

The Influence of Sociodemographic Factors on Resilience and Subjective Wellbeing among University Students

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Factors on Resilience and Subjective Wellbeing among University Students

ABSTRACT

Objective: To assess the impact of selected sociodemographic factors on resilience and SWB among female university students in southern Iraq.

Study Design: Descriptive cross-sectional study

Place and Duration of Study: This study was conducted at the College of Education for Human Sciences, Nasiriyah City Iraq from 19th November 2024 to 13th April 2025.

Methods: A total of 396 female students were recruited using simple random sampling. Data were collected through a validated self-administered questionnaire measuring resilience (CD-RISC-10) and global life satisfaction (GLS). Instruments were translated using a forward-backward translation process and reviewed by an expert panel. Reliability coefficients ranged from 0.77 to 0.90.

Results: A significant difference was found in resilience and subjective wellbeing based on socioeconomic class ($p < 0.001$), with higher scores reported among students from upper-class backgrounds. No significant differences were observed in age, academic level or body mass index.

Conclusion: Socioeconomic status significantly influences resilience and subjective wellbeing among university students. These findings underscore the importance of developing targeted mental health support programs tailored to students from disadvantaged backgrounds.

Key Words: Influence, Sociodemographic Factors, Resilience, Subjective wellbeing

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INTRODUCTION

University life represents a critical transitional period when students encounter various academic, social, and emotional challenges. These experiences can significantly impact their mental health, emotional stability, and overall quality of life.¹ In this context, resilience, the ability to adapt and recover from adversity, is vital in helping students cope with stress and maintain psychological balance.² Similarly, subjective wellbeing - an individual's self-assessment of happiness, life satisfaction, and emotional functioning - is increasingly recognized as a key indicator of mental health among young adults.³

For instance, students from lower socioeconomic backgrounds may face increased financial stressors, potentially diminishing their psychological resources and

copied mechanisms.⁴ Understanding how these sociodemographic factors affect resilience and subjective well-being is crucial for developing effective mental health interventions and support services within university settings.⁵ By identifying vulnerable subgroups and their specific challenges, universities can tailor their programs to foster a healthier, more supportive academic environment.⁶

Despite the growing recognition of resilience and subjective well-being as critical aspects of mental health in university students, there remains a lack of localized research examining how these constructs are shaped by sociodemographic variables within the Iraqi context. Most existing studies are either conducted in Western societies or focus on clinical populations, limiting their generalizability to healthy, non-clinical university cohorts in the Middle East. This study addresses this gap by exploring the association between sociodemographics and sociodemographic characteristics including socioeconomic status, academic level, BMI, and age and psychological well-being among female university students in southern Iraq. By contextualizing these variables within a population that faces unique cultural, educational, and economic challenges, this research contributes novel insights that can inform more targeted and culturally appropriate mental health interventions in academic settings.

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METHODS

This quantitative cross-sectional design was employed from 19th November 2024 to 13th April 2025. The study was conducted at the College of Education for Human Sciences in Nasiriyah City, Iraq. After receiving ethical approval from the College of Nursing, University of Baghdad (Approval No. 68, dated 5/12/2024), formal permissions were obtained from the Ministry of Higher Education and Scientific Research and the College of Education for Human Sciences at Thi-Qar University. Participants were fully informed about the study objectives and procedures, and informed consent was obtained. Confidentiality and anonymity were ensured throughout the research process. The participating college was selected using a simple random sampling technique. A simple random sampling method was applied to select one female-only college from the faculties of education for humanities in Nasiriyah. All eligible colleges were listed, and one was randomly drawn using a lottery method. The institution selected was the College of Education for Human Sciences. Three hundred ninety-six female university students were selected through probability sampling for inclusion in the present study.

Resilience was assessed using a modified version of the 10-item Connor-Davidson Resilience Scale (CD-RISC-10)⁷, adapted from the original scale by Connor and Davidson.⁸ An 11-point Likert scale (0 = "Not true at all" to 10 = "Completely true") was used to align with other measures in the study and reduce cognitive burden. This scale showed high internal consistency (Cronbach's $\alpha = 0.90$). Subjective Wellbeing (SWB) was measured using the Global Life Satisfaction (GLS) item recommended by the International Wellbeing Group:⁹ "How satisfied are you with your life as a whole?" Responses were rated from 0 (no satisfaction at all) to 10 (completely satisfied).

Data were collected at a single point in time using a self-administered questionnaire. Participants completed the instrument independently under the researcher's supervision. The questionnaire was translated using a forward-backward translation process. Two bilingual experts independently translated the instrument from English to Arabic. A panel of experts compared and reconciled the translations. Two additional native Arabic-speaking translators then performed back-translations into English. Final reconciliation ensured semantic and conceptual equivalence. A panel of 11 faculty experts from the College of Nursing, University of Baghdad established face and content validity. Internal consistency reliability was confirmed with Cronbach's alpha coefficients ranging from 0.77 to 0.90. Data were analyzed using SPSS-27. One-way ANOVA were used to assess group differences in resilience and subjective wellbeing.

RESULTS

The study results show that the mean age of participants is 20.76 ± 2.03 years, with the largest age groups being 18-19 years (32.1%) and 20-21 years (30.4%). Regarding parental education, about one-fifth of fathers are middle school graduates (19.6%).

Table No. 1: Sociodemographic characteristics of the participants (N = 396)

Variable	No.	%
Age (years)		
18-19	126	32.1
20-21	119	30.4
22-23	107	27.3
24-25	40	10.2
Father's Level of Education		
Unable to read and write	29	7.4
Read and write	63	16.1
Elementary school	69	17.6
Middle school	77	19.6
High school	48	12.2
Diploma	45	11.5
Bachelor's degree	39	9.9
Postgraduate Diploma	11	2.8
Master's degree	5	1.3
Doctoral Degree	6	1.5
Mother's Level of Education		
Unable to read and write	62	15.8
Read and write	106	27.0
Elementary school	106	27.0
Middle school	57	14.5
High school	28	7.1
Diploma	11	2.8
Bachelor's degree	20	5.1
Doctoral Degree	2	0.5
Occupation		
Unemployed	50	12.8
Unskilled worker	43	11.0
Semi-skilled worker	31	7.9
Skilled worker	82	20.9
Clerical, Shop owner, farmer	62	15.8
Semi-Professional	54	13.8
Professional	70	17.9
Income (Iraqi Dinar)		
< 300.000	98	25.0
300.000-600.000	120	30.6
601.000-900.000	78	19.9
901.000-1.200.000	45	11.5
1.201.000-1.500.000	35	8.9
$\geq 1.501.000$	16	4.1
Family's Socioeconomic Class		
Lower Class	15	3.8
Lower Middle Class	199	50.8
Middle Class	98	25.0
Upper Middle Class	78	19.9
Upper Class	2	0.5

Table No.2: Difference in resilience and subjective wellbeing among age groups applying ANOVA test

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1564.396	3	521.465	1.213	.305
Within Groups	166826.666	388	429.966		
Total	168391.061	391			

Df: Degree of freedom, F: F-statistics, Sig: Significance No statistically significant differences were found (p>0.05)

Table No. 3: Differences in resilience and subjective wellbeing by academic level applying ANOVA test

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2963.350	3	987.783	2.317	.075
Within Groups	165427.711	388	426.360		
Total	168391.061	391			

Table No. 4: Differences in resilience and subjective wellbeing by socioeconomic class applying ANOVA test

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	8606.349	4	2151.587	5.211	.000
Within Groups	159784.712	387	412.880		
Total	168391.061	391			

Table No.5: Difference in resilience and resilience and subjective wellbeing among body mass index groups applying ANOVA test

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2427.157	3	809.052	1.891	.130
Within Groups	165963.904	388	427.742		
Total	168391.061	391			

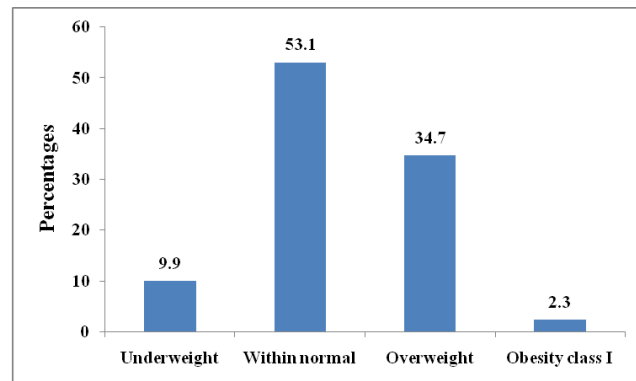


Figure No. 1: Participants' distribution according to their body mass index

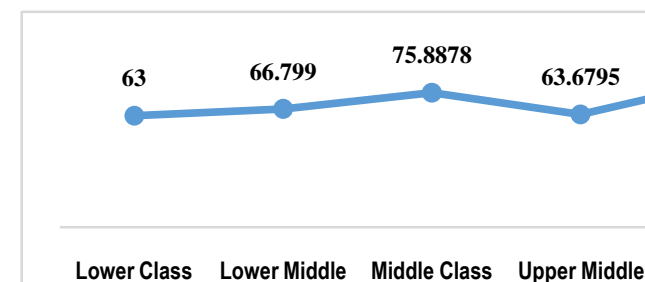


Figure No. 2: Mean values of participants' resilience and subjective wellbeing among family's socioeconomic class groups

In comparison, more than a quarter of mothers can read and write or are elementary school graduates (27.0% each). Regarding household occupation, skilled workers represent the largest group (20.9%), followed by

professionals (17.9%). Concerning family income, nearly one-third reported monthly income between 300,000 and 600,000 ID (30.6%). Over half of the families belong to the lower middle socioeconomic class (50.8%) [Table 1].

More than half are within normal weight-to-height proportion 208 (53.1%), followed by those who are overweight 136 (34.7%), those who are underweight 39 (9.9%), and those who have obesity class I 9 (2.3%) [Fig. 1]. There was no statistically significant difference in resilience and subjective wellbeing among age groups (Table 2). Statistically no significant difference was found in grade groups' resilience and subjective well-being (Table 3). Table 4 and Figure 2 demonstrate a statistically significant difference in resilience and subjective wellbeing among families' socioeconomic class groups (p=0.000). Table 5 demonstrate no statistically significant difference in resilience and subjective wellbeing among body mass index class groups.

DISCUSSION

In the present study, the mean age was 20.76 years and age distribution shows that a substantial portion of participants (62.5%) were between 18 and 21 years old, indicating a focus on younger university students. This finding is consistent with Awad and Naji¹⁰, who reported that the average age of female nursing students was 20.63 years, with a significant association between age and preconception health behaviors. Furthermore, the socioeconomic status of participants in the current

study reveals that most students come from lower-middle-class families (50.8%). This trend aligns with findings by Tuffah and Al-Jubouri¹¹, who observed a significant relationship between academic stress and the sociodemographic sociodemographic background of nursing students during the COVID-19 pandemic. Similarly, Abdoun and Hussein¹² highlighted the influence of lifestyle behaviors on students' mental well-being, emphasizing the role of social and economic conditions.

This study showed that no significant difference in resilience and SWB among different age groups. This suggests that chronological age alone may not strongly determine psychological outcomes in young adults. This finding aligns with the study by Tseliou and Ashfield-Watt¹³, who reported that resilience is shaped more by individual coping strategies and support systems than by age. In the Iraqi context, Ali and Hussein¹⁴ found no significant association between age and psychological hardiness among ICU nurses. It is plausible that in a collectivist society like Iraq, the responsibilities and life pressures typically associated with age may not vary significantly among university-aged individuals, thereby diluting age-related differences in mental health.

In the present study the differences in mean scores were observed across BMI categories, the results were not statistically significant ($p = 0.130$). This finding contrast with study of Li et al¹⁵, which reported better psychological functioning among individuals with normal BMI. However, the current results suggest that BMI alone may not be a critical determinant of resilience or wellbeing in this population. Taher¹⁶ and Sahib et al¹⁷ reported that lifestyle behaviors and coping strategies rather than physical indicators like BMI may play a more substantial role in mental health. Furthermore, cultural attitudes toward body image and weight in Iraqi society may buffer against the psychological effects typically associated with BMI in Western populations.

This study showed that strongest finding was the significant association between socioeconomic status and psychological outcomes. Students from upper-middle and upper-class families exhibited higher resilience and SWB than those from lower classes. These results are consistent with studies conducted by Al-Hadithi et al¹⁸ and Al-Khafaji and Hussein¹⁹, which emphasized the influence of economic stability on mental health. Socioeconomic resources likely enhance access to social support, healthier living conditions, and mental health services, all contributing to better psychological outcomes. In the Iraqi setting, where healthcare access and mental health infrastructure are limited, financial security may serve as a crucial protective factor.

In the current study, no significant differences in resilience and SWB across academic levels. This

indicates that academic progression does not directly influence psychological health in this sample. Supporting evidence from Mohammed²⁰ suggests that environmental and personal circumstances influence nursing students' stress and wellbeing more than academic standing. Moreover, the study by Abdoun and Hussein¹² highlighted that lifestyle behaviors, such as sleep and diet, have a greater psychological impact than academics. This may indicate that institutional or structural academic challenges affect students equally, regardless of their academic year.

This study showed that a significant strength of this study is its use of validated psychological instruments with strong reliability alongside a relatively large, randomly selected sample. However, several limitations must be acknowledged. The cross-sectional design precludes causal inferences. The sample included only female students from a single academic institution, which limits generalizability. Additionally, self-reported measures are susceptible to bias.

The findings of this study highlight the need for targeted mental health interventions that consider students' socioeconomic conditions. Universities should implement support services, such as financial aid, mental health counseling, and peer mentorship programs, especially for those from lower-income backgrounds. Health promotion strategies focusing on nutrition, physical activity, and coping skills can also enhance resilience and wellbeing.

Recommendations: The study findings underscore the importance of addressing socioeconomic disparities to enhance students' psychological resilience and wellbeing. Universities should provide accessible mental health services, promote supportive peer environments, and implement health promotion programs targeting students from disadvantaged backgrounds. Additionally, future research should explore longitudinal effects and test targeted interventions within similar educational settings.

CONCLUSION

Overall, the findings underscore the multifactorial nature of psychological resilience and wellbeing, emphasizing the role of external environmental and economic factors. Further longitudinal and interventional studies are recommended to examine how these factors interact over time and to evaluate the effectiveness of tailored mental health programs within Iraqi universities. Socioeconomic status significantly impacts resilience and wellbeing, with higher-status students showing better outcomes. Age and academic level had no significant effect, indicating that socioeconomic status and health behaviors are more crucial in shaping resilience and well-being.

Author's Contribution:

Concept & Design	or	Abeer Abd AL-Abass
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acquisition of analysis or interpretation of data:	Sattar, Sarab Nasr Fadhil
Drafting or Revising Critically:	Abeer Abd AL-Abass Sattar, Sarab Nasr Fadhil
Final Approval of version:	All the above authors
Agreement to accountable for all aspects of work:	All the above authors

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