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**FACTORS THAT INFLUENCE MENTAL HEALTH AMONG
INTERNATIONAL STUDENTS AT UNIVERSITI UTARA MALAYSIA**

By

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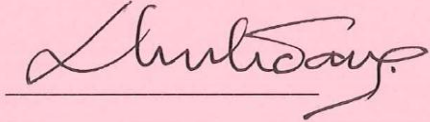
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ABSTRACT

Due to globalization, the basic strategic element for universities in Malaysia is internalization. Malaysia higher education has become progressively globalized with a higher number of students enthusiastic to pursue their studies outside of their home countries. While adjusting in a new environment bring many challenges to international students which will influence their mental health. The purpose of this study is to examine factors of self-efficacy, social support, and religion that influence mental health among international students in Universiti Utara Malaysia (UUM). The quantitative method was chosen to examine the relationship among the variables. Survey was distributed to international students at UUM, and a total of 204 responses were received. The data was analysed using the SPSS version 26, the results found that self-efficacy and social support have significant influence on mental health, while, religion does not have a significant influence on mental health of UUM international students. Thus, suggestion are made to the stakeholders, implication are discussed and future research are also indicated.

Keywords: mental health, self-efficacy, social support, religion.



ABSTRAK

Disebabkan globalisasi, elemen strategik asas untuk universiti-universiti di Malaysia adalah pengantarabangsaan. Pendidikan tinggi Malaysia telah menjadi semakin global dengan bilangan pelajar yang lebih ramai bersemangat untuk mengikuti pengajian mereka di luar negara. Untuk menyesuaikan diri dalam persekitaran baru terdapat banyak cabaran yang dihadapi oleh pelajar antarabangsa yang mana akan mempengaruhi kesihatan mental mereka. Tujuan kajian ini dijalankan adalah untuk mengenal pasti faktor keberkesanan diri, sokongan sosial dan agama yang mempengaruhi kesihatan mental dalam kalangan pelajar antarabangsa di Universiti Utara Malaysia (UUM). Keadah kuantitatif dipilih untuk mengkaji hubungan diantara pembolehubah. Soalselidik di edarkan kepada pelajar antarabangsa di UUM dan sebanyak 204 maklumbalas diterima. Hasil kajian dianalisis menggunakan perisian SPSS versi 26, mendapati faktor keberkesanan diri dan sokongan sosial mempunyai pengaruh yang signifikan terhadap kesihatan mental, sementara, faktor agama tidak mempunyai pengaruh signifikan terhadap kesihatan mental pelajar antarabangsa di UUM. Cadangan diberikan kepada pemegang taruh, implikasi dibincangkan, dan cadangan kajian juga dinyatakan.

Kata kunci: kesihatan mental, keberkesanan diri, sokongan sosial, agama.



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CHAPTER ONE

INTRODUCTION

1.0 Introduction

Imagine leaving every single thing that you always know and going to an uninhabitable environment where everything there appears diverse. You are striving to realize how all is going. Everything's you are convenient with and certain later becomes uncertain. For instance, you are in the ocean and the swells continue washing on you. You are swimming but the whirlwind are so strong. All appears fearful and you sense like you are hesitant of what you going to do. You are uncertain of what to foresee and it appears as you have challenges to face. This was how majority of international students feel when they decide to pursue their studies abroad, living their home country and going to a different country which are totally different in term of culture and environment. This chapter reflect the outline of the study. The chapter will begins with giving the reader a background of the study, problem statement, followed by the research questions, research objective, and significance of the study. It also has an overview of the development of the remnant of the study.

1.1 Background of the study

International education has become a prominent phenomenon recently specially for higher education. Higher education has become progressively globalized with a higher number of students enthusiastic to pursue their undergraduate and postgraduate studies

outside of their home countries (Ammigand, Drexlerd, Williamsonb, & Guerra, 2019). Due to globalization, the basic strategic element for universities around the world is internalization (Lumby, & Foskett, 2016). After the incident of 11th September 2011 in the United States, Malaysia has been the best choice for higher education especially for postgraduate studies for foreign students whereby there is boost in the number of foreign students from United States and United Kingdom especially foreign students from Middle East, China Pakistan, Bangladesh, and Africa (Plumb, 2018).

Furthermore, majority of foreign students tend to pursue their studies in Malaysia due to the increment of tuition fees in US and UK, massive restrictions in university admission policies, visa procedures and policies and as well the viability of low cost study opportunity (De Jesús, 2016). Thus, the number of international postgraduate students in changing their study destination has led to increment to proceed with their studies in Malaysia higher education institution (Da Wan, & Morshidi, 2018).

Malaysia aims to entice 200,000 foreign students by 2020 because the growth in the number of foreign students are worth approximately RM600 billion to the economy (Hassan, Othman, Sabudin, Mohaideen, & Hidthir, 2018). Further, for Malaysian higher education to attain this objective of attracting more foreign students by year 2020, it is crucial for higher education to focus on the influence of mental health among international students due to the fact that they have several problems regarding with cultural diversity adjustment and environmental challenges through listening and grasping to their requirements, needs and discovering ways to make it easy for them to adapt and adjust with the new environment (Ahmad & Buchanan, 2017).

To attract international students for higher education institution is important because foreign student enrolment plays an essential role in the national economic development

of each nation (Malet Calvo, 2018). Intrinsically, numerous nations have announced their plan to pull new foreign students. For example, in the coming years Canada has proclaimed her plan to redouble the number of foreign students (Bedenlier, Kondakci, & Zawacki-Richter, 2018), while, the goal set by Japan is to entice 300,000 foreign students by 2020 (Lassegard, 2016). By 2020, China has declared her policy to upsurge the number of foreign students from 200,000 to 500,000 (Ma & Zhao, 2018).

Likewise, Universiti Utara Malaysia (UUM) is the sixth Malaysian public university was officially established on 16 February 1984. International students in Universiti Utara Malaysia come from diverse cultural and ethnic background that varies in nationalities, religion, beliefs, and economy. Each international student's background impact the way they view the world and obtain help for mental health issues. However, mental health issues are prevalent and well-documented in affecting the function of the general population. Studies showed that the rate of mental health concerns have remained persistently high (Teasdale, Samaras, Wade, Jarman, & Ward, 2017).

Meanwhile, mental health is defined as a situation where an individual detect their own abilities, can copy with the normal daily tasks, can perform in a productive manner, and is able to make positive differences to their community (Galderisi, Heinz, Kastrup, Beezhold, & Sartorius, 2015). Majority of international students face different kinds of mental health issues, such as anxiety, depression, stress, fear, and loneliness, which lead to mental disorders (McAuliffe, Upshur, Sellen, & Di Ruggiero, 2019).

Culture comprises several means and expressions of a certain society such as beliefs, values, customs, practices, and ways of being (Packer & Cole 2016). It is crucial to raise awareness about how foreign students deal with influences which might impact

their mental health, and cultural principles may have a vital place in the strategies appointed to deal with mental health problems (Wu, Garza, & Guzman, 2015).

Therefore, studying in a diverse cultural environment is not an easy task. International student may face similar or different challenges (Hamari, Shernoff, Rowe, Collier, Asbell-Clarke, & Edwards, 2016). Ecochard and Fotheringham (2017) indicated that plurality of international students meet several challenges such as local language, adjusting to food, financial arrangement, weather, accommodation and health care. These challenges sometimes influence on international student's behaviour and attitudes in different ways since they come from a diverse cultural learning environment (Heng, 2018). Moreover, the Malaysian government provide their support to cultural diversity through internationalization by inward and outward mobility programs in local universities (Richards, 2019).

International students' daily lives are impact by the absence comforts such as home cooked family meal and the associated social and cultural capital (Forbes-Mewett, 2018). Most of the international students experience the limits of their ability to be completely engaged in the education environment, and to adapt with the diverse local language and jargon of the lectures due to their lack of early experience with international education (Tran, 2019). Thus, these challenges faced by foreign students could influence their mental health.

International students with mental health issues are expected to have additional health concerns (Levecque, Anseel, De Beuckelaer, Van der Heyden, & Gisle, 2017), have greater risk of hospitalization (Pedrelli, Nyer, Yeung, Zulauf, & Wilens, 2015), increased fear and anxiety (Van Steensel & Heeman, 2017), and undergo a diminution in the ability to manage stress (Yıldırım, Karaca, Cangur, Acikgoz, & Akkus, 2017). In

a similar vein, mental health concerns can then cause noteworthy financial loads (Iseselo, Kajula, & Yahya-Malima, 2016), if international students seek treatment outside of the campus. Thus, there is a need to raise awareness on factors that influence mental health among international students for their academic success.

1.2 Problem statement

Currently, many students tend to pursue their higher education abroad. These foreign students brought with them a wide range of skills and knowledge which lead them to contribute to cultural diversity in the host university. Hence, their lodging is reciprocally profitable as they bring with them diverse benefits to the host country and in reverse they earn a higher education (Li, Roberts, Yan, & Tan, 2016). However, the academic adaptation and mental health of foreign students might be a hard task, as they attempt to adjust to diversity in cultural circumference amongst them and the host country (Lashari, Kaur, & Awang-Hashim, 2018). Thus, the various difficulties experienced by foreign students in the host country could influence their mental health.

Frequently, foreign student indicates that language hindrances (Wu, Garza, & Guzman, 2015), education manner (Mesidor & Sly, 2016), being far away from home (Lörz, Netz, & Quast, 2016), problems facing in daily life tasks and lack of social institution (Bailey & Phillips, 2016) prevent their adaptation. These influences contribute to the anxiety and stress levels, which could impact foreign student's socialization (Mesidor & Sly, 2016). For example, their capability to face the daily life tasks while they are steadfast in cultural diversity relation (Li & Yang, 2016). Further, their inability to adapt to these challenges could damage numerous features of university life, causing

poor academic outcomes, mental health problems and quitting out (Hang, Kaur, & Nur, 2017; Martirosyan, Hwang, & Wanjohi, 2015).

Researches have established different outcomes about mental health problems and indicated that acculturation academic adaptation challenges are profitable or harmful. Brand, et al., (2016) proposed that stress resulting from daily life tasks can lead to stress concerning growth. For instance, favourable changes in life such as developing individual strength, find out new chances in lifetime, empowering significative relationship, earning an assessment of life, and promoting a mental growth (Pogrebtsova, Craig, Chris, O'shea, & González- Morales, 2018). On the other hand, it has been expounded that foreign students face cultural identity chaos (Sullivan & Kashubeck-West, 2015), health problems (Li et al., 2016), tensed interpersonal relationships (Praharso, Tear, & Cruwys, 2017), isolation (Yu & Wright, 2016), poor self-esteem (Dev & Qiqieh, 2016), homesick (Götz, Stieger, & Reips, 2019) that give impacts to their mental health by reducing the quality of an individual's life in many different ways. In addition, international students who have faced mental health issues experience major challenges of lack of educational execution, which in return preserves the stress, increase educational failure and the possibility to skive (Goldberg, Kuvalanka, & Black, 2019).

Therefore, international students face challenges in educational adaptation resulting from the uncommon education system (Wu, et al., 2015). The influences of this factor contribute crucially to universal stress. For instance, foreign learners experiment with a variety of issues because of the alterations in classroom instruction, study, and grading styles of the host nation (Woessmann, 2016). Otherwise, another problem regarding academic adaptation involve the relationship between student and supervisor, and also the standard of interaction with the university (Cruwys, Greenaway, & Haslam, 2015).

International students faced challenges in cooperating with different students in teams from diverse cultures (Mesidor, et al., 2016), achieving time management, pressure of performing fully in academic education, and course requirements (Freeman & Li, 2019) which will influence their mental health by experiencing feeling such as stress, anxiety, and low self-efficacy.

Previously, international students tend to pursue their study in native English spoken nations such as the UK, Australia, Canada, and USA. But a current tendency has stirred to enrol in non-native English spoken nations such as Malaysia, Singapore, China, Japan, India, Taiwan, and South Korea due to the low of tuition fees and facility requirement for visa (Luo, 2017). Nevertheless, Malaysia tries to attract a great number of foreign students by providing lower education costs and excellent quality academic instruction (Ahmad & Buchanan, 2017). However, the alteration between the student's anticipation and the fact of their Malaysian experience create for them a high liable to the unfavourable effects of stress that lead to impact their academic adaptation and mental health (Martirosyan, et al., 2015). For example, one of the factors that have been accounted to redound to mental health problems among foreign students in Malaysia is the hardness to grasp local dialects due to multi-ethnic population in Malaysia (Hanewald, 2016).

Moreover, previous studies recommend that student's self-efficacy has an influence on educational achievement as well as mental health problems. Therefore, self-efficacy has an important role in dealing with the issues of daily life at the university in order to develop the humans and enhance their efficacy beliefs (Alyami, et al, 2017). Self-efficacy has been functional in coping with hurdles that can be recognized as a significant cause for the execution relative to the complex interpersonal tasks (Naeim, Rahimi, Soltani, Farazandeh, Nejad, Sharafi, & Dizaj, 2016). Hence, majority of

students go overseas with the aim to pursuit of aspirant personnel and collectivist goals, while they are not confident about their capability to attain these goals that will give several challenges that they will face upon arrival (Fincham, Roomaney, & Kagee, 2015). For instance, the international students who lack self-confidence will face different academic challenges that will lead to acculturative stress that might drive to mental health issues. Therefore, the influence of self-efficacy on mental health amongst foreign students would be crucial to investigate to achieve the purpose of this study.

Further, coupled with changes associated with lack of social support, discrimination and, limited social interaction and connectedness with individuals in the host countries are factors which make foreign students vulnerable to mental health issues by experiencing negative feelings because if others embrace student's identity can create a positive difference in their life (Poyrazli & Isaiah, 2018). One of the most reported predictor of psychological wellbeing among foreign students is social support, which appears in supports from the host advisors, peers, families and friends from their home countries which support is the emotional and the physical comfort provided to the individuals by their peers, family and friends (Sullivan, et al., 2015). According to Ra and Trusty (2017), East Asian foreign students perceive social support could referred be as to the relation between their acculturation stress and acculturative level. Moreover, Mesidor and Sly (2016) found that Chinese international students in university reported that lack of social support was one of the potential reasons of their mental health issues. Thus, social support is a noteworthy factor to influence foreign student's mental health which is vital to pay attention of its influences on individual mental health.

In addition, religion have an influence on mental health among foreign student in university. The practices of religious behaviours could help foreign students to promote

a perception toward their intents in life, discover sense and objectives for their life, and preserve a concentration on their preferences (Brady, 2018). However, the religiosity boost better mental health steadiness and students life satisfaction because it gives a meaning and purpose to them to keep their hope alive and make it possible for them toward the hardest times (Kress, Newgent, Whitlock, & Mease, 2015). Religion plays a vital role in the lives of foreign students in the universities and has an influence on their mental health that appears when they have problems or difficulties with their parents, personal life, and studies as they tend to comfort themselves through religion means, such as praying and meditation (Mesidor, et al., 2016). Thus, rising the awareness of the religion aspect of foreign students and its influences on their mental health will be crucial.

According to Chen, You, & Chen (2018), mental health amongst foreign students and mental health problems have significant influence in the environment of an abroad experiences due to the globalization. Foreign students are facing challenges in the host country due to cultural diversity that can put them in higher risk to experience mental health problems such as depression (Borsari et al, 2017). Studying abroad involve many challenges such as language burden, shortage of grasp the culture, and difficulty with seeking for academic help which it seems to have a widespread impact on mental health amongst international students (Gautam, Lowery, Mays, & Durant, 2016).

Due to the cumulative variety of foreign students, a research of this essence is vital for the development of awareness in the area, likewise for Malaysia as the country seeks to enrol 250,000 foreign students in higher education (Kaur, Noman, & Nordin, 2017). This study is significant for the awareness of student outlook regarding perceptions, which will allow psychotherapists to devise mental health problems that could be practiced empirically to different cultures. Moreover, foreign students comes with

varied cultural, racial and religious backgrounds but when considering their mental health, it is critical to perceive the problems they will face while studying overseas.

The aim of this study is to investigate how self-efficacy, social support, and religion influence mental health amongst foreign students at Universiti Utara Malaysia. The result from this study will help to grasp ways in which these factors influence mental health amongst foreign students. This study will shed light and raise awareness among international students on their grasp of these influences and offer propositions on the base of the information that will be collected to assist foreign students pursue their studies in a diverse cultural environment.

Prior studies indicated that mental health was positively linked to self-efficacy (Schönfeld, Brailovskaia, Bieda, Zhang, & Margraf, 2016), social support (Oppedal & Idsoe, 2015), and religion (Abu-Raiya, Pargament, & Krause, 2016). However, this research aims to identify and investigate the influences between self-efficacy, social support, and religion on mental health amongst international students in Universiti Utara Malaysia (UUM).

1.3 Research question

The results of this study is to respond on the research questions as expressed bellow:

- i. Does self-efficacy influence mental health among international student in UUM?
- ii. Does social support influence mental health among international student in UUM?
- iii. Does religion influence mental health among international student in UUM?

1.4 Objective of the study

The purposes behind this study is to identify and investigate few factors that could influence mental health in UUM, which consist self-efficacy, social support, and religion among international students. The purposes of this study are:

- i. To identify the influence of self-efficacy on mental health among international students in UUM.
- ii. To examine the influence of social support on mental health among international students in UUM.
- iii. To determine the influence of religion on mental health among international students in UUM.

1.5 Scope of the study

This study investigates the influences of self-efficacy, social support, and religion on mental health among international students (undergraduates and postgraduate students) in Universiti Utara Malaysia. To carry out this research, the sample will be chosen randomly from international students. International students will be given more attention in this research as this study aim to identify if self-efficacy, social support, and religion influence mental health amongst foreign students in Universiti Utara Malaysia in order to offer needful intervention to facilitate them to adapt and adjust in less than two years in a new environment.

1.6 Significant of the study

This study aims to examine factors that influence mental health among international students in UUM. By investigating the factors that influence mental health amongst

foreign students which comprises three constructs namely self-efficacy, social support, and religion that would be beneficial to international students because it would help them to be more aware about the factors that influence their mental health, to manage their attitude and behaviour in the new culture environment, and to remind that they are not alone in the challenges that might be face.

1.7 Definition of key term

The definition of key terms of this study is as follow:

Mental health: Mental health refers to the situation of wellbeing in which includes the emotional, behavioural, and cognitive of individuals. It is all about the way the individual feel, think, and act. As well, it is helps the individual to cope with the daily life stress, to perform productively and effectively, and to make a choice to their community (Silvana, Andreas, Marianne, Julian, and Norman, 2015)

Self-efficacy: Self-efficacy refers to the people's confidence and beliefs in their capability to make a decision-making, perform a task, or attain a goal as well it helps the well-being to adapt to the stressful situation which has impacts on their daily life (Eller, Lev, Yuan & Watkins, 2018).

Social support: Social support is the physical or psychological help that had been given by persons through social relations which aims to reduce ease pressure, mental stress, and improve social adjustment capabilities (Wang & Fu, 2015).

Religion: religion is defined as a person's individual experiences with the deity or the transcendent being, and how it is outwardly exhibited to others (Sapp, 2017).

1.8 Organization of chapter

Chapter 1: Introduction

The first chapter will be the outline of the whole study; an overview of research are is presented followed by problem statement, then pursued by research question, research objectives, the contribution / significance of the study, and lastly definitions of key terms.

Chapter 2: Literature Review

The second chapter cover prior literature concerning the dependent and independent variables. As well as the theories and previous studies regarding to the topic will be revealed and reviewed. Also, the conceptual framework of the research will be highlighted and hypothesis formulated.

Chapter 3: Methodology

The third chapter introduce the research design, data collection methods and sampling design. Therefore, research instrument which encompass of questionnaire design and pilot test are presented. The measuring of the instrument operational meaning of constructs measurement scales, finishing with data processing and techniques for data analysis.

Chapter 4: Findings

The forth chapter focus on the general results and findings from the examination of the survey. The statistical Package for Social Science (SPSS) will be utilized to examine the data. In depth, the analysis is further clarified in the results.

Chapter 5: Discussion and Conclusion

The last chapter will derive discussion and implications on the significant findings. Moreover, it will elaborate the study limitations and make further recommendations for future studies. Indeed, the overall conclusion of the whole research project will be declared.



CHAPTER TWO

LITERATURE REVIEW

2.0 introduction

This chapter will deliberate the literature regarding to the factors that influence mental health among foreign students. The literature review are obtained from sources such as journals, articles, and online newspaper. It will start with a comprehensive discussion about the dependent variable which is mental health. Then, this discussion will move into a more specific discussion about independent variables namely self-efficacy, social support, and religion. Thus, the chapter will discuss about the factors that influence mental health among international students. Moreover, this chapter contains research framework and development of hypotheses. The research framework specifies the dependent and independent variables. The development of hypotheses is intended to obtaining the influences of the nominated variables.

2.1 Conceptualization of mental health

Mental health problems are common among foreign students in higher education (Mesidor, et al., 2016). Recently, the concept of mental health comes to be more significant which it is exhibit in each stage of human being lifetime from youth, adulthood, and pre-adulthood through affecting how the individual feel, think, and act (Thompson, Anisimowicz, Miedema, Hogg, Wodchis, & Aubrey-Bassler, 2016). Silvana, Andreas, Marianne, Julian, and Norman, (2015) defined mental health as the situation of well-being in which includes the emotional, behavioural, and cognitive of

individuals. It is all about the way the individual feel, think, and act. In addition, it is helps the individual to cope with the daily life stress, to perform productively and effectively, and to make a choice to their community. Moreover, the World Health Organization's broadly defines mental health as ‘‘ a state of wellbeing in which each person recognize their own potential, can adapt with the ordinary stresses of life, can work fruitfully and productively, and can make a commitment to her or his society’’ (White, Imperiale, & Perera, 2016).

Additionally, mental health can be affected by person, community, and family connectedness (Fang, Sun, & Yuen, 2016). Mental health problems encompassed behavioural and emotional symptoms. According to White, et al., (2016), the rate of mental and behavioural problems will rise to 20% of the whole world's inhabitants and it will be seen as the world's utmost health problems by 2020. Beside, emotional problems consist of anxiety, stress, and depression which are symptoms that affect the individual mental health (Izutsu, Tsutsumi, Minas, Thornicroft, Patel, & Ito, 2015). In higher education, the number of students facing a cumulative mental health issues are on the increase. Statistic from the Adult Psychiatric Morbidity Survey (2015) exhibits that 64% of the university students which are in the range of the age of 16 and 24, an age group that is especially defenseless to mental health problems which as 75% of mental health issues are set up by the age of 25.

The environment of higher education should be taken into consideration for this increase, some initiatives have been taken, for instance, a study among Chinese international college students in Thai University which intended to investigate their mental health and cross-cultural adjustment found two factors that influencing cross-cultural adjustment and mental health which are the length of residence in Thailand and the diverse levels of college degrees (Chen,et al., 2018). A study among five Canadian

Colleges and Universities aimed to grasp student mental health coping strategies and campus mental health culture which they discovered that stigma is linked to students who experience mental health issues (Giamos, Soo Lee, Suleiman, Stuart and Chen, 2017).

Obviously, nowadays a good mental health is fundamental to a person's overall recognition of wellbeing because usually mental health has been centered on the person problem solving, coping styles of stress and facing adversity (Holt, Zlotowitz, Moloney, & Chentite, 2019). However, mental health issues amongst foreign students in higher institutions could rise common health problem and guide based protection is crucial (Winzer, Lindberg, Guldbrandsson, & Sidorchuk, 2018). Recently, some literature review on student health boost concerns through elevated rates of mental health problems with combined spread ranging between 27% and 34% concerning depressive symptoms and depression and 11% for the thought of commit suicide (Winzer, et al., 2018).

Therefore, the high rates of mental health problem, specifically symptoms of stress, depression, suicide, and anxiety in students show basically override the commensurate assessment in age matched peers suicide (Winzer et al., 2018) and the overall inhabitants (Rotenstein et al., 2016). As soon as elevated at the first university year, the symptoms of stress, depression, anxiety and suicide keep heightened during the university year (Winzer et al., 2018). Mental health problem among students might probably raise by lack of feedback from lectures, overwrought work load, and uneasiness on future competence (Woolf, 2015). Predominantly, mental health problems are escorted through the decrement in favourable mental health by lack of interpersonal relationships, poor social emotional abilities, and lowered self-conception (Conley, Durlak & Kirsch, 2015).

Furthermore, prior studies on mental health and mental health problems precaution has revealed auspicious short-term influences of decrease stress rumination and practices, cognitive behavioural, mindfulness interventions and self-hypnosis (Conley et al., 2015; Conley et al., 2017). Mental health problem persevere during the university year (Sonuga-Barke, Kennedy, Kumsta, Knights, Golm, Rutter, Maughan & Kreppner, 2017) and negatively influence their academic outcomes and their workability (Li, & Sullivan, 2016). Hence, previous studies demonstrated that mental health is important in order to live a healthy life, students who suffer from mental health problems or suspect that they are having mental health problems, are counselled to look for a help which offer to them the support for a healthier life and assist them to avoid premature death and chronic disability (Organ, Jaffe, & Bender, 2016).

2.2 Variables of the study

This section will cover the literature review of the independent variables namely self-efficacy, social support, and religion in this current study;

2.2.1 Conceptualization of self-efficacy

According to Eller, Lev, Yuan & Watkins (2018), self-efficacy refer to the people's confidence and beliefs in their capability to make a decision, perform a task, or attain a goal as it helps the well-being to adapt to the stressful situation which has impacts on their daily life. Self-efficacy is seen in various way on how an individual perceive, think, react and sense. Self-efficacy is linked to optimistic confidence in term of the capability of the person to deal with daily life stress.

The term of self-efficacy depends on the individual's own perception of being able to deal with challenging situations (Hildebrandt, 2017). The high self-efficacy are increasingly significant to cope stress rather than being committed, energetic, and positive attitude (Lambersky, 2016). Individuals with high conscientiousness are more probably to set more challenging and explicit goals that is related to goal attainment which improves self-efficacy beliefs (Pocnet, Dupuis, Congard, & Jopp, 2017). In other words, the level of self-efficacy determines individual's willingness to achieve a goal or approach a task.

In a study by Barbaranelli, Paciello, Biagioli, Fida, & Tramontano (2019), self-efficacy plays a significant role in individual's execution, it impacts the ability to remember indirectly. Self-efficacy is a vital factor to determine the person decisions. The extended efforts, and the perseverance of effort in difficult situations. Mbatha (2015) highlighted three types of self-efficacy which are academic, social, and roommate self-efficacy. Further, academic self-efficacy is defined as the people's conviction that they can successfully attain an explicit goal or achieve a high level on an academic task (Honicke & Broadbent, 2016). Social self-efficacy refers to the social adaptation and the personal relation of a person's (Tsai, Wang, & Wei, 2017). Roommate self-efficacy refers to relations with roommates or people with whom one inhabit (Valadez, 2017).

Self-efficacy differs due to their ascription to ability and effort because it plays an important role in university not only for academic purposes and social adaptation, but plays an essential role in the personal adaptation and wellness of students (Boorooah & Kotoky, 2017). Success should derive from skill rather than luck in order to improve self-efficacy or the students will not give as much worth on success (Lishinski, Yadav, Good, & Enbody, 2016). Outstanding at a simple task doesn't enhance self-efficacy convictions as far as finishing a difficult duty due to student's beliefs about advanced

skills. Hence, if the students believe that the duties are simple for them because their outstanding proficiencies, the success through low level of potential could enhance self-efficacy convictions. Otherwise, if the students have low capability and need to extend effort to exceed, self-efficacy doesn't upsurge because they believe that they are less likely and they cannot be successful that create a low ambition which might result in disappointed academic outcomes.

Qiang, Guo, Bai, & Karwowski (2018) considered that self-efficacy is the worthy attribution of an individual's arrangement. Zimmerman, Schunk, & DiBenedetto, (2017) presented that believe in the capability is an important attribution for student achievement. Students who have high level of self-efficacy exhibit more perseverance, spend time on learning, and have higher academic achievement. Newman (2017) showed that self-efficacy impacts choices, motivation, and awareness. Student's positive self-efficacy conviction extend liberty and choices for the time ahead, thus raising the probability of achieving objectives. Students with high level of self-efficacy set high goal even in challenging situations which lead to a best life outcomes. Barbaranelli et al., (2019) reported that self-efficacy convictions outcome from educational execution, cognition, and strain management. High level of self-efficacy is related with best involvement and continued potential with duties. Indeed, self-efficacy could be employed to forecast student attitude in different education areas (Barbaranelli et al., 2019).

According to Rymer (2017), the hope could assist students to exceed educationally. Trust is related to self-efficacy and raised contentment for example when students are succeeded in academic duties, their self-efficacy increases and they become encouraged to achieve their aims. In case of the failure and the goals not achieved, unpleasant emotions emerge, hope diminution, and self-efficacy convictions become more

pessimistic. When goals are not achieved, self-worth become lowered which in turn influences self-efficacy (Barrera, 2017). When students have low level of self-efficacy, they are less probably to set high objectives for themselves and they are uncertain to admit others high anticipation for themselves (Webb-Williams, 2018). Hence, when students have high level of self-efficacy, they set high objectives for themselves which they know that they could attain.

When a task is being executed, self-efficacy determines the standard of effort and the persistence invested. Individuals with self-doubts are more leaned to expect failure situations, experience worry about their lack of performance and also about their untimely endeavours. Persons with a higher self-efficacy are inclined to envisage success situations that direct the action and allow them persist confront the challenges (Yazon, 2015). In general, all individuals can determine goals they want to achieve, things that they want to change and accomplish. Hence, majority of persons also recognize that put this plans into action is not an easy task. Saeid & Eslaminejad (2017), reported that a person's self-efficacy plays a significant role on how duties, objectives, and difficulties are drawn nearer.

2.2.2 Conceptualization of social support

Social support is the physical or psychological help that had been given by persons through social relations which aims to reduce ease pressure, mental stress, and improve social adjustment capabilities (Wang & Fu, 2015). Social support considered as a vital element which provides to the foreign student an encouragement for basic grasp development concerning the adaptation in the new environment (Hu, Wotipka, & Wen, 2016). Vasilopoulos (2016) stated that social support is a basic component that play a

significant role in the new environment and also promote to confront the challenges in the host country and the adjustment problems. Furthermore, social support play a vital role in reducing stress, also it is a powerful factor that impact psychological adjustment whenever the individual face cross culture or multicultural issues, because social support encompasses having a network of friends and family that the individual can turn to in the times of need (Xue, 2018).

Several researchers have considered social support as an essential human being necessity and it is defined as a way that individual's basic social needs for esteem, affection, sense of belonging, approval, security and identity are fulfilled by the interaction with others (Bondarenko, 2019). Hence, other researchers proposed that the profit from social support emerge only due to its actions as a shield to stress, and have conceptualised it as social interfaces that are apparent by the receiver to facilitate help and coping in responding to stress (Kim & Kim, 2016). Another group seen social support as a diverse structure which manage both as a way of meeting basic necessity and a way of shield stress (Ellis, Winer, Murray, & Barrett, 2019). Thus, social support is the emotional and physical comfort given to the individual by their friends and family.

Social support refers to the information that leads individuals to ratify that one is cared for and loved, honoured, and a member of a network of a reciprocal commitment (Hansen, 2016). Social support also defined as the common feeling of being adequately supported (Feeney & Collins, 2015). Social support is considered as a vital factor that seems to enhance adjustment, which might offer to the foreign students with chances to improve a grasp of the new culture (Mesidor & Sly, 2016). Vasilopoulos (2016) reported that the function of social support on foreign students is highlighted due to the host country which present both the perturbation of setup social support network and

the challenges to improve. Further, social support is considered as a significant predictor in psychological adjustment through cross-cultural changes (Hirai, Frazier, & Syed, 2015). In another words, social support is a vital component of coping process in a new environment that allow to the foreign students to build networks and engage in social interaction which in turn will facilitate their psychological and academic adjustment.

Social support is a vital element to boost perseverance and learning, as when the student realize the support they receive from peers, family, establishment, and lectures, they tend to show high motivation and attain good academic achievement (Xerri, Radford, & Shacklock, 2018). Lee and Goldstein (2016) claimed that social support is a crucial feature in shielding the negative mental and physical effect of stress. For example, the friendship and fellowship can be seen as the basic element of social support through doing pleasant things which can raise the individual mental health (Kirsh, Friedland, Cho, Gopalasuntharanathan, Orfus, Salkovitch, Snider, & Webber, 2016). Social support improve assessment and managing the extent that a particular kind of social support matches the desire of the stressor (Frison & Eggermont, 2015).

During performing on a learning task, students work and/or react with various peers, partners, family, and supervisor, and the establishment in which the task is recognised (Williams, Vitonis, & Solomon, 2018). According to Dupont, Galand, and Nils (2015), different types of social support might be obtained from the relationships with others: advice, tangible aid, attachment, encouragement, and mutual interest. Thus, social support is a worthy resource to deal with mental health problems and to attain university requirement (Laidlaw, McLellan, & Ozakinci, 2016). Rehman (2018) reported that interference between individuals that contain social support appear to provide promise in reducing anguish and make it easy for adaptation. Social support appears to mediate

the influence of life stress on individual's mental health and well-being by prevent negative assessment, decrease the average at which persons engage in perilous behaviours, and increase treatment commitment (Herrenkohl, Jung, Klika, Mason, Brown, Leeb, & Herrenkohl, 2016).

Oppedal & Idsoe (2015) stated that social support improves the individual's mental health. While, Mesidor and Sly (2016) reported that social support seems to be very helpful for stress coping technique for students. Social support in the university appear to decrease the negative outcomes included stress by building social interaction and boosting motivation among students (Frison & Eggermont, 2015). Social support from peers, family, friends, and significant others has been given an increase attention as a factor contributing to mental health outcomes (Romero, Riggs, & Ruggero, 2015). Appraisal, emotional, instrumental, informational, and tangible support are considered crucial dimensions of social support because usually social support is intended by the consignor to be helpful (Shumaker, Frazier, Moser, & Chung, 2017).

2.2.3 Conceptualization of religion

Religion is defined as a person's individual experiences with the deity or the transcendent being, and how it is outwardly exhibited to others (Sapp, 2017). Religion is a belief in God (Allah) and the obligation that are accompanied with this belief to follow the principles which are believed to be set by God (Barak-Corren & Bazerman, 2017). Through psychology, religion refer to a system of grasping, faith, attitudes, behaviours, rituals, and practices by which a person or societies place themselves in a relation with God or the Supernatural power and predominantly the relation between one another (Steers & Marks, 2018). Religion is one of the most influential and

universal social phenomenon that meaningfully influence on individual's behaviours, attitudes and values at the societal and individual levels. Religion plays a significant role in human being lifetime which thoughtfully concerns almost every human being. Many alter religions such as Islam, Christian, Hindu, Buddah has appeared with their core value, beliefs, rituals and practices (Hood, Hill, & Spilka, 2018).

Religion is understood by many researchers as a faith in the Supreme Being or the Supernatural power and their relation with the environment that encircle them (Ushe, 2018). Religion is considered as one of the powerful means and sources of social control. It is also considered as one of the earlier institutions of the human race which it is manifested in all the societies of the present and the past (Smith, 2017). Researchers from diverse field of Anthropology, Sociology, Ethnology, Philosophy and Theology conceptualise the term religion in their own context which the explanation of religion can be assorted because each person views the worlds through the eyes of their personal culture, faiths, and education. As it could be affected by cultural and social contexts and even the mind-sets of individuals itself, as well their altered way in grasping the religion (Waardenburg, 2017).

This concept is generally allude to as worldview. The worldview of religions individuals is deeply shaped by their faith (Jong, Ross, Philip, Chang, Simons, & Halberstadt, 2018). However, there are a multiplicity of alters worldviews of different religions (Taylor, 2016). For instance, Islam, Christianity, and Judaism are known as Abrahamic religions and have mutual origins. They share numerous values, concepts, and teachings where there is a vital message which is that humankind loads a special place in, have a sense of duty towards the nature, and it is split up from the rest of creation (Thomas, Wellman, & Malik, 2017). Hinduism, Buddhism, and Jainism religions advocate to a central standard named non-haram or Ahimsa. It subscribes a

life without vehemence based on the concept that human being are a part of the nature rather than superior to it. Moreover, it assures the interconnection of all life (Agarwal, 2018).

Consequently, religion might be seen from two major standpoints including religions commitment and religions affiliation. Religions commitment alludes to the degree to which an individual is committed to the religion such that person behaviours and attitudes reflect his commitment (Wesselmann, VanderDrift, & Agnew, 2016). As defined by Skirbekk, Adamo, de Sherbinin, Chai-Onn, and Navarro (2017), religions affiliation is the specific religious group abided by the individuals such as Islam, Buddhism, Christianity, and Hinduism. Long before they born individuals are affected by religions affiliation. Thus, the genetic principles of diverse religions affiliation might influence person attitude differently (Rogers-Sirin, Yanar, Yüksekbaş, Senturk, & Sirin, 2017).

Religion has been recognised to have an influence on individual's life and also the societies in the way individuals experience mental health problems by providing a good things for individual mental health which comprise existential meaning, social support, a coherent belief system and a sense of purpose (AbdAleati, Zaharim, & Mydin, 2016). Religion can be utilized as a support, guidance, and optimism of the existence for individuals. It is because religion could be employed as an instrument by individual in order to grasp better their existence in a bad time or a good time (Herbert, 2017). Furthermore, religion can be utilized as a reference for a person to preserve self-esteem (Doull, O'Connor, Tugwell, Wells, & Welch, 2017). The main influence of religion is on social principles system no matter where religion could be a means for particular countries such as Middle East countries (Islamic values) to catalyse the industrial development and the economic growth (Uygur, Spence, Simpson, & Karakas, 2017).

Religion play a critical role in individual mental which can boost recovery from mental health problems, assisting in the recovery process. For instance, a study exhibits that recovery from mental health problem is better in countries with higher levels of religiosity (Zimmer, et al., 2016).

Previous studies have investigated religion's influence on individuals' attitudes, values, behaviours, and habits, for instance, the religion that individual belief are a vital part of their identity which it reflect who the person are and how they live their lives (Howell & Allen, 2017). Religion impact behaviour could give an influence on two standpoints. First, religion highly influence on psychological and cognitive behaviour of a person's such as experience, emotional, and thought (Reddish, Tok, & Kundt, 2016). Second, religion influence on faith of a person. Thus, persons have diverse behaviours and attitudes paralleled to others (Braddock, & Dillard, 2016). According to Morrison, Duncan & Parton (2015), there are three models to grasp religion influence on behaviour. Firstly, religion influence the members of group where religiosity of this group of individuals will influence the social system. Secondly, social system will influence religious belief and activities of the individuals. Finally, religion as a predictor of specific behaviour. Thus, each religion escorted by their belief and values has an influence on individual mental health.

Generally, religions can influence directly or indirectly all aspects of individual mental health (Galek, Flannelly, Ellison, Sifton & Jankowski, 2015). Individuals are aware that without recurrence to the basic faith principles of behaviours in daily life, the more mental health problems are endanger which cannot be prevented (Burrell, 2019). Religion is unique component in giving a meaning to the existential issues that encounter all peoples, whereas, meaning in life is a significant factors that influence human functioning while religion could be a powerful source of meaning in life (Krok,

2015). Majority of individuals of diverse religions beliefs depend on their religions faiths to make sense and meaning in their lives (Galek et al., 2015). Thus, international students might be more likely to draw on religion as a source of coping with mental health problems.

2.3 Hypothesis development

This section discuss the hypothesis development by examining the influence between self-efficacy, social support, and religion on mental health based on previous literatures.

2.3.1 Relationship between self-efficacy and mental health

Self-efficacy refers to the individual's confidence and beliefs in their capability to make decision, perform a task, or attain goal as it helps the well-being to adapt to the stressful situation which has impacts on their daily life (Eller et al., 2018). Several researches have been done to identify the influence of self-efficacy on mental health (Schönfeld et al., 2016). Self-efficacy has influence towards mental health of wellbeing. Persons with a high level of self-efficacy are more capable of accepting their situations and preserve optimism in running their lives. Besides, persons with a higher self-efficacy is easier to achieve psychological wellbeing than persons with a lower self-efficacy. Mutz, & Müller (2016) supported this statement by indicating that self-efficacy links positively to mental health on students.

As stated by Ma, Siu, and Tse (2018), international students with high level of self-efficacy are considered to boost their efforts and anticipation to output a better academic outcomes and boost on their mental health status, while students with low self-efficacy

likely will experience an unfavourable impact on academic outcomes and their mental health. International students with high level of self-efficacy can set their aims and improve their willingness to achieve a good academic performance and experience a good psychological wellbeing paralleled to students with low self-efficacy who may experience an unpleasant influence on academic performance and mental health (Ma, Siu, & Tse, 2018).

The level of self-efficacy among students are considered to influence their ambition and goals. Honicke and Broadbent (2016) found there is a positive relationship between self-efficacy and mental health has been to be a foreteller to academic achievement among university students. It was discovered that students with high self-efficacy and mental health is more probably to involve in academic tasks and have a positive behaviour and attitude to achieve success and a high prospect to attain a good academic outcomes. University students who have a high level of satisfaction and mental health were more flexible, strong, hardwearing, and dynamic in solving problems and more proactive for favourable academic outcome and success instead of centring to abstain from failures (Zee, de Jong, & Koomen, 2016).

Recently, it has been extensively perceived that majority of adults face mental health and emotional problems. These problems due to the negative mental tendency, for example, low self-efficacy, self-esteem and lack of capability to control health (Hong, Tarullo, Mercurio, Liu, Cai, & Malley-Morrison, 2018). Students also experience a stressful life situations regularly in continuation of their studies. Students face high level of stress during their studies due to work load that influence their mental health (Ma, 2017). Gull (2016) report that mental health has a positive execution nature and contains among others, self-direction, self-acceptance, positive communication, personal development, and set goals for life. It is composed of different factors as well

as the fundamental interaction between, psychological, physical and social factors. Poor mental health and poor academic performance are strongly related and foresee with each other. While positive mental health highly impacts happiness and success (Atkins, Cappella, Shernoff, Mehta, & Gustafson, 2017).

Self-efficacy is one of the noteworthy features influencing mental health. Researches of self-efficacy in academic circumference disclosed that the most particular academic self-efficacy has a strong impact on academic execution (Høigaard, Kovač, Øverby, & Haugen, 2015). Boyraz, Granda, Baker, Tidwell, & Waits (2016) asserts that self-efficacy influence academic outcomes by increase student's motivation and perseverance to confront the challenges and by fostering the effective utilize of obtained skills and knowledge. Bonsaksen, Sadeghi, & Thørrisen (2017) discovered a positive connection between academic self-efficacy and the time spent in studying for students. According to Fida, Paciello, Tramontano, Barbaranelli, & Farnese (2015), self-efficacy has a vital role in regulation of emotional status. It is persuasion to make individuals capable to explain potentially intimidating anticipation as manageable challenges and assist them to sense less stress. Thus, by decreasing the concerns of potential threats and the negative thoughts, the individuals can adjust their emotional status.

Gull (2016) stated that there is a relation between a high self-efficacy with lower mental health, higher interest and higher adjustment to care programs and health. Meanwhile, persons with low self-efficacy avert difficulties in their lives rather than confronting them efficaciously and choose illogical standards that result in their recurrent errors and failure. Abdel-Khalek & Lester (2017) found a negative correlation of self-efficacy with mental health. They discovered that a positive self-efficacy beliefs has a significant role in the therapy of mental health issues. Nwoke, Onuigbo, & Odo (2017) stated that self-efficacy arise as an important predictor of mental health amongst older females and

males, for instance, older see themselves self-efficacious to have power to monitor their circumference reported better mental health and vice versa. Chirico et al., (2017) reported that self-efficacy has a negative impact of exhibit of stress as manifested by indicators of psychological stress on emotional, psychological, and social wellbeing.

Based on the above discussion, the following proposition is made;

H₁: Self-efficacy has a significant influence on mental health among international students.

2.3.2 Relationship between social support and mental health

Social support is the physical or psychological help that had been given by persons through social relations which aims to reduce ease pressure, mental stress, and improve social adjustment capabilities (Wang & Fu, 2015). Social support is a vital factor which can influence mental health. Recently, sundry studies have been accomplished on the impact of social support on mental health. Studies has exhibit that social support plays a crucial role in managing mental health issues (Yıldırım, Karaca, Cangur, Acıkgoz, & Akkus, 2017). Deficiency of social support has been discovered to be one of the significant features that drive to different psychological problems amongst students (Stoliker & Lafreniere, 2015).

Several literature and research have identified the correlation between social support and mental health among students. Social support is highly essential for wellbeing in their lifetime. Lack of social support have been manifested to be correlated to various mental health issues (Wang, Mann, Lloyd-Evans, & Johnson, 2018). Reid, Holt, Bowman, Espelage, & Green (2016) stated that social support assist students to reduce stress, anxiety, and depression. They discovered that social support can help students

to lessen and manage their mental health issues. Thus, the aim of this study is to grasp how social support can play an important role in order to deal with stress, anxiety, and depression.

Social support has been recognised to have a vital influence on the fulfilment of the international students. Family and friends are considered the primary source of support and reference, this two source have been identified as a crucial impact on academic success (Song, Bong, Lee, & Kim, 2015). The social support given by students can assist to lessen their mental health issues because they sense that there is someone to help them which as well assisting them to perform well in their academic life. By having awareness on how social support can assist students to surpass their studies and deal with any mental health disorders, this awareness can be derived to improve the amount of support given (Mesidor, & Sly, 2016).

The support received from peers, friends, and family have been discovered to lessen the influence of mental health problem amongst students (Sullivan & Kashubeck-West, 2015). Romero, Riggs & Ruggero (2015) for instance reported that social support can assist international students to deal with daily lifetime strain and reduce the encumbrance of educational work load. Lack of support from family and friends could cause a negative effect for students and can lead to stress, anxiety and depression. This statement was supported by Turner, Shattuck, Finkelhor, & Hamby, (2017) who reported that social support can be as a defensive feature that can lessen mental health problems among students. Wentzel, Russell, & Baker, (2016) stated that social support gives a motivational impact on student's execution. This statement is confirmed by Tennant, Demaray, Malecki, Terry, Clary, & Elzinga, (2015) who's discovered that less social support could drive to washout.

Moreover, a passive relationship between social support and mental health problems has been identified by Çivitci, (2015) which low degree of social support have been related with high degree of mental health problems in university students. Further, social support is considered as a protective factors for students (Rahat, & Ilhan, 2016). This is due to embraces social resources that students understand to be obtainable which could assist them to protect against mental health problems. According to Gariepy, Honkaniemi, & Quesnel-Vallee, (2016), low level of social support is considered as one of the indicators of mental health issues. It is allied with high level of stress, anxiety, depression, social problems, thought issues and low self-esteem.

According to Zhang (2017), the college students with a high level of social support incline to have a low outcomes of mental health problems paralleled to the college students with low level of social support. This research has identified that social support structure and coping behaviour abstemious the influences of mental health problem amongst students in their university lives. Social support is considered as a shield influence of stress, it can lessen the use of detrimental detachment managing approaches such as withdrawal, denial, and avoidance amongst students. Thus, it could enhance the employ of useful attachment managing policies since students ratify their social network contains somebody who have tendency to hark (Dunkley, Solomon-Krakus, & Moroz, 2016). It also impacts restraint to social stressor by giving a base for favourable cognitive or by supporting students to ratify that they have the assets to demand in case if they want to beguile themselves from a distressing conditions (Rueger, Malecki, Pyun, Aycock, & Coyle, 2016). Lagdon, Ross, Robinson, Contractor, Charak, & Armour (2018) reported that college students with good social support were better adapted and less distressed than those with negative social support. Thus, the following hypothesis is posited;

H₂: Social support has a significant influence on mental health among international students.

2.3.3 Relationship between religion and mental health

Religion is a belief in God (Allah) and the obligation that are accompanied with this belief to follow the principles which are believed to be set by God (Barak-Corren & Bazerman, 2017). Religion is a reality that has been related with the individual's life where it forms its basis. Religion plays a vital role in the culture of each country that will drive the society. Religion instructions and devotion are features that could be utilized in the treatment and prevention of mental health problems effectively (Hays, & Lincoln, 2017). These beliefs and behaviours have a positive influence on the sense of belonging. For instance, behaviours such as prayer, trust in god, and pilgrimage could lead to a positive attitudes of encouragement and hope which result an inner calm. Having a purpose of belonging, a meaning and sense in lifetime are ways that religious individuals are having them experienced less harm through stressful life calamities (Mehraki, & Gholami, 2017).

The influence of religion beliefs and values on mental health has been elaborated in different studies that indicate there is a significant relationship between religion and mental health (Abu-Raiya, Pargament, & Krause, 2016). Gonçalves, Lucchetti, Menezes, & Vallada, (2015) reported that the individuals who had high religious beliefs have less identity crisis and more health psychological. Abdel-Khalek, & Lester (2017) investigate the relation between religion and mental health among Muslim students where the results of this research manifest that there is an important relation between religion and mental health. Areba, Duckett, Robertson, & Savik, (2018), in their

research, showed that the religion are linked with mental health. Forouhari et al., (2019), in their systematic review elaborated the influence of religion on mental health in religious and amongst college students while the results propose the presence of a noteworthy and negative correlation between religion and mental health problems.

Despite the fact that there is several researches have been conducted on mental health problems among individuals with different religious affiliations, majority of researchers showed religion as a best means by which to attain relief and mental health (Galek, Flannelly, Ellison, Siltan, & Jankowski, 2015). Mirzayi, Belyad, & Bagheri, (2017) exhibits ten reasons to demonstrate the relation between religion and mental health which are:

1. Religion provides purpose and meaning to individual's lifetime. Having purpose and meaning in lifetime, designates to mental health
2. Religion improve person's capability to get things done.
3. Religion makes prospect in individuals. Prospect generate capacity and motivation in an individual and prospects him to enhance his way of living.
4. Religion makes a positive behaviour across the world in an individual and will assist him contra counteractive occasions of life, for instance, diseases or lacks.
5. Religious individuals with distressing life occasions that are not reasonable, are effectively appropriate.
6. In religious individuals, sensation of monitor occasioned by praying; thus praying indirectly monitors catastrophic and irreversible conditions.
7. Religious persons utilize a particular manner for decision-making. This manner assists an individual to improve beneficial decision-making about themselves and others and decreases wasteful choices and in some way it lessen stress of daily life.

8. Religion is the unique critical origin to definitive questions; particularly in crisis, that science is not capable to assist individuals. This is especially vital in earnest situations, for example the untreatable illness.
9. Religious people feel more liberty than the others. They have less sentimental engagement to others.
10. Thus, religious individuals relishes more social support. This results by the person's relationship with God, Clergymen, and religious society.

Shiah, Chang, Chiang, Lin, & Tam, (2015) studied the correlation between religion and mental health among cancer patients and survivors where the results showed that religion are significantly related with mental health. Some studies indicated the positive relation between religion and mental health. VanderWeele, Jackson, & Li, (2016) identified that educating religious problems to individuals can cause them to be more encouraged to religion and influence mental health positively. Another research studied the relation between religion and mental health showed that religions has a positive and significant relationship with wellbeing psychologically (Ahles, Mezulis, & Hudson, 2016).

Thus, the following proposition is made;

H₃: Religion has a significant influence on mental health among international students.

2.4 Related Theories on the Variables

2.4.1 Bronfenbrenners Ecological Systems Theory

Recently, studies concerning mental health detect ecological features that manifest critical in an individual's life and environmental impacts such as peer and family

support, and demographic factors. Ecological problems play a significant role on influencing factors regarding mental health problems. Scant researches have taken on an approach that adopt all these agents into consideration (Bogdanova, Šiliņa, & Renigere, 2017). Bronfenbrenner (1989) established that individuals are encompassed by various level of growing environmental settings which comprised by considerably bigger settings. Generally, ecological systems theory proposes that there are altering degrees of social, relational, and environmental impacts that interrelate with a person's feelings, and influence their attitudes and overall wellbeing and mental health (Thoburn, & Sexton, 2016).

Bronfenbrenner's ecological systems theory (1979) describes a person's circumference. Through the people lifetime, development is highly affected by the individuals and by the environment, beginning with the closeness of the home and transmitting out to encompass the different part of their environment (Bronfenbrenner, 1989). This theory has turned into the basis for the development of several applied models in mental health and human development studies. Ecological system theory, the encompassing ecological context where an individual develops comprises of four essential levels which are macrosystem, exosystem, microsystem, and mesosystem (Bronfenbrenner, 1989).

The macrosystem describes the culture where individuals live and incorporates things such as the relative liberties permitted by cultural values, societal norms, economy, and government (Elliott & Davis, 2018). Each one of this things could have a positive or negative impacts in a person life. The exosystem includes individuals and places that a kid might not react with frequently, however that can even significantly influence their life, for example, the family working environments, the society, and the kid expanded peers and family. In case if the family are jobless, it might influence the kid if the family

can't purchase weekly grocery or pay for school fees or rent. Hence, if the family gets a raise or promotion at work, this might have a positive influence, as the family will be able to meet their kid's physical needs (Gillison, Standage, Cumming, Zakrzewski-Fruer, Rouse, & Katzmarzyk, 2017).

The microsystem is the kid instant environment (Tudge, et al., 2016). It contains family, home, and any organization or institutions interfacing with the kid and their family such as the kid's school (Eriksson, Ghazinour, & Hammarström, 2018). According to Burns, Warmbold-Brann, & Zaslofsky (2015), the manner in which kids are raised by their families affects their emotional and mental health, and this impacts turns out to be most eminent in their grown-up life. The mesosystem comprises the correlation between connections of microsystem describes and players how the various aspects of a kid's microsystem cooperate. If a kid's families play an active role in the kid's life, for instance by going to teacher-parent interviews at the kid's school or attend the kid's activities in the school, they will encourage the kid's general mental, physical, social development plainly by spend more time with the kid's. In contrast, if a kid's families exhibit conflicting attitudes, this could lead to obstruct the kid's development and growth in various manners (Davidov, Vaish, Knafo- Noam, & Hastings, 2016). This level substantially effects on adults, positive connections between a kid and their mother or father will make balance for a kid's wellbeing and learning, while conflict interaction might cause dysfunction to a kid's general growth and development in youthful adulthood (Siegel, Esqueda, Berkowitz, Sullivan, Astor, & Benbenishty, 2019).

Indeed, Bronfenbrenners ecological systems theory (1979) described individual growth and development as a responsive procedure, a connection between an individual and his instant environment that is effected by several aspects of their circumference.

Mental health issues could possibly develop from numerous influences. It is not unforeseen that studies has begun investigating mental health issues and obstructions to getting mental health assistances through the viewpoint of this ecological model (Spruijt-Metz, Hekler, Saranummi, Intille, Korhonen, Nilsen, Rivera, Spring, Michie, & Sanna, 2015).

Bronfenbrenners ecological systems theory (1979) and its relation to related variables in this study is highlighted with a view to provide a framework with a view to understand the matter of mental health issues amongst foreign students in UUM. This framework is employed to provide a background information on foreign students and the factors that influence an individual's mental health. The factors that influence mental health amongst foreign students are then explored, encompassing self-efficacy, social support, and religion. The perspective of Bronfenbrenneris ecological systems theory can be utilized to grasp how the mental health of foreign students in UUM is inseparable influenced by self-efficacy, social support, and religion.

Regarding foreign students in UUM, the instant circumference of the microsystem comprises peers, family, and university where all involve in the same environment. Necessarily, like this surroundings will have an impact on the development of foreign students. The more encouraging and nurturing the families and peers in their surroundings, the better for international students to have a high self-efficacy and an overall sense of wellbeing (Coleman, 2019). Bailey, Duncan, Odgers, & Yu (2017) stated that every individual's personal genetically and biologically impacted personality characteristics and their traits that will lead to influence how other treat them which will have permanent influences in modelling a person's life.

2.4.2 U – Curve theory of adjustment

Early research on expatriate adjustment focused mostly on cross-cultural adjustment issues, scholars relied on the U-Curve Theory (UCT) of adjustment. Adjusting to a culture in closer proximity to one's own can reduce stress arising from psychological uncertainty engendered by a new learning situation (Armstead, 2018). Learning is facilitated if an experienced person can guide a neophyte in the new environment (Valenzuela & Rogers, 2018), but such a relationship is more likely if there is cultural proximity.

This theory emphasizes the stages of adaptation of an international students while living in a host country. This theory has been most consistently used as a theoretical perspective on cross-cultural research (e.g., Kim, 2017). The U-Curve Theory of Adjustment seems also relevant to the lives of international students. The four stages of adjustment are honeymoon stage, culture shock/disillusionment stage, adjustment stage, and mastery stage.

During the honeymoon stage, international students usually are excited with all the new interesting things offered by a host country. At this stage, the feeling of being tourists in the host country cannot be avoided. This period could range from two weeks to the first couple of months until the culture shock/disillusionment stage intervenes. This is the stage where international students start to feel uneasy or uncomfortable with the daily life in the host country. This phase requires an adequate coping response. Some may take this stage very hard and they are not able to proceed to the other stages but for those who “survive”, this stage will progress to the adjustment stage. The adjustment stage is the period where international student feel comfortable and gradually accept the new culture, increasingly they are able to function effectively in spite of some

disturbances. The final stage is the mastery stage where international student possess the ability to function and live effectively in the host country.

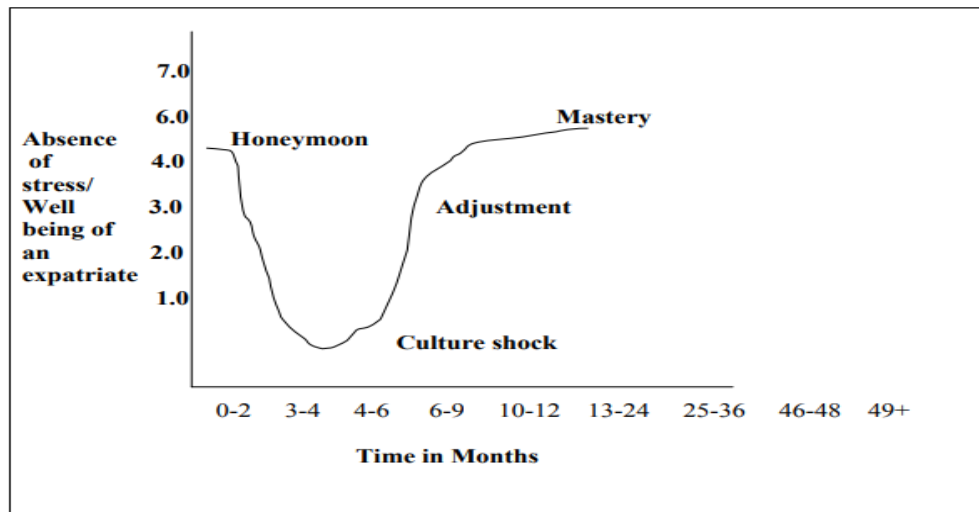


Figure 1: The U-Curve of Cross-cultural Adjustment (Kim, 2017).

The initial time in a new culture is exciting for the expatriate, plotting on a chart as a high point. However, as time progresses, they begin to feel the stress of adjusting and can begin to feel low, depressed, and even physically ill. Finally, they emerge at a higher point as they have adjusted to the new culture by learning how to cope and operate in the new environment. They are better able to interpret new cues, have eased past the communication breakdown and resolved their identity crisis. It is not as high as the exuberance they may have felt at the start, but reflects a more moderate attitude that is healthily sustainable in the long run (Maguddayao, 2018). The degree of adjustment is measured not by conformity to the host country culture but in terms of variables such as comfort or satisfaction with the new environment, attitudes, contact with host nationals, or difficulties with aspects of the new environment (Kim, 2017).

2.5 Research Framework

Based on the problem statement and literature review above, the research framework is developed in a model as in figure 1 so as to attain the research aims and respond to the research question. The research framework contains the dependant variables and independent variables. The aim is to show the influences of self-efficacy, social support, and religion (Independent Variables) on mental health (Dependant Variable). Based on previous studies that present that self-efficacy, social support, and religion has a noteworthy influences on mental health (Mutz, & Müller, 2016; Zhang, 2017; Ahles, Mezulis, & Hudson, 2016). Thus, the research framework is described by the figure below;

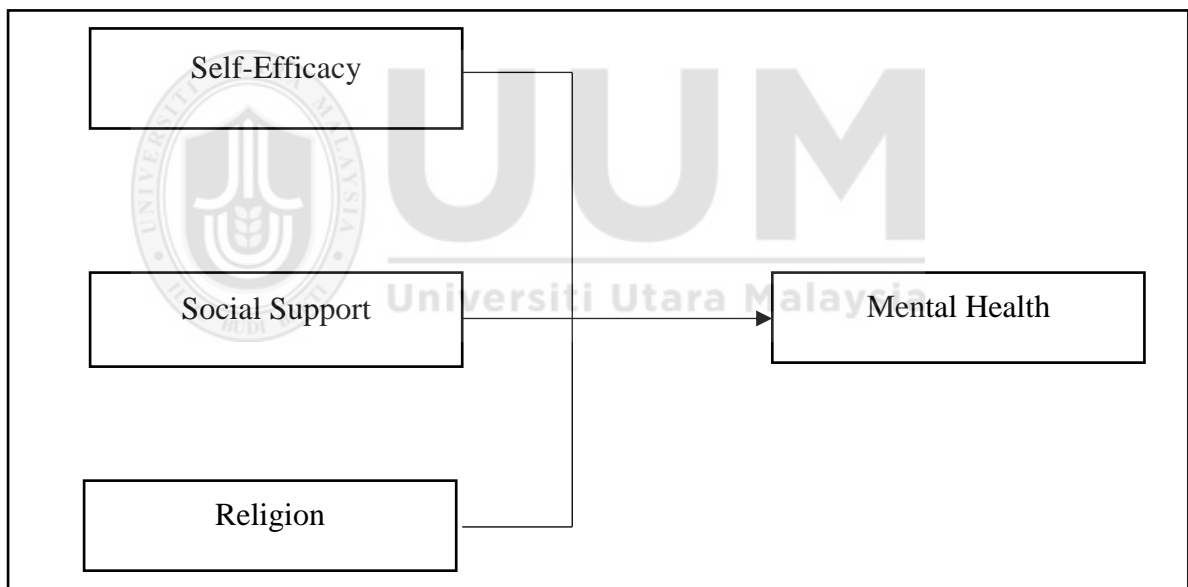


Figure 2: Research Framework

Bronfenbrenners Ecological Systems Theory and U – Curve Theory of Adjustments used in this study to support the research framework with a view to investigate the influences of self-efficacy, social support, and religion on mental health.

2.6 Conclusion

This chapter discussed about the literature review of prior studies regarding mental health, self-efficacy, social support, religion. The relationship between the independent variables, self-efficacy, social support, religion and the dependent variable, which is mental health was also discussed. Related theories on the variables was also shown in this chapter in order to develop a research framework for this study. The next chapter will discuss about the research methodology that will be utilized in this study.



CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter focus on the research methodology of the present research, where the research design, data collection techniques and sampling design will be explained. In addition, research instrument which encompass the questionnaire design and pilot test are also presented. The measure of the instrument, data processing and techniques for data analysis are cover and end up with discuss and outline the choice of research methodology utilized in this research.

3.1 Research design

The research design aims to employ the top strategized research action which will lead to resolve the problem through gathering suitable information. The current study examine the relation between mental health and self-efficacy, social support, and religion.

According to Sinha & Ghosh (2017), research design characterized as a plan for the gathering, measure and data analysis. The research design include four categories which are descriptive, exploratory, case study analysis and hypothesis testing (Hancock & Algozzine, 2016). The current study utilize the descriptive research and aim to grasp the features of a group in a particular situation (Johnson & Christensen, 2019).

A descriptive research describe the feature of the independent and dependent variables which are the concern of the study and gathering of data of quantitative methods such as questionnaire. Moreover, hypothesis testing demonstrate the nature of correlation between the independent and dependent variables (Antwi & Hamza, 2015). This research deliberate the hypothesis testing by investigating the influence of self-efficacy, social support, and religion on mental health of UUM foreign student.

The research design encompass two types of approach, which is the qualitative and quantitative research approach. Qualitative research is multi-method in centralize, encompassing a realistic, interpretative method is to deal with its subject matter. This implies that qualitative researches study things in their naturalistic situations which attempt to make the researcher promote an exhaustive narration (Sarma, 2015). On the other hand, quantitative research includes collecting of data which can allow to the information to be quantified and exhibited to statistical analysis (Barnham, 2015). Quantitative research methods is the most useful methods in research area due to a couple of reasons such as easy conducting and time saving.

In this study, quantitative method will be employed for data collection with a view to investigate the influence of the independent variables on dependent variables. By utilizing the descriptive research the demographics will be analysed. The research design designates the relation between mental health, self-efficacy, social support, and religion. The reason behind the utilization of quantitative research methods is because it is consider easier and faster to conduct a research and generalize the results.

The major feature of utilizing questionnaire is that a great number of individuals could be gotten easily, economically, and gain the information needed to make better decisions (Patten, 2016). A set of questionnaire offers quantifiable responses for a

research topic which this responses are comparatively easy to analyse (Johnston, 2017). For this study, a set of questionnaires are employed as an instrument. The multiple correlation and regression analysis will be used to indicate the relation between the independent and dependent variables.

3.2 Unit of analysis

The survey will be conducted at Universiti Utara Malaysia, Sintok, Kedah, Malaysia and the participants are undergraduate and postgraduate foreign students from various countries. The undergraduate students will be respondents for pilot test meanwhile the main survey will be distribute to the postgraduate students.

3.3 Sampling Procedures

This section will include some important information, which comprise of the target population, sampling techniques, and sample size that are relied upon to satisfy the requirement of the study.

3.3.1 Target population

The target population is a collection of elements and items that give acquaintance based on current researcher which make an assumption of the research (Best & Kahn, 2016). In this study, the target population are undergraduate and postgraduate international students at Universiti Utara Malaysia whom are from various countries. According to Universiti Utara Malaysia Academic Affairs Department (HEA) as of October, 2019

the number of international students are 1206 postgraduate students and 1068 undergraduate students. The table 3.3.1 present the number of foreign students and their nationalities.

Table 3.3.1

Population of Foreign students in Universiti Utara Malaysia (HEA)

| Country | Postgraduate | Undergraduate | Total |
|------------------|---------------------|----------------------|--------------|
| Afrika Selatan | 1 | | 1 |
| Algeria | 50 | 4 | 54 |
| Amerika Syarikat | 1 | | 1 |
| Arab Saudi | 10 | 7 | 17 |
| Australia | 1 | | 1 |
| Bangladesh | 31 | 16 | 47 |
| Brunei | | 1 | 1 |
| Cameron | | 1 | 1 |
| Chad | | 1 | 1 |
| Chili | 1 | | 1 |
| China | 98 | 308 | 406 |
| Djibouti | | 3 | 3 |
| Eritrea | 1 | 1 | 2 |
| Ethiopia | | 1 | 1 |
| Filipina | 1 | | 1 |
| India | 8 | | 8 |
| Indonesia | 150 | 398 | 548 |
| Iran | 1 | | 1 |
| Iraq | 109 | 1 | 110 |
| Ireland | 1 | | 1 |
| Itali | 1 | | 1 |
| Jerman | | 1 | 1 |
| Jordan | 71 | | 71 |
| Kanada | 1 | 1 | 2 |
| Kemboja | 1 | | 1 |
| Kenya | 2 | 2 | 4 |
| Libya | 17 | 1 | 18 |
| Maldives | 1 | | 1 |
| Mauritania | | 23 | 23 |
| Mautitius | | 4 | 4 |
| Mesir | 10 | | 10 |
| Morocco | 1 | | 1 |
| Myanmar | | 1 | 1 |
| Nigeria | 172 | 26 | 198 |
| Oman | 10 | 1 | 11 |
| Pakistan | 237 | 1 | 238 |
| Palestin | 21 | 2 | 23 |
| Qatar | 1 | | 1 |
| Singapura | | 1 | 1 |

| | | | |
|--------------|-------------|-------------|-------------|
| Somalia | 24 | 103 | 127 |
| Sri Lanka | 5 | | 5 |
| Sudan | 5 | 4 | 9 |
| Sweden | 1 | | 1 |
| Syria | 6 | 1 | 7 |
| Tanzania | 1 | | 1 |
| Thailand | 51 | 36 | 87 |
| Turki | 2 | | 2 |
| UAE | 29 | | 29 |
| Uganda | 1 | | 1 |
| Uzbekistan | 1 | 13 | 14 |
| Venezuela | | 2 | 2 |
| Yaman | 59 | 102 | 161 |
| Zimbabwe | 11 | 1 | 12 |
| Total | 1206 | 1068 | 2274 |

Source: Universiti Utara Malaysia Academic Affairs Department (2019)

3.3.2 Sampling Techniques

Sampling comprises of choosing the right person for the study (Best & Kahn, 2016). According to Lakens, Hilgard, & Staaks (2016), sampling gives “a range of techniques allows to decrease the amount of data that we are compelled to gather by considering only data from sub-group as opposed to each conceivable cases”. In another word, the researcher will get the data from the sample in order to investigate the purpose or the situation of the study rather than collecting the data from the entire subject. The aim of sampling is to lessen the expense and the time of the data collection process (Smith, Roster, Golden, & Albaum, 2016).

The sampling techniques could be categorised to two main categories, probability sampling and non-probability sampling. Probability sampling refers to the cluster sampling, systematic sampling, multistage sampling and simple random sampling. While, non-probability sampling consist of snowball sampling, self-selective sampling, convenience sampling, and quota sampling (Alvi, 2016).

This current study is based on non-probability sampling technique. Table 3.3.1 exhibit the list of international students provided from the Universiti Utara Malaysia Academic Affairs Department (HEA). This study employed the convenience sampling due to the simplicity and lack of bias of this technique. In this technique, each person from the list of international student in UUM provided from the Universiti Utara Malaysia Academic Affairs Department (HEA) has an equal chance of being chosen as subjects. The greatest part regarding simple random sampling is the naturalness of collecting the sample. Therefore, it is consider as a rational technique of selecting a sample from an offered specimen because everyone within the population group offers an egalitarian chances of being selected. Another merit of using convenience sampling is its representativeness of the population.

3.3.3 Sampling Size

Sampling size is the number of components which implicate in the study (Etikan, Musa, & Alkassim, 2016). Barratt, Ferris, & Lenton (2015) stated that “the bigger the sample, the less the potential fault that the sample will vary by the population”. Thus, the greater sampling size is more accurate compare to lesser sampling size and it might as well reduce the sampling error. This study adopted the table by Krejcie and Morgan (1970) as cited from Sekaran (2010) which the population of (1200), the minimum sample size of 291 is applicable for research. The sample size of this study are 476 of international students' at Universiti Utara Malaysia (UUM).

3.4 Measurement/Instrumentation

This current study employs the quantitative survey technique were intended to integrate the four variables used in this research. The questionnaire was classified into three sections. The first section (A) covered information about demographic profile of respondent's namely age, gender, country of origin, religion, marital status, school/college, highest qualification, program, study period, and financial arrangement. The second section (B) focused on the dependent variables which is mental health. Then, the third section (C) had instruments on the independent variables which comprise of self-efficacy, social support, and religion.

The measurement employed by every variable has been tested and as well have a high reliability test. The general mental health question has a Cronbach alpha at 0.76 for the entire sample (Goldberg & Williams, 1988). While, the new general self-efficacy scale (GSE) internal consistency reliability in organizational research has been moderate to high ($\alpha = 0.86$ to 0.90) (Chen, Gully, and Eden, 2001). Moreover, the social support multidimensional scale of perceived social support (MSPSS) has a Cronbach alpha of 0.91 (Zimet, Dahlem, Zimet, & Farley, 1988). Lastly, the Santa Clara Strength of Religious Faith Questionnaire (SCSOF) has a Cronbach alpha of 0.95 which shows a high reliability (Plante & Boccaccini, 1997).

Multiple choice and likert scale questions was used as a part of the construction of the questions. Hence, the research provides multiple choice to select at least one answer from the option given. Meanwhile, the likert scale is an assessment scale with five point reaction categories. The value of one refers "strongly disagree" to five "strongly agree". In this current study, there is numerous statistical technique used to explain collected information, for instance, descriptive statistics, reliability test, frequency analysis,

regression, and correlation test. Concerning information analysis. The whole information collected from the respondent were studied using Statistical Package for Social Science (SPSS) software version 26.

Indeed, Cronbach's Coefficient Alpha (α) is utilized to measure the reliability of the questionnaire items employed. In order to produce a good quality study, the data correctness ought to be achieved with the higher reliability degree of the instrument. Thus, Cronbach's Coefficient Alpha is utilized as a tool to analyse the measurements inner consistency.

3.4.1 Mental health

A survey research used the general mental health questionnaire (GHQ-12) International form 2.0 was conducted. The instrument was developed by Banks, Clegg, Jackson, Kemp, Stafford, & Wall (1980) with Cronbach alpha ranging from 0.90 to 0.82 and comprised of 12 items. The items was adapted from Banks, Clegg, Jackson, Kemp, Stafford, & Wall (1980) in order to measure mental health of foreign students. Respondents were required to provide answers based on their feeling and experiences through these 12 questions measurement using a five-point Likert scale from 1- indicating strongly disagree to 5 - indicating strongly agree.

Lundin, et al., (2016) tested the general mental health questionnaire developed by Banks, Clegg, Jackson, Kemp, Stafford, & Wall (1980) and obtain overall scale of Cronbach's alpha of 0.90. The same instruments was utilized by Wong and O'Driscoll (2016) with a Cronbach's alpha of 0.75, and by Mansor, Haque, Ahmed Sheikh, Choon, and Mat Zin (2016) with a Cronbach's alpha of 0.81. Thus, the instrument was tested

by several authors have indicated high reliability results ranging from 0.75 till 0.90.

The operational explanation and items are showed in Table 3.4.1

Table 3.4.1

Operational definition and items for mental health

| Dimension | Operational definition | Items |
|----------------------|---|---|
| Mental health | Constructive feeling of affluence, psychological, and active communication within person affection. | <ol style="list-style-type: none"> 1. I have been able to concentrate on whatever I' am doing 2. I lost much of sleep over worries 3. I felt that I' am playing a useful part on whatever I' am doing 4. I felt capable of making decision 5. I felt constantly under pressure 6. I felt that I couldn't overcome my difficulties 7. I have been able to enjoy my normal day-to-day activities 8. I have been able to confront my problems 9. I have been feeling unhappy and depressed 10. I have been losing confidence in myself 11. I have been thinking of myself as a worthless person 12. I have been feeling reasonably happy |

Adapted from: Banks, Clegg, Jackson, Kemp, Stafford, & Wall (1980).

3.4.2 Self-Efficacy

New general self-efficacy scale (GSE) is the 8-item Likert version developed by Chen, Gully, and Eden (2001). On this measures, the internal consistency reliability was high which is ranging from 0.86 to 0.90. Respondents were demanded to provide answers based on their level of self-efficacy through these 8 questions measurement using a five-point Likert scale from 1- strongly disagree to 5 - strongly agree.

Nel and Boshoff (2015) tested the new general self-efficacy scale established by Chen, Gully, and Eden (2001) and obtained the the Cronbach's alpha of 0.85. The same instrument was tested by Fueyo-Díaz, Magallón-Botaya, Gascón-Santos, Asensio-Martínez, Palacios-Navarro and Sebastián-Domingo (2018) with a Cronbach's alpha of 0.81. Meanwhile, Lazić, Jovanović & Gavrilov-Jerković (2018) obtained a Cronbach's alpha of 0.87 after testing the given measurement. Furthermore, the instrument have been tested by various authors and have indicated high reliability results ranging from 0.87 till 0.85. The operational explanation and items are shown in Table 3.4.2

Table 3.4.2

Operational definition and items for self-efficacy

| Dimension | Operational definition | Items |
|----------------------|---|--|
| Self-efficacy | Significant characters that aid to explain individual alterations in attitudes, motivation, learning, and task performance. | 1. I will be able to achieve most of the goals that I have set for myself. 2. When facing difficult tasks, I am certain that I will accomplish them. 3. In general, I think that I can obtain outcomes that are important to me. 4. I believe I can succeed at most any endeavour to which I set my mind. 5. I will be able to successfully overcome many challenges. 6. I am confident that I can perform effectively on many different tasks. 7. Compared to other people, I can do most tasks very well. 8. Even when things are tough, I can perform quite well. |

Source: Chen, Gully, and Eden (2001)

3.4.3 Social Support

The Multidimensional Scale of Perceived Social Support (MSPSS) was developed by Zimet, Dahlem, Zimet & Farley (1988) with Cronbach alpha of 0.91. It is a psychometrically comprehensive instrument which possess suitable internal and test-retest reliability that have been proved with strong moderate construct validity and factorial validity. The 12 item scale contains of items related of social support, i.e. family support, peers support, and noteworthy further support. Respondents were demanded to provide answers based on their level of social support through these 12 questions measurement using a five-point Likert scale from 1- strongly disagree to 5 - strongly agree. Thus, it is easy and brief to utilize, when the time limitations are contributory it is exemplary for the research.

The social support scale developed by Zimet, Dahlem, Zimet, & Farley (1988) was tested by Sahban, Kumar & Ramalu (2015), the Cronbach's alpha was ranging from 0.80 and 0.84. The same instrument was utilized by Dambi, Corten, Chiwaridzo, Jack, Mlambo & Jelsma (2018) and obtained a Cronbach's alpha of 0.70. Wilson, Yendork, Somhlaba (2017) tested the same instrument and obtained a Cronbach's alpha of 0.88. Moreover, the instrument have been tested by different researchers and have showed high reliability results ranging from 0.88 till 0.70. The operational definitions and its items are exhibited in Table 3.4.3

Table 3.4.3

Operational definition and items for social support

| Dimension | Operational definition | Items |
|-----------------------|---|---|
| Social support | Social support is the fact and the perception that one is cared for and loved, has available support from other individuals, and that one is a part of a supportive social network. | <ol style="list-style-type: none"> 1. There is a special person who is around when I am in need 2. There is a special person with whom I can share my joys and sorrows. 3. My family really tries to help me. 4. I get the emotional help and support I need from my family. 5. I have a special person who is a real source of comfort to me. 6. My friends really try to help me. 7. I can count on my friends when things go wrong. 8. I can talk about my problems with my family. 9. I have friends with whom I can share my joys and sorrows. 10. There is a special person in my life who cares about my feelings. 11. My family is willing to help me make decisions. 12. I can talk about my problems with my friends. |

Source: Zimet, Dahlem, Zimet, & Farley, 1988

3.4.4 Religion

The Santa Clara Strength of Religious Faith Questionnaire (SCSORF) which was developed by Plante & Boccaccini (1997) with Cronbach alpha of 0.95. The SCSORF is a simple, fast to manage and score. However, the SCSORF is presented with evidence for its reliability and validity that includes 10 items scale appraising strength of religious belief. Indeed, respondent were required to provide responses through these four factors

measurement using a five-point Likert scale from 1- strongly disagree to 5 - strongly agree.

Tanco, et al (2019) tested the Santa Clara Strength of Religious Faith Questionnaire developed by Plante & Boccaccini (1997) with the Cronbach's alpha value ranging from 0.93 till 0.82. While, Mauzay & Cuttler (2018) tested the same instrument and achieved a Cronbach's alpha of 0.96. The same instrument was tested by Phalen, Warman, Martin, Lucksted, Drapalski, Jones, & Lysaker (2019) with the Cronbach's alpha value of 0.97. Therefore, the instrument have been tested by various researchers and indicated high reliability results ranging from 0.95 until 0.89. The operational explanation and items are shown in Table 3.4.4

Table 3.4.4

Operational definition and items for religion

| Dimension | Operational definition | Items |
|-----------------|--|---|
| Religion | Religion is a belief in God (Allah) and the obligation that are accompanied with this belief to follow the principles which are believed to be set by God. | <ol style="list-style-type: none"> 1. My religious faith is extremely important to me. 2. I pray daily. 3. I look to my faith as a source of inspiration. 4. I look to my faith as providing meaning and purpose in my life. 5. I consider myself active in my faith or church. 6. My faith is an important part of who I am as a person. 7. My relationship with God is extremely important to me. 8. I enjoy being around others who share my faith. 9. I look to my faith as a source of comfort. 10. My faith impacts many of my decisions. |

Source: Plante & Boccaccini (1997).

3.5 Pilot Testing

A pilot study was conducted on the first week of October, 2019. A total of 30 respondent from undergraduate international students were selected as the pilot study. The purpose of pilot study is to test the level of mental health by evaluating the relationship with self-efficacy, social support, and religion. According to Connelly (2008), the pilot study sample should be 10% of the sample predictable for the larger parent study. Whereas, 30 undergraduate international students is sufficient to afford a highlight on how the main study will be and to recognise any unexpected situation before the main survey distribution.

The aim of pilot test was to establish the reliability of the research instruments through respondents' understanding of the questionnaires given before the instruments can be used in the main study and to assure the quality of the survey. The respondents had no issues with the questionnaire as it was well understood and clear.

The outcome of reliability test for pilot test is indicated in Table 3.5.1. The results of Cronbach's Alpha have average alpha value between 0.95 and 0.70. The coefficient (α) for mental health was at 0.70 which is a high reliability. Self-efficacy exhibited the coefficients (α) at 0.90, the coefficients (α) for social support is at 0.88, and religion is 0.95, which considered as a very good reliability. The results of reliability test for the pilot test indicated that all dimensions have average alpha value above 0.70, all of the instruments were utilized in the current studies. The results of reliability test for the pilot test are shown in table 3.5.1

Table 3.5.1

Test of Reliability for Pilot study

| Variables | Items | Cronbach Alpha (α) |
|---------------------|--------------|---|
| Mental Health (MH) | 12 | 0.705 |
| Self-Efficacy (SE) | 8 | 0.906 |
| Social Support (SS) | 12 | 0.888 |
| Religion (RG) | 10 | 0.955 |

3.6 Data Collection

Likewise, the data was collected via survey based on the Likert scale which distributed to respondents with several regardless profession and occupation through Whatsapp group of international students community. The contacts were made with representatives of each country in order to distribute the questionnaires. Furthermore, the respondent were required to answer 52 question of 3 sections all together. The researcher administered the questionnaire to the respondent by online survey where the data collection starts by a clarification of the purpose of this study to the respondent then demands the respondent fill up the questionnaire. Indeed, this current study survey was conducted in the month of October, 2019. Thus, the survey materials utilized in this study are shown in Appendix – 1.

3.7 Data Analysis

With a view to examine the data and to test for the reliability, the research will be using regression methods. Furthermore, Statistical Package for Social Science (SPSS) software version 26 is utilized to conduct the data analysis process. Descriptive statistic will be utilized to analyse data. The descriptive statistics offer simple summaries about the measures and the sample (Zikmund et. al., 2010). Thus, the survey outcomes were

analysed, generated and summarised into statistical analysis which contain of descriptive analysis, correlation analysis and regression analysis as it is detailed in the section below.

3.7.1 Descriptive Analysis

Descriptive analysis could be described as a basic features of the data in the study. Descriptive analysis could measure in terms of mean, medians, mode, variance, criterion variation and ranges with a view to depict the sample data by describing representative respondent and exhibiting the generic forms of responses (Bell, Bryman, & Harley, 2018). In this current study, the mean, medians, mode, frequency, range, standard deviation and variance were collected for the interval scale of dependent variables (mental health) and independent variables (self-efficacy, social support, and religion). Meanwhile, table of frequency counts and cumulative percentages for all standards related to the particular variable are set out in the following chapter.

3.7.2 Correlation Analysis

Correlation refers to the strength of association that exist between the dependent variables and independent variables. When two or more variables have a strong relationship between each other is refers that a strong correlation exists, while variables that are not related refers that a weak correlation exists. Statistical Package for Social Science (SPSS) software version 26 is employed to analyse correlation. The Pearson correlation method is used to analysis the hypotheses in the study. Pearson correlation

coefficient (r) is employed to show the direct correlation between two variables, mental health with self-efficacy, social support, and religion in the correlation analysis.

However, the r value of correlation coefficients is range between -1 to $+1$. The sign of $(-)$ and $(+)$ indicates whether there is a positive or negative correlation between independent variable and dependent variable. While the value of 0 indicates no relationship between the variables. The r value is being the sign of indicator on the strength of the relationship between variables. Moreover, the strength of the affiliation between the dependent variables and independent variables is determined by the absolute of r value.

3.7.3 Multiple Regression Analysis

Multiple regression analysis will be employed to discover the relation between independent variable and dependent variables. In this current study, regression tests are begun to examine the relation between mental health and self-efficacy, social support, and religion. This study is using Multiple Regression Analysis to determine which independent variables is that has the most significant effect on mental health.

3.8 Conclusion

Overall, this chapter explain the overview on the research design employed in this current study. It elaborates on the methodology which was utilized to gather, analyse and interpret the data. As well, the questionnaire and analysis planned to attain the objectives and aims of this study. It also focuses on the population, the simple size, the

data collection method, and the data analysis method applied to interpret the data which gotten from the respondents.



CHAPTER FOUR

FINDINGS

4.0 Introduction

This chapter elaborates the details of the findings and data analysis process based on research objectives and hypotheses. Data obtained from the participants were analysed using the Statistical Package for Social Science (SPSS) software version 26. The frequency analysis was utilized to examine the demographic data, particularly information's regarding gender, age, marital status, country of origin, religion, college, highest academic qualification, program, duration of being in UUM, and financial arrangement. The correlation analysis was utilized to help to test all hypotheses which has been proposed for this study. Therefore, the regression analysis was utilized to investigate the influences of self-efficacy, social support, and religion on mental health.

4.1 Profiles of participants

Based on the frequency analysis, Out of the total participants of 204, 110 (53.9%) were female international students, while 94 (46.1%) were male international students.

In terms of age, 24 (11.8%) of the participants were 20 years old and below, 85 (41.7%) were between the age of 21 and 25 years old, 46 (22.5%) were between the age of 26 and 30 years, while 49 (24.0%) were above 30 years old. Most of the participants are single at 153 (75.0%), 47 (23.0%) are married, while 4 (2.0%) are divorced.

For the country of origin, the respondents were from 16 countries. The highest number of respondents was from Indonesia 63 (30.9%), China 29 (14.2%), Nigeria 21 (10.3%),

Somalia 20 (9.8%), Yemen 18 (8.8%), Pakistan 14 (6.9%), Algeria 12 (5.9%), while the low number of respondents was Iraq 7 (3.4%), Thailand 6 (2.9%), Libya 5 (2.5%), India 3 (1.5%), and Saudi Arabia 2 (1.0%). Meanwhile, Djibouti, Venezuela, Uzbekistan, and Bangladesh with one respondent each.

In terms of religion, 149 (73.0%) of the participants are Muslim, 30 (14.7%) are Christian, 6 (2.9%) are Buddhist, 3 (1.5%) Hindu, while 16 (7.8%) of the respondents don't indicate their religion.

For college, 123 (60.3%) of the respondents were from COB, 43 (21.1%) were from CAS, while 38 (18.6%) were from COLGIS. For the highest academic qualification, 75 (36.8%) of the respondents had Masters, 71 (34.8%) had Degree, 44 (21.6%) had PhD, while 14 (6.9%) had Diploma.

In terms of program, 69 (33.8%) of the respondents are Undergraduate international students, 69 (33.8%) are Postgraduate Master, while 66 (32.4%) are Postgraduate PhD. A high percentage of respondents 79 (38.7%) had been in UUM between 3-4 semesters, 43 (21.1%) had been in UUM for 5-6 semesters, while 41 (20.1%) had been in UUM for 1-2 semesters, and 41(20.1%) had been in UUM for 6-7 semesters.

For financial arrangement, 119 (58.3%) of the respondent were sponsored by their family, 78 (38.2%) were self-sponsored, while 7 (3.4%) were sponsored by government. The demographic of respondent being exhibited in Table 4.1 below;

Table 4.1

Participant's Demographic Information

| Demographic | Characteristics | Frequency | Percentages (%) |
|-------------------|--------------------|-----------|-----------------|
| Gender | Male | 94 | 46.1 |
| | Female | 110 | 53.9 |
| Age | Under 20 years | 24 | 11.8 |
| | 21 – 25 years | 85 | 41.7 |
| | 26 – 30 years | 46 | 22.5 |
| | 30 years and above | 49 | 24.0 |
| Marital Status | Single | 153 | 75.0 |
| | Married | 47 | 23.0 |
| | Divorced | 4 | 2.0 |
| Country of Origin | Nigeria | 21 | 10.3 |
| | Libya | 5 | 2.5 |
| | Saudi Arabia | 2 | 1.0 |
| | Venezuela | 1 | 0.5 |
| | Djibouti | 1 | 0.5 |
| | Uzbekistan | 1 | 0.5 |
| | Thailand | 6 | 2.9 |
| | India | 3 | 1.5 |
| | Indonesia | 63 | 30.0 |
| | China | 29 | 14.2 |
| | Algeria | 12 | 5.9 |
| | Pakistan | 14 | 6.9 |
| | Yemen | 18 | 8.8 |
| | Bangladesh | 1 | 0.5 |
| | Somalia | 20 | 9.8 |
| | Iraq | 7 | 3.4 |
| Religion | Islam | 149 | 73.0 |
| | Christian | 30 | 14.7 |
| | Hindu | 3 | 1.5 |
| | Buddah | 6 | 2.9 |
| | No religion | 16 | 7.8 |
| College | COB | 123 | 60.3 |
| | CAS | 43 | 21.1 |
| | COLGIS | 38 | 18.6 |

| | | | |
|--------------------------------|------------------|-----|------|
| Highest Academic Qualification | Diploma | 14 | 6.9 |
| | Degree | 71 | 34.8 |
| | Master | 75 | 36.8 |
| | PhD | 44 | 21.6 |
| Program | Undergraduate | 69 | 33.8 |
| | Postgraduate | 68 | 33.8 |
| | Masters | 66 | 32.4 |
| | Postgraduate PhD | | |
| Duration being in UUM | 1-2 Semester | 41 | 20.1 |
| | 3-4 Semester | 79 | 38.7 |
| | 5-6 Semester | 43 | 21.1 |
| | 6-7 Semester | 41 | 20.1 |
| Financial Arrangement | Family Sponsored | 119 | 58.3 |
| | Self-Sponsored | 78 | 38.2 |
| | Government | 7 | 3.4 |

4.2 Descriptive Statistics and Normality Test

The measurement utilized for this study are the 5-point Likert scale where 1 - strongly disagree while 5- strongly agree. Results from the descriptive statistics showed that the means for social support and religion are highest at 4.76 and 4.10 respectively. The mean for mental health and self-efficacy are at 3.35 and 3.70 respectively which are considerably high. Mental health reported a standard deviation of 0.48 with a skewness value of -0.852 and a kurtosis of 1.78. This indicates that the response for mental health is normally distributed. Self-efficacy standard deviation was 0.72 with a skewness of -0.31 and a kurtosis of 0.33. Responses for self-efficacy also revealed a normal distribution. Social support exhibited a standard deviation of 0.72 with a skewness value of -0.16 and a kurtosis of -0.37 which also indicates to a normally distributed response. Religion reported a standard deviation of 0.760 with a skewness value of -0.95 and a kurtosis of 1.04 which indicates that the response also normally distributed.

If a sample (N=188) is more than 50 and less than 300, the skewness and kurtosis results are normal which signifies fails to reject the null hypothesis at absolute z-value under 3.29, that harmonizes with alpha level 0.05 (Kim, 2013), then the variable is normally distributed. The results of the descriptive statistics and Normality Tests for mental health, self-efficacy, social support, and religion are represented in Table 4.2 and Table 4.3 respectively.

Table 4. 2

Descriptive statistics for mental health, self-efficacy, social support and religion

| Variables | Mean | Std. Deviation |
|----------------|------|----------------|
| Mental Health | 3.35 | .48 |
| Self-Efficacy | 3.70 | .72 |
| Social Support | 4.76 | .72 |
| Religion | 4.10 | .76 |

N = 204

Table 4.3

Normality Tests for mental health, self-efficacy, social support, and religion

| Variables | Items | Skewness | Kurtosis |
|----------------|-------|----------|----------|
| Mental Health | 12 | -.85 | 1.78 |
| Self-Efficacy | 8 | -.31 | .33 |
| Social Support | 12 | -.16 | -.37 |
| Religion | 10 | -.95 | 1.04 |

The results of descriptive analysis also exhibited the levels of mental health, self-efficacy, social support, and religion of the respondents. This was resulted by referring to both the mean and the median values of the variables. If the mean of the variable is lower than its median, it will consider that the international students response rate are higher than average. Meanwhile, if the mean of the variable is higher than its median,

it will consider that the rating of international students is lower than average response. The outcomes of the mean and median analysis of the variables are presented in table 4.4.

Table 4.4

Descriptive statistics mean, median, standard deviation and Cronbach alpha for mental health, self-efficacy, social support and religion.

| Variables | Mean | Median | Std. Deviation |
|----------------|------|--------|----------------|
| Mental Health | 3.35 | 3.25 | .48 |
| Self-Efficacy | 3.70 | 3.75 | .72 |
| Social Support | 4.76 | 4.67 | .72 |
| Religion | 4.10 | 4.25 | .76 |

N = 204

Mental health showed a mean value of 3.35 and a median value of 3.25. This indicates that the average level of mental health response is higher among the international students at Universiti Utara Malaysia. Further, self-efficacy exhibited a mean value of 3.70 and a median value of 3.75. This indicate that the average level of self-efficacy is slightly lower among the foreign students. This presents that there is a considerable high level of self-efficacy among foreign students. Social support reported a mean value of 4.76 and median of 4.67, portraying that the average rate of social support response level is slightly higher among the international students. Likewise, the average rate of religion response level is higher among international students at Universiti Utara Malaysia.

The Cronbach alpha reliability test was utilized to look at variables measurement in the survey. The alpha coefficient of mental health being 0.70, self-efficacy being 0.90, social support being 0.90, and religion being 0.92. According to Sekaran and Bougie (2010), each constructs utilized are found to have the internal consistency reliability if

the result exceed the minimum acceptable level of 0.7. Furthermore, each constructs exhibit Cronbach's alpha of more than 0.7 which signifies appropriateness and consistencies of the measurement in this study. Table 4.5 presents the results of the Cronbach reliability test.

Table 4. 5

Reliability results for mental health, self-efficacy, social support and religion.

| Variables | Items | Cronbatch Alpha |
|----------------|-------|-----------------|
| Mental Health | 12 | .70 |
| Self-Efficacy | 8 | .90 |
| Social Support | 12 | .90 |
| Religion | 10 | .92 |

4.3 Pearson Correlation Analysis

Pearson Correlation Analysis is utilized to measure the significance relationship between the variables (Sekaran & Bougie, 2011). Table 4.6 show the results of the Pearson correlation analysis of the dependant and independent variables.

Table 4.6

Pearson correlation analysis of the dependant and independent variables

| No. | Variables | MH | SE | SS |
|-----|---------------------|-------|-------|-------|
| 1 | Mental Health (MH) | | | |
| 2 | Self-Efficacy (SE) | .29** | | |
| 3 | Social Support (SS) | .34** | .60** | |
| 4 | Religion (RG) | .09 | .58** | .39** |

** $p \leq 0.01$ level (2-tailed) ; * $p \leq 0.05$ level (2-tailed)

Pearson correlation was utilized to test the hypothesis of this study. The outcome of the correlation analysis indicates that variable have a relationship with one another. Self-efficacy and social support personality have a positive moderately strong significant correlation at $r = 0.60$ ($p \leq 0.01$). Likewise, self-efficacy have a positive moderately strong significant correlation with religion at $r = 0.58$ ($p \leq 0.01$). Hence, mental health significantly correlated with social support at $r = 0.34$ ($p \leq 0.01$). Further, social support is also significantly correlated with religion at $r = 0.39$ ($p \leq 0.01$). Mental health and self-efficacy have a low correlation at $r = 0.29$ ($p \leq 0.01$). Whereas, mental health and religion have no correlation and not significant at $r = 0.09$.

4.4 Multiple regression analysis

Regression analysis is conducted on the independent variables of this study which are self-efficacy, social support, and religion. This is to identify if those variable have an influence on the dependent variable which is mental health. The results are exhibited in table 4.7

Table 4.7

Multiple regression analysis of independent variables on mental health

| Model | Unstandardized Coefficients | | Standardized Coefficients | T | Sig. |
|----------------|-----------------------------|------------|---------------------------|-------------|---------------|
| | B | Std. Error | Beta | | |
| (Constant) | 2.54 | .20 | | 12.44 | .00 |
| Self-Efficacy | .14 | .06 | .22 | 2.34 | .02 |
| Social Support | .17 | .05 | .26 | 3.18 | .00 |
| Religion | -.09 | .05 | -.14 | -1.73 | .08 |
| $R^2 = 0.138$ | | $R = 0.37$ | | $F = 10.71$ | $p \leq 0.05$ |

From the regression result, the value of R^2 was seen to be 0.138 meaning that the independent variable (self-efficacy, social support and religion) explain 13,8 % variability of the dependent variable (mental health), having $F = 10.71$, $p < .05$, with R^2 of 0.138. Further, it was found from the regression analysis that self-efficacy and social support have significant influence on mental health. This means that an increase in self-efficacy level and increased social support on international students will cause a higher level of positive mental health among them.

The outcomes showed that with the standardized beta value of 0.26, social support is the most positive significant in influencing mental health paralleled to the other two independent variables, self-efficacy and religion. Self-efficacy has a standardized beta value of 0.22, which means its positive significant influence on mental health. Hence, religion beta value is -0.14, which indicates that religion does not have significant influence on mental health.

To summarize the outcomes of hypothesis testing, as indicated in table 4.8:

Table 4.8

Summary of the hypothesis result

| No. | Hypothesis | Results |
|----------------|---|----------|
| H ₁ | Self-efficacy has a significant influence on mental health among international students. | Accepted |
| H ₂ | Social support has a significant influence on mental health among international students. | Accepted |
| H ₃ | Religion has a significant influence on mental health among international students. | Rejected |

4.5 Conclusion

This chapter explain the analysis outcomes which were conducted on the data. In order to attain the purpose of this study, descriptive statistics, normality test, Cronbach alpha, correlation, and regression analysis were utilized in conducting analysis. It highlighted on the influence of the independent variables which are self-efficacy, social support, and religion on dependent variables which is mental health. Therefore, it shed light on the significance and the reliability of the measurement scales employed in the questionnaire. The following chapter will discuss the findings of the research.



CHAPTER FIVE

DISCUSSIONS, RECOMMENDATIONS AND CONCLUSION

5.0 Introduction

The chapter five discuss about the findings of the research gotten from the analysis executed on the data collected. These findings will be exhibited according to the hypothesized influences in correspondence with the aim of the study that were presented in the chapter one. The discussion encompasses the examined variables which are mental health, self-efficacy, social support and religion. The outcomes are anticipated to provide worthy insight to the objectives.

5.1 Discussion

The purpose of this study is to identify and investigate factors that influence mental health toward self-efficacy, social support, and religion on mental health among foreign students. The purpose of this study are:

- i. To identify the influence of self-efficacy on mental health among international students in UUM.
- ii. To examine the influence of social support on mental health among international students in UUM.
- iii. To determine the influence of religion on mental health among international students in UUM.

5.1.1 The relationship between self-efficacy and mental health

The Pearson Correlation Analysis (refer to Table 4.6) exhibited that self-efficacy and mental health have relationship among them ($r = 0.29$). While, the multiple regression analysis result (Table 4.7) revealed that self-efficacy have significant influence on mental health. Although with the mean value of 3.70, the international students have a considerable level of self-efficacy. This means that the self-efficacy level of the international students influence their mental health. As it also influenced the level of commitment in their daily life. These results can be explained by the fact that a sense of high level of self-efficacy can help international students to manage and control themselves when they are exposed to stressful situations of negative events. Thus, they are protected against mental health problems. The finding of this study is similar to the study conducted by Honicke and Broadbent (2016) as self-efficacy influence mental health among university students where there exist significant relationship between both variables. The outcomes is supported and reliable literature which has elucidated that the level of self-efficacy will influence the mental health. Ma, Siu, and Tse (2018) said that international students with high level of self-efficacy would boost their efforts and anticipation to output a better academic outcomes and increase their mental health status, while students with low self-efficacy would experience an unfavourable impact on academic outcomes and their mental health. Hence, the finding of this study contrast with the study conducted by Abdel-Khalek and Lester (2017) where they discovered that positive self-efficacy beliefs has a significant role in the therapy of mental health issues. Chirico et al., (2017) reported that self-efficacy has a negative impact of exhibit of stress as manifested by indicators of psychological stress on emotional, psychological, and social wellbeing.

5.1.2 The relationship between social support and mental health

The Pearson Correlation Analysis (refer to Table 4.6) exhibited that social support have relationship with mental health ($r = 0.34$). While, the multiple regression analysis result (Table 4.7) revealed that social support influence mental health. Although with the mean value of 4.76, the international students have considerable amount of social support. Based on the demographic results, it is assured that 119 (58.3%) of the respondents believe that their families influence their education abroad. It is also proven by the respondents of international students in the social support measurement questions, with majority of international students having the perception that their parent truly attempts to assist them and they also get the emotional support that they need from their parent. This signifies that international students in UUM needs a strong social support. As they are far away from their countries and families. Building friendship with international friends or local friends would strengthen social support and relatively influence their mental health. Further, positive social communication with family and friends reduces anxiety and develops the feeling of security. International students with more positive ethnical social relations and higher social support enjoy more efficient communication skills, which directs them away from mental health problems. Social support gives international students the feeling of being loved, cared, respected, and belonging to a network of communication. The finding of this study is similar with the study conducted by Romero, Riggs and Ruggero (2015) whom reported that social support have positive influence on international student's mental health as social support can assist international students to deal with daily lifetime strain and reduce the encumbrance of educational work load. Lack of support from family and friends could cause negative effect for students which could lead to stress, anxiety and depression.

Çivitci (2015) identified a passive relationship between social support and mental health problems which low degree of social support have been related with high degree of mental health problems in university students.

5.1.3 The relationship between religion and mental health

The Pearson Correlation Analysis (refer to Table 4.5) revealed that religion and mental health has no correlation and insignificantly correlated ($r = 0.09$, $p \leq 0.01$). While, the multiple regression analysis result (Table 4.7) revealed that religion does not have significant influence on mental health. Although with the mean value of 4.10, the international students had strong religious beliefs. Despite of those who practice religion diligently, they are at risk to develop negative mental health outcomes in UUM. International students in UUM are at the stage of personal development that contain an integral component which is identity development, wherein an individual develops the ability to think about abstract concepts and the capacity to think about the consequences of decisions that they make. This developmental stage is also characterized by an increase in their sense of autonomy, leading to more interaction with peers and other individuals. These changes that occur in international students affect their view about religion and its accompanying beliefs and practices. In their quest to develop their identity, they start searching for life's meaning and become critical of ideologies being taught in religion. Further, international students may pray more while they are sick or under stressful situations. Turning to religion when sick may result in a spurious positive association between religiousness and poor mental health. Conversely, a poor mental health status could decrease the capacity to attend a religious meeting, in that way creating another bias on the association between religiousness and mental health.

The finding of this study reveal results which are not similar to the study conducted by Forouhari et al., (2019), in their systematic review elaborated the influence of religion on mental health in religious and amongst college students while the results suggest the presence of a significant and negative relationship between religion and mental health. VanderWeele, Jackson, and Li, (2016) identified that educating religious problems to individuals can cause them to be more encouraged to religion and does not influence mental health.

5.2 Implication of the study

This section explains the implication of this research to the foreign students in Universiti Utara Malaysia.

5.2.1 Theoretical Implication

This study has been able to examine factors that influence mental health among international students in Universiti Utara Malaysia from Bronfenbrenners Ecological Systems Theory and U- Curve Theory of Adjustment. This contribution is worthy because there are limited study that look at the influence of self-efficacy, social support, and religion on mental health among international students particularly in Malaysian public universities. The results exhibited that self-efficacy and social support have influence towards mental health. However, religion does not have influence on mental health among international students in Universiti Utara Malaysia.

5.2.2 Practical Implication

The implication of this research based on the findings, revealed that self-efficacy and social support has a positive and significant influence on mental health. While, religion does not have significant influence with mental health. It is obviously exhibited by the mean value of all the variables that most of the respondent have a high level of self-efficacy and social support with mental health. It is clearly discussed that since self-efficacy and social support have influence on mental health among foreign students can boost up their mental health during studying in Universiti Utara Malaysia.

Further, Universiti Utara Malaysia embrace different facilities, for instance availability of the internet, library, well equipped sport centre, many cultural festivals and events, and an array of student activities. All this facilities assists the international students to adapt with the host country, make friendship and socialized in university life. Moreover, this research will creates an awareness among international students about the importance of self-efficacy and social support in boosting their mental health which would assist them to manage their attitude and behaviour in the host country, and to remind that they are not alone in facing the challenges.

Concerning parents, they need to be prepared for dealing with problems. That includes taking care of their child's mental health. When treating international students, it is important to consider that most of them are still dependent on their parents, thus parental involvement in treatment is advisable. Parents could be invited to attend some of the treatment meetings with their children to address problems involving them or to be enlisted as a support source to facilitate improvement. When communicating with parents, it is important to educate them on what to expect during the early stages of

recovery, enhancing their ability to support the international student in coping with the challenges that might be face in the host country.

With the increasing interest of foreign students towards Malaysia, the Ministry of education in Malaysia must pay attention to the adjustment and mental health problems of international students. It is crucial that Ministry of education in Malaysia pay attention to the financial, social support, academic, self-efficacy, religion, and language aspects that influence the international students. The Malaysian higher education sector needs to streamline its strategy for internationalization with greater improvement on the course, quality of student services such as accommodation and recreation facilities, and the others relating to the teaching resources, in particular well-qualified lecturers and capable administrators.

This practical implications might be applicable to international students at other universities in Malaysia.

5.3 Limitation of the study

The limitation of the research encompass the following:

This study was an empirical research which signifies that there may be similar variables studies before in another country. However, the actual research has not been done in the Malaysian context. This study intend to examine the problems that are associated to mental health among international students.

The sample size is one of the limitation while conducting this study. The objective was to investigate the influences of self-efficacy, social support, and religion on mental health among foreign students. This study was conducted only at Universiti Utara

Malaysia which cannot generalize the findings of this study. A sample size of 204 does not reveal considerable to not to conclusively establish whether there is a definite influences of self-efficacy, social support, and religion on mental health. Thus, the results of this study might not reflect the overall of international student's at other public universities in Malaysia.

The research conducted was limited to three independent variables which are self-efficacy, social support, and religion. An analysis of the model summary exhibited an $R^2 = 0.138$ (refer to Table 4.7) which proposes that only 13.8% of the variance is answered by this model. However, the independent variables are not appropriate to explicate the actual level of mental health among international students. Therefore, other independents variables such as self-esteem, cultural differences, and social status might be significant to explicate the other 86.2% of the variance not explicated in this research.

This research interferes with problems highlighted about foreign student's mental health, because the mean and standard deviation of mental health was 3.35 and 0.48 respectively indicate a high level of mental health among international students. This could likely be due to the different facilities in UUM such as availability of the internet, library, well equipped sport centre, many cultural festivals and events, and an array of student activities which help international students to overcome mental health issues and make it easy for them to adjust in the host country.

5.4 Recommendation

For the recommendation of this study, it is suggested that Universiti Utara Malaysia should improve facilities such as student counseling center and international association

by assisting international students to cope with their academic and social issues which would lead to lessen their mental health problems. International students need to be involved in activities that are physical and spiritual which could offer them an external and internal strength to confront their problems in the host country. By providing an essential necessity for international students it is mandatory for the university to address utmost potential resources and offer an appropriate ambience for good mental health.

University Utara Malaysia should create an amiable tendency between international student and local student, through the charisma of both foreigner and Malaysian student share their experiences, feeling, and knowledge sharing about Malaysia and the adaptation in the host country. Based on the survey of this study, the respondent assumed that friendship with local students would be helpful to them. Hence, university should take keen awareness on the social support of foreign students because this feature would assist them to become protected against mental health problems.

The growing number of foreign students in Malaysia seeks that counseling center conclusively focus on grasping factors that influence mental health among foreign students. The traits of self-efficacy, social support, religion, and mental health level required to be critically performed. Some of the questions were quite general to appraise international student's thought on mental health. These factors emerge through university environment. Further studies require to utilize appropriate instruments which assess different problems of mental health.

The research examines the influence of self-efficacy, social support, and religion on mental health among international students in Universiti Utara Malaysia. It is suggested that future studies should encompass other variables in order to highlight more on

factors that could influence mental health among international students. Further research should be done in other public universities in Malaysia for comparison and examine the consistency of the finding from this research.

5.5 Conclusion

The research examine factors that influence mental health among international students in Universiti Utara Malaysia. The study found that self-efficacy and social support have a significant influence on mental health, while religion does not have significant influence on mental health among international student in Universiti Utara Malaysia. The outcomes reported in this study provide an overview of factors that influences mental health among foreign student at Universiti Utara Malaysia, from different program, and at different duration being in UUM. Therefore, foreign students could utilised this results to assist them to be more aware about the factors that influences their mental health, to manage their attitude and behaviour in the new culture environment, and to remind that they are not alone in the challenges that they faced while studying overseas. Thus, they could easily tap into their resources to boost up their mental health in order to overcome the challenges in the host country. Further, this research might offer suggestion and future research action that could help future researches in this related area more reliable and precise. Thus, awareness on the influences of self-efficacy, social support, and religion on mental health among international students could ensure the healthy mental, environmental and harmony surroundings in university.

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APPENDICES

Appendix 1 – Online Questionnaire

Online Survey



Dear Sir/Madam,

STUDY ON FACTORS THAT INFLUENCES MENTAL HEALTH AMONG INTERNATIONAL STUDENTS IN UNIVERSITY UTARA MALAYSIA

I would like to thank you in advance for agreeing to participate in my research project.

My name is Katifa Rajaa, a UUM post-graduate student. I am carrying out a research project on factors that influences mental health among international students in University Utara Malaysia. This research project is supervised by Prof. Dr. Khulida Kirana Yahya (UUM). The questionnaire contains 52 questions and can be completed in 10 to 15 minutes. Your participation is on a voluntary basis. Your individual responses will be kept confidential and will be used for academic purpose only.

Thank you for the assistance given and the time taken to answer the questionnaire.

Yours sincerely,

Katifa Rajaa

MSc. Human Resource Management

School of Business Management (COB)

University Utara Malaysia

Section A: Demographic Information

Please answer/ tick (✓) only the box applicable.

1. Gender:

- ☐ Male
☐ Female

2. Age:

- ☐ Under 20 years
☐ 21 – 25 years
☐ 26 – 30 years
☐ 30 years and above

3. Marital Status

- ☐ Single
☐ Married
☐ Divorced

4. Country of Origin

- ☐ China
☐ Indonesia
☐ India
☐ Others. Please indicate

5. Religion

- ☐ Islam
☐ Christian
☐ Hindu
☐ Buddah
☐ Others. Please indicate

6. School/ College

- ☐ COB
☐ CAS
☐ COLGIS

7. Highest Academic Qualification

- ☐ Diploma
☐ Degree

☐ Master

☐ PhD

8. Program

☐ Undergraduate

☐ Postgraduate Masters

☐ Postgraduate PhD

9. Duration of being in UUM

☐ 1-2 Semester

☐ 3-4 Semester

☐ 5-6 Semester

☐ 6-7 Semester

10. Financial Arrangement

☐ Government

☐ Sponsored

☐ Family Sponsored

☐ Self-Sponsored



Section B

Mental Health

Please read each statement carefully and for each statement, circle the number which fits your best according to the following scales:

| 1 | 2 | 3 | 4 | 5 |
|-------------------|----------|----------|-------|----------------|
| Strongly Disagree | Disagree | Not sure | Agree | Strongly agree |

| No. | Statement | Scale | | | | |
|-----|---|-------|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 1 | I have been able to concentrate on whatever I' am doing | 1 | 2 | 3 | 4 | 5 |
| 2 | I lost much of sleep over worries | 1 | 2 | 3 | 4 | 5 |
| 3 | I felt that I' am playing a useful part on whatever I' am doing | 1 | 2 | 3 | 4 | 5 |
| 4 | I felt capable of making decision | 1 | 2 | 3 | 4 | 5 |
| 5 | I felt constantly under pressure | 1 | 2 | 3 | 4 | 5 |
| 6 | I felt that I couldn't overcome my difficulties | 1 | 2 | 3 | 4 | 5 |
| 7 | I have been able to enjoy my normal day-to-day activities | 1 | 2 | 3 | 4 | 5 |
| 8 | I have been able to confront my problems | 1 | 2 | 3 | 4 | 5 |
| 9 | I have been feeling unhappy and depressed | 1 | 2 | 3 | 4 | 5 |
| 10 | I have been losing confidence in myself | 1 | 2 | 3 | 4 | 5 |
| 11 | I have been thinking of myself as a worthless person | 1 | 2 | 3 | 4 | 5 |
| 12 | I have been feeling reasonably happy | 1 | 2 | 3 | 4 | 5 |

Section C

Part 1: Self-Efficacy

Please read each statement carefully and for each statement, circle the number which fits your best according to the following scales:

| 1 | 2 | 3 | 4 | 5 |
|----------------------|----------|----------|-------|----------------|
| Strongly Disagree | disagree | Not sure | Agree | Strongly agree |

| No. | Statement | Scale | | | | |
|-----|--|-------|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 1 | I will be able to achieve most of the goals that I have set for myself. | 1 | 2 | 3 | 4 | 5 |
| 2 | When facing difficult tasks, I am certain that I will accomplish them. | 1 | 2 | 3 | 4 | 5 |
| 3 | In general, I think that I can obtain outcomes that are important to me. | 1 | 2 | 3 | 4 | 5 |
| 4 | I believe I can succeed at most any endeavour to which I set my mind. | 1 | 2 | 3 | 4 | 5 |
| 5 | I will be able to successfully overcome many challenges. | 1 | 2 | 3 | 4 | 5 |
| 6 | I am confident that I can perform effectively on many different tasks. | 1 | 2 | 3 | 4 | 5 |
| 7 | Compared to other people, I can do most tasks very well. | 1 | 2 | 3 | 4 | 5 |
| 8 | Even when things are tough, I can perform quite well. | 1 | 2 | 3 | 4 | 5 |

Part 2: Social Support

Please read each statement carefully and for each statement, circle the number which fits your best according to the following scales:

| 1 | 2 | 3 | 4 | 5 |
|----------------------|----------|----------|-------|----------------|
| Strongly Disagree | disagree | Not sure | Agree | Strongly agree |

| No. | Statement | Scale | | | | |
|-----|--|-------|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 1 | There is a special person who is around when I am in need. | 1 | 2 | 3 | 4 | 5 |
| 2 | There is a special person with whom I can share my joys and sorrows. | 1 | 2 | 3 | 4 | 5 |
| 3 | My family really tries to help me. | 1 | 2 | 3 | 4 | 5 |
| 4 | I get the emotional help and support I need from my family. | 1 | 2 | 3 | 4 | 5 |
| 5 | I have a special person who is a real source of comfort to me. | 1 | 2 | 3 | 4 | 5 |
| 6 | My friends really try to help me. | 1 | 2 | 3 | 4 | 5 |
| 7 | I can count on my friends when things go wrong. | 1 | 2 | 3 | 4 | 5 |
| 8 | I can talk about my problems with my family. | 1 | 2 | 3 | 4 | 5 |
| 9 | I have friends with whom I can share my joys and sorrows. | 1 | 2 | 3 | 4 | 5 |
| 10 | There is a special person in my life who cares about my feelings. | 1 | 2 | 3 | 4 | 5 |
| 11 | My family is willing to help me make decisions. | 1 | 2 | 3 | 4 | 5 |
| 12 | I can talk about my problems with my friends. | 1 | 2 | 3 | 4 | 5 |

Part 3: Religion

Please read each statement carefully and for each statement, circle the number which fits your best according to the following scales:

| 1 | 2 | 3 | 4 | 5 |
|-------------------|----------|----------|-------|----------------|
| Strongly Disagree | disagree | Not sure | Agree | Strongly agree |

| No. | Statement | Scale | | | | |
|-----|---|-------|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 1 | My religious faith is extremely important to me. | 1 | 2 | 3 | 4 | 5 |
| 2 | I pray daily. | 1 | 2 | 3 | 4 | 5 |
| 3 | I look to my faith as a source of inspiration. | 1 | 2 | 3 | 4 | 5 |
| 4 | I look to my faith as providing meaning and purpose in my life. | 1 | 2 | 3 | 4 | 5 |
| 5 | I consider myself active in my faith or church. | 1 | 2 | 3 | 4 | 5 |
| 6 | My faith is an important part of who I am as a person. | 1 | 2 | 3 | 4 | 5 |
| 7 | My relationship with God is extremely important to me. | 1 | 2 | 3 | 4 | 5 |
| 8 | I enjoy being around others who share my faith. | 1 | 2 | 3 | 4 | 5 |
| 9 | I look to my faith as a source of comfort. | 1 | 2 | 3 | 4 | 5 |
| 10 | My faith impacts many of my decisions. | 1 | 2 | 3 | 4 | 5 |

Thank you very much for your precious time spent answering the questionnaire.

Appendix 2: Pearson Correlation Result

| | Mental_Health | Self_Efficacy | social_Support | Religion |
|---------------------|---------------|---------------|----------------|----------|
| Mental_Health | | | | |
| Pearson Correlation | 1 | .291** | .336** | .087 |
| Sig. (2-tailed) | | .000 | .000 | .216 |
| N | 204 | 204 | 204 | 204 |
| Self_Efficacy | | | | |
| Pearson Correlation | .291** | 1 | .596** | .582** |
| Sig. (2-tailed) | .000 | | .000 | .000 |
| N | 204 | 204 | 204 | 204 |
| social_Support | | | | |
| Pearson Correlation | .336** | .596** | 1 | .387** |
| Sig. (2-tailed) | .000 | .000 | | .000 |
| N | 204 | 204 | 204 | 204 |
| Religion | | | | |
| Pearson Correlation | .087 | .582** | .387** | 1 |
| Sig. (2-tailed) | .216 | .000 | .000 | |
| N | 204 | 204 | 204 | 204 |

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

Appendix 3: Multiple Regression Result

Model Summary^b

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate | Durbin-Watson |
|-------|-------------------|----------|-------------------|----------------------------|---------------|
| 1 | .372 ^a | .138 | .125 | .44630 | 1.862 |

a. Predictors: (Constant), Religion, social Support, Self-Efficacy

b. Dependent Variable: Mental Health

ANOVA^a

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|-------|------------|----------------|-----|-------------|--------|-------------------|
| 1 | Regression | 6.398 | 3 | 2.133 | 10.707 | .000 ^b |
| | Residual | 39.836 | 200 | .199 | | |
| | Total | 46.234 | 203 | | | |

a. Dependent Variable: Mental Health

b. Predictors: (Constant), Religion, social Support, Self-Efficacy



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