAL INTERACTION ANXIETY AND QUALITY OF LIFE AMONG ADOLESCENTS**”.

### **1.4 OBJECTIVE OF THE STUDY**

The following objectives were formulated for the proposed study:

- To study the Social Interaction Anxiety among male and female students;
- To study the Social Interaction Anxiety among students belonging to nuclear and joint family;
- To study the Social Interaction Anxiety among students belonging to rural and urban area;
- To study the Quality of life among male and female students of higher secondary school;
- To study the Quality of life among students belonging to nuclear and joint family;
- To study the Quality of life among students belonging to rural and urban area;
- To study the relationship between Social Interaction Anxiety and Quality of life among students.

### **1.5 HYPOTHESIS OF THE STUDY**

H01: There is significant difference in Social Interaction Anxiety male and female students;

H02: There is significant difference in Social Interaction Anxiety among students belonging to nuclear and joint family;

H03: There is significant difference in Social Interaction Anxiety among students belonging to rural and urban area;

H04: There is significant difference in Quality of life male and female students;

H05: There is significant difference in Quality of life among students belonging to nuclear and joint family;

H06: There is significant difference in Quality of life among students belonging to rural and urban area;

H07: There is significant relationship between Social Interaction Anxiety and Quality of life among students.

### **1.6 OPERATIONAL DEFINITION OF THE KEY TERMS**

#### **Social Interaction Anxiety**

Social Interaction Anxiety consists of a marked and persistent fear of social or performance situation. Affected individuals fear that they will be evaluated negatively or embarrassing way.

Social Interaction Anxiety Scale (SIAS) by Mattick & Clarke will be used to measure the Social anxiety among adolescents.

#### **Quality of Life**

Quality of life is multidimensional in construct including physical, emotional, mental, social and behavioral components. For the present study, score of Quality of life scale by B. L. Dubey and Padma Dwivedi will be used to find the quality of life of students.

## **CHAPTER 2**

### **REVIEW OF RELATED LITERATURE**

Review of literature is a vital part of any research. It helps the researcher to know the areas where earlier studies had focused on and certain aspects untouched by them.

The survey of related literature may be justified because it provides a firm and objective ground to the research for identifying a meaningful question in the field in which the researcher wants to pursue. Therefore, for a researcher if he/she wants to do research in a subject and needs up-to-date information, it is necessary that the researcher should be fully acquainted with the past of that subject.

Therefore, the investigator thought it pertinent to review the related researches and literatures to study the specific problem.

## **STUDIES RELATED TO SOCIAL ANXIETY**

**Top et. al. (2020)** aimed to determine the social anxiety, lifestyle behavior and quality of life of disadvantaged migrant adolescents compared to non-migrant adolescents. Social anxiety levels of the disadvantaged migrant adolescents were higher than those of the control group ( $p < 0.05$ ), while perception of quality of life and health-promoting behaviors were lower in both groups, with no difference found between the groups ( $p < 0.05$ ). Socio-demographic qualities and social support system perceptions of the disadvantaged migrant adolescents made a difference for all dependent variables ( $p < 0.05$ ), but did not affect health histories ( $p < 0.05$ ). There was a correlation between the scale total and sub-group dimension scores for all dependent variables ( $p < 0.05$ ). The quality of life and health-promoting lifestyle behaviors of disadvantaged migrant adolescents must be developed and improved and their social anxiety levels lowered and it is the responsibility of educational institutions to monitor and control this process in a sustainable way.

**Park et. al. (2020)** examines whether treatment-seeking young adults with social anxiety disorder (SAD) demonstrate similar degrees of distress, quality of life (QoL) and disability to those with other mental disorders. Young adults with SAD showed distress and disability of similar degree to those with most other mental disorders. Specifically, young adults with SAD reported significantly lower QoL than those with major depressive disorder or obsessive-compulsive disorder. Furthermore, young adults with SAD had the most difficulties in getting along with others and the second highest level of distress in comparison to other psychiatric groups. In comparison to antidepressants use, the presence of comorbidity showed a substantial negative influence on these health outcomes, particularly when presenting with comorbid depression or obsessive-compulsive disorder. Findings highlight significant impairments in young adults seeking treatment for SAD and the important moderating influence of comorbidity. This emphasizes the urgent need for effective management and treatment for its presentation and comorbidities in mental health services targeting young adults.

**Van Dam – Baggen and Kraaimaat (2016)** explored the effectiveness of group social skills training for patients with generalized social anxiety grouped in reticent and non-reticent sub types. The results conclude that providing a blend of social skills training, cognitive restructuring, graded exposure tenders social skills intervention as an effective therapy for adolescents' social anxiety.

**Mesa, An-le and Beidel (2015)** have authored a chapter on Social Skill-Based Treatment for Social Anxiety Disorder in Adolescents. Social skills training (SST) involves the use of various behavioral methods to establish, modify, and improve social skill in this group. Many successful training programs for adolescents with social anxiety incorporate SST as a component. They have concluded that social



skills-based intervention for social anxiety demonstrated efficacy in reducing social anxiety and improving social skills in socially anxious adolescents.

**Mesa et al., (2014)** conducted a study to examine Psychopathology and Daily Impairment in Adolescents with Social Anxiety Disorder. The results of the study indicate that, adolescents with social anxiety may not show impaired sleep on a routine basis. They experience certain behavioral and physiological problems in social context on a regular basis. Implication of the study suggests that, social skills intervention could be a crucial factor in therapeutic approaches for social anxiety.

**Halls et al., (2014)** conducted a study on “Social communication deficits: Specific associations with Social Anxiety Disorder”. The purpose of the study was to investigate and compare social communication deficits among children with social anxiety and children with other forms of anxiety disorder. The findings suggest that, children with social anxiety had elevated levels of social communication deficits and children with nonsocial forms of anxiety disorder had lower level of social communication deficits. The results implicate that treatment for SAD may gain advantage from incorporating particular emphasis on social communication difficulties.

**Ruby Gupta (2014)** conducted a study on Assertiveness in relation to Social Anxiety, Perceived Social Self-Efficacy and Social-Emotional Skills and to assess the efficacy of Assertiveness Training Programme in enhancing Perceived Social Self Efficacy and Social Emotional Skills and in lowering Social Anxiety. Findings indicated that, individuals who received intervention had a significantly lower score on social anxiety as compared to the no training group. The intervention proved to be beneficial to the participants in enhancing Assertiveness, Self-Efficacy and Social Emotional Skills and reducing Social Anxiety.

**Herguner (2013)** conducted a review with regard to different approaches for treatment of social anxiety among adolescents. The article included studies published after 1995 with adolescent participants with SAD. Social Effectiveness Therapy for Children (SET-C), consisting of group social skill training, peer-generalization experiences, and individual in vivo exposure, resulted in children with less anxiety, less avoidance, more skillfulness and engagement in more social discourse at posttreatment. Psychopharmacological and psychotherapeutic interventions have indicated effectiveness in the treatment of adolescents with SAD.

**Miller et al. (2011)** investigated to examine the effectiveness of School-Based Intervention for Social Anxiety in Canadian Adolescents. The study examines the transportability and dissemination of the Skills for Academic and Social Success (SASS), an early intervention program that can be delivered in high school settings and is aimed at reducing symptoms of anxiety among adolescents. The results reveal that at-risk adolescents participating in the SASS program indicated a decrease in anxiety, behavioral avoidance, and depression symptoms from pre- to post testing. It offers evidence for the transportability and dissemination of the SASS program in secondary schools.

**Mehrabizade and Taghavi (2009)** conducted a study to examine the impact of group assertive training on social anxiety, social skills and academic performance of female students. Results of the study showed that group assertiveness intervention enhanced social skills and school performance and reduced

social anxiety of the group which was given intervention in comparison with the group which was not given intervention.

**Neisi and ShahviYeylagh (2001)** studied the Effectiveness of Assertiveness Training on Self-Esteem, Social Anxiety, and Mental Health of Male High School Students in Ahvaz city. Results showed that intervention involving training in assertiveness had an impact in reducing social anxiety of high school students.

## **STUDIES RELATED TO QUALITY OF LIFE**

**Mihaela, C. A. & Daniela, D. B. (2015).** Gender Difference on Well-being and Quality of Life at Young Students at Psychology. Present research is focusing on highlighting the differences between genders concerning quality of life and well-being status on undergraduate students at psychology. Participants were students age between 19 and 22 ( $m=20.13$ ;  $SD=1.038$ ). The instruments used were: Ryff's Psychological Well-being Scale (PWB) with 42 items distributed as autonomy, control, personal development, positive relationships, meaning of life, self-acceptance and Quality of Life Scale (Flanagan, 1982). The result confirmed the gender difference hypotheses regarding the variables: control, personal growth positive relationships, self- acceptance and quality of life scale.

**Sood, S. & Bakhshi, A. (2014).** Quality of Life: Gender Differences in Aged Kashmiri Minorants in Jammu, India. This research is an attempt to study gender difference in quality of life among aged Kashmir migrants residing in Jammu. Research sample 280 aged Kashmiri migrants residing in Jammu since 1990. The mean age for the entire sample was 68.49 years. Results of t-test show there are differences in physical health, psychological health and social relationships of male and female aged Kashmiri migrants. The male aged Kashmir migrants were better on these domains of quality of life. There was no difference between the two on environmental health. The study revealed that the aged Kashmiri migrant women need more attention so that their quality of life is enhanced.

**Fooladi N.; Jirdehi, R. & Zahramohtashm, A. (2014).** Comparison of Depression, Anxiety, Stress and Quality of Life in Drug Abusers with Normal Subject. In this comparative study, on hundred drug abusers who were admitted to quit addiction clinic in Rasht with one hundred normal people who were relative of patients or staff in health centers as control group underwent study. Depression, anxiety and stress were assessed by DASS-21 and SF-36 questionnaire was used for quality of life assessment. The result showed that compared with normal individuals' addicted to opiates significantly depression, anxiety and stress were higher. The quality of life of ordinary people was also significantly higher than those addicted to opiates. Depression, anxiety and stress were found to be negatively correlated with quality of life. In this research conclusion based on our findings, we can say addiction, depression, anxiety and stress are related to the formation of a vicious cycle where addicts due to the loss of prestige and hit a by stander family, and the feelings of guilt and the legal treatment of depression, anxiety and more stress than individuals with and taking refuge in the lap of addiction try to get rid of these thoughts and feelings. This leads to a vicious cycle which will eventually lead to low quality of life for these individuals.

**Edvy, L. (2013).** Quality of Life Indicators of University Students in Hungary. Quality of life is a new research field in the postmodern world. Results show that there are several factors beyond the material world which have an impact on our happiness and which can be influenced and developed by us. To transfer the knowledge that can help improve quality of life requires authentic channels. One of these

channels could be the stratum of educated intellectuals as an influential group of society, but they are authentic only if their quality of life is really better than nonqualified population's quality of life. We investigated this issue in Hungary. On the basis of empirical research, we compared university students' paper is to present the relevant result of this research, which show that (a) the examined indicators of quality of life are not more favorable with university students than the same indicators with the non-student population (b) the quality of life indicators of female university students are worse in some respects than those of non-students women; (c) the impact of some psychological factors is stronger with university students than with common persons. The major conclusion of this paper is that an appropriate intervention is needed in health education programs at universities in order to contribute to the improvement of students' quality of life.

**Yildirim, Y.; Kilic, S. P. & Akyol, A. D. (2013).** Relationship Between Life Satisfaction and Quality of Life in Turkish Nursing School Students. The aim of this study was to evaluate the relationship between life satisfaction and quality of life of nursing students. The descriptive and cross-sectional study was conducted with a research population of 396 nursing students who received education at a school of nursing. The research data were collected between May and June of the 2007-2008 academic year. The data collection tools included Students Description Form, Life Satisfaction Scale and WHOQOL-BREF (TR), Quality of Life (QOL) Scale. There was a significant correlation between life satisfaction and the four main domains of quality of life scores ( $P < 0.05$ ) and that there was a significant positive correlation between life satisfaction and quality of life among nursing students. In addition, it was determined that being nursing students had a positive effect on student's life satisfaction and quality of life. Therefore, the education system is recommended to be redesigned in such a way as to make students more active and to improve their life satisfaction and quality of life.

**Tobi, S. N. M. etc. (2013).** The Use of Online Social Networking and Quality of Life. The aim of this study thus was to investigate the use of online social networks and its association with university students' physiological, psychological and social health. Data result was obtained from 442 respondents using questionnaire adapted from the World Health Organization Quality of Life (WHOQOL-BREF) questionnaire. Apart from WHOQOL-BREF survey tool, students were asked to provide the data, for demographic characteristics and the use of online social network. The study result found that the majority of the students participated in the face book (98%,  $n=417$ ) and nearly half of the students spent 2-3 hours daily on the online social networking sites (49%,  $n=208$ ). The students' participation of online social networks was significantly associated with the general health of students ( $r=0.26$ ,  $P < 0.05$ ) and psychological health ( $r=0.25$ ,  $P < 0.05$ ). However, the findings reported that online social network did not affect the user's social health including satisfaction with social life, personal relationship and social supports, overall, the study result indicated that the frequent use of online social networks had improved both physiology and psychology health among the users. Yet, the use of online social networks did not encourage social supports to the university students.

**Henning, M. A.; Krageloh, C. U.; Hawkes, J.; Zhao, Y. and Doherty, I. (2012).** The Quality of Life of Medical Students Studying in New Zealand: A Comparison with Nonmedical Students and General Population Reference Group. The aim of the study was to investigate medical student's perceptions concerning their quality of life. Two hundred seventy-four medical students studying in their early clinical years (response rate = 80%) participated in present study World Health Organization Quality of Life questionnaire use. The findings were compared using independent group's t-tests, confidence intervals and Cohen d. the main finding of the study indicated that medical students had similar quality

of life perceptions to nonmedical students except in relation to the environment domain. Furthermore, the medical students group scored lower than the general population reference group on the physical health, psychological health and environment quality of life domains. The result suggests that all university students are expressing concerns related to quality of life and thus their health might be at risk. The finding in this study provided no evidence to support the notion that medical students experience lower level of quality of life compared to other university students. When compared to the general population, all students groups implications for pastoral support, educationalists, student support personnel and the university system.

**Mohmadkhani, K.; Ghasemizad, A. & Kazemi, M. (2011).** A Study of Factor Influencing High School Students Quality of Life. The present study aims at recognizing and analyzing the relationship among variables such as stress, social capital, self-esteem and locus of control that affect the high school students' quality of life Fars province, Iran, to the end 224 high school students from Shiraz, Kazerun and Marvdasht were selected as participants based on cluster sampling. Cronbach's alpha was used to measure the reliability of the questionnaire used. While its validity was determined through item analysis and expert consensus. The research findings indicated that there was a significant and positive correlation among such variables as self-esteem, locus of control, social capital and the students' quality of life, while variables such as the quality of life and stress revealed a negative correlation. All coefficients at  $P < 0.05$  level was significant. The beta for locus of control, self-esteem, social capital and stress were 0.28, 0.23, 0.21, -0.18 respectively. Locus of control plays a crucial role in the students' quality of life. This is to say that internal locus of control means a better quality of life and living standards. All coefficients were significant at  $P < 0.05$ .

**Ilias, K. & Mubin, M. N. (2012).** Relationship between Quality of Life, Academic Behavior and Student Motivation in Teachers' Training Institute, Malaysia. This study aims to determine whether there is a significant relationship between quality of Life of academic conduct, determine whether there is a significant relationship between quality of life with motivation, determining whether a significant relationship between academic and behavioral students motivation. The study design in the form of quantitative correlation with student samples of students from pre-bachelor program teaching (PPISMP) group K (Krejcie & Morgan, 1970) at the institute of teacher education, campus Ipoh. Quality of life instrument is the Quality of school life by malin & Linnakyla (2001). The instrument consists of six dimensions of satisfaction, student teacher relationship the status of students in the class, identity formation, achievement and opportunities and negative effect. Academic behavior instruments illina motivation for learning instruments by Iliin (2000) is composed of three dimensions of intrinsic motivation, professional lecturer and self-discipline. Instrument of motivation from the motivated self-efficacy dimension strategies for learning questionnaire (MSLQ) by pintrich et. al. (1993) and goal orientation dimensions' instruments of instrument of goal inventory (Plants, 2000). The study showed that there was no significant relationship quality of life for students with academic behavior, there is no significant relationship with student's motivation quality of life and there is no significant relationship between academic and motivational behavior.

**Sadjadi, N.; Ehrahimi, M. E.; Sadjadi, S. (2012).** The Relation between Anxiety and Difficulty of Emotional Adjustment with Students' Life Quality. The aim of this study was to present the relation between anxiety and difficulty of emotional adjustment with students' life quality in Hemedan Azad University. The study is a correlative one. 120 people were chosen according to available sampling method in girlish dormitories of Hamedan Azad University. To collect data, Back Anxiety Inquiry

(BAI), Difficulty of Emotional Adjustment Ranking (DERS) and Life Quality Questionnaire (SF-36) were used. Person correlation test and stepwise multi-varied regression were used to investigate the data. There could be seen a positive and significant relation between anxiety and life quality ( $P < 0.01$ ) and there was a negative and significant relation between difficulty of adjustment ( $P < 0.01$ ). The findings of survey indicate the importance of anxiety as well as emotional adjustment to reserve students' life quality and two mentioned variables can clarify a high amount of changing in life quality in different conditions of students.

**Esfahani, N. N. & Etemadi, A. (2012).** The Relation between Personality Traits with Spiritual Intelligence and Quality of Life in Students of Alame Tabatabaie University (Iran). Personality traits of each person from his main psychological structure which helps to shape his life style, so the purpose of this study was to determine the relation between personality traits with spiritual intelligence and quality of life in students. This descriptive study was correlation. All students of Allameh Tabatabai University took part in this study in 2009-2010. Among them, 200 students (100 girls and 100 boys) were selected through multistage cluster sampling based on Morgan formula. Spiritual intelligence SF-36 % BFI was used for data collection. Data were analyzed using person correlation coefficient and stepwise regression analysis by means of SPSS version 19. According to the result, quality of life and spiritual intelligence had positive correlation with extraversion, openness to experience, agreeableness and conscientiousness and negative correlation with neuroticism. Among personality traits, extraversion, agreeableness and neuroticism could explain 20 percent of the variance of spiritual intelligence. Also, neuroticism and conscientiousness could account for about 41 percent of the variance of quality of life. The result can indicate that spiritual intelligence is a separate character of personality. Moreover, there are relations between quality of life and personality traits. It shows that individuals with higher quality of life can be more successful and have more with others to get other consent.

**Henning, M.; Krageloh, C.; Hawken, S. J.; Zhao, Y.; Koheaty, I. (2010).** Quality of Life and Motivation to Learn: A Study of Medical Students. There is growing literature in the area of medical student's quality of life. As far as we know, no qualitative studies have investigated the links between students' quality of life issues and their motivation to learn. The key question that drove the present study was: Is there a correlation between students' quality of life and their motivation to learn? Accordingly, the purpose of this study was to explore link between quality of life and motivation to learn. Data was gathered from medical students studying in year four ( $n=6$ ) and five ( $n=13$ ). Employing two focus groups a small group diagnostic process was used to ascertain levels of consensus around certain important areas. Student commentaries revealed some interesting and though provoking insight. The year four students uniformly (100% agreement) experienced sleep problems and felt anxious and uncertain in clinical setting. The year five student consistently (100% agreement) cited problems associated with pain, injury and slept deprivation. Moreover, they regularly felt that clinicians would perceive them as weak if they took time off. These findings have pastoral and academic implications for community and university management, educators, student's service personnel and students.

**Zaki, M. (2008).** Quality of Life and Its Relationship with self-esteem Male and Female Students of Isfahan University. Quality of life, happiness and life satisfaction are regarded as indices of general and mental health, this research evaluates the correlation between quality of life and self-esteem among students. The present study was a survey research in which 200 Isfahan University students (100 females and 100 males) were evaluated. To measure quality of life and self-esteem, Missoula-vitas quality of life index (MVQOLI) and Rubson's self-esteem questionnaire were used respectively. Data



were analyzed using t-test. Pearson correlation coefficient and regression analysis. Result indicate a significant relationship between self-esteem and quality of life ( $r=0.48$ ), but there was no significant difference between the quality of life of male and female students of Isfahan University. Also, even though there was a significant statistical relationship between each of the five factors of quality of life and self-esteem, regression analysis showed that the factor of interpersonal relationship, transcendence and function had the highest predictive power of self-esteem from among the five factors. Conclusion there is a correlation between student's evaluation of their quality of life and their self-esteem.

**Kashmala Shaer (2008).** Relationship between Optimism and Quality of Life among Punjab University Students. The present research was conducted to explore the relationship between optimism and quality of life Punjab University students. A sample of 240 students (120 male and 120 females) was drawn from various departments of university of the Punjab; Lahore by using no probability purposive sampling technique. Correlation research design was used. A self-constructed, indigenous scale of optimism was designed, based on the guidelines of optimism was designed, based on the guidelines of optimism test by Seligman (2002) and WHOQOL-BREF (1996) as scale on quality of life, the permission to use this scale was granted by the respective researchers. A pilot study was done to investigate the psychometric properties of the scales. Descriptive and inferential statistics was used to analyze the results. Person product moment correlation was applied to analyze the data. Optimism was significantly and positively correlated to quality of life.

**McIarland, A. L.; Waliczek, T. M. & Zajicek, J. M. (2008).** The Relationship Between Student Use of Campus Green Space and Perceptions of Quality of Life. Researchers have found that student's perception of their overall academic experience and the campus environment is related to academic accomplishment. Additionally, study has found that the designed environment of the university can influence the degree of stress students may feel. The main objective of this study was to investigate the relationship between undergraduate university student use of campus green spaces and their perceptions of quality of life a university in Texas. A total of 2334 students or 10% of the under graduate student body received e-mails with information regarding the incentive for participation and instructions on accessing an online survey. The survey included questions that related to student use of campus green spaces, overall quality of life statements, an instrument to measure the quality of life of university students, and demographic questions. A total of 373 surveys was collected and analyzed to compare levels of quality of life of university students and the level of usage of campus green spaces. Demographic information collected allowed a controlling or student grade classification, gender, and ethnicity. Frequency statistics determined that, on average, more than half the students were ranked as high-users of the campus green spaces, and very few students were considered low- users frequency statistics also determined that most students rated their overall quality of life and quality of life of university students positively. Additionally, this study found that undergraduate student use of campus green space and perceptions of quality of life were related to each other.

## **CHAPTER 3**

### **METHODOLOGY OF THE STUDY**

#### **3.1 Statement of the Problem**

The statement of the problem is “A STUDY OF SOCIAL INTERACTION ANXIETY AND QUALITY OF LIFE AMONG ADOLESCENTS”

### 3.2 Operational Definitions

**Social Interaction Anxiety:** Social Interaction Anxiety consists of a marked and persistent fear of social or performance situation. Affected individuals fear that they will be evaluated negatively or embarrassing way. Social Interaction Anxiety Scale (SIAS) by Mattick & Clarke will be used to measure the Social anxiety among adolescents.

**Quality of Life:** Quality of life is multidimensional in construct including physical, emotional, mental, social and behavioral components. For the present study, score of Quality of life scale by B. L. Dubey and Padma Dwivedi will be used to find the quality of life of students.

### 3.3 Variables of the study

**Dependent Variables:** Social Interaction Anxiety

**Independent Variable:** Quality of Life and gender

### 3.4 Objectives of the study

The following objectives were formulated for the proposed study:

- To study the Social Interaction Anxiety among male and female students;
- To study the Social Interaction Anxiety among students belonging to nuclear and joint family;
- To study the Social Interaction Anxiety among students belonging to rural and urban area;
- To study the Quality of life among male and female students of higher secondary school;
- To study the Quality of life among students belonging to nuclear and joint family;
- To study the Quality of life among students belonging to rural and urban area;
- To study the relationship between Social Interaction Anxiety and Quality of life among students.

### 3.5 Hypotheses of the study

H01: There is significant difference in Social Interaction Anxiety male and female students;

H02: There is significant difference in Social Interaction Anxiety among students belonging to nuclear and joint family;

H03: There is significant difference in Social Interaction Anxiety among students belonging to rural and urban area;

H04: There is significant difference in Quality of life male and female students;

H05: There is significant difference in Quality of life among students belonging to nuclear and joint family;

H06: There is significant difference in Quality of life among students belonging to rural and urban area;

H07: There is significant relationship between Social Interaction Anxiety and Quality of life among students.

### 3.6 Research Method

The descriptive method of research was employed to carry out this piece of research work.

### 3.7 Sample

The sample for the study consisted of 120 adolescent students of 12th grade (60 boys and 60 girls) were selected randomly from the three secondary schools situated.

## 3.8 Inclusion or Exclusion

- Only three secondary schools situated in Narnaul, Haryana was included in the study.
- Only 120 adolescent students of 12th grade (60 boys and 60 girls) from the three higher secondary schools situated was included in the study.
- The age range of the participants were 14 to 16.
- Disabled students were excluded from the study.

## 3.9 Tools

The following tools were employed for the purpose of collecting data from the selected subjects:

### a) Social Interaction Anxiety Scale (SIAS) (Mattick & Clarke, 1998)

The Social Interaction Anxiety Scale (SIAS) (Mattick & Clarke, 1998) is a 20 item self-report measure that assesses complementary aspects of social phobia and reflects anxiety in social interaction situations. Items are rated from 0 (not at all characteristic or true of me) to 4 (extremely characteristic or true of me). In dyads or groups, participants rate how well items about anxiety in social interactions describe them. It has been frequently used and exhibits good reliability and validity.

### B) Quality of life scale by B. L. Dubey and Padma Dwivedi (2009)

Quality of life scale was developed by B. L. Dubey and Padma Dwivedi. Hear Guajrati adaption was used made by Jogsan, Y. A. and Aashra, B. K. It consists of 20 items. It is five-point scale having option of strongly agree, agree, undecided, disagree, strongly disagree.

The test-retest with an interval of one month and split-half reliabilities (corrected for length by Spearman Brown prophecy formula) of quality of life scale were computed by Pearson's product moment method, on a sample of 50 adult educated of both sexes and both types of reliabilities were found to be ( $r=0.58$  and  $r=0.87$  respectively) significant at 0.01 level.

The scale had shown face (rated by experts) and content (areas so defined were represented through selected items) Validities which were considered satisfactory, though both type of validities had their advantages and obvious limitations.

A more rigorous requirement for the validation is to use an outside criterion. An attempt was made to provide such criteria. The quality of life scale was administered to another sample of 25 employees of the industry along with job satisfaction scale and executive personality scale.

Correlations were computed between the scores of quality of life scale (Dubey et. al., 1988) and 5 sub-scale of executive personality scale (Dubey, et. al., 1988). Correlations of quality of life scale with job satisfaction scale (Dubey, et. al., 1983) and with certain demographic variables is age, education were computed. All the values Spearman's  $r$  (rho) is presented in table.

1.	Executive Personality Scale's sub Scales:		
a	Emotional Instability	-0.19	Insignificant

b	Depression	-0.24	Insignificant
c	Psychoticism	0.39*	Significant
d	Extraversion	0.37	Insignificant
e	Social Desirability	3.23	Insignificant
2	Job Satisfaction Scale	0.07	Insignificant
3	Age	0.26	Insignificant
4	Education	0.18	Insignificant
5	Salary	0.27	Insignificant

Table reveals that all values of Spearman's  $r$  (rho) are in expected direction, which furnishes evidence for the validity of quality of life scale. None of the correlation were significant at or beyond 0.01 level of significance and only psychoticism is unlikely to lead to high quality of life 0.05 levels only. Quality of

life scale is thus a measure which is relatively independent of personality and unrelated to demographic variables.

### **Scoring of Quality of Life**

As Mentioned earlier, the Likert type scoring system consisting of 5 categories of agreement, disagreement was applied to each item of final form of quality of life scale. The scoring weights for each item ranges from 1 to 5 (strongly, disagree to strongly agree 1 to 5); with the range of possible total scores from 20-100. Higher score indicates better quality of life with the average score 60 and more, as better quality of life score.

### **3.10 Statistical Techniques**

In this proposed study, mean, S.D, 't' value and Pearson's correlation were used according to the requirement of the study.

### **3.11 Ethical Consideration**

- Consent was obtained from the authors of the scales which were used to measure the key variables of this study.
- Consent was obtained from the respondents.
- Confidentiality of all information was assured and maintained.
- Participation in the study does not affect the classes of the respondents.
- Authorization from the ethical committee/the principals of all the higher secondary schools were obtained before initiating the study.

## **CHAPTER 4**

### **ANALYSIS AND INTERPRETATIONS**

The organization, analysis and interpretation of data and formulation of conclusions and generalizations are necessary steps to get a meaningful picture out of the raw information collected. The analysis and interpretation of data involves the objective material in the possession of the researcher and the subjective reactions and desires to derive from the data the inherent meanings in their relation to the problem.

After the collection of data, analysis and interpretation is the foremost and essential step of the research work. So, it is the necessary duty of the investigator to turn her full attention to analysis and interpretation of the accumulated data. Analysis of data means studying the organized data in order to discover existing fact. The data is also studied to explore the new facts. Analysis requires alert, flexible and open mind. It involves the breaking down the existing complex factor into simple part and putting their simple parts together in new arrangement for the purpose of the interpretation. The main purpose of the interpretation is to reach for broader meaning of desired answer.

The major objectives of the present study were to assess "A STUDY OF SOCIAL INTERACTION ANXIETY AND QUALITY OF LIFE AMONG ADOLESCENTS". The data for the same were collected through various tools and then analyzed quantitatively the result of which have been given under the following paragraphs.



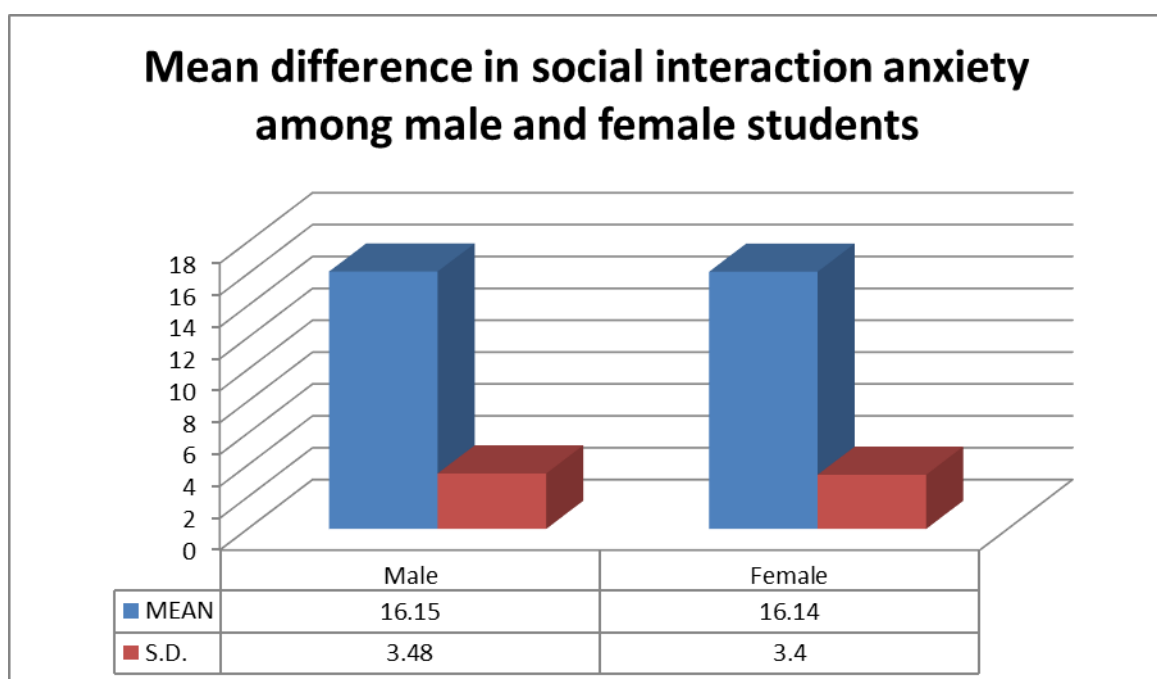
## SECTION A

### (DIFFERENTIAL ANALYSIS)

#### COMPARATIVE ANALYSIS OF SOCIAL INTERACTION ANXIETY AND QUALITY OF LIFE AMONG STUDENTS WITH GENDER, TYPE OF FAMILY AND AREA

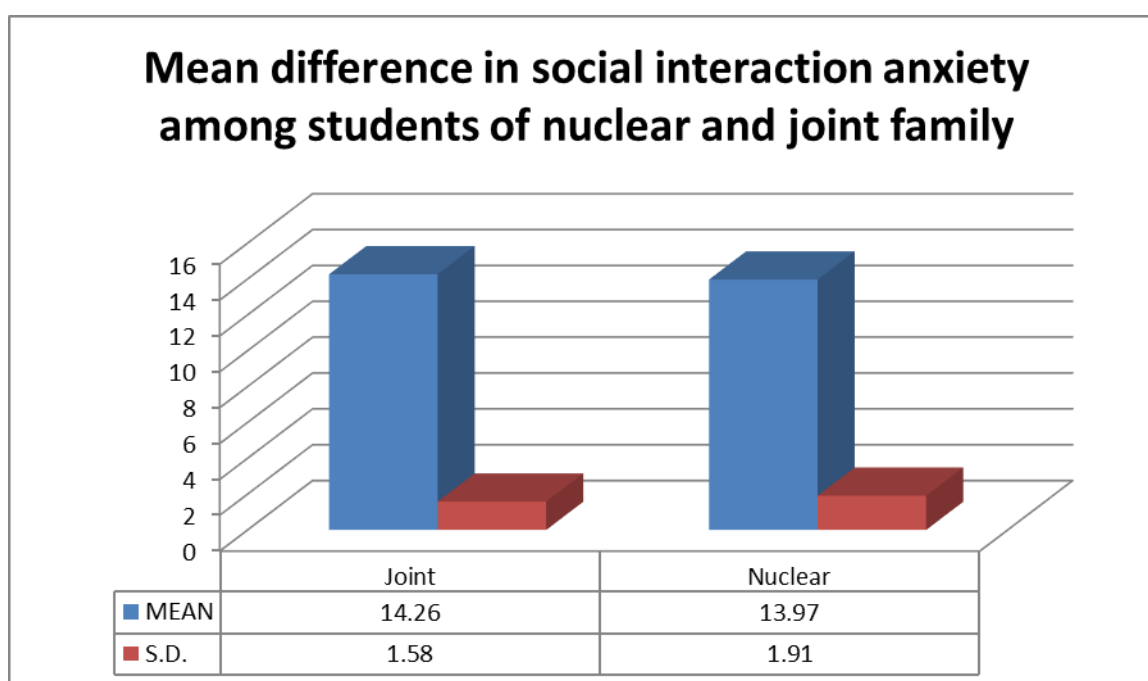
**Table: 5.1 Descriptive statistics and significant values of Social Interaction Anxiety among students with gender, type of family and area (N=120)**

	GROUPS	Mean	SD	t	Statistical Inference
<b>Gender</b>	Male	16.15	3.48	0.019	p > 0.05 Not Significant
	Female	16.14	3.40		
<b>Type of family</b>	Joint	14.26	1.58	1.022	p > 0.05 Not Significant
	Nuclear	13.97	1.91		
<b>Area</b>	Rural	14.56	0.90	0.003	p > 0.05 Not Significant
	Urban	14.56	0.94		



**Graph: 5.1: Mean difference in social interaction anxiety among male and female students**

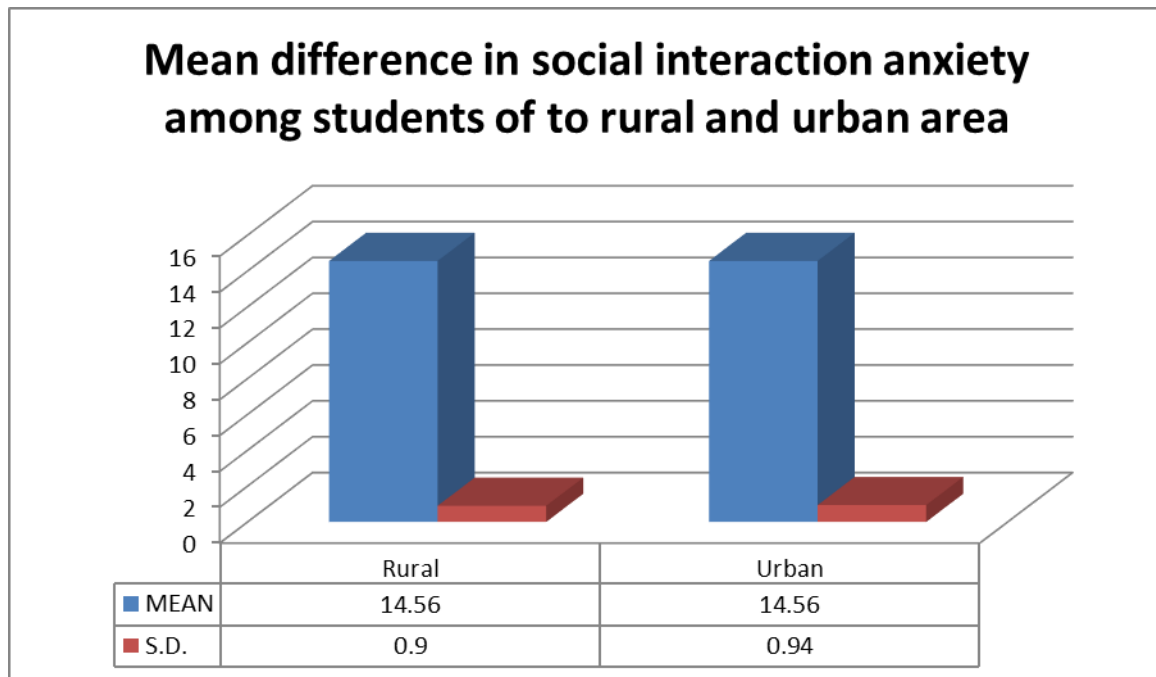
Table 5.1, indicated that the t-value of social interaction anxiety of male and female students is 0.019 which is not significant at 0.05 level of significance with df 118. It indicates that the mean scores of social interaction anxiety of male and female students not differ significantly. Thus, the hypothesis that “There is significant difference in Social Interaction Anxiety male and female students” is rejected. It can be understood from the table that there is no significant difference in Social Interaction Anxiety male and female students. This result encounter with study of Sara et.al. (2017) and found that children who participated did not differ significant in terms of social anxiety disorder based on gender and age categories.



**Graph: 5.2: Mean difference in social interaction anxiety among students of nuclear and joint family**

Further in case of type of family, t-value of social interaction anxiety of students belong to nuclear and joint family is 1.022 which is not significant at 0.05 level of significance with df 118. It indicates that the mean scores of social interaction anxiety of students belong to nuclear and joint family not differ significantly. Thus, the hypothesis that “There is significant difference in social interaction anxiety among students belongs to nuclear and joint family” is rejected.

It can be understood from the table that there is no significant difference in Social Interaction Anxiety among students belongs to nuclear and joint family. This result contradicts with study of Ritu Singh et. al. (2014) and found that respondents from joint family had more social interaction anxiety than those from nuclear family.



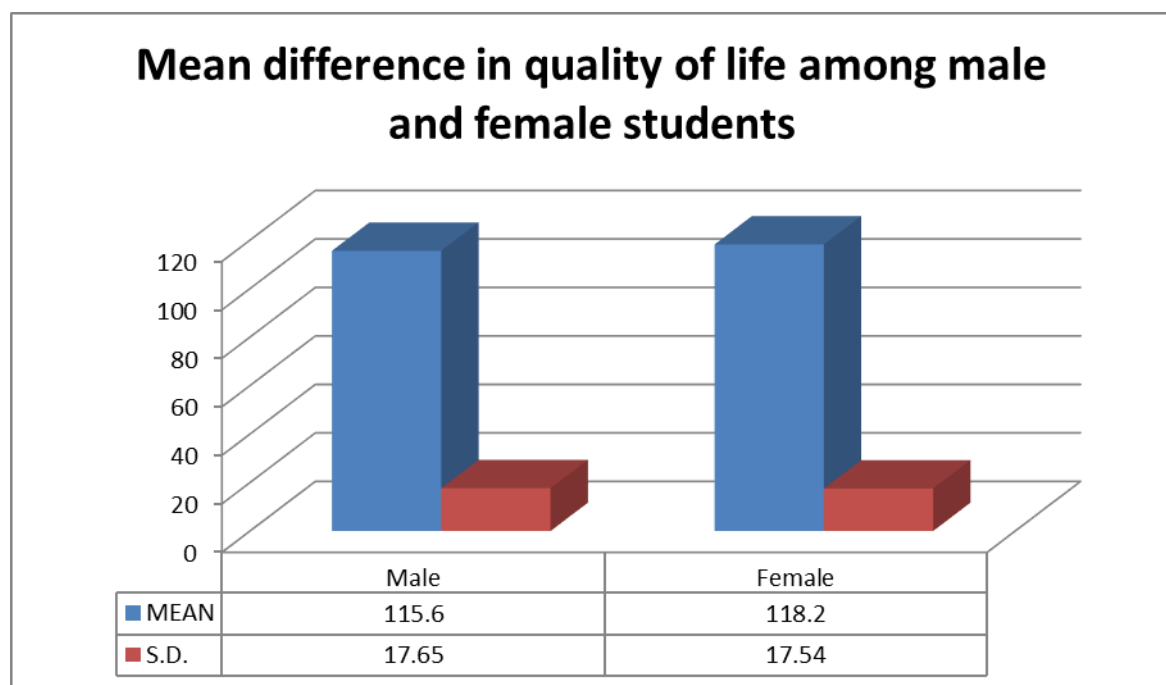
**Graph: 5.3: Mean difference in social interaction anxiety among students of nuclear and joint family**

Further in case of area, t-value of social interaction anxiety of students belong to rural and urban area is 0.003 which is not significant at 0.05 level of significance with df 118. It indicates that the mean scores of social interaction anxiety of students belong to rural and urban area not differ significantly. Thus, the hypothesis that “There is significant difference in Social Interaction Anxiety among students belongs to rural and urban area” is rejected.

It can be understood from the table that there is no significant difference in Social Interaction Anxiety among students belongs to rural and urban area. This result contradicts with study of Desalegn et. al. (2019) and found that poor social support (AOR = 2.8, 95% CI 1.40, 5.60), female sex (AOR = 2.3; 95% CI 1.50, 3.60), 1st-year students (AOR = 5.5; 95% CI 1.80, 17.20), and coming from a rural residence (AOR = 1.6; 95% CI 1.00, 2.40) were factors significantly associated with social phobia symptoms.

**Table: 5.2 Descriptive statistics and significant values of quality of life among students with gender, type of family and area (N=120)**

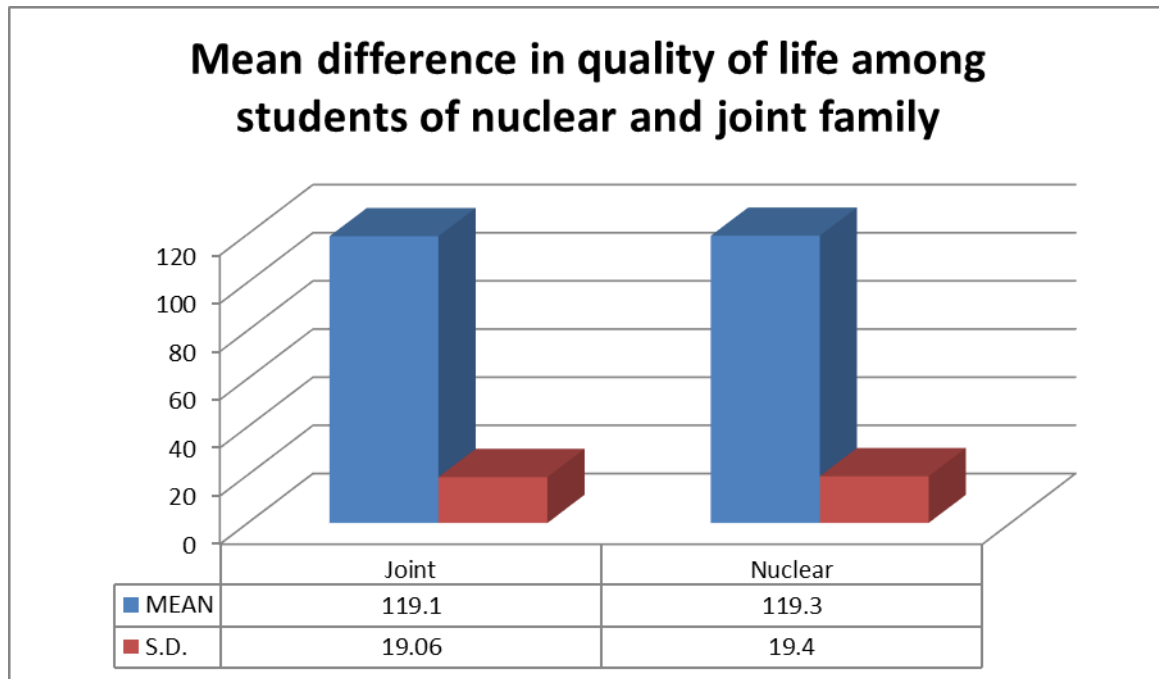
	GROUPS	Mean	SD	t	Statistical Inference
<b>Gender</b>	Male	115.6	17.65	0.035	p > 0.05 Not Significant
	Female	118.2	17.54		
<b>Type of family</b>	Joint	119.1	19.06	2.063	p > 0.05 Not Significant
	Nuclear	119.3	19.4		
<b>Area</b>	Rural	116.4	14.5	1.65	p > 0.05 Not Significant
	Urban	116.7	13.9		



**Graph: 5.3: Mean difference in quality of life among male and female students**

Table 5.1, indicated that the t-value of quality of life of male and female students is 0.035 which is not significant at 0.05 level of significance with df 118. It indicates that the mean scores of quality of life of male and female students not differ significantly. Thus, the hypothesis that “There is significant difference in quality of life of male and female students” is rejected. It can be understood from the table

that there is no significant difference in quality of life of male and female students. This result contradicts with study of Lee et.al. (2020) and found that male older adults reported a better QoL than female older adults.

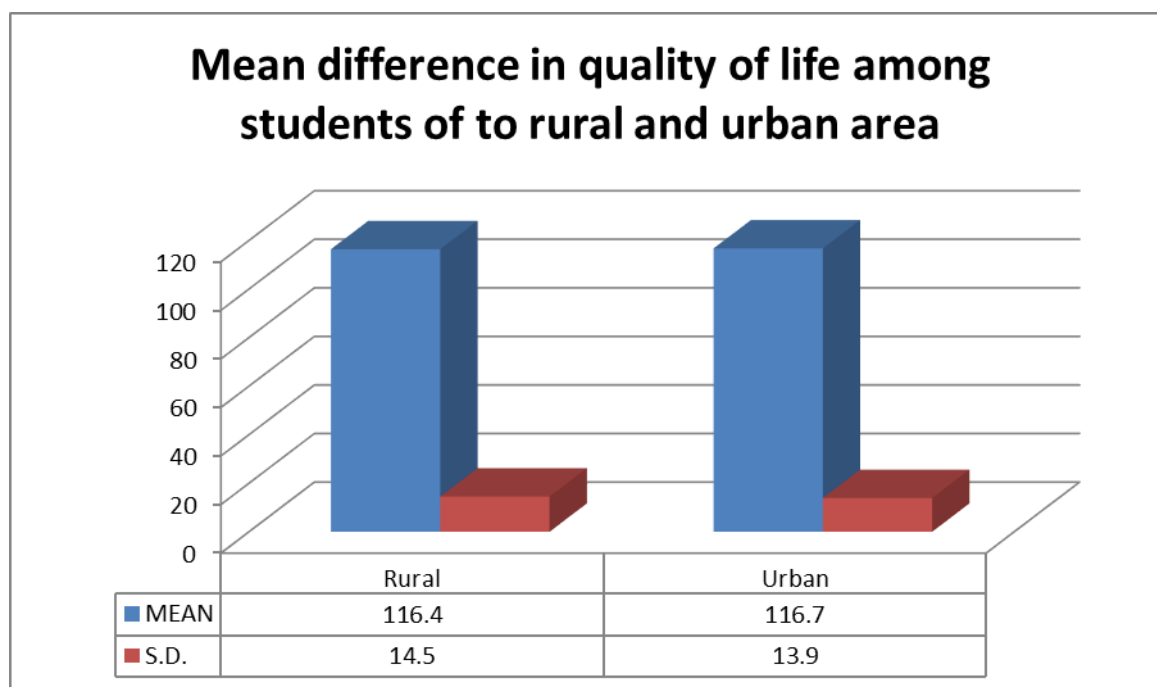


**Graph: 5.4: Mean difference in quality of life among students of nuclear and joint family**

Further in case of type of family, t-value of social interaction anxiety of students belong to nuclear and joint family is 2.063 which is not significant at 0.05 level of significance with df 118. It indicates that the mean scores of qualities of life of students belong to nuclear and joint family not differ significantly. Thus, the hypothesis that “There is significant difference in quality of life among students belongs to nuclear and joint family” is rejected.

It can be understood from the table that there is no significant difference in quality of life among students belongs to nuclear and joint family. This result contradicts with with study of Fahad Saqib Lodhi et. al. (2020) and found that each domain for joint and nuclear family systems, rural as compare to urban residence ( $p < 0.001$ ), being female as compare to males ( $p < 0.001$ ), increasing age as unit a decade ( $p < 0.001$ ), having any disease as compare to absence of disease ( $p < 0.001$ ) low socioeconomic status (SES) as compare to high SES ( $p < 0.001$ ) were found out to be strong predictor of poorer QOL.





**Graph: 5.3: Mean difference in quality of life among students of nuclear and joint family**

Further in case of area, t-value of quality of life of students belong to rural and urban area is 1.65 which is not significant at 0.05 level of significance with df 118. It indicates that the mean scores of qualities of life of students belong to rural and urban area not differ significantly. Thus, the hypothesis that “There is significant difference in quality of life among students belongs to rural and urban area” is rejected.

It can be understood from the table that there is no significant difference in quality of life among students belongs to rural and urban area. This result contradicts with study of Ibtissam Sabbah et. al. (2019) and found that male adolescents reported more satisfaction with some domains of life than female adolescents, except for physical functioning.

## SECTION B

### (CORRELATIONAL ANALYSIS)

**Table: 5.3: Relationship between social interaction anxiety and quality of life among students**

Variables	‘r’ value
Job satisfaction	0.675**
Adjustment	

**\*\* Significant level 0.01**

The above table shows the result of Pearson’s coefficient of correlation between the social interaction anxiety and quality of life among students.

The correlation values (r) 0.675 reveal that there is a significant positive correlation between the social interaction anxiety and quality of life among students at 1% level of significance. This result encounter with study of Top et. al. (2020) and found social anxiety levels of the disadvantaged migrant adolescents were higher than those of the control group ( $p < 0.05$ ), while perception of quality of life and health-

promoting behaviors were lower in both groups, with no difference found between the groups ( $p < 0.05$ ). Socio-demographic qualities and social support system perceptions of the disadvantaged migrant adolescents made a difference for all dependent variables ( $p < 0.05$ ), but did not affect health histories ( $p < 0.05$ ). There was a correlation between the scale total and sub-group dimension scores for all dependent variables ( $p < 0.05$ ). The quality of life and health-promoting lifestyle behaviors of disadvantaged migrant adolescents must be developed and improved and their social anxiety levels lowered and it is the responsibility of educational institutions to monitor and control this process in a sustainable way.

## **CHAPTER 5**

### **SUMMARY AND CONCLUSIONS**

#### **5.1 BRIEF RESTATEMENT OF THE PROBLEM, OBJECTIVES, HYPOTHESES, METHODOLOGY OF THE STUDY**

The purpose of this study is to know the Social Interaction Anxiety among higher secondary school students in relation to quality of life. Hence, an attempt is made to explore the situation. The present research focuses on the socio-demographic characteristics and some key correlates of Social Interaction Anxiety and quality of life among the higher secondary school students. The rapid change of technology that the teenagers are experiencing and what their parents or elderly people have never experienced are often confusing. Understanding what the teacher is teaching, competing with other classmates, and fulfilling teachers' and parents' academic expectations creates Social Interaction Anxiety. The person endures certain social situations in extreme distress or may avoid them altogether, sometimes leading to experiencing panic attacks. The fear and avoidance must not be due to the physiological effects of substances or any other general medical condition such as panic disorders as part of one of the pervasive developmental disorders. Social Interaction Anxiety usually affects the individual's normal routine, occupational (academic) functioning, or social activities or relationships. The way the environment treats the children have a profound impact not only on family relationship but also on their quality of life. The fall out will lead to Social Interaction Anxiety, and low of quality of life.

Hence, this research is focused on Social Interaction Anxiety among higher secondary school students in quality of life in Narnaul, Haryana.

Based on the review of related literature, studies on Social Interaction Anxiety and quality of life among adolescents from Narnaul, Haryana have not been conducted so far. Therefore, the investigator feels it important to conduct a research on Social Interaction Anxiety and quality of life among adolescent.

##### **5.1.1 Statement of the Problem**

The statement of the problem is “**A STUDY OF SOCIAL INTERACTION ANXIETY AND QUALITY OF LIFE AMONG ADOLESCENTS**”

##### **5.1.2 Operational Definitions**

**Social Interaction Anxiety:** Social Interaction Anxiety consists of a marked and persistent fear of social or performance situation. Affected individuals fear that they will be evaluated negatively or

embarrassing way. Social Interaction Anxiety Scale (SIAS) by Mattick & Clarke will be used to measure the Social anxiety among adolescents.

**Quality of Life:** Quality of life is multidimensional in construct including physical, emotional, mental, social and behavioral components. For the present study, score of Quality of life scale by B. L. Dubey and Padma Dwivedi will be used to find the quality of life of students.

### 5.1.3 Variables of the study

**Dependent Variables:** Social Interaction Anxiety

**Independent Variable:** Quality of Life and gender

### 5.1.4 Objectives of the study

The following objectives were formulated for the proposed study:

- To study the Social Interaction Anxiety among male and female students;
- To study the Social Interaction Anxiety among students belongs to nuclear and joint family;
- To study the Social Interaction Anxiety among students belongs to rural and urban area;
- To study the Quality of life among male and female students of higher secondary school;
- To study the Quality of life among students belongs to nuclear and joint family;
- To study the Quality of life among students belongs to rural and urban area;
- To study the relationship between Social Interaction Anxiety and Quality of life among students.

### 5.1.5 Hypotheses of the study

H01: There is significant difference in Social Interaction Anxiety male and female students;

H02: There is significant difference in Social Interaction Anxiety among students belongs to nuclear and joint family;

H03: There is significant difference in Social Interaction Anxiety among students belongs to rural and urban area;

H04: There is significant difference in Quality of life male and female students;

H05: There is significant difference in Quality of life among students belongs to nuclear and joint family;

H06: There is significant difference in Quality of life among students belongs to rural and urban area;

H07: There is significant relationship between Social Interaction Anxiety and Quality of life among students.

### 5.1.6 Research Method

The descriptive method of research was employed to carry out this piece of research work.

### 5.1.7 Sample

The sample for the study consisted of 120 adolescent students of 12th grade (60 boys and 60 girls) were selected randomly from the three secondary schools situated.

### 5.1.8 Inclusion or Exclusion

- Only three secondary schools situated in Narnaul, Haryana was included in the study.

- Only 120 adolescent students of 12th grade (60 boys and 60 girls) from the three higher secondary schools situated was included in the study.
- The age range of the participants were 14 to 16.
- Disabled students were excluded from the study.

### 5.1.9 Tools

The following tools were employed for the purpose of collecting data from the selected subjects:

**a) Social Interaction Anxiety Scale (SIAS) (Mattick & Clarke, 1998)**

**B) Quality of life scale by B. L. Dubey and Padma Dwivedi (2009)**

### 5.1.10 Statistical Techniques

In this proposed study, mean, S.D, 't' value and Pearson's correlation were used according to the requirement of the study.

## 5.2 MAJOR FINDINGS OF THE STUDY

Based on the analyses and interpretations in the previous chapter the following findings have been drawn out:

- The t-value of social interaction anxiety of male and female students is 0.019 which is not significant at 0.05 level of significance with df 118. It indicates that the mean scores of social interaction anxiety of male and female students not differ significantly.
- The t-value of social interaction anxiety of students belong to nuclear and joint family is 1.022 which is not significant at 0.05 level of significance with df 118. It indicates that the mean scores of social interaction anxiety of students belong to nuclear and joint family not differ significantly.
- The t-value of social interaction anxiety of students belongs to rural and urban area is 0.003 which is not significant at 0.05 level of significance with df 118. It indicates that the mean scores of social interaction anxiety of students belong to rural and urban area not differ significantly.
- The t-value of quality of life of male and female students is 0.035 which is not significant at 0.05 level of significance with df 118. It indicates that the mean scores of quality of life of male and female students not differ significantly.
- The t-value of social interaction anxiety of students belong to nuclear and joint family is 2.063 which is not significant at 0.05 level of significance with df 118. It indicates that the mean scores of quality of life of students belong to nuclear and joint family not differ significantly.
- The t-value of quality of life of students belong to rural and urban area is 1.65 which is not significant at 0.05 level of significance with df 118. It indicates that the mean scores of quality of life of students belong to rural and urban area not differ significantly.
- The correlation values (r) 0.675 reveal that there is a significant positive correlation between the social interaction anxiety and quality of life among students at 1% level of significance.

### 5.3 IMPLICATIONS AND CONCLUSION OF THE STUDY

#### Implications

Keeping in view the scope of the present study and its findings the following suggestions may be laid for educational implications:

- Family therapy can reduce the social interaction anxiety and also it is necessary to conduct awareness programme for higher secondary school students.
- The relaxation therapy and yoga for teachers, because they were coming from home as they face a number of problems and could not give proper attention to their higher secondary students.
- Group work, group counselling and social interaction programme can provide the higher secondary students through the above-mentioned therapeutic interventions to help them to improve physical, emotional, and behavioural.
- Stress management therapy helps students, teachers, and parents to relieve from their anxiety and stress and lead their lives in a normal and stress and strain free way.
- Parents, teachers, friends, management, and other professionals, who are involved in the field of education, psychiatry, psychology, social work and therapy, can reduce social interaction anxiety.
- Social workers need to work with parents and teachers along with secondary students to track the overall development of each student. Without this social work practice in schools cannot get acknowledgement. Social work intervention must be incorporated with medical intervention to reduce social interaction anxiety among the secondary school students.

#### Conclusion

Based on analysis and interpretation of data it may be concluded from the results that:

- There is no significant difference in Social Interaction Anxiety male and female students;
- There is no significant difference in Social Interaction Anxiety among students belonging to nuclear and joint family;
- There is no significant difference in Social Interaction Anxiety among students belonging to rural and urban area;
- There is no significant difference in Quality of life male and female students;
- There is no significant difference in Quality of life among students belonging to nuclear and joint family;
- There is no significant difference in quality of life among students belonging to rural and urban area;
- There is significant relationship between Social Interaction Anxiety and Quality of life among students.

### 5.4 SUGGESTIONS FOR FURTHER RESEARCH

The adolescent girls in senior secondary stage is undergoing a sea change as a matter of research in this vital area. Keeping in view the scope of present study ensuring suggestions may be laid down for further research:



- The present study was undertaken on adolescent studying in higher secondary schools only. The study may be conducted on students of other classes as the present study was delimited to 12<sup>th</sup> class adolescent only.
- The present study is limited to a sample of 120 students only. Replication of this study with a larger sample of similar or varied adolescent students would prove its validity.
- Studies may be conducted by taking students from different type of schools e.g., Navodaya, Model schools, Public Schools as the present study was delimited to only Government Senior Secondary Schools.
- A comparative study may be undertaken on different types of groups having Arts, Medical or Non-Medical as their streams.
- The study may be conducted on a sample of different types of exceptional students – both boys and girls at secondary stage – across different regions of the country.
- Other psychological variables along with background family factors such as home environment, learning environment can be taken up in future research endeavor which may possibly correlate among adolescents.
- Instead of taking personality, reasoning ability and socio-economic status as independent variables, the effect of social interaction anxiety may be explored on other variables also.
- Comparative study of private and government senior secondary adolescent can also be taken into consideration for further research.

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