Original Article

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Paediatrics Section

Prevalence and Patterns of Anxiety Disorders among Rural School Students in Jammu and Kashmir, India: Insights from SCARED Questionnaire

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ABSTRACT

Introduction: Anxiety disorders typically begin in late childhood and manifest in most individuals by the end of adolescence. Their prevalence may be higher than reported due to internalisation of symptoms and reluctance to seek medical care, emphasising the importance of the present study.

Aim: To determine the prevalence and patterns of anxiety disorders in school settings using the Screen for Child Anxiety Related Emotional Disorders (SCARED) questionnaire.

Materials and Methods: The present descriptive cross-sectional study was conducted at Life School in the Char-I-Sharif area of Budgam district, Kashmir division of Jammu and Kashmir, India, over a period of one month in August 2024. Data were collected by administering the SCARED questionnaire to 60 students from classes 8th to 10th, selected using stratified random sampling. Only students who were willing to participate and had no previous history of psychiatric treatment were included. All parameters of the SCARED questionnaire were assessed. Statistical analysis was performed using the Chi-square test and Fisher's exact test.

Results: A total of 60 students with uniform distribution across classes and genders were evaluated using the SCARED questionnaire. Among them, 40 students (66.66%) were older than 15 years, and the most common family type was nuclear. The prevalence of panic disorder with significant somatic symptoms, Generalised Anxiety Disorder (GAD), social anxiety disorder, separation anxiety disorder, and school avoidance was 48 (80%), 31 (51.7%), 21 (35%), 39 (65%), and 31 (51.7%) respectively. The proportion of students affected by more than one disorder varied across age groups and anxiety subtypes. A statistically significant association was found between certain anxiety subtypes and older age as well as female gender.

Conclusion: The present study reports a much higher prevalence of anxiety disorders with a female preponderance in this region, highlighting the need for further studies to determine whether this finding is attributable to small sample size, ethnicity, sociocultural factors, or genetic influences.

Keywords: Adolescence, Generalised anxiety disorder, Panic disorder, School avoidance, Separation anxiety disorder

INTRODUCTION

Childhood anxiety is a common psychiatric disorder [1]. Childhood and adolescence represent critical phases for the development of anxiety symptoms, which may range from transient mild symptoms to full-blown anxiety disorders. Anxiety refers to the brain's response to stimuli that an organism actively attempts to avoid. This response is a basic emotion present from infancy and childhood, with expressions occurring along a continuum from mild to severe [2].

Risk factors for anxiety disorders in children and adolescents include low socioeconomic status, exposure to violence, trauma, and biological factors such as heritability and temperament. Parental anxiety predisposes children to a higher risk of functional impairment and anxiety disorders [3].

The worldwide prevalence of anxiety disorders in children is estimated to be 6.5%, according to systematic reviews conducted across 27 countries [4]. Prevalence rates are approximately 20% for specific phobias, 9% for social anxiety disorder, 8% for separation anxiety disorder, and 2% each for agoraphobia, panic disorder, and GAD [5]. Anxiety disorders are among the most common mental health disorders in adolescents due to concurrent psychological and biological changes [6].

In India, the National Mental Health Survey (NMHS) conducted in 2015-2016 reported that 7.3% of adolescents aged 13-17 years had mental disorders [3]. A study by the National Mental Health Association in the USA (2006) found that anxiety in adolescents is a global concern, affecting one in every ten adolescents in developed countries such as the USA [7,8]. Anxiety is now recognised as the most common psychiatric disorder among adolescents, with a lifetime prevalence of approximately 30% and a chronic course extending into adulthood if untreated [9].

Early identification of adolescents experiencing stress is essential, and interventions to reduce academic stress may help reduce the occurrence and severity of anxiety and depression [10]. Anxiety becomes maladaptive when it interferes with daily functioning, which typically occurs when symptoms are overly frequent, severe, and persistent [11].

The SCARED questionnaire is widely used to assess childhood anxiety and has been shown to be reliable, valid, and sensitive in both parent and child versions [4]. The present study is among the few conducted in rural central Kashmir, a geographically and socio-politically unique region with limited mental health research among adolescents [9]. While previous studies have examined anxiety disorders among school-going adolescents [3,4,7], the present study uniquely focuses on a rural setting in North India using the SCARED-C tool, a well-validated yet underutilised scale in Indian rural populations.

Additionally, the present study highlights the influence of family structure, socioeconomic status, and academic grade level on anxiety subtypes-factors that have not been widely explored in Kashmir. By identifying these determinants in a conflict-affected and underserved population, the present study contributes region-specific data to national and global literature and supports the need for localised mental health policies and school-based interventions.

Hence, the present study was conducted to determine the prevalence and patterns of anxiety subtypes in central rural Kashmir.

MATERIALS AND METHODS

The present descriptive cross-sectional study was conducted at Life School in the Char-I-Sharif area of Badgam district, Kashmir division of Jammu and Kashmir, India, over a period of one month in August 2024. Students from a rural school in central Kashmir were enrolled after obtaining their assent, parental consent, and permission from school authorities. The present study was approved by the Institutional Ethics Committee (vide order no. IEC-IUST Protocol 019 dated 05/03/2024), and all participants were evaluated for anxiety disorders.

Inclusion criteria: All students from classes 8th, 9th, and 10th who provided consent were included in the study.

Exclusion criteria: Students who were unwilling to participate or were receiving treatment for psychiatric disorders were excluded.

Sample size calculation: Considering the global prevalence of anxiety disorders to be 6.5% [12], with a desired confidence interval of 95% and a margin of error of less than 7%, the sample size was calculated as follows:

$n=Z^2.P(1-P)/E^2$

Where:

- n= required sample size, Z=Z-value (the number of standard deviations corresponding to the desired confidence level), P= prevalence and E=margin of error

By substituting all values into the formula, the required sample size was calculated to be approximately 48 children.

Study Procedure

Sampling was carried out using simple stratified sampling. The questionnaire was administered in offline mode by providing printed copies to the students. The purpose of the present study was explained beforehand, and students were asked to complete and return the questionnaires within 15 minutes in a quiet setting. Follow-up interviews were conducted when required.

Section A: This section comprised five items related to the socio-demographic profile of students from classes 8th, 9th, and 10th, including age, gender, class, type of family, and monthly income.

Section B: This section comprised the SCARED-C scale, a screening tool for symptoms of anxiety disorders experienced during the previous three months. SCARED was developed in 1997 for young people aged 9-18 years. It consists of 41 items, and a score of >25 is indicative of the presence of an anxiety disorder. Each item is rated on a Likert scale, with "0" for not true or hardly true, "1" for somewhat or sometimes true, and "2" for very true or often true. Scores above 30 are considered more specific.

Interpretation of the screening tool was performed as follows:

- A score of 7 for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, and 38 may indicate panic disorder or significant somatic symptoms
- A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, and 37 may indicate GAD
- A score of 5 for items 4, 8, 13, 16, 20, 25, 29, and 31 may indicate separation anxiety disorder
- A score of 8 for items 3, 10, 26, 32, 39, 40, and 41 may indicate social anxiety disorder
- A score of 3 for items 2, 11, 17, and 36 may indicate significant school avoidance [12,13].

STATISTICAL ANALYSIS

Data were entered into a spreadsheet and subjected to standard statistical analysis using Statistical Package for the Social Sciences (SPSS) version 17. The Chi-square test and Fisher's exact test were used as appropriate, depending on cell counts, to determine the degree of association between categorical variables. A p-value<0.05 was considered statistically significant. Prevalence rates and demographic variables were expressed as percentages and mean scores.

RESULTS

Out of a total of 60 participants, 19 (31.7%), 21 (35%), 17 (28.3%), and 3 (5%) belonged to the age groups 18-19 years, 16-17 years, 14-15 years, and 12-13 years, respectively. The distribution of participants across gender and class levels was uniform. The family type was nuclear in 51 students (85%), and 32 students (53%) belonged to families with a monthly income of ₹41,000-50,000, as depicted in [Table/Fig-1].

Category	Subcategory	Numbers	Percentage
Age (in years)	12-13	3	5
	14-15	17	28.3
	16-17	21	35
	18-19	19	31.7
Gender	Male	30	50
	Female	30	50
Monthly family income (INR)	20000-30000	0	0
	31000-40000	15	25
	41000-50000	32	53.3
	>50000	13	21.7
Family type	Joint	9	15
	Nuclear	51	85

[Table/Fig-1]: Distribution of participants across different age groups and income.

The prevalence of panic disorder with significant somatic symptoms, GAD, social anxiety disorder, separation anxiety disorder, and school avoidance was 48 (80%), 31 (51.7%), 21 (35%), 39 (65%), and 31 (51.7%) respectively [Table/Fig-2]. A considerable proportion of students were affected by more than one anxiety disorder.

Anxiety subtypes	Prevalence
Panic disorder with significant somatic symptoms	48 (80%)
General anxiety disorder	31 (51.7%)
Social anxiety disorder	21 (35%)
Separation anxiety disorder	39 (65%)
School avoidance	31 (51.7%)
Overall anxiety	56.7%

[Table/Fig-2]: Prevalence of various anxiety disorders.

[Table/Fig-3] summarises the association between various socio-demographic factors and panic disorder or significant somatic symptoms among children. No statistically significant association was found, with p-values >0.05.

Demographic variables		Panic disorder or significant somatic symptoms		Test value	p-value
		Present	Absent		
Age (in years)	12-13	2	1	1.742	0.590
	14-15	14	3		
	16-17	18	3		
	>17	14	5		
Gender	Male	21	9	3.750	0.053
	Female	27	3		
Class	8th	16	4	0.116*	1.000
	9th	16	4		
	10th	16	4		

Family type	Joint	8	1	0.523*	0.671
	Nuclear	40	11		
Monthly family Income	31000-40000	13	2	0.920*	0.689
	41000-50000	24	8		
	>50000	11	2		

[Table/Fig-3]: Association of sociodemographic factors and panic disorder or Significant Somatic Symptoms among children.
*Fischer-Exact Test

[Table/Fig-4] summarises the association between socio-demographic factors and GAD. A statistically significant association was observed with gender (p=0.020), indicating higher prevalence among females.

Demographic variables		Generalised Anxiety Disorder (GAD) Present	Absent	Test value	p-value
Age (in years)	12-13	1	2	3.237*	0.383
	14-15	7	10		
	16-17	14	7		
	>17	9	10		
Gender	Male	11	19	5.406	0.020#
	Female	20	10		
Class	8th	8	12	1.744	0.420
	9th	12	8		
	10th	11	9		
Family type	Joint	7	2	2.891*	0.148
	Nuclear	24	27		
Monthly family income	31000-40000	9	6	3.585	0.167
	41000-50000	13	19		
	>50000	9	4		

[Table/Fig-4]: Association of sociodemographic factors and Generalised Anxiety Disorder (GAD) among children.
*Fischer-Exact test; #Statistically Significant

[Table/Fig-5] presents the association between socio-demographic factors and separation anxiety disorder. A statistically significant association was found with monthly family income (p=0.023).

Demographic variables		Separation anxiety disorder Present	Absent	Test value	p-value
Age (in years)	12-13	2	1	2.006*	0.601
	14-15	12	5		
	16-17	15	6		
	>17	10	9		
Gender	Male	16	14	3.590	0.058
	Female	23	7		
Class	8th	14	6	1.319	0.517
	9th	14	6		
	10th	11	9		
Family type	Joint	7	2	0.760*	0.473
	Nuclear	32	19		
Monthly family income	31000-40000	14	1	7.830*	0.023#
	41000-50000	17	15		
	>50000	8	5		

[Table/Fig-5]: Association of sociodemographic factors and separation anxiety disorder among children.
*Fischer-Exact Test; #Statistically Significant

[Table/Fig-6] presents the association between socio-demographic factors and social anxiety disorder. A p-value<0.05 indicated a significant association with class level and age, with older adolescents being more affected.

Demographic variables		Social anxiety disorder Present	Absent	Test value	p-value
Age (in years)	12-13	0	3	12.254*	0.004#
	14-15	1	16		
	16-17	11	10		
	>17	9	10		
Gender	Male	11	19	0.073	0.787
	Female	10	20		
Class	8th	1	19	13.626	0.001#
	9th	12	8		
	10th	8	12		
Family type	Joint	2	7	0.760*	0.473
	Nuclear	19	32		
Monthly family income	31000-40000	5	10	3.203	0.193
	41000-50000	14	18		
	>50000	2	11		

[Table/Fig-6]: Association of sociodemographic factors and social anxiety disorder among children.
*Fischer-Exact Test; # Statistically Significant

[Table/Fig-7] presents the association between socio-demographic factors and school avoidance. A significant association was found with family type, with adolescents from joint families being more affected.

Demographic variables		School avoidance Present	Absent	Test value	p-value
Age (in years)	12-13	2	1	2.884*	0.459
	14-15	9	8		
	16-17	13	8		
	>17	7	12		
Gender	Male	14	16	0.601	0.438
	Female	17	13		
Class	8th	11	9	0.133	0.935
	9th	10	10		
	10th	10	10		
Family type	Joint	8	1	5.875	0.027#
	Nuclear	23	28		
Monthly family income	31000-40000	6	9	1.352	0.509
	41000-50000	17	15		
	>50000	8	5		

[Table/Fig-7]: Association of sociodemographic factors with school avoidance among children.
*Fischer-Exact Test; #Statistically Significant

DISCUSSION

The present study was conducted on a community-based sample from a rural school to determine the prevalence of anxiety disorders among adolescents using the child version of the SCARED scale, and to assess associations with various demographic factors. SCARED has been widely used as a valid screening instrument for identifying anxiety disorders in children and adolescents since 1997, demonstrating high validity in both community and clinical settings [14].

The present study included 60 adolescents, with more than two-thirds being older than 15 years, which may be attributed to a higher age at school admission typical of rural areas. The male-to-female ratio was 1:1, and there was an equal distribution of students across the three grades. The prevalence of panic disorder with significant somatic symptoms, GAD, social anxiety disorder, separation anxiety disorder, and school avoidance was 80%, 51.7%, 35%, 65%, and 51.7% respectively, with many students affected by more than one disorder. These rates were significantly

higher than the prevalence of overall anxiety disorders and their subtypes reported in studies across India over a wide timeline, which ranged from 10% to 25% [15-19]. However, Muthusamy A et al., (51%) from Tamil Nadu and Al-Gelban KS (48.9%) from Saudi Arabia reported comparable prevalence rates of anxiety disorders in adolescents [20,21].

The higher prevalence of anxiety disorders in the region may be attributed to multiple factors, including the rural setting with difficult terrain, geopolitical stressors, the use of different survey tools across studies, and possible genetic and ethnic influences due to the high rate of consanguinity in the region.

The present study revealed that females were significantly more affected than males, particularly for subtypes such as panic disorder with somatic symptoms, GAD, and separation anxiety disorder, consistent with findings from studies by Mandaknalli R et al., Muthusamy A et al., Costello EJ, Campbell MA et al., Weisz JR et al., and Nagaraja J [17,20,22-25]. Only a few studies, such as that by Karande S et al., have reported contradictory findings [19]. The higher prevalence of anxiety among females may be due to increased industrialisation, higher educational aspirations, and improved marriage prospects associated with higher educational attainment among girls.

Separation anxiety disorder was more prevalent among students from low-income groups, with a statistically significant association ($p<0.023$), similar to findings reported by Srinath S et al., and Mandaknalli R et al., [15,17]. Anxiety disorders were more common among older adolescents and students in higher grades, possibly due to the stress associated with approaching board examinations, typically conducted in the 10th standard, as also reported by Kowalchuk A et al., in their review [26]. Social anxiety disorder was found to be more common among students from joint families, although the number of students from joint and nuclear families was not comparable in our study. This finding was statistically significant ($p<0.001$) and similar to that reported by Banga CL et al., though it was contradicted by Mandaknalli R et al., [17,27].

The present study found a significant association between age/class level and social anxiety disorder, with a higher prevalence among older adolescents and those in the 9th and 10th grades ($p=0.004$, $p=0.001$). This aligns with findings by Kowalchuk A et al., and Banga G et al., who attributed this trend to academic stress and peer pressure [26,27]. No significant association was observed with gender, family type, or income, underscoring the role of developmental and academic factors.

School avoidance was significantly associated with family type, being more common among students from joint families ($p=0.027$), possibly due to complex interpersonal dynamics. No significant associations were found with age, gender, class, or income.

These findings underscore the pressing need to recognise anxiety disorders as a significant public health concern among adolescents in rural settings, highlighting the importance of routine mental health screening, capacity building among teachers, and strengthening school-based counselling services. Future studies with larger and more diverse samples, along with clinical validation, are recommended to better understand the nuances of adolescent anxiety and to formulate more effective policy and programmatic responses.

Limitation(s)

The present study was limited by its single-site setting and reliance on self-reported data. Unequal distribution of family types and the lack of in-depth assessment of contextual factors may affect the generalisability of the results.

CONCLUSION(S)

The present study revealed a high prevalence of anxiety disorders among rural adolescents, with females and older students being more affected. Socioeconomic status, academic pressure, and family structure were significantly associated with specific anxiety subtypes. These findings highlight the urgent need for school-based mental health screening and support services in rural areas. Furthermore, longitudinal studies with larger samples are required to further delineate anxiety subtypes and identify potential aetiological factors.

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