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An Assessment on the Factors Influencing Anxiety Disorder among the Youth in Malawi: The Case of Kauma Area, Lilongwe Urban

Nellie Kumwenda[1]*Dr. J. S. Santhosh [2]*

1. *P.G. Student, Department of Social Work, DMI – St. Eugene University, Lusaka Zambia*
2. *Assistant Professor,School of Social Work, Kumaraguru College of Liberal Arts and Science, Coimbatore-46 India*

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Abstract

The major focus of this paper was to assess the factors influencing anxiety disorder amongst the youth in Malawi, the case study of Kauma area, Lilongwe urban. Anxiety is the health issue that is associated with the highest problem load in modern developed countries. The scientific community cannot, at present, provide research-based information on potential benefits or drawbacks associated with the range of possible prevention strategies and interventions that have been proposed to reduce anxiety in adolescents. According to the cognitive theory, psychological difficulties are maintained through dysfunctional thought and behavioural patterns. CBT is used to refer to the decision-maker's conception of the acts, outcomes, and contingencies linked with a particular choice. The study employed a mixed research design. The research design was both qualitative and quantitative which involved conducting focus group discussions and questionnaires as research instruments in order to collect both qualitative and quantitative data respectively from a sample size of 120 with the use of purposive sampling and simple random sampling. The qualitative data from these focus group discussions was analyzed using Thematic analysis while the quantitative data was analyzed using SPSS.It was found that 5 in every 10 youth in Kauma suffer from General anxiety disorder. Mental health literacy rates among youth in Kauma is low around 20%. It was found thatIncome level, Marital Status, Employment Status, Education level are the factors that influence anxiety disorder. There is a negative correlation with how these factors interact with anxiety.

I. Introduction

Anxiety is the health issue that is associated with the highest problem load in modern developed countries. However, anxiety prevention programs for adolescents are rare, and only a small proportion of anxious adolescents are offered any kind of systematized, evidence-based help to reduce their symptomatology. The scientific community cannot, at present, provide research-based information on potential benefits or drawbacks associated with the range of possible prevention strategies and interventions that have been proposed to reduce anxiety in adolescents (Selfhout et al,2009). This leaves those who must make decisions in this field with very little evidence to inform their choices.

Anxiety disorders are linked to academic failure, low self-esteem, poor social relationships, andin adolescence and beyondsuicidal ideation, suicide attempts, and comorbid depression and substance use disorders (Kaye,2019). The subjective experience of anxiety includes physiological (e.g., muscle tension, increased heart rate, sweating), cognitive (e.g., thinking about suspected dangers, often in the form of "what-ifs"), and behavioral (e.g., avoiding anxiety-provoking situations) reactions.

II. Problem Statement

The 2017-2022 ministry of health's National action plan for the prevention and management of non-communicable diseases in Malawi reports that mental health disorders are estimated at 12.8% of the population. This situation suggests that mental health disorders, of which anxiety is one, pose a big problem to the people of Malawi, especially the youths.

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Despite reports showing that anxiety disorders are among the leading causes of disability and associated with high societal costs, they frequently remain undetected and untreated in primary and mental health care. Recently, the prevalence of generalized anxiety disorder (GAD) among youth has been higher than in adults based on research by World Health Organization. Anxiety disorder is a common mental disease that causes a range of considerable physical and mental symptoms. It is characterized by excessive and widespread anxiety, as well as various physical symptoms such as muscle tension, poor concentration, and fatigue. Anxiety Disorder is perceived to have negative effects or impact on different societies, yet in Malawi very few research and documentation is available or has been done. This is why the researcher seeks to undertake this study.

WHO has highlighted the association between many risk factors for mental disorders and social inequalities and stated that larger inequalities predispose for actual disease (Selfhout et al,2009). This connection between socioeconomic factors and mental disorders is considered very strong also among children and adolescents, being extra strong among children 12 years and younger.

III. Literature Review

Definition of Anxiety

Anxiety is defined, by language dictionaries, as Psychiatric condition characterized by a nervous disorder marked by excessive uneasiness [a feeling of anxiety or discomfort] and apprehension (anxiety or fear that something bad or unpleasant will happen), typically with compulsive behaviour or panic attacks (sudden overwhelming feelings of acute and disabling anxiety). Anxiety can be defined by as "'an emotional state with the subjectively experienced quality of fear or a closely related emotion" (Selfhout et al,2009).

"Anxiety is a multisystem response to a perceived threat or danger. It reflects a combination of biochemical changes in the body, the patient's personal history and memory, and the social situation" according to Gale Encyclopaedia of Medicine (2008). Anxiety, as a mood condition is associated with negative emotions, expressed through physical, cognitive and behavioural response systems.

People experience anxiety at some times in their life as a natural reaction to circumstances – work pressure, exams, etc. Normal anxiety can help us perform better in certain situations. However, in some cases, anxiety can occur without the 21 presence of any trigger stimulus and can cause constant feelings of discomfort, worry and fear. Anxiety is "a state of intense apprehension, uncertainty, and fear resulting from the anticipation of a threatening event or situation, often to a degree that normal physical and psychological functioning is disrupted." (The American Heritage Medical Dictionary, 2007).

A high level of anxiety can ruin lives, force people to stay indoors and out of social situations – in these situations we are talking about clinical anxiety or anxiety disorders (such as generalized anxiety disorder, social anxiety disorder (also called social phobia), panic disorders, phobias and obsessive-compulsive disorder). Here are some brief descriptions of the conditions and the diagnostic criteria.

Generalized anxiety disorder is characterized by excessive worry about a number of different domains or activities (family, health, work problems, money worries). The symptoms are difficult to control and include poor concentration, tiredness, irritability, restlessness and problems with sleeping. The worry must not be exclusively focused on the symptoms of another disorder and must not occur as a part of another mood disorder, psychotic disorder, or developmental disorder. The anxiety must lead to significant distress or functional impairment.

Social anxiety disorder (social phobia) is an excessive fear of social or performance situations. Individuals with social phobia avoid social gatherings, meetings and conversations. It is a fear of negative evaluation and embarrassing oneself in front of others. It should be noted that the anxiety in social phobia must not be focused on the symptoms of another health condition. A patient with facial disfigurement might avoid meeting people for fear of having his condition noticed by other people) but this would not be diagnosed as social phobia. To meet the 22 criteria the fear of social situations must lead to significant functional impairment or distress).

Panic disorder with and without agoraphobia panic disorder is the prolonged experiencing of unexpected panic attacks (an overwhelming feeling of severe anxiety, accompanied by feeling breathless and dizzy) and occurring without the presence of a trigger stimulus.

Anxiety symptoms and sleep problems

An important health behavior that has been associated with anxiety symptoms is sleep and sleep problems. The interest in sleep research has

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spiked in recent years as more research revealed poor health outcomes linked with inadequate sleep, including mental health, physical health, and cognitive functioning. Most of the initial work on consequences of poor sleep was done in adults. However, it has been argued that these findings cannot blindly be extrapolated to children and adolescents due to their different sleep needs and characteristic.

Adolescence specifically has been recognized as a period where important changes in sleep need, sleep physiology and circadian rhythm occur. These considerations prompted sleep research in child and adolescent populations. The importance of this research is stressed by the fact that during childhood, and also adolescence, exposure to extreme stress can lead to deviant neural connections, impacting future cognitive, emotional and behavioral functioning. Inadequate sleep has been hypothesized to qualify as such a stressor.

Manifestations of anxiety symptoms include emotional and physiological arousal, negatively distorted cognitive appraisals, and behavioral avoidance of feared stimuli. For example, a child with test-taking anxiety may be afraid of failing a test, and worry that the bad grade will lead to his teacher thinking he is stupid and his parents being disappointed in him, and to a ruined academic future.

As the child prepares for school in the morning, his anxiety may increase along with physiological arousal (e.g., racing heartbeat) in response to the perceived threat. Feeling overwhelmed, the child may refuse to go to school. Following this behavioral avoidance, the child's anxious arousal declines, reinforcing the avoidance and thus helping to sustain the anxious response in the long run.

Problems associated with anxiety.

Anxiety symptoms and anxiety disorders are associated with impaired school functioning and school drop-out, poor coping skills, and difficulties in relationships. Anxiety in adolescence also predicts subsequent depression, substance and alcohol abuse, and anxiety disorders in adulthood. Hence, anxiety disorders are disabling for the individual and costly to society. Globally, anxiety disorders are among the leading causes of disability in adolescents. The comorbidity of sub-threshold anxiety and depression, and clinical anxiety and depression, in adolescents is high.

Stressful life events often precede anxiety disorders and depression. The concept "stress" is often used to describe a broad fan of reactions in which symptoms of both anxiety and depression are included. In the literature, anxiety and depression are also often referred to as "internalization disorders" (Selfhout et al,2009). The lack of clarity in the use of these concepts and the use of a variety of different questionnaires makes it difficult to draw conclusions when the research literature on mental health in adolescents, and program implementation is reviewed. Many models of the anxiety-depression comorbidity have been suggested.

Differentiating between prodromal and bidirectional relates to the importance of the longitudinal relationship between anxiety and depression. Prodromal theories suggest that anxiety and depression essentially represent one underlying construct. Bidirectional theories suggest that anxiety and depression are bidirectional risk factors for one another, and suggest either a) anxiety and depression arise from a single disease process predicting aspects of itself over time, or b) anxiety and depression have distinctions from one another and can be meaningfully interrelated over time.

If anxiety is a prodrome for depression, it would suggest that prevention efforts should attempt to monitor and treat early manifestations of anxiety, rather than waiting for depression to develop (Selfhout et al,2009). Further, efforts to prevent early manifestations of anxiety might effectively also prevent manifestations of depression. Research appears to support the view that anxiety plays a role in the development of depression; yet, the nature of that role remains unclear.

Anxiety disorders aggregate in families (for a review and meta-analysis see Hettema, Neale, & Kendler, 2001). Offspring of AD parents show a 2-7 times higher prevalence of anxiety disorders in comparison to the general population and, vice versa, parents of AD children show at least twice as many anxiety disorders compared to parents of non-ill controls.

However, it should be pointed out that these family studies show low specificity as children's anxiety disorders are not identical to parental anxiety disorders, and there is considerable overlap with depressive disorders. The familial transmission of anxiety disorders can be genetic as well as environmental. With a genetic contribution estimated at around 30%, it is clear that environmental factors play an important part in this transmission. Of course, it is not possible to completely separate genetic and environmental contributions, as "everything that human beings are

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or do must be a joint function of both their genes and their life experiences ... the issue is not to compare Genetic) and Environmental) effects to see which is stronger; instead, it is to explore how they intersect or how one mediates the effect of the other". Now that research shows genetic contributions to environmental factors such as parenting , it is clear that we should no longer think in terms of main causal effects of either heredity or environment, but rather in terms of correlations and interactions between genes and environment, whereby the chance that heritable traits will be expressed, and the nature in which this liability will be expressed, depend on experience, predispositions and age-related factors in the child.
In some cases the same genetic factor can have different psychiatric outcomes, depending on the interaction with environmental factors: a gene-environment interaction. For example, the high comorbidity rates between anxiety disorders and depressive disorders seem to be due to shared genetic factors, whereby additional environmental threat related life events are associated with anxiety, and additional loss related life events with depression.

Genes and environment can also correlate with each other in such a way that environmental factors are partially influenced by genetic factors. These gene-environment correlations can be passive or active. AD children are often part of a family in which one or both parents are anxiety disordered themselves and show the same genetic liability as the child (passive gene environment correlation); people in the child's environment, especially their parents, might react to the child's anxiety disorder with more protection (gene environment interaction); the AD child might select friendships or activities that are safe and do not dare their anxieties (active gene environment correlation).

This interaction between genes and environment should be kept in mind, when, for reasons of clarity, we will discuss the genetic and environmental contributions to anxiety disorders separately in the next paragraphs.

Anxiety affects development.

Adolescence is normally associated with freedom, wilderness, being out with friends, risk taking, making new friends, and expanding territory. Naturally, individuals whose anxiety responses are frequently triggered might find risk-taking problematic. Thus, when anxiety becomes main ingredient in the life of an adolescent, developmental and learning processes that normally occur during this period of life might be negatively influenced and disturbed.

Since anxiety motivates avoidance, anxious adolescents more often miss out on experiencing a number of normal, fun activities which their less anxious peers can participate in, enjoy, and learn from. Challenging situations like stage performances, sport competitions, and school presentations offer the potential rewards of intense exhilaration.

The joy of mastering new and challenging tasks, often at the edge of control, is both a driving force and a rewarding experience in risk-taking activities. Through participating in risky play, it has been hypothesized that children can learn to handle risk and gain a more realistic risk perception, which in turn makes them less anxious about the stimuli and prevents them from developing more anxiety.

Moreover, there exist indications that risky play has an anti-phobic effect on fears and phobias in small kids. In line with this hypothesis, it is possible that engaging adolescents in potential thrilling activities, like school presentations or sport competitions, might have an anti-phobic effect in adolescents.

IV. Scope of the study

As part of the Master of Social Work program at St Eugene University in the area of project implementation monitoring and evaluation, this study is primarily for academic purposes. The scope of this study is to assess the factors influencing anxiety disorder amongst the youth of Lilongwe. The Malawian government has so far not taken up its role to reduce anxiety disorder for disadvantaged groups such as youth. Basically, the core of this research is to identify and assess the factors that cause anxiety disorder among the youth in Malawi. The study will focus on the youth in Lilongwe urban.

V. Objectives of the Study

5.1 Main Objectives

The main objective of this study was to assess the factors influencing anxiety disorder amongst the youth in Malawi, the case study of Kauma area, Lilongwe urban.

5.2 Specific Objectives

i. To assess the prevalence of general anxiety disorder among the youth in Kauma
ii. To investigate mental health literacy rates among youth in Kauma

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iii. To find out the causes of anxiety among youth in Kauma

5.3 Research Questions

i. What is the prevalence of general anxiety disorder among the youth in Kauma?

ii. What are mental health literacy rates among youth in Kauma?

iii. What are the factors leading to anxiety disorder among the youth in Kauma?

VI. Methodology

6.1 Research Approach and Design

This study employed both qualitative and quantitative methods of research. In research design, the essence is to structure the investigation in such a way as to identify the variables and to collect the data. A well-articulated design is desirable for the objective of data collection that assisted to address the research questions. The research design therefore serves as a veritable guide for data generation, especially primary data.

6.2 Study Population

The population of the study consists of subjects eligible, accessible and available for studies who can answer the questions (Avwokeni,2006). The study population in this research was drawn from Kauma community in Lilongwe urban which has a population of 3,678 (Malawi Population Census, 2018). Our sample mainly constituted of the youth, psychosocial personnel, parents, teachers and chiefs from the area. This population was chosen because it was assumed to have adequate knowledge of the subject under investigation and the research variables under investigation.

6.3 Sample and Sampling Technique

In this research, simple random sampling and purposive sampling was used to select study respondents. Purposive sampling was employed in selecting respondents for the focus group discussions from the population. For the questionnaires, simple random sampling was used because the sampling Area comprises of many sub-areas. With simple random sampling, the research ensured that each participant from different areas specified in the study population had a chance of being selected to take part in the study.A sample size is the group of people who you select to be in your study. The sample size should be appropriate and representative of the entire population. The study obtained a sample of 120, calculated using Cochran's Formula n= 120(calculated using confidence level of 90%, margin of error 10%).

The quantitative data that was collected through the questionnaires will be tabulated and analysed using the Statistical Package for the Social Sciences (SPSS) software package. The qualitative data from the focus group discussions was analysed using Thematic analysis. Descriptive statistics were used to analyse data. The content analysis categorized responses based on the sections of the research instruments. To give meaning to the data, Thematic analysis arranged responses according to sections, the research questions and objectives. Thereafter, it was interpreted into information to give relevance to the research and fulfil objectives.

VII. Research Findings, Analysis and Discussion

Findings from Questionnaires and Focus Group Discussions

The finding and analysis of the data was obtained from the research instruments of this study. The findings from this study are discussed according to the sections of the research tools. This data was extracted and analyzed according to the objective of the study.

Demographics

There was equal representation from both sexes, female (50%), males (50%).

	FREQUENCY	PERCENTAGE
Male	**60**	**50%**
Female	**60**	**50%**

The dataset had participants aged between 18 and 35 years plus with a majority being in the age categories of 18-21 (40%) and 22-35 (60%) with mean age of 24 (SD=8.5) years. Age distribution of participants from the dataset was categorized with an age category of five in between each group.

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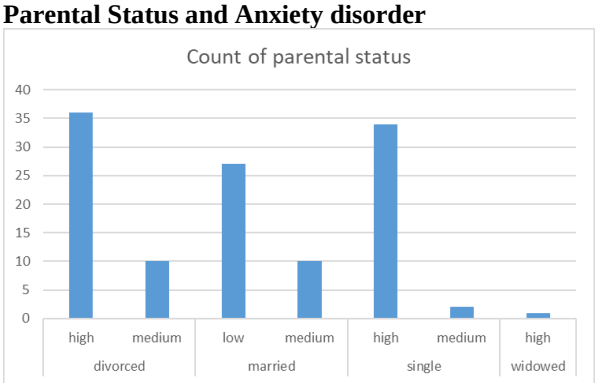
Prevalence Of General Anxiety Disorder Among The Youth In Kauma

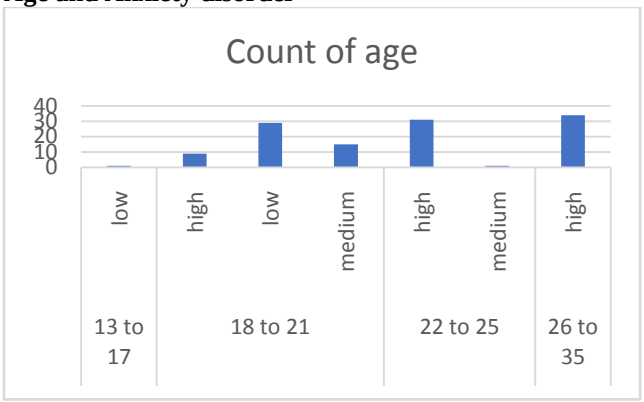
HYPOTHESIS TESTING

Parental Status and Anxiety disorder



From the findings there is a relationship between parental status and level of anxiety disorder. The youth those parents are not together, i.e., either divorced, single or widowed have a higher level of anxiety compared to the youth whose parents are married.

Age and Anxiety disorder



The value of R is 0.722. This is a moderate positive correlation, which means there is a tendency for high age variable go with high level of anxiety variable (and vice versa).The value of R2, the coefficient of determination, is 0.5213.

From the findings there is a relationship between age of youth and level of anxiety disorder. The youth who are older, i.e., 22to 25, and 26 to 35 have a higher level of anxiety compared to the youth who are younger.

Depression

The tabulated results showed that about 24.69% of the participants were depressed. The results furthermore showed that about 40.49% had minimal depression, 26.47% had mild depression, 9.01% moderate depression whilst 2.43% had moderate to severe depression.

Anxiety

Tabulated results for anxiety showed that about 19.63% of the participants were anxious at an overall set cut-off point of 10. The analysis further categorized the symptoms using the cutoff points for symptom severity. The results revealed that about 51.08% of participants had minimal anxiety, 24.53% had mild anxiety, 5.16% (n=36) moderate anxiety, and 1.43% had a severe form of anxiety.

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Association between Social-demographic factors on depression and anxiety

Mental Health Literacy Rates Among Youth InKauma

Mental health literacy rates among youth in Kauma is low around 20%.

Causes Of Anxiety Among Youth InKauma. It was found that Income level, Marital Status, Employment Status, Education level are the factors that influence Anxiety disorder. There is a negative correlation with how these factors interact with anxiety.

Problems, Challenges and Barriers to Treatment in Malawi

1. Low Priority/Lack of Clear Mental Health Policy Prioritizing mental health is as important to improving patient care as adequate spending and infrastructure. Without practical mental health policies, gaps in treatment provision are likely to persist. Such policies are needed to formulate and coordinate comprehensive and integrated care in local communities.

2. Poor Health Infrastructure and Lack of Funding Mental health spending figures in Malawi are dismal. Consistent with mental health care spending figures in low and middle-income countries (LMICs), health care infrastructure is still developing and spending is often wanting in most African countries.

3. Insufficient Number of Trained Specialists Also linked to the issues of weak infrastructure and low priority is the dearth of mental health personnel throughout Africa, which means that specialists are usually not available to diagnose, assess and treat most patients suffering from mental disorders.

4. Poor Legal Protection and Lack of Equity. A few conventions and other ratified documents have recently focused on the legal and human rights of patients and people suffering from mental disorders.

Recommendations

1. Policy

At the policy level, there is a need to come up with policies and measures that specifically address the needs of the youth. The policies should specifically focus on improving the quality of life and welfare of the youth. This can be done by coming up with laws and policies that aim at protecting the youth, improve referral and care pathways for the youth into different care pathways for their physical and mental healthcare.

2. Research

There is a need for further research in this area to build on the existing studies conducted in this area in Malawi to come up with more evidence to guide policies and practice. For example, subsequent studies might focus on identifying the direction of the relationship between the variables, to establish the causal-effect relationship, the actual magnitude of the problem, isolate the main factors contributing to gender differences for the two conditions in Malawi.

There is a need for following up the trend of these two conditions longitudinally help in confirming the global projection/ assumptions made in other studies as to whether such projections apply in the Malawian context so that appropriate interventions are carried out to control the trend. There is also a need to utilize different study designs, methods, tools and variables to come up with proper picture of the situation in the country for proper generalization to the general population. Utilization of such approaches (Triangulation) can enrich data in this area. Inclusion of other variables in the designs can also help to isolate other important variables that have a significant bearing on quality of life for such populations.

For instance, other studies have reported that anxiety and depression are transient in nature, meaning their development depends the kinds of stressors that people are passing through at that particular time. In the meantime, it might also be important to explore how Covid-19 has impacted the elderly population in terms of development of anxiety, depression or any other significant psychological conditions in Malawi.

3. Practice

There is also a need to come up with programs and interventions that can effectively address the physical and psychological needs of the youth. As seen from different studies, it is evident that psychological and physical conditions affect each other from different directions which makes the cycle difficult to break sometimes. Hence management of these conditions should always take a holistic approach.

4. Training and Capacity Building

There is also a need to invest in training and having an adequately qualified workforce, ensure multi-sectoral and multidisciplinary approach to ensure that the needs of the youth are properly handled.

These may include, physicians, psychiatrists, psychologists, counselors, social workers, nurses, speech therapists, nutritionists, occupational therapists, inclusion of other significant sectors, etc.

VIII. Conclusions

The Conclusions have been made in accordance with the Research Objectives. It can be concluded from the primary data 5 in every 10 youth in Kauma community suffer from anxiety disorder. It can also be concluded that Mental health literacy rates among youth in Kauma is low around 20%.Based on the findings of this study, Income level, Marital Status, Employment Status, Education level are the factors that influence anxiety disorder. There is a negative correlation with how these factors interact with anxiety.

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