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Socio-Economic Factors Affecting Mental Health of Young Female Students of Punjab, Pakistan

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Abstract: *Worldwide, women are at higher risk of developing mental disorders than men. The available research from developing nations shows that women have more psychological and social vulnerabilities. Pakistan is a developing country with immense challenges for women, such as socio-economic disadvantages. There is a scarcity of research in Pakistan looking at the Socio-economic Status (SES) of young female students and their association with mental health issues. This research aimed to find out the association of SES with mental health problems among unmarried female students of Punjab, Pakistan. The study was based on a cross-sectional descriptive research design. The independent variables were the socioeconomic factors, and the dependent variable was poor mental health. The data and the assessment of psychological morbidity among the study population were collected using the General Health Questionnaire (GHQ-12) and a self-designed questionnaire. All the frequencies and percentages were computed using descriptive statistics, and a Chi-Square test was carried out to determine the relationship between dependent and independent variables. The study would be a significant addition for the identification of mental health risks among young women, which can be utilized by policy-makers and NGOs, particularly working for women's empowerment. The study would also provide a knowledge base for future studies in this area.*

Keywords: Mental Health, GHQ, Psychological Morbidity, Socioeconomic Status

Introduction

Socio-economic status is not just the economic status of an individual, but it is the collective status of all the positions determined by the social statuses and economic statuses that an individual holds in society. Education, income, occupation, and economic position of the family of an individual in society are four main factors that affect the SES. It's the basic needs in a society, required to a person for a quality life and for life privileges. Many studies have shown that Socioeconomic status is associated with the physical and psychological health of an individual. Socio-economic Status not only affects the individuals but also the society as a whole. Several Professionals and researchers use SES as an indicator of mental health, as it affects the health of an individual from a very young age across the social classes. Females play a vital role not only in a family but in a society as a whole. Where SES is affecting the individuals and society, researchers have found that it's affecting women's lives in particular (Socio-economic status of women, 2010)

Globally, women suffer from numerous issues at different stages of life that affect their quality of life. Around 50 percent of females in developing countries and 53 percent of females in European countries represent poor family circles, as per a report on the world's women published by the UN in 2015. In Europe, older women are more likely to be poor than men when living alone. In developing countries, 46 percent of women face gender disparity, a lot of restrictions to access the economic resources, have no decision-making power in economic matters, and are economically dependent on males despite earning cash (The World's Women, 2015). According to a report of 2014 by the National Study of Health and Wellbeing, 9 per cent of males and 26 percent of females aged 16 to 24 are reported with serious mental disorders every week. The number is increasing day by day, and more females are found with mental disorders than males (Young women at 'highest mental health risk, 2016). Pakistan is a developing country, and Pakistani

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females are facing multiple socioeconomic challenges in everyday life. Their mental health conditions are changing with the diverse challenges of today's time. Women are losing good health to depression and anxiety more than men in Pakistan, as per research conducted on the developing countries in the Eastern Mediterranean region (Ghani, 2017).

According to another study, women are facing serious mental health issues as the suicide rate and the rate of rape cases are increasing rapidly. Violence against women in the patriarchal society of Pakistan is causing mental health issues in females. Economic disempowerment and acceptability of violence against women have an impact on women's mental health in Pakistan at both macro and micro levels (Karmaliani, 2012). The integration of women into socio-economic activity has become an unavoidable sign of international progress, poverty decline, increasing the authority of women in political management and economic significance of society, and hence an aspect of increased food safety. Mental health complications are among the most important contributors to the global burden of illness and disability.

Numerous studies have been conducted on the mental health of females. Pakistan is a developing country with immense challenges for women, like socio-economic disadvantages. There is a scarcity of research in Pakistan looking at the Socio-economic status (SES) of young females and its association with mental health issues. This research aims to find out the association of SES with mental health problems among unmarried females of Punjab, Pakistan.

Objectives of Research

The objectives of the research are:

1) To know about the socio-economic status of female university students of Punjab, Pakistan
2) To understand the association of the socio-economic status of female university students with psychological morbidity

Literature Review

The mental suffering of females is not acknowledged and is underestimated in families (Patricia, November 2000). It is estimated that mental and behavioral afflictions contribute to 12 percent of the disability-adjusted years of life lost in the world and 31 percent of the total years lived with a disability at all years of ages and both genders. A study that was carried out over a period of four years on psychiatric outpatients in a private clinic in Karachi revealed that two-thirds of the patients were ladies and 60% of these ladies had a temper disorder. 70% of them were victims of ferocity that impacted their mental well-being negatively (Niaz, 2004 Feb)

In 2007, Groh conducted research by targeting the poverty and mental health to check the correlation and its impact on females. Poverty is a prognosticator of the emotional and psychological well-being of a female. Poor living conditions of a female are directly or indirectly interconnected with the defenseless life events and poor mental health of females. Females having privileged SES do not have as many mental health issues as underprivileged females. The research focused on poor females and highlighted 4 indicators that are: poor societal support, depression as a cause of comorbid psychological and somatic illness, disadvantaged locality, which has a prominent effect on the mental health of females who belong to lower SES (Groh, November 2007).

In Pakistan, out of a population of 207 million, 101 million are females, and in percentage they are 48.54% of the total population (Pakistan population). The poverty rate of females is increasing day by day. Females are an important component of family composition, and the female poverty rate can indicate the quality of life of females. A study conducted in America in October 2008 showed that 69 percent of females were the unpaid caretakers in the home. It's a challenging situation for the females to perform different roles at the same time. The research found that domestic violence causes poor mental health in females and poor economic status as restrictions imposed on the female by their husbands, fiancés, boyfriends, and expected life partners, for job opportunities (Cawthorne, 2008). Studies have established that idleness increases the risk of depression, brutality, and violent behaviors, which can result in an increased

possibility of mental and physical health issues. The economic impartiality of the individuals in any society has an impact on women. If women are permitted to work and are economically sovereign, they are less likely to become victims of mental health (Khalily, 2011).

Low Socioeconomic status disturbs a person's health and the health care they get. Individuals of lower SES are more likely to have poorer self-reported health, poor life anticipation, and worries from more prolonged conditions when compared with those of higher SES (Arpey, 2017).

Unluckily, the Culture of Pakistan is still run on an unfriendly and primitive system, and the majority of the general population lives under rural and feudal control. In the medieval system, there was no education, no freedom, and women were kept like slaves or hostages in the households, and violence against women in these societies was very common. This eventually leads to many health issues in women. (Ali, 2008).

Methodology

This quantitative research was conducted on young female students of Punjab province. Data was collected through purposive sampling from 378 females of two major women's universities in Punjab. In this study, the tools used for data collection were two questionnaires: a self-structured Questionnaire and the General Health Questionnaire (GHQ-12). There were three categories of the questionnaire: demographic profile, economic profile, and social profile. GHQ-12 was utilized to find out the psychological morbidity of the females. Chi-Square test was applied using SPSS-21 to find the significance of the association between independent and dependent variables.

Results

A total of 378 respondents were included in the study, as shown in Table l below. 326(86.2%) respondents were single, whereas 52 (13.8%) were engaged. The age of 338 (89.4%) respondents was less than 25 years. The education level of 291 (77.0%) females was undergraduate, and the remaining 87 (23.0%) females were students of Postgraduate.

The family income distribution of respondents revealed that 50 (13.2%) respondents belonged to families with a monthly income of less than twenty thousand rupees, whereas the family income of 161 (42.6%), 128 (32.8%), and 43 (11.4%) respondents was PKR 20,000 to 50,000/-, PKR 50,000-100,000, and more than PKR. 100,000/- respectively. The families of 313 (82.8%) respondents were bearing their educational expenses, while 33 (8.7%) respondents were bearing expenses by themselves, and 32 (8.5%) respondents were being supported by others. Some of the students (93, 24%) were also helping their families in managing finances.

About half of the respondents (181, 47.9%) participated in economic decision-making of their households. A total of 186 (49.2%) respondents considered their educational expenses as a burden on their families. A large number of students (222, 58.7%) had to manage their household and educational responsibilities at the same time. A significant number (245, 64.8%) of respondents were facing family restrictions to pursue their desire for a quality life compared to 133 (35.3%) respondents. The majority of respondents (294, 77.8%) replied that they use their leisure time to relax.

Replying to the question regarding their stress response, the majority (239, 63.2%) of respondents said that they stay silent, while 49 (13%) chose to talk to their families, 50 (13.2%) preferred talking to friends, whereas only 6 (1.6%) chose to consult a therapist.

More than half of respondents (196, 51.9%) were found to have psychological morbidity as per the screening test GHQ-12.

Table 1

Descriptive Analysis (Demographic and Economic Profile of the Respondents)

Demographic Profile		
Variable	**Frequency**	**Percentage**
Marital Status		
Single	326	86.2
Engaged	52	13.8
Age		
Less than 25	338	89.4
25 or more	40	10.6
Educational level		
Undergrad	291	77.0
Postgrad	87	23.0
Economic Profile		
What is your monthly family Income?		
Less Than Rs 20,000	50	13.2
Rs 20,000-50,000	161	42.6
Rs 50,001-100,000	124	32.8
More Than Rs 100,000	43	11.4
Who bears your expenses?		
Family	313	82.8
Self	33	8.7
Others	32	8.5
Do you help your family in managing finances?		
Yes	93	24.6
No	285	75.4
Have you ever participated in the economic decision-making of your household?		
Yes	181	47.9
No	197	52.1
Are your educational expenses a burden on your family?		
Yes	186	49.2
No	192	50.8

Table 2

Descriptive Analysis (Social Factors and Psychological Vulnerabilities of the Respondents)

Social Factors		
Variable	**Frequency**	**Percent**
Can you manage your household and educational responsibilities?		
Yes	222	58.7
No	156	41.3
Do you have family restrictions to pursue your desired quality of life?		
Yes	245	64.8
No	133	35.2
Do you get leisure time to relax		
Yes	294	77.8
No	84	22.2
Does your society judge you by your dress code?		
Yes	345	91.3
No	33	8.7
Psychological Morbidity and Coping		
Variable	**Frequency**	**Percent**
What do you do when you feel stressed?		
Stay silent	239	63.2
Talk to Family	49	13.0
Talk to Friends	50	13.2
Talk to a Therapist	6	1.6
Others	34	9.0
Psychological morbidity as per GHQ-12 Assessment		
No	182	48.1
Yes	196	51.9

The significance of the association between independent factors (socio-economic factors) and psychological morbidity was ascertained using Chi Chi-Square test. The P-value of 0.05 and below indicates a significant association, whereas a P-value above 0.05 indicates an insignificant association. The results of Chi Chi-Square test are listed in Tables 3 to 5 below.

The association of marital status and education level with the psychological morbidity was found to be non-significant with p-values of 0.07 and 0.09, respectively, as shown in Table 3. In case of association between age and psychological morbidity, the p-value of 0.036 indicates a significant association. The respondents aged 25 years or above were found to be more vulnerable (prevalence of 67%) compared to respondents aged less than 25 years (prevalence of 50%).

Table 3

Association of Mental Health with Demographic Distribution

Variable	Psychological Morbidity		χ^2	*p-value*
	Yes *f* (%)	*No* *f* (%)		
Marital Status			3.176	0.075
Single	175 (53.7%)	151 (46.3%)		
Engaged	21 (40.4%)	31 (59.6%)		
Age			4.388	0.036
Less than 25 yrs.	169 (50.0%)	169 (50.0%)		
25 yrs. or more	27 (67.5%)	13 (32.5%)		
Educational level			2.838	0.092
Undergrad	144 (49.5%)	147 (50.5%)		
Postgrad	52 (59.8%)	35 (40.2%)		

As listed in Table 4 below, a non-significant association was found for psychological morbidity with the economic factors like monthly family income, relation with the person bearing expenses, helping the family in managing finances, and participation in economic decisions of the family.

The burden of educational expenses on the family has a significant association with psychological morbidity, indicated by Chi chi-square p-value of 0.001. A large portion (63.4%) of respondents, whose educational expenses are a burden on the family, were found with psychological morbidity compared with a relatively small portion (40.6%) for the respondents whose educational expenses were not a burden on the family.

Table 4

Association of Mental Health with Economic Factors

Variable	Psychological Morbidity		χ^2	*p-value*
	Yes *f* (%)	*No* *f* (%)		
What is your family's Income?			3.769	**0.287**
Less Than 20,000	27 (54.0%)	23 (46.0%)		
20,000-50,000	78 (48.4%)	83(51.6%)		
50,001-100,000	72 (58.1%)	52 (41.9%)		
More Than 100,000	19 (44.2%)	24 (55.8%)		
Who bears your expenses?			2.432	**0.296**
Family	168 (53.7%)	145 (46.3%)		
Self	14 (42.4%)	19 (57.6%)		
Others	14 (43.8%)	18 (56.3%)		
Do you help your family in managing finances?			0.282	**0.595**
Yes	46 (49.5%)	47 (50.5%)		
No	150 (52.6%)	135 (47.4%)		

Have you ever participated in the economic decision-making of your household?			1.994	**0.158**
Yes	87 (48.1%)	94 (51.9%)		
No	109 (55.3%)	88 (44.7%)		
Are your educational expenses a burden on your family?			19.699	**0.001**
Yes	118 (63.4%)	68 (36.6%)		
No	78 (40.6%)	114 (59.4%)		
Can you manage your household and educational responsibilities?			25.416	**0.001**
Yes	91 (41.0%)	131 (59.0%)		
No	105 (67.3%)	51 (32.7%)		

The association of social aspects with psychological morbidity is shown in Table 5 below. The ability to manage educational and household responsibilities was found to have a significant association (p-value = 0.001) with psychological morbidity. The psychological morbidity was significantly less (41%) among respondents who were able to manage their household and educational responsibilities, compared to the respondents who were not able to manage (67.3).

Similarly, the association of psychological morbidity with the family restrictions to pursue the desired quality of life was also found to be significant, with a p-value of 0.018. Fewer respondents (43.6%) having no family restrictions had psychological morbidity compared to the respondents (56.3%) who had such restrictions.

Having leisure time was also found to be significantly associated with psychological morbidity, with a p-value of 0.001. Only 44.9% of respondents who had leisure time were found to have psychological morbidity, compared to 76.2% for those who had no leisure time.

Table 5

Association of Mental Health with Social Factors

Variable	Psychological Morbidity		$\chi 2$	p-value
	Yes *f (%)*	*No* *f (%)*		
Can you manage your household and educational responsibilities?			25.416	**0.001**
Yes	91 (41.0%)	131 (59.0%)		
No	105 (67.3%)	51 (32.7%)		
Do you have family restrictions to pursue your desired quality of life?			5.585	**0.018**
Yes	138 (56.3%)	107 (43.7%)		
No	58 (43.6%)	75 (56.4%)		
Do you get leisure time to relax			25.625	**0.001**
Yes	132 (44.9%)	162 (55.1%)		
No	64 (76.2%)	20 (23.8%)		

Conclusion

Psychological morbidity was found more in respondents with increasing age. It has been found in previous studies as well that females' increasing age is a big risk factor for developing psychological morbidities. The ability to manage educational and household responsibilities at the same time was also found to have a significant association with psychological morbidity. Similarly, family restrictions to pursue the desired quality of life were also found to be significant. Moreover, not having leisure time and the burden of educational expenses were also found to be risk factors for developing mental health issues.

Limitations of the Study

The limitations of the study are:

1. This research cannot be generalized to all females because the respondents of the research were only young, unmarried female students of Punjab.
2. Students of two Female Universities of Punjab Province were targeted, and thus no respondents from universities with co-education were included in the study.
3. Only young, literate females were included in the research, and thus, this research cannot be generalized to illiterate females.
4. The research has been carried out during the COVID-19 pandemic, and thus, the results might be influenced by extraordinary circumstances.

References

Ali, P. A., & Gavino, M. I. B. (2008). Violence against women in Pakistan: A framework for analysis. *Journal-Pakistan Medical Association*, *58*(4), 198.

American Psychological Association. (2010). Women & Socioeconomic Status. *Https://Www.apa.org*. https://www.apa.org/pi/ses/resources/publications/women

Arpey, N. C., Gaglioti, A. H., & Rosenbaum, M. E. (2017). How socioeconomic status affects patient perceptions of health care: A qualitative study. *Journal of Primary Care & Community Health*, *8*(3), 169-175. https://doi.org/10.1177/2150131917697439

BBC. (2016, September 29). Young women "highest mental health risk." *BBC News*. https://www.bbc.com/news/entertainment-arts-37504679

Cawthorne, A. (2008). *The Straight Facts on Women in Poverty.* Source: U.S. Census Bureau, Current Population Survey.

Ghani, A. (2017, February 7). *Mental health disorders: Pakistani women suffer more than men*. The Express Tribune. https://tribune.com.pk/story/1319901/mental-health-disorders-pakistani-women-suffer-men

Groh, C. J. (2007). Poverty, mental health, and women: Implications for psychiatric nurses in primary care settings. *Journal of the American Psychiatric Nurses Association*, *13*(5), 267–274. https://doi.org/10.1177/1078390307308310

Karmaliani, R., Pasha, A., Hirani, S., Somani, R., Hirani, S., Asad, N., Cassum, L., & McFarlane, J. (2012). Violence against women in Pakistan: contributing factors and new interventions. *Issues in Mental Health Nursing*, *33*(12), 820–826. https://doi.org/10.3109/01612840.2012.718046

Khalily, M. T. (2011). Mental health problems in Pakistani society as a consequence of violence and trauma: a case for better integration of care. *International Journal of Integrated Care*, *11*(4), e128. https://doi.org/10.5334/ijic.662

Pakistan Population (2020) - Population Stat. (n.d.). Populationstat.com. https://populationstat.com/pakistan/

Patricia, T. (November 2000). *National Violence Against Women Survey.* U.S. Department of Justice: National Violence Against Women Survey.

The World's Women. (2015). *UN statistics organization.* Retrieved December 5, 2020, from Women's economic dependency in developing regions: https://unstats.un.org/UNSD/gender/downloads/Ch8_Poverty_info.pdf