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Examining the Association Between Economic Status and Mental Health among Newly Admitted Students at Daikundi University

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Abstract: Mental well-being has a significant influence on students' learning and social adaptation processes, especially in their entry into the university years. Studies on mental well-being among first-year students in Afghanistan and on the effects of family economic well-being in the current situation have not yet been conducted. Thus, it is difficult to identify the factors contributing to this group's psychological vulnerability. This work is devoted to analyzing the psychological well-being of first-year students and its relationship to their family's economic status. All the admitted students of Daikendi University in 2025 (N=221) participated in this study. The sample size was determined to achieve sufficient statistical power for the research, with a minimal detectable effect size of 0.80, to detect the mean effect at a 95% confidence level. Psychological well-being was measured with the GHQ-28 tool. Although most students had normal or mild levels of well-being, the findings showed overall psychological vulnerability (minimal 0.80), indicating an average effect size at the 95% confidence level. Significant correlations were found between mental well-being and certain factors, namely, physical symptoms and social functioning.

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INTRODUCTION

Mental health is a fundamental aspect of overall well-being and significantly influences personal, social, and academic functioning. The WHO describes mental health as the condition in which individuals know themselves, control of their stress, and contribute to the welfare of society (World Health Organization, 2007). The adolescent years and early adulthood, which are often linked to the start of college education, are significant phases in the life of a person where one develops psychologically and is likely to suffer from various mental problems. There is evidence that college students, especially first-year students,

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experience higher stress levels that can affect performance and increase the chances of dropping out (Auerbach, 2018; Hunt et al., 2010).

Mental health is a critical determinant of students' academic achievement and social adaptation, yet it remains underexplored, particularly in developing and unstable societies (Marmot et al., 2008; World Health Organization, 2007). In Afghanistan, persistent insecurity, limited healthcare infrastructure, and the psychological impact of prolonged conflict constitute significant risk factors for mental health (Kovess-Masfety et al., 2021; Schwartz et al., 2023). Research among students indicates that these conditions contribute to increased affective symptoms, mood disturbances, and psychological distress (Nine et al., 2022; Oriya et al., 2021). Assessing the mental health of incoming university students and identifying its determinants is especially important at the point of university entry, as this transitional period can substantially affect academic performance and psychological adjustment (Auerbach et al., 2018).

Based on studies conducted internationally, academic pressures, financial problems, sleep disorders, and poor behavior are some of the things that have an adverse effect on the mental health of students (Osborn et al., 2022; Rahimi et al., 2024). There is no doubt about the significant impact that social and economic determinants of health have on the well-being of individuals, especially when it comes to mental health, since people of low socio-economic status often face many health issues (Marmot et al., 2008). However, the association between economic position and health is more complex than straightforward and depends on the study method and the selected health indicators (Barakat & Konstantinidis, 2023; Pickett & Wilkinson, 2015). Generally, stable or improving financial circumstances are associated with better health outcomes, although the effects of socioeconomic mobility vary by context and population.

Regarding the existing literature on Afghanistan, research is currently conducted mainly on particular groups of students, especially at the time of admission to university education. Research done on Afghan university students reveals the presence of psychopathology disorders, psychopathology symptoms, and post-traumatic disorders amongst these students (Kovess-Masfety et al., 2021; Oriya et al., 2021). But no structured information is available about the impact of mental well-being, as well as socioeconomic factors such as the economic status of the family, on mental health.

The current research paper is based on two main theories: the theory of student and university adaptation and the theory of social determinants of health. The theory of adaptation shows how different aspects, such as academic, social, and emotional, affect an individual's psychological well-being (Baker & Siryk, 1984). In turn, the theory of social determinants investigates how other elements, especially socio-economic position, determine health differences (Marmot & Allen, 2014). Consequently, students' mental health is conceptualized as being shaped by both individual and structural influences.

The study is carried out to examine the psychological well-being of recently arrived students and to estimate the impact of the perception of family economic status on their psychological well-being. The objectives of the study include evaluating psychological well-being using the GHQ-28, identifying the prevalence of mental health problems, and analyzing the association between family economic status and psychological well-being.

Drawing upon theoretical research and a review of contemporary perspectives on the relationship between mental health and students' economic status, this paper evaluates several hypotheses.

H1: Newly admitted university students will have average General Health Questionnaire (GHQ-28) scores within the normal to mild symptom range.

H2: The overall mental health score (GHQ) is positively and significantly correlated with its subscales: somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression.

H3: Overall mental health (GHQ) scores will differ significantly among students with different levels of perceived family economic status.

H4: Somatic symptom scores will differ significantly among students with different levels of perceived family economic status.

H5: Severe depression scores will not differ significantly among students with different levels of perceived family economic status.

RESEARCH METHOD

The present study seeks to investigate the mental health status of students at Daikundi University. Mental health is considered one of the most important components for research success. In this section, an attempt has been made to describe the research method, research instruments, data collection method, and data analysis method.

Study Design

The study, which was descriptive and analytical and used a cross-sectional approach, explored the mental well-being of students at Daikundi University who had recently enrolled in 2025 and its relationship to their perception of their family's financial standing. The cross-sectional approach enabled the researchers to analyze the variables simultaneously and determine their relationships in a single analysis.

Statistical Population and Sampling Procedure

All new undergraduates studying at Daikundi University in 2025 formed the statistical population. As there was a constant number of participants across all faculties, all eligible participants took part in the research, for a total of 221 people. The use of the census technique provided good coverage of the sample, minimizing sampling errors and increasing

measurement accuracy. Inclusion criteria were being a new undergraduate and completing all research tasks.

Instrumentation

Data were collected using a questionnaire consisting of two sections:

1. Demographic and Economic Information. This part of the study involved questions on age, father's educational level, and family socioeconomic level. The participants had to rate their family's socioeconomic level as low, medium, or high based on their own perceptions. This form of measurement is often used in studies of socioeconomic status, since people perceive themselves in particular ways.
2. General Health Questionnaire (GHQ-28). Psychological health of participants was measured using a Persian version of the 28-item General Health Questionnaire (GHQ-28), developed by Goldberg and Hillier. This tool has been identified as an efficient screening device for mental health problems in general and student samples. It includes four subscales, namely physical symptoms, anxiety and insomnia, disturbed social function, and severe depression. Each subscale consists of seven items. Responses to these items are given according to four options on a Likert-type scale: better than usual (0), same as usual (1), worse than usual (2), much worse than usual (3). Scores above zero mean higher levels of psychological discomfort. The total score ranges from 0 to 84 and is classified into four categories: normal (0-23), mild symptoms (24-47), moderate symptoms (48-71), and severe symptoms (72-84). validity, and four-factor structure of the GHQ-28 (Bridges & Goldberg, 1986; D. & P., 1988). Research conducted in Iran has also demonstrated high reliability (Cronbach's alpha 0.85–0.90) and a robust factor structure (Malakouti et al., 2007; Naeinian et al., 2014). In Afghanistan, the Dari version has exhibited strong validity and high reliability (Cronbach's alpha above 0.90) (Neyazi et al., 2024). In the present study, the GHQ-28 demonstrated acceptable internal consistency, with a Cronbach's alpha of 0.76. These findings support the suitability of the GHQ-28 for use in this research.

Statistical Analysis and Rationale for Test Selection

Data collection was conducted in person in university classrooms and educational spaces. After coordination with educational officials, questionnaires were distributed to students. The study's purpose and significance were explained, and voluntary participation was emphasized. Informed consent was obtained, and participants were assured that their information would remain confidential and be used solely for research purposes. No identifying information was collected to protect privacy. Participants completed the questionnaires individually under standardized conditions, and the researcher addressed any questions. This procedure was designed to minimize response bias and enhance data accuracy.

Statistical Analysis and Rationale for Test Selection

Data analysis was conducted using SPSS version 27. Descriptive statistics (mean, standard deviation, frequency, and percentage) summarized sample characteristics and research variables. The Pearson correlation coefficient was used to assess relationships among mental health variables, which were measured at the interval or ratio level. One-way analysis of variance (ANOVA) was used to compare mean mental health scores across perceived economic status groups (low, medium, good), since the independent variable had more than two categories. The significance level was set at 0.05.

Assessment of Statistical Assumptions

Before conducting inferential analyses, the assumptions underlying parametric methods were assessed. Data normality was evaluated using the Kolmogorov-Smirnov test and by examining skewness and kurtosis. Levene's Test was used to verify homogeneity of variances across groups. The data met the assumptions necessary for parametric testing. When analysis of variance indicated significant differences, suitable post hoc tests were performed to determine specific group differences.

Ethical Considerations

The study adhered to established ethical standards for social science research. Participation was voluntary, and informed consent was obtained from all participants. Confidentiality was ensured throughout the research process, and no identifying information was recorded. All data were used solely for scientific purposes.

FINDINGS

The results of this study are presented in this section in accordance with the research objectives. This section provides a clear overview of the main findings before presenting the detailed statistical analyses.

Descriptive Statistics

This section presents descriptive statistics and demographic characteristics of the study sample.

Table 1. *Descriptive statistics of demographic variables*

DIMENSIONS	VALUE	FREQUENCY	**ERCENT**
ES	Low	112	**50.7**
	Medium	104	**47.1**
	good	5	**2.3**
Age	16 - 18	67	**30.3**
	19 - 20	147	**66.5**
	21 - 22	4	**1.8**
	23 – 24	2	**0.9**
	Older 25	1	**0.5**
FE	NFE	138	**62.4**
	HSG	62	**28.1**
	AD	15	**6.8**
	BD	5	**2.4**
	PhD	1	**0.5**
SWFS	VS	104	**47.1**
	S	89	**40.3**
	D	18	**8.1**
	VD	10	**4.6**

Note: EC = Economic situation, FE = Father's Education, SWFS = Satisfaction with Field of Study, NFE = No Formal Education, High School Graduate, AD = Associate Degree, BD = Bachelor's Degree, VS = Very Satisfied, S = Satisfied, D = Dissatisfied, VD = Very Dissatisfied, F = Frequency, P = Percent.

The demographic information reflects several features in the sample, such as economic status, age, level of fathers' education, and satisfaction with the chosen field of study. Most participants have a low economic status (50.7%; 112 students), 47.1% (104 students) have a medium economic status, and only 2.3% (5 students) have a high economic status. Thus, the vast majority of the population belongs to low- and medium-income families. The majority of the participants are 19 to 20 years old (66.5%; 147 students), and 30.3% (67 students) are 16 to 18 years old, indicating that the sample includes quite young individuals. As for fathers' education, 62.4% (138 students) of respondents have no education at all, 28.1% (62 students) have graduated from high school, and very few participants indicate that their fathers received higher education. Despite these factors, satisfaction with the field of study is rather high, as 47.1% (104 students) feel very satisfied with their field of study, 40.3% (89 students) are satisfied, and 12.7% are either dissatisfied or very dissatisfied.

Table 2. *General health status and its dimensions among students*

	NC		**MS**		**MOS**		**SS**	
SUBSCALES	F	P	F	P	F	P	F	P
GHQ	85	38/5	90	40/7	41	18/6	5	2/3
SS	120	54/3	65	29/4	27	12/2	8	3/6
ANI	60	27/1	92	41/6	52	23/5	17	7/7
SD	166	75/1	33	14/9	16	7/2	6	2/7
SDE	75	33/9	109	49/3	33	14/9	4	1/8

Note: GHQ = general health questionnaire, SS=somatic symptoms, ANI = anxiety and insomnia, SD = social dysfunction, SDE = severe depression. NC = normal condition, MS = mild symptoms, MOS = moderate symptoms, SS = severe symptoms, F = Frequency, P = Percent.

The majority of students are in the normal or mild categories for their general health and its subdomains. The scores on the General Health Questionnaire (GHQ) indicate that 38.5% of students have normal general health, 40.7% have mild symptoms, 18.6% have moderate symptoms, and 2.3% have severe symptoms. Thus, the majority of students have either no health problems or mild problems. On the physical symptoms sub-domain (SS), 54.3% have normal scores, 29.4% have mild scores, and less than 16% have moderate and severe scores. Anxiety and insomnia (ANI) scores have a majority of 41.6% in the mild category, 27.1% with normal scores, 23.5% with moderate scores, and 7.7% with severe scores, which is more compared to other domains. Social function scores (SD) are better, with 75.1% normal and only 9.9% in the moderate and severe categories. With respect to severe depression (SDE), 49.3% have mild scores, 33.9% normal, and less than 17% have moderate or severe scores.

Table3. *Correlation and descriptive statistics table of research variables*

	mean	Std. Deviation	1	2	3	4	5
1. GHQ	28.3	12.03	-				
2. SS	7.9	4.14	0.749	-			
3. ANI	7.05	5.2	0.776	0.575	-		
4. SD	9.2	4.41	0.290	0.012	-0.145	-	
5. SDE	4.08	4.94	0.729	0.367	0.482	-0.045	-

Note: GHQ = general health questionnaire, SS=somatic symptoms, ANI = anxiety and insomnia, SD = social dysfunction, SDE = severe depression.

From the results of the correlation and descriptive analyses, one can conclude that the total GHQ score (M=28.3, SD=12.03) is significantly and positively correlated with all scales. Among all the scales in GHQ, the strongest level of correlation can be seen between the total GHQ score and anxiety and insomnia (ANI; r = 0.776) and somatic symptoms (SS; r = 0.749) scales, a moderate correlation with severe depression (SDE; r = 0.729), and a weak correlation with social functioning (SD; r = 0.290). In turn, the somatic symptoms scale shows a moderate correlation with anxiety and insomnia (r = 0.575) and severe depression (r = 0.367) and no correlation with social functioning (r = 0.012). Finally, the scales of anxiety and insomnia correlate moderately with severe depression (r = 0.482) and weakly with social functioning (r = −0.145). Therefore, an increase in both physical and psychological problems is associated with a worse state of health but not with social functioning, which implies a small impact of these problems on students' social functioning.

Inferential Statistic

Table 4 presents the results of the one-way analysis of variance (ANOVA) conducted to examine differences in General Health Questionnaire (GHQ) scores across different levels of economic status.

Table 4. *One-way ANOVA results for GHQ scores by economic status*

General Health Questionnaire				
ES	Mean	Std. Deviation	F	Sig
Low	30.28	12.64		
Medium	26.15	11.1	3.25	0.041
Good	28.6	10.6		
		Somatic Symptoms		
Low	9.02	4.26		
Medium	6.8	3.74	9.08	0.00
Good	5.4	2.7		
		Anxiety and Insomnia		
Low	8.05	6.04		
Medium	6.1	4	4.82	0.009
Good	3.8	2.3		
		Social Dysfunction		
Low	8.6	4.5		
Medium	9.7	4.2	4.41	0.013
Good	13.8	2.9		

		Severe Depression		
Low	4.6	5.2		
Medium	3.5	4.4	1.56	0.212
Good	5.6	8.8		

One-way ANOVA indicated that economic status significantly influences overall health. The lowest economic status category had the highest mean total GHQ score of 30.28±12.64, followed by the middle (26.15±11.1) and good categories (28.6±10.6), indicating that people with lower economic status reported more health issues (F=3.25, p=0.041). Physical symptoms varied by economic status (F=9.08, p<0.001). In turn, the mean values decreased with better economic status (9.02, 6.8, 5.4). Significant differences in anxiety and insomnia (F=4.82, p=0.009) were found. In addition, the mean of anxiety and insomnia was the lowest among participants with the lowest economic status (8.05±6.04). Differences in social functioning (F=4.41, p=0.013) were also noted. In particular, participants with good economic status demonstrated the highest mean value (13.8±2.9); however, the pattern was inconsistent. There were no significant differences in severe depression (F=1.56, p=0.212). Thus, economic status has a strong connection with

Table 5*. Post Hoc Comparisons of Economic Status on General Health Dimensions*

Variable	Comparison	Mean Difference	SE	p	95% CI
GHQ (Total)	Low vs. Medium	0.20	0.10	.104	[-0.03, 0.44]
	Low vs. Good	0.35	0.33	.540	[-0.43, 1.14]
SS	Low vs. Medium	0.28*	0.06	.000	[0.12, 0.43]
	Low vs. Good	0.45	0.22	.109	[-0.07, 0.96]
SD	Low vs. Medium	0.18*	0.06	.021	[0.02, 0.33]
	Low vs. Good	0.50	0.22	.060	[-0.01, 1.02]
ANI	Low vs. Medium	-0.15	0.06	.075	[-0.30, 0.01]
	Low vs. Good	-0.48	0.22	.078	[-1.00, 0.04]
SDE	Low vs. Medium	0.12	0.05	.079	[-0.01, 0.24]

Post hoc analyses using Tukey HSD and Games–Howell tests show that economic status does not consistently affect all aspects of general health. There were no significant differences in GHQ or SDE, indicating that these aspects do not depend on economic status. While the ANIs were not significantly different from each other according to the Tukey test, Games–Howell tests suggested that there could be differences, given unequal variances. In this way, we can conclude that psychological constructs are mostly affected by many other factors, especially severe depression.

On the other hand, considerable variation was found in somatic symptoms (SS) and social dysfunction (SD), especially in low and medium economic classes. Participants from the lower economic class reported poorer physical health and had poorer social functioning, demonstrating the effects of economic underdevelopment. Moreover, applying the Games-Howell test, which accounts for unequal variances and unequal sample sizes, revealed even larger differences, especially in social dysfunction. Thus, it becomes evident that economic status plays a much larger role in tangible characteristics of health, such as somatic and social ones, than in psychological ones.

DISCUSSION

This study examines the mental health of new university students and finds that, although most report normal or mild symptoms, the average mental health score exceeds the clinical cutoff. This outcome indicates that a considerable proportion of students exhibit underlying vulnerabilities, even without severe symptoms. These results are consistent with international research. For example, Auerbach et al, (2018) found that many first-year students in multiple countries experience significant psychological symptoms, even if they do not meet clinical diagnostic criteria. Similarly, Hunt et al. (2010) identified the transition to university as a period of increased risk for mental health concerns. The convergence of these findings with the present study suggests that early psychological vulnerability is widespread across various educational contexts.

This indicates that the issues faced by students are anxiety and sleep-related problems, similar to those identified by Osborn et al. (2022), who also found these psychological issues in students. The current paper analyzes the international literature on the topic under discussion. There may be variations in the findings for several reasons. First, culture plays a significant role in the psychological distress of students through their physical conditions or high levels of anxiety. Also, the timing of the study holds particular significance, as the current paper focuses on first-year students rather than students in higher years of education.

National-level results of the research are consistent with the data collected in Afghanistan. For example, studies carried out by Oriya et al. (2021) and Nine et al. (2022) reveal increased rates of anxiety, depression, and traumatic stress among students. At the same time, the current research that focuses on new students entering higher education institutions uncovers the presence of high rates of anxiety and insomnia symptoms among new arrivals. The aforementioned phenomenon can be explained by factors such as socioeconomic circumstances and limited access to mental health resources. Compared with domestic research, the present research adds a new dimension in terms of time, showing that psychological problems do not occur only during education, but from its very first days.

Students from lower economic backgrounds experience elevated levels of psychological distress, anxiety, and physical symptoms. These results are consistent with the social determinants of health framework (Marmot et al., 2008) and World Health Organization reports (World Health Organization, 2007), which emphasize that economic inequalities contribute to chronic stress and restrict access to support resources. The present findings reinforce prior empirical research demonstrating a negative association between economic status and mental health. This study substantiates and extends these conclusions by specifically examining student populations in developing societies.

The current findings regarding social functioning diverge from existing literature. While many studies report a linear relationship between economic status and improved social functioning, this study identified greater social dysfunction among students with higher economic status. Possible explanations include increased social pressures and expectations within affluent groups, greater social comparison, or differences in interaction styles.

Furthermore, the small effect size observed in this subgroup may have contributed to these results. Overall, these findings indicate that the relationship between economic status and mental health is more complex than previously assumed and warrants further investigation.

The findings support a multilevel approach, indicating that the interaction between individual processes, such as adaptation to a new environment, and structural factors, including economic status influences students' mental health. This perspective aligns with existing literature and extends current frameworks by highlighting the importance of the university entry stage.

These findings are consistent with previous research, confirming that interventions such as early screening, expanded counseling services, and alleviation of economic stress are both relevant and necessary. Nevertheless, the observed prevalence of anxiety and insomnia in this study indicates that interventions should be specifically adapted to address the unique needs of students.

The primary limitations of this study include its cross-sectional design, reliance on self-report instruments, and restricted generalizability. Observed discrepancies with previous studies indicate that contextual and cultural factors may significantly influence the findings and warrant further investigation in future research.

CONCLUSION

The study found that although some first-year university students exhibit psychological vulnerability, the majority experience either normal or mild symptoms. Additionally, the results indicate that students’ perceptions of their family’s economic status are associated with variations in specific dimensions of mental health.

Given that this study is based on a cross-sectional design, its results should be interpreted with caution and cannot be considered evidence of any causal connections. Higher education institutions should implement a series of interventions, including voluntary screenings of students' mental health upon enrollment, stress management and sleep hygiene training, and adequate counseling services. Authorities should consider introducing mental health indices into quality measures, provide funding for psychological support, and offer financial assistance programs (grants).

Identifying early signs of psychological vulnerability in new university students enables targeted support and educational interventions, thereby enhancing the overall academic experience.

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Statement of Data Availability

Data supporting the findings of this study are available upon request from the corresponding author.

Authors Contributions

1. **Hamed Mohammadi** was responsible for writing the introduction, research methodology, discussion, and conclusion sections.
2. **Ali Reza Heidari** was responsible for data analysis in SPSS 27 software, as well as reviewing and rewriting the text and comments of the reviewers.
3. **Murtaza Razai** was responsible for distributing the questionnaire, entering data, and preparing data for analysis.

Conflict of Interest

The authors of this article declare that they have no financial, personal, or organizational conflicts of interest related to the conduct or publication of this research.

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