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Social phobia and students' academic performance Hargiesa University, Somaliland

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Abstract

This study examines the social phobia and students' academic performance, focusing on how social anxiety has influence the academic excellence of the students with symptoms manifest of poor class participation, difficulty in assignment presentation and poor self-confidence. The Data were collected 286 students of senior under Graduate of health Science, Hargeisa university, 143 male and 143 females. Using both Qualitative and Quantitative techniques together a data, Data was collected from four months march 2022 and July 2022, The findings Reveals that students with social phobia have a poor academic performance in terms of Group discussions and exam Result. The study contributes to understanding how social phobia hindered students class activities and increased avoidance behavior. The study concluded that there is significant performance difference with socially anxious and non-socially anxious students. The study Recommended that university administrators should intensified efforts towards cognitive behavioral therapy and individualized mental health service, thought. Necessarily for immediate survival, has alleviating students' distress and anxiety.

Keywords: Social phobia, Social anxiety disorder, Academic performance, Horn of Africa, Somaliland

Introduction

social phobia is characterized by excessive worry about judgement of others, fear of negative evaluation and persistent fear where individual feels under scrutiny, (stein.et al,2005), previous report say that the students with social phobia impacted their task performance and leads poor concentration in lessons, explanation of teachers as well as their attention due to avoidance of embarrassment and social interaction with faculties and their lecturers

According to the presentation model, social anxiety occurs when an individual wants to present a favorable public image, but doubts his or her ability to do so (Schlenker and Leary 1982). Such doubt may be fueled by low self-worth and internalized shame (Gilbert and Procter 2006). Together these can exert a strong, untoward impact through social anxiety on personal identity, social relationships, mental health and success in education (Ameringen 2002; Fehm et al 2005; Keller 2003; Stein et al 1999; Turner et al 1986). More specifically, Bernstein et al. (2007) found that severity of social anxiety was correlated With deficits in social skills, attention difficulties and learning problems in school settings. "(Ethiopia, Masoumeh, et al., (2016)" social anxiety is one of the most prevalent anxiety disorders in adolescence years. This disorder owns negative impacts on overall health and performance of this group of society people. Recent data from the National Comorbidity Survey indicate that

social anxiety is the third most common mental illness, following depression and alcohol abuse "(Kessler et al., 2005). Social anxiety in its most severe form can emotionally and physically paralyze the sufferer, with many struggling to cope with other psychological challenges, finding or maintaining employment, and engaging in romantic and non-romantic relationships (Daniel, 2005). Most people feel nervous in certain social situations such as having a job interview, going to parties, interacting in groups, or public speaking and formal presentations. Most of us worry about what we're going to say, do or even wear during these events. These feelings often become easier with some experience. However, these feelings can sometimes be severe. If these feelings are sufficiently intense, the person avoids doing things that are important to him or her because of these feelings; or if the person's ability to function at home, at school, at work, or in his or her social circle is curtailed by these feelings; then, mental health professionals call this stage social anxiety (it is at this stage, the individual may fail to do his/ her academic career properly. As a result, the academic performance of the individual may decrease (Randall and Book, 2002). Despite the high worldwide burden of social anxiety, limited evidence is available, particularly in developing countries

Students who have social phobia have poor performance according to those who don't have a social phobia. They may protect and avoid some common university task activities such as presentation, test taking .Group discussion, asking questions with lecturer and participating group activities, and some students drop out or leave from the university , because students with social phobia have excessive and long last anxiety fear of social situation they are worried that they may do something embarrassing, or other students may think badly and students have more self-focused and may have harsh negative thought about themselves, and they are un able to participate fully in class or to perform in group and oral activities, this can lead using drugs, Green grass and alcohol to cope, therefore social anxious students miss out on learning opportunities by avoiding social interaction physically and psychologically, feeling anxious in sometimes perfectly normal however, people with severe form of anxiety find it hard to control their fear. Anxiety. Stress, depression and worries, their feeling of anxiety are permanently and often effecting their performance on daily life

Social phobia among the universities increases year after year. Because lack of social skills and training of students causes extreme academic avoidance and fear of embarrassment.

According to Kindie et al., (2017) “addresses the reasons why a university student with social anxiety is due to sociocultural differences among students. For instance, in Somaliland, shyness as a measure of politeness has been emphasized as a dominant cultural norm, because social phobia also effects quality of life in terms of health, sleeping pattern and social interactions, and is a most chronic disorders that face Somaliland students

Objectives of the study

The reason why this study is proposed are as follows

- 1) To investigate how social withdrawal impact the students' academic performance Among Hargeisa university students
- 2) To find out academic achievement difference between socially anxious and non-socially anxious students
- 3) To examine how task avoidance influence students' academic performance
- 4) To determine the impact of cognitive distortion on students' academic performance academic

Research questions

- 1) How social withdrawal impact the student's academic performance
- 2) Is there academic achievement difference between socially anxious and non-socially anxious students among Hargeisa university students?

- 3) How cognitive distortion impacts the fin students' academic performance among Hargeisa university students?

literature review

According to (Clark and Wells (1995): a cognitive model of social anxiety disorder Clark and wells (1995) put forth a cognitive model of social anxiety disorder to discuss why exposure to feared situation alone was not enough to extinguish fear in socially anxious individuals. In model of social anxiety disorder develops as a result of an interaction between innate behavioral predispositions and life experience, leading individuals to perceive the social world as a dangerous one which they have little ability to navigate. A core feature of this model, derived from self-presentational models described below, is strong desire to convey a particular favorable impression of oneself to others and marked insecurity about one's ability to do so” (p. 69). These beliefs lead to the sense that a person with social anxiety disorder is at substantial risk of behaving in an inept and unacceptable fashion and that such behavior will have catastrophic consequences involving loss of status, rejection and loss of value. The following is a brief overview of the model a discussion of the empirical support for specific aspects of the model is beyond the scope of this chapter, but interested readers are referred to reviews of research by Clark and Wells (1995) and Clark (2001).

Clark and Wells (1995) describe the dysfunctional pattern of social anxiety as being comprised of four interactive processes. The first process begins when people with SAD enter a feared situation and judge that they may be in danger of being negatively evaluated. They then turn their attention inward and use interoceptive information as the main source of feedback about their performance. Often, their internal experiences appear to provide confirmation of their social uselessness, which is believed to be obvious to those around them (e.g., “I feel anxious; therefore, everyone must realize I am nervous”). Compounding this negative self-perception, people with social anxiety disorder often imagine themselves as others see them (the “observer perspective”), though these images are likely to be quite distorted. Clark and Wells refer to this attentional inward bias and distorted images as a processing of the self as a social object, and this is the putative reason why exposure alone to feared situations is insufficient to reduce social anxiety

The second dysfunctional process relates to behaviors that socially anxious individuals engage in to prevent negative evaluation by others. Clark and Wells (1995) refer to these behaviors as safety behaviors. For instance, a person concerned with others noticing his profuse sweating may wear an extra layer of dark clothing. Ironically, safety behaviors often make the feared behavior or outcome more

likely to occur: the extra layer of clothing may cause the person to sweat more. Safety behaviors also serve to maintain anxiety because they prevent the person from experiencing unambiguous, disconfirming evidence of their negative beliefs about feared consequences. So, although the feared outcome may not have occurred (e.g., people did not express disgust about the person's sweating), the person with SAD may attribute this to the fact that he or she engaged in this safety behavior. The third dysfunctional process described by Clark and Wells (1995) is that individuals with SAD often overestimate how negatively others evaluate their performance and predict the consequences of social failures to be far worse than is realistic. As a result of these cognitive distortions, they are hypervigilant in monitoring their behavior and performance, which may further impair their ability to fully engage in social interactions. Real performance deficits may result, which could lead to others perceiving them to be socially unskilled, aloof, or unfriendly.

The final dysfunctional process delineated by Clark and Wells (1995) occurs either before or after a social situation is encountered. Prior to engaging in a social event, many individuals with SAD frequently experience a period of anticipatory anxiety in which previous negative experiences are recalled, and expectations of failure and images of the self-performing poorly are evoked. This can lead to complete avoidance of the situation. However, if the situation is not avoided, anticipatory anxiety can lead the person to enter the situation with a self-focused processing mode and reduced capacity for noticing positive reactions from others. Following a social interaction, people with SAD frequently review their performance in detail (referred to by Clark and Wells, p. 74, as a "postmortem" review or "post-event processing"), often recalling events and their outcomes to have been more negative than they really were, as their perceptions are colored by their attentional biases and cognitive distortions. Ultimately, this helps maintain negative self-schemas and increases the likelihood that the person will avoid feared situations in the future.

Rape and Heimberg (1997): A Cognitive-Behavioral Model of SAD Along with Clark and Wells' (1995) and Rape and Heimberg's (1997) model is the other most widely cited and applied model of SAD in the literature. According to Rape and Heimberg, social anxiety exists along a continuum, with individuals with SAD representing the higher end of the continuum. Similarly, the degree of dysfunctional patterns can be represented along a continuum. Thus, according to the model, the difference between those with SAD and those without is "the extent to which [individuals with SAD] appraise cues as predictive of threat and the extent of threat predicted by a given cue" (Rapee & Heimberg, 1997, p. 751). A number of different factors are thought to influence the

development of dysfunctional processes, which in turn lead to the development of SAD. A genetic tendency toward preferential attention to threat may be one factor, which interacts with early childhood family environment and/or other experiences (e.g., being teased or bullied) to create a perception of the social world as being dangerous and unforgiving. Consequently, a defining characteristic among those with SAD is the assumption that others are likely to evaluate them negatively. Additionally, individuals with SAD attach fundamental importance to being accepted by others. The result is a set of expectations and goals that the person feels unable to reach, accompanied by predictions of very negative consequences of this failure. The discrepancy between the mental representations of the self as seen by others and others' perceived expectations, according to Rape and Heimberg (1997), lies at the heart of SAD. Below, we provide an overview of the model, including its recent update (Heimberg, Brozovich, & Rapee, 2010). As with the Clark–Wells model, a discussion of the empirical support for the Rapee–Heimberg model is beyond the scope of this chapter. Interested readers are referred to the original theoretical articles for reviews of empirical research; see also Roth and Heimberg (2001) and Turk, Lerner, Heimberg, and Rapee (2001).

In this model, "social situations" are defined broadly and may include situations in which no social interaction actually occurs, as the presence of a perceived threat may be enough to evoke anxiety. Thus, the stranger walking down the street may become an audience for and potential judge of the socially anxious person's appearance and behavior. For individuals with SAD, the prospect of an audience activates a mental representation of the self as they imagine they are perceived by that audience. This mental representation of the self is a distorted image that is shaped by a number of inputs. Rapee and Heimberg (1997) proposed that individuals form a "baseline image" (p. 745) that may be derived from past experiences and actual images of the self as seen by an audience (e.g., from mirrors or photographs) and which is consistent with negative self-schemas and core beliefs. It is modified in any given situation by internal (i.e., interoceptive) and external feedback. For instance, sensations of warmth may cause the person to imagine herself to be blushing noticeably, or a passing and ambiguous comment by another person in a group interaction may lead the person to think she has said something contrary to group opinion, and she thus imagines that she "looks stupid."

According to the model, one reason this mental representation of the self as seen by the audience is distorted is that individuals with SAD have a bias toward attending to external cues in the social environment that signal threat or negative evaluation. This orientation to threat is consistent with other anxiety disorders. However,

Rapee and Heimberg (1997) also hypothesized that individuals with SAD also preferentially allocate attentional resources to monitoring and adjusting the mental representation of the self as perceived by the audience. This is in addition to the attentional resources needed to engage in the social task at hand. Consequently, social performance suffers as attentional resources are taxed, and the poor performance only serves to confirm negative mental representations of the self (e.g., that one is socially unskilled, awkward, etc.). The model proposes that a key dysfunctional process is the comparison of the mental representation of the self with the perceived expectations of the audience. Socially anxious individuals typically believe that others hold extremely high standards for their performance, and the greater the perceived failure to live up to this standard, the greater the likelihood of negative evaluation, and the greater the anxiety. Socially anxious individuals anticipate the cost of such failure to be high, and this anticipation activates behavioral, cognitive, and physical symptoms of anxiety, which feed back into the mental representation of the self as seen by the audience in a most deflating way, renewing the vicious cycle, which continues until the situation comes to a natural end or is terminated by the anxious person. It is therefore not surprising that socially anxious individuals often engage in avoidance or escape from feared situations, as it seemingly provides respite from this cycle. However, behavioral avoidance becomes yet another source of shame and frustration and contributes to an increasingly negative mental representation of the self as seen by the audience.

In 2010, Heimberg et al. published an updated version of the model to incorporate knowledge from new findings about the processes that occur in SAD. For instance, a growing body of research has shown that individuals with SAD frequently engage in negative self-imagery (e.g., Hackman, Surawy, & Clark, 1998). In addition, compared with non-anxious individuals, the images of socially anxious individuals are often from the observer's perspective (Hackman et al., 1998). These findings are consistent with the theory that those with SAD formulate a mental representation of the self as seen by the audience. The updated model highlights the role of negative imagery in influencing the mental representation of the self, and ultimately serving to maintain SAD

Social withdrawal often defines as conflicted shyness (Rubin, and Bowker 2014), social withdrawal has indirect influence of students' academic performance by challenges their motivation, students' engagement, class participation. Motivated to learn, collaboration with other students and access to learning materials, this contributes poor grading system, school dropout and high tendency of absenteeism, Coplan, Liu, Ooi, Chen, Li, and Ding (2016) carried out that research that focused the relationship between the impact

of socially withdrawn collage children in China, and used the sample of 1344 respondents and realizes that there is positive relationship between the social withdrawal and academic performance of the students through the quantitatively analyses done, and result shows a children who display avoidant behavior are highly pervasive internalizing difficulties compared to others who have no task avoidance behavior and social isolation,

Mohammad Nadeem, Akhtar Ali, Saira Maqbool and Syeda Uzma Zaidi conducted a study on influence of student's anxiety on the academic performance (Southern Punjab) Pakistan. The objectives of this study were to review the psychological impact of anxiety on mental health of students,

Social phobia disrupts students in their academic career. The aim of this research work was to study this anxious disorder impact on the academic performance among students from the University of Parakou ((Djidonou et al., 2016)

Despite the fact that public speaking is a common academic activity and that social phobia has been associated with lower educational achievement and impaired academic performance, little research has examined the prevalence of social phobia in college students. The aim of this study was to evaluate the prevalence of social phobia in a large sample of Brazilian college students and to examine the academic impact of this disorder. Methods: The Social Phobia Inventory (SPIN) and the MINI-SPIN, used as the indicator of social phobia in the screening phase, were applied to 2319 randomly selected students from two Brazilian universities. For the second phase (diagnostic confirmation), four psychiatrists and one clinical psychologist administered (Djidonou et al., 2016)

anxiety as" an alarm system that is activated whenever a person perceives danger or threat According to Cocker ham (1981) anxiety is a series of biochemical changes in our brain and body, such as an increase in adrenaline (causing our heart to beat faster) and a decrease in dopamine (brain chemical that help to block pain) Social anxiety is normal to feel nervous in some social situations. For example, going on a date or giving a presentation may cause that feeling of butterflies -it is a feeling when one is nervously anticipating something, such as a speech or other big event in the stomach. But in social anxiety disorder, also called social phobia, everyday interactions cause significant anxiety, fear, self-consciousness and embarrassment because you fear being scrutinized or judged by others. In social anxiety disorder, fear and anxiety lead to avoidance that can disrupt your life. Severe stress can affect your daily routine, work, school or other activities

social anxiety" as the experience of distress, discomfort, fear and anxiety in social situations, and as a fear of negative evaluations which leads to the intentional escaping from

social situations". Richards (2007) described social anxiety as the fear of social situations and interaction with other people that can create the feelings of self-consciousness, judgment and inferiority in an individual. According to Leitenberg (1990), social anxiety is "an experience of fear, apprehension and worry regarding social situations and being evaluated by others which causes difficulty with social interaction". Schlender and Leary (1982) defined social anxiety as the anxiety resulted from prospect or presence of interpersonal evaluation in real or imagined social settings. After critically analyzing various definitions, it can be concluded that social anxiety is fear of being judged and evaluated negatively by other people in real or imaginary social context which can create the feelings of inadequacy, embarrassment, humiliation and inferiority in an individual and can lead to deliberate avoidance from social situations.

people with social anxiety will often feel hypersensitivity to criticism, negative evaluation, rejection, difficulty being assertive, low self-esteem, inferiority, fear that everyone's attention is focused on them, fear that they will make mistakes and everyone will notice, feeling that everyone else is more capable in the same situation, fear that they are being judged by others, and also fear that they will embarrass or humiliate themselves in front of others"

According to Deanna and Miller (2007)" people with social anxiety disorder can often be viewed as: Quiet, Shy, Introverted, Backward, Withdrawn, Inhibited, Unfriendly, Nervous, Aloof, and Disinterested

"Jeanne and Colleagues (2008); Deanna and Miller (2007); Randal and Book (2002) Are stated that there is some of the "situations that are often stressful for people with social anxiety. These situations are meeting new people, being the center of attention, being watched while doing something, making small talk, public speaking, performing on stage, being teased or criticized, talking with "important" people or authority figures, being called on in class, going on a date (meeting new people), making phone calls, using public bathrooms, taking exams, eating or drinking in public, speaking up in a meeting and attending parties or other social gatherings"

Antony (1997) grouped these stressful situations in to two main types: "social interaction and performance situations. According to him feared situations demanding social interaction often include parties, dating, meeting strangers, engaging in casual conversation, maintaining eye contact, talking to people in authority, and being assertive. Performance situations that are often feared by people with social anxiety include speaking in front of groups, eating or writing with others watching, using public bathrooms with others in the room, and performing in front of others (for example, sports, music)"

All the situations listed above are feared does not mean that all people with social anxiety get nervous when facing all those situations. The type of feared situations can vary from person to person and people with this disorder either avoid feared situations or experience them with extreme anxiety (Randell & Book, 2002).

The psychological and physical. Signs and symptoms of social anxiety can include persistent: Fear of situations in which you may be judged, worrying about embarrassing or humiliating yourself intense fear of interacting or talking with strangers, Fear that others will notice that you look anxious " Fear of physical symptoms that may cause you embarrassment, such as blushing, sweating, trembling or having a shaky voice ,Avoiding doing things or speaking to people out of fear of embarrassment ,Avoiding situations where you might be the center of attention, Having anxiety in anticipation of a feared activity or event , Enduring a social situation with intense fear or anxiety , Spending time after a social situation analyzing your performance and identifying flaws in your interactions ,Expecting the worst possible consequences from a negative experience during a social situation.

some examples include: Intense worry for days, weeks, or even months before an upcoming social situation, extreme fear of being watched or judged by others, especially people you don't know, excessive self-consciousness and anxiety in everyday social situations, fear that you' will act in ways that will embarrass or humiliate yourself, fear that others will notice that you're nervous, and avoidance of social situations to a degree that limits your activities or disrupts your life.

Socially anxious students have Physical symptoms such as: pounding heart, shaky voice, rapid breathing, Sweating or hot flashes, upset stomach, Dry throat and mouth, trembling or shaking, Muscle tension, Clammy hands, and swallowing with difficulty. Blushing-it is a normal physiological response that results in the face, neck, and/ chest becoming red. It is also a common symptom of social anxiety which involves a fear of being in the spotlight or negatively evaluated or judged by others.

Fast heartbeat is one of the symptoms of social anxiety which is experiencing fear, anxiety. Trembling is a common physical symptom of social anxiety, to shake involuntarily with quick, short movements as from fear, excitement, weakness, or cold; quake, quiver; to be troubled with fear or apprehension of things. Sweating Upset stomach or nausea is during the movement of high anxiety; you might feel just a bit queasy. It's that "butterflies in your stomach" feeling you might have before giving a public presentation or going on a job interview. Sometimes can make you totally sick to your stomach when it is social anxiety related. Trouble catching your breath with social anxiety, you may not be running for

your life. But your body still responds as if you are. You experience chest tightening, shortness of breath, and faster breathing because your body is trying to get more oxygen to your muscles, preparing you to run. Dizziness or light-headedness; feeling that your mind has gone blank; muscle tension and avoiding common social situation. Feeling that your mind has gone blank is a public embarrassment or one's mind going blank during a public performance is common. Muscle tension is a feeling of tense or can lead to muscle aches and pains, as well as leaving some people feeling exhausted. (Jeanne and colleagues (2008)

Academic task avoidance and academic achievement Groteluschen, Borkowski, and Hale (1990) "describe a cycle in which students who avoid schoolwork do poorly in school and students who do poorly in school avoid schoolwork. Negative reinforcement drives the succession of task avoidance and poor achievement; students are reinforced to avoid tasks in which they do poorly because they avoid the negative consequences that stem from unintended failure, such as degradation of self-esteem and self-efficacy. Some students may exhibit passive task avoidance through learned helplessness, an achievement strategy in which, following failure, a person passively avoids tasks out of the belief that he or she has no control over the situation (Abramson, Seligman, & Teasdale, 1978). Other students may exhibit academic self-handicapping, wherein they actively avoid effort in order to preserve their self-esteem when they do poorly. Links between task avoidance and academic achievement are well established. Task avoidance is a prominent contributor to declines in academic achievement, whereas task engagement is an important prerequisite of academic achievement. All indicate that task avoidance is associated with academic achievement, such that task avoidance predicts lower achievement and lower achievement predicts continued task avoidance. For instance, elementary school students who exhibited low task engagement performed worse in school over time, and students who perform poorly in school became less engaged, overall (Hughes, Luo, & Loyd, 2008) and in term of reading achievement

Anxiety Reduction Strategies

According to" Bensoussan (2012) found that teachers' willingness to work with their students to repair poor test scores has a positive effect on reducing test anxiety". Students with high levels of anxiety may also have more difficulty when learning a new language than students with lower levels of anxiety. Anxiety can also lead to problems with reading comprehension. Some students are so worried about failing an assignment or test that the students cannot retrieve information or store new information

Methodology

Research Design

The researcher was used mixed research quantitative approach and Qualitative because of data analysis and interpretation was descriptive and percentage which means that reader and beneficiaries understood the main importance of this research.

Research population

The target population of this study is 1000 focusing the impact of social phobia on students' academic performance of students of health science department in Hargeisa university

Sample size

Since the research is mixed both Quantitative and Qualitative, the researcher was selected 286 persons of Hargeisa university under graduate students of health science, these are both female and male 143 for female and 143 males to participate the study.

Slovenes' formula

"Slovene's Formula provides the sample size (n) using the known population size (N) and the acceptable error value (e). Fill the N and e values into the formula $n = N \div (1 + Ne^2)$. The resulting value of n equals the sample size to be used.

Sample procedures

Data collection and research instruments

Questionnaire

The main research tools are questionnaire, because questionnaire instrument are the most reliable instrument you can get enough and reliable information from different respondents, and each students gives chance to fill questionnaire to fulfill freely,

Participant observation

Is systematic looking and watching of facts and figures of human behaviors? And is more using eyes and Ears in order to get more reliable information and fact findings,

Data analysis and tools

The researcher presented result of using charts, Tables and figures from the Data, and primary data is edited and arranged in a good sentence that makes a meaning and easily is interpretation, Editing was done by looking through each filled Questionnaire that every applicable question has an answer

Ethical consideration

The researcher should be an ethical in data collection of data, the data dissemination of findings, they are accepted to respect the right dignity of those who are participating in research projects, and avoid any harm to participating in the arising from their involvement in the research and operate with honest and integrity, and respondents will keep their names confidentiality and anonymity,

Data presentation, analyzing and interpretation

Table 1: Gender respondents

Sex	Frequency	Percentage
Male	143	50%
female	143	50%
Total	286	100%

Gender respondents

During the research majority of the respondents were female who are represent 62.5% while only 37.5% of respondents are male as the table indicates this well explained the graph were majority of the respondents are female

Table 2: Age Group respondents

Age	Frequency	Percentage
20-----25	143	50%
25-----40	143	50%
Total	286	100

Table 2: Age group

As the table 2 indicates 30 respondents who are 70% were age of 20----- up to the 25 years old while 10 respondents who are 30% were age of 25 up to the 40 years, therefore the majority of students are junior or sophomore students who are very familiar for social anxiety problems

Table 3: marital status respondents

Marital status	Frequency	Percentage
Married	14	5%
Single	272	95%
Total	28	100%

As the table 3: indicates 14 respondents are married which is 5% while 272 of the respondents are single and not yet married still which is 95% because most of respondents are young who are still during studies, those who are married are more willing to participate the study and interacting other researchers to get experience and ideas towards their problems

Table 4: Educational background

Educational background	Frequency	percentage
Degree	286	100%
Total	286	

As the table 5 indicates the researcher investigates same educational background of students for example 286 respondents are undergraduate which are 100% and still not yet graduate from the university this group of students were very interesting to reduce or alleviate social phobia which are the major challenges of student's performance.

Table 5: Employment background of the respondents

Employment	Frequency	Percentage
Yes	14	5%
No	272	95%
Total	286	100%

As the table five shows 14 respondents of the target Group were employed which is 5% of the respondents which have a lot of experience towards the social phobia constraints and how it effects with people in higher positions and leaders while 272 respondents are unemployed and don't have experience to interact with categories of society which 95% because the researcher target mostly the junior students who are still yet studying and don't go to work places.

Table 6: social withdrawal impacts on student academic performance

Gender	Social withdrawal impacts students' academic performance	Frequencies	Percentage
Female	Yes	70	46,7%
Female	No	80	53.3%
Male	Yes	68	50%
Male	No	68	50%
Total		286	100%

As the table 6 indicates 70 respondents which is the 46.7% of the respondents are revealed students who withdraw often avoid engaging in group discussion, participating group activities, feel disconnected from their peer group, avoiding asking question, attending class regularly that contributes limiting understanding of their lessons, completing class assignment school dissatisfaction. Absenteeism and turn over while 80 respondents which is the 53.3% reveals that the negative relationship are exists, students' withdrawal are normal and can't affects student's outcome.

Table7: task avoidance and students' academic performance

Gender	I protect any activities which I am Centre of attention	Frequency	Percentage
female	Yes	90	50%
Female	No	90	50%
Male	Yes	53	50%
Male	No	53	50%
Total		286	100

Table7: shows 90 people which are 50% of respondent's states that there is relationship between task avoidance and students' academic performance that task avoidance reduced focus and retention of material, limited preparation time and lower quality of work which leads reduced grade, missed deadlines, poor exam performance performance in avoidance subjects, while 90 students which are 50% of

respondents are not correlated task avoidance and student performance.

Table 8: Relationship between cognitive distortion and students' performance

Perception	Frequency	Percentage
Positive	200	69.93%
Negative	86	30.07%
Total	286	100

As the table 8: Indicates most of the respondents (200 persons) which are 69.93% of the respondents' states that there is a positive relationship between cognitive distortion and student's performance, because an increase of in cognitive distortion will increase test anxiety, reduced focused of exam. Increases stress, undermine confidence, reduced motivation, students believe they are bad at all subjects and reduce students persistent which can affect academic outcome

Table 8: social anxiety disorder creates poor performance of students

Gender	social phobia creates poor performance of students	Frequencies	Percentage
Female	Yes	125	73.5%
female	No	45	26.5%
Male	Yes	55	50%
Male	No	55	50%
Total		40	100%

As the table 8: shows 125responds which are 73,5% of the target group states that there is direct relationship between social phobia and performance of the students, they emphasis when students have social anxiety disorder, and it makes hard to do their activities confidently including exams and other class activities, during their studies this leads to avoid doing their individual presentation, asking questions, interacting with teachers and other classmate which contributes low academic achievement (low Grade)

Discussion of Qualitative research

How social withdrawal impact the students' academic performance

The findings of this study shows a significant relationship between social withdrawal and students' academic performance , students with socially withdrawals characterized avoidance of classmate interaction in terms of activities such as presentation ,class activities and exercise ,reluctant with asking and answering questions, this consistent with previous studies ,Rubin, and Bowker, in 2014, and suggest that social withdrawal has indirect influence of students' academic performance by challenges motivated to learn, class participation ,students engagement and

contributing poor grading system ,high absenteeism and early school dropout ,additionally the emotional and psychological consequences of social withdrawal such as feeling loneliness, low self-stem, stress and anxiety ,this may reduce concentration, memory retention and attention, the result of the study indicates that withdrawal students are reported difficulty hesitate to seek help from teachers and students , this limits the levels of creativity, ability to apply knowledge to the world and their problem solving, the study also concluded that students who display avoidance behavior are highly pervasive internalizing difficulties when compared to others who have no task avoidance behaviour and social isolation, coplan, liu, and Ding ,2016'. The discussion indicates that the social withdrawal is a cause of low academic students' performance, and to address it needs peer collaboration social integration, this can enhance students' engagement and social skills.

How cognitive distortion impacts students' academic performance

The result of the study revealed that there is significant relationship between the cognitive distortion and students' academic performance, cognitive distortion, catastrophizing, for example if I am not the best, I am failure ,I failed once, so I will always fail, this is negatively effects students emotional wellbeing, motivation and learning strategies, this findings are aligned with the Aeron T. beck cognitive theory, in 1960, which posits that negative thoughts Pather that can negatively impacts an individual emotional well-being, behaviour and lowering motivation and performance ,furthermore, cognitive distortion contributes or increased test anxiety, stress, impairing memory retention, concentration and students motivation during learning and assessment ,this emotional strain not only effect in short term but also effects in long term and creates disengagement, in this study who reported frequently negative though pattern demonstrating low self-stem and, self-efficacy suggesting that distorted thinking undermines confidence in once ability to succeed academically findings also suggested that constant worry and poor grading marks reinforce cognitive distortion, which contributes task avoidance, in conclusion ,cognitive distortion reduced motivation , increases stress, fostering avoidance behaviour and distorting self-perception ,dealing these thinking pattern through management stress issues, supporting academic counselling and cognitive restructuring could help students improving learning outcome and overall academic success.

is there academic difference between socially anxious and non-socially anxious

The findings of the study shows a measurable difference in academic achievement between socially anxious and non-socially anxious students, socially anxious students were

more likely to miss class participation, avoiding class requiring public speaking, group discussion, face to face interaction, reluctant to seek academic support from teachers, these behaviors appear to contribute to the lower academic performance. The results are consistent with previous research. Clark and Wells, in 1995, found that socially anxious students enter a fearful situation and judge that they may be a danger of being negatively evaluated, and predict a lower grade point average, which can limit working memory capacity during academic tasks. This reduces reading comprehension, information retention, and problem-solving skills. The current finding also aligns with the work of Rapee and Heimberg, 1997, who observed that socially anxious students feel unable to participate in collaborative learning and miss out on the opportunity to deepen their understanding through other students' interaction. However, non-socially anxious students demonstrated greater willingness to participate in group discussions, answer questions, and seek feedback from their teachers. This supports the idea that the difference in achievement is not primarily in intellectual capabilities but in behavioral influence by social anxiety. In conclusion, the studies show that social anxiety has determinantal effects on academic performance by discouraging help-seeking behavior and limited engagement. The findings highlight early intervention and identification as important for socially anxious students.

Conclusion and recommendation

Summaries of the findings

This study guided by our objectives which consists of our research objectives

- 1) To identify the academic performance difference between students who have social phobia and those who don't have
- 2) To investigate how social withdrawal impacts the student's academic performance
- 3) To determine the relationship between social phobia and academic task avoidance
- 4) To determine the impact of cognitive distortion on students' academic performance

Therefore, the study was conducted to achieve our objectives as stated above to ensure the effects of social phobia on students' performance. The study took place in Hargeisa University, and found that social phobia students have low academic performance compared to other non-socially anxious students. Also, the study shows that the social phobia of university students tends to increase each year.

Conclusion

Based on the findings of the study, the main findings of the study were stated above and may show that:

- 1) That there is an academic performance difference between students who have severe social phobia and those who don't have, because socially anxious students don't

participate fully in class activities and experience heart palpitations during exam days, which leads to poor academic performance.

- 2) There is also a direct relationship between academic task avoidance and social phobia because socially anxious students lack self-confidence and develop agoraphobia, which leads to class activity avoidance and protection of all assignments and presentations.
- 3) There is also a relationship between social phobia and academic achievement.

Recommendations

Based on the research findings, the study suggested the following recommendations:

- 1) Hargeisa University should create a counseling service center to provide awareness and cognitive behavioral therapy (CPT) to overcome social anxiety disorder for health science students.
- 2) Teachers and Deans should put an effort to train students with public speaking performance in order to create a learning environment and reduce lack of self-confidence and anxiety.
- 3) Students of Hargeisa University should be given training and coping mechanisms for social anxiety disorder in order to overcome social anxiety problems and to improve their capacity of knowledge and skills.
- 4) University of Hargeisa should create a health center to diagnose socially anxious students and to give them medication to gain confidence and improve the ability to interact with other students and teachers.
- 5) Students of Hargeisa University should be given skills and seminars to alleviate social anxiety challenges in order to adopt an educational environment.

References

- Crozier 2001; Leibowitz 2003; Veale 2003) Abramson, L. Y., Seligman, M. E., & Teasdale, J. D. (1978). Learned helplessness in humans: critique and reformulation. *Journal of Abnormal Psychology*, 87(1), 49-74. doi: 10.1037/0021-843X.87.1.49
- Ainley, M. D. (1993). Styles of engagement with learning: Multidimensional assessment of their relationship with strategy use and school achievement. *Journal of Educational Psychology*, 85(3), 395-405.
- Allina, M. (2009). Social anxiety disorder. Retrieved December 26, 2009, from <http://www.omim.org/entry/300290>
- American Psychiatric Association, (2013). *Diagnostic and statistical manual of mental disorders* (5th ed). Washington, DC: Author.
- American Psychiatric Association, (2017). *Ethical principles of psychologists and code of conduct* (3rd Ed.) Washington, DC: Author.
- Antony, M. M. (1997). Assessment and treatment of social phobia. *The Canadian Journal of Psychiatry*, 42(8), 826-834.
- Antony, M.M. (1997). Assessment

and treatment of Social Phobia. Retrieved December 26, 2009, from <http://www1.cpa.org.8080/publications/arhiver/PDFII99710ctiANTONYPDF> Antony, M. M., Coons, M. J., McCabe, R. E., Ashbaugh, A., & Swinson, R. P. (2006). Psychometric properties of the social phobia inventory: Further evaluation. *Behavior Research and Therapy*, 44(8), 1177-1185. Aggrawal, J.C. (1995). *Essentials of Educational Psychology*. New Delhi: Vikas Publishing House, PVT. 46 Bayleyegn, T. (2010). *The Effect of Social Phobia/Social Anxiety Disorder on Academic Performance in the Case of Addis Ababa University* (Doctoral dissertation, Addis Ababa Universit

Davidson, J. R. T., Foa, E. B., Connor, K. M., & Churchill, L. E. (2002). Hyperhidrosis in social anxiety disorder. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 26(7–8). [https://doi.org/10.1016/S0278-5846\(02\)00297-X](https://doi.org/10.1016/S0278-5846(02)00297-X)

Djidonou, A., Tchégnoni, F. T., Adoukonou, T., Ataïgba, I. N. E., Assa-Issa, C. N., & Gandaho, P. (2016). Associated Factors and Impacts of Social Phobia on Academic Performance among Students from the University of Parakou (UP). *Open Journal of Psychiatry*, 06(02). <https://doi.org/10.4236/ojpsych.2016.62018>

Davidson, J. R. T., Foa, E. B., Connor, K. M., & Churchill, L. E. (2002). Hyperhidrosis in social anxiety disorder. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 26(7–8). [https://doi.org/10.1016/S0278-5846\(02\)00297-X](https://doi.org/10.1016/S0278-5846(02)00297-X)

Djidonou, A., Tchégnoni, F. T., Adoukonou, T., Ataïgba, I. N. E., Assa-Issa, C. N., & Gandaho, P. (2016). Associated Factors and Impacts of Social Phobia on Academic Performance among Students from the University of Parakou (UP). *Open Journal of Psychiatry*, 06(02). <https://doi.org/10.4236/ojpsych.2016.62018>

Davidson, J. R. T., Foa, E. B., Connor, K. M., & Churchill, L. E. (2002). Hyperhidrosis in social anxiety disorder. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 26(7–8). [https://doi.org/10.1016/S0278-5846\(02\)00297-X](https://doi.org/10.1016/S0278-5846(02)00297-X)

Djidonou, A., Tchégnoni, F. T., Adoukonou, T., Ataïgba, I. N. E., Assa-Issa, C. N., & Gandaho, P. (2016). Associated Factors and Impacts of Social Phobia on Academic Performance among Students from the University of Parakou (UP). *Open Journal of Psychiatry*, 06(02). <https://doi.org/10.4236/ojpsych.2016.62018>

Davidson, J. R. T., Foa, E. B., Connor, K. M., & Churchill, L. E. (2002). Hyperhidrosis in social anxiety disorder. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 26(7–8). [https://doi.org/10.1016/S0278-5846\(02\)00297-X](https://doi.org/10.1016/S0278-5846(02)00297-X)

Djidonou, A., Tchégnoni, F. T., Adoukonou, T., Ataïgba, I. N. E., Assa-Issa, C. N., & Gandaho, P. (2016). Associated Factors and Impacts of Social Phobia on Academic Performance among Students from the University of Parakou (UP). *Open Journal of Psychiatry*, 06(02). <https://doi.org/10.4236/ojpsych.2016.62018>