



The Correlation between Self-Confidence and Social Anxiety among Secondary and High School Students in Bangkok, Thailand

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ABSTRACT: Social anxiety disorder (SAD) is a debilitating condition characterized by a marked and persistent fear of being humiliated or scrutinized by others. It is the third most common mental health disorder and has its origins in adolescence. Accordingly, social relationships are particularly challenging for socially anxious adolescents. Therefore, we assume that self-confidence, which represents your belief in your own abilities, capacities, and judgments, plays an important role. This research aims to explore whether there is a correlation between self-confidence and social anxiety. It also aims to determine differences in self-confidence and social anxiety according to age and grade. Individual data from 222 participants were collected using an online questionnaire that included general information, a self-confidence section, and a social anxiety section. The participants were secondary and high school students in Bangkok, Thailand. The collected quantitative data were analyzed using Pearson's correlation coefficients and independent sample t-test within the Statistical Package for the Statistical Product and Service Solutions (SPSS) version 29 program.

The results indicate a significant correlation between self-confidence and social anxiety at the .01 level. Additionally, self-confidence did not show significant differences according to grade or age. The results also revealed that social anxiety does not significantly change based on grade or age.

KEYWORDS: High school, Self-confidence, Social anxiety, Secondary school.

INTRODUCTION

Currently, one of the most prevalent concerns among teenagers is mental health issues, with a particular focus on problems related to self-confidence and various mental illnesses such as social anxiety. We have observed that many of our friends who lack self-confidence tend to struggle with their social performance, which is one of the symptoms of social anxiety. In this study, we aim to examine the correlation between self-confidence and social anxiety among Thai students in Bangkok aged 13-18 years. The introduction will provide an overview of the study's background, objectives, limitations, and the structure of this publication.

BACKGROUND

In today's society, characterized by ideals of perfection and relentless criticism, adolescence can be a challenging phase. Being a teenager entails navigating through tumultuous periods of physical and emotional transformation while facing never-ending comparisons and societal expectations. For many, this pressure leads to stress or mental health issues, and some individuals even develop mental disorders such as anxiety and depression [22]. Thai students are no exception to this global trend. In Thailand, one out of every seven teenagers aged 10-19 is grappling with mental health issues [22], and as of now, significant measures to address this issue remain limited.

What is social anxiety? A person with social anxiety shows heightened anxiety and fear when subjected to situations involving scrutiny, evaluation, or judgment by others, such as engaging in public speaking or participating in conversations [14]. An appropriate amount of social anxiety could increase self-awareness and prevent reckless behavior, while too much of it could result in disorder and malfunction [17]. Students with social anxiety also experience hindrances in learning and well-being [16]. Nowadays, young people are increasingly exposed to social anxiety more than ever, with an alarming rate of 36% of respondents reaching the threshold in previous research [12].



According to Shrauger & Schohn (1995), self-confidence refers to “people's sense of competence and skill, their perceived capability to deal effectively with various situations” [19]. It is regarded as one of the primary driving forces and regulators of human behavior in their daily lives [3]. Researchers have shown that self-confidence affects people's lives in several ways, both positively and negatively. On one hand, people with a high level of self-confidence have shown advantages in the learning process [1], fluency in social interactions, willingness to take risks [7], and great results in sports performance [23]. On the other hand, people with a low level of self-confidence have demonstrated less frequency in classroom participation [1], difficulties in relationships [8], a tendency to compromise [7], and problems with body image [8]. Most of the time it's their perception that deceives people from being self-confident [8]. Despite several similarities, self-confidence and self-esteem are different terms. While self-confidence is mainly about ability, self-esteem is about a person's self-concept and values [10].

While some research has shown a connection between self-esteem and social anxiety, suggesting that they exert opposing influences [11],[4], we are unaware of any studies investigating the relationship between self-confidence and social anxiety, particularly in the context of Thailand. Building self-confidence is generally considered more achievable than enhancing self-esteem, yet it remains a crucial factor for overall mental well-being. Therefore, our aim is to explore whether a correlation exists between self-confidence and social anxiety. If such a correlation is identified, we hope that this survey research will help raise awareness of this issue among the public and contribute to the development of mental health policies in schools and beyond.

AIM

Our goal is to find the correlation between self-confidence and social anxiety among students aged 13-18 years old in Bangkok, Thailand. With that in mind, our objective is to compare the results between two characteristics: each level of education, secondary school and high school, and each age range, 13-15 and 16-18 years old.

LIMITATIONS

The information acquired in this study is collected by online survey form. Additionally, the self-report survey might include inaccurate responses, whether intentional or not. Sample biases are present, with a significantly larger proportion of female respondents compared to male respondents. Future studies could consider conducting experiments to observe real-life interactions among individuals and aim to distribute surveys more evenly to achieve a more balanced gender ratio of respondents.

OUTLINE

In Section one, the context of the study has been introduced. The research objectives and limitations have been discussed. In Section two, the way we conducted this research has been explained. Frameworks and related theory have been provided. In Section three, the outcome of the research has been demonstrated with description, tables, and graphs. In Section four, the interpretation of the results has been discussed and compared with existing research studies. Limitations and further recommendations for future study are included. In the last section, the summary of the study has been written.

METHODOLOGY

Poor mental health can lead to issues such as social isolation. Consequently, our survey research aims to determine the correlation between two variables: self-confidence and social anxiety. In this section, we have provided our methodology to achieve the objectives of this survey research.

RESEARCH DESIGN AND SAMPLING STRATEGY

To begin with, concerning our conceptual framework, we have adopted positivism as our research philosophy to guide our research approach. This choice is common in most quantitative studies and underlines the replicability of studies and belief in the existence of a single reality. Therefore, we have chosen quantitative research due to its systematic collection and analysis of numerical data, which naturally aligns with our research goals. Our research design plan is shown below.

Step 1: Plan about the sampling, statistics, and experiment.

Step 2: Create a survey form based on questionnaire.

Step 3: Determine the survey's reliability with pilot group.



Step 4: Distribute the survey form after confirming the reliability.

Step 5: Collect and clean data, including delete outliers and errors.

Step 6: Calculate Pearson's correlation coefficient & analyze the data using an independent sample test on SPSS.

DATA COLLECTION METHODS

Proceeding to our research design and sampling strategy, we conducted a cross-sectional survey using a simple random sampling method. This method focused on selecting a random sample from the target population, particularly secondary school and high school students in Bangkok, Thailand. In sections 2 and 3, our questionnaires contained multiple-choice questions that were assessed using a 5-point Likert scale, ranging from strongly disagree to strongly agree. To ensure the survey's reliability, we used Cronbach's alpha on the pilot study group, which consisted of 30 respondents, to determine the internal reliability of the questionnaires. The Cronbach's alpha value was found to be 0.722. The survey was distributed through an online questionnaire form to collect responses, using various platforms, including individual chats, group chats, open chats, and Instagram stories. The total number of responses was 222 respondents, including 59 secondary school students and 163 high school students.

DATA ANALYSIS METHODS

Subsequently, in preparation for importing the data into Statistical Product and Service Solutions (SPSS) version 29, we needed to ensure the dataset was attached to SPSS rules and conventions by assigning names and labels to variables and using numeric codes for categorical variables. Following this, we conducted data computation, which referred to summarizing existing variables into new single variables. In the final stage of statistical analysis, we used our newly computed variables to calculate Pearson's correlation coefficients, measuring the strength of the correlation between the two variables: self-confidence and social anxiety. Additionally, we applied an independent sample t-test to analyze the data and distinguish differences in self-confidence and social anxiety based on participant's age and grade.

RESULTS

After gathering information from the questionnaire and analyzing the data, the results of our findings will be presented in this chapter. The data contains the correlation between the two variables, self-confidence and social anxiety, and a comparison between two characteristic groups, age and grade, presented in the form of tables and scatter plots.

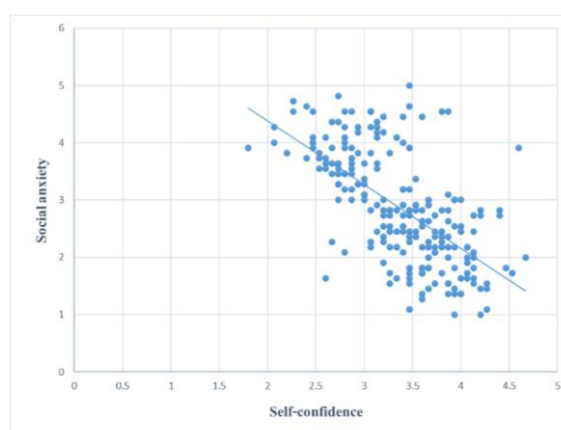


Figure 1: Correlation between Self-confidence and Social anxiety in Scatter plot.



Table 1: Pearson’s correlation coefficient between Self-confidence and Social anxiety.

		Self-confidence	Social anxiety
Self-confidence	Pearson correlation	1	-0.634**
	Sig. (2-tailed)		<0.001
	N	222	222

** . Correlation is significant at the 0.01 level (2-tailed).

In Table 1, A Pearson correlation coefficient was computed to assess the linear relationship between self-confidence and social anxiety. The results revealed a significant negative correlation between these variables. Additionally, Figure 1 represents a strong negative linear relationship between the two variables, supporting our hypothesis of a negative correlation between self-confidence and social anxiety. This means that as student’s self-confidence levels increase, their social anxiety is expected to decrease.

Table 2: Self-confidence and Social anxiety according to Age and Grade.

Variables		N (%)	Mean	Std.	t	p-value	
Self-confidence	Age	13-15 years old	82 (36.94)	3.443	0.531	1.367	0.173
		16-18 years old	140 (63.06)	3.340	0.553		
	Grade	Secondary school	59 (26.58)	3.498	0.496	1.992	0.480
		High school	163 (73.42)	3.334	0.558		
	Total		222	3.378	0.546		
Social anxiety	Age	13-15 years old	82 (36.94)	2.798	0.886	-0.626	0.173
		16-18 years old	140 (63.06)	2.882	1.001		
	Grade	Secondary school	59 (26.58)	2.761	0.843	-0.907	0.366
		High school	163 (73.42)	2.883	0.999		
	Total		222	2.851	0.959		

Table 2 presents general information about the collected participant data, which includes 222 responses. The majority of participants were in the 16-18 age group, comprising 140 individuals (63.06%), while 82 participants (36.94%) were in the 13-15 age range. Most of the participants, 163 (73.42%), attended high school, while the remaining 59 (26.58%) were in secondary school. Also, we calculated the mean and standard deviation for each collected variable. The mean self-confidence score for participants is 3.378, where 1 represents low self-confidence and 5 indicates high self-confidence. The standard deviation is 0.546. The table illustrates that participants tend to have a strong belief in their skills and abilities. Additionally, the mean social anxiety score for



participants is 2.851, with 1 indicating low social anxiety and 5 indicating high social anxiety. The standard deviation is 0.959. This suggests that, on average, participants tend to experience low social anxiety.

Furthermore, an independent t-test was conducted to determine whether student's age and grade, as independent variables, are determining factors in self-confidence and social anxiety. The results indicate that there are no significant differences in self-confidence and social anxiety based on age ($p > 0.05$). The data also revealed that self-confidence does not significantly change based on grade and age ($p > 0.05$). In summary, we have selected the characteristics of grade and age to determine whether they play a significant role in self-confidence and social anxiety. The results show that neither of them has significant differences.

DISCUSSION

As previously mentioned in the introduction section, we aim to identify the correlation between self-confidence and social anxiety in secondary school and high school students in Bangkok, Thailand, and to compare the findings between each range of age and education.

The data suggests that self-confidence is significantly correlated with social anxiety in a negative way. It has shown that students with higher self-confidence generally show fewer symptoms of social anxiety. People with high social anxiety tend to expect themselves to be rejected in social situations [2] or interpret ambiguous events worse than it is [21]. Social anxiety also induces physical reactions such as an increasing heart rate or sweaty palm [13]. Even though low self-confidence might not affect physical health, it made people having difficulties in relationships [8], afraid to contradict others [13], and unwilling to participate in classroom [1] which reflects the symptoms of social anxiety. Another similarity between these two variables is bad perception of themselves. Therefore, self-confidence might be another factor that correlates with severity of social anxiety as well as other factors mentioned in past research studies, such as self-esteem and self-compassion [11],[4],[9]. However, the analysis shows that there's no significant difference in social anxiety and self-confidence between each characteristic. The resilience quotient (RQ) of high school students was found to be higher than secondary school students [20] but whether the factor is related to social anxiety or not is yet to be discussed. Other researchers stated that emotion regulation, dispositional mindfulness, and social support are factors that have a linkage to adolescents' social anxiety [18]. Some study conducted on Thai students has also found that friendship quality and peer acceptance influences both secondary students' and high school students' anxiety [5],[15].

Regarding limitations, it's important to note that self-report surveys may introduce the potential for inaccurate responses. Additionally, a notable sample bias has emerged due to most respondents being female. To address these limitations in future studies, consideration might be given to conducting experiments to directly observe real-life interactions among individuals and to distributing surveys more evenly to achieve a more balanced gender ratio of respondents.

CONCLUSION

To conclude, the current study has suggested that the correlation between self-confidence and social anxiety in Bangkok secondary school and high school students exists ($r = -0.634$), and associates with one another negatively. There's no significant changes in social anxiety and self-confidence among each group of samples. This study provided a new piece of information regarding self-confidence and social anxiety in Thailand context and might help school authorities to better understand issues of the students before making a mental health related decision.

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REFERENCES

1. D Akbari, O., & Sahibzada, J. (2020). Students' Self-Confidence and Its Impacts on Their Learning Process. American International Journal of Social Science Research, 5(1), 1-15. <https://doi.org/10.46281/aijssr.v5i1.462>
2. Baldwin, M. W., & Main, K. J. (2001). Social Anxiety and the Cued Activation of Relational Knowledge. Personality and Social Psychology Bulletin, 27(12), 1637-1647. <https://doi.org/10.1177/01461672012712007>
3. Bandura, A. (1986). Social foundations of thought and action: A Social Cognitive Theory. Prentice Hall.



4. Calin, M. F., Sandu, M. L., & Chifoi, M. A. (2021). The Role of Self Esteem in Developing Social Anxiety. *Technium Social Sciences Journal*, 26(1), 543–559. <https://doi.org/10.47577/tssj.v26i1.5364>
5. Chaikittiponloet, N. (2017). Associations among teasing, depression, and anxiety: the mediated roles of friendship quality and peer acceptance with resilience as a moderator. *Chulalongkorn University Theses and Dissertations (Chula ETD)*. 1291. <https://digital.car.chula.ac.th/chulaetd/1291> [in Thai]
6. Charukasemthawi S. (2018). Mental health in teenager. Faculty of Psychology, Chulalongkorn University. <https://www.psy.chula.ac.th/th/feature-articles/mental-heath-in-teenager> [in Thai]
7. Chuang, S. C., Cheng, Y. H., Chang, C., & Chiang, Y. T. (2013). The impact of self-confidence on the compromise effect. *International Journal of Psychology*, 48(4), 660–675. <https://doi.org/10.1080/00207594.2012.666553>
8. Counseling Center, University of South Florida. (n.d.). What is self-confidence? <https://www.usf.edu/student-affairs/counseling-center/top-concerns/what-is-self-confidence.aspx>
9. He, X. (2022). Relationship between Self-Esteem, Interpersonal Trust, and Social Anxiety of College Students. *Occupational Therapy International*, 2022, 1–6. <https://doi.org/10.1155/2022/8088754>
10. Health Direct. (2021). Self-esteem and mental health. <https://www.healthdirect.gov.au/self-esteem>
11. Holas, P., Kowalczyk, M., Krejtz, I. et al. (2023). The relationship between self-esteem and self-compassion in socially anxious. *Curr Psychol*, 42, 10271–10276. <https://doi.org/10.1007/s12144-021-02305-2>
12. Jefferies, P., & Ungar, M. (2020). Social anxiety in young people: A prevalence study in seven countries. *PLOS ONE*, 15(9), e0239133. <https://doi.org/10.1371/journal.pone.0239133>
13. Leary, M. R., & Kowalski, R. M. (1997). *Social anxiety*. Guilford Press.
14. National Institutes of Health. (2022). Social Anxiety Disorder: More Than Just Shyness. <https://www.nimh.nih.gov/health/publications/social-anxiety-disorder-more-than-just-shyness>
15. Punyamai W. (2008). Mental health and peer selection of high school students in Amphoe Mueang, Nan Province. Chiangmai University. [in Thai]
16. Russell, G., & Topham, P. (2012). The impact of social anxiety on student learning and well-being in higher education. *Journal of Mental Health*, 21(4), 375–385. <https://doi.org/10.3109/09638237.2012.694505>
17. Schneier, F. R. (2003). Social anxiety disorder. *BMJ*, 327(7414), 515–516. <https://doi.org/10.1136/bmj.327.7414.515>
18. Singh, R. K., Singh, B., Mahato, S., & Hambour, V. K. (2020). Social support, emotion regulation and mindfulness: A linkage towards social anxiety among adolescents attending secondary schools in Birgunj, Nepal. *PLOS ONE*, 15(4), e0230991. <https://doi.org/10.1371/journal.pone.0230991>
19. Shrauger, J.S., & Schohn, M. (1995). Self-Confidence in College Students: Conceptualization, Measurement, and Behavioral Implications. *Assessment*, 2, 255 - 278.
20. Somkittikanon P., & Bunyapipat T. (2021). The Study of Resilience Quotient of the Secondary Private School Students in Bangkok. *Journal of health and health management*, 7(1), 28-36. <http://jhhm.slc.ac.th/wpcontent/uploads/2021/07/V7No1-At3.pdf> [in Thai]
21. Stopa, L., & Clark, D. M. (2000). Social phobia and interpretation of social events. *Behaviour research and therapy*, 38(3), 273–283. [https://doi.org/10.1016/s0005-7967\(99\)00043-1](https://doi.org/10.1016/s0005-7967(99)00043-1)
22. Unicef Thailand. (2022). Unicef and department of mental health stated concerns in Thai children and teenagers' mental health and mental health services must be urgently improved. <https://www.unicef.org/thailand/th/pressreleases/ยูนิเซฟและกรมสุขภาพจิตชี้สุขภาพจิตเด็กและวัยรุ่นไทยน่าเป็นห่วง> [in Thai]
23. Woodman, T., & Hardy, L. (2003). The relative impact of cognitive anxiety and self-confidence upon sport performance: a meta-analysis. *Journal of Sports Sciences*, 21(6), 443–457. <https://doi.org/10.1080/0264041031000101809>

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