

ORIGINAL ARTICLE

Gender and Mental Health Status among University Students: A Self Reporting Survey

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ABSTRACT

Introduction: Adolescents are the future of the nation, becoming young people who have the opportunity to freely express themselves in all aspects of national life. One indicator of a healthy adolescent is being free from mental disorders. The prevalence of adolescents according to UNICEF in 2021, 2/3 of the world's population is of productive age, one of which is the aggregate of adolescents (17%). Mental health conditions include mental disorders and psychosocial disabilities caused by stress, impaired function. The most common disorder is anxiety (3.7%). If these symptoms are not prevented and treated early, they will have an impact on emotional, physical and social disorders. The need to conduct SRQ screening early is an initial step in early detection of mental health status in adolescents, which is still rarely done. This study aims to see the correlation between gender factors and the degree of mental health status.. **Methods:** Cross-sectional research design, the research population was students of the Christian University of Indonesia, number of respondents was 307 people, the sampling method was purposive sampling, using the SRQ-29 instrument and chi-square statistical analysis. **Results:** More female respondents had stress symptoms by 72% compared to those who had hallucination symptoms. More male respondents had stress symptoms by 28% compared to those who had hallucination symptoms. The results of further analysis obtained a p-value <0.05 ($\alpha = 0.044$). **Conclusion:** This study shows that there is a significant relationship between gender and the degree of mental health status.

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INTRODUCTION

Adolescence is a phase of increased risk of developing mental health problems (1). Mental health is a crucial and primary factor that contributes to the overall health and well-being of adolescents (2). Mental health in adolescents is crucial because adolescence is a period of identity and character formation. The prevalence of mental health problems, according to WHO data (2021), estimates that 14% of children aged 10 to 19 years have mental health problems. Among them, depression, anxiety, behavioral disorders, and even suicide are causes of mental disability and death in

adolescents, especially late adolescence (15-19 years) and young adults (20-25 years) (1,3). Factors that influence mental health include psychological and biological factors such as emotional factors, substance use, and genetics, which make them vulnerable to mental problems. In addition, other factors such as

social, economic, geopolitical, and environmental factors such as poverty, violence, inequality, and the environment also contribute (2).

Factors causing depression in adolescents can come from poor diet and eating habits, especially from instant and fast food, parental education level, single parenthood, older age and low socioeconomic status (2,3,4). In addition, failures experienced in childhood, parental psychopathology, intimidation, and significant threats from older people also influence the risk factors for the development of psychopathology in adolescents. Of course, this is closely related to the resilience factor possessed by adolescents, one form of which is family support (5,6). Adolescent resilience in Kupang City, East Nusa Tenggara has a correlation value of -0.267 with suicidal ideation, which means that the higher the resilience possessed by adolescents, the less suicidal ideation will be (7). The importance of screening, psychoeducation, acceptance of depression among adolescents can be facilitated by teachers or lecturers through face-to-face, in order to increase knowledge about tips for maintaining mental health and reducing stigma, helping determine behavioral attitudes that adolescents will carry out, managing thoughts and

emotions positively to build healthy social and family relationships (8,9). The aim of this study was to determine the relationship between gender and the mental health status of adolescents.

MATERIALS AND METHODS

This research employed quantitative methods. It was conducted from September 10, 2024, to October 11, 2024, and received ethical approval from Bani Saleh University under certificate number EC. 230/KEPK/STKBS/XII/2024. The population comprised active students currently studying. The inclusion criteria were age >15, active students at Universitas Kristen Indonesia, students in D3 to S1 study programs, signed informed consent, and availability throughout the study period. Exclusion criteria included students who were registered as active but could not be reached during the study.

The sampling method used was accidental sampling. This non-probability sampling technique, in which the researcher selected respondents based on those who were easily accessible during data collection and met the inclusion criteria (11, 12). The independent variable was gender, while the dependent variable was mental status. The study was conducted over a 30-day period at the beginning of the academic year, resulting in a total of 307 respondents. The instrument used is the SRQ-29 in Indonesian which is valid and reliable which has been used in the research (13). SRQ 29 is an instrument used to diagnose mental disorders with indicators such as feelings of anxiety, trembling hands, digestive disorders, feeling unhappy, crying more often, feeling worthless. The degree of mental health status in this SRQ includes Mental Health, if no physical and psychological complaints are found, Anxiety if a Yes answer is found in items no. 1-7 =, symptoms of depression if a Yes answer is found in items no. 1-22 and items no. 26-27, Stress is found if a Yes answer is found in items no. 1-22 and items no. 28-29, symptoms of hallucinations are found if a Yes answer is found in items no. 23-25 (14). Univariate analysis includes gender and mental health status, while bivariate analysis between gender and mental health status variables was further analyzed using chi square test.

RESULTS

A total of 307 students participated in the study. Most respondents were female (n = 212, 69.05%), while 95 respondents (30.95%) were male (Table I). For mental

Table I: Distribution of Respondents by Gender and Degree of Mental Health Status in 2024 (n = 307)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Female	212	69.05
	Male	95	30.95
	Total	307	100.00
Degree of mental health status	Mentally healthy	39	12.70
	Anxiety	88	28.66
	Stress	118	38.43
	Hallucination symptoms	33	10.74
	Symptoms of depression	29	9.45
	Total	307	100.00

health status, stress was the most frequently reported category (n = 118, 38.43%), followed by anxiety (n = 88, 28.66%). A smaller proportion of respondents were classified as mentally healthy (n = 39, 12.70%), had hallucination symptoms (n = 33, 10.74%), or had symptoms of depression (n = 29, 9.45%) (Table I).

The bivariate analysis showed a statistically significant relationship between gender and degree of mental health status (p = 0.044) (Table II). Among respondents with stress symptoms, 85 (72.03%) were female and 33 (27.97%) were male. Female respondents also represented a higher proportion of those with anxiety (n = 61, 69.32%) and symptoms of depression (n = 25, 86.21%). In the mentally healthy group, 21 (53.85%) were female and 18 (46.15%) were male.

DISCUSSION

The study found a significant relationship between gender and mental health status. Women experienced more changes in mental health status, such as symptoms of stress, depression, anxiety, and hallucinations. Gender roles and societal expectations significantly impact women's mental health (15). Women often face pressures related to parenting, work-life balance, and societal norms. Sex and gender differences play a significant role in mental health and mental illness. While there are biological differences between men and women that can affect mental health, there are also social differences between men and women that can influence the development of mental health problems (16). Men are more susceptible to externalizing symptoms such as violence and drug abuse, while women are more susceptible to internalizing disorders such as depression and anxiety (8). This is supported by

Table II: Relationship between Gender and Degree of Mental Health Status in 2024 (n = 307)

Gender	Hallucination symptoms n (%)	Symptoms of depression n (%)	Stress n (%)	Anxiety n (%)	Healthy n (%)	p-value
Male	13 (39.39)	4 (13.79)	33 (27.97)	27 (30.68)	18 (46.15)	0.044
Female	20 (60.61)	25 (86.21)	85 (72.03)	61 (69.32)	21 (53.85)	
Total	33 (100.00)	29 (100.00)	118 (100.00)	88 (100.00)	39 (100.00)	

research results from the German national population-based longitudinal COPSYP study (n=2,471) in 2024, which revealed that boys and younger children are at higher risk of mental health problems (14).

Emotional mental disorders vary widely, determined by several factors, including age, gender, and cultural factors. Physical symptoms always appear alongside psychological symptoms, and the characteristics of signs and symptoms differ between men and women. Differences in gender role attitudes across cultures are assumed to be related to mental health status (8). The SRQ is an instrument that can assess a person's mental health status by examining several symptoms, including neurotic and psychotic symptoms, and evaluating seizures. Neurotic symptoms include anxiety, depression, and psychosomatic complaints experienced over the past 30 days (13,14). Higher levels of support from friends are associated with an increased risk of mental health symptoms among young people with low family support (17).

The gender role attitudes of the respondents in this study are influenced by diverse cultural backgrounds, thus impacting mental health status. Gender role attitudes are a person's attitudes about the role responses that each gender should have according to their role in society, the campus environment, and within the family. Gender role attitudes are felt to be important in determining progress in one's social and academic aspects (17). The respondents in this study are in the transition period from puberty to young adulthood, which differs in their actualization of anger, sadness, and anxiety. (20,21) The gender differences of the respondents in this study are one of the obstacles in the ability to integrate, namely the balance between what is expressed and what is repressed, between conflicts within oneself and outside oneself, especially in campus life.

The respondents in this study were predominantly women. However, there were also quite a few men with symptoms of anxiety, stress, depression, and even hallucinations. Several studies have concluded that women with low educational backgrounds have many mental health complaints according to the SRQ. Risky behaviors such as alcohol abuse and antisocial behavior are high among adolescent girls (6,18). Furthermore, women who have experienced psychological violence in the past, such as physical and sexual violence from intimate partners, whether romantic partners or family members, can experience chronic psychological disorders (16). This is the precursor to the emergence of the emergence of neurotic and psychotic symptoms in young women (19).

This study has several limitations that should be acknowledged. First, the cross-sectional design limits the ability to establish a causal relationship between gender and mental health status; therefore, the findings should

be interpreted as an association only. Second, the use of accidental sampling from a single university may limit the generalisability of the findings to students from other universities or different sociocultural settings. Third, mental health status was assessed using a self-reported questionnaire, which may be influenced by recall bias, social desirability bias, or respondents' different levels of understanding of the SRQ-29 items. Some respondents may also have reported symptoms experienced outside the intended 30-day reference period, which could affect the accuracy of classification. In addition, this study only examined gender as the main independent variable, while other potentially important factors such as age, academic year, socioeconomic background, family support, academic stress, lifestyle factors, and previous mental health history were not analysed. Future studies should consider using probability sampling, involving multiple institutions, and including additional psychosocial and academic variables to provide a more comprehensive understanding of factors associated with mental health status among university students.

CONCLUSION

This study found a significant relationship between gender and mental health status. Based on these results, outreach and education are needed to improve mental health.

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