THE RELATIONSHIP BETWEEN MENTAL HEALTH AND ACADEMIC ACHIEVEMENT OF STUDENTS OF FACULTY OF EDUCATION AT KUNDUZ UNIVERSITY

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ABSTRACT

Several factors may contribute to better academic progress and mental health could be one of those factors. The purpose of this study was to explore the relationship between mental health and academic progress of students of faculty of education, Kunduz University. It was descriptive-correlational study. All students of the department of education (1614) are being taken as the population of the study out of which 310 students were selected as sample with a confidence level of 95% and an error percentage of 0.05%. In order to collect data, the GHQ-28 Questionnaire was used to measure mental health status, and the average grades of students were used to measure academic achievement. The collected data have been analyzed through SPSS-24 software. The findings of the research showed that the level of academic progress among students was higher than the desired level (p<α=0.05<0.05, μ=78, 6>75), and the level of mental health in all dimensions and the overall dimension was at normal level (P<α). =0.00 < 0.05. This study found that there is no relationship between mental health and its dimensions with academic progress because P>α and r≈0. Furthermore, the results of chi-square showed that there was no relationship between the income level and civil status with educational progress. (r=26.905, P<α=0.000<0.05). It can be concluded that the level of mental health and academic progress of students is favorable; therefore, these two variables were not correlated.

Key words: Academic Progress, Mental Health, University, Students, Kunduz

Introduction

Health is a very complex concept that has attracted the attention of a lot of scholars around the globe to think on it and study it from different perspectives.
Being healthy has many meanings from different perspectives. According to some scholars, being healthy means to behave according to the existing norm of a society. As per statistics, anyone who fits in the middle of a normal curve is considered normal. Many specialists in the field of health consider health as a process that is the result of the interaction of various biological, psychological, and social systems (Mousavi, Mousavi, Hajian, 2015). Health has been defined by different scholars and organization. Health is a complete state of biological, mental and social comfort and success and is not just the absence of illness or health disability (Aziznajad, Pourheidar, Soltani, 2015). According to the World Health Organization, health is "a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity.

Based on WHO definition of health, it has few aspects. Mental health which is an important aspect has attracted the attention of a lot of scholars to study it and offers best solutions for prevention and treatment of different kinds of mental health problems. Mental health problems are very prevalent across the world and based on the research findings no one is immune from mental illness. Lack of understanding, adjustmental issues, and behavioral problems are very common in human societies (Aziznajad, Pourheidar, Soltani, 2015). According to WHO, mental health is defined as a “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. In recent years, the Canadian Mental Health Association defined mental health as attitude about oneself, attitude about others and attitude about life (Ahmadwand, 2011).Some psychologists who are interested in studying personality have linked mental health with personality and believe that a healthy personality refers to the whole or a combined set of methods and special ways of adapting to the environment, which are relatively stable and are unique to him, and distinguish him from others. Therefore, there is a very strong relationship between a person’s personality and his psychological health; because someone who suffers from a psychological discomfort naturally cannot have a favorable adaptation to his environment (Shaarenijad, 2019, pp. 925-926)’”.

According to the definition of the Canadian Mental Health Association and based on the aspects of mental health determined by Kaplan et al., mental health can provide the basis for a person's adaptation to himself, the environment, and living conditions. According to Kameo, a person who enjoys mental health is someone who is far from anxiety and symptoms of disability can establish a relationship with others and is also able to cope with the pressures of life (Farahbakhsh, Gholamrezaei, Nikpay, 2007). Therefore, based on the above explanations, it can be concluded that mental health affects one’s quality of life and can have negative impact on the individuals and the progress of the community.

Mental health problems would negatively affect every individual in all stages of life. But individuals specially those who are at the university are assumed to be at more risk of developing mental health problems due to different reasons such as entering to new phase of life (Puberty), experiencing new academic environment with different rules and expectation, changes in friendships and academic demands (Namdar Areshtanab et al., 2013; Hamdieh, Shahidi, 2020; Namdar Areshtanab et al., 2013). Mental health problems during the school and university period may have very negative impact not only in the current life of an individual but it may also affect the future of a person. It is assumed that a student’s mental health should
have a strong relationship with his/her academic performance and academic achievements. Many researchers have tried to understand the relation between students’ academic performance and their mental health. For instance, Molazade et al. (2013) found a significant relationship between mental health and academic failure of students. In the studies of Hamideh et al. (2014 and Madudi et al. (2014), there was a significant relationship between depression and academic progress. Also, the results of the research carried out by Namdar Areshtanab et al. (2013) under the title "Mental Health and its Relationship with Academic Progress in Nursing and Midwifery Students" have shown that there is a significant relationship between mental health and academic progress. These cases are seen in the research conducted by Akbarpoor Zanghalani, Khodayari-Shouti, Malekzadeh (2016), a significant relationship between mental health, motivation for progress and academic progress. However, the research results of Farahbakhsh, Gholamrezaei and Nikpay (2007) and the findings of Sadeghi, Abedini, Norouzi (2013) show that there is no relationship between mental health and academic achievement.

Based on the above findings, we could see that there is some findings that show a relationship between student’s mental health and academic progress and but some findings are opposite. Therefore, this research is intended to investigate the relationship between student’s mental health and their academic progress in the context of Afghan university.

Research Method

This was a descriptive-correlational study. All students of Kunduz Educational faculty are being taken as the population of the study. Out of 1614 students, 310 students are selected as sample of the study and they were selected by stratified random sampling. Finally, 295 participants are returned and filled the questionnaires successfully. Goldberg's General Health Questionnaire (GHQ-28) was used to collect the necessary data. GHQ-28 has four domains which assess four common disorders, including somatic symptoms, anxiety and insomnia, social withdrawal, and depression. Academic progress of the students was assessed by collecting the average score of the students. The data were analyzed using SPSS-24 software.

Findings

This research consisted of 163 (56%) boys and 132 (44%) girls. The findings showed that 82.4% of the participants were single and 7.5% were married and 9.5% were engaged. The family income of majority (41.7%) of the participants were between 11000 – 15000 Afghanis per month and only 1.4% of the participants reported to have 36000-40000 Afghani as monthly income.

Figure (1) Grade levels of students who participated in the research.
As Figure (1) shows, the average scores of 17% of the participants was 31% which belongs to group A, 36% had average scores of group C, and 16% had average scores of group D.

Table (1): Frequency of desired and undesired academic progress of the participants.

| Academic Achievement | Number | Valid percent | Cumulative Percent |
|----------------------|--------|---------------|--------------------|
| desirable            | 126    | 42.7          | 42.7               |
| Undesirable          | 169    | 57.3          | 100                |
| Total                | 295    | 100           |                    |

The data in Table (1) shows that 126 (42.7%) of the participants had desired academic progress, while 169 (57.3%) of them had undesirable academic progress.

Table (2): Mental Health Status of the Participants.

| Health in every dimension | Somatic symptoms | Anxiety/insomnia | Social dysfunction | Severe depression | Total Mental Health |
|---------------------------|------------------|------------------|--------------------|------------------|---------------------|
| Health without symptoms   | Number | percent | Number | percent | Number | percent | Number | percent | Number | percent | Number | percent |
| without symptoms          | 287    | 97.3%   | 283    | 95.9%   | 238    | 80.7%   | 238    | 80.7%   | 266    | 90.2%   |
| with symptoms             | 8      | 2.7%    | 12     | 4.1%    | 57     | 19.3%   | 57     | 19.3%   | 29     | 9.8%    |
| Total                     | 295    | 100%    | 295    | 100%    | 295    | 100%    | 295    | 100%    | 295    | 100%    |

The findings of Table (2) show that out of a total of 295 students who were participated in the research, 97.3% of them did not have somatic symptoms and 2.7% have somatic symptoms. In the dimension of anxiety symptoms, 95.9% of students continued to study without anxiety, while 4.1% of them suffered from anxiety symptoms. In the dimension of Social dysfunction, 80.7% of the participants have appropriate social interaction, while 19.3% of them have Social dysfunction. In the dimension of depression, 80.7% of the respondents were normal, while 19.3% of them had severe depression. But, the student who were the participated in this research, 90.2% were without symptoms and only 9.8% of them reported to have symptoms.

Table (3): The One-sample T-test statistics of the students’ academic progress

| Test Value = 75 |
|-----------------|
| **Average scores** | Mean/ μ | t, α | df | Sig. (2-tailed) | Mean Difference | 95% Confidence Interval of the Difference |
|-------------------|---------|----|---|-----------------|-----------------|------------------------------------------|
|                   | 78.6    | 6.244 0.05 | 294 | 0.000 | 3.602 | 2.47 4.74 |

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The results of one sample t-test in Table (3) show that the academic progress of the students who answered the questionnaires is higher than the desired level (P<α=0.00<0.05). It can also be seen that both the lower limit and the upper limit are positive numbers (lower limit = 2.47, and upper limit = 4.74). Comparing the average limit obtained with the determined cut off point shows that it is (μ>Test Value=78.6>75), which is different from the value of 3,602. All of these indicate that the average academic progress of the students who participated in the research is in a favorable condition and above it.

Table (4): The One-sample T-test statistics of the participant’s mental health

| The mental health dimension | Mean/ μ | t, | α | Df | Sig. (2-tailed) | Mean | 95% Confidence Interval of the Difference | Lower | Upper |
|----------------------------|--------|----|---|----|----------------|------|------------------------------------------|-------|-------|
| Somatic symptoms           | 6.86   | -30.701 | 0.05 | 294 | 0.000 | -7.112 | -7.53 -6.69 |
| Anxiety/insomnia           | 10.77  | -13.925 | 0.05 | 294 | 0.000 | -3.227 | -3.68 -2.77 |
| Social dysfunction         | 3.86   | -39.145 | 0.05 | 294 | 0.000 | -10.136 | -10.65 -9.63 |
| Severe depression          | 6.89   | -22.379 | 0.05 | 294 | 0.000 | -13.617 | -14.81 -12.42 |
| General mental health      | 28.38  | -33.558 | 0.05 | 294 | 0.000 | -7.112 | -7.53 -6.69 |

The results of the sample T-test in Table (4) show that the students who participated in the research have good mental health in all dimensions of mental health questionnaire. The dimension of Somatic symptoms, P < α = 0.00 < 0.05, μ < Test Value = 6.89 < 14. In the dimension of Anxiety/insomnia, P < α = 0.00 < 0.05, and μ < Test Value = 6.86 < 14. In the dimension of Social dysfunction, P<α=0.00<0.05 and μ<Test Value=10.77<14. In the dimension of depression disorder, P < α = 0.00 < 0.05, and still comparing the mean μ < Test Value = 3.86 < 14 was obtained. Also, in the general dimension (general health), P < α = 0.00 < 0.05, and μ < Test Value = 28.38 < 42 have been obtained. On the other hand, observing the 95% Confidence Interval of the difference between lower and upper number shows that all the figures are negative and do not include zero number. All of these evidences reject the H0 hypothesis and confirm the opposite hypothesis. Considering the two domains of the test, it should be said that the average students who participated in this research have good mental health in all dimensions.
**Table (5):** The results of Spearman's correlation coefficient between the dimensions of the mental health and academic Achievement.

| Mental Health Dimension (Independent Variable) | Academic Achievement (Dependent Variable) | Spearman's Correlation Coefficient | α | Sig. (2-tailed) | Result |
|------------------------------------------------|-------------------------------------------|-----------------------------------|---|-----------------|--------|
| Somatic symptoms                               | Academic Achievement                      | .018                              | 0.05 | .764            | There is no significant relationship. |
| Anxiety/insomnia                               | Academic Achievement                      | .004                              | 0.05 | .941            | There is no significant relationship. |
| Social dysfunction                              | Academic Achievement                      | .110                              | 0.05 | .059            | There is no significant relationship. |
| Severe depression                               | Academic Achievement                      | -.065                             | 0.05 | .266            | There is no significant relationship. |
| General mental health                          | Academic Achievement                      | -.083                             | 0.05 | .154            | There is no significant relationship. |

The results listed in table (5) show that the degree of correlation between the dimensions of mental health and general health with Academic Achievement is as follows:

There correlation between somatic symptoms and academic progress was insignificant, r = 0.18, p = .764. The correlation between anxiety symptoms and academic progress was insignificant, r = 0.004, p = .941. Moreover, no relationship was found between social dysfunction and severe depression respectively. Likewise, the correlation between overall mental health and academic achievement is r= -0.083, which is not significant at the significance level of 0.05% (P>α = 0.154>0.05). Therefore, according to the obtained statistics, the mental health is not related to the academic progress of students in this research.

**Table (6):** Pearson Chi-Square test statistics between gender and students' academic achievement.

| Independent Variable | Independent Variable: Group of Average Scores | Total | Pearson Chi-Square | Asymptotic Significance (2-sided) |
|----------------------|-----------------------------------------------|-------|--------------------|----------------------------------|
|                      | A                              | B     | C                  | D                  |                                  |
| Gender               | Boy 8.60% | 27.20% | 43.80% | 20.40% | 100.00% | 26.905<sup>a</sup> | 0.000 |
|                      | Girl 27.30% | 35.60% | 26.50% | 10.60% | 100.00% |

<sup>a</sup> 0 cells (0.0%) have expected count less than 5. The minimum expected count is 21.10.
The findings of the Crosstab's (Table 6) show that girls have a higher percentage of A and B grades than boys. The boys have obtained 8.6% in group A, 27.2% in group B, 43.8% in group C, 20.4% in group D, while the girls have average scores in group A, 27.3%, group B 35.6%, group C 26.5%, and group D 10.6% answered the questionnaires. The calculation of the chi-square coefficient indicates that there is a relationship between gender and academic achievement and it is significant at the significance level of 0.05% (r=26.905, P<α=0.000<0.05). Based on the results of this test, it shows that girls have better academic achievement than boys. It is necessary to remember that the results of the Pearson Chi-Square test showed that there was no significant relationship between the variables of marital status, family income per amount and academic achievement (P>α).

Discuss

The findings of the research show that there is no significant relationship between mental health and academic achievement of students. These findings are consistent with the results of previous researches (Farahbakhsh, Gholamrezaei and Nikpay, 2007; Sadeghi, Abedini, Norouzi, 2013). They have no relationship between mental health and academic achievement. However, some findings are contradicting to the findings of current study. Molazade et al. (2013) finds that there is a significant relationship between general and mental health and academic failure. In the studies of Hamideh et al. (2014), there was a significant relationship between depression and academic progress, which the findings of this research do not agree with. Studies of Namdar Areshtanab et al. (2013) also reported a significant relationship between mental health and academic progress.

As in Sadeghian and Heidarian Pour's research (2009), there was a significant relationship between stressful factors such as marriage, future employment, work environment, sexual problems, and mental health which caused students' academic failure. These cases are seen in the research conducted by Akbarpoor Zanghlani, Khodayari-Shouti, Malekzadeh (2016), a significant relationship between mental health, motivation for progress and academic progress. The findings of the study by Azizinajad, Pourheidar, Soltani (2015) and Farakhran et al. (2011) and the results of the research by Khazaeei et al. (2013) show that components such as cultural factors, welfare education, psychological and academic counseling, sleep quality and self-esteem are significant in mental health. They have shown a significant relationship between data and academic achievement. The findings of the present research are not consistent with any of the above research findings because there was no significant relationship between the components of mental health and academic achievement P > α.

Conclusion

This study shows that there is relationship between student’s mental health and academic progress of students. This result is out of expectation. The result may become different if this research is conducted on a big number of students from different field of studies.

The current study also finds that majority of the participants has no mental health problem and female student’s academic progress are higher than male students.
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