Mental Health Status of Afghan Female University Students

Spozhmay Oriya[1]* and Shekiba Hilal[2]

[1]Assistant professor, counseling department, Faculty of psychology and educational sciences, Kabul, Afghanistan.

[2]Assistant professor, Pedagogy department, Faculty of psychology and educational sciences, Kabul, Afghanistan.

*Correspondence:

Spozhmay Oriya, Counseling department, Kabul University, Faculty of Psychology and educational sciences, 3rd district, Jamal mena, Kabul, Afghanistan, 1001, Tel: +93799849378.

Received: 18 March 2021; Accepted: 06 April 2021

Citation: Oriya S, Hilal S. Mental Health Status of Afghan Female University Students. Int J Psychiatr Res. 2021; 4(2): 1-5.

ABSTRACT

Mental health is part of general health and counted as important base for effective function of individuals. Researches and daily experiences from Kabul University environment and its dormitory shows that female students living in Kabul university dormitory are suffering from some psychological distresses. So this research was conducted with aim of studying mental health status of female students in Kabul university dormitory.

Methods: This is a descriptive analytical method study. The study tools were standard general health questionnaire (GHQ28) and interviews. The data analyzed using SPSS 16.

Findings: This study found that mental health status of 78% of participants was not in a desirable state and 22% of participants had desirable mental health status. In addition, this study found that the mental health status of participated students were higher from standard limit in domains of social functioning but in physical symptoms, anxiety and insomnia, and in depression domains were lower that standard limit. In addition, the relation between unfamiliarity with university and dormitory environment with mental health status of students were significant. But the study did not show statistically significant relationship among age, study field, marital status and mental health status.

As per findings of this study, the mental health status of female students in Kabul university dormitory is not in a desirable state and it is necessary to pay attention to students' mental health status in dormitory and university.

Keywords
Mental health, Female students, Kabul University, Dormitory, Afghanistan.

Introduction
Mental health is an important aspect of general health and it is counted as a foundation for better wellbeing and function of individual in a society. World health organization defines mental health as a state of wellbeing, which in that person can understand his or her abilities, cope with natural stressors in life, work productively and could participate in society. Mental health is not only the lack of mental illness [1,2]. But generally, there is no formal definition of mental health, because in defining mental health cultural differences, subjective evaluations and professional theories all have contribution [3]. Mental health problems is one of the key causes of general burden of disease worldwide. WHO's estimates shows that 35 to 50 percent of people with severe mental health problems in progressed countries and 76 to 85 percent in developing countries are deprived of therapeutic services [4].

According to WHO reports social, cultural, physical, and educational situations can influence mental health. Risk factors for psychological problems includes but not limited to poverty, violence, social deprivation, isolation, and lack of family support [5]. Most common mental health problems are depression and anxiety, which are increasing day by day, especially in countries with low income because the population are increasing in these countries [6]. One of the key sensitive factors of mental health and mental illness is gender. Women because of their multiple role in the society are in risk of experiencing mental health problems [7]. Several social, cultural, financial, legal and environmental factors influence mental health of women [8,9]. According to Afghan

ministry of health, 60 percent of Afghans are suffering from mental health problems and women are more under stress [10].

Mental health problems are common among students in higher education around the world [7]. Several studies found that the number of students in higher education with mental disorders are increasing [11]. In Afghanistan there is no specific research on mental status of female students, but generaly some research on students found major feelings of hopelessness related to physical,finanacial, social, and political stressors of daily life in kabul and in this research, specifically female students showed poor mental health [12]. Some studies on Kabul university students found 65% depressive symptoms [13]. Another study on students of psychology and educational sciences faculty of Kabul University also found 65% depressive symptoms with 2 times higher in female students [14]. Another study on students of psychology and educational sciences faculty in Kabul University found 47% high levels of stress and there was statistically significant relation between stress and gender [15]. Another study on Kabul university students found higher than average level of stress [16]. In Herat University 67% of students showed depressive symptoms, which were 3 times higher in female students [17]. Several studies on university students in different cities of Iran found mental problems [9,18-21]. Study on female students of dorms in Jammu university of India found average level of mental health [22]. And research on female students of medical university in Pakistan found 43% anxiety and 19% depression and the level of anxiety and depression was higher in dorm students [23].

Due to existence of psychological problems in students population in Afghanistan and other countries and also because in most of these studies, gender is a major variable in involving to mental problems, and also because problems in mental health status can affect student's learning, relationships and the way they think, feel and behave, so the main goals of this study are:
1. To identify mental health status of female students of female dormitory of Kabul university.
2. To identify differences of mental health status of students in dimensions of mental health.
3. To found the relationship between demographic variables and their mental health status.
4. To study the relationship between personal problems of students and their mental health status.

Methodology
This study is descriptive analytical research. Participants were the female students of Kabul university female dormitory. The participants were 289 students, which was chosen through convenience sampling method, and 274 students fill the questionnaire. The instrument of this study are general health questionnaire 28 (GHQ28) and interview. (GHQ28) measures mental health status in four dimensions of somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. This questioner is prepared by Goldberg in 1979, has been translated in 38 languages, and in 70 countries of the world and the

psychometric tests has been conducted on that. It is a self-report scale and several studies have studied its validity and reliability. The SPSS 16 was used for analyzing the data. T test and anova were used to assess the differences and chi-square for assessing relationship among variables and alpha Cronbach for assessing the reliability of the (GHQ28) test [24]. In the present study, every subscale of the (GHQ28) have been evaluated by alpha Cronbach and showed high reliability (0.905) with total reliability of the test. In addition, test retest method was used on 10% of the study population and with r=0.84 the questionnaire showed high and statistically significant relation.

As presented in the table, all subscales of the questionnaire according to Cronbach's alpha have high reliability because scores of all subscales are higher than 0.5.

Table 1: validity level of general health questionnaire (GHQ28).

	Somatic symptoms	Anxiety and insomnia	Social dysfunction	Depression	GHQ28 total scale
Female students (N=112) Cronbach's alpha	0.801	0.813	0.822	0.910	0.905
Correlation	1.0000	1.0000	1.0000	1.0000	
Mean	8.65	7.50	11.07	5.74	1.791
SD	7.30	6.80	6.38	7.40	.406

Results
274 female students in this study participated and they were from different provinces of the country but majority of them (49%) were from Ghazni province. Also, they related to different ethnic groups but majority of the participants were Hazera. They were from different universities and most of them (55%) were from Kabul University. The overall results shows that mental health status of 78% of participated students was not in a good condition.

The normal curve of the total score of participated students shows that the (GHQ28) score of participants in this study is almost normal but the tendency is more toward 23 to 40 scores which shows undesirable mental health status according to (GHQ28) among participated students in this study, because according to (GHQ28), tendency toward higher scores is determinant of undesirable mental health status.

Histogram

Mean =33.14
Std. Dev. =11.53
N =274
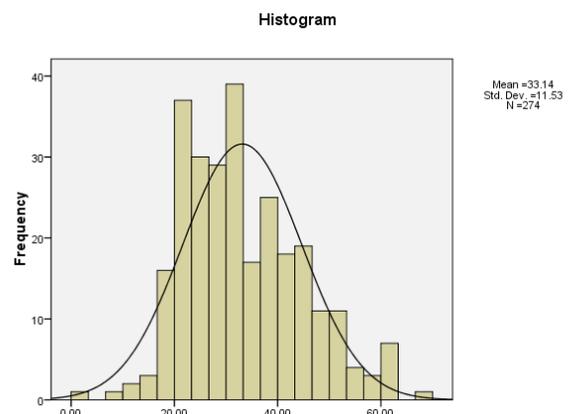
In the analytical findings every dimension of the mental health status (somatic symptoms, anxiety and insomnia, social dysfunction and depression) analyzed using t test and the result are:

Level of students' mental health status in somatic symptoms dimension is lower than standard limit and is significant with p=0.000.

Table 2: comparison of somatic symptoms dimension with standard limit.

Dimensions	Average	Deviation	Standard limit	T	Degree of freedom	Sig
Somatic symptoms	1.24	0.57	1.5	-7.26	273	0/000

Level of students mental health status in anxiety and insomnia dimension is lower than standard limit and is significant with p=0.000.

Table 3: comparison of anxiety and insomnia dimension with standard limit.

Dimensions	Average	Deviation	Standard	T	Degree of freedoms	Sig
Anxiety & insomnia	1.14	0.65	1.5	-9.06	273	0.000

Level of students' mental health status in social dysfunction dimension is higher than standard limit and the difference is not significant.

Table 4: comparison of social dysfunction dimension with standard limit.

Dimensions	Average	Deviation	Standard	T	Degree of freedoms	Sig
Social dysfunction	1.55	0.62	1.5	1.42	273	0.15

Level of students' mental health status in depression dimension is lower than standard limit and is significant with p=0.000.

Table 5: comparison of depression dimension with standard limit.

Dimensions	Average	Deviation	Standard	T	Degree of freedoms	Sig
Depression	0.84	0.84	1.5	-12.8	273	0.000

This study found that among independent variables, only variables of unfamiliarity with dormitory environment with (p=0.03) and unfamiliarity with university environment with (p=0.09) is statistically significant and other variables did not show statistically significance difference with mental health status of students.

Table 6: The relationship between independent and dependent variables.

Independent variables	Dependent variable	Chi squire test level	Significant level
Family problems	Mental health status	62.8	0.08
Educational problems	Mental health status	49.07	0.47
Unfamiliarity with dormitory environment	Mental health status	68.3	0.03
Disaffection to study field	Mental health status	35.9	0.91
Person's psychological problems	Mental health status	47.8	0.52
Financial problems	Mental health status	46.5	0.57
Away from family	Mental health status	58.8	0.15
Unfamiliarity with university environment	Mental health status	62.4	0.09
Problems in dormitory	Mental health status	49.2	0.46
Psychological problems of family member	Mental health status	49.4	0.45

Generally comparison of mental health status of participants has shown that mental health status of students in three dimensions of somatic symptoms, anxiety and insomnia, and depression is lower from standard limit or average and is significant with p=0.000. Only in social dysfunction dimension is higher from standard limit and the difference is not statistically significant. The overall findings in this study shows that 78% of participants' mental health status was not in good conditions. Also, this study could not found any statistically significant relations among age, marital status, study field, students' personal problems and mental health status, only between mental health status and unfamiliarity with university and dormitory environment, the relation was statistically significant.

Qualitative findings
Through interviews with students revealed that most of the students have several problems in their personal life, such as violence and tension in the family, financial problems, concern for being away from family, hopelessness, and many more. In addition, participants claimed that there are some problems in dormitory environment, such as the low quality of dorm's food, problems in managing behavior of some girls and most important existence of some religious and ethnic prejudices in the dorm, which sometimes even creates clashes and conflicts among students, which need attention of the ministry of higher education. In spite of mentioning the problems, students said that in addition of being away from home and existence of some problems in dorm, they are satisfied from the services of the administrative staff and workers of the dorm.

Discussion
The results in this study show that mental health status of study participants is not in desirable level and 78% of participated students don't had good mental health status, which shows congruency with findings of [12], because they also found that students in Kabul and Kabul medical universities showed poor mental health. The findings of present study is less high from findings of [13], on Kabul university students' depressive symptoms which found 65% but the present study found that the mental health status of students in depression dimension is lower from standard limit. Also, present study findings is in line with findings of two other studies on Kabul university students, such as Oriya's research [15], on psychology faculty students of Kabul university that found 47% stress level in students and Sidiqi's research [16], found that Kabul university students had higher stress level from average and the present study also found that 78% of participants don't had desirable mental

health status, because psychological stress are risk factor for mental health. The causes of this congruency in findings are may be the similarity in problems of Afghan university students.

Present study findings are different with findings of [14] and [17] because both studies found 65% and 67% depressive symptoms which shows that the depressive symptoms are higher than 50% but in present study, mental health status of students in depression dimension is lower than average. But present study findings are in line with some parts of findings of the mentioned researches, because the present study like mentioned studies did not found significant differences between marital status and depression in Rasoli's research and among age, financial and educational problems with depression in Ahmadi's research. The causes of these differences in findings are may be in using different study tools and main goals of the study. But the cause of similarity in some parts of findings maybe shows the similar problems of Afghan students.

Findings of this study have similarities and differences with several studies [9,25,26] on Iranian students. The causes of the similarity may be using similar study tool, validity, and reliability of the tools, which showed similar results. In contrast, the causes of difference are may be in different experiences of students in Iran and Afghanistan, because Afghan students have painful experiences of war and insecurity, which have severe impact on student's mental health status. The findings of present study are different from the findings of [22] on female dormitory students in India, because they found mental health status in average level but present study found higher than average. The causes of this incongruence may be in using different study tools, different environment and different problems of Afghan and Indian students. Also, findings of present study are in line with findings of [27], which found that students had poor mental health because of financial problems, educational problems and being away from home, and present study also using interview tools found that most of students had financial problems, family problems, not having interest in their study field, harsh experiences of life and etc. which all of these problems have impact on their mental health status.

Conclusion and Suggestions
This research was conducted with aim of studying mental health status of female dormitory students of Kabul University using general health questionnaire (GHQ28). Total of 274 female dorm students participated in this study. The study found that mental health status of participants in three dimensions of somatic symptoms, anxiety and insomnia, and depression were lower than average and significant with p=0.000. Only in social dysfunction dimension the participant's mental health status was higher than average but the difference was not statistically significant. The findings of this study shows that study participants in spite of living in widespread families and collective culture have problems in social functioning and relationships. Also, general findings of this study shows that according to general health questionnaire 78% of participants don't had desirable mental health status. If we see to these findings, from one side in comparison to a war-torn country, we can expect it but from another side it is a shocking number in student's population of female dormitory and there is need to address the mental health of students in universities before it become worse. Also this study found that students had several financial, educational, and family problems in their personal life which can affect their mental health.

Generally, these findings show that female student's mental health status in Kabul university dormitory is not in a good situation and they need psychological assistance and psychosocial counseling.

Based on findings of this study we can suggest following points:
1. Conducting more research on psychological and behavioral problems of students and specifically dorm's students.
2. Establishing counseling center in Kabul University's dorm to help students with their psychological and behavioral problems.
3. Recruit more skilled psychologists and counselors in Kabul university counseling center to help students.

References
1. Herrman H, Saxena S, Moodi R. Promoting Mental Health: concepts,emerging evedence, practice. Geneva: World Health Organisation. 2005; 2-6.
2. WHO. Promoting mental health: concepts, Emerging evidence, practice Report of World Health Organization, Department of Mental Health and Substance abuse in collaboration with the victorian health promotion foundation and university of Melbourne. Wolrd Health Organization. 2005; 2-6.
3. Gebru A, Berhe K, Gebru H. Assessment of prevalence and associated factors of mental distress among first year regular students of Mekelle university main compus, Mekelle city 2010. American Journal of Advenaces in Narsing Research. 2014; 5-14.
4. Mental Health Foundation. Fundamental facts about mental health 2016. London, UK. 2016; 13-40.
5. WHO. Adolescent Mental Health: Mapping actions of non governmental organizations and other international development organizations. 2012; 6-48.
6. WHO. Depression and other common mental disorders:Global Health estimates. World Health Organization. 2017; 8-14.
7. Biro E. Studies on the Mental Health of Students in Higher Education: Thesis for the Degree of Doctor of Philosophy. University of Debrecen, Hungary. 2014; 8-33.
8. WHO. Womens mental health: an evidence based review. department of mental health and substance dependence. Geneva: World Health Organization. 2000; 6-12.
9. Mokhtari M, Dehghan SF, Asghari M, et al. Epidemiology of mental health problems in female students: A questionaire survey. Journal of Epidemiology and global health. 2013; 3: 83-88.
10. Scholte William F, Olff Miranda, Ventevogel Peter, et al. Mental Health Symptoms Following War and Repression in Eastern Afghanistan. JAMA. 2004; 292: 585-593.
11. Sarmento M. A "Mental Health Profile" of Higher Education

Students. Procedia-Social and Behavioral Siences. 2015; 191: 12-20.

12. Panter-Brick CE, Mark Eggerman, Aman Mojadidi, et al. Social Stressors, Mental Health and pysiogical stress in the urban elite of young afghans in kabul. American Journal of Human Biology. 2008; 20: 627-641.

13. Oriya Spozhmay. The level of depression symptoms in Kabul university students. Journalism faculty of Kabul university magazine. 2013; 13: 60-72.

14. Ahmadi Maryam. Depression and related causes in Students of faculty of psychology and educational sciences of Kabul University. Psychology faculty, counseling department, unpublished article. 2017.

15. Oriya Spozhmay. The study of stress and its related factors in students of psychology and educational sciences faculty. Kabul university magazine. 2017; 3: 120-130.

16. Sediqi Zabehullah. Study of Causes of Stress on Kabul University Students. Faculty of Psychology and Educational Sciences, Psychology Department, unpublished article. 2016.

17. Rasoli Mohamad Hadi. Prevalence of Depression in Herat University Students in 2012. Unpublished article, Pdf file. 2013.

18. Mehri Ali, Sidiqi Zainab. Study of Mental Health Status and some related Factors on Sabzwar's Universities in 2009.Medical Journal of Islamic Azad University. 2010; 21: 304-298.

19. Mohamadzada Jahan shah, Khusrawi Afra, Akbari Mahnaz. Study of Mental Health Status and Affected Factors on Elam University Students. Journal of Health System. 2012; 8: 799-805.

20. Reyahi Mohamad Esmael, Wardinaya Akbar Ali, Por Hussain Sayeda Zainab. Study of Relationship between Social Support and Mental Health. Scientific – Research Quarterly of Social Wellbeing. 2010; 10: 85-121.

21. Zolfaghari A, Fathi D, Hashemi M. study of mental health status of payame- noor university students in toyserkan. Social and behavioral sciences. 2011; 30: 1795-1797.

22. Kalhotra S, Sharma V. A study of mental health of university female students residing in hostels of Jammu university, Jammu. Journal of Humanities and social science. 2013; 56-62.

23. Rab F, Mamdou R, Nasir S. Rates of depression and anxiety among female medical students in pakistan. Eastern Mediterranean health journal. 2008; 14: 126-133.

24. Sterling M. General Health Questionair-28 (GHQ-28). Journal of Physiotherapy. 2011; 259-260.

25. Yosufi Nasir, Jadedi Hoshang, Sherbagi Nasir. Study of Mental Health on University Students as a Predictor of Educational Behavior. Journal of Learning Development in Medical Sciences.2010; 5: 63-73.

26. Musalinezhad Laili, Amini Meetra. Study of Relationship between Education and Mental Health on two Groups of First and Final year Students of Jahram Medical Sciences University, Mental Health Principles Quarterly. 2004; 6: 71-76.

27. Sadeghian E, Heidarian P. Stressors and Mental Health Status among Students of Hamedan University of medical science. Hayat. 2009; 15: 71-81.