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Prevalence of Panic Attacks Among Secondary School Students in Ikpoba Okha Local Government Area of Edo State, Nigeria

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Abstract

This study investigated prevalence of panic attacks among secondary school students in Ikpoba-Okha Local Government of Edo State. Four research questions were raised and three hypotheses formulated to guide the study at 0.05 level of significance. Descriptive survey research design was adopted. The population comprised all the Senior Secondary School II (SSS 2) Students in Ikpoba-Okha Local Government Area. Stratified random sampling techniques were used to sample 300 SSS 2 Students. The instruments used for data collection was Self-report scales titled the "panic attack inventory" (PAI) which were content and face validated by three Psychometricians. Reliability coefficient of .85 was obtained using the Cronbach Alpha method. The data collected were analyzed using descriptive statistic (mean and standard deviation) and One-way ANOVA. The findings revealed that the level of the prevalence of panic attacks among secondary school students is severe, the panic attack among secondary school students does not significantly differ by age, sex and socio economic status respectively in Ikpoba-Okha Local Government Area. Based on the findings, it was recommended that Students should be encouraged to talk about their panic attacks irrespective of their sex, age or social economic status while Counsellors, Government, educational institutions, and schools should all promote anti-bullying policies.

Keywords: Panic Attack, Sex, Age and Socio-economic Status.

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INTRODUCTION

Secondary students are adolescents who are at the mercy of a wide range of stressors, such as expectations from school authority, home, and religious leadership. They are under pressure from peers, parents, society, teachers, and themselves to perform academically well and coexist socially. On a daily basis, they practically face unique challenges due to academic pressure, societal expectations, and their transitional adolescent nature. They make efforts to live up to these expectations, often and occasionally. They appear to be gripped by a dread of missing out that pushes them and finally prevents them from fitting into the cycle of expectations. Most of the time, this causes them to developed panic disorder (attack).

Panic disorder which is otherwise refers to attack is a debilitating anxiety disorder that has a serious impact on adolescents' social and academic functioning and general wellbeing. It is a sudden, temporary feeling of fear and strong physical reactions in response to ordinary/nonthreatening situations. Panic attacks can be sudden and overpowering (Black 2021). According to Safai and West (2022), panic attack begins suddenly and most often peaks within 10 to 20 minutes. Some symptoms continue for an hour or more. They added that it typically has a negative impact across different areas of adolescents' lives, including social interactions and academic functioning. Newman (2016) defined panic attacks as "discrete

episodes of intense fear, apprehension, or terror that are accompanied by several physical symptoms. It is described as an incapacitating anxiety disorder which is capable of having a serious impact on the social development, academic functioning, and general wellbeing of school-going children".

Panic attacks may change behaviour and function at home, school, or work. Panic attacks, if left unmanaged, can lead to significant disruptions in daily life, potentially impacting work, social interactions, and overall quality of life. They can also increase the risk of developing other mental health conditions like anxiety disorders, phobias, and even depression. Additionally, chronic panic attacks can have physical consequences, potentially exacerbating existing heart conditions or leading to new health issues Arntz (2021) maintained. Adolescent having a panic attack, may sweat a lot, have difficulty breathing, feel heart's racing and may feel like having a heart attack.

When panic attack happens suddenly, symptoms usually peak within few minutes after it starts and then disappear soon after. Hence, Salami, and Walker (2019) described panic attack as an abrupt period of intense fear or discomfort accompanied by four or more of the following thirteen systemic symptoms: palpitation, pounding heart, accelerated heart rate, sweating, trembling or shaking, shortness of breath or feeling of smothering, feelings of choking, chest pain or discomfort, nausea or abdominal distress, feeling dizzy, unsteady, lightheaded, or faint, chills or heat sensations, paresthesias (numbness or tingling sensations), derealisation (feeling of unreality) or depersonalisation (being detached from oneself), feeling of losing control or going crazy and fear of dying.

Panic attack must be distinguished from various psychiatric disorders and physical conditions that can have associated panic symptoms. Some of these conditions include other anxiety disorders (including specific phobias and posttraumatic stress disorder), substance use disorders (including stimulant abuse or withdrawal from sedative agents), or medical conditions, including hyperthyroidism (Assari, 2019). Furthermore, the clinical presentation of panic disorder may vary depending on the age of presentation and may make it difficult for the clinician to assess and ascertain the significance of such symptoms (Chege, Munene, &Oladipo, 2018).

Panic attack and its complications, if not recognized and treated can be devastating. Panic attacks can interfere with children or adolescents' relationships, schoolwork, and normal development. This attack can lead to not just severe anxiety but can also affect other parts of a child's mood or functioning. Children and adolescents with panic disorder may start to feel anxious most of the time, even when they are not having panic attacks. Some begin to avoid activities where they fear a panic attack may occur or events where help may not be available. For example, a child may be reluctant to go to school or be separated from his or her parents. In severe cases, the child or adolescent may be afraid to leave home. As with other anxiety disorders, this pattern of avoiding certain places or situations is called "agoraphobia." Some youth with panic disorder can develop severe depression and may be at risk of suicidal behaviour. Kambuga (2020) opined that, as an attempt to decrease panic attacks, some adolescents with panic attack may result to the use alcohol or drugs.

Hartmann (2016) maintained that panic attack in adolescents can be difficult to diagnose. He added that it can lead to many visits to physicians and medical tests that are costly and even potentially painful. When properly evaluated and diagnosed, panic attack usually responds well to treatment. Adolescents with symptoms of panic attacks should first be evaluated by their family physician or pediatrician. If no other physical illness or condition is

found as a cause for the symptoms, a comprehensive evaluation by a child and adolescent psychiatrist should be obtained. Its prevalence has attracted attention from mental health researchers and counsellors. Kambuga, (2016) asserts that, "Panic attacks are common in adolescents, occurring in anywhere between 6–63% of adolescent community samples. It is a debilitating anxiety disorder that has a serious impact on adolescents' social and academic functioning and general well-being which is experienced by around 1 to 3% of the adolescent population (Baker, Hollywood & Waite, 2022).

Panic attacks often include physical symptoms that might feel like a heart attack, such as trembling, tingling, or rapid heart rate. The symptoms can include: pounding heart or chest pain (feeling like having a heart attack), shortness of breath, dizziness, hot flashes, or chills, nausea, sweating, shaking, or tingling in fingers or toes, feeling like a loss of control, or having a fear of dying or other unrealistic thoughts. Mild worrying in kids and teens is normal. But a panic attack may dramatically affect a student's life by interrupting normal activities irrespective if their age, socioeconomic status and sex.

Age can play a significant role in the occurrence of panic attacks among secondary school students. Most secondary school students are adolescents. Adolescence is a time of immense change and development, both physically and emotionally. The hormonal fluctuations, coupled with the pressures of academic performance and social acceptance, can create a perfect storm for anxiety and panic. During this stage of life, teenagers are still learning to regulate their emotions and cope with stress effectively. They may lack the necessary skills to manage overwhelming feelings, leading to panic attacks as a response to perceived threats or stressors. Adults with panic attack often report having had panic symptoms starting in childhood or early adolescence. In most such individuals, panic attacks may have either been misdiagnosed or not come to clinical attention. Epidemiological studies have reported that panic attacks may not be rare in the community samples of adolescents, although panic disorder may not be commonly reported. For instance, Goodwin and Gotlib (2019) reported a prevalence of 3.3% of panic attacks from among 1,285 youth, aged 9–17 years, whereas Whitaker (2020) reported lifetime prevalence of panic disorder to be 0.6% using a structured interview with 5,000 students aged 14–17 years.

Socioeconomic status (SES) is another factor plays a significant role in the experience and prevalence of panic attacks. Individuals from lower SES backgrounds are often more likely to experience panic attacks due to increased stress, limited access to resources, and higher vulnerability to negative life events. Individuals with lower SES often face challenges like financial insecurity, unemployment, and inadequate living conditions, which contribute to higher stress levels and a greater likelihood of experiencing negative life events.

Sex is another factor to be considered in panic attack among secondary school students. Chege, Munene, and Oladipo (2018) maintained that panic attack occurs more frequently in women than in men. While panic attacks can affect individuals of any gender, research suggests that there may be some gender differences in the prevalence and manifestation of these episodes among students (Essau, 2019). Studies have shown that girls are more likely than boys to experience panic attacks during adolescence (Pereira, Barros, Mendonca & Muris, 2019; Essau, 2019 and De Wit, Karioja, Rye &Shain, 2019). The hormonal changes that occur during puberty, coupled with the societal pressures and expectations placed on girls, may contribute to this higher prevalence.

Secondary school students on a daily basis practically face unique challenges due to academic pressure, societal expectations, and their transitional adolescent nature which can

triggers panic attack. Research has shown that the increasing number of students faced with problematic panic attack is worrying and the situation is made worse by the fact that these students are receiving limited attention (Miller, Gold, Laye-Gindhu, Martinez, Yu & Waechtler, 2019). As the secondary school students' transit from one stage of development to another, panic attack may impact them negatively preventing them to achieve the developmental milestones as desired. Base on this, the research seeks to investigate the prevalence of panic attacks among secondary school students in Ikpoba-Okha Local Government of Edo State.

Statement of the Problem

Panic attacks among secondary school students in the Ikpoba-Okha local government area represent a significant mental health concern that has received inadequate attention in existing literature. The prevalence of panic attacks among secondary school students remains largely unknown due to limited research. The absence of accurate prevalence data hinders the development of targeted mental health intervention programs for this vulnerable group. Without a clear understanding of the magnitude of the problem, educators, policymakers, and healthcare providers lack the necessary information to address the specific needs and challenges faced by these students.

Despite the crucial developmental phase of adolescence and the unique stressors faced by these students, there is lack of comprehensive research on the prevalence and associated factors of panic attacks within this population. Furthermore, the existing literature fails to adequately explore the factors that associates with panic attacks among secondary school students in Ikpoba-Okha Local Government Area of Edo State most of which are foreign works which focused only on anxiety and panic disorders (Muthusamy et al, 2022; Nag et al, 2019). There is a significant gap in the existing literature concerning the prevalence, associated factors, and implications of panic attacks among secondary school students. Bridging this gap through further research is essential to inform the development of targeted interventions, promote mental health awareness, and improve the well-being of secondary school students in Ikpoba-Okha local government area, Edo state.

Purpose of the Study

The major purpose of this study was to examine the prevalence of panic attacks among secondary school students in Ikpoba Okha Local Government of Edo State. Specifically, it aimed to find out:

1. the level of the prevalence of panic attacks among secondary school students in Ikpoba-Okha Local Government Area of Edo State.
2. how panic attack among secondary school students differ by age in Ikpoba-Okha Local Government Area.
3. how panic attack among secondary school students differ by sex in Ikpoba-Okha Local Government Area?
4. how panic attack among secondary school students differ by socio economic status in Ikpoba-Okha Local Government Area.

Research Questions

To guide this study the following research questions were raised:

1. What is the level of the prevalence of panic attacks among secondary school students in Ikpoba-Okha Local Government Area of Edo State?
2. How does the panic attack among secondary school students differ by age in Ikpoba-Okha Local Government Area?
3. How does the panic attack among secondary school students differ by sex in Ikpoba-Okha Local Government Area?
4. How does the panic attack among secondary school students differ by socio economic status in Ikpoba-Okha Local Government Area?

Hypotheses

To further guide the study, the following hypotheses were raised.

1. The panic attack among secondary school students does not significantly differ by age in Ikpoba-Okha Local Government Area.
2. The panic attack among secondary school students does not significantly differ by sex in Ikpoba-Okha Local Government Area.
3. The panic attack among secondary school students does not significantly differ by socio economic status in Ikpoba-Okha Local Government Area.

METHODOLOGY

The descriptive survey research design was adopted for the study as the research design. The population of the study comprised of 4025 SSS 2 students in Twenty-one (21) public senior secondary schools in the local government area of Ikpoba-Okha. A total of three hundred (300) senior secondary two (SS2) students from 21 public schools in Ikpoba-Okha Local Government Area were selected as the sample for the study. Stratify and simple random sampling technique involving multi-stage was used. Stage 1, the researcher stratified the schools into male schools, female schools and mixed school (three school types). Simple random sampling involving balloting method was used to select two schools from each of these stratified schools making a total of six (6) schools. The researcher carried out the balloting method by writing the names of the schools on pieces of paper and then put them inside a basket. A school was then picked at a random without replacement. This was done six (6) times to get six schools as a sample for the study. Stage 2, fifty (50) students were randomly selected from each the sampled schools using balloting method making a total of three hundred students for the sample.

The instrument for the data collection in the study was Self-report scales titled the "panic attack inventory (PAI). The PAI has two sections. Section A contains demographic variables such as age, sex, and socioeconomic status (parents' educational attainment, parents' income level and parents' occupation). Section B was made up of Thirteen (13) items which measure the symptoms of panic attack experienced by the respondents. The items were on a modified four likert type (All the time, Most of the time, Some of the time and Never).

The instruments were validated by three researchers and the reliability was ascertained using Cronbach alpha Statistics reliability method and a coefficient value of .85 was obtained. This indicates that instrument was reliable for use. The researcher with the aid of the teachers administered the instrument to the sampled students. Descriptive statistic (mean and standard deviation) was used to answer research question one (mean of 1 – 15 indicate none, 16 – 31 mild panic attack while 32 and above severe panic attack), while ANOVA statistics was used to test hypotheses 1 and 3 (research question 2 and 4 respectively) and independent sample t-test was used to test hypothesis 2 (research question 3) at 0.05 level of significance. The

responses were worded as: All the time = 4, Most of the time = 3, Some of the time = 2 and Never =1

RESULTS

Research Question 1

What is the level of the prevalence of panic attacks among secondary school students in Ikpoba-Okha Local Government Area of Edo State?

Table 1: Mean and Standard Deviation responses on the level of the Prevalence of Panic Attacks Among Secondary School Students

S/N	Items	Mean	Std. Dev.	Mean Rank	Remarks
1	Fear of dying	2.90	0.58	1st	High
2	Flushes (Hot Flashes)	2.88	0.62	2nd	High
3	Chest pain or discomfort	2.78	0.60	3rd	High
4	Fear of going crazy	2.67	0.59	4th	High
5	Feeling of unreality	2.67	0.58	5th	High
6	Numbness or tingling sensation	2.60	0.63	6th	High
7	Nausea or abdominal distress	2.58	0.60	7th	High
8	Feeling of choking	2.58	0.60	8th	High
9	Sweating	2.56	0.59	9th	High
10	Palpitation	2.50	0.59	10th	High
11	Feeling dizzy	2.48	0.59	11th	Low
12	Trembling	2.47	0.59	12th	Low
13	Shortness of breath	2.33	0.59	13th	Low
		2.61	**0.59**		

N = 295, Criterion Mean = 2.5

Table 1 contains the descriptive data on the average responses for each of the scale items of panic attacks among secondary school students in Ikpoba-Okha Local Government Area of Edo State. From analysis it was observed that, the average (item means are greater than criterion mean 2.5) were 10 (items 1- 10) with mean ranging from 2.50 – 2.90 while others were less than 2.50. The fear of dying appears to be the highest while shortness of breath being the least among them. Also, the analysis showed an average mean of 2.61 and standard deviation of 0.59. Since the mean of 2.61 is greater than the cluster mean of 2.5 it is therefore concluded that there is panic attack among adolescents in Ikpoba-Okha Local Government Area.

Hypothesis One

There is no significant difference in the level of panic attacks among secondary school students of different age categories in Ikpoba-Okha Local Government Area.

Table 2: Mean and Standard Deviation of responses on level of Panic Attack among Secondary School Students by Age in Ikpoba-Okha Local Government Area

Age Bracket	Number of Students	Mean	Std. Dev.
Below 15 years	24	32.79	5.43
15 - 20 years	269	31.84	6.12
21 years and above	2	35.50	4.95
Total	295	31.94	6.06

Table 2 shows the means and standard deviations of students in their age categories. From the table those below 15 years of age have mean of 32.79 and a standard deviation of 5.43, those between 15 years and 20 years have mean of 31.84 and standard deviation of 6.12while those that are 21 years and above have mean of 35.50 and standard deviation of 4.95. Test for significant difference is presented in Table 3.

Table 3: ANOVA test of Difference in Panic Attack by age Brackets

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	45.436	2	22.718	.618	.540
Within Groups	10742.585	292	36.790		
Total	10788.020	294			

***.540* > .05 = Not Significant**

Table 3 shows an F value .618 and a p-value of .540. testing at an alpha level of 0.05; the p-value is greater than the alpha level, so the null hypothesis which states that "The panic attack among secondary school students do not significantly differ by age in Ikpoba-Okha Local Government Area" is retained.

Hypothesis Two

The panic attack among secondary school students do not significantly differ by sex in Ikpoba-Okha Local Government Area.

Table 4: t-test of Difference in Panic Attack among Secondary School Students by sex in Ikpoba-Okha Local Government Area

Sex	N	Mean	Std. Dev.	df	t-value	p-value (Sig. 2-tailed)
Male	154	31.59	5.75			
				293	**-1.042**	**.298**
Female	141	32.33	6.37			

α = .05, p > .05 = Not Significant

Table 4 shows difference in panic attack among secondary school students by sex in Ikpoba-Okha Local Government Area. From the table, the number of respondents male (N) = 154 while female (N) = 141. Their Mean values are 31.59 and 32.33 while standard deviations are 5.75 and 6.37 respectively. The t-value of -1.042 is not significant, because, the *p-value* (.298) is greater than *alpha level*. Therefore, the null hypothesis is retained. This implies that the sex of the student is not a strong factor in peer group panic attack among students.

Hypothesis Three

There is no significant difference in the level of panic attacks among secondary school students from families of different socio-economic classes in Ikpoba-Okha Local Government Area.

Table 5: Mean and Standard Deviation of Panic Attack among Secondary School Students by SES in Ikpoba-Okha Local Government Area

SES	Number of Students	Mean	Std. Dev.
Low	25	32.84	4.81
Middle	153	31.51	5.68
High	117	32.32	6.74
Total	295	31.94	6.06

Table 5 shows the means and standard deviations of students in their SES categories. From the table those (25) in low SES have mean of 32.84 and a standard deviation of 4.81, those (153) in Middle SES have mean of 31.51 and standard deviation of 5.68 while those (117) in high SES have mean of 32.32 and standard deviation of 6.74.

Test for significant difference is presented in Table 6.

Table 6: ANOVA test of Difference in Panic Attack by SES Categories

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	65.126	2	32.563	.887	.413
Within Groups	10722.894	292	36.722		
Total	10788.020	294			

***.413* > .05 = Not Significant**

Table 6 shows an F value .887 and a p-value of .413. Testing at an alpha level of 0.05; the p-value is greater than the alpha level, so the null hypothesis which states that "The panic attack among secondary school students does not significantly differ by socioeconomic status in Ikpoba-Okha Local Government Area' is retained.

DISCUSSION

The findings revealed that majority of the students do experience panic attack most of the times. While a very negligible percentage of the students never experience panic attack. This implies that, the level of the prevalence of panic attack among secondary school students in Ikpoba-Okha is severe. This is due to bullying the students experience most of the time. This finding is in consonant with the finding of Alreybah (2022) who found that, the prevalence of panic attack in secondary school students is severe and also the finding of Essau (2021) who found that there is high rate of panic attacks among secondary school students.

The findings revealed that the panic attack among secondary school students do not significantly differ by age in Ikpoba-Okha Local Government Area. This finding agreed with the finding of Muthusamy (2022) who found that, panic attack among secondary school students do not significantly differ by age. But the finding disagreed with the finding of Alreybah (2022), who found that younger age had significant higher rate of panic disorder attack than others.

Also, the findings revealed that the panic attack among secondary school students does not significantly differ by sex in Ikpoba-Okha Local Government Area. This implies that the sex of the student is not a strong factor in peer group panic attack among students in Ikpoba-Okha. This finding is in disagreement with the finding of Simon (2022) who found that panic attacks were more prevalence in females than the males. The author concluded that, panic attacks among secondary school students differ by sex.

Finally, the findings revealed that panic attack among secondary school students in Ikpoba-Okha Local Government Area does not significantly differ by socioeconomic status of the students.

CONCLUSION

Based on the findings of this study, it was concluded that there is prevalence of panic attacked in among students in Ikpona-Okha Local Government Area and the panic attacks among the students is severe. However, the panic attack among the students of Ikpoba-Okha does not significantly differ by the age, sex and social economics status of the students.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made.

1. Counsellors and Therapist should be employed in schools that could help bullied students remove the negative emotions that were stored when they were bullied and help them rewrite their story to remove the 'victim' role.
2. Government, educational institutions, and schools should all promote anti-bullying policies.
3. When resources permit, counsellors should liaise with school authority to organize seminars on panic attacks, its effects and ways to curb it. They should also assist the school in production of suitable stickers and fliers to discourage bullying behaviours in schools.
4. Students should be encouraged to talk about their panic disorder attacks in respective of their sex, age or social economics status.

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