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BETWEEN FEAR AND THE DESIRE TO BE ACCEPTED: SOCIAL ANXIETY AMONG WOMEN WHO USE SOCIAL MEDIA

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Abstract

Social anxiety is a form of anxiety commonly experienced by individuals, especially during late adolescence and early adulthood. This developmental period is characterized by demands for social adaptation, independence, and identity search, which often cause excessive worry in social interactions. This study aims to determine the profile of social anxiety in late adolescent and early adult women. The method used was quantitative observational with a cross-sectional design. The study sample consisted of 155 female respondents aged 18–25 years in Palembang City, obtained through accidental sampling. The research instrument was a questionnaire that measured aspects of general

feelings, physical feelings, and cognitive changes. The results showed that the majority of respondents were in the moderate category for all aspects, with a proportion of 58.7% in general feelings, 62.6% in physical feelings, and 75.5% in cognitive changes. The aspect of general feelings was the most vulnerable to being in the high category (30.3%). Based on age differences, late adolescents showed higher anxiety than early adults, particularly in terms of general feelings and cognitive changes. In conclusion, social anxiety in late adolescent to early adult women was generally moderate, with a higher tendency in the late adolescent group. These findings indicate the importance of psychological intervention to help individuals manage social anxiety according to their stage of development.

Keywords:

Social Anxiety, Late Adolescents, Young Adults, Women

1. Introduction

Anxiety is essentially an unpleasant feeling. This feeling usually arises when a person faces pressure, whether it comes from within or from outside. The body responds to this condition by triggering tension, which often makes individuals feel restless and anxious. This response is controlled by the nervous system, which works independently, making it difficult to control consciously. This condition shows that anxiety is not just a momentary feeling, but a complex physiological reaction that can affect an individual's daily life (Ardyansyah & Jetmi, 2021).

Anxiety can also be understood as a condition in which individuals constantly think about frightening or bad events. These repetitive thoughts make individuals feel trapped in an endless cycle of worry. This affects concentration, as a person's attention tends to focus on negative things that may not happen. As a result, the decision-making process becomes hampered, even for simple matters. This condition is often experienced by students or workers who are facing academic or work demands, where excessive mental burdens cause anxiety that is difficult to control (Afifullah, 2025).

In addition, anxiety is an important emotion that everyone experiences in their lives. This emotion can arise when facing new, stressful, or challenging situations, so it is a natural part of the human experience. However, when anxiety becomes excessive, it can develop into a serious psychological problem. Common symptoms include restlessness, fear, and worry about events that have passed, are

being experienced, or have not even happened yet. The impact not only affects one's emotional state, but also the quality of social relationships and productivity in daily life (Amaravathi & Kanagathara, 2025).

Some literature asserts that anxiety is a disorder that arises during human development. Adolescence, for example, is a stage fraught with physical, emotional, and social changes. At this stage, adolescents begin to have the ability to think abstractly, consider consequences, and try to understand their identity. However, when faced with new situations, anxiety often arises as a natural reaction. Unfortunately, if not managed properly, excessive anxiety can hinder their potential development. Therefore, adolescents' ability to adapt and manage anxiety is an important factor in determining their readiness to enter the next stage of life (Munaier et al., 2022).

Early adulthood is a stage of development between the ages of 20 and 30, where individuals are required to establish personal independence. At this stage, a person begins to enter the workforce, build a career, and form more serious relationships with the opposite sex. The demand to be able to stand on one's own two feet is often a source of anxiety, especially when individuals feel unprepared to face such a big responsibility. Anxiety at this stage is usually related to the search for identity, financial independence, and emotional readiness to face the adult world (Santrock, 2011).

During this period, individuals are also faced with various developmental tasks. They are required to adapt to a wider social environment, establish healthy relationships, and prepare for married life. For some people, this process can run smoothly, but for others, it can cause anxiety due to social demands and high self-expectations. For example, someone may feel depressed because they have not found a life partner, even though their surroundings are pressuring them to get married. This illustrates that anxiety in early adulthood does not only stem from oneself, but also from social expectations (Havighurst, 1972).

The phenomenon of social anxiety in early adulthood is often associated with difficulties in establishing and maintaining close relationships. Individuals who experience social anxiety usually fear being judged negatively by others, making them reluctant to open up. This hinders them from building healthy relationships, both in friendships and romantic relationships. In the long term, this condition can lead to feelings of loneliness and a decline in quality of life. Therefore, social anxiety is an important issue that needs to be considered in early adulthood psychological development (Lampe, Slade, Issakidis, & Andrews, 2003).

Further research shows that individuals with social anxiety are less likely to maintain romantic relationships and get married than those who do not experience anxiety. This is because social anxiety makes it difficult for a person to express themselves, show affection, or build long-term commitments. This condition has the potential to cause a lack of self-confidence, which further worsens the quality of relationships. As a result, individuals with social anxiety tend to avoid close relationships for fear of failure or rejection (Hahn, Hahn, & Campbell, 2021).

In early adulthood, many women experience significant changes, such as entering the workforce, starting a career, and facing various social demands. Societal pressure for women to marry at a certain age is often a significant source of anxiety. In addition to causing difficulties in socializing, this can also affect emotional stability. Social anxiety itself can be seen from two aspects, namely fears of general social interaction (e.g., making eye contact, meeting acquaintances, or being with other people) and fears of being scrutinized during activities (e.g., being observed while walking, eating, drinking, or using public toilets). This condition explains how young adult women must struggle to cope with the social standards that exist around them (Mattick & Clarke in Peters, Sunderland, Andrews, Rapee, & Mattick, 2012).

Early adulthood is a crucial period for building social relationships, independence, and careers. The presence of social anxiety and high levels of neuroticism can influence young adult women's decisions to delay marriage. In addition, excessive social anxiety can also hinder them in fulfilling developmental tasks, such as forming stable relationships and developing social skills. If not managed properly, this has the potential to interfere with the achievement of life goals and reduce an individual's psychological well-being.

2. Method

This study used a quantitative observational method with a cross-sectional design to analyze aspects of social anxiety in women aged 18–25 years in Palembang City, Indonesia. The research sample was obtained using accidental sampling techniques through the distribution of online questionnaires to respondents who met the criteria, namely women aged 18–25 years who actively used social media for at least three hours per day and were willing to be respondents by voluntarily filling out the questionnaire. From this process, 155 respondents were collected. The research instrument used was the Zung Self-Rating Anxiety Scale (SAS/SRAS), which consisted of 20 statement items with a Likert scale of 1–4 (1 =

very rarely to 4 = almost always). This instrument measured three main aspects of social anxiety, namely general feelings, physical feelings, and cognitive changes. The total scores obtained were then categorized into three levels: mild, moderate, and severe. The collected data were analyzed using statistical software (SPSS) through descriptive analysis to describe the distribution of respondents' anxiety levels in each aspect and to compare the late adolescent (18–19 years) and early adult (20–25 years) groups.

3. Results

Table 1: *Distribution Table of 20 Questions*

Question	Strongly Disagree	Disagree	Strongly Agree	Agree
	n/%	n/%	n/%	n/%
1. I feel calmer and can sit still.	13/8.4	30/19.4	52/33.5	60/38.7

2. I can sleep soundly at night without waking up.	4/2.6%	40/25.8	48/31.0	63/40.6
3. I enjoy my daily activities as usual.	5/3.2%	26/16.8	30/19.4	94/60.6
4. I feel that my mind is clear and focused.	9/5.8%	37/23.9	25/16.1	84/54.2
5. I can concentrate on my work or tasks.	5/3.2%	33/21.3	21/13.5	96/61.9
6. I feel nervous and easily anxious.	19/12.3%	80/51.6	21/13.5	35/22.6
7. I feel anxious and restless.	41/26.5%	69/44.5	15/9.7	30/19.4
8. My hands and/or feet feel shaky.	37/23.9%	80/51.6	15/9.7	23/14.8
9. I easily feel afraid for no apparent reason.	31/20	86/55.5	11/7.1%	27/17.4
10. I feel my heart beating rapidly.	42/27.1%	82/52.9	10/6.5	21/13.5
11. I have difficulty breathing or feel short of breath.	72/46.5%	45/29.0	17/11.0	21/13.5
12. I feel dizzy or lightheaded.	42/27.1%	52/33.5	14/9.0%	47/30.3
13. I easily feel tired or lose energy.	22/14.2%	58/37.4	15/9.7%	60/38.7

14. I experience numbness or tingling in my fingers and toes.	32/20.6	74/47.7	16/10.3%	33/21.3
15. I experience diarrhea or other digestive issues.	57/36.8%	65/41.9	12/7.7	21/13.5
16. I feel very sweaty.	26/16.8%	59/38.1	17/11.0%	53/34.2
17. I find it difficult to sleep due to restless thoughts.	44/28.4	54/34.8	14/9.0	43/27.7 %
18. I find it difficult to swallow or feel a lump in my throat.	81/52.3%	45/29.0	18/11.6%	11/7.1 %
19. I experience redness on my face or feel hot.	58/37.4%	47/30.3%	14/9.0%	36/23.2
20. I have nightmares.	30/19.4%	73/47.1%	19/12.3%	33/21.3

Based on Table 1 regarding the distribution of 20 statements, it can be seen that most respondents tended to agree or strongly agree with positive statements, such as being able to enjoy daily activities and remain focused. This indicates that even though respondents experience anxiety, they still function quite well in their daily activities. However, for statements related to negative symptoms, such as feeling nervous, restless, heart palpitations, or difficulty sleeping, a significant percentage of respondents agreed. This means that anxiety symptoms are still present in the respondents' lives, although not always at a high intensity. Thus, the distribution of answers shows that respondents tend to experience mild to moderate anxiety, rather than severe anxiety.

Table 2: Social Anxiety Scoring

Variable	n	Min	Max	Mean	SD
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General feeling	155	5	20	14.60	3,021
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physical feelings	155	10	44	23.12	7.764
cognitive changes	155	4	16	10.08	2.279

The scoring results in Table 2 show that the general feelings aspect has a fairly high average score ($M = 14.60$), so it can be said that respondents often feel worry and anxiety in social situations. In the physical feelings aspect, the average score reached 23.12 with a high standard deviation ($SD = 7.764$), indicating that the variation in physical symptoms was quite large; there were respondents who experienced almost no physical symptoms, while others felt more intense physical complaints, such as palpitations or difficulty breathing. Meanwhile, the cognitive changes aspect was at a moderate level ($M = 10.08$), indicating a tendency toward difficulty concentrating, sleep disturbances, and thoughts that were overly focused on anxiety.

Table 3: *Distribution by aspect*

Aspect	Low		Moderate		High	
	n	%	n	%	n	%
general feeling	17	11.0	91	58.7	47	30.3
Physical feelings	28	18.1	97	62.6	30	19.4
cognitive changes	7	4.5	117	75.5	31	20.0

Table 3 provides an overview of the distribution of anxiety based on low, moderate, and high categories for each aspect. The results show that the majority of respondents were in the moderate category, both in terms of general feelings (58.7%), physical feelings (62.6%), and cognitive changes (75.5%). This means that the anxiety experienced by respondents tends to be moderate, not extremely disruptive but consistently felt. However, approximately 30.3% of respondents were in the high category in terms of general feelings. This finding shows that emotional anxiety is more dominant than physical or cognitive symptoms, making general feelings the most vulnerable indicator of social anxiety.

Table 4: Distribution by aspect based on age

Aspect		Late Adolescence (18-19 years)		Early Adults (20–25 years)	
		n	%	n	%
general feelings	Low	1	5.9%	16	94.1%
	Medium	12	13.2%	79	86.8%
	High	14	29.8%	33	70.2
Physical feelings	Low	0	0.0	28	100.0
	Medium	18	18.6	79	81.4
	High	9	30.0	21	70.0
cognitive change	Low	0	0	7	100.0
	Medium	17	14.5	100	85.5

cognitive change	High	10	32.3	21	67.7
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When viewed based on age groups in Table 4, there is a difference in anxiety tendencies between late adolescents (18–19 years) and young adults (20–25 years). Late adolescents tend to be more in the high category in both general feelings (29.8%) and cognitive changes (32.3%), indicating that this age group is more prone to experiencing strong social anxiety, especially related to emotional feelings and difficulty thinking clearly. Meanwhile, young adults are more likely to be in the moderate category, particularly in terms of physical and cognitive aspects, and are better able to control physical symptoms, as indicated by 100% of respondents in the low category for physical aspects. It can be concluded that as individual's age, they tend to have better emotional regulation skills, resulting in more moderate anxiety symptoms. Thus, social anxiety is experienced more intensely in late adolescence than in early adulthood.

4. Discussion

The results of this study indicate that social anxiety in late adolescent to early adult women tends to be in the moderate category. The majority of respondents are still able to carry out their daily activities well, even though there are a number of emotional, physical, and cognitive symptoms that arise in certain social situations. This indicates that even though anxiety is present, its intensity does not interfere to an extreme degree. This finding indicates a balance between adequate psychological functioning and consistent symptoms of anxiety in social life.

When viewed from the distribution of the 20 questions in Table 1, most respondents agreed or strongly agreed with positive statements. For example, 61.9% of respondents stated that they were still able to concentrate on work or tasks, and 60.6% were able to enjoy daily activities as usual. This shows that the anxiety they experience does not completely paralyze their ability to adapt. However, negative symptoms still appear significantly, such as nervousness and restlessness (22.6% agree), palpitations (13.5% agree), and difficulty sleeping due to restless thoughts (27.7% agree). This distribution shows that although some respondents still functioned quite well, anxiety was still present in emotional and somatic forms that could reduce individuals' comfort in socializing.

Based on the scoring results in Table 2, it can be seen that the general feelings aspect obtained the highest average score ($M = 14.60$), followed by physical feelings ($M = 23.12$; $SD = 7.764$), and cognitive changes ($M = 10.08$). This data shows that general feelings, such as nervousness, restlessness, and worry, are the most common forms of anxiety experienced by respondents. The variation in scores on

the physical aspect is also quite large, indicating that somatic symptoms are not experienced evenly; some respondents experience almost no physical complaints, but others experience them with high intensity, such as heart palpitations, difficulty breathing, or trembling. The cognitive aspect is in the middle category, indicating that anxiety affects concentration and clarity of thinking, but does not always cause severe disturbances.

The category distribution results in Table 3 show that the majority of respondents were in the moderate category in all aspects, namely 58.7% in general feelings, 62.6% in physical feelings, and 75.5% in cognitive changes. However, 30.3% of respondents were in the high category in terms of general feelings. This confirms that emotional symptoms are more dominant than physical or cognitive symptoms. In other words, respondents more often feel nervous, fearful, and overly worried in social situations than somatic or cognitive symptoms. These findings are in line with the opinion of Ardyansyah and Jetmi (2021), who state that anxiety is an emotional reaction that arises due to internal and external pressures on individuals.

When viewed based on age groups in Table 4, it can be seen that late adolescents (18–19 years old) are more prone to high levels of social anxiety than young adults (20–25 years old). For example, 29.8% of late adolescents are in the high category in terms of general feelings and 32.3% in terms of cognitive changes. This can be explained by Santrock's (2011) developmental theory, which states that adolescence is a transitional period with many biological, psychological, and social changes, which often cause uncertainty and worry. Meanwhile, individuals in early adulthood are relatively more mature in emotional and cognitive regulation, so even though they still experience symptoms of anxiety, they are better able to control its intensity. These findings are in line with the research by Chrisnatalia and Ashariyati (2024), which shows that even though neuroticism personality affects social anxiety in early adult women, the level of anxiety tends to remain moderate.

The physical aspects in this study also showed considerable diversity. Some respondents experienced somatic symptoms such as palpitations, excessive sweating, difficulty breathing, and dizziness, while other respondents experienced almost no physical symptoms. This shows that anxiety not only affects psychological conditions but is also physically felt in the body. Amaravathi and Kanagathara (2025) explain that anxiety can affect bodily functions through the activation of the autonomic nervous system, causing physiological reactions such as sleep disturbances, fatigue, and muscle tension. Thus, respondents not only face challenges in the form of emotions or thoughts, but also face physical burdens due to the social anxiety they experience.

Thus, this study shows that social anxiety in late adolescent to early adult women is multifactorial, influenced by psychological development, social demands, and the individual's own condition. The distribution of results in the four tables shows that emotional symptoms are the most dominant, while physical and cognitive symptoms vary among respondents. Age differences also show that as individuals get older, they become more capable of managing their emotions, although they are not completely free from anxiety. Therefore, it is important to have comprehensive psychological interventions that not only focus on managing negative thoughts but also involve physiological relaxation strategies, stress management, and strengthening social support so that individuals are more adaptive in facing social demands during late adolescence to early adulthood.

5. Conclusion

Based on the results of the study, it can be concluded that social anxiety in late adolescent to early adult women tends to be in the moderate category. The majority of respondents are still able to carry out their daily activities well, even though they still experience emotional, physical, and cognitive symptoms in certain social situations. Emotional symptoms are the most dominant aspect, with 30.3% of respondents in the high category, indicating that nervousness, worry, and restlessness are the most common forms of anxiety experienced.

Age differences show that late adolescents are more prone to high levels of social anxiety than young adults, especially in terms of general feelings and cognitive changes. This is in line with developmental theory, which states that adolescents are in a period of transition and change, making them more prone to uncertainty and anxiety. Meanwhile, individuals in early adulthood tend to be more mature in emotional and cognitive regulation, so the intensity of anxiety experienced is relatively more controlled.

In addition, the high variation in physical symptoms indicates that anxiety not only affects psychological aspects but also physical health, for example, through heart palpitations, sleep disturbances, and fatigue. These findings confirm that social anxiety is multifactorial, influenced by psychological development, social demands, and the individual's own circumstances. Thus, this study emphasizes the importance of paying special attention to women's mental health in late adolescence to early adulthood. Comprehensive psychological interventions—including social skills training, stress management, relaxation techniques, and strengthening social support—are necessary for individuals to be more adaptive in facing developmental and social demands. The results of this study are expected to form the basis for

the development of psychological assistance programs tailored to the developmental needs of young women, enabling them to manage social anxiety in a healthier and more constructive manner.

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