

# Validation and Pilot testing of Knowledge, Attitudes, and Practices Regarding Anxiety and Cognitive Behavioral Therapy

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## ABSTRACT

**Background:** One of the most prevalent mental health issues, anxiety disorders have a substantial impact on a person's quality of life. Understanding public awareness and behaviors related to anxiety and its management is essential for designing effective interventions. **Aims:** The goal of this study is to assess the levels of knowledge, attitudes, and practices regarding anxiety among people in the Rampur region. **Materials and Methods:** A self-developed KAP questionnaire consisting of 34 items was designed and validated using content validity index (CVI) and internal consistency measures. A pilot cross-sectional study was conducted among 60 participants. **Results:** The knowledge section revealed mixed awareness levels, with several participants demonstrating good understanding of anxiety symptoms and impacts, such as its effect on sleep, concentration, and daily functioning (up to 80%). Attitude findings indicated a generally positive outlook towards anxiety management, with 80–84% of participants expressing willingness to discuss anxiety. Practice-related results showed encouraging trends, with the majority engaging in adaptive coping strategies such as relaxation. **Conclusion:** The questionnaire demonstrated excellent content validity and strong internal reliability, confirming its suitability for use in future research.

**Keywords:** Cognitive behavior therapy; Anxiety; Rampur; Knowledge; Attitude, Practice.

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## INTRODUCTION

One of the most prevalent mental health issues, anxiety disorders have a substantial impact on a person's quality of life, characterized by persistent worry, heightened emotional tension, and physiological symptoms such as restlessness, fatigue, and difficulty concentrating. While transient anxiety can be a normal response to stress, prolonged or excessive anxiety may interfere with daily functioning and overall well-being. Anxiety disorders represent a significant global health concern and contribute substantially to the burden of mental illness worldwide. Recent epidemiological evidence suggests that anxiety disorders remain among the most prevalent psychiatric conditions, affecting individuals across all age groups. Global estimates indicate that a considerable proportion of the population experiences anxiety-related symptoms at some stage in life, with higher prevalence reported among women and working-age adults. Furthermore, the impact of

anxiety extends beyond psychological distress, influencing physical health, social relationships, and occupational performance<sup>1,2</sup>.

The management of anxiety involves a combination of pharmacological and psychological interventions. Among non-pharmacological approaches, Cognitive Behavioral Therapy (CBT) has emerged as one of the most effective and widely used treatments. CBT focuses on identifying maladaptive thought patterns and modifying behavioral responses, thereby enabling individuals to develop more adaptive coping mechanisms. Evidence from recent systematic reviews and meta-analyses continues to support the efficacy of CBT across various anxiety disorders<sup>3,4</sup>.

Despite the availability of effective treatment options, a substantial proportion of individuals with anxiety do not seek professional help. Barriers such as limited awareness, social stigma, and misconceptions regarding mental health care contribute to this gap. In many cases, individuals may

recognize symptoms but lack knowledge about appropriate treatment strategies, including psychological therapies such as CBT<sup>5</sup>.

Beck first suggested cognitive therapy in the early 1960s to treat depression, and it has quickly developed into one of the main psychotherapy approaches in modern psychiatric practice. Numerous outcome studies have thoroughly demonstrated the efficacy of such treatment for eating disorders, panic disorder, depression, generalized anxiety disorder, and other psychiatric illnesses<sup>6</sup>.

Finding out what is known (knowledge), believed (attitude), and practiced (behavior) about the topic of interest is the main goal of a Knowledge, Attitudes, and Practices (KAP) survey, which is intended to correctly reflect the target community. Both qualitative and quantitative data can be collected using semi-structured or, more frequently, formal questionnaires that can be self-administered or given by qualified interviewers. Prior to the creation and execution of educational or interventional programs within the designated population of interest, KAP surveys are used as a methodological tool to assess baseline awareness of mental health and practices connected to mental health care-seeking behavior<sup>7</sup>.

Knowledge, Attitude, and Practice (KAP) studies are valuable tools for understanding how individuals perceive and respond to health-related conditions. These studies provide insight into the level of awareness, beliefs, and behaviors within a population, thereby helping identify gaps that can be addressed through targeted interventions. In the context of mental health, KAP studies are particularly useful for evaluating mental health literacy and guiding public health strategies aimed at improving awareness and reducing stigma<sup>8</sup>.

Although several studies have explored mental health awareness, there remains limited evidence regarding public understanding of CBT and its role in anxiety management, particularly in semi-urban and developing regions. Assessing community-level knowledge and behaviors is essential for designing effective mental health programs tailored to local needs.

Therefore, the present study was undertaken to evaluate knowledge, attitudes, and practices related to anxiety and Cognitive Behavioral Therapy in a community population. Additionally, the study aimed to develop and validate a structured questionnaire that can be used in future research to assess mental health awareness and guide intervention strategies.

## MATERIALS AND METHODS

**Development Phase:** The creation of the self-structured questionnaire needed a two-month literature review.

**Phase of Validation:** Fifteen individuals (experts, laypeople, and patients) received the questionnaire. There

were fifteen members in all during the two-month validation period:

- Expert panel: five physicians with specialties in medicine, surgery, and gynecology from RA MXL Hospital in Rampur, Uttar Pradesh.
- There are ten additional panelists, including linguists, laypeople, and anxious patients. Relevance, simplicity, clarity, and accuracy are the four criteria used to score each questionnaire. The score range for each parameter is 1–4<sup>9</sup>.

The Item CVI (I-CVI) and the Scale CVI (S-CVI) are the two divisions of the Conceptual Validity Index (CVI). The S-CVI can be computed using two methods: the ratio of items that satisfy a relevance criterion of 3 or 4 as judged by all expert evaluators, or the average of I-CVI scores over all items on the scale (referred to as S-CVI/Ave)<sup>10</sup>. The surveys were then sent back and assessed for accuracy, simplicity, relevance, and clarity before being arranged in a spreadsheet of MS Excel. ICV of the items was carried out by an expert panel, and face validity was evaluated by other panel members, including patients and laypeople. The calculation of Cronbach's alpha was performed using SPSS, and it was determined that the revised item must achieve a coefficient of 0.7 or above. In instances where the correlation coefficient fell below 0.2, the corresponding item was excluded due to its lack of correlation with the overall scale<sup>12</sup>.

The Internal consistency acceptance criteria are as follows:

- A higher degree of internal reliability is indicated by a coefficient of 0.9.
- A high degree of internal reliability is indicated by a coefficient value between  $0.9 > \alpha \geq 0.8$ .
- An appropriate level of internal consistency is indicated by a coefficient range of  $0.8 > \alpha \geq 0.7$ .
- Questionable internal dependability is indicated by a coefficient range of  $0.7 > \alpha \geq 0.6$ .
- Poor internal dependability is indicated by a coefficient range of  $0.6 > \alpha \geq 0.5$ .
- Unacceptable internal reliability is indicated by a coefficient value of  $0.5 > \alpha$ <sup>11</sup>.

All feedback obtained through content and face validity assessments was meticulously reviewed and deliberated upon by the research team. In accordance with expert recommendations, items were either revised, eliminated, or retained following a consensus-driven discussion. Thereafter, the modified questionnaire underwent an evaluation of construct validity and test–retest reliability to affirm its psychometric integrity. Following extensive validation, the finalized self-structured KAP questionnaire encompassed 34 items, consisting of 12 knowledge-related questions, 12 attitude-related questions, and 10 practice -

related questions. The projected total sample size was determined to be 67, which was subsequently rounded up to 60. Participants for the research were recruited employing a targeted sampling methodology. The study questionnaire comprised two components, with sociodemographic data collected in the first section, while KAP information was documented in the second section<sup>9</sup>.

A pilot study was used to examine the KAP questionnaire's validity, usefulness, and applicability. A cohort of sixty people participated in this investigation. Based on the input received and the difficulties experienced during the pilot study, the questionnaire was revised and improved.

## RESULTS

### Validation of the KAP Questionnaire for Anxiety

Fifteen members, including an expert panel and another panel, were given the KAP questionnaire to complete and score. Relevance, clarity, simplicity, and accuracy were used to validate the average results for each knowledge, attitude, and practice item.

### Average scores of each question with I-CVI

The overall I-CVI (%) was found to be 95.98%. Figure 1 represent the average of each item of the questionnaire, along with its respective I-CVI

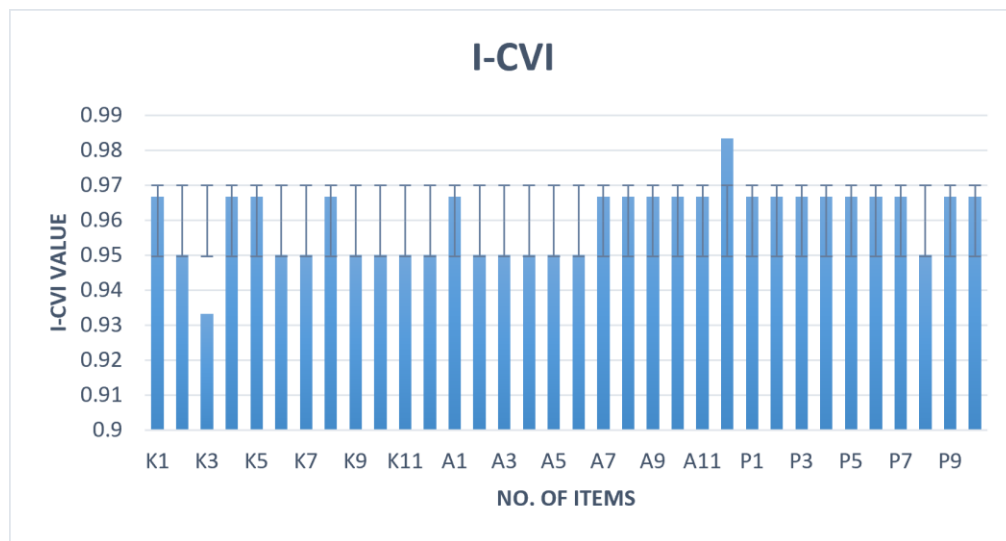


Fig. 1 I-CVI value of each item

### Overall average score with S-CVI

The corresponding S-CVI (%) values were 96.08, 97.45, 93.92, and 96.47. Table 1 and Figure 2 list every parameter that was utilized to validate the KAP questionnaire evaluation together with the corresponding S-CVI values.

Table 1: Overall S-CVI of all items

| Dimensions | S-CVI (scale level) | number of items | interpretation     |
|------------|---------------------|-----------------|--------------------|
| relevance  | 0.9608              | 34              | Excellent Validity |
| simplicity | 0.9745              | 34              | Excellent Validity |
| clarity    | 0.9392              | 34              | Excellent Validity |
| accuracy   | 0.9647              | 34              | Excellent Validity |

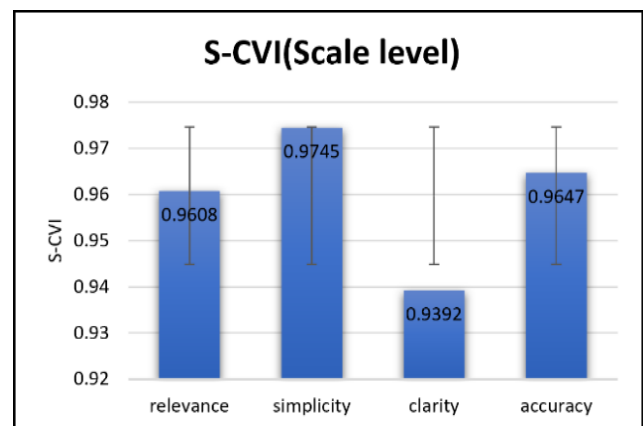


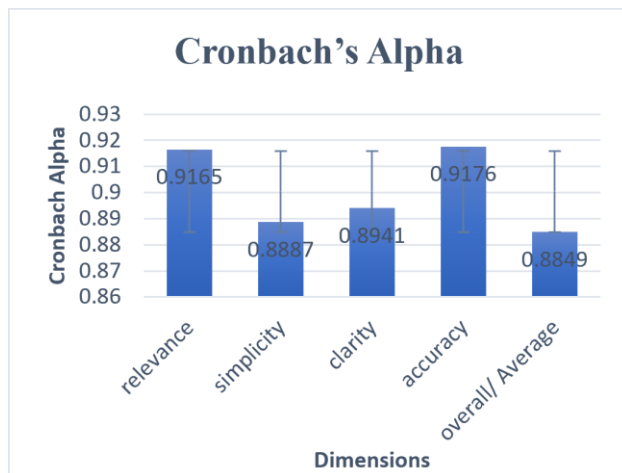
Fig. 2 S-CVI vs parameters used for validation of KAP

### Cronbach's Alpha

Using SPSS Software 2.1, Cronbach's alpha was calculated for the aforementioned data. The result, which is displayed in Table 2 and Figure 3, is 0.8849, indicating that all of the items in the KAP questionnaire on anxiety are adequate and that none of them need to be changed or corrected. As a result, every item in the KAP anxiety questionnaire has been validated

**Table 2: Cronbach's Alpha of all items**

| Dimensions       | Cronbach's Alpha | no. of items | quality   |
|------------------|------------------|--------------|-----------|
| relevance        | 0.9165           | 34           | excellent |
| simplicity       | 0.8887           | 34           | good/high |
| clarity          | 0.8941           | 34           | excellent |
| accuracy         | 0.9176           | 34           | good/high |
| Overall/ Average | 0.8849           | 136          | good/high |



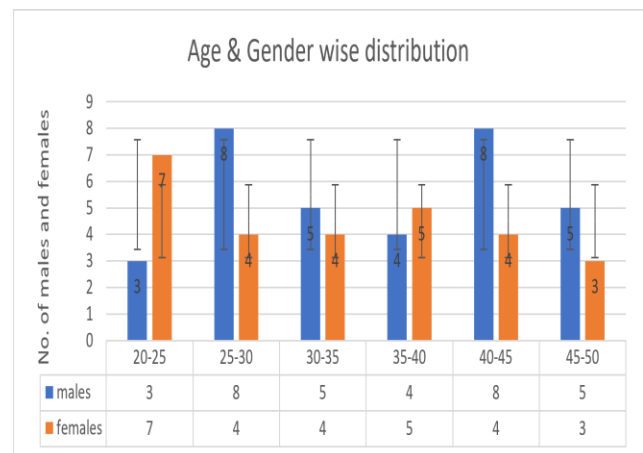
**Fig. 3 Cronbach's alpha value for the self-structured KAP questionnaire**

#### Demographic details of participants

Following validation, cross-sectional pilot research with 60 participants was carried out. A total of 60 participants were included in the study, consisting of 33 males (55%) and 27 females (45%), as shown in Table 3 and Figure 4. The majority of participants belonged to the 25–30 years and 40–45 years age groups (20% each). The mean age of the participants was  $34.58 \pm 8.32$  years (SEM = 1.07).

**Table 3: Demographic details of the participants (n=60).**

| S.No.                 | Age Group | males           | females | total | %      |
|-----------------------|-----------|-----------------|---------|-------|--------|
| 1                     | 20-25     | 3               | 7       | 10    | 16.66% |
| 2                     | 25-30     | 8               | 4       | 12    | 20%    |
| 3                     | 30-35     | 5               | 4       | 9     | 15%    |
| 4                     | 35-40     | 4               | 5       | 9     | 15%    |
| 5                     | 40-45     | 8               | 4       | 12    | 20%    |
| 6                     | 45-50     | 5               | 3       | 8     | 13.33% |
|                       | Total (n) | 33(55%)         | 27(45%) | 60    | 100%   |
| average age           |           | 34.6            |         |       |        |
| Standard deviation    |           | 8.32            |         |       |        |
| Average Age $\pm$ SEM |           | 34.6 $\pm$ 1.07 |         |       |        |



**Fig. 4 Age- and gender wise distribution Knowledge-based Responses of the participants**

Table 4 summarizes all of the participants' responses to knowledge domain questions. Participants showed moderate to good knowledge of anxiety. A high proportion correctly identified its psychological effects and impact on daily life. However, awareness of physical symptoms and treatment approaches, including CBT, was comparatively lower.

**Table 4: Knowledge responses of the participants towards Anxiety and cognitive behavioral therapy (n=60).**

| Q. No. | Question                                                                  | Yes (n) 1 mark | No (n) | Don't Know (n) | % Correct | Interpretation     |
|--------|---------------------------------------------------------------------------|----------------|--------|----------------|-----------|--------------------|
| K1     | A weak personality does not cause anxiety.                                | 58             | 2      | 0              | 96.7%     | Good knowledge     |
| K2     | Anxiety can cause physical symptoms such as headaches and stomach issues. | 31             | 26     | 3              | 51.7%     | Moderate knowledge |
| K3     | Anxiety can affect sleep, concentration, relationships, and health.       | 46             | 14     | 0              | 76.7%     | Good knowledge     |
| K4     | Anxiety is a normal stress reaction.                                      | 41             | 19     | 0              | 68.3%     | Moderate knowledge |
| K5     | Disturbed sleep can be a cause of anxiety.                                | 46             | 12     | 2              | 76.7%     | Good knowledge     |

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|            |                                                                                             |    |    |   |       |                    |
|------------|---------------------------------------------------------------------------------------------|----|----|---|-------|--------------------|
| <b>K6</b>  | Thoughts frequently revolve around upsetting topics such as illness, debt, loss, etc.       | 48 | 10 | 2 | 80.0% | Good knowledge     |
| <b>K7</b>  | Do you feel that anxiety is very risky and can cause reproductive health issues??           | 41 | 12 | 7 | 68.3% | Moderate knowledge |
| <b>K8</b>  | Do you know about cognitive behavior therapy?                                               | 41 | 19 | 0 | 68.3% | Moderate knowledge |
| <b>K9</b>  | Have you ever considered seeking professional help for anxiety?                             | 46 | 10 | 4 | 76.7% | Good knowledge     |
| <b>K10</b> | Do you experience symptoms like rapid heartbeat, sweating, dizziness, etc., during anxiety? | 43 | 17 | 0 | 71.7% | Good knowledge     |
| <b>K11</b> | Issues like stress, relationships, and finances contribute to your anxiety.                 | 41 | 14 | 5 | 68.3% | Moderate knowledge |
| <b>K12</b> | CBT helps in identifying and changing negative thought patterns.                            | 38 | 19 | 3 | 63.3% | Moderate knowledge |

### Attitude-based Responses of participants

Table 5 shows that participants' attitude assessments generally indicated a positive perception of anxiety management and cognitive behavioral therapy. A large proportion of respondents agreed that CBT or counseling can effectively manage anxiety (63.3%) and that lifestyle

modifications such as exercise, diet, and adequate sleep can help reduce anxiety symptoms (60%). Furthermore, 80% of participants felt comfortable discussing anxiety with family or friends, while 83.3% expressed willingness to consult a mental health professional for severe anxiety

**Table 5: Attitude-based Responses of participants towards Anxiety (n=60)**

| Q. No.     | Question                                                                                               | Yes (n) | No (n) | Don't Know (n) | % Correct | Interpretation    |
|------------|--------------------------------------------------------------------------------------------------------|---------|--------|----------------|-----------|-------------------|
| <b>A1</b>  | Anxiety is not a normal part of life and requires treatment.                                           | 55      | 5      | 0              | 91.7%     | Negative attitude |
| <b>A2</b>  | CBT or counseling can help manage anxiety.                                                             | 38      | 22     | 0              | 63.3%     | Moderate attitude |
| <b>A3</b>  | Lifestyle changes (exercise, diet, sleep) can help manage anxiety.                                     | 36      | 22     | 2              | 60.0%     | Moderate attitude |
| <b>A4</b>  | Comfortable discussing anxiety with family or friends.                                                 | 48      | 12     | 0              | 80.0%     | Positive attitude |
| <b>A5</b>  | Willing to consult a mental health professional for severe anxiety.                                    | 50      | 10     | 0              | 83.3%     | Positive attitude |
| <b>A6</b>  | I believe that CBT techniques (e.g., cognitive restructuring, relaxation) are easy to learn and apply. | 48      | 12     | 0              | 80.0%     | Positive attitude |
| <b>A7</b>  | I think Cognitive Behavioral Therapy (CBT) is a reliable method for treating anxiety.                  | 41      | 17     | 2              | 68.3%     | Moderate attitude |
| <b>A8</b>  | I feel that understanding the cause of anxiety is important for its treatment.                         | 41      | 14     | 5              | 68.3%     | Moderate attitude |
| <b>A9</b>  | I believe that people should be educated about anxiety and its management.                             | 38      | 19     | 3              | 63.3%     | Moderate attitude |
| <b>A10</b> | I believe that early intervention can prevent anxiety from becoming severe.                            | 43      | 14     | 3              | 71.7%     | Positive attitude |
| <b>A11</b> | I feel that support from family and friends is important in managing anxiety.                          | 48      | 10     | 2              | 80.0%     | Positive attitude |
| <b>A12</b> | I believe that seeking therapy for anxiety is a positive step, not a sign of weakness.                 | 55      | 5      | 0              | 91.7%     | Positive attitude |

### Responses for Practice-based Questions

In Table 6, the practice assessment indicated that participants generally adopted positive coping strategies to manage anxiety. A large proportion reported practicing relaxation techniques such as deep breathing or mindfulness

(91.7%), while 88.3% reported seeking emotional support from others when experiencing anxiety. Additionally, 80% of participants focused on positive thinking and problem-solving strategies, and 76.7% reported obtaining adequate

sleep. These findings suggest a generally good level of anxiety management practices among respondents.

**Table 6: Practice responses of participants towards Anxiety (n=60)**

| Q. No. | Question                                                                     | Yes (n) | No (n) | % Positive Practice | Interpretation     |
|--------|------------------------------------------------------------------------------|---------|--------|---------------------|--------------------|
| P1     | Practiced relaxation techniques (e.g., deep breathing, mindfulness, yoga)    | 55      | 5      | 91.7%               | Good practice      |
| P2     | Engage in physical activities when anxious                                   | 41      | 19     | 68.3%               | Moderate practice  |
| P3     | Ever taken medication for anxiety prescribed by doctor                       | 31      | 29     | 51.7%               | Moderate practice  |
| P4     | Participate in support groups or online communities                          | 41      | 19     | 68.3%               | Moderate practice  |
| P5     | Focus on positive thoughts and problem-solving during stress                 | 48      | 12     | 80.0%               | Good practice      |
| P6     | Avoided social events due to anxiety                                         | 43      | 17     | 71.7%               | Good practice      |
| P7     | Anxiety affected work or school performance                                  | 50      | 10     | 83.3%               | Good practice      |
| P8     | Talk to someone for emotional support when anxious                           | 53      | 7      | 88.3%               | Good practice      |
| P9     | Get at least 7 hours of sleep per night                                      | 46      | 14     | 76.7%               | Good practice      |
| P10    | Do you engage in activities that help you relax (e.g., hobbies, music, art)? | 60      | 0      | 100%                | Excellent practice |

## DISCUSSION

The present pilot study was conducted to assess knowledge, attitudes, and practices related to anxiety and Cognitive Behavioral Therapy (CBT), while also establishing the validity and reliability of a newly developed questionnaire. The findings indicate that participants demonstrated a moderate level of knowledge, generally positive attitudes, and a tendency to adopt adaptive coping strategies, although certain gaps in awareness and behavior were identified<sup>13</sup>. A key strength of this study is the rigorous validation of the questionnaire. The high values obtained for both item-level and scale-level content validity indices indicate strong agreement among experts regarding the relevance and clarity of the items. Furthermore, the Cronbach's alpha value suggests good internal consistency, confirming that the questionnaire items reliably measure the intended constructs. These findings support the suitability of the tool for use in future research and larger population-based studies<sup>14</sup>.

In terms of knowledge, participants showed better understanding of the psychological and functional aspects of anxiety, such as its impact on sleep, concentration, and daily activities. However, awareness of physical symptoms and evidence-based treatment approaches, including CBT, was comparatively limited. This pattern suggests that while general awareness of anxiety exists, there is insufficient understanding of its clinical presentation and management options. Such gaps may contribute to delayed help-seeking and misinterpretation of symptoms.

The attitude-related findings revealed an overall positive perception toward anxiety management. A considerable proportion of participants expressed willingness to discuss

their concerns and seek professional help when necessary. Additionally, many participants recognized the importance of lifestyle modifications and psychological therapies in managing anxiety. Positive attitudes toward mental health care are encouraging, as they are often associated with increased likelihood of seeking appropriate treatment.

With respect to practices, participants reported engaging in several beneficial coping strategies, including relaxation techniques, seeking emotional support, and maintaining healthy daily routines. These behaviors align with commonly recommended self-management strategies for anxiety. However, the presence of avoidance behaviors and the relatively lower proportion of individuals seeking professional treatment indicate a gap between awareness and actual healthcare utilization. This discrepancy may be influenced by factors such as stigma, accessibility issues, or lack of detailed knowledge about available treatments<sup>15</sup>.

The findings of this study are broadly consistent with existing literature, which suggests that individuals often possess basic awareness of mental health conditions but may lack in-depth knowledge of treatment options. Similarly, while attitudes toward mental health are gradually improving, translation into appropriate help-seeking behavior remains limited. This highlights the need for targeted educational interventions that not only increase awareness but also promote practical engagement with mental health services<sup>16</sup>.

Overall, the study emphasizes the importance of improving mental health literacy, particularly with respect to recognizing symptoms and understanding effective treatment approaches such as CBT. Community-based awareness programs, educational campaigns, and

accessible mental health services may help bridge the gap between knowledge and practice. The validated questionnaire developed in this study can serve as a useful tool for assessing such interventions in future research.

## LIMITATIONS

This study has certain limitations. The sample size was relatively small and limited to a specific geographic region, which may affect generalizability. The use of self-reported data may introduce response bias. Additionally, the findings should be interpreted with caution and validated in larger populations after a pilot study.

## CONCLUSION

The present pilot study successfully developed and validated a self-structured questionnaire to assess knowledge, attitudes, and practices related to anxiety and cognitive behavioral therapy. The questionnaire demonstrated excellent content validity and strong internal reliability, confirming its suitability for use in future research.

The findings of the pilot survey revealed that participants possessed moderate to good knowledge about anxiety and its management, along with generally positive attitudes toward psychological interventions such as CBT. Additionally, many respondents reported engaging in beneficial coping strategies for managing anxiety, including relaxation techniques, emotional support seeking, and lifestyle modifications.

However, gaps in knowledge and treatment awareness indicate the need for targeted mental health education. The validated tool may be useful for future large-scale studies and for designing intervention programs aimed at improving mental health literacy.

## DECLARATIONS

### Funding

The authors affirm that they did not accept any funding for this article's research, writing, or publishing.

### Conflicts of Interest

The authors affirm that the work described in this publication was not influenced by any known competing financial interests or personal relationships.

### Ethics Acceptance

The study received ethical approval from RA MXL Hospital in Rampur, Uttar Pradesh, India (Reference No. RA/2024/50; Dated: August 29, 2024).

### Consent to Take Part

Before data collection, each individual participant in the study gave their informed consent.

### Consent to Publish

Each participant permitted for anonymized data to be used for publication and study.

## Data and Material Availability

Upon reasonable request, the corresponding author will provide the datasets created and/or analyzed during the current work.

## Code Availability

Not applicable.

## Authors' Contributions

Saman Moin: Conceptualization, methodology, data collection, analysis, and manuscript drafting. Neelanchal Trivedi: Supervision, validation, and critical revision of the manuscript. Rahul Arora: Data interpretation, review, and editing of the manuscript.

All authors read and approved the final manuscript.

## REFERENCES

1. Bandelow, B., & Michaelis, S. (2022). Epidemiology of anxiety disorders in the 21st century. *Dialogues in Clinical Neuroscience*, 24(1), 7–15. doi: 10.31887/DCNS.2022.24.1/bbandelow
2. Ohi, K., Fujikane, D., Takai, K., et al. (2025). Clinical features and genetic mechanisms of anxiety, fear, and avoidance: A comprehensive review of anxiety disorders. *Molecular Psychiatry*. doi: 10.1038/s41380-025-03155-1
3. Cuijpers, P., Karyotaki, E., Reijnders, M., & Purgato, M. (2023). Psychotherapies for anxiety disorders: A meta-analytic review. *World Psychiatry*, 22(1), 105–115. doi: 10.1002/wps.21069
4. Papola, D., Ostuzzi, G., Tedeschi, F., et al. (2024). Psychotherapies for generalized anxiety disorder in adults: A systematic review and network meta-analysis. *JAMA Psychiatry*. doi: 10.1001/jamapsychiatry.2023.3971
5. Santomauro, D. F., Mantilla Herrera, A. M., Shadid, J., et al. (2021). Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. *The Lancet*, 398(10312), 1700–1712. doi: 10.1016/S0140-6736(21)02143-7
6. Runcan R. Anxiety in Adolescence: A Literature Review. In: *Innovative Instruments for Community Development in Communication and Education*. Trivent Publishing; 2021. p. 113–28. doi:10.22618/tp.pcms.20216.360008
7. Ohi K, Fujikane D, Takai K, Kuramitsu A, Muto Y, Sugiyama S, et al. Clinical features and genetic mechanisms of anxiety, fear, and avoidance: A comprehensive review of five anxiety disorders. *Molecular Psychiatry*. Springer Nature; 2025. p. 4928–36. doi:10.1038/s41380-025-03155-1 PubMed PMID: 40830577.

8. Zhang, Y., Chen, S., Xia, Y., et al. (2022). Mental health literacy and public awareness: A systematic review. *Frontiers in Public Health*, 10, 900000. doi: 10.3389/fpubh.2022.900000
9. Craske MG, Stein MB. Anxiety. *The Lancet*. 2016 Dec 17;388(10063):3048–59. doi:10.1016/S0140-6736(16)30381-6 PubMed PMID: 27349358.
10. V N, S F, A V A, K C AP. A Review on Current Understanding, Clinical Manifestations, and Therapeutic Approaches of Anxiety Disorders. *Journal of Pharma Insights and Research*. 2024 Oct 4;2(5):173–81. doi:10.69613/xylyek24
11. Salartash V, Yekta MA, Zabihi R. The Effectiveness of Cognitive Behavior Therapy on Anxiety, Physical Symptoms, Worry, and Attention Deficit in Women with Generalized Anxiety Disorder. *Open Public Health J*. 2022 Nov 4;15(1). doi:10.2174/18749445-v15-e2209080
12. Arora R, Mittal P, Trivedi J, Verma A. Evaluation of Knowledge, Attitude and Practice towards Hypothyroidism among Population in Moradabad District: A Pilot Study. *Int J Pharm Investig*. 2023 Mar 2;13(2):335–43. doi:10.5530/ijpi.13.2.044
13. Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care. *Psychological science in the public interest : a journal of the American Psychological Society*, 15(2), 37–70. <https://doi.org/10.1177/1529100614531398>
14. Jafari, A., Moshki, M., Mokhtari, A. M., Naddafi, F., & Nejatian, M. (2024). Validity and reliability of anxiety literacy (A-Lit) and its relationship with demographic variables in the Iranian general population. *Frontiers in public health*, 12, 1359146. <https://doi.org/10.3389/fpubh.2024.135914>
15. Basu R, Sau A, Saha S, Mondal S, Ghoshal PK, Kundu S. A study on knowledge, attitude, and practice regarding mental health illnesses in Amdanga block, West Bengal. *Indian J Public Health*. 2017 Jul 1;61(3):169–73. doi:10.4103/ijph.IJPH\_155\_17 PubMed PMID: 28928299.
16. Boateng GO, Neilands TB, Frongillo EA, Melgar-Quinonez HR, Young SL. Best Practices for Developing and Validating Scales for Health, Social, and Behavioral Research: A Primer. *Frontiers in Public Health*. Frontiers Media S.A.; 2018. doi:10.3389/fpubh.2018.00149 PubMed PMID: 29942800.