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Haerreem Hyun
SUNY Geneseo

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The Impact of Low Socioeconomic Status on the Mental Health and Self-Efficacy of College Students

Haerreem Hyun

Sponsored by Melanie Medeiros

ABSTRACT

As an intersectional phenomenon, health is affected by race, class, gender, and other social determinants. This ethnographic study examines the impact of low socioeconomic status on the mental health and self-efficacy of college students. Pre-existing literature is reviewed to provide background knowledge of intersectionality, and interviews with SUNY Geneseo students of low socioeconomic status provide first-hand accounts of structural inequality and life experiences.

Despite living in a purported post-racial society, racial disparities continue to persist and affect the health and livelihood of minority individuals. According to national research by the U.S. Department of Health and Human Services and the Agency for Healthcare Research and Quality (2011), racial or ethnic minorities are consistently reported to experience poorer health and healthcare quality than non-minorities. Substantial research supports these statistics. In comparison to African Americans (or Blacks), have higher death rates in all age groups including birth, and have a 30% higher death rate overall (Williams, 2005). These trends, unfortunately, are nothing new. For over 30 years, higher rates of death, disease, and disability have been documented for minority ethnicities than for Whites (Lillie-Blanton & LaVeist, 1996, p. 84). Though lacking in comparison to research on physical health, these racial disparities are shown in mental health.

Although research findings report lower rates of mental disorders in minority races, minority individuals who suffer from mental illness are more likely to have severe, chronic, and disabling experiences, and are less likely to have their illnesses treated (Breslau, Kendler, Su, Gaxiola-Aguilar, & Kessler, 2005, p. 321; Miranda, McGuire, Williams, & Wang, 2008, p. 1104). These disparities, however, are not a result of just racial differences but because minority individuals are more likely to be of low socioeconomic status (SES) (Singer & Baer, 2011, p. 153). In the United States, “Broad patterns of socioeconomic disparities by race exist in many levels of American life,” and, “health and mental health disparities are embedded within persistent socioeconomic differences” (Miranda et al., 2008, p. 1102). Individuals of low SES, are less likely to have health insurance and are therefore less likely to be able to afford treatment for mental illness. Furthermore, based on the social stress theory, low SES individuals are more likely to experience greater stress/stressful situations, but have fewer resources to cope and manage their stress/stressors (Schwartz & Meyer, 2010). Such findings support that disparities in health are also a result of low socioeconomic status, rather than just race.

Due to the pervasiveness of SES effects on health, and a comparatively lacking amount of research on its effects on mental health, it is important to better understand mental health’s social determinants. Despite the recent leaps in mental health treatment and medications, society’s dominant biomedical perspective shadows the biosocial phenomenon of health. Analyzing mental health as a purely biological phenomenon of unbalanced brain chemicals takes attention away from the structural and societal causes of
health disparities. Metaphorically, the disregard for social determinants of mental health is similar to removing a garden weed, but not by its root. By not removing the root, the weed will regrow, just as mental health disparities will continue without changes in structural inequalities.

In this paper, I will analyze the impact of low socioeconomic status on the mental health and self-efficacy of college students. This will help better understand SES as a social determinant of mental health, the ways SES manifests in student life experiences, and the relationship it has to self-efficacy and mental health. Based on my findings and supporting literature, I argue that low SES has negative effects on student mental health, but predominantly positive effects on self-efficacy.

**METHOD**

A total of 10 undergraduate students of low SES from the State University of New York (SUNY) at Geneseo, a small public university in upstate New York, were recruited via snowball sampling. Before participating, the student’s socioeconomic status was analyzed to meet low SES criteria. Low socioeconomic status was operationalized using the SUNY Educational Opportunity Program income guideline chart, obtained from the SUNY website. Using a semi-structured interview guide, I interviewed consenting, low SES participants (as approved by the SUNY Geneseo Institutional Review Board) about their family, life experiences, and perceived effects of SES on their lives, mental health, self-efficacy, and motivations. Participants were provided a consent form prior to starting the interview, stating that they did not need to respond to any questions they did not want to answer at no consequence to the participant. Participants were also told that they could rescind their data at any point before the research due date.

Participant demographics included: eight ethnic minority students and two White students consisting of six men and four women total, with ages ranging from 18 to 22 (mean age of 19.7) of various majors and class years. Interviews were conducted in places of the participant’s choosing to ensure their comfort and privacy. Locations ranged from academic buildings to personal homes both on and off campus. The interviews were recorded onto an Apple iPhone 5s using the voice memo application. Recordings were then transferred to a MacBook Pro and a password protected external hard drive. The interviews were later transcribed for analysis purposes. Participant identities were protected at all times with the use of coded numbers throughout the study.

The interviews were completed smoothly. However, gaining participant trust proved to be a challenge. In order to gain the participant’s trust and to provide an atmosphere of mutual understanding, personal information about myself and my life experiences were shared, which proved to be a successful method of gaining participant trust. Participant shyness and/or awkwardness toward being recorded and interviewed posed another challenge. For some participants, the use of informal speech and casual body language alleviated such feelings. Some participants that remained shy eventually became comfortable with being recorded, or gave concise, yet detailed, responses over the course of the interview. Each interview lasted between 30 minutes to 1 hour. After the interview was completed, the participants were thanked and provided contact information in case they wanted to provide additional information in the future, or rescind provided information.

**THE EFFECT OF LOW SOCIOECONOMIC STATUS ON MENTAL HEALTH**

In the analysis of societal structure, racial disparities in various fields are substantially reported. These disparities represent another example of health inequalities via societal structures. Addressing this disparity, Dressler and colleagues (Dressler, Oths, & Gravlee, 2005), analyzed the role of genetic variants in disease risk, biological misconceptions of race categories, and the health effect of membership in an ethnic group. Dressler et al.’s (2005) review of literature surmised that documented health disparities based on race and ethnic groups were poorly understood, suggesting that disparities in health were not a result of biological differences, but rather societal differences in health care treatment. The large statistical disparity between White European American and African American health further supported Dressler et al.’s (2005) conclusion. To acknowledge the gaps...
in knowledge and the sociocultural factors in health, the authors emphasized and elaborated on psychosocial and sociocultural models of health, both of which approach health from a structural perspective.

As a pervasive social determinant of health, extensive studies suggest that individuals of low SES experience poorer health, health care access and healthcare quality, and experience higher rates of stress and mortality (Williams, 1990, pp. 83–84). In a review of literature, Williams (1990) analyzed the relationship between stress, social ties, and health behaviors with social structure and health status across various research. He determined that psychosocial factors were more strongly related to health status rather than medical care, and found both psychosocial factors and health status to be positively related to socioeconomic status. He further addressed the need to eliminate inequalities in health via changes in societal structure, thereby acknowledging the biosocial phenomenon of health, and the need to create changes within society to see better futures.

**THE EFFECT OF LOW SOCIOECONOMIC STATUS ON SELF-EFFICACY**

In the relation of self-efficacy and socioeconomic status, research by Ali, McWhirter, and Chronister (2005) analyzed the effect low SES had on the vocational and education self-efficacy of high school students. Analysis of the results revealed that students’ self-efficacy beliefs predicted their outcome expectations. However, a pilot study conducted prior to the main study suggested that support from siblings and peers resulted in belief variance. This further suggests that negative support may negatively affect self-efficacy beliefs, which parallels the biosocial health theory that the environment affects health.

Qualitative research conducted by Blustein, Chaves, Diemer, and Bhati (2002), studied the effect of social class (or socioeconomic status) on the school-to-work transition. Results from the study suggest that individuals of high social class were more interested in work for personal satisfaction than those of low social class. These findings imply that higher class individuals had better access to external resources, higher levels of adaptability within their careers than those of lower social class, and better self-concepts. The term “self-concept” refers to an individual’s ideas and beliefs of themselves relative to others. Higher self-concepts in high-class individuals suggest that they have more self-confidence than their counterparts. Overall, the results indicate that those of higher SES are likely to have an easier transition from school to work, than low SES individuals. Differences in transition difficulty could negatively affect the hireability of low SES individuals, thereby perpetuating the poverty cycle and wealth gap.

The study by pioneering psychologist Albert Bandura and colleagues (Bandura, Barbaranelli, Caprara, & Pastorelli, 1996), analyzed the effect of self-efficacy beliefs on academic achievement in children. Results showed that efficacy needed to regulate individual learning contributed to academic achievement in two ways: promoting prosocial behaviors and high academic aspirations, and reducing the risk of feeling depressed and vulnerable. Socioeconomic status was found to have only an indirect effect on academic achievement via parental aspirations for their children and the child’s prosocial inclinations. Overall analysis of Bandura et al.’s results suggests the following: self-efficacy can influence and motivate individuals to persevere in the face of difficulties and setbacks, and be resilient in the face of adversity (1996, p. 1208). The researchers also stated that self-efficacy regulates academic motivation, and scholastic achievement while decreasing the vulnerability of succumbing to depression. These findings strongly suggest that self-efficacy has a positive effect on mental health, and could potentially protect mental wellbeing, but may also be affected by environmental factors, including the surrounding individuals.

**INTERVIEW FINDINGS: THE EFFECT ON MENTAL HEALTH**

Low SES was a source of high stress across all interviewees, and the majority of participants reported experiencing high levels of anxiety as a result of SES stress. Low SES is a social disadvantage characterized by financial instability and lack of affordability. As college students faced with high tuition costs, the affordability of college for low SES students posed the greatest emotional hurdles with the greatest increase in stress levels. The stress of affordability was
frequently heightened by student concerns over their family, as well as feelings of guilt for posing a financial burden, despite knowing the necessity of a college education. As one student stated,

I knew college was a necessary investment. I knew it was how I could pay my parents back for all their sacrifices, but no matter what, I felt guilty for going to school…I knew it was irrational, but it’s hard to reason with an emotion…it makes me feel like crap: that because of money, I have to feel guilty for going to school. That I have to feel like I need to apologize to my parents for causing so much money to be spent, even though they wanted me to go to college…sometimes I feel like I can’t breathe just because—I just panic. It’s just this tense anxiety all the time. (Male, 21, Brooklyn, NY)

In addition to heightened anxiety, students also reported not seeking forms of support or stress/anxiety relief for the sake of affordability. When asked about coping mechanisms or support networks, both school affiliated or not, one student reported her prioritization of money;

I wanted to join a sorority to give me something fun to do or a group to become close with but then I scrapped that when I found out you have to pay dues that are like, over a hundred dollars…if my friends want to go out and eat on Main street, I’ll make up an excuse so that I don’t have to. I’ll skip out if they want to go shopping in Rochester too. Yeah, I miss out and yeah, sometimes I feel angry and left out, but I tell myself that the feeling of not spending money is way better than the feeling I have after spending it…self-hatred, buyer’s remorse, guilt that makes your mouth go dry and your stomach clench until you return it. Yeah. That. (Female, 21, Staten Island, NY)

The feeling of panic and anxiety expressed by the female interviewee parallels social stress theory. Situations that require spending money were incredibly stressful to the above student, which manifested in physical symptoms of anxiety. However, in her decisions to save money, sources and opportunities to relieve stress were lost, which caused her more stress and anxiety.

In their stress and anxiety about money, both students were also experiencing feelings of insecurity and vulnerability. According to Patel and Kleinman (2003), security is defined as, “[…]stability and continuation of livelihood, predictability of relationships, feeling safe, and belonging to a social group” (p. 611). Due to their socioeconomic status, both students were robbed of feeling secure, which took a toll on their mental health via anxiety.

For some students, being of low SES had a depressive effect rather than an anxious one. The term depressive, used here, refers to the level of mood or emotion the interviewee described rather than the clinical definition which would inherently imply anxiety as well (Patel and Kleinman, 2003, p. 8). For students expressing depressive emotions rather than anxiety, feelings of disconnect and separation from others was a common cause. In regard to her experience at Geneseo, one student expressed,

Geneseo has always appeared positive to me…but I couldn’t fit myself in. I didn’t have the emotional energy to laugh or smile. I felt like I couldn’t afford to join organizations or clubs. So, I focused on school to keep myself from being too pitiful…honestly, everything came down to affordability. (Female, 20, Albany, NY)

It is alarming to note that SES can have alienating effects on individuals. According to several studies, social support and stress are inversely related. With increased social support and group cohesion, individual stress levels can decrease, and improve future health effects (Aneshensel, 1992, p. 26; Pearlin, Schieman, Fazio, Meersman, 2005, p. 209). However, feelings of alienation could discourage social cohesion, which can cause increased buildup of stress and negative health effects. These findings emphasize the far-reaching effects low SES can have on individual health and implications of future health. Research conducted by McLeod and Shanahan (1993) suggest that persistent poverty increases internalizing
symptoms of poor mental health. Andersson, Moore, Hensing, Krantz, and Staland-Nyman (2014), further state that poor mental health increases the likelihood that the individual has lower self-efficacy, creating a cycle of depression and anxiety with self-efficacy too low to help them improve their emotional state.

Research by Gull (2016), however, suggests a mirrored effect. In a study on college students, increased self-efficacy was found to have a positive impact on mental health, and emphasized the need to promote self-efficacy in attempts to remedy poor mental health. Patel, Flisher, Hetrick, and McGorry’s (2007) study on adolescent mental disorder interventions found that psychosocial support, diverse forms of therapy, and efforts to better engage with adolescents had significantly positive effects on their mental health. Both Gull’s (2016) and Patel et al.’s (2007) suggestions parallel the suggestions made by several students. When posed with the question, “What would you do, or what do you think, would help students in similar circumstances as yourself in navigating the unknowns of college?” one student said;

For me, having someone or a group of people with common ground would help. People where I don’t have to feel embarrassed about my socioeconomic status, or where I don’t have to hide it. (Male, 21, Astoria, NY)

Students had similar responses to each other, another student echoing;

Maybe a mentor. Err, maybe not mentor really, but just someone who can relate. I don’t know how to really explain it but just someone who gets how hard life is. Who can relate to me. Or people too, a whole group even. I think the biggest thing for me would be that other people will understand how important taking care of my family is to me. For people who aren’t low, er, of low socioeconomic status don’t really know what it’s like to have to worry about how your family is holding up without you. Financially, emotionally… (Male, 21, Brooklyn, NY)

As described by Aneshensel (1992) and Pearlin (2005), students frequently desire social support and group understanding. Parallel to what the research suggests, students sought such social networks in order to find a social arena in which they could feel comfortable about themselves, and relax their worries regarding money and family. One student quite memorably said;

I just want to feel safe and home here at Geneseo. Almost like finding people who speak the same language as you do. (Female, 18, Utica, NY)

To examine current support systems already in place at SUNY Geneseo, I asked students if they had reached out to any organizations and their thoughts about them if they had; and if not, I asked if they were familiar with any existing groups. Almost all participants reported not knowing any groups, or participating in any groups, in which they would feel comfortable talking about their socioeconomic status. A few students mentioned certain clubs, such as Students Against Social Injustice (SASI), which promotes acceptance and student equality. However, most students stated that they had only passing knowledge of the groups or knew of certain people within different clubs. One particular student angrily stated her dislike of school-instituted groups or networks, her reasons being:

I hate feeling like I’m some anomaly. Like I should be grateful to be here just because of my socioeconomic status. I hate that I think people will think that when I tell them I need to save money. I also hate it when I hear people complaining that they have no money. Yeah, sure, I’m wrong to judge too, but I just get so frustrated. I think this whole low SES thing needs to be talked about with people who don’t get it. I feel like that would be really liberating for people. I guess the point I’m getting at is that the reason people hide their economic status is because of people who don’t get it and therefore judge you. (Female, 19, Plattsburgh, NY)

The student’s hostility toward specialized groups reflected a common sentiment throughout all the interviews. Students did not want sympathy from others.

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They therefore made certain to avoid situations that require their lack of affordability to become evident because they did not want special treatment or pity from others. This avoidance was also reflected in students’ desires to find similar students where receiving sympathy would not be a concern.

Shifting from socioeconomic effects on mental health to its effect on self-efficacy, student responses showed a marked difference in the certainty and consistency of their answers. When directly asked about how they perceived low socioeconomic status affected their SES had a positive effect because it allowed them to realize the privilege of attending college and motivated them to succeed. As a freshman student said,

I get all my work done…I try my best…school is not something you should take for granted. It’s a privilege to be here and my experiences definitely help me remember my privilege…when I’m here [at school] I feel motivated. Like I made it. It makes me feel good about myself and everything I’ve worked for. (Male, 18, Wappingers Falls, NY)

Another freshman expressed a similar sentiment;

My senior year of high school…I made sure to do well…I wanted to be able to go to a good school so that I could get a good job…I hated having to stress out about money all the time so I wanted to make sure I didn’t end up the same way later. (Female, 19, Buffalo, NY)

The students’ statements support the findings by Bandura et al. (1996) that suggested self-efficacy in regulating individual learning positively contributed to academic achievement via pro-social behaviors and high academic aspirations.

**Conclusions**

This paper has exemplified the effect low socioeconomic status has on the mental health and self-efficacy of college students. Based on student interviews and existing literature, low SES was reported to negatively affect mental health, as students frequently experienced symptoms of depression and anxiety as a result. Tuition costs posed emotional and mental hurdles that students needed to justify in order to validate attending college. Socioeconomic stress also deterred some students from stress relieving activities such as outings with friends and extracurricular activities. This controlling effect money had on student behaviors and choices, and the negative impact it had on their mental health, exemplifies the biosocial phenomenon of health.

Contrastingly, low socioeconomic status had a positive effect on self-efficacy. Students consistently reported high self-ratings of efficacy, and attributed their academic success and motivation to their humble backgrounds. These reports were consistent with previous research showing self-efficacy beliefs in students predict academic outcomes, and that self-efficacy promotes prosocial behavior (Ali et al. 2005; Bandura et al. 1996).

In student interviews, thoughts or information on existing support systems was nearly obsolete. However, based on both financial and social struggles expressed in student interviews, current support systems that are available and their effects on student health should be further researched. These studies could help in disseminating information on available support systems, which could potentially benefit students searching for social support.

Financial instability has pervasive health effects that can negatively impact academic success. Findings from the present research could be used to support the implementations of certain policies and education programs that provide financial assistance to students in need.

Research conducted by Marlowe et al. (n.d.) and Page et al. (2016) showed low income college students have lowered odds of academic success, as measured by graduation rates. In low SES students, factors that inhibited college graduation were frequently financially related rather than academically related. Based on Blustein et al.’s (2002) research, these interruptions can have negative effects on self-efficacy. Furthermore, Page et al.’s research (2016) shows financially supporting low SES students can increase graduation rates by increasing the students’ self-efficacy. Improving self-efficacy as a means to
improve mental health was also suggested by Gull (2016).

Findings from the present research, supported by findings from previous studies, and the continued importance of education and academic opportunity, the present data can be used to support education financing organizations and/or policies. Providing students of low socioeconomic status with equal opportunities to pursue higher education is imperative in combating the poverty cycle, the growing wealth gap, and the structural inequalities that negatively impact health.

REFERENCES


