

**RESEARCH PAPER****Relationship between Social Anxiety, Academic Achievement and Quality of Life of Undergraduate Students of Pakistan****¹ Muhammad Maaz* and ² Aliya Abdul Hayee**

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***Corresponding Author:** mmaazk01@gmail.com**ABSTRACT**

This paper studies the impact of social anxiety on quality of life and academic achievement of university students. Social anxiety is a prevalent psychological concern among young adults, significantly affecting their academic performance, social interactions, and overall quality of life, making it a crucial area of study in mental health and education. 484 undergraduate students (186 male, 149 female) aged 18-27 years, from public and private universities of Peshawar, Islamabad, and Karachi were surveyed using SIAS (Mattick & Clarke, 1989) and the WHOQOL-BREF (1995). Females outperformed male students academically. Social anxiety had a significant negative correlation with quality of life, but a non-significant negative correlation with GPA. Age, gender, family dynamics, and institutional differences had no significant relationship with social anxiety or quality of life. The findings highlight the need to address social anxiety to enhance young adults' academic success, quality of life, societal contributions, and to guide effective healthcare and policy interventions.

KEYWORDS Social Anxiety, Quality of life, Academic Achievement, University Students**Introduction**

According to World Health Organization (WHO), nearly thirteen percent of patients across the globe are affected by mental or neurological disorders (Alvi et al., 2024). Some of the factors responsible for poor mental health status, as identified by WHO includes, violations of human rights, unhealthy lifestyle, demanding work environment, gender discrimination, detrimental physical health, risks of violence and rapid social transformations taking place.

Social Anxiety Disorder (SAD) is one of the most common forms of anxiety disorder which affects both men and women almost equally (Kessler, et al., 2005) It is also known as social phobia and the person suffering from it have a persistent fear of being negatively judged or evaluated by others due to which they avoid social or performance situations (Schneier & Goldmark, 2015). In this condition a person manifests cognitive, physical and psychological symptoms of fear and anxiety while being involved in social or performance situation. These symptoms might be depicted before, during or even after being involved in such situations (Cuncic, 2022). The impact of social anxiety is not confined to physical symptoms but it is also manifested in psychosocial functioning as along with other social repercussions it hampers students' academic performance (Jia et al., 2019; Zhang et al., 2019). Students with SAD are more likely to experience difficulty at school and are less likely to complete every educational milestone as compared to their unaffected siblings or individuals from general population (Vilaplana-Pérez et al., 2021; Jangmo et al., 2019; Leach and Butterworth, 2012).

Literature Review

The shift of an individual from high school to university is a crucial transition in a student's life which is characterized by newly attained independence, social adjustment problems and academic hurdles (Akram et al., 2020). During this pivotal juncture most of the students experience the symptoms of stress and anxiety as they face the new terrains of higher institutions (Zafar et al., 2018). Different studies reveal that female students are found to become more fearful and anxious as compared to males (Rizwan et al., 2015; Gultekin & Dereboy, 2011) while they are to speak in a public setting, perform in front of any audience and are involved in any social interaction (Ahmad et al., 2017; Campbell et al., 2016; Dialan and Almigo 2021). A positive correlation was established between social anxiety and experiencing distress during active learning, which affects the course grades of students (Cohen et al., 2019). Academic achievement of the subjects in current study is the performance of students that was evaluated initially through the distributed demographic form in which the participants were asked to mention their GPAs of previous semesters.

Researchers have further indicated that these academic shortcomings transfer to students' other life dynamics and affect their overall quality of life (Ahmad et al., 2017; Hajure & Abdu, 2020). Quality of life is defined by the World Health Organization as "Individuals' perceptions of their position in life, in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (WHO, 2014). It encompasses the individual beliefs of the person, their physical and mental well-being, extent to what they are independent and their societal connectedness with not only their surrounding but with its various characteristics as well. Prior studies show that quality of life of male students is statistically higher as compared to their female counterparts (Chraif & Dumitru, 2015; Lee et al., 2020).

According to Schlenker and Leary (1982) the intensity and chances of an individual getting socially anxious are more likely to increase when the person is eager to leave a certain impression of themselves on others but is unsure if he or she will be successful in doing so. Their theory is based on the concept of impression management which is actually expressing oneself in a way which would produce a specific desired response from the audience (Goffman, 1959)

Studies show that social comparison (Weeks et al., 2009; Mitchell & Schmidt, 2014; Gregory and Peters, 2017; Russell & Topham, 2012) and social media (Vogel et al., 2014; McCrae et al., 2017; Marino et al., 2018) contribute to the alarming increase of social anxiety in present generation (Elemo & Turkum, 2021). Numerous other studies (Dialan and Almigo, 2021; Hajure and Abdu, 2020; Jarallah et al., 2017; Khan, 2021; Rizwan et al., 2015) conducted in different countries like Saudi Arabia, United Kingdom, Pakistan, Ethiopia and Malaysia try to understand the effects of SAD on the quality of life of a person, identify the contributing factors of disorder and to highlight the role of social anxiety in affecting the academic achievement of individuals.

Taking into consideration the prevalence of social anxiety, it is of vital importance to explore the mechanism to gain insight into the negative relationship between social anxiety and poor performance of students. According to Mou et al., (2024) different avoidant behavioural techniques of students like not engaging in learning during class, avoiding to speak, question, discuss and not taking part in other important activities of learning can lead to challenges like adjustment problems and absenteeism which can worsen their academic performance. Thus, the present research aimed to study the potential role of quality of life in the links between social anxiety and academic performance of students.

Hypotheses

1. Social anxiety will have negative relationship with quality of life of university students.
2. Social anxiety will have negative relationship with academic achievement of university students.
3. Female students will score higher on social anxiety than male students.
4. Male students will score higher on quality of life than female students.
5. Female will score higher on academic achievement than male participants.

Material and Methods

Sample and Population

In current study purposive-convenient sampling technique was used by the researcher. The primary inclusion criteria for this study were undergraduate students of 2nd and 3rd year who had the tendency of developing social anxiety. The sample size for this inquiry was 484 university students, of which 186 were males and 298 were females, chosen from public and private sector universities of Islamabad, Karachi and Peshawar. The average age of the participants was 21.1 years ($SD = 1.34$) with youngest participant being 18 years old while the oldest being 25 years old. From the sample, 198 participants belonged to joint while 286 came from nuclear family system with their socioeconomic statuses being lower (104), middle (256) and higher (124).

Instruments

In this study, the researcher made use of following scales to gather data from the selected sample.

The SIAS is a self-report scale which tries to assess the anxiety one experiences while conversing with others. This scale was developed by Mattick and Clarke in 1989 but was published in 1998 and it consists of 20 items. The answers of these responses are scored from 0 to 4 where 0 denotes "not at all" and 4 denotes "extremely". For question number 5, 9 and 11 the scores are reversed such that a 0 is worth 4 points, 1 is worth 3 points and so on. Hence, an individual can score a maximum of 80 points (4x20).

World Health Organization Quality of Life Questionnaire (WHOQOL-BREF)

The WHOQOL questionnaire was developed by World Health Organization in 1995. It is a 26-item instrument which has been translated into more than 40 languages and it covers 4 domains including physical health (seven statements), environmental domain (eight statements), social relationships (three statements) and psychological health (six statements). It also includes two separate questions which talks about an individual's overall perception about their health and quality of life. The answers to these questions are recorded on a scale of 1 to 5 where 1 represents 'disagree' or 'not at all' while 5 means 'completely agreed' or 'extremely'.

Procedure

The data from the universities of Peshawar and Islamabad was collected by the researcher himself after getting permission from the concerned authorities of shortlisted educational institutes while the data from universities of Karachi was collected by one of researcher's friend on their behalf. The study was completed in a single phase in which the shortlisted participants were briefed about the aim of the study and designed questionnaires were handed over to them. Furthermore, the respondents were given instructions to read each item carefully and then respond accordingly without omitting

any item in the questionnaires given to them. Later, their recorded responses were analysed, and conclusions were drawn with the help of SPSS software.

Ethical Considerations

Every participant, at the start of the study, was given a written informed consent form which they signed to show their intentional willingness to become part of the study. The participants were ensured the privacy of their responses for every question. They were also guaranteed that their answers to any question will only be available to the researcher for her research purpose and would not be made public. In addition to that, they were given the right to decide if they want to participate in the research or withdraw from it. Furthermore, the criteria for the participation of study were completely random, unbiased, and voluntary as no lucrative incentive or any other form of motivation was given to the students for becoming part of this research study.

Results and Discussions

To ensure the normality of data the researcher made use of usual measures like potential and actual values, standard deviation, mean, kurtosis and skewness from descriptive statistics. The generally acceptable range for skewness and kurtosis values varies between -2 and +2 (Hair et al., 2022). Cronbach's alpha coefficient was determined to measure the reliability and consistency of the scales used. In order to process and analyze the data, sampling t-test, ANOVA, chi square test and correlation analysis were used.

Table 1
Demographics and Pearson Correlation for Age, Social Interaction Anxiety Scale, and World Health Organization Quality of Life BREF scale (N=484).

Scale	α	M (SD)	Skw	Kur	Actual	Age	SIAS	QOL	Phy	Psy	Soc	Env
Age		21.1 (1.34)				1						
SIAS	.86	31.32 (13.28)	.39	-.23	3-71	-.00	1					
QOL	.87	86.57 (14.20)	-.22	-.40	51-116	-.05	-.23**	1				
Phy	.63	23.17 (4.24)	-.12	-.16	12-34	-.01	-.15*	.78**	1			
Psy	.71	19.81 (4.46)	-.31	-.28	6-29	-.05	-.27**	.78**	.53**	1		
Soc	.55	9.95 (2.77)	-.17	-.75	3-15	-.02	-.22**	.66**	.38**	.39**	1	
Env	.74	26.16 (5.36)	-.22	-.34	10-38	-.01	-.01	.81**	.49**	.45**	.49**	1

Note. k= No of items; α = Cronbach's Alpha; S.D= Standard Deviation; Ran= Range; Skw= Skewness; Kur= Kurtosis, SIAS= Social Interaction Anxiety Scale, WHOQOL= World Health Organization Quality of Life BREF scale, Phy= Physical scale, Psy= Psychological scale, Soc= Social scale, Env= Environmental scale, ** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed)

The alpha reliabilities, number of items and other descriptive statistics of all the scales that have been used in current study have been displayed in Table 1. According to the criteria of Nunnally and Bernstein's (1994), an alpha value of 0.7 and more shows high reliability and internal consistency whereas, scores in between 0.5 and 0.7 are moderately reliable. The displayed table implies that age has got no significant correlation with any other variable since all correlation coefficients are close to zero.

Similarly, SIAS is significantly negatively correlated at 0.01 level with overall quality of life (QOL), psychological domain and social domain. It has also got a negative correlation with physical domain of quality of life at 0.05 significance level. These correlations show that high levels of social anxiety are linked to poor quality of life in

various domains. Quality of life is significantly negatively correlated with only SIAS, which signify that higher the level of social anxiety is, lower will be the quality of life. Furthermore, from the given table it can be concluded that various domains of quality of life are significantly positively related with one another at 0.01 level, which means that if a participant has rated their quality of life in one domain as better than there is high probability for it to be better in other domains as well.

Table 2
Pearson Correlation for CGPA, Last semester GPA, GPA of semester before that, Social Interaction Anxiety Scale, and World Health Organization Quality of Life BREF scale (N=484).

Scales	CGPA	GPA 1	GPA 2	SIAS	QOL	Phy	Psy	Soc	Env
CGPA	1								
GPA 1	.84**	1							
GPA 2	.84**	.80**	1						
SIAS	-.06	-.04	-.07	1					
QOL	.10	.09	.10	-.23**	1				
Phy	.08	.09	.09	-.15*	.78**	1			
Psy	.06	.05	.07	-.27**	.78**	.53**	1		
Soc	.03	-.06	.02	-.22**	.66**	.38**	.39**	1	
Env	.13	.14*	.14*	-.01	.81**	.49**	.45**	.49**	1

Note. SIAS= Social Interaction Anxiety Scale, QOL= World Health Organization Quality of Life BREF scale, Phy= Physical scale, Psy= Psychological scale, Soc= Social scale, Env= Environmental scale, GPA 1 = GPA of Last Semester, GPA 2 = GPA of Semester Before, ** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed)

Table 2 reveals that CGPA has a strong positive correlation with GPAs of previous semesters at 0.01 significance level which means that those individuals who perform well in their previous semesters will have an overall higher CGPA. Moreover, by looking at the table we can see that the GPA of the last semester and semester prior to the last one has a noticeable negative correlation with SIAS but this correlation is non-significant.

Table 3
Mean, Standard deviation, and t-values for gender groups on Social Interaction Anxiety Scale, and World Health Organization Quality of Life BREF scale (N=484).

Scales	Male (n =186)		Female (n =298)		t (484)	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
SIAS	30.82	11.60	31.63	14.26	-.46	.644	-4.28	2.65	0.06
QOL	87.76	13.87	85.83	14.40	1.01	.313	-1.83	5.68	0.14
Phy	23.63	4.20	22.87	4.26	1.36	.174	-.34	1.86	0.18
Psy	20.37	4.34	19.47	4.52	1.52	.129	-.26	2.05	0.20
Soc	9.88	3.04	9.99	2.30	-.31	.757	-.85	.62	0.04
Env	26.08	5.49	26.21	5.30	-.19	.852	-1.53	1.27	0.02

Note. M= Mean; SD= Standard Deviation, LL= Lower Limit, UL= Upper Limit, CI= Confidence Interval, SIAS= Social Interaction Anxiety Scale, WHOQOL= World Health Organization Quality of Life BREF scale, Phy= Physical scale, Psy= Psychological scale, Soc= Social scale, Env= Environmental scale.

Table 3 displays the mean, standard deviation, t-values, and confidence intervals for female and male groups on SIAS, and WHOQOL-BREF scales. The results show that in the current study there exists no significant differences between the mean scores of both gender groups; males and females, it is because the t values for all are less than 1.96 and the p-values are greater than 0.05. Hence, it can be concluded that in this sample there exist no significant gender differences in neither social anxiety nor in quality of life

Table 4
Mean, Standard deviation, and t-values for institutional groups on Social Interaction Anxiety Scale, and World Health Organization Quality of Life BREF scale (N=484).

Scales	Private (n =232)		Public (n =252)		t (484)	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
SIAS	32.25	14.38	30.46	12.24	1.05	.296	-1.58	5.16	0.13
QOL	87.44	14.48	85.73	13.94	.93	.355	-1.93	5.37	0.12
Phy	23.26	4.38	23.08	4.12	.33	.743	-.90	1.26	0.04
Psy	19.76	4.62	19.87	4.33	-.19	.853	-1.24	1.03	0.02
Soc	10.30	2.70	9.62	2.81	1.89	.060	-.03	1.39	0.24
Env	26.96	5.23	25.42	5.40	2.25	.026	.19	2.88	0.29

Note. M= Mean; SD= Standard Deviation, LL= Lower Limit, UL= Upper Limit, CI= Confidence Interval, SIAS= Social Interaction Anxiety Scale, WHOQOL= World Health Organization Quality of Life BREF scale, Phy= Physical scale, Psy= Psychological scale, Soc= Social scale, Env= Environmental scale.

Table 4 represents the mean differences between individuals from public and private sector universities on SIAS, and WHOQOL BREF scale. The results show that the mean scores of the private group were higher on SIAS scale however, these differences were not significant as the t value was less than 1.96 and p-value was greater than 0.05. The scores of private sector participants on overall quality of life scale were higher than the public sector participants but these differences were not found to be significant as evident from the t and p-values. For the social relationship subscale, the mean of private sector group was higher than the public sector ones and this difference was marginally significant (t=1.89, p=.060). Whereas, for the environmental subscale the mean of public group was slightly lower than the private one and this difference was found to be significant because the t value was more than 1.96 and p-value was less than 0.05. In a nutshell, the results show that despite having some differences in the social anxiety and quality of life between public and private sector groups, these differences are not significant across all subscales used in the present study.

Table 5
Mean, Standard deviation, and t-values for family structures on Social Interaction Anxiety Scale, and World Health Organization Quality of Life BREF scale (N=484)

Scales	Nuclear (n =286)		Joint (n =198)		t (484)	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
SIAS	31.23	14.58	31.44	11.22	-.12	.902	-3.64	3.21	0.01
QOL	87.26	14.80	85.52	13.27	.92	.358	-1.99	5.47	0.12
Phy	23.26	4.44	23.03	3.96	.41	.681	-.87	1.32	0.05
Psy	19.78	4.59	19.86	4.29	-.13	.897	-1.23	1.08	0.02
Soc	10.06	2.72	9.79	2.87	.73	.466	-.46	.99	0.10
Env	26.69	5.32	25.39	5.36	1.85	.065	-.08	2.66	0.24

Note. M= Mean; SD= Standard Deviation, LL= Lower Limit, UL= Upper Limit, CI= Confidence Interval, SIAS= Social Interaction Anxiety Scale, WHOQOL= World Health Organization Quality of Life BREF scale, Phy= Physical scale, Psy= Psychological scale, Soc= Social scale, Env= Environmental scale.

Table 5 shows the mean, standard deviation and t-values for the joint and nuclear family structure on SIAS, and WHOQOL BREF scale. The results obtained shows that on SIAS scale, there exist no significant differences in the levels of social anxiety among participants from nuclear or joint family structures. Similarly, no significant differences between individuals from nuclear and joint family structures were found for overall quality of life and its subsequent subscales except the environmental one which shows that individual from nuclear family structure scored higher than the joint family and this difference was marginally significant (t= 1.85, p= 0.065). Overall, this table suggests that for present sample there is a lack of significant difference in levels of social anxiety and overall quality of life among participants from joint and nuclear family backgrounds.

Table 6
Mean differences on three groups of socioeconomic status that are upper, middle and lower(N=484)

Scale	LSES n=104	MSES n=256	USES n=124	F	i-j	Mean D (i-j)	95% CI		
	M (SD)	M (SD)	M (SD)				SE	LL	UL
SIAS	31.92 (13.57)	31.72 (12.99)	29.98 (13.75)	.42	ns	Ns	1.88	28.14	35.70
QOL	87.10 (12.61)	84.92 (14.76)	89.48 (13.99)	2.17	MSES>USES	-4.55*	2.21	-8.91	-.20
Phy	23.54 (4.37)	22.96 (4.37)	23.27 (3.89)	.37	ns	Ns	.61	22.32	24.76
Psy	20.67 (4.04)	19.48 (4.48)	19.77 (4.72)	1.32	ns	Ns	.56	19.55	21.80
Soc	9.98 (2.76)	9.79 (2.94)	10.25 (2.41)	.55	ns	Ns	.39	9.20	10.76
Env	25.37 (4.47)	25.16 (5.31)	28.89 (5.30)	11.80**	LSES>USES MSES>USES	-3.52* -3.73*	.97 .79	-5.42 -5.30	-1.62 -2.17

Note. LSES= Lower socioeconomic status, MSES= Middle Socioeconomic status, USES= Upper socioeconomic status, M= Mean; SD= Standard Deviation, LL= Lower Limit, UL= Upper Limit, CI= Confidence Interval, SIAS= Social Interaction Anxiety Scale

Table 6 shows that there were no significant differences between individuals belonging to different socioeconomic groups on Social Interaction Anxiety Scale (SIAS). The table also indicates that individuals from middle socioeconomic group had scored lower on the WHOQOL scale as compared to the participants from upper socioeconomic background which means that former group had lower quality of life than the latter group. Moreover, no noticeable differences were found between different socioeconomic groups on physical, psychological and social domains of the WHOQOL-BREF scale. Lastly, the results obtained from ANOVA table indicates that in current study the individuals from middle socioeconomic status had significantly low scores as compared to their counterparts from upper socioeconomic group, demonstrating that individuals with middle socioeconomic status may perceive their physical and social environment as less satisfactory compared to those from higher socioeconomic status.

Table 7
Distribution of genders by their CGPA, GPA of last semester and GPA of semester before that categorization (N=484)

Categ.	CGPA LA	CGPA MA	CGPA HA	GPA 1 LA	GPA 1 MA	GPA 1 HA	GPA 2 LA	GPA 2 MA	GPA 2 HA
	f(%)	f(%)	f(%)	f(%)	f(%)	f(%)	f(%)	f(%)	f(%)
M	12 2.47%	136 28.1%	38 7.85%	20 4.13%	118 24.38%	48 9.91%	14 2.9%	134 27.68%	38 7.83%
F	6 1.23%	196 40.5%	96 19.83%	18 3.7%	158 32.64%	122 25.20%	14 2.9%	176 36.36%	108 22.31%
T	18 3.7%	332 68.6%	134 27.68%	38 7.83%	276 57.02%	170 35.12%	28 5.8%	310 64.04%	146 30.14%

Note. f (%) = frequency percentage, Categ = Categories, LA = Low Achiever, MA = Middle Achiever, HA = High Achiever, M= Males, F= Females, T= Total, GPA 1 = Last semester GPA, GPA 2 = GPA of semester before that

Table 7 shows the distribution of male and female gender into the categories of low, middle and high achievers on the basis of their CGPA, GPAs of last semester and GPAs of semester before that. For CGPAs, the percentage of males in low achievers' category was 2.47 and for females it was 1.23% whereas the percentage of males and females in high achievers' category was 7.85 and 19.83%, respectively. These differences were significant at 0.04 level.

For the GPAs of last semester, 3.7% of females and 4.13% of male students were categorized as low achievers while 25.20% of females and 9.91% of male students of whole sample were grouped as high achievers. These differences were found to be significant at 0.04 level.

Lastly, the table shows that for GPAs of semester before that, the percentage of both genders; males and females in low achievers' group was found to be the same (2.9%). On the other hand, there was a marked difference in the percentage of both genders in category of high achievers with females being 22.31% whereas males being 7.83% and these differences were significant at 0.03 level.

Discussion

The findings of this research are in accordance with hypothesis 1. It was analysed by making use of Pearson correlation that higher the level of social anxiety is for an individual, lower will be their quality of life. Gultekin and Dereboy (2011) not only studied the effects of social anxiety disorder on quality of life of undergraduate students but also examined how their academic achievement and identity formation were being influenced by it. They revealed that the quality of life of students who were non-socially anxious was better than socially anxious ones. Similarly, Gao et al., (2024) found no direct effect of social anxiety on quality of life however, this relationship was fully mediated by self-esteem of the individuals. Some other researchers conducted to assess the correlation between social anxiety disorder and quality of life of individuals (Hajure & Abdu, 2020; Jarallah et al., 2017) also found out that those participants who experienced social anxiety disorder reported to have a considerably lower quality of life as compared to the ones without the disorder.

The conclusions drawn from the present research negate hypothesis 2. Analysis was carried out with the help of Pearson correlation and it was found that the GPAs of the students had a non-significant negative correlation with social anxiety. These results of the current study were in accordance with the previous research of Khan, P. (2021) who found out in her study that social anxiety disorder had no effects on the academic achievement of the selected individuals. Similarly, present findings also supported the results of Rizwan et al., (2015), who investigated the presence of social phobia among female students from Home Economics College, Lahore and discovered that there was no significant influence of social phobia on the academic achievement of students. Anely, A. (2020) in her research tried to study the level of social anxiety and the way academic achievement of students was being affected by it and it was determined that there existed a negative correlation between SAD and the academic achievement of students which implied that as the level of social anxiety increases it can cause a drop in the academic achievement of students. Furthermore, it was also discovered in this study that with an increase in social anxiety, more students tend to avoid academic tasks such as asking for teacher's help in their assignment or giving a presentation.

The findings of this research do not support the hypothesis 3. Analysis was done by making use of independent sample t-test and the findings revealed that in current sample there existed no significant gender differences in social anxiety. The present findings were in contradiction with the research of Raleigh (2019) who carried out an investigation among the adolescents of Ireland with the aim to find out not only the prevalence and adverse effects of social anxiety on the students but also to learn what support do they have in schools to address it. The results of highlighted study found males to be less vulnerable to social anxiety disorder in contrast to females. It was also found that males are less likely to experience from both life-time and twelve-months SAD as compared to females, who are more susceptible to it (Asher & Aderka, 2018).

Hypothesis 4 is not supported by the results of the current study. Analysis was done with the help of independent sample t-test, the findings of which showed that for the selected sample in our present research there were no significant differences between gender and the quality of life. The present findings were in support of the research carried out by Sami and Ijaz (2023) who studied the gender differences in QOL among young students and found that there was lack of any significant differences in overall quality of

life scores between males and females. Another research conducted by Chraif and Dumitru (2015) studied the gender differences in quality of life and wellbeing status among undergraduate students of psychology and males were found to have scored higher on quality of life than females.

The inferences drawn from present research study support hypothesis 5. The analysis was carried out by making use of Chi-square test on three different categories of male and female students. These categories included low, middle and high achievers with their GPAs being in between 0.1 to 2.5, 2.51 to 3.5 and 3.51 to 4, respectively. The results obtained in current study found that the percentage of females in the category of low achievers was quite less than the males whereas it was higher in the category of high achievers, thus proving the current hypothesis that females will score higher than the male participants on academic achievement. The current study is supported by the investigation carried out by Shoaib and Ullah (2019), in which they studied the differences in academic achievement between male and female students of tertiary education from various universities of Punjab province and their results also showed that male students were outperformed by females in their educational performance as measured by their GPAs.

Conclusion

Social anxiety disorder is one of the most common types of anxiety disorder and any person who suffers from it may experience persistent fear of being judged or evaluated in a negative way by others around him or her as a result of which they escape from social or performance situations. In the ongoing study, the role of social anxiety in quality of life and academic achievement of young adults was determined.

The results of the study postulate that social anxiety is negatively correlated with young adults' quality of life and with their academic achievement. However, for academic achievement it was found that social anxiety will have a negative impact on the academia of the individuals in the initial semesters but this relationship will cease to exist in the upcoming semesters because as the individual spends more time in university and becomes familiar with the environment their social anxiety starts to decrease.

In addition to that, on the basis of gender neither any significant difference was found to exist in social anxiety nor in the quality of life of young adults selected for the present research.

Implications of the Study

The current research has got implications on not only individual level but on societal, governmental and healthcare levels as well. At individual level, this study lays emphasis on the importance of dealing with social anxiety among young adults, since it can adversely affect their educational performance and overall quality of life. This research is useful as it highlights the fact that how dealing with symptoms of social anxiety improves the social functioning of an individual and their overall quality of life.

At societal level, this study is beneficial for a community as a whole because the conclusions drawn in the current research can make individuals more productive by helping them to deal with their social anxiety, as a result of which the whole society will flourish. Moreover, it can enlighten the policy makers to plan interventions and support programs for those young adults who are suffering from social anxiety and promote their academic success.

Finally at healthcare level, the research sheds light on the fact that there is a dire need for mental health services to cope up with social anxiety among young adults. The results of current study shows that social anxiety plays a vital role in contributing to the

low quality of life and academic achievement of young adults therefore, mental health services should address this issue on priority basis. Psychologists and other healthcare professionals can utilize the findings of current research to make effective treatment plans for socially anxious young adults, so that their overall quality of life and academic performance can be improved.

Recommendations

Despite giving all the necessary instructions to the participants, the accuracy of their responses could be an issue. Future researches should make the sample size more diverse so that the applicability of the results could be enhanced. Investigations can further be made on what role various cultural factors play in establishing the connection between social anxiety, academic achievement and quality of life.

Moreover, longitudinal studies might be of use in providing insight into how the development of social anxiety occurs and what changes occur with the passage of time. Future studies should also try to lay emphasis to investigate the impacts of social anxiety on different domains of life other than just quality of life and academic achievement.

The sample comprised of more females than males and future researches should be focused to include relatively same number of both; males and females, so that any kind of biasness could be avoided. In addition to that, future studies should try to include sample from rural areas as well for more elaborative results.

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