

**THE MENTAL HEALTH AND ADJUSTMENT PROBLEMS AMONG  
FIRST-YEAR STUDENTS IN THE FACULTY OF HUMANITIES,  
UNIVERSITY OF LIMPOPO, SOUTH AFRICA: AN ATTACHMENT  
APPROACH**

By

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DISSERTATION

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**FACULTY OF HUMANITIES**

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## DECLARATION

I, Tshililo Cindy Mosehane, declare that the dissertation titled **The Mental Health and adjustment problems among first-year students in the faculty of Humanities: an attachment approach**, is hereby submitted to the University of Limpopo for the degree of Master of Arts in Psychology, and has not been submitted previously for a degree at this or any other University; it is my work in design and execution, and that all reference materials contained herein have been duly acknowledged.

Signature: mosehane t.c

Date...07-03-2024

## **ABSTRACT**

The current study assessed the mental health and adjustment problems experienced by first-year university students in the Faculty of Humanities at the University of Limpopo. The sample consisted of 366 first-year university students. Both females (n=251) and males (n=115) were presented. A quantitative, cross-sectional design and simple random sampling were employed. Data was collected using the Student Adaptation to College Questionnaire (SACQ), General Health Questionnaires (GHQ-12), and Parental Bonding Instrument (PBI). Methods of analysis data were correlation (Spearman's), factor analysis, and ordinal logistic regression to establish a relationship. Results revealed that there was a positive relationship between mental health and adjustment problems among first-year university students. Female students were reported to have the highest risk of experiencing mental health problems than male students' mental health and adjustment problems are common among first-year university students between the ages of 18-21 years. The findings of this study also found that residence and socioeconomic status have an impact on the experience of mental health problems among university first-year students. Staying on campus for female students was regarded as safer than staying campus as such they reported fewer sleep challenges. The presence or absence of caring or over-caring parents does not significantly predict mental health problems among first-year university students.

## DEDICATION

*I would like to dedicate this study to my parents, Madilonga Anna Mosehane and Tendani Joseph Mosehane for all the patience, morale, and financial support, in particular the love that they gave me during the study. May the Almighty Lord bless them with a long life.*

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## LIST OF SPECIAL SYMBOLS

$\mu$	Mean	
$\sigma$	Standard deviation	
$\beta$	Beta	
$\alpha$	Alpha	(used to denote Cronbach's alpha values)
$p$	p-value	(denotes significant value)
=	Equal to	
>	Greater than sign	( $\geq$ Greater than or equal to)
<	Less than sign	( $\leq$ Less than or equal to)
$n$	Number of observations	
$\sqrt{\quad}$	Square root	
CI	Confidence Interval	
$\Sigma$	Sigma sign for summation	
$r$	Correlation	
$H_0$	Null Hypothesis (true statement	
$H_1$ OR $H_a$	Alternative Hypothesis (to be tested/used to test null hypothesis)	
$d = rank(X) - rank(Y)$		difference between the ranks
$\Sigma d^2$		The sum of squared differences between ranks
$rs$		Spearman's correlation coefficient
$P(Y \leq j)$		Probability of the dependent variable taking value less or equal to $j$
$t = rs * \sqrt{((n - 2) / (1 - rs^2))}$		test statistic (t-test) for Spearman's correlation.
$X = LF + E$		$X$ is the data matrix, $L$ factor loading matrix, $F$ factor score matrix, $E$ the error matrix respectively.
$x_1, x_2, \dots, x_k$		Independent variables
$\beta_1, \beta_2, \dots, \beta_k$		Coefficients that measure the effect of the independent variables.
$\beta_{0_j}$		The intercept for the $j$ th level of the dependent variable
$logit(P(Y \leq j)) = \beta_{0_j} + \beta_1 x_1 + \beta_2 x_2 + \dots + \beta_k x_{\beta_1 x_k}$		logistic regression model

## LIST OF ACRONYMS

ANOVA	Analyses of variance
DESA	Department of Economics and Social Affairs
GHQ-12	General Health Questionnaire
GPA	Grade point average
MLE	Maximum likelihood estimation variable,
PBI	Parental Bonding Instrument
PCA	Principal component analysis
SACQ	Student Adaptation to College Questionnaire
SEP	Socio-economic position
SES	Socio-economic status
SGM	Sexual and gender minorities
SPSS	Statistical Package for Social Sciences
WHO	World health organization

## RESEARCH OUTPUTS

I have attended postgraduate visual lectures hosted on **Structure and Proposal Development of Master of Arts and Ph.D.**, facilitated by Msana Buliswa, funded by the Research office at the University of Limpopo, South Africa, 2021:

07 June 2021: Structure and Proposal Development

I was taught about generic MA / h.D.Ph.D. proposal structure and contents, the statement of the problem, Literature review, faculty of Humanities proposal template and lastly self-editing of proposal and dissertation. This was very helpful in terms of understanding how we structure research proposals as well as pointing out the research problem.

08 June 2021: Methodological issues

On this day, I was taught about the format and contents of the dissertation/thesis, the theoretical framework/role of theory, issues associated with study quality, and issues associated with ethics. This was very helpful in terms of understanding the importance of ethics as well as linking my study with a relevant theory.

24-25 August 2021: Research methods (qualitative and quantitative).

This entails concepts that are used in qualitative and quantitative research and data analysis of quantitative and qualitative research design. This session was helpful because it made me know whether my research topic needs qualitative or quantitative research design.

## **CHAPTER: 1**

### **INTRODUCTION AND BACKGROUND**

#### **1.1. Background of the study**

Changing from high school to university education is a period of transition for students (Daizel et al., 2005). The change requires that they adapt from being dependent on their parents to being independent (Sunmola et al., 2002). While this is usually a positive transition, students are required to deal with the difficulties of relocating from home to university at a time when they are undergoing significant developmental changes (Mulder & Clark, 2000; Thuma et al., 2020). They must also adjust to the transition from an organized and highly supervised educational program to one that requires them to take a more active part in time management and study preparation (Payne, 2006). This happens almost immediately when they move to the university and it comes with a lot of stress for most students (Quinn et al., 2005). According to Cheung et al. (2020), stress among undergraduate students originates from the life conditions and environmental factors associated with university attendance.

Yorgason et al. (2008) argue that social life and academic pressure frequently produce challenges and impact on the undergraduates' emotional well-being. Consequently, undergraduates experience stress because of failure to adapt to life difficulties and the ever-increasing academic demands (Gan et al., 2014). Most first-year students leave home for the first time, learn to live independently, meet with new people, adjust to new university teaching methods, and experience changes in studying and sleeping patterns (Henriques, 2014). Such a transition can be stressful and challenging for most students; as such might predispose them to experiencing stress, depression, anxiety, and adjustment problems (Thuma et al., 2020). The proposed study determined the influence of demographic factors involved in the experience of mental health problems such as depression, anxiety, and adjustment problems among the first-year students.



Depression and anxiety are the most common mental health challenges faced by first-year students (Andersen et al., 2021). Among other challenges, first-year students from disadvantaged family backgrounds usually experience financial challenges (Motala et al., 2007). Such challenges often lead them to find alternative means of raising funds such as finding part-time jobs during the period of study which might end up compromising their academics (Mthimunya & Daniel, 2020). Larkin et al. (2015) posit that students who reside at home or off-campus experience more challenges with their academic performance. Residing at home increases the pressure as they are expected to perform household duties, leaving them with little time to rest and study, thereby encountering more studying obstacles (Saleem & Manhood, 2013).

Twentyman et al. (2017) documented that many Blacks/Africans' first source of stress is migration. Acculturation can be stressful for minorities or children who immigrate to the United States, for example, as they attempt to balance their native culture with American culture (Lucas & Berkel, 2005). Even non-immigrant minorities endure cultural stress: being racially or ethnically different puts them in danger of prejudice, discrimination, or simply not fitting in with the majority culture (Chen et al., 2013). Racism and discrimination are well-known stressors that can wreak havoc on a person's mental health (Flatt, 2013). The findings revealed that the rate of depression and anxiety symptoms varies by race or ethnicity (Wider et al., 2016). The results indicated that 19% of Whites, 16.8% of Blacks/African Americans, 22.7% of Asians, 13.4% of American Indians/Alaska Natives, 24.9% of people of two or more races, and 15.3% of Hispanics report having experienced some form of mental illness in the previous year (Twentyman et al., 2017).

Bantjes et al. (2019) established that lower socio-economic status (SES), gender, and belonging to an ethnic minority have all been linked to student mental health problems in South Africa. Depressive symptoms and anxiety disorders have been linked to lower SES (Hussain et al., 2012). The heightened vulnerability to mental illness among disadvantaged and minority groups is frequently attributed to socio-political forces that oppress and disable specific groups, as well as restricting access to social capital and economic opportunity (Carter et al., 2017). It is important to note that racial prejudice has

been linked to poor mental health on several occasions (Worfel et al., 2016). Discrimination for reasons other than racism can also be harmful to a person's mental health, such as ageism, sexism, ableism, classism, and heterosexism, which all show strong links to mental distress status (Bantjes et al., 2019). This idea is supported by research which indicates that students with a typical sexual orientation (those who are identified as homosexual, lesbian, bisexual, asexual, or questioning) and gender non-conforming students are more likely to develop mental problems (Peltzer & Pengpid, 2016).

## **1.2. Research problem**

The transition to university life can be challenging for many first-year students, particularly in terms of their mental health and adjustment. In the Faculty of Humanities at the University of Limpopo, there is a need to investigate the nature and extent of mental health and adjustment problems among first-year students. Despite the potential impact of mental health and adjustment problems on the academic performance and well-being of first-year students in the Faculty of Humanities at the University of Limpopo, there is a gap in understanding the prevalence, causes, and effects of these issues. As such, this study aims to investigate the mental health and adjustment problems experienced by first-year students in the Faculty of Humanities at the University of Limpopo and identify potential interventions to support their well-being and academic success.

Mental health challenges are on the threshold of progressing as one of the most difficult challenges of urban and rural learning (Czerniewicz & Brown, 2014). Mental health challenges are critical due to the effect they have on first-year students. For example, numerous students who are registering for the first time in the United States experience huge stress, anxiety, and pressure from their academic programs (Eisenberg et al., 2017). Chronic stress leads to psychological maladjustments, for instance, tension and anxiety, which can influence the general success of student understudies (Sapolsky, 2004). Furthermore, a great deal of stress and nervousness lead to helpless results, modules failing, low self-esteem, substance abuse, and suicidal thoughts (Sapolsky, 2004).

During their first year in university, first-year students experience a certain amount of depression and anxiety. This varies by gender (higher in females than in males), living situations (higher in on-campus students than day scholars), and age (higher in younger age groups). Youths between the ages of 16 and 24 were found to have the highest percentage of mental problems (Sya et al., 2019). However, there is a huge gender difference whereby females display more depressive symptoms (Sheldon et al., 2021). Both Sheldon et al. (2021) and Sya et al. (2019) indicated that females are more affected by mental health problems than males.

University is an exciting environment but can also be very challenging for first-year students. As a first-year university student, one might be leaving home for the first time, learning to live independently, adjusting to the new teaching and module system, meeting new people, making new friends, and making changes in studying and sleeping patterns. These changes force students to make fast adjustments, while failure to do so might lead to emotional challenges. Small or large setbacks can appear disastrous, yet these feelings typically pass within a short time (Thuma, et al., 2020).

The majority of recently conducted studies have focused on students outside Africa, particularly outside South Africa (Twentyman et al., 2017; Eisenberg et al., 2007). For example, the study on concentration and academic ability following transition to university was conducted in Pakistan (Burt, 1993). This proposed study seeks to identify mental health challenges and difficulties in adjusting to the university environment by the first-year students in South Africa. The study will be conducted among the first-year students under the faculty of Humanities at the University of Limpopo.

### 1.3 Significance of the Study

The transition to university life can be challenging for many first-year students, particularly in terms of their mental health and adjustment. In the Faculty of Humanities at the University of Limpopo, there is a need to investigate the nature and extent of mental health and adjustment problems among first-year students. Despite the potential impact of mental health and adjustment problems on the academic performance and well-being of first-year students in the Faculty of Humanities at the University of Limpopo, there is a gap in understanding the prevalence, causes, and effects of these issues. As such, this study aims to investigate the mental health and adjustment problems experienced by first-year students in the Faculty of Humanities at the University of Limpopo and identify potential interventions to support their well-being and academic success.

The study on the mental health and adjustment problems among first-year students in the Faculty of Humanities at the University of Limpopo has significant importance in several ways:

- **Academic performance:** First-year students who struggle with mental health and adjustment problems may experience difficulties in academic performance, which could result in poor grades and affect their future academic and career prospects. This study can provide insights into the factors that affect academic performance and inform interventions to support academic success.
- **Student well-being:** Mental health and adjustment problems can harm the well-being of first-year students, affecting their social, emotional, and physical health. This study can help identify the types of mental health and adjustment problems that students may be experiencing and provide information on interventions that could improve their well-being.
- **University policies and practices:** The findings of this study can inform the development of policies and practices that address the mental health and

adjustment problems of first-year students in the Faculty of Humanities at the University of Limpopo. This could include the provision of appropriate support services, academic accommodations, and training for staff and faculty members to better understand and respond to these issues.

- **Generalizability:** The results of this study can also be applied to other faculties and universities, especially those with similar student populations. This will inform interventions and policies that aim to support the mental health and adjustment of first-year students in different academic settings.

Overall, the study on the mental health and adjustment problems among first-year students in the Faculty of Humanities at the University of Limpopo has the potential to improve the academic performance and well-being of students, inform university policies and practices, and contribute to the general understanding of mental health and adjustment issues among first-year students.

#### **1.4 Aim of the study**

The study aims to determine the mental health and adjustment problems experienced by first-year university students in the Faculty of Humanities, University of Limpopo.

#### **1.5 Objectives of the study**

The objectives of the study are:

- To determine the demographic characteristics among first-year university students.
- To determine the types of mental health problems likely to be experienced by first-year students.
- To identify the relationship between mental health problems and adjustments among first-year students.

- To identify the influence that the background information (gender, socio-economic background, students' residence, etc.) and caregiving history have on the mental health and adjustment of the first-year university students.

## **1.6 Research questions**

- What are the demographic characteristics among first-year university students?
- What are the types of mental health problems likely to be experienced by first-year students?
- Is there any relationship between mental health problems and adjustments among first-year students?
- Does background information (gender, socio-economic background, age, residence, etc.) and caregiving history have an influence on the mental health and adjustment of the first-year university students?

## **1.7 Hypotheses**

- There is a relationship between mental health and adjustment challenges among first-year students.
- Demographic variables do not have an influence on the development of mental health and adjustment challenges.

## **1.8 Definition of terms**

- Mental health problems: Dogra and Cooper (2017) define mental health problems as a condition that interferes with a person's capacity to think, feel, act, or interact with others. There are many distinct types of mental illnesses, each with its own set of symptoms that influence people's lives in various ways.
- Adjustment: According to Sharma (2017), adjustment refers to an individual's response to the expectations and pressures imposed by the social environment.

- **First-year students:** The Oxford Dictionary defines a first-year student as a means of any person registered as a student at an institution of higher learning for the first time.

## **1.9 Research methodology**

The methodology for the study on mental health and adjustment problems among first-year students in the Faculty of Humanities at the University of Limpopo could include the following:

- **Research design:** A cross-sectional survey design will be used to collect data from a representative sample of first-year students in the Faculty of Humanities. This approach will provide information on the prevalence, nature, and impact of mental health and adjustment problems among first-year students.
- **Sampling:** A stratified random sampling technique will be used to select participants from different academic programs, genders, and age groups. This would ensure that the sample is representative of the population and enable comparisons between subgroups.
- **Data collection:** Data will be collected using self-administered questionnaires that include standardized measures of mental health and adjustment problems, such as the General Health Questionnaire and the Student Adaptation to College Questionnaire (SACQ), the General Health Questionnaire (GHQ-12) and Parental Bonding Instrument (PBI). The questionnaires will also include open-ended questions to capture the experiences and perspectives of the students.
- **Data analysis:** Descriptive statistics such as means, standard deviations, and frequencies will be used to summarize the data and identify patterns and trends. Inferential statistics such as chi-square tests, t-tests, and ANOVA will be used to

test hypotheses and compare subgroups. Spearman correlation, Factor analysis, and ordinal logistic regression model will be to analyze the data.

- Limitations: The limitations of the study will include the self-report nature of the data, the potential for response bias, and the cross-sectional design, which would not allow for causal inferences. However, these limitations will be addressed through careful questionnaire design, data analysis, and interpretation.

Generally, the methodology for the study on the mental health and adjustment problems among first-year students in the Faculty of Humanities at the University of Limpopo should prioritize ethical considerations and aim to provide accurate and reliable information that can inform interventions and policies to support student well-being and academic success.

#### **1.10 Ethical consideration**

Ethics clearance is an important prior process whereby the researcher is allowed to conduct the planned research and to ensure that the participants are protected during the period of the study. In research, ethical measures were implemented to avoid harming the participants. In this study, the researcher included the following ethics: informed consent, confidentiality, voluntary participation, avoidance of biases, avoidance of harm, and permission to conduct the study. The study obtained ethics clearance from UL's ethics committee.



## **1.11 Structure of the dissertation**

**Chapter 1:** Provide an introduction and background, the problem statement, the significance of the study, the aim & objectives of the study, the definition of key concepts, research methodology, and lastly ethical consideration.

**Chapter 2:** Reviewed the relevant literature.

**Chapter 3:** The research strategy and techniques that were employed in the study are provided.

**Chapter 4:** Provide the findings of the study.

**Chapter 5:** The findings of the study are discussed in the context of existing literature.

**Chapter 6:** Provided conclusion, limitation, recommendations for future research, policy implications, references, and the appendix.

## **1.12 Chapter summary**

The first chapter included an overview of the study and how it was organized. The process of writing a literature review relevant to the topic is contained in the following chapter.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 Introduction

The purpose of the literature review is to give an understanding of the existing research surrounding the key ideas of my study and, most importantly, to demonstrate how those ideas connect to the phenomenon under my study. This chapter outlines mental health problems (depression & anxiety), adjustment problems, and factors influencing mental health and adjustment problems (attachment, gender, age, socio-economic background, and ethnicity), as well as the relationship between mental health and adjustment problems.

#### 2.2 Mental health problems of first-year university students

Sarokhani et al. (2013) indicates that in most cases mental health problems appear by early adulthood because of several psychosocial challenges that young people face in this stage. University students' mental health and well-being have become a major public health concern, mostly among first-year students (Mishra, 2015). According to research conducted by Tosevski et al. (2010) and Usher (2020), college students are more likely to experience stress, anxiety, and depression, which can lead to psychological distress and have an impact on their academic achievement. Moreover, Bruffaerts (2018) stated that college students globally are thought to exhibit 12–50% of the diagnostic criteria for one or more mental disorders. Ahmed and Julius (2015) alluded that students experience mental health challenges such as depression and anxiety as a result of failure to adjust to the new environment and to find coping strategies to deal with academic pressure. Kumaraswamy (2013) related the causes of mental health issues and stress during college life to academic pressure stemming from factors such as exams and workload, lack of leisure time, competition, concerns about not meeting parents' expectations, establishing new personal relationships and moving to a strange location, age and gender

differences Bangasser (2010) as well as financial burden (Kruisselbrink Flatt, 2013). Some first-year students are constantly faced with social problems such as poverty because most of them come from underprivileged households (Baren, 2018; Bhujade, 2017). Spiritual concerns, a wish to return home, and suicidal thoughts among first-year students were also found to be adding to major depression and anxiety (Shah et al., 2021).

Normative stressors, which are just everyday inconveniences such as continuing academic responsibilities are prevalent among students in secondary and post-secondary educational environments. UNESCO (2012) states that students frequently report feeling constant academic stress, which we define as pressure to get good scores, and worries about getting bad grades (OECD, 2015). The Organization for Economic Co-operation and Development (OECD) found that pupils who self-report higher levels of academic-related stress also report lower levels of well-being. Sixty-six percent of students said that they were anxious about getting bad grades, and fifty-nine percent said that they are frequently worried about how hard the tests will be. In addition, research indicates that even when students are well prepared for exams, fifty-five percent of them experience extreme anxiety and girls report feeling more concerned about their school work than boys do. According to Moylan et al. (2013), persistent stress also hastens the development of more severe mental health conditions such as depression and anxiety. In the study conducted among the grade 11 and 12 learners most learners recorder high symptoms of anxiety than depression (Strydom, Pretorious & Joubert, 2012).

### **2.2.1 Depression**

Depression and anxiety are common mental health problems among first-year students (Verger et al, 2009). Aside from the inherent suffering, depression in university students has been linked to negative effects such as increased alcohol consumption and attrition (Ross & Dejong, 2008; Bayram & Bilgel, 2008). Studies comparing students' mental health to non-students have revealed that students are more distressed (Christensson et al., 2011).

Depression in adolescents is a serious problem that has received much attention in recent years, especially due to its risk of suicide (Knopf, 2008; Abedini et al., 2007). Furthermore, global concern about the prevalence of depression among young university students is extremely increasing (Marthoenis et al., 2018). Students at a South African university have recently expressed alarm over the many suicides and suicidal behavior among peers on campus and have called for greater mental health assistance. Two students at one university committed suicide within one week (Pillay et al., 2020). Low- and middle-income nations experience mental health issues, among which South Africa is among many (Wyatt et al., 2017). In a recent article written by Govender (2017), 94 people receiving mental health treatment died in Gauteng, South Africa. Another study conducted by Dasmunshi et al. (2016) found that teenagers in South Africa have a significant prevalence of mental health issues such as anxiety, depression, and PTSD. These findings demonstrate that research on mental health problems, particularly those affecting adolescents, cannot be overemphasized concerning South Africa.

Hamaideh & Hamdan-Mansour (2014) state that students who are often depressed and discouraged often lose interest in their everyday activities and develop low self-esteem. As a result, depression is thought to harm academic achievement (Louw et al., 2009). Furthermore, Busari (2012) and Wintre et al. (2011) discovered a negative link between depression and academic adjustment, with female students reporting higher levels of depression. According to the research conducted by Khawaja & Bryden (2006), 30% of university students suffer from mild depression, while 15% suffer from clinically severe depression. Depression, anxiety, and stress all play a role in sedentary behavior, poor academic performance, and a lack of desire to learn (Lovibond & Lovibond, 1995).

Ani et al. (2011) reported that 36% of trainee teachers in Nigeria reported having quite significant levels of psychological distress. According to the study conducted by Kaistha et al. (2013), 43% of students at a medical college in a rural area of North-West India tested positive for psychological discomfort. 52.9% of respondents in a survey of Malaysian students who used a cut-off point of 6 reported not being psychologically worried, whereas 47.1% reported being psychologically distressed (Zulkefly & Baharudin, 2010).

Depression harms student's academic motivation, focus, self-worth, and mood (Joshi, 2013). It is now a very common problem for students of any gender, age, socioeconomic class, ethnicity, and nationality, regardless of cultural Barriers (Nayak & Sahu, 2021). Exams, inability to cope, heightened psychological pressure, mental tension, and an excessive workload all contributed to the stressful nature of the educational process (Delsavio et al., 2022). Various events and interpersonal instances can lead to a sense of hopelessness or grief, for example, the onset of depression while attending university, the social environment, and gender discrimination (Cheung et al., 2020).

As Arnett's (2000) developmental theory indicates, the transition to adulthood is a separate period of development marked by instability. For certain young adults, exploring many life choices and experimenting with various roles in various situations (e.g., identity development and romantic relationships) are linked to a high degree of stress and depressive symptoms (Pillay & Ncobo, 2010). Low academic performance is linked to the presence of depressive symptoms among university students, particularly young women (Pelkonen et al., 2008). There is also widespread concern about the high failure and dropout rates among first-year students, which may be related to one or more of the challenges these young students face (Sabates et al., 2010). This is supported by reports on the variety of mental health and related issues that students come with at university student counseling centers (Porru et al., 2021).

Depression is linked to a lack of enthusiasm for education (Heiligenstein & Guenther, 1996) as well as a lack of persistence in achieving goals (Vredenburg et al., 1988). Low-achieving students are less content with themselves and feel more pressure from their families to succeed (Strassburg et al., 2010). They tend to set unrealistic goals for themselves and others, as well as experiencing difficulties in interacting with their peers (Marcotte, 2013). Lencl and Matuga (2010) mention that bullying at school throughout adolescent is also linked to a higher level of depression in emerging adulthood.

Transitioning to higher education for young people is frequently defined by a new level of independence highlighted by rapid, interrelated changes in their bodies, minds, and social connections (McMillan, 2013). Several studies have linked financial stress and a lack of social support with poorer mental health among students who face obstacles at the university (Yithoo, 2016). There is evidence that university-related issues such as high workload, and insufficient feedback, unpleasant relationships with lectures, a lack of peer support, a worry of not learning the information required for a future career, and a lack of motivation are linked to poor mental health among students (Choudhary et al., 2019).

According to David et al. (2010), university students experienced negative life events that had a significant impact on their lives they stated that they not only experienced a high recurrence of negative life events but also felt an extraordinary amount of pressure as a result of the negative life events they experienced. Negative life events, such as the separation of parents or guardians, and financial difficulties, were also found to be an immediate source of incitement that led to depression (Lei et al., 2016). Depressive symptoms have been associated with several harmful activities, including smoking, drinking, and engaging in unsafe sexual behavior (Sontag-PPadilla et al., 2016). Student life's social and sexual pressures, as well as the readily available alcohol, give young adults more opportunities to participate in risky behaviors including reckless sex and drinking (Bhujade, 2017).

According to the research conducted by Sulaiman (2013), there is a connection between depressive symptoms and psychological adjustment to university life. Furthermore, depression has been shown to have a detrimental effect on cognitive performance and, as a result, may lead to other problems (Turner et al., 2012). Students' ability to complete self-care tasks and engage effectively in academic life may be severely harmed by depression (Hussain et al., 2013). Depression can impair decision-making skills, interfering with academic achievement (McCarthy et al. 2006). In a nationwide study conducted by the American College Health Association (2009), 43 percent of university students reported that they were feeling depressed to the point where they did not have the motivation to study. According to Salami (2010), depressed students were "less

intrinsically motivated to learn, lacked self-control over their studies, and were not motivated to display respect and gratitude to their lecturers”. Peluso et al. (2011) agreed with this statement, stating that depressive symptoms can impair learning and memory processes, resulting in poor academic results. According to Turner et al. (2012), students who were diagnosed with major depressive disorders performed worse than those who had mild to moderate symptoms. Depressive symptoms are often linked to alcoholism and suicidal ideation in students (Bhujade, 2017).

Lack of peer social support during youth is considered a risk factor for depression in adolescence and emerging adulthood (Gore & Aseltine, 2003). Although there are few studies on the link between romantic relationships and depression, some studies have found a negative link between being in a relationship (or relationship satisfaction) and depression symptoms (Whitton et al., 2013; Whitton & Kuryluk, 2012). Other social risk factors, such as discrimination and social isolation, have been linked to depression in young adults (Grant et al., 2013). However, family-related risk factors for depression in young people remain one of the most predictive predictors. Many studies show that having a depressed parent is one of the leading causes of depression in young adults (Klein et al., 2013; Marmorstein et al., 2012). Furthermore, various elements of family functioning have been linked to the existence of depressive symptoms in young adults, including insufficient emotional support, low autonomy encouragement, the occurrence of violence, and marital problems (Fletcher, 2009; Wickrama et al., 2009).

Few studies in Ethiopia have found to be having a lower prevalence of depression, as shown by students at Adama University (21.6 %) and Awassa University (21.6 %) (Disease et al., 2020). An analysis of studies on depression among Malaysia students of various ages, genders, and marital status found a percentage pooled prevalence of depression, which was linked to sex, race, and marital status (Shamsuddin et al., 2013). Females and those with a lower educational status are more likely to be depressed (Meng et al., 2020). Rural background is highly connected with depression, which is in turn connected with self-destructive ideation (Eisenbarth, 2012). Evidence indicates that an individual’s rural background plays an important role in the experience of a variety of

financial adversities as well as lesser social, financial, and cultural benefits as compared to urban populations, which likely puts people with a rural background at expanded risk of developing mental health problems (Bayram & Bilgel, 2008). Social factors, for example, the financial status of the family are adversely connected with depression and anxiety symptoms (Meng et al., 2020).

Alloy et al. (2006) indicates that the presence of a previous depressive episode or anxiety symptoms, and negative life experience are all personal risk factors associated with depression in young adults. Longitudinal research has shown that those who have dysfunctional attitudes, employ dichotomous thinking, dramatize bad experiences, or believe they require others' approval to have a feeling of self-worth are more likely to get depressed when confronted with stressful circumstances (Geisner et al., 2012). Several studies have also found that substance abuse and excessive Internet use can raise the chance of developing serious depressive disorders (Locatelli et al., 2012).

Unique socio-political exposures can be regarded as chronic stressors, raising the likelihood of mental illness vulnerability (Van de Walt et al., 2020). These include pressure on students to bring their communities out of poverty, regular exposure to societal unfairness, victimization, and violence, dangers to personal safety, delayed institutional transformation, and the impact of student demonstrations on mental health (Baum et al., 2014). Another worldwide mental health survey, which included University of Cape Town first-year students, found depression to be the most common disorder, with a lifetime prevalence of 21.2 % and a lifetime prevalence of 18.6%, generalized anxiety disorder was the second most common disorder (Van de Walt et al., 2020).

Many earlier surveys have revealed that depressive symptoms are more common in families with a lower socioeconomic background (Lee & Burkham, 2002). Families with a lower socioeconomic background are more likely to have financial difficulties, carry a huge family load, and endure serious family conflict as their children grow up (Sindhu, 2016). These concluded that students from poor families are more likely to experience mental distress (Geisner et al., 2002). Parental education has been shown to positively



impact children's perceptions of social support and normal growth (Aldia et al., 2014). Low social support has been demonstrated to directly impact family tension, as well as poor coping and depression responses (Hussain et al., 2013). Reduced parental education has an impact on developmental loopholes in children, who are more likely to have nutritional inadequacies and be in a bad mood (Villate et al., 2017).

Depression and anxiety are all too common in first-year university students, affecting their quality of life, academic progress, and achievement (Flatt, 2016). Depression is caused by heredity, social environment, and social difficulties and it is most brought on by traumatic incidents in one's life (Kamruzzaman et al., 2022). It has an impact on a person's thoughts, decisions, and behaviors. Furthermore, some of the most typical symptoms of depression include lack of attention, sadness, guilt or low self-worth, and disturbed sleep or excessive sleepiness (Osborn et al., 2019). Nayak and Sahu (2021) stated that exam worry, financial troubles, high parental expectations, and relationship breakup on campus are all the causes of depression among first-year university students. According to previous studies, university students around the world suffer from high rates of mental illness including depression (Cleary et al., 2011). Skin color, financial instability, inability to meet parental expectations, lack of social-cultural emotional resistance on campus, and contentment with the university program are only a few of the issues associated with depression (Talwar et al., 2017).

Apart from the competitive academic environment, unfavorable mental health outcomes among university students are caused by family expectations and financial pressures (Reddy et al., 2015). Conversely, Islam et al. (2020) discovered that depression is among Bangladesh first-year university students. Ahmed et al. (2020) found that various factors lead to depression among university students in the country.

Additionally, the sociodemographic characteristics of the parents, such as their low level of education, divorce status, and work status of the father, were linked to the students' psychological distress (Huda et al., 2021). In contrast, some studies have revealed no correlations between psychological discomfort and students' sociodemographic

characteristics or their parents' socioeconomic status (Bore et al., 2016). The results of the published studies indicate that there are different relationships between the socioeconomic status of students and their parents, and psychological distress from very strong to no connections have been found in studies (Man & Cao, 2020).

Furthermore, parents of private university students, who are largely from the middle and upper classes, regard enrolling their children at private universities as an investment in their children's future security (Ahmed et al., 2020). Meanwhile, parents of students at public institutions have high expectations that their children will take up the family's management responsibilities soon after graduation (Geisner et al., 2012). Furthermore, a competitive academic atmosphere, familial expectations, and financial difficulties all contribute to poor mental health outcomes among university students (Kamruzzaman et al., 2022).

Undiagnosed or untreated mental illness among university students has a variety of consequences for the individuals, families, and community (Dawood et al., 2019). Undiagnosed or untreated mentally ill students are at a higher risk of dropping out of school, losing interest in studies, depression, increasing the unemployment rate, and putting additional strain on families, society, and the community as a whole (Worku et al., 2020). Academic stress has been shown to reduce student's academic performance, making it more difficult to study well and manage time (Khattri et al., 1997). Intrapersonal factors such as high expectations, new responsibilities in life, lack of friends, financial problems, and changes in eating and sleeping patterns were the primary contributors to perceived depression (Macaskill, 2012). On the other hand, interpersonal stressors such as high parental expectations and poor interpersonal relationships were the secondary contributors (Baulur, 2006). In addition, environmental issues such as poor dormitory amenities and changes in the living environment have been identified as stressors (Sujatha et al., 1993).

According to Dawood et al. (2019), high academic stress was linked to a sense of financial uncertainty and a lack of social support among students from low socioeconomic

backgrounds. Negative opinions of the university's academic atmosphere and housing arrangements were linked to depression among students. Furthermore, those students who were academically pressured had high levels of depression (Worku et al., 2020).

University students are a unique group in society who have reached a significant developmental milestone in their lives, bridging the gap between youth and adulthood (Kaistha et al., 2013). The stage of transition includes critical processes such as hormone surge, emotional turmoil, and identity development, all of which can lead to problems such as self-doubt, social withdrawal, loneliness, and low self-esteem (Islam et al., 2020). Geographic separation from family members and forcing them to adopt new coping techniques lead to depression (Eikeland & Manger, 1992). As a result, university students around the world are at a higher risk of developing mental health illnesses, particularly depression and suffer its consequences (Awan, 2019).

Marital status, gender, age, family problems, parental education, social support, family history of mental illness, financial struggles, field of study, year of study, type of university, satisfaction with major, substance use, risky sexual behavior, physical abuse, child abuse and forced sexual behavior are all significantly associated positively and negatively with depression among university students (Talwar et al., 2017; Khan et al., 2006). Students who are depressed bunk classes and are more likely to dropout. It has been stated that social support improves mental health and works as a buffer against stressful life events (Abreu et al., 2019). As a result, there is a considerable negative relationship between social support and psychological diseases such as depression and anxiety (Ahmed et al., 2020).

Wyatt et al. (2017) indicated that researchers have found that educational processes can contribute to depression in the workplace and later in life. Interpersonal relationships such as those within the family, for example, the impact of depressed parents on their children, social environment, and gender interactions can all contribute to depression (Hossain et al., 2022). This poor interpersonal relationship causes a sense of powerlessness and a greater risk of conflict rejection and low self-esteem, all of which lead to depression.

Similarly, a depressed person's family and social class, income, and living in a hostel have had an impact (McCloud & Bam, 2019). Students who are dealing with financial difficulties are more likely to get depressed. Gender inequality in society has also been linked with the prevailing depression. Female students are subjected to higher pressures to comply with societal and cultural norms (Awan, 2019).

Unfortunately, the consequences of mental illness can be long-term or chronic. Student's mental health is an essential problem in the educational system since it impacts their academic achievement and personal growth (McCloud & Bam, 2019). Previous research on student's mental health focused on primary and secondary years. However, it is a prominent health issue among students, and depression and anxiety are among the most common mental health problems (Wang et al., 2022).

According to a study by Al-Daghri et al. (2014), first-year university students have alarmingly low coping abilities, which contributes to their high distress rate. Debilitating mental illness and other stress-related conditions may result from ineffective stress management (Morales et al., 2017). Ovenseri-Ogbomo and Eguegu (2016) noted an increased occurrence of diseases at Benin University in Lagos, Nigeria in a different investigation. It follows that psychological well-being and level/style of adjustment during the first year of university life are crucial for mental health in the years that follow. How this stage is handled could impact the students' mental health and future growth.

### **2.2.2 Anxiety**

According to Mcghie (2012), the first-year of university is a time for adjustment and is often stressful for the majority of students. Peer pressure and financial problems also contribute to student's experience (McCready, 2018). Factors such as loneliness, interpersonal relationships, and personal autonomy are also implicated in the health and well-being of the student (Jane et al., 2018).

Anxiety is a powerful predictor of academic achievement (Cassady & Johnson, 2002; Cassady, 2004). One research group discovered a substantial link between anxiety levels and academic performance (Vitasari et al., 2010). Students with anxiety problems have also been linked to dropping out of school or abandoning their degree program (Hamaideh et al., 2014). According to Alonazi (2018), students who reported high levels of anxiety at the beginning of the academic year performed much worse than those who did not have anxiety.

According to Wu et al. (2020), students with poor coping skills, improper study habits, or confused thinking, as well as the new academic environment may contribute to their anxiety. Furthermore, Moeller and Seehuus (2019) contend that university students with less confidence in their physical health and emotional self-confidence are easily overwhelmed and believe they have inadequate coping skills for handling their stress. Anxiety harms academic achievement and identification with one's surroundings and as a result, students can become overwhelmed (Fernandez-Castillo & Caurcel., 2015; Wu et al., 2020).

Even though social anxiety is common in many cultures, research reveals that its prevalence varies based on an individual's racial-ethnic group membership (Kaustha et al., 2013). According to Archuleta et al. (2013), Asian Americans experience higher levels of social anxiety than White Americans. However, anxiety symptoms such as fear and distress can be a part of everyday life for me. As carefree as they appear, university students, for example, are growing increasingly anxious and this could be due to academic pressures, work commitments, exams, or even personal concerns (Larson et al., 2016). Rural students, on the other hand, are more anxious than their urban counterparts, as they must balance the demands of city life with their studies (Mrozinske, 2013).

According to Reyes (2015), there is a heightened likelihood of mental health problems, including depression and anxiety among university students in high, middle, and low-income countries. University students are at risk from a variety of social and demographic

factors such as lower socio-economic status, gender, lack of social support, lack of religion or spirituality, traumatic life events such as the death of a significant other, psychosocial factors such as substance abuse and psychological factors such as self-esteem and connections to friends, parents, and school (Musumari et al., 2018).

Stress from a challenging course and a busy schedule contributes to depression, anxiety, and stress (Choudhary et al., 2019; Hartley, 2011). At the University of Kentucky, 1700 full-time undergraduate students between the ages of 18 and 24 reported higher levels of anxiety than older age groups (Heckman & Montalto, 2014). One explanation could be that older students have fared better in college and are generally more responsible, mature, and adept at managing their time and overcoming obstacles in their daily lives.

According to Lei et al. (2020), anxiety affects first-year students in various ways, including daily life and academic achievement. The majority of university students experience mild anxiety to some degree (Brook & Willoughby, 2015). Anxiety has been reported to influence university student's performance, which can lead to attention problems, a lack of enthusiasm and interest, poor attendance, and physical health problems such as headaches and fatigue, all of which are likely to affect academic progress (Mitchell et al., 2008). Academic challenges, regardless of gender, appear to be having detrimental implications in terms of anxiety for students (Ram et al., 2020).

In addition, if students are academically and emotionally prepared for university life, they can participate fully in extracurricular activities and academics with less fear (Gougen, 2010). Minority students, especially those who are first-generation college students from low-income families, may see universities as being heartless, impersonal, and frigid (Sun, 2015). These mitigating factors have a significant impact on lonely and ill-prepared students, especially minority students who have few or no university support networks (Nail et al., 2015).

According to research, transitioning to college causes emotional and psychological suffering among students (Sharma & Sharma, 2015). This can arise due to the fresh and

higher demands of navigating new social and academic environments (Gougen et al., 2010). According to Mahmoud et al. (2015), academics, relationships, finances, moving, the death of a family member, and sex are all examples of college transition-related stress, with many of these obstacles exclusive to university life.

Cultural, political, and economic forces create an environment where parents are expected to guide their children toward excellent academic success (Shek, 2005). The environment may have detrimental psychosocial impacts on students (Siu & Watkins, 1997). According to the study conducted by Hesketh and Ding (2005), adolescence in China is just as likely as their American counterparts to develop emotional disturbance such as depression and anxiety. According to Lee et al. (2006), the reported increase in Chinese adolescence depression and anxiety disorders is a result of parental academic pressure.

Students in college who identify as a sexual minority (such as gays or lesbians, transgender, non-binary, or bisexual) or gender minorities are compared to their heterosexual and cisgender peers, they are more likely to report mental health issues, exhibit suicidal thoughts or actions, and seek mental health care (Horwitz, 2019). The minority stress model (Meyer, 1995), states that having a stigmatized social identity (such as being gay or transgender) exposes people to more internal and external stressors that have a long-term negative impact on their health, may help to explain why people who identify as sexual and gender minorities (SGM) are more likely to experience mental health issues. Despite higher rates of SGM individuals frequently report higher levels of unmet mental health treatment requirements (Dunbar et al., 2017).

The American Psychiatric Association (2013) states that people who suffer from anxiety often worry about how well they will succeed at their jobs and in school. Anxiety frequently consumes time and energy, which makes it challenging to study or finish tasks and has a detrimental effect on a variety of other facets of life (Mahmoud et al., 2013). Numerous behavioural, physical, and mental issues in adolescents and young adults have been related to untreated anxiety (Boden et al., 2006; Goodwin, 2004). Untreated anxiety can

result in depression, suicidality, alcoholism, high blood pressure, coronary heart disease, and nicotine addiction (Sonntag et al., 2000; Yan et al., 2010; Stein, 2001). It is challenging for students to deal with these difficulties and complexities since they harm those who face them and can heighten anxiety. Compared to students living on campus and students living off-campus, it is found that students living on campus scored lower on depression, anxiety, and stress than students living off-campus (Beiter et al., 2015).

A study conducted by Nail et al. (2015) that involved parent and teacher interviews found a connection between excessive anxiety and academic underachievement, which includes subpar performance and grades. Since young people who experience untreated anxiety may develop poor coping methods, these findings are pertinent to the community of college students (American Psychiatric Association, 2013). Social anxiety and other forms of anxiety may affect a student's capacity to communicate with teachers and other students, which can be an important part of academic performance (Gougen, 2010).

According to Joshi (2013), anxiety is more closely linked to both environmental and family stress in boys than in girls. Parental expectations of boys are significantly higher than those of girls, particularly in India, where boys are viewed as prospective caregivers for aging parents. On the other hand, developed a lasting anxiety as a result of this (Bennett et al., 2015). The majority of boys came from disadvantaged homes and had a rural upbringing (Mitchell et al., 2008). In great numbers, students came to university from large, combined families, communities, and tiny schools (Crean, 2004). They found themselves in a huge university for the first time, which was an overwhelming experience for them, resulting in heightened anxiety (Joshi, 2013). The transition from adolescence to adulthood is crucial because it involves shifts in social roles, opportunities, freedom, and exploration, all of which can lead to anxiety symptoms (Khubchandani et al., 2015).

A review of the literature suggests that resilience and self-esteem are two factors that have been shown to shield youth against mental health problems (Thanoi et al., 2010). Their level of self-esteem may influence a person's behavioral development (Maslow et al., 1970). Low self-esteem is a major contributor to hazardous behaviors like violence



and the ensuing mental health problems (Teng et al., 2015). Self-esteem has been utilized as a defense against mental health problems and has been shown to correlate well with academic achievement (Dray et al., 2017). Individual resilience was found to be highly impacted by social skills, according to a review of prior research (Saito & Okayasu, 2014). Additional studies carried out in China and the US have demonstrated that resilience helps prevent suicide ideation in vulnerable adolescents and that resilience enhances an individual's ability to manage mental health difficulties (Shi et al., 2016).

Parental warmth and support lessen the harmful impacts of stresses in children's lives on their suffering (Koniahi et al., 2010). There is strong evidence that people of all ages can benefit from emotional support to reduce the harmful impacts of life pressures (Quach, 2015). This protective function seems activated when parents show affection to kids and teenagers subjected to academic stress (Sandler et al., 2003; Wolchik et al., 2000). Leung et al. (2010) discovered that greater maternal warmth and understanding were linked to lower anxiety in Hong Kong schoolchildren, and greater paternal emotional support decreased the link between academic stress (the quantity and difficulty of a child's schoolwork) and anxiety symptoms.

The possibility of rejection or finding a place to belong in the university context is another way that previous anxiety can make the university transition more challenging. It is necessary to belong to a group to receive support (Russell & Shaw, 2009). When starting university, it's also crucial to define one's identity and have the opportunity to socialize (Paul & Brier, 2001). In addition, students must adjust personally, emotionally, and academically to continue their university careers (Sharma & Sharma, 2013).

According to Potter et al. (2020), anxiety is another issue that affects students' social abilities. Anxiety disorder is characterized by a fear of being judged negatively by others (Barlow, 2004). The transfer to university can increase anxiety in first-year students, with those without a professional diagnosis of anxiety nonetheless experiencing shyness and symptoms in various social circumstances at university (Stallman, 2010). On the other hand, high anxiety over study exams can be debilitating and contribute to poor performance and intrusive worry. When exposed to an evaluative scenario, intrusive

worry is linked to mental disorganization, stress, and physiological arousal (Adams et al., 2016). Academic confidence may help students feel less anxious. According to Lawal and Idemudia (2017), students who felt more confident in their academic abilities reported less performance impairment and intrusive fear.

Wolfradt et al. (2003) found that while warmth (praise, emotional support) was negatively correlated with anxiety, parental pressure (expressing anger when the child doesn't meet expectations) and control/demandingness (telling the child what to do) were positively correlated with anxiety levels in German adolescents. Bois et al. (2009) found that whereas parental pressure was positively associated with lower anxiety, parental understanding, and criticism were linked to lower anxiety levels in French child and adolescent athletes.

For people who have underlying issues with their mental health, adjusting to college can be quite difficult (Hadley, 2007). As per the NCHA (2012), 11.3 percent of college students reported that depression had a poor influence on their academic performance, whilst 19.3 percent claimed that anxiety had a negative impact. These findings may potentially lead to heightened stress levels among the students. Performance, but 19.3% of students claimed that worry had a detrimental effect on their academic achievement, which may have contributed to those students' elevated stress levels.

Research has shown that those who are driven by the fear of failing or positive comments react to anxiety in a different way than people who are driven by the fear of failing (Sun, 2015). Students who prioritise their learning objectives (instinctively) set objectives for themselves to acquire new knowledge and improve specific skills (Winfre & Yaffe, 2009). Mistakes are viewed as a necessary component of learning and as an opportunity to learn without displaying concern that hinders the process (Seehus, 2019). However, students who are driven (extrinsically) by the desire for positive feedback perceive errors as failures and every uncertain circumstance as a threat, which raises their anxiety levels (Hernandez et al., 2020).

Anxiety can worsen a student's sensitivity to pressures in college, making the adjustment more challenging (Larose et al., 2005). The study conducted by Andrews and Wilding (2004) aimed to determine if anxiety and depression among college students escalated upon their arrival and how these conditions could impact their exam performance. Anxiety's consequences are a serious public health and socioeconomic concern that requires greater scientific investigation (Hadley, 2007). Anxiety has several demographics, psychological, behavioral, social, financial, and physical health consequences that affect university students' quality of life (Heckman & Montalto, 2014). Anxiety also reduces cognitive performance in addition to these negative effects (Andrews & Wilding, 2004). Several study groups define anxiety as a series of intrusive, worrying thoughts that hinder and drain an individual's working memory's processing and storing capacity (Reyes, 2015).

Anxiety harms students' academic achievements, such as low academic performance and student attrition, because it interferes with memory and concentration (Sun, 2015). Inadequate sleep is among the most commonly identified risk factors for students' anxiety and academic performance (Mrozinke, 2013). Anxious students tend to focus more on how hard the assignment is than how well they can do academically. They usually focus on past exam failures and their lack of emotional and personal intelligence (Lisnj et al., 2020).

Autama et al., (2021) established that difficulties refocusing on a task after distractions such as low learning motivation and increased mental intrusions are linked to poor sleep quality. Risk-taking factors that have been linked to decreased academic performance and increased anxiety include excessive alcohol consumption, low physical activity, eating foods high in calories but low in nutrients, participating in risky sexual activities, feeling hopeless, and having negative body image perceptions (Gougen, 2010). As a result, the best time to raise awareness about mental health difficulties is during a student's first year of university, so that they can be prepared and adapt as problems arise (Wyatt, et al., 2017).

Suicide is common among university students, as a result of anxiety, other mental health disorders, a lack of social support, and substance misuse (Belay-Abubu et al., 2018). According to reports, one out of every 60 deaths in 2017 was caused by suicide by university students (Ladejo, 2021). Suicide is thought to be the biggest cause of death among young people around the world. According to WHO (2018), over 1 million people will commit suicide by 2020, with 10 to 20 times that number attempting suicide.

Students in their first-year, particularly those who lack social connections, may experience negative consequences on their mental health and behaviour (Duraku, 2011). It was also mentioned that low-connected students may be aware of how their peers see them, which may prompt them to consider how their attitudes and behaviours affect themselves and those around them (Vitasari et al., 2010). Social connectivity is linked to anxiety when a person perceives the world as aggressive, threatening, and unfriendly. According to comparable research, lonely students experience homesickness and have a bad attitude about their school, housemates, and on-campus activities (Lajedo, 2021). According to the researchers, this negative perspective may cause students to have bad feelings about themselves, contributing to anxiety, tension, despair, and other harmful behaviours (Auttama et al., 2021).

Families who are unfamiliar with college and university culture and send their children to university as first-generation students may be unprepared for the challenges of university life, putting a lot of stress on both the parents and the children (Hamzar et al., 2018). Even though first-generation students generally see their position as a source of motivation for achievement, they often have fewer financial resources than their peers and require more academic and social support (Stallman, 2010). These first-year students usually devote more time to extracurricular activities such as work and family duties, work longer hours at a job, attend fewer classes, and participate in fewer university activities, resulting in lower grades which leads to anxiety and stress (Afolayan et al., 2013).

Females are twice as likely as guys to suffer from anxiety problems (Achia, 2014). Individuals of European ancestry in the United States are more likely to have an anxiety disorder than those of non-European ancestry, such as Asian, African, and Native

American ancestry (Afolayan et al., 2013). Furthermore, people from developed countries are more prone to anxiety disorders than those from developing countries (Sun, 2015). Many children develop anxiety disorders while they are young, and the symptoms and negative effects often go untreated, allowing the symptoms and negative effects to persist and appear in many ways (Alvi et al., 2011). Symptoms may improve or worsen over time, and they are frequently worse during times of stress. To cope with their anxiety, young adults frequently choose maladaptive coping strategies such as safety or avoidant behaviours, risk-taking behaviours, and alcohol and/or drug usage (Macaskill, 2012). Many of these will temporarily relieve symptoms while strengthening and maintaining the illness in the long run (Duraku, 2011).

Students are now taught in larger groups, which can enable making friends and developing a sense of belonging more challenging (Kaistha, 2013). Qualifying to write an exam is another issue that causes anxiety in those who do not meet the requirements to write an exam for a specific module (Macaskill, 2012). Anxious students had a harder time avoiding distractions and switching their focus from one work to the next than their less anxious peers (Mcghie, 2012). They went on to say that difficulties with attention regulation appear to be at the root of many of the negative effects of anxiety (Alvi et al., 2011). It also revealed that anxious students often perform at a similar level to non-anxious people, but at a higher cost in terms of effort or possibly long-term stress (Jane et al., 2018). This shows that educators should pay attention not only to whether a student's academic achievement appears adequate but also to how much work the student put in to reach that level of accomplishment (Afolayan et al., 2013).

### **2.3 Adjustment problems**

Transitioning to university is a unique time of vulnerability to mental illness and a unique potential for healthy psychosocial growth (Cliniciu, 2013). One out of every three first-year university students presents signs of at least one diagnosable mental health illness, the most common of which is a major depressive disorder or generalised anxiety disorder (Kroshus et al., 2021). Students who transit successfully to university are most likely to

thrive in the future and suffer few dropout risks, whereas, poorly attached students who struggle with university adjustment have more trouble in their academic and social interactions (Demirtaş-Zorba. z & Ergene, 2019).

According to Sennett et al. (2003) and Consolvo (2002), some students find the transition from high school to college fascinating, while others find it overwhelming and stressful. Academic and adjustment difficulties, new and difficult goals, weak commitment, financial difficulties, and isolation are regarded as the major causes of students' dropout from universities (Saber et al., 2012). Grama (2018) states that an absence of data, similar to an insufficient academic or cultural arrangement, can hinder the student's integration into the university setting and prompt the choice to drop out.

In South Africa, students are admitted to university based on their matriculation results, regarded as reliable markers of their readiness for tertiary education. These results cannot be used to predict student success in higher education (Sommer, 2013). Black students approach their university studies with identical ideas and theoretical methods as they did in secondary school, based on their previous experiences as practical students with appropriate matriculation scores (Spaull, 2013). In any case, when they begin their studies, they frequently find the transition from high school to university to be overwhelming because they are faced with increased linguistic demands, more difficult performance expectations, and a variety of cultural environments that may conflict with their characteristics (Letseka & Maile, 2008). Students of varying abilities are grouped in single study halls without enough adaptation of teaching tactics to increase learning and initiate school commitment. Some pupils' access to education is jeopardized by such schooling settings and individual and family-level poverty concerns (Letseka & Brier, 2008). As a result, many students are enrolled in institutions but do not attend, engage but do not study, and are registered for multiple years but do not progress and eventually drop out (Sabates et al., 2011).

Students attending university have a new sense of independence in their daily lives, but they must also learn to be independent and take responsibility for their decisions and actions (Sunmola et al., 2002). Before attending university, disadvantaged students

attended public or rural high schools, which are frequently described as severely under-resourced and characterized by under-qualified teachers (Atchoarena & Sedel, 2003). According to McMillan (2013), it is clear from the research that rural schools continue to face poor, if not worse, learning conditions overall than their urban counterparts. Letseka and Maile (2008) find that under-preparedness and worry among students striving to support themselves from month to month are the two major reasons for students dropping out.

Student registration and enrolment of historically disadvantaged students in South African universities has steadily increased throughout the years (Sommer, 2013). Despite this reality, data on advanced education shows that half of students enrolled in higher education institutions drop out during the first three years, with roughly 30% dropping out within the first two years (Letseka & Breier, 2008).

According to Czerniewicz and Brown (2014), students in rural locations had more negative outcomes than their urban counterparts. After leaving secondary school, few South African young people know how to transition successfully into job or postsecondary education and training (Spaull, 2013). For the reason that variations in school entry have long-term repercussions, school preparedness is crucial to later achievement (Goud, 2017). Poverty and its associated disadvantages affect a variety of areas of students' lives, influencing both their educational options and the educational outcomes they will likely encounter (Engle & Black, 2008).

Halonen and Santrock (1997) defined adjustment as "the psychological processes through which people manage or cope with the demands and obstacles of everyday life". The need to manage the numerous and varied demands of daily life gives rise to the need for adjustment (Weiten, et al., 2012, p. 11). Humans require adjustment at every stage of life development, and these demands begin at conception and conclude with death. Academic, social, personal-emotional, and attachment adjustment are the four main categories that Baker and Siryk (1989) use to identify students.

Academic, social, personal-emotional, and institutional adjustments are the four main adjustment areas that have been linked to first-year students' transition to university experiences (Nyamayaro, 2013). The ability of a student to meet the demands of education, such as the drive to finish assignments, academic effort, performance, and environment satisfaction, is referred to as academic adjustment (Carta et al., 2005). Social adjustment, also known as the interpersonal-societal expectations necessary for adjusting to university life, is the pressure placed on students to participate in social activities and find fulfilment in a range of university-related experiences (Emmanuel, 2015). The psychological and physical reactions of students are referred to as personal-emotional adjustment. The final term, goal/institutional adjustment, refers to students' happiness with their university of attendance as well as with higher education in general (Baker & Siryk, 1986). These multiple categories are fundamental predictors of how well students can adapt to the new requirements and university life stress (Malau-Aduli et al., 2021).

Clinco (2013) and Jemal (2011) indicated that academic concerns, medical conditions, financial difficulties, and social and individual issues were regarded as four main classes of factors causing poor adaptation for students. All of these, individually or in combination, have the potential to cause actual transition challenges, resulting in students' inability to complete their studies (Yussuf, 2013). Likewise, as indicated by Grama (2018), students not only need to endure in their study to graduate, but they also need to partake in the student culture, both inside and outside the learning environment setting. He further suggested that a wide cluster of social, cultural, financial, and institutional forces shape student retention.

According to Kutfrovic (2018), the impact of individual qualities such as gender and socioeconomic status has on students' adjustment. Shiferaw et al., (2006) and Glenn (2011) further indicated that students are more likely to decide to leave the university within the first semester of their studies due to the lack of support they are receiving from their parents or guardians during the transition. Students who have a secure attachment style are more likely to experience adjustment issues than those who do not have a



secure attachment style (Fan & Zhang, 2020). Love and Murdock (2012) argued that students with insecure attachment styles are more likely to suffer from low self-esteem, show more depressive issues, and have adjustment problems.

Students from historically poor backgrounds frequently face additional challenges that are unique to them (Graudus et al., 2010; Parker, 2005). In South Africa, poor quality basic and secondary education severely limits students' capacity to pursue additional training opportunities (Spaull, 2013). The majority of underprivileged students face challenges that negatively impair their academic achievement (Van De Berg, 2002). Most students who attend university are from rural areas of the country (Gau et al., 2005). As a result, students must adapt not only to the university's requirements and academic obligations but also to a new metropolitan environment and lifestyle that they may be unfamiliar with (Rogers & Tennison, 2009). This could be both an exhilarating and terrifying experience (Sommer, 2013).

Lakhani et al. (2017) explain the challenges and changes that student from rural backgrounds encounter when transitioning to university in general and adopting new technology in their learning lives. Students from rural origins face challenges in higher education (Czerniewicz & Brown, 2014). In addition, during their time at university. Students frequently receive insufficient financial support to meet all of their needs (Van Der Klink et al., 2003). English is the major language used in universities, which is not the home language for many students from rural areas. As a result, they experience difficulties communicating with their peers due to language Barriers (Stephen, 2003). Many historically privileged students entering university would be the first generation of their family to attend. As a result, students may lack good role models in their new environment and at university (Engle & Black, 2008).

Relocating to a university is considered a significant and positive step in life (Blimling, 2003). Even though it can pose risks to one's personal safety, physical comfort, and ability to engage in enjoyable activities (Bewrnieer et al., 2005). Students are expected to adjust to the change from a structured and closely supervised educational curriculum to one in

which they must take a more active role in managing time and planning their studies (Quinn et al., 2005). Failure to adjust to the university environment is associated with the attachment process (Ababu et al., 2018).

According to Kumar et al. (2013), most university students are just beginning their adult lives, which is an important time for personal identity development and psychological transition (Rogers & Tennison, 2009). They are often sensitive to changes in their surroundings throughout this time, such as changes in housing and learning environment (Lidy & Kahn, 2006). Entering University, conversely, is usually accompanied by significant academic pressure and more adult-like duties, but they lack the cognitive maturity and basic abilities essential for adulthood (Nolan et al., 2005). According to a WHO mental health survey conducted in 21 countries, 20.3 percent of university students experienced mental health issues, but only 16.4 percent received proper care (Wang et al., 2022).

Many new first-year university students find joining the university for the first time a stressful experience (Fang et al., 2005). Although most students make a healthy transition, some develop long-term emotional maladjustment and despair (Azmitia et al., 2013). Students who do not adjust properly are more likely to struggle academically and to be dissatisfied with their overall university experience (Vargas et al., 2019). Good adjustment is linked to academic performance, mental health, and personal growth (Bourn, 2002). Academic stress, financial burdens, bad health, loneliness, interpersonal disputes, difficulty adjusting to change, and problems developing personal autonomy are among the problems that students are more likely to face (Dong et al., 2021). When compared to other students, a recent study conducted at Hawassa University in Ethiopia found a significant prevalence of mental discomfort among first-year students (Esmael et al., 2018).

Being away from home, family, and friends, as well as adjusting to university classes and the associated workload difficulties with time management, were all common related variables of adjustment problems (Girgin, 2009). The next most commonly reported

complaints were difficulty in making friends (12%) and roommates (12%) (Gerensea et al, 2017). Other problems include completely new and different social networks and surroundings, problems managing time and study skills, difficulty making financial adjustments, and general adjustment to new situations (Esmael et al., 2018). There is a substantial link between adjustment and unpleasant emotions. Negative emotional states such as depression and anxiety might result from a lack of adjustment to university (Stallman & Hurst, 2016). Depression results from a lack of social adjustment, whereas anxiety results from a lack of adjustment (Nymayaro & Saravanan, 2013).

Students may experience adjustment problems as a result of their maladjustment to university, resulting in unpleasant emotional symptoms such as depression, anxiety, and stress (Blanco et al., 2008). At university, first-year students are more prone to depression, anxiety, and stress (Vargas et al., 2019). First-year students are more likely to suffer from depression than returning students. Females are more likely to suffer from depression than male students (Griffin & Allen, 2006). However, it has been found that the prevalence of depression does not differ by gender (Girgin, 2009). As a result, to enjoy their tertiary, education, students must adapt well to their new surroundings and manage their negative emotions (Aderi et al., 2013).

For some students, the transition from high school to university is a thrilling experience, but for others, it is daunting and stressful. Enrolling in university is a difficult experience that frequently results in psychological, physical, and adjustment issues. In most nations, maladjustment is a key issue that causes students to drop out of university. Student prevalence rates range from 9.9% in Scotland, 33% in Australia, and 40% in South Africa (Nyamayaro & Sarvanan, 2013). Attachment style has been shown as a key predictor of university student adjustment in several research investigations (Ayele, 2018).

Seventy-three percent of students receive grants and scholarships, and 53 percent of first-year university students use loans to pay for their education even though the cost of university is still rising (Willoughby et al., 2017). Low-income students' motivation to continue with their education and their ability to integrate socially and academically can

be disadvantaged by inadequate financial aid (Kerr et al., 2004). It is doubtful that first-year low-income students will get the same information and assistance from their families who might not be familiar with higher education and the financial aid procedure (Ayele, 2018). Students from more affluent backgrounds enroll at universities at a higher rate than first-year students from low-income households. The socio-economic status of low-income students influences not just whether or not they attend university, but also how they adjust to the university environment.

As students move from high school to university and become more independent, relationships with supportive caregivers may become more critical (Jemal, 2012). Older and more experienced adults can provide a variety of assistance, friendship, and counsel to minority university students without jeopardizing their autonomy (Motala et al., 2007). Given the importance of identity development, worldview exploration, and future planning throughout the university years, helpful caregivers may be sought out for advice (Mackinnon et al., 2014). These adults may also play an important role in assisting disadvantaged students in coping with the unique and complicated stressors they face as they begin their academic careers. (Hurd et al, 2016).

Crede and Niehorster (2012) stated eight significant variables that influence how well students adjust to college: demographics, performance in prior school, college experiences, self-evaluation and personality traits, emotional state, coping mechanism, social support, and relationship with parents. 57% of American medical students at the undergraduate level endure psychological stress as a result of maladjustment (Zhuhra et al., 2022). The chance of dropping out of school, engaging in poor professional behaviour, losing empathy, performing poorly in school, abusing drugs, and having suicidal thoughts increases with maladjustment (Iglesias-Benavides et al., 2018).

Although it is well known that South Africa has a diverse society, it may not be possible to examine all the factors that make it unique in one research (Sommer, 2013). In terms of beliefs, attitudes, behaviours, coping mechanisms, well-being, and vulnerability to mental health issues, gender inequalities are frequently present (BA.um et al., 2004). The impact of gender on adjustment, psychological well-being, and mental health has been

demonstrated in earlier research (Shaver et al., 2007). Results from Perrig-Chiello et al. (2016) showed the impact of gender on psychosocial aging widowhood among Swiss bereaved individuals. The gender gap in adjustment was discovered by You and Lu (2014) among Chinese cancer survivors, as well as social support. Likewise, Ferrer and Kirchner (2014) discovered disparities in gender between samples of young people with adjustment difficulties.

Adjustment is, therefore, essential for successful and high-quality college life (Mannan, 2007). University exposures present students with various difficulties at every stage (Crede & Niehorster, 2012). According to studies, students' challenges at university can be personal, sociocultural, intellectual, or institutional (Esmaael et al., 2018). The ability of students to adjust is crucial since university students must deal with diverse groups, multi-cultural settings, and substantial academic experiences (Akpunne et al., 2018). According to earlier research, students' adjustment affected their academic, social, and personal life in college and predicted how well they would perform in class (Ukaegbu & Obikoya, 2017). Additionally, there is a rising need for data on how frequently students adjust to university life and how various relevant elements affect this adaptation (Liran & Miller, 2019).

Numerous issues concerning students' academic performance have been investigated in students' adjustment in college (Davidowitz & Schreiber, 2008). Students' academic adjustment was said to be severely impacted by the quality of the instruction and their interactions with professors (Sarif et al., 2021). Their friendships, recreational interests, and leisure time management adversely affected students' social adjustment. Individual-specific characteristics, such as shyness, loneliness, homesickness, and fear of rejection, as well as institutional elements, including a sense of identity and belonging at the university, were thought to substantially impact students' adjustment (Sevinc & Gizir, 2014).

## **2.4 Factors influencing mental health problems and adjustment problems**

### **2.4.1 Attachment**

First-year students have historically faced unique stressors and challenges whilst embracing a new direction in their lives, and attachment styles can influence how they react to and are affected by such challenges (Bowlby, 1991). The transition challenges affect adolescents' adaptive strategies and coping mechanisms (Ainsworth et al., 1978). According to Dixon and Kurpius (2008), the inability to adjust to life at the university was associated with the separation from family and the increased student workload.

Attachment styles and security have been significantly associated with individuals' mental health in adulthood, psychological well-being, and higher levels of depression and anxiety (Mikulincer & Shaver, 2016; Turan et al., 2016). Attachment avoidance and anxiety are theoretically linked with cognitive, emotional, and behavioural dysfunction, promoting psychological disorders (Turan et al., 2016). The parenting styles, parent-child communication, and emotion regulation mechanisms of college students were also found to have substantial relationships. These first-year students tended to be more sensitive and less confident due to a lack of parental companions, poor home conditions growing settings, and weak social support networks (Backersmans-Kranenburg, 2010).

Early attachment experience is the bedrock of a person's social development and the model for subsequent interpersonal interactions. According to previous studies, parents have a crucial role in forming their children's interpersonal interactions. Adolescents who grow up in families with more parental conflict are more aggressive than their peers, whereas those with a strong bond with their parents are more prosocial (Hou et al., 2016). As previously said, social anxiety hurts the interaction between parents and children. In forming and developing psychological qualities in university students, the family is an essential subsystem in their growth and development. Previous research has found that people with higher levels of psychological resilience can actively mobilize psychological resources and have more confidence in interpersonal interactions, resulting in positive

self-experiences and lower anxiety (Mikulincer & Shaver, 2016). On the other hand, individuals with lower psychological resilience are more sensitive to personal relationships, more vulnerable to negative social events like peer rejection and isolation, and more likely to engage in social avoidance, all of which contribute to interpersonal tension and negative emotions like social anxiety. From the basis of the preceding statement, one can deduce that parent-child attachment has an impact on university students' social anxiety (Fan & Zhang, 2020).

People who are securely attached are self-reliant, have high self-esteem, and have emotional resilience, which allows them to adjust and function effectively in difficult settings such as university (Pandeya, 2017). African American college students from securely attached households are less likely to experience depression than their insecurely attached friends because they have a far easier time integrating emotionally, socially, and academically than their insecurely attached classmates (Zhai et al., 2016). Students who lack attachment stability from home, on the other hand, are more likely to develop depression because they lack the self-esteem, emotional resilience, and trust in others that are required to effectively manage the pressures and adjustment issues that come with college (Pandeya, 2017). As a result, African American pupils are more likely to drop out and return home, even if their home environment isn't always conducive to teach (Li et al., 2014).

#### **2.4.2 Gender and age**

Many students have shown that demographic factors such as gender, race, socioeconomic background, and birth order have an impact on university success or educational achievement (Wider et al., 2016). In terms of gender disparities, university females report higher anxiety symptoms than university males, and females are twice as likely to acquire an anxiety disorder as males (Lamarre & Marcote, 2021).

Male and female university students experience depression, anxiety, and stress in various ways. Female students are more likely to anxiety and depression than male students

(Ozen et al., 2010; Mundia, 2010; Baldassin et al., 2008). Smith et al. (2007) found no statistically significant differences between male and female students among first-year medical students.

In comparison to their male counterparts, female college students experience more adjustment issues (Nidhi & Muntazir, 2015). Surekha (2008) discovered that students from private schools are more socially and emotionally stable than those from public schools. Enochs and Roland (2006) investigated the relationship between living environment, gender, general adjustment to college, and social adjustment. The study indicated that boys had much greater overall adjustment levels than girls, regardless of living conditions.

According to the Department of Economics and Social Affairs (DESA) (2014), age was found to be an issue, and mental health problems mostly affect individuals between the ages of 12 and 25. Martin (2010) supported the statement made by DESA (2014) by stating that between the ages of 16 and 25, when many young people begin their university education, mental health concerns are more likely to develop in their early stages (Martin, 2010). As the peak initiation of mental health problems occurs before the age of 24, university students are therefore a high-risk population, and age is probably a significant factor in explaining the increase in students with serious mental health problems attending university counseling (Kessler et al., 2007).

### **2.4.3 Socio-economic background**

There is a ton of research showing a connection between psychological distress in students worldwide and socioeconomic position (SEP) factors such as income, education, occupation, poverty, and living situations. For example, a systematic review showed links between psychological discomfort and a range of social and economic risk factors including restricted family income (Hope & Henderson, 2014). Additionally, students from low socioeconomic backgrounds who lived in rental properties and had parents with lower levels of education reported greater rates of mental health issues such as depression,



anxiety, and stress (Divaris, 2013). Additionally, more individuals likely to experience psychological distress were older students, female students, students from rural locations, and students with poor family income (Hakami, 2018).

According to Fregussion and Woodward (2000), children from families with low socioeconomic status are more likely to experience various adjustment issues. Schoon (2000) discovered that social origins have a small but large impact on ensuing behavioural adjustment. Adult adjustment is indirectly influenced by social adversity. The study's conclusion showed that socioeconomic status and environment affect how people alter their behaviour during childhood and adolescence. Mishra and Singh (1998) concluded that the social adjustment of students from low and high socioeconomic status drastically differed.

According to Sangeeta and Chirag (2012), college students with low socioeconomic status and poor academic performance experience more adjustment issues than those with high socioeconomic status and exceptional academic performance. However, there is a considerable difference between high and low-achieving students in terms of adjustment in the familial, social, and emotional areas (Pooranchand, 1994). Surekha (2008) states that college students' academic achievement and adjustment issues are negatively correlated. Sood (1992) found no substantial link between achievements and adjustment.

#### **2.4.4 Ethnicity**

Much research on ethnicity and adjustment has been done among minority ethnic groups. Students from minority ethnic backgrounds have more difficulty adjusting to university than non-minority ethnic backgrounds (Aderi et al., 2013). Furthermore, ethnicity was found to be a significant predictor of academic achievement. In addition to race, gender is a powerful predictor of educational success (Wider et al., 2016). The degree of education of the parents is also regarded as a predictor of academic success. Poor adjustment, a low-grade point average (GPA), and dropping out among university

students are all linked to parents' lack of education, and those with more educated parents have a better GPA. Several studies have found that parental education is a stronger predictor of female students' adjustment to the university than male students (Wider et al., 2016).

## **2.5 Relationship between mental health problems and adjustment problems**

Studies revealed a strong correlation between students' adjustment and their academic performance, mental health, and general wellbeing (Elias et al., 2010). In comparison to students who reported adjustment-related problems in their first year of university life, students with better adjustment to university life demonstrated high academic performance, fewer experiences of mental health problems, and high social, psychological, and subjective well-being (Sarif et al., 2021). Studies have revealed that higher education students struggle to adapt to the dynamic nature of the teaching-learning process and the surrounding sociocultural milieu (Pathak, 2014).

Depression has been associated with university students' adjustment challenges (Lei et al., 2016). These challenges include moving away from home, being primary carers, having to adjust to new academic requirements that are different from what they did in high school, and having financial difficulties. As a result of studying far from home, students might experience symptoms of anxiety and depression that hinder their academic performance. According to Kaya and Ayadin (2021), the disconnection/rejection schema area and unstable attachment to mothers have a direct and considerable impact on symptoms of anxiety and depression. Furthermore, insecure attachment to parents is significantly and favorably mediated by schema domains related to disconnection/rejection and decreased autonomy in explaining symptoms of anxiety and depression

Kaur (2012) discovered a strong relationship between adjustment and mental health problems. University adjustment issues lead to mental health problems such as depression, stress, and anxiety (Landow, 2006). Low levels of levels of adjustment cause

depression and anxiety (Yan et al., 2012). The relationship between several adjustments such as academic, personal-emotional, and attachment and depression among anxiety has not been identified among first-year students. Therefore, this study aims to identify these issues among first-year students.

University students frequently experience high rates of mental illnesses like depression, stress, and anxiety, which can be harmful to their academic achievement and emotional health. Milic et al. (2020) emphasized this point, noting that mental health disorders are more prevalent in schools than in the general population, probably as a result of the high academic demands. Over time, there has been a decline in social wellbeing in education. Unintended consequences of high anxiety levels include memory loss and focus problems, which delay learning and lower academic achievement (Morshed, 2017). According to Topuzov et al. (2020), first-year students who experience high academic and interpersonal tension also have a higher risk of social exclusion and suicide.

Anderson et al. (2016) pointed out that if students can adapt to their academic environment, they may be able to overcome psychological issues. Furthermore, they need to be aware of their surroundings and knowledgeable about mental and emotional well-being. Analysis studies by He et al. (2018) and Thompson et al. (2019) found no evidence of a significant relationship between academic adjustment and psychological distress.

## **2.6 Chapter summary**

In this chapter, literature on mental health problems (depression and anxiety) among first-year university students and factors influencing mental health and adjustment problems (attachment, gender, age, ethnicity, and socio-economic background) were reviewed. A study of the literature on adjustment problems and the relationship between mental health and adjustment problems was conducted. In this regard, it was highlighted that the new student faces some developmental issues associated with adolescence and the demands of adjusting to a new environment.

Based on the information presented above, trying to adapt to university life is a lengthy process that takes place mainly during the first-year of university, particularly during the first semester, and involves many opportunities and personal resources. The adjustment must consider the end goal adapted functioning and the process itself. It entails moving from an initial stage characterized by emotional tension and stress to a final stage characterized by a sense of well-being and functioning that meets the new needs. When adjusting to a unique setting different from where they originate, first-year students from large urban high schools and tiny rural areas are judged at-risk for difficult first-year university adjustment.

## **CHAPTER 3**

### **METHODOLOGY**

This chapter describes the methodology used to investigate the relationship between mental health and adjustment problems among first-year students in the Faculty of Humanities at the University of Limpopo. The chapter is divided into several sections, including research design, sampling, data collection, data analysis, reliability and validity, and ethical considerations.

#### **3.1 Research Design**

The study was conducted by making use of a quantitative research design. According to Welman et al. (2005), the quantitative research method emphasizes the measurement and analysis of connecting relationships between variables within a value-free context. The study employed a correlational design. When conducting a correlational study, a researcher uses two or more quantitative variables from the same subject group and attempts to ascertain whether the variables are related.

#### **3.2 Sampling**

The sample frame, which is the list or procedure defining the population from which the sample will be drawn, was the list of all first-year students under the faculty of Humanities at the University of Limpopo in Mankweng, Polokwane, and Limpopo province. Three hundred and sixty-six (366) first-year students from the faculty of Humanities, namely, Psychology, Social work, Sociology, and Bachelor of Education students were presented in the final sample. Simple random sampling was used in this study to draw a sample from the list of students. In simple random sampling procedure awards equal opportunity for the population to be selected for participation. In this study students who met the requirements of being participants of this study where being selected randomly. The population included both males and females aged 18 years and above.

### **3.3 Data Collection Instruments**

For the present study, the Student Adaptation to College Questionnaire (SACQ), the General Health Questionnaire-12 (GHQ-12), and the Parental Bonding Instrument (PBI) were chosen as data collection tools. The research instruments include two sections: Section A explored the demographic information of the participants such as age, gender, residence, socioeconomic status, degree type, and year of study. Section B includes the General Health Questionnaire-12 (GHQ-12), Student Adaptation to College Questionnaire (SACQ), and Parental Bonding Instrument (PBI).

The GHQ-12 was used to collect information related to the mental health problems of the students, SACQ was used to measure the level of adjustment and PBI was used to assess the perceived parental relationship retrospectively as perceived by the first-year university students in the faculty of Humanities at the University of Limpopo (see Appendix 2 for the SACQ, Appendix 3 for the GHQ-12 and Appendix 4 the for PBI). The above-mentioned tools are further discussed below.

#### **3.3.1 Student Adaptation to College Questionnaire (SACQ)**

The SACQ is a tool that measures the level of adjustment, and it consists of four subscales: Academic Adjustment (question 1 to 24), Social Adjustment (25-44), Personal-Emotional Adjustment (45-59), and Attachment/Institutional Adjustment (60-67) (Baker & Siryk, 1999). It consists of 67 questions. In A study conducted by Zhao et al. (2022), the Cronbach alpha of the Student Adaptation to College Questionnaire (SACQ) was 0.88.

According to Friedlander et al. (2007), academic adjustment is the degree to which first-year students can manage their academic obligations, such as finding the motivation to finish their coursework and make an attempt to learn in the classroom. Academic success among students is always a part of the academic environment, as are elements like coping strategies and job satisfaction.

According to Baker and Siryk (1989), social adjustment measures a person's success in both general and social activity participation, including moving away from home, interacting with others in the university, and appreciating the social environment there. For freshmen, the first-time experience of moving away from home, being cut off from family, and living far from their parents symbolizes liberty (Grey et al., 2013). As a result, this experience makes students self-reliant in navigating the novel interpersonal expectations of university life.

Psychological and physical well-being are the two main areas of focus for personal-emotional adjustment (Baker & Siryk, 1989). It has to do with how well pupils handle overall psychological stress brought on by stress. Students face hurdles in their academic and social lives at university, which also has an impact on their personal growth. Adjustment stress and depression levels are associated in terms of the personal-emotional dimensions.

Attachment/institutional adjustment is the degree to which a student is attached to the university and their dedication to earning a degree (Baker & Siryk, 1989). The student's overall contentment with college and their attitude towards it are the main topics of this adjustment.

### **3.3.2 General Health Questionnaire (GHQ-12)**

The GHQ-12 is a measure of the current mental health of the test takers (Montazeri et al., 2003). The GHQ-12 has been used widely for measuring and detecting psychological morbidity in different settings and cultures. The scale asks whether the respondent has experienced a particular symptom or behavior recently. It also consists of 3 dimensional factors, namely, anxiety and depression, social dysfunction, and loss of confidence by Graetz (1991). The QHQ-12 derives from the original 60-item version and additionally exists 30, 28, and 20-item versions (Goldberg and Williams 1988). However, according to Zulkefly and Baharudin (2010), the dimensions are psychological distress, social and

emotional dysfunction, and cognitive disorder. However, this study used Graetz's dimensions. In a recent study conducted by Zulkefily and Baharudin (2023), the reliability analysis of the General Health Questionnaire (GHQ-12) showed satisfactory results with Cronbach alpha of 0.70.

Mental health scores were calculated using the GHQ-12. The GHQ-12 used a Likert scale ranging from 0 (not at all) to 3 (much more than usual) for scoring purposes. The mental health overall assessment was done by using a summative score across all 12 computed items, with higher scores indicating poorer mental health. Some examples of GHQ-12 are as follows: have you been able to concentrate on whatever you are doing, have you lost much sleep over worry, and have you felt constantly under strain have you been losing self-confidence?

### **3.3.3 Parental Bonding Instrument (PBI)**

The PBI is used to assess the perceived parental relationship retrospectively as perceived by the individual. Variables measured are two subscales termed "care" and "overprotection" which measure fundamental parental styles as perceived by the child (Wilhem & Parker, 1990). High scores reflect the perception of warm, understanding, and accepting parents, whereas low scores represent the perception of cold and rejecting parents. According to Sato et al. (2021), the Cronbach alpha of the Parental Bonding Instrument (PBI) was 0.937.

According to Parker et al. (1979) PBI consists of 13 items which indicate the Overprotection Dimension, and 12 items indicate Care Dimension (scores ranged between 0 "Very False", 1 "Moderately False", 2 "Moderately True", 3 "Very True".) and high scores indicate a perception of overprotective parenting or not allowing the child's autonomous behavior. The Care Dimension of the PBI assesses perceived parental warmth and affection, while the Overprotection Dimension assesses perceived parental control and prevention of autonomy (Parker et al., 1979).



The demographic data was collected from a self-developed form tapping into aspects such as gender, age, socioeconomic status, and types of degrees (see Appendix 2 for demographic information). The questionnaires were administered to 366 university students from the Faculty of Humanities: Schools of Education, Social Sciences, and School of Languages, and their respective departments. The researcher ensured that the students answered all questions.

### **3.4 Procedure of data collection**

The researcher undertook the research process by first seeking and obtaining Ethical clearance from the University of Limpopo's ethics committee (TREC/157/2022: PG-Amended). The researcher created Google form questionnaires and it was sent to all faculty of Humanities first-year students. Simple random sampling was used to select the participants. Participation was voluntary. The study used those participants who filled out a Google form questionnaire that was posted on their student's email.

### **3.5 Data Analysis**

Descriptive statistics were used to summarize the demographic characteristics of the participants and the distribution of mental health, adjustment problems, and attachment. Measures of central tendency and variability, such as means, standard deviations, and ranges, were computed for continuous variables, while frequencies and percentages were computed for categorical variables.

Spearman's correlation was used to examine the relationship between mental health and adjustment problems among first-year students in the Faculty of Humanities at the University of Limpopo. The correlation coefficient was used to determine the strength and direction of the relationship between the two variables. Spearman's correlation is a statistical technique that is used to measure the strength and direction of the relationship between two variables measured on an ordinal or interval scale. In this study, Spearman's correlation was used to examine the relationship between mental health and adjustment

problems among first-year students in the Faculty of Humanities at the University of Limpopo.

Data was also analyzed using factor analysis and ordinal logistic regression models. Factor analysis was used to identify the underlying factors that contribute to mental health and adjustment problems among first-year students in the Faculty of Humanities at the University of Limpopo. The ordinal logistic regression model was used to examine the relationship between the identified factors and mental health and adjustment problems among first-year students in the Faculty of Humanities at the University of Limpopo.

Ordinal logistic regression is a statistical technique that is used to analyze the relationship between a set of independent variables and an ordinal dependent variable. In this study, ordinal logistic regression will be used to examine the relationship between the identified factors and mental health and adjustment problems among first-year students in the Faculty of Humanities at the University of Limpopo.

### **3.6 Validity and reliability**

According to Joppe (2000), a research instrument is considered reliable if its findings can be independently verified using a similar methodology. Reliability is also defined as the extent to which results are accurate in representing the entire population being studied and consistent over time. According to Golafshani (2003), dependability is the degree to which a measurement, when repeated, stays the same. It also refers to the consistency and stability of a measurement over a specific amount of time. Consistency and stability are the main concerns of reliability in quantitative research (Polit & Beck, 2010). In this research, a pilot study was carried out before data collection to ensure reliability and accurate results.

As stated by Joppe (2000), validity evaluates the degree to which the research measures what it was intended to measure or the veracity of the research findings. Therefore, to get accurate results, the research's validity was maximized. A preliminary investigation was

conducted to verify that the survey adequately covered every facet of the topics under investigation. The outcome of this preliminary investigation was that there was no difficult questions and the participants managed to answer all the questions from the questionnaires. Furthermore, the Cronbach alpha was in line with the ones from other previous studies. In addition the results of the pilot study were not included in the main study.

### **3.7 Ethical considerations**

#### **3.7.1 Permission to conduct the study**

Before commencement of data collection, the researcher obtained permission from the ethics committee of the University of Limpopo. Ethical clearance was obtained from the University of Limpopo's ethics committee (TREC/157/20222: PG-amended). After the aim and objectives were thoroughly explained to each participant before participating, 366 students signed the consent forms and filled in the questionnaire through Google Forms. No force or coercion was used on the participants, every participant understood that they were free to discontinue if they felt uncomfortable. Participants were also assured of their confidentiality.

#### **3.7.2 Informed consent**

Participants agreed to partake in the research and were made aware that they could cease participating in the research whenever they wanted to. Participants were given an informed consent form to sign.

#### **3.7.3 Confidentiality.**

Participants were made aware of the extent to which their responses were kept confidential, and all participants who participated in the study adhered to a confidentiality agreement.

### **3.7.4 Voluntary participation**

Participants participated in the study of their own free will and were made aware that they could decide to leave the study at any given time.

### **3.7.5 Avoidance of bias.**

To avoid bias in the study, no preconceived ideas that may influence the outcome of the study were held and results were presented as they are.

### **3.7.6 Avoidance of harm**

The best interest of the participants was held. They were not forced into doing anything that they chose not to do, or which may impose harm.

### **3.7.7 Anonymity**

The researcher ensured that the data provided by participants was not linked to their real names. Therefore, the researcher used codes, pseudonyms, and numbers to identify participants. The researcher made participants aware that if their information gets published in articles, their names are not going to be revealed.

### **3.7.8 The Protection of personal information act, 201 (Act no. 4 of 2013)**

To ensure that no harm was done to first-year students, the Protection of personal information act, 201 (Act no. 4 of 2013) was used. The Act states the importance of handling personal information with caution. It is aimed at ensuring that South African institutions responsibly conduct themselves when collecting, processing, storing, and sharing personal information. This policy supports the protection of personal information

when dealing with student records unless there are consent agreements relating to support to be provided.

### **3.8 Chapter Summary**

This chapter focused on discussing the research methodology adopted for this study. The study adopted a quantitative research methodology. The sample consisted of three hundred and sixty-six students from the faculty of Humanities, namely; Psychology, Social work, Sociology, and Bachelor of Education. The population included both males and females aged 18 and above. Data collection instruments consisted of questionnaires. SPSS analysis was used to analyze data. Lastly, the chapter also discussed the ethical considerations followed by the researcher. The following chapter presents the study analysis and findings.

## CHAPTER 4

### THEORETICAL FRAMEWORK

#### 4.1. Introduction

This chapter also outlines the theoretical framework that supports the discussions in the study. This study used two theories namely, Tinto's theory of student integration which focuses on how students integrate with their university expectations. This theory also emphasizes that student's level of academic and social integration into a university, as well as their level of dedication to their studies and the institution's goals, are directly linked to how persistent they are in obtaining their degree. The second theory is Bowlby's and Ainsworth's Attachment theory which focuses on the attachment between the caregiver and the child and how their relationship affects the mental health of the child in the future.

#### 4.2. Tinto's theory of student integration

Tinto developed a student integration model in 1975 after conducting a study on his students who had dropped out of higher education institutions in other countries. Tinto's model is based in part on Durkheim's (1897) theory of suicide, which indicates that individuals are more likely to commit suicide when they are inadequately integrated into the shared structure of an institution. Tinto contends that students' social integration strengthens their institutional commitment, which, in turn, reduces student dropout rates. Students' social integration at a school is significant, as it relates to the social embeddedness of learning (Tinto, 1975).

Terms such as the theory of student departure, student retention, and student integration are all synonyms for this model (Rienties et al., 2014; Chrysikos et al., 2017). The term "Theory of Student Integration" describes this study. This theory contends that a variety

of biographical characteristics individuals bring with them when they enroll in university for the first time have an impact on their capacity to fulfil their aspirations of obtaining degrees (McCubbin, 2003). The students' level of dedication to completing their studies at the university, their academic objectives, and their influential biographical traits all interact with the institutional environment to determine whether they will succeed in achieving their educational objectives (Terenzini et al., 1981). According to Tinto (1975), a student's level of academic and social integration into a university, as well as their level of dedication to their studies and the institution's goals, are directly linked to how persistent they are in obtaining their degree.

Tinto (1993) amended the original idea, which was first proposed in 1975, by adding two elements, namely, external commitments and intentions, which impact student integration. The student's commitment to peer groups, families, communities, and workplace environments are all considered external commitments in the revised theory and its corresponding model, all of which significantly impact whether they decide to remain in school or drop out (Terenzini et al., 1981). Based on his prior model, Tinto (1993) tried to clarify through this model the impact of internal institutional influences on the student in terms of student departure (Schreiber et al., 2014).

There are critics of Tinto's theory of student integration. Some have argued that ideas are vague, open to different interpretations, and unstable (Burnsden et al., 2000). Others have suggested that it only concentrates on conventional-aged (18-24), non-minority students in a four-year residential setting (Pascarella & Smart, 1991). Tinto (2014) acknowledges that it does not consider or identify important differences in the professional choices made by students of different races. Tinto (2014) also posits that it disregards gender or previous cultural practices.

The first step in the transition process is for the student to fully and willingly separate from their previous community, which typically has different values and norms from the new culture (the university campus) into which they are moving (Stage, 1989). It appears that a total breakup would entail the student's entire rejection of the old standards and beliefs

and complete acceptance of the new ones, which would alter the student and enable a successful adjustment (Saeed, 2008). The individual enters the transition stage when they begin interacting with the people in the new group they are attempting to join (Tinto, 1993).

The concept states that students come to a college or university with different backgrounds and experiences, including race, academic aptitude, family, education, and economics (Schlossberg, 1995). First commitments are formed because of the characteristics related to the specific college attended as well as the goal of graduating from college. It is believed that the student's early commitments and background characteristics affect their academic performance as well as how they engage with and integrate into the academic and social activities of the institution (Saeed, 2008). When all other things are equal, a person's commitment to the college and its mission is stronger when they have superior social and academic integration. Persistence is believed to benefit from these levels of integration and commitment. In various ways, students who integrate more are less likely to drop out of school (Braxton et al., 2004). According to Tinto (1993), students are more likely to stick with their second year of college if they exhibit resilience after a traumatic event rather than psychopathology.

Tinto (1993) further states that students who become involved in their campus's academic and social life are more likely to stick with their studies. Engagement in learning communities is a key aspect of students' relationship to their university. Learning communities consist of students who may take the same classes, have similar academic interests, or live in the same house (SATS, 2007).

Various characteristics influenced the student's pre-enrolment commitment to their goal (i.e., degree completion) and the institution they planned to attend (Upcraft et al., 2004). Individual attributes, pre-college experiences, and family history are all factors that Tinto believes are crucial in shaping an individual's ambition and institutional commitment (Heaton-Shrestha et al., 2009). Individual characteristics include race, gender, and intellectual ability; precollege experiences include social and academic activities such as



high school grade point averages and academic and social accomplishments. Social status, value climates, and expectation climates are all covered by family history (Whittaker, 2008). Tinto argued that an individual's educational aspirations impacted their chance of attrition. This refers to the length of time the student is expected to attend the educational institution and the emphasis the student puts on the specific institution. Individual students' commitment to their respective educational institutions varies significantly (Ryan, 2013). Some students consider their institution critical to their future work prospects, while others may be just as happy at another college as they are at their current one. Students who value their education significantly are far more likely to stay at that college despite academic or social difficulties (Mertes, 2015).

Higher socioeconomic groups were thought to be more likely to continue their education, according to Tinto's (1975) theory on the influence of socioeconomic class on institutional commitment. Conversely, dismissals from academic institutions are linked to decreased levels of intellectual progress, reduced aptitude, and lower social position. According to Matthews (2014), persons who voluntarily retreat have greater levels of intellectual development and are of an equivalent or higher socioeconomic position. The most important factors that determine whether or not a student continues their further education are these personal traits as well as the individual's subsequent social and academic integration. According to Tinto (1993), the relationship between a student's dedication to the objective of completing college and their devotion to the particular educational institution ultimately decides whether or not they drop out.

When it decides to drop out of college, students' perspectives on their individual experiences are important (Kuh et al., 2005). According to Tinto, students weigh the costs and benefits of their own college experience, and they are more likely to drop out if they think they can get a better deal elsewhere for the same or less money (Mertes, 2015). A person's decision to drop out might also be influenced by certain aspects of their personality. In addition to being more impulsive and less emotionally invested in their education, dropouts are also less able to benefit from prior experience, more erratic and anxious, and excessively energized and restless.

As previously stated, a student's gender has an impact on college persistence, but the effect is not always evident. Males are more likely to complete college courses, although many female dropouts are voluntary withdrawals (Guiffrida, 2006). Tinto emphasizes the relevance of students' perceptions of their academic integration and describes how he believes they evaluate it. According to Shapiro and Levine (1999), the student considers academic integration a combination of two other factors: academic performance and intellectual development.

### **4.3 Bowlby's and Ainsworth's Attachment theory**

Bowlby (1982) asserts that a child's adjustment and mental health are impacted throughout time by variations in the quality of early connections with carers. This is because interactions between parents and children mould kids' internal working models of who they are and how they relate to other people, claims Bowlby. Mary Ainsworth (1978) discovered that a baby's behaviour, both now and in the future, is greatly influenced by the interactions between the mother and her child throughout the attachment phase. She added that kids who have a stable bond with their parents or other primary carers may find it difficult to go from them. As a result, studying far from home, independence, a new environment and the absence of parents/primary caregiver could predispose students to develop certain mental health problems such as depression.

Ackerman (2018) indicated that adult attachment types follow a similar trend, with individuals who have secure attachments maintaining intimate and happy relationships with their spouses. According to Deniz et al. (2005), college students who have a secure attachment style have stronger social skills than those with an insecure attachment style. As a result, persons with stable attachments would have unique supportive relationships, as supportive relationship quality is mostly determined by individual's relational competency and social abilities (Sarason et al., 1985). Insecure attachment is thought to stifle social exploration, which could stifle the development of social skills and

substantially impact the formation of harmonious relationships with peers (Cassidy et al., 1996).

According to Cotterell (2007), people with strong relationships also have high views about being supported by friends, family, and others, known as perceived social support. Positive outcomes are connected to perceived social support. The study by Mahanta and Aggarwal (2012) indicated that perceived social support was positively connected with happiness among Delhi University students. Among college students and older individuals, research has shown that perceived social support is a negative predictor of social and emotional loneliness (Salim & Bazorgpur, 2012). Theoretically and practically, attachment style and social support are linked. When opposed to people with insecure attachment styles, studies show that those with secure attachment styles report more perceived social support from friends and family as well as significant others (Collins & Feeney, 2004). Furthermore, a study of two functioning models of self and others discovered that late teens reported the most positive model of self and others (secure attachment) and the highest amount of perceived social support from parents and peers (Blain, Thompson & Whitten, 1993). Perceived support influenced the relationship between avoidant attachment and mental well-being in middle-aged people and seniors, based on one of the studies (Kafetsois & Sideridis, 2006).

According to Bernardon et al., (2011), attachment type, loneliness, and perceived social support all appear to be interrelated. This is supported by a study of factors connected to family, social, and romantic loneliness among college students. Attachment style, social support, and loneliness were all measured in college students. Those with secure attachment had less loneliness than students with insecure attachment, according to the findings. This association was mediated by the students' perceptions of social support (Sushma et al., 2019).

During adolescence, attachment and attachment patterns are especially crucial (Brennan et al., 1998). Attachment is exceptionally vital throughout the adolescent's development of self-identity (Bakermans-Kraneburg, 2010). The adolescent's attachment style will show up in their self-identity, connections with others, harmony with their environment,

and how they handle challenges (Griffin & Bartholomew). The previous statement emphasizes the significance of attachment styles once more. For example, situations in which attachment is negative are thought to be a forerunner to psychopathology (Kamkar et al., 2012). As a result, it's critical to investigate the personal, family-related, and social elements that influence university students' attachment styles in their late adolescent years (Nickerson & Nagle, 2005).

According to Bowlby (1969), everyone is born with an attachment style. Because one of the key characteristics of the socialization process is attachment, it is critical to form solid relationships with people during the coming ages (Erözkan, 2004). According to attachment theorists, once an individual's attachment style is secure or insecure, it remains that way for the rest of their life, influencing their entire life (Mayseless, 2004; Thomsons et al., 1982). In other words, an individual's attachment patterns impact the behaviour and attitudes he exhibits in his social and emotional connections (Ekşi, Sevim, & Kurt, 2016). Even if it does not remain the same in subsequent years, the basic attachment style established throughout childhood is critical since it will serve as a model for the individual's entire life. Bonding styles are classified in various ways in the literature (Pitman & Scharfe, 2010). For example, Ainsworth et al. (1978) define three different attachment styles: anxious/ambivalent, anxious/avoidant, and secure. On the other hand, Hazan and Shaver (1987) distinguish between secure, avoidant, and anxious attachment.

The importance of building safe relationships and the child's home environment is highlighted from an interpersonal perspective on depression (Waters et al., 2000). Secure attachments arise when a child's needs for protection, comfort, and acceptance are addressed (Main et al., 1985). According to Ainsworth and Bowlby's work with newborns and early children, the attachment process includes an inclination to seek contact and proximity with helpful persons, especially in times of distress. Infants acquire an internal model of close connections due to this process, which consists of two interconnected emotional and cognitive schemas; one about themselves and the other about others (Hazan & Shaver, 1987). Insecure attachments are created when caregivers are unresponsive or inconsistent, and harmful working models of others and oneself might

result. (Howes & Hamilton, 1992) Depressed adolescents and young adults are more likely to experience insecure attachments with their parents (Water et al., 2000). Secure parental bonds predict students' excellent social, intellectual, emotional, and psychological functioning (Hesse, 2016).

According to Schinka et al. (2012), lonely youth are more likely to talk about despair, psychopathology, and a lack of social skills. Individuals with a deficient attachment figure or who have previously encountered insufficient/concerned connection settings may be lonelier (Del-Giudice, 2009). As a result, the individual would be denied the intimacy and support normally supplied by a partner with whom he or she might share their life (Trinke & Bartholomew, 1997). How a possible attachment figure reacts impacts both infants and adults (Waters, 1978). The adult will likely feel joy and security if the attachment figure is responsive. In contrast, if the attachment figure is not responding, the adult individual is expected to experience anxiety and distress (Ainsworth et al., 1978).

The bonding between the child and the mother is the centre of attachment theory. It also examines the chaos that a child goes through when they are removed from or deprived of their mother or the caregiver who takes their place (Doherty & Feeney, 2004). As a result, the philosophy's core notion is that establishing a strong bond with one's mother or caregiver will favorably impact the individual's relationships for the rest of their life (Trinke & Bartholomew, 1997). The urge for attachment, which increases in intensity during stress, indicates an individual's desire to solve the problem and return to a particular state. In other words, when a person is stressed, the urge to return to the safe arms of their mother arises. While attachment is the foundation of a child's early emotional development, it can also be defined as a biological-social mechanism that protects the infant from environmental threats (Main et al., 1985). The attachment hypothesis encompasses psychological, societal, and developmental characteristics (Howes & Hamilton, 1992). Given this evidence, it is reasonable to conclude that diverse attachment styles emerge due to the attachment connection. Early in childhood, attachment styles are formed, expressing an individual's pattern for developing relationships with others (Maysel, 2004).

#### **4. 4 Chapter Summary**

This chapter discussed Tinto's student integration model and Bowlby and Ainsworth's (1992) attachment theory, which served as the present study's theoretical framework. Tinto (1975) contends that students' social integration strengthens their institutional commitment, reducing dropout rates. Students' social integration at a school is significant as it relates to the social embeddedness of learning (Tinto, 1975). On the other hand, Ainsworth and Bowlby state that the adolescent's attachment style will show up in their self-identity, connections with others, harmony with their environment, and how they handle challenges.

## CHAPTER 5

### PRESENTATION OF FINDINGS

#### 5.1 Introduction

The previous chapter examined the research methodology that was adopted to address the research problem. The chapter addressed the research design, sampling methods, data collection methods, data analysis, quality criteria, and ethical considerations. This chapter presents the results and discussion of the study. The discussion covers demographic characteristics and all the other objectives of the study. The implication of the results is also highlighted in this chapter.

#### 5.2 Demographics characteristics

The descriptive statistics and frequency in Table 1 provided valuable insights into the sample population's characteristics. Various demographic variables, such as age, gender, degree type and residence, socioeconomic status of first-year students, and year in the university were examined and will be discussed below.

**Table 1**

*Descriptive Statistics of the demographic characteristics of the students*

<b>Characteristic</b>	<b>N = 366<sup>1</sup></b>
Age	
Median (IQR)	19.00 (19.00, 21.00)
Gender	
Female	251 (69%)
Male	115 (31%)
Degree Type	

BA Psychology	70 (19%)
BA Sociology	110 (30%)
BA Social Work	75 (20%)
BA Education	111 (30%)
Residence	
Off-Campus	208 (56.8%)
On Campus	158 (43%)
Socioeconomic	
High	180 (49%)
Low	181 (49%)
Medium	5 (1.4%)
Year University	
Year 1	361 (99%)
Year 4	2 (0.5%)
Year 2	2 (0.5%)
Year 3	1 (0.3%)

The sample consisted of 366 individuals, with ages ranging from 17 years to 30 years. The mean age of the sample was 20.07, with a relatively low standard deviation of 2.286, suggesting that students' ages were tightly clustered around the mean. Table 1 above revealed that the majority of the sample identified as female, accounting for 68.6% of the participants. In contrast, males represented only 31.4% of the sample, indicating a significant gender imbalance. The distribution of degree types in Table 1 observed that the sample encompassed various degree programs. The results further showed that Bachelor of Education (B.A. Edc) was the most prevalent degree type, accounting for 30.3% of the sample, followed by Bachelor of Sociology of Arts in Sociology (B.A. Sos) (30.1%), Bachelor of Arts in Psychology (B.A. Psy) (19.1%), and Bachelor of Social Work (B.A. Sw) (20.5%). This indicates that the sample had a two-pair diverse representation of degree programs. Regarding the residence of the participants, the frequency and descriptive statistics table revealed that the majority (56.8%) lived off-campus, while



43.2% resided on campus. This distribution suggests a mix of commuting and residential students within the sample.

Analyzing the socio-economic status of the students, the results in Table 1 show that the sample included participants with varying backgrounds. Nearly half of the participants (49.2%) had a high socioeconomic status, while an almost equal proportion (49.5%) had a low socioeconomic status. A small percentage (1.4%) fell into the medium category. This indicates that fifty percent of the students belonged to the low economic background followed by those who came from the high economic background. The medium economic class group was the lowest of the group. Lastly, considering the year in the university, the majority of the participants (98.6%) were in their first year of study, indicating a predominantly fresh student population. The remaining individuals were distributed across the second (0.5%), third (0.3%), and fourth (0.5%) years but were still in their first level of study for different reasons.

### **5.3 The types of mental health problems likely to be experienced by all students**

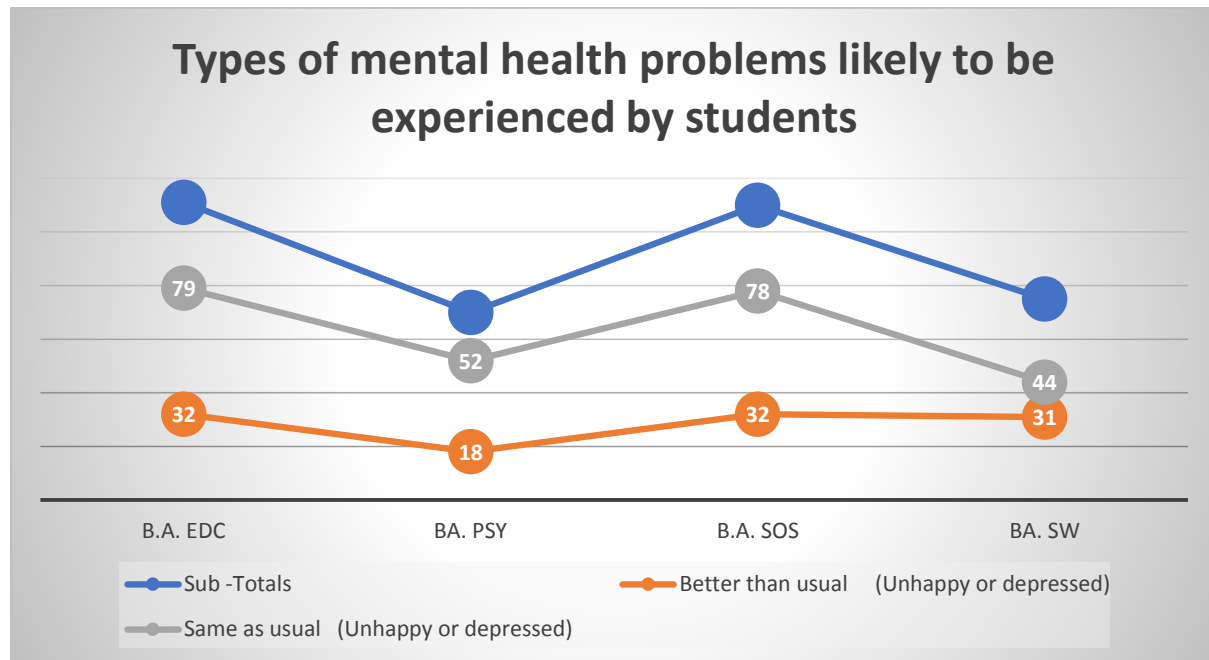
A General Health Questionnaire-12 which consists of 12 questions was used to determine the types of mental health problems likely to be experienced by all first-year students. The General Health Questionnaire-12 was further analysed using its three subscales namely, Anxiety and Depression (GHQ2, GHQ5, GHQ6, and GHQ9), Social Dysfunction (GHQ1, GHQ3, GHQ4, GHQ7, GHQ8, and GHQ12) and Loss of Confidence (GHQ10 and GHQ11).

#### **5.3.1 Anxiety and Depression subscale (GHQ-12)**

Figure 1 below shows a line graph depicting the responses of students on the Anxiety and Depression subscale on the GHQ-12.

**Figure 1**

Showing a line graph depicting the types of mental health problems (Anxiety & Depression subscale) likely to be experienced by students



It is indicated in Figure 1 above that the number of B.A. Edc students were (111), almost on par with B.A. Sos (110), followed by B.A. Sw (75) and B.A. Psychology (70) was the least among all. The figure also indicates that out of 111 B.A. Edc, 32 students felt better than usual in terms of being unhappy or depressed while 79 of them felt no change (same as usual). Figure 1 further shows that 253 or 69,1% of students indicated that their mood stayed the same as usual across types of degrees [B.A. Edc (79); B.A. Psy (52); B.A. Sos (78); B.A. Sw (44)] while only 113 [B.A. Edc (32); B.A. Psy (18); B.A. Sos (32); B.A. Sw (31)] felt better than usual in terms of unhappiness and depression. The results indicate that a considerable proportion of first-year students across all degree types reported feeling "Same as usual" regarding their state of unhappiness and depression symptoms.

Among first-year students pursuing a bachelor's degree in education (B.A. Edc), 32 students (28.8% of the total sample) reported feeling "Better than usual" in terms of their

mental health, while 79 students (71.2%) reported feeling "Same as usual." Similarly, for students studying Psychology (B.A. Psy), 18 students (25.7%) felt "Better than usual," and 52 students (74.3%) felt "Same as usual." Among Sociology students (B.A. Sos), 32 students (29.1%) reported feeling "Better than usual," while 78 students (70.9%) felt "Same as usual." In the case of students pursuing a bachelor's degree in social work (B.A. SW), 31 students (41.3%) felt "Better than usual," and 44 students (58.7%) felt "Same as usual." These findings suggest that fewer first-year students across various degree types generally reported feeling better than usual mental health problems prior to their university entrance.

The findings also suggest that a significant proportion of first-year university students across different degree types experienced mental health problems consistent with their usual levels, which were presumably unhealthy before their coming to the university. The minority of first-year university students felt better than usual in terms of experiencing depression symptoms, meaning that being at the university made a little bit of improvement to their depression and unhappiness symptoms. However, it is important to note that this analysis does not provide detailed information about the specific types of disorders or the severity of mental health issues experienced by these students. Further research, incorporating comprehensive assessments and qualitative methods, would be valuable to gain a more in-depth understanding of the types of mental health problems and severity of the symptoms likely to be experienced by first-year students in different degree programs.

### **5.3.2 Social Dysfunction subscale (GHQ-12)**

Table 2 below indicates values and percentages based on the Degree Type and items assessing the social dysfunction subscale of the students. For example, on **GHQ1**, out of 111 students, 70 (19,1%) B.A. Edc degree students felt "Better than usual" in terms of their mental health regarding their ability to concentrate on whatever they are doing. On the contrary, 41(11.2.1%) responded that their concentration level was the same as usual.

**Table 2**

*Types of mental health problems likely to be experienced by students according to the Social Dysfunction subscale*

Degree Type	Sub - Total	Better than usual (able to concentrate on whatever you are doing)		Same as usual(able to concentrate on whatever you are doing)		More than usual (felt that you were playing a useful part in things)		Same as usual(felt that you were playing a useful part in things)		More than usual(felt capable of making decisions about things)		Same as usual(felt capable of making decisions about things)		More so than usual(able to enjoy your normal day-to-day activities)		Same as usual(able to enjoy your normal day-to-day activities)		More so than usual(able to face your problems)		Same as usual(able to face your problems)		More so than usual(feeling reasonably happy, all things considered)		About same as usual(feeling reasonably happy, all things considered)	
		GHQ1	GHQ1	GHQ3	GHQ3	GHQ4	GHQ4	GHQ7	GHQ7	GHQ8	GHQ8	GHQ12	GHQ12												
Ba. Edc	111	70(19.1%)	41(11.2%)	43(11.7%)	68(18.6%)	35(9.6%)	76(20.8%)	46(12.6%)	65(17.8%)	43(11.7%)	68(18.6%)	29(7.9%)	82(22.4%)												
BA. Psy	70	44(12.0%)	26(7.1%)	25(6.8%)	45(12.3%)	22(6.0%)	48(13.1%)	36(9.8%)	34(9.3%)	27(7.4%)	43(11.7%)	23(6.3%)	47(12.8%)												
BA. Slg	110	71(19.4%)	39(30.1%)	50(13.7%)	60(16.4%)	39(10.7%)	71(19.4%)	46(12.6%)	64(17.5%)	36(9.8%)	74(20.2%)	36(9.8%)	74(20.2%)												
BA. Sw	75	44(12.0%)	31(8.5%)	29(7.9%)	46(12.6%)	23(6.3%)	52(14.2%)	29(7.9%)	46(12.6%)	24(6.6%)	51(13.9%)	21(5.7%)	54(14.8%)												
Gr-Total	366	229(62.6%)	137(37.4%)	147(40.2%)	219(59.8%)	119(32.5%)	247(67.5%)	157(42.9%)	209(57.1%)	130(13.9%)	236(64.5%)	109(29.8%)	257(70.2%)												

**Note:** B.A. Edc denotes Bachelor of Arts in Education, B.A. Psy Bachelor of Arts in Psychology and Criminology, B.A. Sos denotes Bachelor of Arts in Sociology and B.A. Sw denotes Bachelor of Arts in Social Work

Generally, the GHQ1 shows that 62,6% of students across the degree types experienced better than usual ability to concentrate while 37.4% of students reported the same as usual concentration level. On the contrary, all students reported feeling the same as usual on the GHQ3 59.8% (they were playing a useful part in things), GHQ4 67.5% (capable of making decisions about things), GHQ7 57.1% (able to enjoy normal day to day activities), GHQ8 64.5% (able to face your problems) and GHQ12 70.2% (feeling reasonably happy, all things considered) across board. The results indicate that out of six categories of the

Social Dysfunction subscales, there is only one GHQ1 were students recorded that were experiencing better than usual ability to concentrate on things they were doing. This could imply that students have been experiencing similar mental health challenges before they came to the university.

Similarly, in **GHQ3** categories, Table 2 further shows that out of the 6 categories of the Social Dysfunction subscales in which students reported the same as usual experiences of mental health challenges B.A. Edc students scored higher than other degree types. The scores were as follows, GHQ3 18.3% (they were playing a useful part in things), GHQ4 20.8% (capable of making decisions about things), GHQ7 17.8% (able to enjoy normal day-to-day activities), and GHQ12 22.4% (feeling reasonably happy, all things considered). On the GHQ8 the score is 18.6% (able to face your problems) which is slightly lower compared to that of the B.A. Sos (20.2%) students. Furthermore, the B.A. Sos (19.4%) and B.A. Edc (19.1%) students scored better than usual on the ability to concentrate as compared to other degree types.

The findings indicate that B.A. Edc students scored the highest in terms of being stagnated in their usual experience of mental health problems related to challenges with social dysfunction abilities as compared to students enrolled for another degree type. The challenges included playing a useful part in things, the ability to make decisions, solve problems, enjoy a normal day-to-day activity, and feeling happy. On the lack of improvement in the ability to solve problems, B.A. Sos students were the highest. This shows that compared to other degree types, students registered for B.A. Edc struggles in almost all mental health abilities related to social dysfunction except for the improvement in concentration.

### **5.3.3 Loss of confidence subscale (GHQ-12)**

The following Table 3 shows the types of mental health problems likely to be experienced by students focusing on Loss of confidence, using general health questions from the GHQ-12 scale (GHQ10, *losing confidence in oneself* and GHQ11, *thinking of oneself as*

worthless). Table 6 also shows the Cross-tabulation of degree type and **GHQ10**. The results show that out of 111 B.A.Edc students, 37 answered "Better than usual" and 74 "Same as usual."; almost par results with B.A.Sos students whereby 36 students answered "Better than usual" and 74 answered "Same as usual," totaling 110.

**Table 3**

*Types of mental health problems likely to be experienced by students (Loss of Confidence)*

DegreeType	Sub-Total	Better than usual (losing confidence in	Same as usual (losing confidence in yourself)	More than usual of yourself as a	Same as usual of yourself as a worthless.person)
DegreeType		GHQ10	GHQ10	GHQ11	GHQ11
B.A. Edc	111	37(10.1%)	74(20.2%)	36(9.8%)	75(20.5%)
B.A. Psy	70	23(6.3%)	47(12.8%)	19(5.2%)	51(13.9%)
B.A. Sos	110	36(9.8%)	74(20.2%)	40(10.9%)	70(19.1%)
B.A. Sw	75	35(9.6%)	40(10.9%)	25(6.8%)	50(13.7%)
Grant-Total	366	131(35.8%)	235(64.2%)	120(32.8%)	246(67.2%)

**Note:** B.A. Edc denotes Bachelor of Arts in Education, B.A. Psy Bachelor of Arts in Psychology and Criminology, B.A. Sos denotes Bachelor of Arts in Sociology and B.A. Sw denotes Bachelor of Arts in Social Work

The results indicate that there are more students, 235(64,2%), in an unchanging state of losing confidence in themselves than the ones, 131(35.8%), who feel better or more than usual in losing confidence in themselves. On the **GHQ11**, 246(67.2%) the majority of students also responded with the same as usual in thinking of themselves as worthless persons, and most of them are B.A. Education students 75(20.5%) and B.A. Sociology students 70(19.1%) respectively. This implies that the confidence level of most first-year

university students has remained constant, meaning that fewer students reported deterioration or improvement in their confidence levels since they started at the university. Most first-year university students usually think of themselves as worthless persons. Although a positive decrease from 131(35.8%) in column **GHQ10** compared to 120(32.8%) in column **GHQ11** is noticed, students who feel “More than usual” in thinking of themselves as worthless persons; defeat the gains.

A factor analysis was conducted to identify the underlying factors contributing to mental health problems among first-year students. A four-factor solution was found, which accounted for 55% of the total variance, as displayed in Table 4 and the scree plot in Figure 2, together with Kaiser-Meyer-Olkin measure of sampling adequacy and Bartlett's test of Sphericity shown in Table 5. From the results displayed, the sample size is adequate. Bartlett's Sphericity test tests, which follow the Chi-square distribution, testing the null hypothesis that variables are unrelated variables, are rejected with a p-value of 0.00.

**Table 4**

*Total variance using factor analysis on General Health Questionnaire-12 instruments*

Component	Extraction Sums of Squared Loadings		of Rotation Sums of Squared Loadings		Initial Eigenvalues		of Squared Initial Eigenvalues	
	Total	% of variance	Cumulative %	Total	% of variance	Cumulative %	Total	% of variance
1	2.578	21.485	21.485	1.871	15.590	15.590	2.578	21.485
2	1.907	15.890	37.375	1.855	15.460	31.050	1.907	15.890
3	1.099	9.160	46.535	1.565	13.042	44.092	1.099	9.160
4	1.032	8.603	55.138	1.326	11.046	55.138	1.032	8.603
5							.879	7.329

6	.824	6.869	69.336
7	.773	6.446	75.782
8	.694	5.786	81.568
9	.654	5.448	87.016
10	.547	4.561	91.577
11	.521	4.345	95.922
12	.489	4.078	100.000

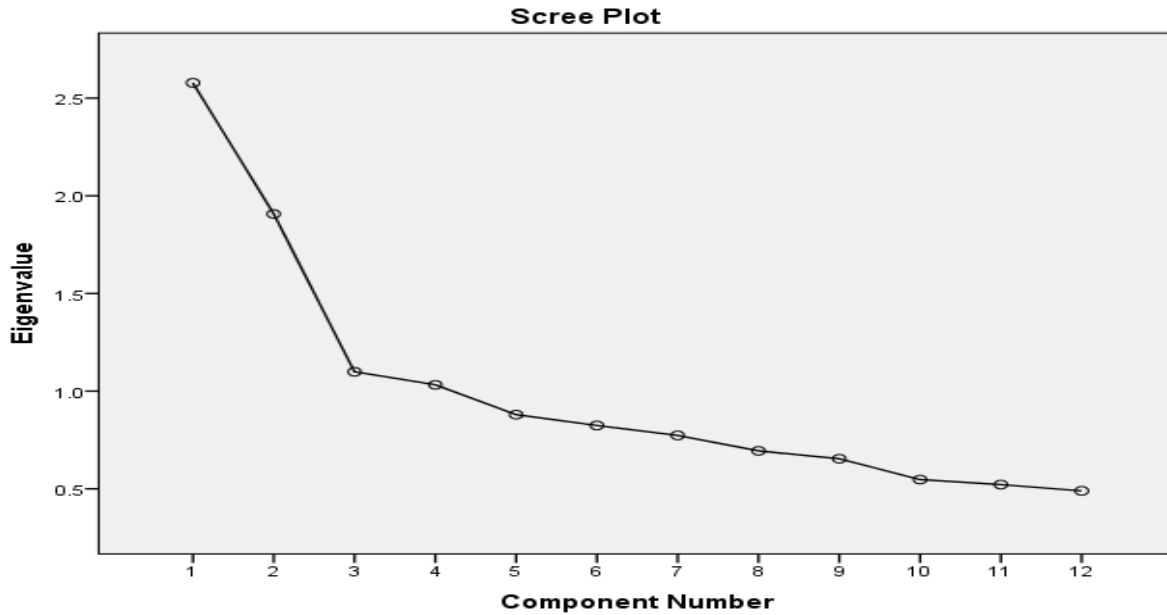
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*Extraction Method: Principal Component Analysis.*



**Figure 2**

*The scree plot depicting the number of components*



**Table 5**

*Kaiser-Meyer-Olkin measure (KMO) and Bartlett's test*

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.724
Bartlett's Test of Sphericity	Approx. Chi-Square	574.650
	Df	66
	Sig.	.000

\* Correlation is significant at the 0.05 level (2-tailed).

\*\* Correlation is significant at the 0.01 level (2-tailed).

From Table 6 below, Factor 1, labelled as 'Being able to concentrate in whatever you are doing,' included items related negatively to component 1 and positively to all the other

components concerning mental health stability. Factor 2, labelled as 'Lost much sleep over worry,' included items related positively to all the components. Factor 3, which we refer to as the 'Feeling of playing a useful part in things', appears to be related positively to all the components except component three. Factor 4, labelled 'Capable of making decisions about things,' is positively associated with components 1 and 4 while negatively related to components 2 and 3. Factor 2, which we labelled as 'Lost much sleep over worry,' included items related to mental health. The factor loadings for each item were significant ( $p < 0.01$ ) and ranged from 0.43 to 0.68 for Factor 1, 0.31 to 0.74 for Factor 2, -0.28 to 0.56, and -0.34 to 0.89 for Factor 4. The eigenvalues for Factor 1 to Factor 4 are 2.5, 1.9, 1.1, and 1.0, respectively.

**Table 6**

*Component Transformation Matrix for the four factors*

Component	1	2	3	4
1	-.583	.680	.115	.430
2	.581	.316	.745	.089
3	.516	.568	-.641	-.028
4	.237	-.340	-.149	.898

*Extraction Method: Principal Component Analysis.*

*Rotation Method: Varimax with Kaiser Normalization*

From Table 6 above, we envisaged that the four components could essentially describe the mental health experiences of the first-year students, with a majority having improved mental health stability.

#### 5.4 The relationship between mental health problems and adjustment among first-year University students.

To determine the relationship between mental health problems and adjustment among first-year students, the GHQ-12 and SACQ were analyzed using Spearman's correlation. Table 7 below shows that the variables are positively moderately significant with a p-value of <0.00. This implies that mental health and students' adjustment to the university are related, indicating that the mental health of first-year students is often influenced by how well they adjust or fail to adjust to the university.

**Table 7**

*The correlation between Student Adaptation to College Questionnaire (SACQ) and General Health Questionnaire (GHQ-12)*

Variables	SACQ	GHQ
	1.000	.260**
SACQ_v	.	.000
ar	361	361
Spearman's rho	.260**	1.000
GHQ_va	.000	.
r	361	361

\* Correlation is significant at the 0.05 level (2-tailed).

\*\* Correlation is significant at the 0.01 level (2-tailed).

**Note:** SACQ denotes the questions on students' adjustments; PBI indicates caregiver questions, and GHQ represents mental health questions

The analysis further focused on the four different adjustment subscales of the SACQ scale namely, academic adjustment, social adjustment, personal-emotional adjustment, and attachment-institutional adjustment. Table 8 below shows the correlation analysis

conducted to determine the relationship between mental health problems and each adjustment subscale.

**Table 8**

*Correlation analysis between mental health problems GHQ-12 and Academic Adjustment subscale of SACQ (Q1 -Q24)*

	_GHQ-12	SACQ_varone
GHQ-12	1	.052
		.324
	366	366
SACQ_varone	.052	1
e	.324	
	366	366

\* Correlation is significant at the 0.05 level (2-tailed).

\*\* Correlation is significant at the 0.01 level (2-tailed).

The Pearson correlation coefficient between GHQ-12 and SACQ variable one is 0.052, which indicates a weak positive relationship that is not statistically significant ( $p = 0.324$ ). Therefore, there is no evidence to suggest a significant relationship between mental health problems and academic adjustment among first-year students based on these results. This implies that academic adjustment is less likely to influence or be influenced by mental health problems.

**Table 9**

*Correlation analysis between mental health problems GHQ-12 and Social Adjustment subscale of SACQ (Q25 -Q44).*

GHQ-12	SACQ_vartwo	
GHQ-12	1	.180**
		<.001
	366	366
SACQ_vartwo	.180**	1
	<.001	
	366	366

\* Correlation is significant at the 0.05 level (2-tailed).

\*\* Correlation is significant at the 0.01 level (2-tailed).

Table 9 above focuses on the correlation analysis between mental health problems (GHQ-12) and the Social Adjustment subscale of SACQ. The Pearson correlation coefficient between GHQ-12 and the Social Adjustment subscale of SACQ variable two is 0.180, indicating a positive correlation  $p < 0.001$ . This finding suggests that there is a significant positive relationship between mental health problems and social adjustment challenges among first-year students. This indicates that first-year university students who struggle to adjust socially to the university environment are more likely to experience mental health problems.

**Table 10**

*Correlation analysis between mental health problems GHQ-12 and Personal-Emotional Adjustment subscale of SACQ (Q45 -Q59).*

	SACQ_varthre	
GHQ-12 e		
GHQ-12	1	.106*
		.044
	366	366
SACQ_varthre	.106*	1
e	.044	
	366	366

\* Correlation is significant at the 0.05 level (2-tailed).

\*\* Correlation is significant at the 0.01 level (2-tailed).

Table 10 above examines the correlation between mental health problems (GHQ-12) and the Personal-Emotional Adjustment subscale of SACQ. The Pearson correlation coefficient between GHQ-12 and SACQ variable three is 0.106. This correlation is statistically significant with a  $p = 0.044$ . Although the correlation is positive, it is relatively weak. Therefore, these results indicate that there is a significant but weak positive relationship between mental health problems and personal-emotional adjustment among first-year university students. This suggests that first-year university students who struggle to adjust personally or emotionally to the university environment are likely to experience mental health problems.

**Table 11**

*Correlation between mental health problems (GHQ-12) and Attachment-Institutional Adjustment subscale SACQ (Q60-Q67)*

GHQ-12	SACQ_varfour	
GHQ-12	1	.070
		.179
	366	366
SACQ_varfou	.070	1
r	.179	
	366	366

\* Correlation is significant at the 0.05 level (2-tailed).

\*\* Correlation is significant at the 0.01 level (2-tailed).

Lastly, Table 11 above explores the correlation between mental health problems (GHQ-12) and the Attachment-Institutional Adjustment subscale of SACQ. The Pearson correlation coefficient between GHQ-12 and SACQ variable four is 0.070, indicating a very weak positive correlation. However, the correlation is not statistically significant ( $p = 0.179$ ). Therefore, there is no evidence to suggest a significant relationship between mental health problems and institutional adjustment among first-year university students based on these results.

In summary, the correlation analysis revealed varying relationships between mental health problems and different types of adjustments among first-year university students. There was a significant but positive correlation between mental health problems and social adjustment as well as mental health problems and personal-emotional adjustment. However, no significant relationships were found between mental health problems and academic or institutional adjustment as the relationship is weaker. These findings highlight the importance of considering mental health factors when examining social and personal adjustments among first-year university students, while the impact on academic

and institutional adjustments may require further investigation or consideration of other variables.

## 5.5 The experience of mental health problems and parenting style (GHQ-12 & PBI)

The GHQ-12, PBI, and their subscales were used to determine whether the students who experienced caring parents or over-caring parents are more likely to experience mental health problems. The ordinal regression analysis was employed to examine the relationship between mental health problems (GHQ-12) and the two subscales of PBI namely, the Care Dimension and the Overprotection Dimension. The results are discussed in 5.5.1 and 5.5.2 below.

### 5.5.1 Ordinal regression analysis of GHQ-12 and PBI- parental attachment and PBI-care.

Ordinal regression analysis was conducted to determine the relationship between mental health and parental attachment. The following sections explain the results.

**Table 12**

*Ordinal regression model fitting information between GHQ-12 and PBI-Overprotection and PBI-Care*

Model	-2 Likelihood	LogChi- Square	df	Sig.
Intercept Only	1126.365			
Final	1124.615	1.750	2	.417

\* Correlation is significant at the 0.05 level (2-tailed).

\*\* Correlation is significant at the 0.01 level (2-tailed).

Link function: Logit.



Table 12 above provides information about the fitting of the ordinal regression model. The final model has a -2 Log Likelihood value of 1124.615. The chi-square test of model fit indicates that the model is not statistically significant (Chi-Square = 1.750, df = 2, p = 0.417). This suggests that the relationship between GHQ-12 questions and the parental Overprotection and care variables is not statistically significant.

**Table 13**

*Goodness-of-fit tests between GHQ-12 and the Care Dimension and Overprotection Dimension.*

	Chi-Square	Df	Sig.
Pearson	1226.548	1321	.969
Deviance	858.919	1321	1.000

\* Correlation is significant at the 0.05 level (2-tailed).

\*\* Correlation is significant at the 0.01 level (2-tailed).

Link function: Logit.

**Table 14***Parameter Estimates for GHQ-12 and PBI-Parental attachment.*

		Estimate	Std. Error	Wald	Df	Sig.
Threshold	[GHQ-12 = 1.25]	-4.569	.912	25.111	1	<.001
	[GHQ-12 = 1.33]	-2.840	.650	19.069	1	<.001
	[GHQ-12 = 1.42]	-1.520	.600	6.424	1	.011
	[GHQ-12 = 1.50]	-.858	.591	2.105	1	.147
	[GHQ-12 = 1.58]	-.298	.588	.256	1	.613
	[GHQ-12 = 1.67]	.521	.589	.784	1	.376
	[GHQ-12 = 1.75]	1.124	.591	3.617	1	.057
	[GHQ-12 = 1.83]	1.956	.597	10.736	1	.001
	[GHQ-12 = 1.92]	3.613	.633	32.545	1	<.001
Location	PBI_attachment	-.031	.352	.008	1	.929
	PBI_care	.429	.390	1.213	1	.271

\* Correlation is significant at the 0.05 level (2-tailed).

\*\* Correlation is significant at the 0.01 level (2-tailed).

In conclusion, the ordinal regression analysis did not find a significant relationship between mental health problems (GHQ-12) and parental attachment (PBI-Parental attachment) (overprotection or care). The model did not fit the data well, and the pseudo-R-squared values indicate a low amount of explained variation. Furthermore, the parameter estimates, and confidence intervals suggest that the presence or absence of caring or over-caring parents does not significantly predict mental health problems among first-year students. These results indicate that other factors may play a more substantial role in students' mental health issues, and further investigation may be necessary to understand these relationships.

### **5.5.2 Ordinal logistic regression and correlation analysis on demographic characteristics and general mental health and attachment**

The provided tables below present the results of an ordinal logistic regression analysis of demographic characteristics of first-year students which are ordinal. Following are the

results of ordinal logistic regression analysis on demographic characteristics of first-year students.

**Table 15**

*Ordinal regression Parameter Estimates of GHQ-12, PBI-attachment, and other demographic factors*

		Estimate	Std. Error	Wald	Df	Sig.
Threshold	[ GHQ-12 = 1.25]	-2.958	1.221	5.868	1	.015
	[ GHQ-12 = 1.33]	-1.224	1.040	1.384	1	.239
	[ GHQ-12 = 1.42]	.100	1.010	.010	1	.921
	[ GHQ-12 = 1.50]	.764	1.007	.576	1	.448
	[ GHQ-12 = 1.58]	1.326	1.006	1.738	1	.187
	[ GHQ-12 = 1.67]	2.155	1.009	4.560	1	.033
	[ GHQ-12 = 1.75]	2.770	1.013	7.472	1	.006
	[ GHQ-12 = 1.83]	3.617	1.021	12.556	1	<.001
	[ GHQ-12 = 1.92]	5.291	1.047	25.512	1	<.001
Location	PBI_att	.288	.290	.991	1	.319
	Age	.101	.041	5.964	1	.015
	[Gender=1]	-.434	.200	4.710	1	.030
	[Gender=2]	0a	.	.	0	.
	[Residence=1]	-.207	.188	1.216	1	.270
	[Residence=2]	0a	.	.	0	.

\* Correlation is significant at the 0.05 level (2-tailed).

\*\* Correlation is significant at the 0.01 level (2-tailed).

Table 15 above indicates an Ordinal Regression Parameter Estimates, paying more attention to the Location but the Threshold results are also interpreted the predictor variables in this analysis are general mental health questions (GHQ-12 in the table), PBI-attachment, Age, Gender, and Residence. The coefficients indicate the direction and strength of the relationships between the predictors and the ordinal outcome. The p-values indicate the statistical significance of each predictor. For example, the GHQ-12 threshold values (e.g., GHQ-12 = 1.25) show the estimated coefficients for different categories of GHQ-12. The p-value of 0.015 for the first threshold suggests that it is

statistically significant in predicting the outcome. Age ( $p=0,015 < 0,05$ ) and gender ( $p=0,030 < 0,05$ ) are statistically significant. The PBI-attachment ( $p=0,319 > 0,05$ ) and Residence ( $p=0,270 > 0,05$ ) are not statistically significant.

### 5.5.3 Correlation between demographic characteristics and general mental health items

Table 16 below provides insight into the relationship between the items of the GHQ-12 and gender. Variables were compared in terms of percentages than numbers.

**Table 16**

*Association between GHQ-12 items and Gender*

Characteristic	Female, N = 251 <sup>1</sup>	Male, N = 115 <sup>1</sup>	p-value <sup>2</sup>
1. Have you recently been able to concentrate on whatever you are doing?			0.059
Better than usual	58 (23%)	38 (30%)	
Same as usual	87 (35%)	43 (37%)	
Less than usual	1 (0.4%)	0 (0%)	
Much less than usual	105 (42%)	34 (30%)	
2. Have you recently lost much sleep or worry?			0.005
Not all	0 (0%)	0 (0%)	
No more than usual (Improved)	62 (25%)	33 (29%)	
<b>More than usual (Deteriorated)</b>	120 (48%)	35 (30%)	
Much more than usual (Worse)	69 (27%)	47 (41%)	
3. Have you recently felt that you were playing a useful part in things?			0.2
More than usual	56 (22%)	34 (30%)	
Same as usual	100 (40%)	47 (41%)	

<b>Characteristic</b>	<b>Female, N = 251<sup>1</sup></b>	<b>Male, N = 115<sup>1</sup></b>	<b>p-value<sup>2</sup></b>
Less than usual	0 (0.0%)	0 (0%)	
Much less than usual	95 (38%)	34 (30%)	
4. Have you recently felt capable of making decisions about things?			0.3
More than usual	116 (46%)	61 (53%)	
Same as usual	82 (33%)	37 (32%)	
Less than usual	0 (0.0%)	0 (0%)	
Much less than usual	1 (0.4%)	0 (0%)	
5. Have you recently felt constantly under strain?			0.02
Not all			2
	99 (39%)	29 (25%)	
No more than usual	62 (25%)	41 (36%)	
More than usual	89 (35%)	45 (39%)	
Much more than usual	1 (0.4%)	0 (0%)	
6. Have you recently felt you couldn't overcome your difficulties?			0.01
Not all			9
No more than usual	108 (43%)	37 (32%)	
More than usual	0 (0%)	0 (0%)	
	82 (33%)	34 (30%)	
Much more than usual	61 (24%)	44 (38%)	
7. Have you recently been able to perform your normal day-to-day activities?			0.4
More than usual	51 (20%)	29 (25%)	
<b>Same as usual</b>	105 (42%)	52 (45%)	
Less than usual	1 (0.4%)	0 (0%)	
Much less than usual	94 (37%)	34 (30%)	
8. Have you recently been able to face your problems?			0.05
More than usual	74 (29%)	48 (42%)	8

Characteristic	Female, N = 251 <sup>1</sup>	Male, N = 115 <sup>1</sup>	p-value <sup>2</sup>
Same as usual	91 (40%)	41 (44%)	
Less than usual	0 (0.0%)	0 (0%)	
Much less than usual	86 (38%)	26 (23%)	
9. Have you recently been feeling un or depressed?			0.04 4
Better than usual	2(8%)	2 (18%)	
Same as usual, Improved	38 (15%)	30 (26%)	
Less than usual	83 (33%)	35 (30%)	
Much more than usual	128 (51%)	48 (42%)	
10. Have you recently been losing Confidence in yourself?			0.05 1
Better than usual	0 (0%)	0 (0%)	
Same as usual	53 (21%)	32 (28%)	
Less than usual	86 (34%)	47 (41%)	
Much more than usual	112 (45%)	36 (31%)	0.00 7
11. Have you recently been thinking You as a worthless person?			
Better than usual	2 (0.8%)	1 (0.9%)	
Same as usual	49 (20%)	22 (19%)	
More than usual	100 (40%)	65(57 %)	
Much more than usual	100(40% )	36 (31%)	
12. Have you recently been feeling Reasonably happy, all things consid			0.7
More than usual	84 (33%)	38 (33%)	
Same as usual	0 (0%)	0 (0%)	
Less than usual	94 (37%)	41 (36%)	
Much less than usual	73 (29%)	36 (31%)	

Characteristic	Female, N = 251 <sup>1</sup>	Male, N = 115 <sup>1</sup>	p-value <sup>2</sup>
----------------	------------------------------	----------------------------	----------------------

*\*\* correlation is significant at the 0.01 (2-tailed)*

*\* correlation is significant at the 0.05 (1-tailed)*

Items on the Anxiety and depression subscale such as recently lost much sleep over worry ( $p$ -value = 0.005) and feeling unhappy and depressed ( $p$ -value = 0.044) were experienced much more than normal by females than male students. This indicates that females are more likely to report insomnia and depression symptoms than male students. On the other hand, more female than male students also reported not feeling constantly under strain ( $p$ -value = 0.022) or struggling to overcome their difficulties ( $p$ -value = 0.019).

Regarding the social dysfunction subscale items, more female students (105) reported that they were much less than usual and not able to concentrate ( $p$ -value = 0.059). This could imply that their concentration level was affected more than that of male students (34). Furthermore, the females' ability to make decisions (116) was also reported to be more/better than usual than men's (61) ( $p$ -value = 0.3). This might mean that less concentration did not affect their ability to make decisions. Furthermore, more female students (105) reported feeling the same as usual than male students (52) on the ability to face their problems ( $p$ -value = 0.058), recently feeling that they were playing a useful part in things (100 females & 47) ( $p$ -value = 0.2) and to enjoy their normal day-to-day activities (105 & 52) ( $p$ -value = 0.4). In addition, more female students (94) reported feeling reasonably unhappy than male students (41) ( $p$ -value = 0.7). There is no significant difference between gender and feeling reasonably happy.

On the confidence subscale, there is a marginally significant association between gender and losing confidence ( $p$ -value = 0.051) and thinking of oneself as a worthless person ( $p$ -value = 0.007). Female students have a much more than usual proportion reporting deteriorated confidence and feeling worthless compared to males.

The relationship between the various item of the GHQ-12 scale and student residence were explored. The relationship was only reported between loss of sleep through worry

and residing on campus at a  $p$ -value = 0.031. This could mean that male students sleep better off campus than on campus as compared to female students. This could be an issue of safety, with female student feeling safer on campus than off campus, thus improving their sleep pattern.

Regarding the relationship between the various items of the GHQ-12 scale and socio-economic status. Table 16 below provides insights into the relationship between the various items of the GHQ-12 and socio-economic status.

**Table 17**

*Association between Socioeconomic and GHQ-12 items*

Table 17 below shows the association between socioeconomic status (categorized as High, Low, and Medium) and various mental health characteristics (GHQs) among the study participants. The  $p$ -values associated with each characteristic indicate the significance of the relationship between socioeconomic status and the specific mental health characteristic.

<b>Characteristic</b>	<b>High, N = 180<sup>1</sup></b>	<b>Low, N = 181<sup>1</sup></b>	<b>Medium, N = 5<sup>1</sup></b>	<b>p-value<sup>2</sup></b>
3. Have you recently felt that you were playing a useful part in things?				0.005
More than usual	33 (18%)	55 (30%)	1 (40%)	
<b>Same as usual</b>	73 (41%)	74 (41%)	0 (0%)	
Less than usual	74 (41%)	52 (29%)	3 (60%)	
Much less than usual	0 (0%)	0 (0%)	0 (0%)	
6. Have you recently felt you couldn't overcome your difficulties?				0.022
More than usual	39 (22%)	63 (35%)	3 (60%)	



<b>Characteristic</b>	<b>High, N = 180<sup>1</sup></b>	<b>Low, N = 181<sup>1</sup></b>	<b>Medium, N = 5<sup>1</sup></b>	<b>p-value<sup>2</sup></b>
Less than usual	60 (33%)	55 (30%)	1 (20%)	
Much less than usual	81 (45%)	63 (35%)	1 (20%)	
8. Have you recently been able to face your problems?				0.050
More than usual	50 (36%)	69 (38%)	3 (60%)	
<b>Same as usual</b>	64 (41%)	68 (43%)	0 (0%)	
Less than usual	65 (36%)	44 (24%)	2 (40%)	
Much less than usual	0 (0%)	0 (0%)	0 (0%)	
12. Have you recently been feeling reasonably happy, all things considered?				0.002
More than usual	45 (25%)	77 (43%)	3 (60%)	
Same as usual	0 (0%)	0 (0%)	0 (0%)	
Less than usual	78 (43%)	51 (28%)	1 (20%)	
Much less than usual	57 (32%)	0 (0%)	0 (0%)	

\* Correlation is significant at the 0.05 level (2-tailed).

\*\* Correlation is significant at the 0.01 level (2-tailed).

There is a significant association between socioeconomic status and feeling useful. Students from high and low socioeconomic status are more likely to report the same usual feeling of usefulness compared to those who come from medium socioeconomic status ( $p$ -value = 0.005). Those from high socioeconomic status show a significant difference in feeling constantly under strain ( $p$ -value = 0.004). High socioeconomic status students are more likely to report constant strain compared to low and medium socioeconomic status individuals and they are more likely to overcome difficulties more than their counterparts ( $p$ -value = 0.022).

Furthermore, students from medium socioeconomic status's ability to face is said to be the same as usual ( $p$ -value = 0.050) compared to those from high and low socioeconomic status. In addition, there is a significant difference among students from different socioeconomic backgrounds in terms of feeling reasonably happy. More students from high and high socioeconomic backgrounds reported feeling less than usual, and those who came from low socioeconomic backgrounds reported feeling the same as usual compared to those from high and low socioeconomic backgrounds reported feeling less than usual reasonably unhappy ( $p$ -value = 0.02).

The association between the undergraduate degree programs (B.A. Psychology, B.A. Sociology, B.A. Social Work, and B.A. Education) and various mental health characteristics (GHC-12) among the participants was explored. The results indicated that there was no significant difference among students from different degree types and mental health characteristics (GHC-12).

## **5. 6 Chapter summary**

Chapter 5 helped to answer all four objectives but partitioned the fourth objective into two to demonstrate several key variables loaded in one objective. The section started by highlighting the demographic information of the students in terms of descriptive statistics and frequency variables, such as age, gender, degree type and residence, socioeconomic status of first-year students, and year in the university. Among the demographics, the results indicate that 79 students enrolled for B.A. Education, followed by B.A. Sociology (78) felt the same as usual in terms of the Anxiety and Depression subscale.

This chapter also explored how the data was analysed, and how specific results were obtained and interpreted in such a way that other researchers may replicate them. Information about the model fit, goodness of fit, pseudo-R-squared measures, parameter estimates, confidence intervals, and test of parallel lines for an ordinal logistic regression

analysis, how to understand the relationships between the predictor variables and the ordinal outcome and to evaluate the overall performance of the model. For example, the final fitting of the ordinal regression model has a -2 Log Likelihood value of 1124.615. The chi-square test of model fit indicates that the model is not statistically significant (Chi-Square = 1.750, df = 2, p = 0.417) which suggests that the relationship between MH-GHQ and the parental attachment and care variables is not statistically significant.

These key results were observed from ordinal regression analysis did not find a significant relationship between mental health problems (GHQ-12) and parental attachment (PBI-overcaring) or parental care (PBI-Care). The model did not fit the data well, and the pseudo-R-squared values indicate a low amount of explained variation. Furthermore, the parameter estimates and confidence intervals suggest that the presence or absence of caring or over-caring parents does not significantly predict mental health problems among first-year students. These results indicate that other factors may play a more substantial role in students' mental health issues, and further investigation may be necessary to understand these relationships.

## CHAPTER 6

### DISCUSSION, CHAPTER SUMMARY AND LIMITATIONS

#### 6.1 Introduction

The purpose of the study was to determine the mental health problems and adjustment challenges among first-year university students. The study objectives included the following: (a) to determine the demographic characteristics among first-year university students, (b) to determine the types of mental health problems likely to be experienced by university first-year students, (c) to identify the relationship between mental health and adjustment problems among first-year university students, and (d) to identify the influence that the background information and caregiving history have on mental health and adjustment of the first-year university students. The results are interpreted in this chapter along with a discussion of how they relate to the literature review and attachment theory. Thereafter, the conclusion, recommendations, and limitations emanating from the study are advanced.

#### 6.2 The demographic factors the first-year university students

There were notable differences in terms of the demographic characteristics of the study participants in terms of gender, age, degree type, socioeconomic status, and residence. The participants were three hundred and sixty-six first-year university students and the majority of them were females (68.6%). This displayed gender imbalance (Strouds et al., 2017) which could have had an impact on the study results. The majority of students (99%) were in their first year of study indicating a predominantly new student population who were probably coming from high school experience. All students were registered in the faculty of Humanities, under the Schools of Education and Social Sciences. Types of the degrees registered included B.A. Edc, B.A. Psy, B.A. Sos and B.A. Sw. On the degree type, B.A. Edc and B. A. Sos were the most prevalent degree types among the participants accounting for over thirty percent each (30.3% & 30.1%).

Furthermore, the study found that there was an equal proportion of students who came from either high or low socioeconomic backgrounds both counted forty-nine percent each. The results suggest that socioeconomically, there was a huge gap among the participants which could have influenced their mental health experiences and adjustment to the university. Tinto (1975) believed that students from a higher socioeconomic class were more inclined to stay in school than their counterparts. Moffateh (2020) indicated that student's socio-economic status can influence students' mental health. He further mentioned that a low family income and experiencing poverty can be predictors of stress and anxiety development during university years.

Regarding the residence of the participants, the majority of students (56.8%) lived off-campus, while a few (43.2%) resided on-campus. The difference could be associated with socioeconomic differences which might include affordability and financial aid resources available for students to afford the expensive accommodation outside campus. The tariff flexibility and student financial aid such as NSFAS and bursaries could have been the factors that enabled the students from low socio-economic backgrounds to afford the off-campus residences. Students from high economic backgrounds could opt for off-campus residences to avoid sharing rooms which is often a common practice for universities to pair first-year students and to maintain the home feeling of not sharing a room with a stranger. However, in this study residence (off-campus/ on-campus) did not seem to predict mental health problems among the first-year students.

### **6.3 The types of mental health problems likely to be experienced by first-year university students**

When first-year students move from home to university, they are thought to be at a greater risk of developing mental health instability and problems (Ahmed & Jullius, 2015). In most instances people with mental health problems experience disruption in their daily life routines Hernandez et al. (2023). To determine such problems among first-year university students, the GHQ-12 was used to detect students with diagnosable depression and

anxiety symptoms (Montazeri et al., 2013). Twelve questions such as “have you recently felt you couldn’t overcome your difficulties and “have you recently been feeling unhappy or depressed” etc. which are subdivided into three subscales (anxiety and depression, social dysfunction, and loss of confidence), form part of the GHQ-12 questionnaire.

The current study uncovered that the majority (54 %) of students who have enrolled in their first year of study do experience depression and anxiety symptoms. This concurs with the findings of Sya et al. (2021) and Andersen et al. (2021) who also stated that depression and anxiety are the most common mental health challenges faced by first-year students. Despite the minor increase in the results, these findings are in line with the research conducted by Blanco et al. (2008), which reveals that anxiety disorders are the most common mental issues among college students.

In the current study, the majority of first-year university students’ experience of mental health problems was reported as being the same as usual across types of degrees. Few students felt that their state of being unhappy/depression was better than usual or that they had not experienced a change in their mental health status. This could imply that the students who came from high schools already experiencing symptoms of depression and anxiety continue with the symptoms at the university. Being at the university for the first time did not seem to have aggravated or lessened the symptoms. The findings are in line with the results of Strydom et al. (2012) who mentioned that most grade 11 and 12 learners reported high levels of anxiety and depression in their study. Goodwill & Zhou (2020) supported this finding by indicating that most majority of first-year students came with depression and anxiety from high school and it became worse during their first-year of study.

The findings in this study also revealed that most students from B.A. Edc suffers from anxiety and depression more than students from other degree types. This could be associated with overcrowded classes making it hard for them to pay attention or concentrate, academic pressure to perform and not to forfeit Funza Lusaka educational funding which is only available for students pursuing a degree in education. These

findings concur with the study conducted by Stack (2023) which states that students who are in overcrowded classrooms may experience depression and anxiety as a result of their inability to concentrate and focus. He further mentions that anxiety and depression have an impact on students' mood, energy level, and concentration and this may cause students to struggle academically and make it difficult for lecturers to accommodate them. Furthermore, the findings indicate that B.A. Edc students scored the highest in terms of being stagnated in their usual experience of mental health problems related to social dysfunction abilities as compared to students enrolled for another degree type. The mental health challenges students experienced included feeling they were playing a useful part in things, the ability to make decisions, identifying problems, enjoy a normal day-to-day activity, and feeling happy. On the lack of improvement in the ability to solve problems, B.A. Slg students were the highest. This shows that compared to other degree types, students registered for B.A. Edc struggles in almost all mental health abilities related to social dysfunction except for the improvement in concentration. Generally, the B.A. Edc students are the highest hard-hit students regarding mental health problems than students enrolled for other degree types. Their stress could be related to performance anxiety and academic demand as most of them are the recipients of the Fundas Lushaka financial grant which exerts some financial pressure on them. This concurs with the study conducted by Kumaraswamy (2013) which states that academic pressure from issues such as exams and workload, lack of free time, competition, worries about not living up to parent's expectations, forming new relationships, and moving to a strange place can all contribute to mental health problems and stress during college.

The high prevalence of anxiety and depression among first-year students have serious consequences. In addition to psychological morbidity, which negatively affects students' health, educational success, and quality of life, students' influence on their own families, institutions, and even other people's lives is also deteriorating (Delsavio et al., 2022) This concurs with Flatt (2016) who explains that depression and anxiety are common among first-year university students. Seemingly, this affects their quality of life, academic progress, and achievement of which the cause is blamed on social environment, social life difficulties, and impact on a person's thoughts, decisions, and behaviour

(Kamruzzaman et al., 2022). Depression is said to have symptoms such as lack of attention, sadness, feelings of guilt or low self-worth, and disturbed sleep or excessive sleepiness which often impact the students' academic progress (Osborn et al., 2019). Nayak and Sahu (2021) established that exam worry, financial troubles, high parental expectations, and relationship breakup on campus are all the causes of depression among first-year university students.

This study further indicates that there are more students in an unchanging state of losing confidence in themselves than the ones who feel better or more than usual in losing confidence in themselves. The majority of students also responded with the same as usual in thinking of themselves as worthless persons and most of them are B.A. Edc students and B.A. Slc students respectively. This could imply that the confidence level of most first-year university students has remained constant, meaning that fewer students reported deterioration or improvement in their confidence levels since they started at the university. Negative thinking, feeling useless, loss of confidence, and constant feelings of worthlessness are some of the common symptoms of depression included in the loss of confidence subscale of GHQ-12. Most first-year university students usually think of themselves as worthless and useless. Although a positive decrease from loss of confidence compared to feeling worthless is noticed, students who feel "More than usual" in thinking of themselves as worthless persons; defeat the gains. There are several reasons why the levels of self-confidence in students deteriorate. One of the reasons could be the pressure to fit in and belong socially, the desire to continue performing well like at high school, which can lead to a loss of self-esteem and confidence. According to the American Psychological Association (2023), this could further be associated with the experience of stigma or discrimination, which can negatively impact a student's self-image.

It is important to note that this study does not provide detailed information about the specific types or severity of mental health issues experienced by these students. Further research, incorporating comprehensive assessments and qualitative methods, would be valuable to gain a more in-depth understanding of the types of mental health problems



likely to be experienced by first-year students in different degree programs would be necessary.

In conclusion, most first-year students experienced mental health problems in all subscales of the GHQ-12 namely anxiety and depression, social dysfunction, and loss of confidence. Lower mental health experiences among the psychology and social work students could be attributed to the inclusion of basic life skills and coping strategies in their first-year academic curriculum. These seem to capacitate them in dealing with stressful situations.

#### **6.4 The relationship between mental health and adjustment problems among first-year university students**

The current study indicates that there is a positive relationship between mental health and adjustment problems among first-year university students. This implies that the experience of mental health challenges of first-year students is affected by their ability to adjust to the university environment. The findings are in agreement with those of Kaur (2012) who uncovered that there was a strong relationship between adjustment and mental health problems among the first-year students.

The analysis further focused on the relationship between four different adjustment subscales of the SACQ scale (academic adjustment, social adjustment, personal-emotional adjustment, and attachment-institutional adjustment) and GHQ-12. There was a very weak relationship between mental health problems and academic adjustment among first-year students. This implies that the academic adjustment of the first-year university students is less likely to influence or be influenced by the mental health problems, and their experience of mental health challenges may not be attributed to failure to adjust academically.

Students at institutions of higher education appear to experience a higher prevalence of mental health conditions such as depression, and anxiety that affect their academic

adjustment. According to previous research by Saleem and Mahmood (2013), students' academic adjustment is significantly impacted by their psychological well-being. The transition to adulthood, workload, relationships, and poor performance are some of the factors that contribute to the psychological issues students experience in their studies. The weak correlation between mental health problems and academic adjustment reported in this study is supported by the findings of Topuzov et al. (2020) and Milic et al. (2020) who also reported a weak correlation between psychological distress and academic adjustment in some cases in their study.

Furthermore, the results of this study were in line with earlier research by Mohsen (2017) and Hanawi et al. (2020), which found that undergraduates frequently suffered mental and emotional breakdowns as a result of their inability to satisfy the educational requirements. On the other hand, Anderson et al. (2016), reported that students who can adapt to their academic environment can overcome psychological issues. They must be aware of their surroundings and knowledgeable about mental and emotional well-being.

However, analysis studies by Thompson et al. (2019); and He et al. (2018) found no relationship between psychological distress and academic adjustment. Furthermore, Busari (2012) and Wintre et al. 2012 discovered a negative link between depression and academic adjustment, with females students reporting higher levels of depression.

However, Elias et al. (2010) revealed that there was a strong correlation between students' adjustment and their academic performance, mental health, and general well-being. In comparison, students who performed better academically experienced fewer mental health issues and had higher levels of social psychological, and subjective wellbeing in their first year of university life than those who reported adjustment-related problems (Sharif et al., 2021). Kamruzzaman (2022) also reported a substantial correlation between the academic performance of students attending private institutions and their family type, as well as feelings of depression, anxiety, and stress.

The study further highlighted that there is a strong association between mental health problems and social adjustment among first-year students. This indicates that first-year university students who struggle to adjust socially to the university environment are more likely to experience mental health problems. The findings are supported by Landow (2006) who reported that the university adjustment issues lead to mental health problems such as depression, stress, and anxiety among the first-year students. Poor adjustment causes depression and anxiety. Furthermore, Baker (2002) also found that psychological discomfort is a significant risk factor for mental health challenges since it may make students more likely to experience poor adjustment problems throughout their first year of college and to drop out at the end of the year. Nyamayaro and Sarvanan (2012) also add that depression among university students results from a lack of social adjustment, whereas anxiety results from a lack of adjustment.

In this study, personal and emotional adjustment issues among first-year university students correlate with the emergence of mental health problems. This study showed that students who fail to adjust personally or emotionally to being at the university are likely to report mental health problems. This implies that although small, mental health problems can increase the personal-emotional adjustment challenges among first-year university students but to a small extent (Campbell et al., 2022).

Institutional adjustment did not seem to be associated with mental health challenges among first-year students. This study did not offer enough evidence to suggest a significant relationship between mental health problems and institutional adjustment among first-year university students. This implies that attachment and institutional adjustment of first-year university students do not influence or be influenced by mental health problems and their experience of mental health challenges is not attributed to failure to adjust to the university environment (Faeq, 2016).

In summary, any form of adjustment frequently turns out to be a mentally exhausting time. This is especially true when moving from lower schooling to a university. First-time university students frequently experience a difficult period of adjustment. The students'

level of dedication to completing their studies at the university, their academic objectives, and their influential biographical traits all interact with the institutional environment to determine whether they will succeed in achieving their educational objectives (Terenzini et al., 1981). Individual attributes, pre-college experiences, and family history are all factors that Tinto believes are crucial in shaping an individual's ambition and institutional commitment (Heaton-Shrestha et al., 2009). Individual characteristics include race, gender, and intellectual ability; precollege experiences include social and academic activities such as high school grade point averages and academic and social accomplishments. Social status, value climates, and expectation climates are all covered by family history (Whittaker, 2008). Tinto argued that an individual's educational aspirations impacted their chance of attrition. This refers to the length of time the student is expected to attend the educational institution.

## **6.5 Attachment and mental health challenges**

The current study indicates that there was no significant difference between attachment bonding and the development of mental health challenges among first-year university students. This implies that attachment did not seem to have an impact or influence on mental health problems and challenges among first-year university students. The findings suggest that the presence or absence of caring or over-caring parents does not significantly predict mental health problems among first-year university students.

However, research indicates that first-year university students have historically faced unique stressors and challenges whilst embracing a new direction in their lives, and attachment history can influence how they react to and are affected by such challenges (Bowlby, 1991). Ainsworth et al. (1978) reported that the transition challenges affect adolescents' adaptive strategies and coping mechanisms. According to Dixon and Kurpius (2008), the inability to adjust to life at the university was associated with the separation from family and the increased student workload.

In addition, the current study's findings also differ from the study conducted by Mikulincer and Shaver (2016) as well as Turan et al., 2016 indicating that attachment styles and security have been significantly associated with individuals' mental health, and psychological well-being, higher levels of depression and anxiety in adulthood. Ainsworth (1978) also indicated that children with secure attachment might encounter difficulties separating from them. As a result, studying far from home, independence, a new environment and the absence of parents/primary caregiver could predispose students to developing certain mental health problems such as depression.

In this study, it was found that females have attachment issues than males. Furthermore, there are studies such as the one by Weber et al. (2022) that were conducted to check if gender influences attachment. His study also concluded that male university students showed significantly lower attachment than female students (Weber et al., 2022).

## **6.6 The influence of demographic information on the mental health and adjustment problems of first-year university students**

### **6.6.1 Gender influence and mental health problems**

Findings from studies conducted by Guifrida (2006) and Smith et al. (2007) found no statistically significant differences between male and female students among first-year medical students. However, in the current study gender was found to have a significant relationship with mental health problems. This implies that gender has an impact on mental health problems. This concurs with the study conducted by Khesth-Masjedi (2019), stating that there is a significant correlation between some demographic variables such as gender and mental health problems.

This study found that females are more likely to report insomnia and depression symptoms than male students. The previous studies supported the findings of this study. For example, Lamarre and Marcote (2021) state that in terms of gender disparities, university females report higher anxiety symptoms than males, and females were found to be more likely to acquire an anxiety disorder than males. Ozen et al. (2010), Mundia

(2010), Baldassin et al. (2008) and Ramon-Arbues et al. (2020) further found that female students were more likely to experience anxiety, stress and depression than their male counterparts. Furthermore, Lindsay et al. (2022) concluded that compared to their male counterparts, female first-year university students are more prone to experience symptoms of depression and insomnia.

There are many potential reasons for this gender difference. One possibility is that females may be more prone to stress and anxiety due to societal expectations and pressures, as well as the challenge of balancing academic demands with other responsibilities such as family and work (Farhane-Medina et al., 2022). Other factors may include the differences in coping strategies, with males perhaps more likely to engage in activities that promote relaxation and stress relief, such as sports or other leisure activities (Graves et al., 2021).

The study also reported that the majority of female students mentioned not feeling constantly under strain or struggling to overcome their difficulties. This could be associated with help-seeking behaviour of most females. Female undergraduates are much more likely to seek out mental health services, especially for conditions such as anxiety and depression. This statement was supported by the study conducted by Conell-Domenech (2023) which states that female students were far more likely to share their troubles with others and are more likely to use counseling services than their male counterparts. However, a study conducted Sokolowski (2023) indicates that the majority of men may resort to alcohol and other substances as a means of coping with stress.

Furthermore, female students indicated that their confidence level deteriorated and they much more than usual felt worthless than their male counterparts. This could be associated with various factors competing on how they look, the quality of their friendships, academic achievement, and self-doubt. This was supported by research conducted by Wegner (2022), stating that females compete in so many different areas, such as appearance and friendship quality that it leads to self-doubt, low self-esteem, and self-criticism.

The study uncovered that more female students' concentration level was affected compared to their male counterparts. However, this did not seem to have an impact on their decision-making ability as the majority of female students mentioned that they felt capacitated to make decisions. The stress could also be aggravated by first-year students relocating from home, social pressures, and adjusting to the university processes such as the style of learning, independence, etc. Furthermore, the majority of female students maintained that their ability to face problems, feel that they were playing a useful part in things, and enjoy their normal day-to-day activities were not affected.

### **6.6.2 Age influence on adjustment and mental health problems**

In this study, the majority of first-year students were between the ages of 18-21 years. There were high reports of symptoms of depression and anxiety in this group range than in other age groups. Students under 21 years seemed to be more vulnerable to experiencing mental health problems than older students who were probably repeating their first year or came to the university already mature. The results were in agreement with previous studies such as the one conducted by Ferrer et al. (2016) which reported that being under 21 years is significantly associated with symptoms of depression, anxiety, and stress. This is further supported by Wainberg et al. (2017) who reported higher levels of anxiety in students' initial years of study.

This study further concurs with the study conducted by the Department of Economics and Social Affairs (DESA) (2014) which found age to be an issue and mental health problems mostly affecting individuals between the ages of 12 and 25 years. Martin (2010) also supported the statement made by DESA (2014) by stating that between the ages of 16 and 25, when many young people begin their university education, mental health concerns are more likely to develop. In the United States, approximately 41% of 18- to 24-year-olds attend university and it is estimated that 17% or more of these students suffer from severe mental distress (Sontag-Padilla et al., 2016).

Ramon-Arbues et al. (2020) add that younger students may be more prone to experiencing uncertainty than mature students. Johansen et al. (2021) also concluded that the student's age was a significant factor among women, especially those between the ages of 18 and 24, and social support seems to play a somewhat different role as a protective factor against mental distress. However, Kessler et al. (2007) differed from the current study because in their findings the peak onset for mental health problems was before the age of 24 years. Most people at this age are still in their tertiary institutions such as universities and colleges.

### **6.6.3 Socio-economic status influence on adjustment and mental health problems**

In this study, it was found that there is a significant relationship between socioeconomic status and mental health problems. These findings concur with the study conducted by Nahar et al. (2022) which states that there is a correlation between mental health problems and the sociodemographic profiles of students. This study also found a significant association between socioeconomic status and the students' feeling of usefulness. This implies that socio-economic status has an impact on the worth and value students feel about themselves. This is in line with the study conducted by Navarro-Carrillo (2020) which states that socioeconomic status and feeling useful were found to be significantly correlated. He further mentioned that students with better socioeconomic status usually feel more useful than those with worse socioeconomic status. In this study, students from high and low socioeconomic status reported that their sense of usefulness and value remained the same as usual or unchanged at this stage compared to those who come from medium socioeconomic. This implies that students from high and low socioeconomic status did not feel any improvement in playing a useful part in things.

Students from families of higher socioeconomic status reported feeling more strain than students from low and medium socio-economic status and also stated that they were more likely to overcome their difficulties than their counterparts. The study conducted by Barbayannis et al. (2022) indicated that students from higher socioeconomic status may have access to more resources and support systems that can help them overcome their



difficulties. This implies that even though students from high socioeconomic status felt they were under constant strain as a result of being away from their parents and being independent, they were less likely to drop out of university than students from low and medium socioeconomic backgrounds. This statement is in agreement with the study conducted by (Maphosa, 2018) which noted that students from high socio-economic status are much less likely than those low and students from medium socioeconomic backgrounds to drop out of higher education institutions. This is consistent with the fact that lower-income students perform worse in school (Bradley, 2022).

Furthermore, students from medium socioeconomic status's ability to face problems is found to be the same as usual compared to those from high and low socioeconomic status. This implies that students from medium socioeconomic status did not see any changes in how they face their problems. The study also found that there is a significant association between students from different socioeconomic backgrounds in terms of feeling reasonably happy. More students from high socioeconomic backgrounds reported feeling less than usual than those who came from low socioeconomic backgrounds reported feeling the same as usual compared to those from high and low socioeconomic backgrounds reported feeling less than usual and reasonably unhappy. This implies that students from families of high socio-economic status are experiencing deteriorated feelings of happiness than those from low and medium socio-economic backgrounds. This could be due to failure to live independently and being far from their attachment figures. However, the study conducted by Divaris (2013) disagreed and found that students from low socioeconomic backgrounds who lived in rental properties and had parents with lower levels of education reported greater rates of mental health issues such as depression, anxiety, and stress. Furthermore, Hakami (2018) reported that more individuals likely to experience psychological distress were older students, female students, students from rural locations, and students with poor family incomes.

#### **6.6.4 Residence**

The study found that there was a relationship between loss of sleep through worry and residing on campus. The majority of male students sleep better off campus than on campus as compared to female students. This could be associated with the issue of safety, with female student feeling safer on campus than off campus, thus improving their sleep pattern. This could be an issue of safety, with female student feeling safer on campus than off campus, thus improving their sleep pattern. This concurs with the study conducted by Times Higher Education (2023) which states that female students living on campus are less likely than their male peers to experience mental health issues. However, Loveless (2023) mentioned that college students who live on-campus may have poorer sleep efficiency than off-campus students as a function of the living environment and anxiety as well as disruption caused by roommates.

## **6.7 Conclusion**

The findings of this study imply that mental health and adjustment problems are common among university first-year students across all degree types. This was further associated with demographic characteristics such as gender, age, socio-economic background, and student's residential place. Female students were reported to have the highest risk of experiencing mental health problems than male students. In reviewing the relevant papers Faeq (2016) concluded that some common causes of depression among university students include separation from home, socioeconomic level, poor academic performance, and body shape or weight, especially among adult female students.

Mental health and adjustment problems are common among first-year university students between the ages of 18-21 years Wainberg et al. (2017). The majority of this group are freshly transitioning from high school to university, who according to Strydom et al. (2012) are experiencing moderate to severe anxiety and depression. This is often a period of significance change, as students are adjusting to a new environment, increased academic demands, and the challenge of making new friends and building new social networks. High school level especially grade twelve, is stressful for learners because of the increased academic demands and pressure to achieve high grades to qualify them for

university entrance. Therefore, most first-year students enter universities already stressed Strydom et al. (2012), hence the findings of this study indicate that most of them reported having the unimproved same level of stress carried over from grade 12, and others reported that their stress level has worsened.

The findings of this study also found that residence and socioeconomic status have an impact on the experience of mental health problems among university first-year students. Staying on campus for female students was regarded as safer than staying campus as such they reported fewer sleep challenges (Times Higher Education, 2023). However, male students who live off campus may be better off as Loveless (2023) mentioned that college students who live on-campus may have poorer sleep efficiency than off-campus students as a function of living environment and anxiety as well as disruption caused by roommates. Most students from both high and low socioeconomic backgrounds preferred to stay off campus which could be associated with affordability and failure for students to adjust to the on-campus lifestyle of sharing. Males who preferred staying off campus could be associated with the need for freedom and independence. The findings further indicated that the presence or absence of caring or over-caring parents does not predict mental health problems among first-year university students. Students from high socioeconomic status reported experiencing constant strains but were able to overcome their difficulties.

Regardless of the reasons, it is clear that mental health and adjustment problems are a major concern for first-year University students in the Faculty of Humanities at the University of Limpopo, particularly for female students and those registered for B.A. Edc and B.A. Sos. Lower mental health experiences among the psychology and social work students could be attributed to the inclusion of basic life skills and coping strategies in their first-year academic curriculum. As such, university needs to provide adequate support and resources to help students manage these challenges and promote their overall wellbeing. This might include counseling services, mental health workshops, and other initiatives aimed at promoting stress management and coping strategies.

## **6.8 Limitations**

The sample consisted of 366 black students, mostly females, and focused only on the Faculty of Humanities. This implies that the findings of this study are restricted to black students and those who are registered in the degrees in the Faculty of Humanity. The experiences of other students from Faculties such as Health or Law and Management Sciences could have been worse. This study depended on a self-reporting approach to data collection, which could easily be biased or manipulated. Participants may have given various answers to the questionnaires, giving a different impression of their actual experiences. The number of participants from various schools and departments varied significantly, which might have influenced the results of the study.

## **6.9. Recommendations**

Based on the findings of this study, student counseling centers should make considerable efforts to screen for mental health and adjustment problems among students, particularly in their first year to identify and treat those who are vulnerable. Universities need to come up with strategies such as awareness campaigns that will assist in de-stigmatising mental disorders and promoting mental wellness among students. It is also crucial that universities develop various mental health intervention strategies and make mental health facilities accessible to students. Furthermore, universities should provide mental health information as part of their induction services offered to first-year students.

A study of this sort should be conducted at universities with students of various racial origins, multiple mental disorders, and more faculties included to see whether any disparities are depending on these factors. Scales that measure specific mental disorders and their severity could be used in future studies.

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11. I have felt tired most of the time lately	1	2	3	4	5	6	7	8	9
12. Being on my own, taking responsibility for myself, has not been easy	1	2	3	4	5	6	7	8	9
13. I am satisfied with the level at which I am performing academically	1	2	3	4	5	6	7	8	9
14. I have had informal and personal contacts with university lecturer	1	2	3	4	5	6	7	8	9
15. I am pleased now with my decision to go to university	1	2	3	4	5	6	7	8	9
16. I am pleased now about my decision to attend this university in particular	1	2	3	4	5	6	7	8	9
17. I am not working as hard as I should in my university courses	1	2	3	4	5	6	7	8	9
18. I have several close social ties at university	1	2	3	4	5	6	7	8	9
19. My academic goals and purposes are well defined	1	2	3	4	5	6	7	8	9
20. I have not been able to control my emotions very well lately	1	2	3	4	5	6	7	8	9
21. I am not really smart enough for the academic work I am expected to be doing now	1	2	3	4	5	6	7	8	9
22. Lonesomeness for home is a source of difficulty for me now	1	2	3	4	5	6	7	8	9
23. Getting a university degree is very important to me	1	2	3	4	5	6	7	8	9
24. My appetite has been good lately	1	2	3	4	5	6	7	8	9
25. I have not been very efficient in the use of study time lately	1	2	3	4	5	6	7	8	9
26. I enjoy living in university dormitory (Please omit if you are not living in any university housing)	1	2	3	4	5	6	7	8	9
27. I enjoy writing papers for courses	1	2	3	4	5	6	7	8	9
28. I have been having a lot of headaches lately	1	2	3	4	5	6	7	8	9
29. I really have not been having much motivation for studying lately	1	2	3	4	5	6	7	8	9
30. I am satisfied with the extracurricular activities available at the university	1	2	3	4	5	6	7	8	9
31. I have given a lot of thought lately to whether I should ask for help from Counselling and Psychological Services or from a psychotherapist outside of university	1	2	3	4	5	6	7	8	9
32. Lately, I have been having doubts regarding the value of a university education	1	2	3	4	5	6	7	8	9
33. I am getting along very well with my roommate(s) at the university (Please omit if you do not have a roommate)	1	2	3	4	5	6	7	8	9
34. I wish I were at another university	1	2	3	4	5	6	7	8	9
35. I have put on or lost too much weight lately	1	2	3	4	5	6	7	8	9
36. I am satisfied with the number and variety of courses available at university	1	2	3	4	5	6	7	8	9

37. I feel that I have enough social skills to get along well in the university setting	1	2	3	4	5	6	7	8	9
38. I have been getting angry too easily lately	1	2	3	4	5	6	7	8	9
39. Recently, I have been having trouble concentrating when I try to study	1	2	3	4	5	6	7	8	9
40. I have not been sleeping very well	1	2	3	4	5	6	7	8	9
41. I am not doing well enough academically for the amount of work I put in	1	2	3	4	5	6	7	8	9
42. I'm having difficulty feeling at ease with other people at the university	1	2	3	4	5	6	7	8	9
43. I am satisfied with the quality or the calibre of courses available at university	1	2	3	4	5	6	7	8	9
44. I am attending classes regularly	1	2	3	4	5	6	7	8	9
45. Sometimes, my thinking gets muddled up too easily	1	2	3	4	5	6	7	8	9
46. I am satisfied with the extent to which I am participating in social activities at university	1	2	3	4	5	6	7	8	9
47. I expect to stay at this university for a Bachelor's degree	1	2	3	4	5	6	7	8	9
48. I have not been mixing too well with the opposite sex lately	1	2	3	4	5	6	7	8	9
49. I worry a lot about my university expenses	1	2	3	4	5	6	7	8	9
50. I am enjoying my academic work at university	1	2	3	4	5	6	7	8	9
51. I have been feeling lonely a lot at university lately	1	2	3	4	5	6	7	8	9
52. I am having a lot of trouble getting started on assignments	1	2	3	4	5	6	7	8	9
53. I feel I have good control over my life situation at university	1	2	3	4	5	6	7	8	9
54. I am satisfied with my program of courses this semester	1	2	3	4	5	6	7	8	9
55. I have been feeling in good health lately	1	2	3	4	5	6	7	8	9
56. I feel I am very different from other students at university in ways that I do not like	1	2	3	4	5	6	7	8	9
57. On BA.lance, I would rather be home than here	1	2	3	4	5	6	7	8	9
58. Most of the things I am interested in are not related to any of my course work at university	1	2	3	4	5	6	7	8	9
59. Lately, I have been giving a lot of thought to transferring to another university	1	2	3	4	5	6	7	8	9
60. Lately, I have been giving a lot of thought to dropping out of university altogether and for good	1	2	3	4	5	6	7	8	9
61. I find myself giving considerable thought to taking time off university and finishing later	1	2	3	4	5	6	7	8	9
62. I am very satisfied with the lecturers I have now in my courses	1	2	3	4	5	6	7	8	9
63. I have some good friends or acquaintances at university with whom I can talk about any problems I may have	1	2	3	4	5	6	7	8	9

64. I am experiencing a lot of difficulty coping with stresses imposed on me at university	1	2	3	4	5	6	7	8	9
65. I am quite satisfied with my social life at university	1	2	3	4	5	6	7	8	9
66. I am quite satisfied with my academic situation at university	1	2	3	4	5	6	7	8	9
67. I feel that I will be able to deal in a satisfactory manner with future challenges here at university	1	2	3	4	5	6	7	8	9

### Section B: General Health Questionnaire (Sanchez-Lopez & Dresch, 2008)

The General Health questionnaire is an instrument that determine whether you are suffering from anxiety and depression. Please read the statements below and decide how well it applies to you at the present time. Please mark only one response for each statement.

	A(1)	B(2)	C(3)	D(4)
1. Have you recently been able to concentrate on whatever you are doing?	1. Better than usual	1. Same as usual	3. Less than usual (deteriorating)	4. Much less than usual in terms of concentration (worse)
2. Have you recently lost much sleep over worry?	1. Not at all	2. No more than usual	3. More than usual (Deteriorating)	4. Much more than usual (Worse)
3. Have you recently felt that you were playing a useful part in things?	1. More than usual	2. Same as usual	3. Less useful than usual	4. Much less useful
4. Have you recently felt capable of making decisions about things?	More than usual	Same as usual	Less than usual	Much less than usual
5. Have you recently felt constantly under strain?	Not at all	No more than usual	More than usual	Much less than usual
6. Have you recently felt you couldn't overcome your difficulties?	Not at all	No more than usual	More than usual	Much less than usual
7. Have you recently been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less than usual	Much less than usual
8. Have you recently been able to face your problems?	More so than usual	Same as usual	Less than usual	Much less than usual
9. Have you recently been feeling unhappy or depressed?	Better than usual	Same as usual	Less than usual	Much more than usual
10. Have you recently been losing confidence in yourself?	Better than usual	Same as usual	Less than usual	Much more than usual

11. Have you recently been thinking of yourself as a worthless person?	Better than usual	Same as usual	Less than usual	Much more than usual
12. Have you recently been feeling reasonably happy, all things considered?	More so than usual	About same as usual	Less than usual	Much less than usual

### Section C: Parental bonding Instrument

(PBI; Parker, 1990) Presented separately for each parent: This questionnaire lists various attitude and behaviours of your parents. As you remember your MOTHER/FATHER in your first 16 years , mark the circle in the most appropriate box next to each question (Rate between 0 “Very False” and “Very True”) 0 Very False 1 Moderately False 2 Moderately True 3 Very True.

	0 Very False	1 Moderately False	2 Moderately True	3 Very True
1. Spoke to me in a warm and friendly voice				
2. Did not help me as much as needed	No			
3. Let me do those things I liked doing				
4. Seemed emotionally cold to me				
5. Appeared to understand my problems and worries				
6. Was affectionate to me				
7. Liked me to make my own decisions				
8. Did not want me to grow up				
9. Tried to control everything I did				
10. Invaded my privacy				
11. Enjoyed talking things over with me				
12. Frequently smiled at me				
13. Tended to BA.by me				
14. Did not seem to understand what I needed or wanted				
15. Let me decide things for myself				
16. Made me feel I wasn't wanted				
17. Could make me feel better when I was upset				
18. Did not talk with me very much				
19. Tried to make me feel dependent on her (him)				
20. Felt I could not look after myself unless she (he) was around				
21. Gave me as much freedom as I wanted				
22. Let me go out as often as I wanted				
23. Was overprotective of me				
24. Did not praise me				
25. Let me dress in any way I pleased				