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PARENTAL ANXIETY AND CHILD MENTAL HEALTH: GENDER-SPECIFIC IMPACTS ON ANXIETY DISORDERS IN ADOLESCENTS - A NORTH MACEDONIAN CASE STUDY

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Abstract

Anxiety is a common emotional response to perceived threats, serving an adaptive function in avoiding danger. However, anxiety disorders, prevalent in 10-20% of children and adolescents, pose significant challenges to mental health. Early diagnosis and intervention can mitigate long-term adverse effects, so this study aims to examine the impact of parental anxiety on the mental health of children, with a specific focus on gender differences. To have a clearer view of parental anxiety,a cross-sectional study was conducted with 150 secondary school students and their parents in Gostivar municipality. The Screen for Child Anxiety-Related Emotional Disorders (SCARED) was used to assess anxiety in children, while the Depression, Anxiety, and Stress Scale (DASS) measured parental anxiety. Statistical analysis was performed using SPSS 23.0, with significance set at $p < 0.05$. According to the results, out of 300 students (140 males, 160 females) and 300 parents (198 males, 102 females), 32% of students were identified as anxious. Significant gender differences were observed in the impact of parental anxiety. Female children of anxious parents were more likely to have anxiety disorders (67.9%) compared to those with non-anxious parents (32.7%), with notable increases in panic disorder (78.6% vs. 44.2%), generalized anxiety (60.7% vs. 40.4%), and social anxiety (55.4% vs. 19.2%). Male children showed no significant correlation between parental anxiety and their anxiety disorders. Based on these findings we conclude that parental anxiety significantly affects the prevalence of anxiety disorders in female children but not in male children. These findings underscore the need for gender-specific approaches in the early detection and treatment of anxiety disorders in children, emphasizing the critical role of parental mental health in the psychological well-being of their offspring.

Keywords: Anxiety, Parents, Children, Puberty, Gender, Influence.

INTRODUCTION

Based on the fact that anxiety is a common emotional response to perceived threats, as an adaptive function in avoiding danger, anxiety disorders in children and adolescents are more than widespread. thus, 10-20% of children and adolescents, present significant challenges for mental health. This study aims to examine the impact of parental anxiety on children's mental health, with a particular focus on gender differences. The paper is focused on the Municipality of Gostivar in North Macedonia with a cross-sectional study of 150 high school students and their parents. Since the research concerned anxiety, the Anxiety-Related Emotional Disorders in Children (AREDC) was used to assess anxiety in children, while the Depression, Anxiety, and Stress Scale (DASS) measured parental anxiety. Statistical analysis was performed using SPSS 23.0, with significance set at $p < 0.05$. Of 300 students (140 males, 160 females) and 300 parents (198 males, 102 females), 32% of students identified as having anxiety. According to the results, female children of anxious parents were more likely to have anxiety disorders (67.9%) compared to those of non-anxious parents (32.7%), with a significant increase in panic disorder. Male children showed no

significant correlation between parental anxiety and their anxiety disorders. therefore, it can be said that parental anxiety significantly affects the prevalence of anxiety disorders in female children, but not in male children. These findings underscore the need for gender-specific approaches in the early detection and treatment of anxiety disorders in children, emphasizing the critical role of parents' mental health in the psychological well-being of their offspring. The results are measurable. The paper also has its limits, because the research was done on a certain number of children and teenagers of a municipality in North Macedonia. We recommend other researchers to do some more extensive research, maybe they will reach other results.

LITERATURE REVIEW

Anxiety is the brain's natural response to danger or threatening stimuli, and it is a basic emotion present from childhood. This response is generally adaptive, facilitating the avoidance of danger, and is not typically pathological (Beesdo, et al., 2009). However, anxiety disorders are the most common psychiatric conditions among children and adolescents globally, with prevalence rates ranging from 10 to 20%, surpassing depression and conduct disorders. Early diagnosis and treatment of anxiety disorders are crucial to mitigate their impact on a child's academic, social, and family life and to prevent their persistence into adulthood (Godman, 1999). Globally, 4.4% of the population suffers from depressive disorders, while 3.6% experience some form of anxiety disorder. The American Psychiatric Association defines depression as a serious medical illness characterized by persistent sadness and loss of interest in activities, leading to various emotional and physical issues. Anxiety, on the other hand, involves symptoms such as excessive worry, restlessness, irritability, difficulty concentrating, and a pervasive sense of impending harm (Piao, et al., 2022). Anxiety is often equated with fear, and fears are normal in childhood as they have an evolutionary function, preparing children to face potentially dangerous situations. These fears evolve with age, from fears of loud noises and being alone in early childhood to fears of separation from parents, the dark, and strangers as children grow older (Pascual, et al., 2022). Anxiety can be triggered by environmental conditions, internal drives, or personality traits, often resulting in the activation of the autonomic nervous system, which serves as a defense mechanism (Poljak, et al., 2016). Epidemiological studies indicate that anxiety disorders are prevalent among children and adolescents, with some cases becoming chronic and lasting into adulthood. Factors contributing to anxiety include genetics, temperament, negative life experiences, and family dynamics, with girls typically exhibiting higher levels of anxiety (Mohoric, et al., 2016). Estimates suggest that 10 to 20% of children develop some form of anxiety disorder, with diagnosis possible from the age of six. Early detection and treatment can significantly reduce the negative effects on social interactions, family life, and academic performance (Poljak, et al., 2016). A study on the health behavior of school-aged children in Macedonia revealed that while family support is generally high among 11- to 15-year-olds, this support decreases with age, particularly among girls (Ќостарова, et al., 2016). Adolescence, marked by hormonal and physical changes, also brings significant changes in social behavior and motivation, with increased independence from parents and a greater reliance on peer relationships (Sisk, 2004). By the 7th grade, relationships with peers and parents are equally important, but by the 10th grade, peer relationships become primary. The family plays a crucial role in children's socialization, particularly in the early years, and the relationship between parents and children is fundamental to developing a healthy

personality. In traditional communities, children living with a single parent, usually the mother, are more vulnerable to emotional problems and lower self-esteem (Vucic, 2015; Flander, 2010). The mental health of parents significantly impacts the psychological well-being of their children, with parental symptoms of depression and anxiety increasing children's vulnerability to various psychopathological issues (Pierce, et al., 2020). Understanding the complexities of anxiety, its development, and its impact on children and adolescents underscores the importance of early intervention and the need for supportive family environments. Addressing both child and parental mental health is essential for fostering healthier psychological outcomes.

PURPOSE OF THE STUDY

The purpose of this study is to investigate the prevalence, factors, and impacts of anxiety disorders among children and adolescents. Specifically, it aims to:

1) **Assess the Prevalence of Anxiety Disorders**: Quantify the prevalence of anxiety disorders among children and adolescents and compare these rates with other common psychiatric conditions, such as depression and conduct disorders.
2) **Identify Contributing Factors**: Examine the various factors contributing to the development of anxiety disorders, including genetic predispositions, temperament, personality traits, negative life experiences, and family dynamics.
3) **Evaluate the Impact on Daily Life**: Analyze how anxiety disorders affect the academic, social, and family lives of affected children and adolescents, and assess the potential long-term consequences if left untreated.
4) **Investigate Gender Differences**: Explore the gender differences in anxiety disorder prevalence and severity, with a focus on why girls might exhibit higher levels of anxiety compared to boys.
5) **Examine the Role of Family Support**: Study the role of family support in mitigating anxiety symptoms, particularly focusing on how support levels change with age and differ by gender.
6) **Understand Parental Influence**: Investigate the impact of parental mental health on the psychological well-being of children, with a specific focus on how parental depression and anxiety symptoms correlate with children's anxiety disorders.
7) **Highlight the Importance of Early Intervention**: Emphasize the importance of early diagnosis and treatment to reduce the negative effects of anxiety disorders and prevent their persistence into adulthood.

By addressing these objectives, the study seeks to provide a comprehensive understanding of anxiety disorders in childhood and adolescence, thereby informing strategies for early intervention and supportive family environments to foster better psychological outcomes.

METHODOLOGY

This study employs a cross-sectional design to analyze the prevalence and factors of anxiety among secondary school students and their parents in the municipality of Gostivar.

Participants

The study sample consists of 150 secondary school students and their respective parents from the territory of the municipality of Gostivar. The students and parents chosen were from the Albanian population.

Instruments

1) Screen for Child Anxiety-Related Emotional Disorders (SCARED) - Child Version:

- **Purpose**: To assess anxiety levels in children.
- **Domains Assessed**: Panic, separation anxiety, generalized anxiety, and school phobia.
- **Structure**: The questionnaire comprises 41 questions. Responses are rated on a three-point Likert scale: Not true, somewhat true, or very true.

2) Depression, Anxiety, and Stress Scale (DASS) - Parent Version:

- **Purpose**: To determine anxiety levels in parents.
- **Structure**: The DASS consists of 42 questions, divided into three subscales measuring depression, anxiety, and stress. The anxiety scale specifically contains 14 questions, further divided into subscales that measure autonomic alertness, skeletal muscle effects, situational anxiety, and subjective experience of anxiety.

Procedure

1) Data Collection:

- The SCARED questionnaire was administered to the students to assess their anxiety levels across the four specified domains.
- The DASS was administered to the parents to measure their levels of depression, anxiety, and stress.

2) Ethical Considerations:

- Informed consent was obtained from both students and their parents prior to participation.
- The confidentiality of participants' responses was maintained throughout the study.

Statistical Analysis

1) Software: Data were analyzed using SPSS for Windows, version 23.0.

2) Descriptive Statistics: Data were described using relative and absolute numbers.

3) Inferential Statistics:

- The Chi-square test was employed to compare the anxiety levels of children with anxious and non-anxious parents.
- A p-value of less than 0.05 was considered statistically significant.

Data Presentation

- Results were presented in both tabular and graphical formats to facilitate interpretation and understanding of the findings.

By using standardized instruments to measure anxiety in both children and their parents, this study aims to provide insights into the prevalence and contributing factors of anxiety within this population, highlighting the importance of early detection and intervention

RESULTS

This section presents the findings from the analysis of completed questionnaires from a total of 600 respondents, which included 300 students (140 males and 160 females) and 300 parents (198 males and 102 females) in the municipality of Gostivar.

Students' Anxiety Levels

The average scores for the five questions most frequently marked as true by students on the Questionnaire for Anxiety Disorders in Children were as follows:

1) **Question 1**: 1.14 ± 0.79
2) **Question 2**: 1.06 ± 0.87
3) **Question 3**: 1.26 ± 0.76
4) **Question 4**: 1.12 ± 0.77
5) **Question 5**: 1.18 ± 0.83

These results highlight the prevalence and intensity of anxiety symptoms among the student population in this region. Detailed statistical analysis and comparative results will be further discussed in the following sections. (Refer to Table 1 for a comprehensive summary of the scores).

Table 1: The mean score of the questions of the Anxiety Disorders Questionnaire in Children (Children's Version)

SCARED – children's version	Means ±SD
1) When I'm scared, I breathe hard	0,84 ± 0,76
2) My head hurts when I'm at school	0,85 ± 0,74
3) I don't like being with people I don't know well	**1,14 ± 0,79**
4) I am afraid when I sleep away from home	0,37 ± 0,64
5) I take care of the people I love.	**1,06 ± 0,87**
6) When I'm scared, I feel like I'm crazy	0,3 ± 0,58
7) I am a nervous person	0,84 ± 0,76
8) I follow my mother or father wherever they go	0,35 ± 0,6
9) People tell me I look nervous.	0,63 ± 0,74
10) I feel nervous around people I don't know well.	0,46 ± 0,62
11) My stomach hurts when I go to school.	0,38 ± 0,61
12) When I'm scared, I feel like I'm going crazy	0,27 ± 0,55
13) I get upset if I have to sleep alone.	0,29 ± 0,57
14) I make sure to be as good as the other kids	0,62 ± 0,7
15) When I'm scared, I feel like things aren't real.	0,53 ± 0,7
16) I dream about something bad happening to my parents	0,4 ± 0,6
17) I worry when I have to go to school.	0,49 ± 0,7
18) When I'm scared, my heart beats fast	**1,26 ± 0,76**
19) I notice that I am trembling	0,84 ± 0,8

20) I dream that something bad is happening to me	0,73 ± 0,7
21) I worry about things going well for me	0,92 ± 0,8
22) When I'm afraid, I sweat a lot.	0,44 ± 0,65
23) I get upset easily.	0,83 ± 0,75
24) I am afraid for no reason.	0,28 ± 0,56
25) I am afraid of being alone at home	0,3 ± 0,59
26) I find it difficult to talk to people I don't know well	0,79 ± 0,7
27) When I'm scared, I feel like I'm suffocating.	0,38 ± 0,62
28) People tell me that I worry too much	0,52 ± 0,6
29) I don't want to be away from my family	**1,12 ± 0,77**
30) I worry about having a panic attack	0,54 ± 0,7
31) I worry that nothing bad happens to my parents.	**1,18 ± 0,83**
32) I'm embarrassed when I'm with people I don't know well.	0,85 ± 0,7
33) I worry about what will happen in the future.	0,97 ± 0,75
34) When I'm scared, I vomit.	0,25 ± 0,6
35) I care about the way I do things	0,8 ± 0,7
36) I am afraid to go to school.	0,15 ± 0,46
37) I worry about things that have actually happened to me.	0,7 ± 0,68
38) When I'm scared, I feel dizzy.	0,38 ± 0,65
39) I get upset when I am with children or other adults who watch me do something.	0,57 ± 0,7
40) I get nervous when I have to go to birthday parties, dances, or places where I don't know others.	0,68 ± 0,7
41) I am shy.	0,91 ± 0,7

Based on the analysis of the students' answers:

- **32% (96 students)** were classified as anxious.
- **43.3% (130 students)** exhibited significant somatic symptoms indicative of panic disorder.
- **39.7% (119 students)** were identified with generalized anxiety disorder.
- **49.7% (149 students)** showed signs of separation anxiety.
- **23.7% (71 students)** had social anxiety disorder.
- **29% (87 students)** demonstrated signs of school anxiety.

Parent Responses

Table 2 presents the structure of the responses from parents on the Questionnaire on Anxiety Disorders in Children—Parent Version. The parents identified the following concerns as most frequently true:

- **"My child does not like being with people he does not know well"**: 26.7% (80 parents).
- **"My child does not like being away from the family"**: 21.7% (65 parents).
- **"My child is shy"**: 17.5% (51 parents).

These results underscore the alignment between student-reported anxiety symptoms and parental observations, highlighting areas for targeted interventions.

Table 2: Questionnaire for anxiety disorders in children—version for parents

SCARED – Parent Version	Not True or Hardly True n (%)	Somewhat true Sometimes true n (%)	Very true or often true n (%)
1) When my child is scared, it's hard for him to breathe	212 (70,67)	69 (23)	19 (6,33)
2) My child has a headache when he is at school	165 (55)	119 (39,67)	16 (5,33)
3) No, my child does not like being with people he does not know well	107 (35,67)	113 (37,67)	**80 (26,67)**
4) My child is afraid if he has to sleep outside the home.	198 (66)	72 (24)	30 (10)
5) My child cares if others like it	217 (72,33)	71 (23,67)	12 (4)
6) When my child is upset, he feels like he is losing his senses	207 (69)	75 (25)	18 (6)
7) My child is worried most of the time	215 (71,67)	69 (23)	16 (5,33)
8) My child follows me everywhere I go	196 (65,33)	88 (29,33)	16 (5,33)
9) People tell me that my child seems upset.	246 (82)	42 (14)	12 (4)
10) My child feels anxious when he has to stay with people he does not know well	140 (46,67)	117 (39)	43 (14,33)
11) My child says he gets a headache when he is at school	211 (70,33)	78 (26)	11 (3,67)
12) When my child is scared, he thinks he is losing his mind	241 (80,33)	49 (16,33)	10 (3,33)
13) My child gets upset if he has to sleep alone.	229 (76,33)	55 (18,33)	16 (5,33)
14) My child worries that he is not as good as other children	218 (72,67)	71 (23,67)	11 (3,67)
15) When my child is scared, it seems to him that things around him are not real.	209 (69,67)	77 (25,67)	14 (4,67)
16) My child often dreams that something bad will happen to him and his parents.	231 (77)	53 (17,67)	16 (5,33)
17) My child does not have a great desire to go to school,	210 (70)	77 (25,67)	13 (4,33)
18) When my child is scared, his heart beats fast.	145 (48,33)	124 (41,33)	30 (10)
19) My child manifests tremors	202 (67,33)	88 (29,33)	10 (3,33)
20) My child dreams that something bad will happen to him	211 (70,33)	77 (25,67)	12 (4)
21) My child worries that things are not going right	136 (45,33)	142 (47,33)	22 (7,33)
22) My child is scared and sweats a lot	201 (67)	79 (26,33)	20 (6,67)
23) My child worries all the time	216 (72)	68 (22,67)	16 (5,33)
24) My child is afraid for no reason	242 (80,67)	40 (13,33)	18 (6)
25) My child is afraid to be alone at home	227 (75,67)	61 (20,33)	12 (4)
26) It is more difficult for my child to talk to people he does not know well.	134 (44,67)	134 (44,67)	32 (10,67)
27) When my child is scared, he feels like he is suffocating	240 (80)	50 (16,67)	10 (3,33)
28) Rainbows tell me that my child cares a lot	237 (79)	51 (17)	12 (4)
29) My child does not like being away from family.	132 (44)	103 (34,33)	**65 (21,67)**
30) My child is worried that he may have panic attacks	228 (76)	58 (19,33)	14 (4,67)
31) My child constantly worries that something bad will happen to her	197 (65,67)	75 (25)	27 (9)

32) My child is shy when he is with people he does not know well	117 (39)	143 (47,67)	40 (13,33)
33) My child worries about what will happen in the future	148 (49,33)	118 (39,33)	34 (11,33)
34) When my child is scared, he wants to throw up	250 (83,33)	41 (13,67)	9 (3)
35) My child worries about doing things well.	133 (44,33)	123 (41)	44 (14,67)
36) My child is afraid to go to school	251 (83,67)	44 (14,67)	5 (1,67)
37) My child worries about things that have happened and are over	196 (65,33)	93 (31)	11 (3,67)
38) When my child is scared, he feels dizzy.	231 (77)	58 (19,33)	11 (3,67)
39) My child gets upset when doing an activity, e.g., when he sings, plays with children, reads aloud, or talks while others or adults are watching.	168 (56)	106 (35,33)	26 (8,67)
40) My child feels anxious when he goes to a birthday party or a dance where there are other children or adults he does not know well.	191 (63,67)	92 (30,67)	17 (5,67)
41) My child is shy	117 (39)	132 (44)	**51 (17)**

Analysis of Parents' Responses

According to the analysis of the parents' answers:

- 14% (42 parents) believed their child was anxious.
- 25.7% (77 parents) thought their child exhibited significant somatic symptoms indicative of panic disorder.
- 7.7% (23 parents) reported having a child with generalized anxiety disorder.
- 27.7% (83 parents) felt their child showed signs of separation anxiety.
- 18.3% (55 parents) believed their child had social anxiety disorder.
- 18.7% (56 parents) indicated their child experienced school anxiety.

Gender Influence on Parents' Mental Health

The study results revealed that gender did not significantly influence the occurrence of depression, anxiety, and stress among the students' parents ($p = 0.074$, $p = 0.12$, and $p = 0.054$, respectively). However, these conditions were reported significantly more often by the students' mothers.

Prevalence of Depression, Anxiety, and Stress

Based on the parents' responses:

- Depression was recognized in 29.4% (30) of female respondents and 20.2% (40) of male respondents.
- Anxiety was reported by 34.3% (35) of female respondents and 25.8% (51) of male respondents.
- Stress was manifested by 28.4% (29) of female respondents and 18.7% (37) of male respondents.

These findings highlight the prevalence of mental health issues among parents, with mothers showing higher rates of depression, anxiety, and stress compared to fathers. The data are detailed in Table 3 and visually represented in Graph 1.

Table 3: The frequency of depression, anxiety, and stress depends on the gender of the parents

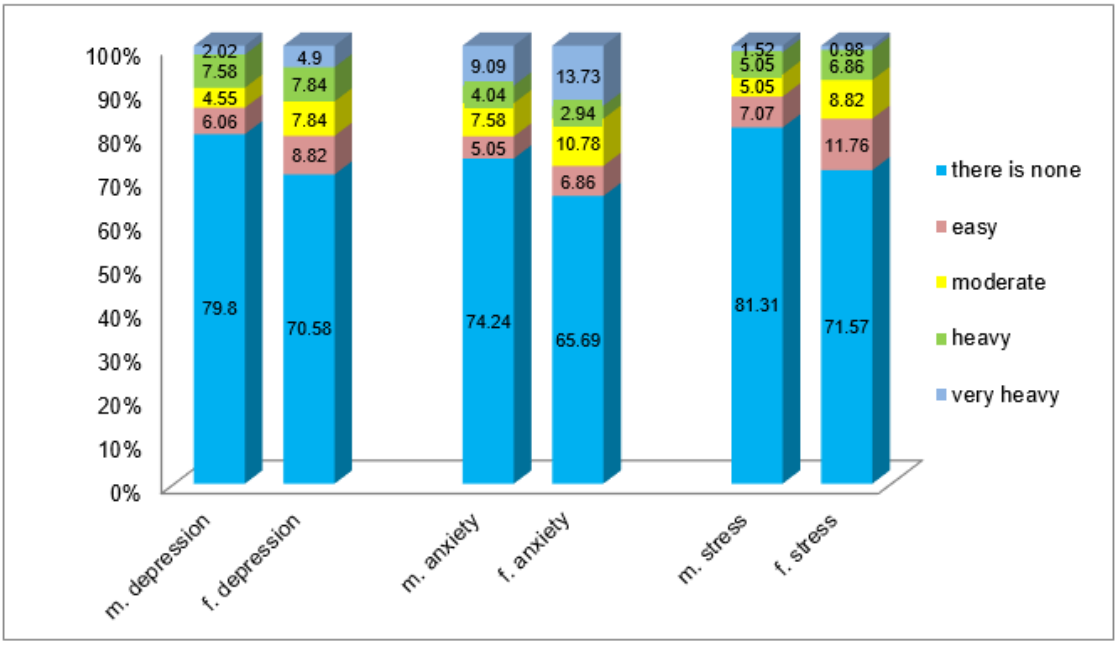
Parents Gender	Depression		Anxiety		Stress	
	there is	there is none.	there is	there is none.	there is	there is none.
Male	40 (20,20)	158 (79,80)	51 (25,76)	147 (74.24)	37 (18.69)	161 (81.31)
Female	30 (29,41)	72 (70,59)	35 (34,31)	67 (65.69)	29 (28.43)	73 (71.57)
p-value	X^2=3,2 p=0,074 ns		X^2=2,4 p=0,12 ns		X^2=3,7 p=0,054 ns	

X^2(Pearson Chi-square)

No statistically significant difference was found in the degree of depression, anxiety, or stress between male and female parents ($p > 0.05$).

However, a very severe form of depression and anxiety was observed slightly more often in female parents compared to male parents: 4.9% (5 mothers) versus 2% (4 fathers) for depression, and 13.7% (14 mothers) versus 9.1% (18 fathers) for anxiety. Very severe stress was detected in 0.98% (1) of female respondents and 1.5% (3) of male respondents.

Graph 1: Graphic representation of the frequency of depression, anxiety, and stress depending on the gender of the parents



Pearson Chi-square: 4,64067, df=4, p=,326199 depresion

Pearson Chi-square: 3,45818, df=4, p=,484269 anxiety

Pearson Chi-square: 4,57877, df=4, p=,333316 stres

Parents' anxiety did not have a significant influence on the frequency of anxiety disorder in male children (p=0.75), but it did in female children (p=0.000006). A total anxiety disorder score higher than 30 points, equivalent to a clinically conclusive anxiety disorder score, was recorded in 67.9% (38) of female children of anxious parents and 32.7% (34) of female children of non-anxious parents. parents. The frequency of panic disorder in male children was not significantly associated with the parents' anxiety (p=0.85), while, on the other hand, anxious parents significantly more

often than non-anxious had female children with panic disorder – 78.6% (44) vs 44, 2% (46); p=0.00003. The distribution of male children with and without generalized anxiety did not differ significantly between anxious and non-anxious parents (p=0.72), while generalized anxiety was significantly more common in female children of anxious parents compared to female children of non-anxious parents – 60.7% (34) vs 40.4% (42); p=0.014. Parental anxiety had no significant effect on the frequency of separation anxiety in both male and female children (p=0.065, p=0.068, respectively).

The frequency of social anxiety in male children was not significantly related to the parents' anxiety (p=0.67), while, on the other hand, anxious parents significantly more often than non-anxious had female children with social anxiety - 55.4% (31) vs 19, 2% (20); p=0.000003. Parents' anxiety had no significant influence on the frequency of school anxiety in both male and female children (p=0.42, p=0.067, respectively) (table 4).

Table 4: Anxiety disorder, panic disorder, generalized, separation, social, and school anxiety in children depending on gender (SCARED- version for children) in anxious and non-anxious parents

Variable gender	ANXIETY (children)	ANXIETY (parents)		p value
		There is n (%)	There is none n (%)	
Anxiety disorder				
Male	0 – 25	18 (60)	72 (65,45)	X^2=0,6 p=0,75ns
	26 – 30	7 (23,33)	19 (17,27)	
	>30	5 (16,67)	19 (17,27)	
female	0 – 25	6 (10,71)	49 (47,12)	X^2=24,1 p=0,000006 sig
	26 – 30	12 (21,43)	21 (20,19)	
	>30	38 (67,86)	34 (32,69)	
Panic disorder or significant somatic symptoms				
Male	0 – 6	21 (70)	79 (71,82)	X^2=0,04 p=0,85 ns
	≥ 7	9 (30)	31 (28,18)	
female	0 – 6	12 (21,43)	58 (55,77)	X^2=17,4 p=0,00003 sig
	≥ 7	44 (78,57)	46 (44,23)	
Generalized anxiety disorder				
Male	0 – 8	20 (66,67)	77 (70)	X^2=0,12 p=0,72 ns
	≥ 9	10 (33,33)	33 (30)	
female	0 – 8	22 (39,29)	62 (59,62)	X^2=6,03 p=0,014 sig
	≥ 9	34 (60,71)	42 (40,38)	
Separation anxiety disorder				
Male	0 – 4	15 (50)	75 (68,18)	X^2=3,4 p=0,065 ns
	≥ 5	15 (50)	35 (31,82)	
female	0 – 4	16 (28,57)	45 (43,27)	X^2=3,3 p=0,068 ns
	≥ 5	40 (71,43)	59 (56,73)	
Social anxiety disorder				
Male	0 – 7	25 (83,33)	95 (86,36)	X^2=0,18 p=0,67 ns
	≥ 8	5 (16,67)	15 (13,64)	
female	0 – 7	25 (44,64)	84 (80,77)	X^2=21,9 p=0,000003 sig
	≥ 8	31 (55,36)	20 (19,23)	
Significant avoidance of schools				
Male	0 – 2	24 (80)	80 (72,73)	X^2=0,65 p=0,42 ns
	≥ 3	6 (20)	30 (27,27)	
female	0 – 2	33 (58,93)	76 (73,08)	X^2=3,3 p=0,067 ns
	≥ 3	23 (41,07)	28 (26,92)	

X^2 (Chi-square test)

DISCUSSION

The findings of this study underscore the profound impact of parental anxiety on the development of anxiety disorders in children, particularly highlighting significant gender differences. Parenting, a multifaceted endeavor that varies widely in approach and effectiveness, plays a pivotal role in shaping children's emotional and social trajectories. It is essential to recognize that parenting styles and attitudes can exert both positive and negative influences on children, ultimately sculpting their future emotional and social lives. Anxiety disorders, prevalent among approximately 33.7% of the global population during their lifetimes, are influenced by various biological and sociodemographic factors. Gender, in particular, emerges as a significant determinant, with women disproportionately affected by anxiety disorders compared to men. This gender disparity not only manifests in higher prevalence rates but also in greater severity of symptoms and lower reported quality of life among women with anxiety disorders. These disparities extend beyond anxiety disorders, encompassing conditions such as depression and other stress-related health outcomes. Studies examining gender differences in anxiety disorders consistently report higher lifetime diagnosis rates among females across various anxiety disorders. This trend begins early in life, with girls showing higher anxiety levels compared to boys from as young as age four, persisting throughout adolescence and adulthood. Such findings underline the need for targeted interventions and support systems tailored to mitigate the specific challenges faced by females in managing anxiety disorders across their lifespans. In the current study, while parental anxiety did not significantly influence anxiety disorder frequencies in male children, it markedly affected female children. Notably, a substantial proportion of female children of anxious parents exhibited clinically conclusive scores for anxiety disorders, underscoring the intergenerational transmission of anxiety-related vulnerabilities. These findings highlight the complex interplay between parental mental health and child outcomes, emphasizing the critical need for early interventions and family-based support mechanisms to mitigate the impact of parental anxiety on children's mental well-being. Ultimately, addressing the psychological, biological, and social dimensions of anxiety disorders is crucial for enhancing overall mental health outcomes across the lifespan. Investing in early childhood mental health and bolstering support systems for adolescents can foster resilience and mitigate the long-term burdens associated with anxiety disorders. By recognizing the differential impacts of parenting and gender on anxiety disorder prevalence and severity, stakeholders can inform targeted strategies aimed at promoting healthier developmental trajectories and improving overall societal well-being.

CONCLUSION

Anxiety disorders represent a prevalent and significant challenge affecting children and adolescents globally, surpassing other psychiatric conditions in frequency. While anxiety itself is a natural response to perceived threats, its persistence and severity can lead to profound implications for academic, social, and familial aspects of a child's life. This study, conducted among secondary school students and their parents in the municipality of Gostivar, sheds light on the prevalence and impact of anxiety disorders within this population. The findings reveal substantial rates of anxiety among students, with notable proportions experiencing various forms of anxiety disorders such as panic disorder, generalized anxiety disorder, separation anxiety, social anxiety disorder, and

school anxiety. These results underscore the diverse manifestations of anxiety across different domains of children's lives, emphasizing the need for targeted interventions to alleviate symptoms and enhance overall well-being. Parental perceptions and concerns about their children's anxiety mirrored the findings reported by the students themselves, highlighting the consistency in identifying anxiety-related symptoms. This alignment between student and parental reports underscores the validity of the study's findings and emphasizes the crucial role of parental awareness and involvement in addressing childhood anxiety. Furthermore, the study elucidates the gender-specific impacts of parental anxiety on children's mental health outcomes. While parental anxiety did not significantly influence anxiety disorders in male children, it markedly increased the likelihood of such disorders among female children. These gender disparities underscore the complex interplay between parental mental health and child outcomes, suggesting a need for gender-sensitive approaches in interventions and support systems. The prevalence of depression, anxiety, and stress among parents further underscores the interconnectedness of familial mental health dynamics. Mothers, in particular, reported higher rates of these conditions compared to fathers, highlighting potential vulnerabilities that may impact parenting practices and children's emotional development.

In conclusion, early detection and intervention are pivotal in mitigating the long-term effects of anxiety disorders among children and adolescents. By addressing both child and parental mental health within the family context, policymakers, educators, and healthcare professionals can collaborate to foster supportive environments that promote resilience and overall mental well-being across generations. Continued research and community-based initiatives are essential to further elucidate effective strategies for preventing and managing childhood anxiety disorders, thereby optimizing developmental outcomes and societal health.

References

1) Bandelow Borwin, MD, PhD, Sophie Michaelis, MD, Epidemiology od anxiety disorder in the 21st century, 2015 Sep.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4610617/)

2) Beesdo K., Knappe S., Daniel S. P. Anxiety and Anxiety Disorders in Children and Adolescents: Developmental Issues and Implications for DSM-V.Institute of Clinical Psychology and Psychotherapy, Department of Psychology, Dresden, Germany,2009. https://www.sciencedirect.com/

3) Christiansen Dorte M., Examining Sex and Gender Differences in Anxiety Disorders, September 9th 2015, https://www.intechopen.com

4) Flander B., G, Bačan M, Matešković D. Nasilna ponašanja mladih - Zašto je ljubav važna? Zagreb: Poliklinika za zaštitu djece Grada Zagreba; 2010. :http://www.Poliklinikadjeca.hr/wpcontent/uploads/prirucnikzasto–je–ljubav-vazna. pdf 04.09.2015.

5) Goodman, S.H.; Gotlib, I.H. Risk for psychopathology in the children of depressed mothers: A developmental model for understanding mechanisms of transmission. Psychol. Rev. 1999, 106, 458–490. [Google Scholar] [CrossRef] [PubMed]

6) Малинска Ќостарова Л., Ќосевска Е., и сор. Студија за однесувањето кон здравјето на деца од училишна возраст, 2013/2014. Скопје, 2016. Во рамки на WHO.Health Behaviour in School-aged Children (HBSC), INTERNATIONAL REPORT FROM THE 2013/2014 SURVEY. WHO, 2016.

7) Maples-Keller Jessica, PhD, and Vasiliki Michopoulos, PhD., Causes and Risk Factors https://www.anxiety.org/what-is-anxiety

8) McLean Carmen P., Anu Asnaani, Brett T. Litz, and Stefan G. Hofmann, Gender Differences in Anxiety Disorders: Prevalence, Course of Illness, Comorbidity and Burden of Illness, 2011 Mar 25. https://www.ncbi.nlm.nih.gov

9) Mohorić Tamara, Vladimir Takšić, Danijela Šekuljica. The role of emotional understanding in the development of depression and anxiety symptoms in early adolescence. Хрватска. Filozofski fakultet, Odsjek za psihologiju i 1Osnovna škola„Fran Krsto Frankopan“. 2016.

10) Pascual M. Pérez , P. Sánchez Mascaraque, Anxiety in childhood and adolescence,feb 2022

11) Piao Mei Ying ,Eui Jun Jeong and Jeong Ae Kim, Mental Health of Parents and Their Children: A Longitudinal Study of the Effects of Parents' Negative Affect on Adolescents' Pathological Gaming

12) Pierce, M.; Hope, H.F.; Kolade, A.; Gellatly, J.; Osam, C.S.; Perchard, R.; Kosidou, K.; Dalman, C.; Morgan, V.; Di Prinzio, P.; et al. Effects of parental mental illness on children's physical health: Systematic review and meta-analysis. Br. J. Psychiatry 2020, 217, 354–363. [Google Scholar] [CrossRef] [PubMed]

13) Poljak M., Begić D. Anksiozni poremećaji u djece i adolescenata /Anxiety disorders in children and adolescents/. Zavod za nefrologiju, arterijsku hipertenziju, dijalizu i transplantaciju bubrega i Klinika za psihijatriju, Zagreb, Hrvatska, 2016.

14) Sisk CL, Foster DL. The neural basis of puberty and adolescence. Nature Neuroscience. 2004;7:1040–1042. [PubMed] [Google Scholar]

15) Vučić B, Ekić S. Utjecaj depresivnog roditelja na razvoj djeteta. Klinika za psihijatriju, Klinička bolnica Dubrava, Zagreb, Hrvatska, 2015.