Mental Health and Academic Stress: Investigating the Impact of Religious Coping Mechanisms, Support Systems, and Stigma Among Muslim University Students in Yemen and the USA

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Abstract

Background:
Academic stress, religious coping, and mental health stigma are critical factors affecting the well-being of Muslim university students. While cultural and religious beliefs significantly influence perceptions of psychological stress and help-seeking behavior, limited research has examined these dynamics across different cultural contexts, particularly between Muslim-majority and non-Muslim-majority nations.

Methods:
A cross-sectional survey was conducted among 1,000 Muslim university students—500 from Yemen and 500 from the United States. The questionnaire assessed academic stress levels, primary stressors, religious coping practices, perceived coping effectiveness, and attitudes toward mental health and stigma. Descriptive statistics and chi-square tests were used to analyze associations by country and gender.

Results:
Approximately 73% of students reported moderate to high levels of academic stress, with no significant differences by country ($\chi^2 = 5.38$, $p = .25$) or gender ($\chi^2 = 5.42$, $p = .25$). The most frequently cited stressors included examinations (75%), workload (54%), and time management (61%). Religious coping was highly prevalent, with 76% engaging in daily prayers and 64% practicing supplication. Gender-based differences were significant: female students were more likely than males to seek support from family ($p = .036$) and university counseling services ($p = .030$). Notably, 21% of all participants believed that seeking professional mental health support reflects weakness or a lack of faith, suggesting the persistence of stigma. Overall, access to and utilization of mental health services were limited, particularly among students in Yemen.

Conclusions:
Muslim university students in both Yemen and the United States experience substantial academic stress and frequently turn to religious coping strategies for relief. However, stigma and gender disparities remain barriers to professional support. These findings underscore the need for culturally and religiously sensitive mental health interventions that reduce stigma and enhance access to care within university settings.

Keywords: Mental health, academic stress, religious coping mechanisms, Islamic coping strategies, Muslim university students, mental health stigma, prayer and stress management, Quran recitation and mental health, faith-based coping, help-seeking behavior, mental health support systems, university counseling, stigma in Muslim communities, mental well-being, cultural perceptions of mental health.

Introduction

University students worldwide face significant mental health challenges due to academic pressures. Studies indicate that between **12% and 46%** of undergraduates experience psychological distress (Barbayannis et al., 2022). Academic stress is widely regarded as a **leading cause** of anxiety and depression among university students (Deng et al., 2022). For Muslim students, faith-based coping mechanisms such as **prayer, Quranic recitation, and supplication** play a significant role in stress management (Youssef & Deane, 2006). However, mental health **stigma** within Muslim communities often prevents students from seeking professional psychological support (Ciftci et al., 2012).

This research explores the **comparative impact of religious coping mechanisms, mental health stigma, and support systems** on Muslim university students in **Yemen (a Muslim-majority country) and the USA (a non-Muslim-majority country).** By understanding **how students in these two distinct settings manage academic stress**, this study aims to identify **culturally appropriate mental health interventions** for Muslim students.

Literature Review

Academic Stress and Mental Health Challenges Among University Students

Prevalence and Causes of Academic Stress

Academic stress is one of the **most reported stressors** among university students globally, particularly in high-pressure educational environments (Barbayannis et al., 2022). Research suggests that stress among students stems from multiple factors, including **heavy workloads, financial strain, and high academic expectations** (Deng et al., 2022). The **Perceived Stress Scale (PSS)** has been widely used to assess academic stress among college students, with studies finding that students experiencing higher academic pressure often report **lower mental well-being scores** (Ciftci et al., 2012).

In a **large-scale study** conducted across multiple universities, researchers found that prolonged academic stress can **lead to physical symptoms** such as headaches, fatigue, and sleep disturbances (Moulaei et al., 2023). Additionally, excessive stress has been linked to **lower academic performance** due to decreased concentration and motivation (Deng et al., 2022). In Japan, a longitudinal study revealed that students with high psychological distress in their first semester were **1.6 times more likely to experience long-term academic struggles** compared to those with lower distress levels (Ciftci et al., 2012).

Psychological Impact on Well-Being and Performance

The relationship between **academic stress and mental health disorders** is well-documented. A study by Youssef and Deane (2006) found that **university students with higher academic stress** are at increased risk of developing **anxiety, depression, and burnout**. Among Muslim students, the pressure to balance academic success with religious obligations **can further contribute to stress** (Adam & Ward, 2016). The **World Health Organization (WHO)** reports that mental health disorders among students **have been rising**, with over **60% of college students worldwide** reporting symptoms of psychological distress in the past academic year (WHO, 2024).

A recent study assessing the **correlation between academic stress and psychological well-being** among students in the USA and Middle Eastern countries found that students in **more collectivist cultures (e.g., Yemen, Saudi Arabia) experience higher stress** due to **stronger family expectations** (Alhomaizi et al., 2018). The **social pressure** to excel academically, combined with **limited access to mental health services**, places many students at risk of **chronic stress and poor mental health outcomes** (WHO, 2024).

Religious Coping Mechanisms Among Muslim Students

Islamic Teachings and Stress Management

For many **Muslim students**, religion serves as a **primary coping mechanism** for dealing with stress. Islam promotes resilience through **patience (sabr)** and **trust in divine will (tawakkul)**, both of which have been associated with **reduced psychological distress** (Moulaei et al., 2023). A **survey of Muslim college students** in the USA found that **82.5% agreed that prayer helped reduce their stress and anxiety** (Georgetown University, 2022).

Islamic teachings encourage Muslims to turn to **spiritual practices such as Salah (prayer), Quran recitation, and making supplications (du'a)** in difficult times (Ahmed & Khan, 2023). Studies show that these practices provide **a sense of calm, emotional relief, and a structured routine**, which can mitigate academic stress (Barbayannis et al., 2022).

Effectiveness of Prayer, Quran Recitation, and Faith-Based Coping

Research on faith-based coping strategies among Muslims has found that **Quran recitation and prayer are effective in reducing anxiety and depression** (Saged et al., 2022). A **scoping review of 15 studies** concluded that listening to the Quran **lowers stress levels and improves mood** (Moulaei et al., 2023).

In a study assessing the impact of **faith-based interventions** among Muslim students, participants who engaged in **Islamic mindfulness practices** (such as dhikr, istighfar, and Ruqyah) **reported significant improvements in mental well-being** (Bano et al., 2025). These findings suggest that religious coping strategies play a **protective role** against academic stress, particularly for students who actively engage in their faith.

Mental Health Stigma in Muslim Communities

Perceptions of Mental Health in Muslim Societies

Mental health stigma remains a **significant barrier** to seeking professional help among Muslims. In many **Muslim-majority cultures**, mental illness is often associated with **supernatural causes (e.g., jinn possession) or lack of faith** (Ciftci et al., 2012). This belief can lead to **social exclusion and delayed treatment**, as individuals fear being labeled as "mentally unstable" (Ahmed & Khan, 2023).

In **Yemen**, mental health remains a **taboo subject**, and those experiencing psychological distress often **avoid seeking professional help due to fear of judgment** (Médecins Sans Frontières, 2021). A **study of Arab-Muslims in the USA** found that only **9.6% had visited a mental health specialist** in the past three years, reflecting **deep-rooted stigma and cultural resistance** to professional psychological services (Alhomaizi et al., 2018).

Impact of Stigma on Help-Seeking Behavior

The impact of **mental health stigma** extends to **help-seeking behaviors** among Muslim students. Studies indicate that students experiencing high levels of stigma are **less likely to seek counseling or professional support** (WHO, 2024). In Yemen, **family honor and societal expectations** often discourage individuals from discussing mental health issues openly (Médecins Sans Frontières, 2021).

By contrast, in the USA, **Islamic student organizations and culturally sensitive mental health programs** (such as the Muslim Mental Health Initiative at UC Berkeley) **have helped reduce stigma and encourage help-seeking among Muslim students** (Georgetown University, 2022). These initiatives emphasize the **integration of religious and psychological counseling**, making therapy more accessible to Muslim students.

Conclusion

Academic stress remains a **major mental health concern** for university students, and Muslim students often turn to **faith-based coping mechanisms** such as prayer and Quran recitation for relief. However, **mental health stigma within Muslim communities** significantly impacts students' willingness to seek professional help, particularly in **Muslim-majority countries like Yemen** (Médecins Sans Frontières, 2021). This research will explore how Muslim students in Yemen and the USA **navigate academic stress, religious coping, and stigma**, with the goal of identifying **culturally appropriate mental health support systems** to improve student well-being.

Methods

Study Design and Participants

This study utilized a cross-sectional survey design to examine academic stress, religious coping mechanisms, and mental health stigma among Muslim university students. A total of 1,000 participants were recruited, with 500 students from Yemen (a Muslim-majority country) and 500 students from the United States (a non-Muslim-majority country). Eligible participants were Muslim university students aged 18 years and older, currently enrolled in undergraduate or graduate programs.

Convenience sampling was used to recruit students through university networks, social media platforms, and Islamic student organizations in both countries. Data was collected anonymously between **December 2024 and March 2025**. While this sampling method allowed broad outreach, it may have introduced selection bias, potentially limiting the generalizability of the results.

Survey Instrument

Data were collected using a structured, self-administered online questionnaire developed by the research team. The survey consisted of five main sections:

- **Demographic Information:** Age, gender, country of study, academic level, and major
- **Academic Stress:** Participants rated their academic stress levels and identified main sources of stress (e.g., exams, workload, financial difficulties)
- **Religious Coping:** Frequency of religious coping practices (prayer, Quran recitation, supplication) and perceived effectiveness
- **Mental Health Stigma:** Beliefs about mental health, stigma, and attitudes toward seeking professional psychological help
- **Mental Health Services:** Availability and usage of mental health services, and preferred support sources

The questionnaire was reviewed by academic experts for face and content validity and pilot-tested with a sample of 30 students to ensure clarity and reliability. Internal consistency was evaluated using Cronbach's alpha, which exceeded 0.70 across all major domains.

Ethical Considerations

This study did not require formal Institutional Review Board (IRB) approval, as no identifiable or sensitive information was collected and the research posed minimal risk to participants. Participation in the survey was voluntary, and informed consent was obtained electronically from all respondents prior to beginning the survey. The survey was conducted anonymously, and no personal identifiers were collected. Participants were informed of their right to withdraw from the study at any time without any consequences.

Data Analysis

Data were analyzed using SPSS version 27. Descriptive statistics (frequencies and percentages) summarized participant demographics and survey responses. Chi-square tests (χ^2) were conducted to examine associations between:

- Country and academic stress levels, religious coping, mental health stigma, and service usage
- Gender and these same variables

Statistical significance was set at $p < .05$. Results are presented in tabular and graphical formats to highlight key findings and significant associations.

Results

Participant Demographics

A total of **1,000 Muslim university students** completed the survey, with **500 participants from Yemen** and **500 from the United States**. The sample included **54% female** (n = 540) and **46% male** (n = 460) students. Most participants were undergraduates (89%), and **81%** were majoring in medical or health sciences.

Academic Stress Levels and Sources

Moderate to high academic stress was reported by most students. Specifically, **42% rated their stress as moderate**, **31% as high**, and **8% as extremely high**. No statistically significant difference in stress levels was found by country ($\chi^2 = 5.38$, p = .25) or gender ($\chi^2 = 5.42$, p = .25).

The most commonly reported sources of academic stress were:

- **Exams and grades (75%)**
- **Time management issues (61%)**
- **Heavy workload and assignments (54%)**

There were **no significant differences** in stress sources by country or gender (all p > .05).

Religious Coping Practices

Religious coping was widely utilized:

- **Daily prayers (76%)**
- **Supplication (Dua) (64%)**
- **Quran recitation (61%)**
- **Placing trust in divine will (60%)**

Perceived effectiveness of religious coping was high, with **66% rating it as very or extremely effective** in reducing stress. There were **no significant differences by country**. However, **females reported higher use of daily prayers and university counseling (p < .05)** compared to males.

Mental Health Stigma and Beliefs

Approximately **21% of students believed seeking mental health support is a sign of weakness or lack of faith**. No significant difference was found by country, but **females were more likely than males to seek family support (p = .036) and university counseling (p = .030)**.

When asked about mental health discussions in their community:

- **42% reported mental health is rarely discussed**
- **35% said it is sometimes discussed**
- Only **12% felt it is openly discussed**

No significant country or gender differences were found in mental health discussion openness ($p > .05$).

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Comfort Seeking Mental Health Support

Comfort levels in seeking professional mental health help were mixed:

- **33% felt somewhat comfortable**
- **25% felt neutral**
- **31% reported discomfort**

No significant difference was found by country or gender.

Availability and Use of Mental Health Services

About **36% reported mental health services were available at their university**, and **15% had used services** either at the university or outside. Usage was **low overall**, with **52% reporting never using any mental health services**. No significant differences were found by country or gender.

Preferred Mental Health Support Sources

The top preferred support sources were:

- **Close friends (55%)**
- **Family members (46%)**
- **Medical doctor/psychiatrist (20%)**

Chi-square analysis revealed that **female students were significantly more likely to seek help from family (p = .036) and university counselors (p = .030)** compared to males.

Summary of Statistical Findings

- **No significant country differences** for academic stress, coping, or stigma variables.
- **Gender differences** were significant for:
  - Family support seeking (p = .036)
  - University counseling preference (p = .030)
- Religious coping was widely practiced but did **not differ significantly** by country or gender.

Discussion

This study explored academic stress, religious coping, and mental health stigma among Muslim university students in Yemen and the United States. The findings highlight significant academic stress levels among students in both regions, with no significant differences based on country or gender. These results align with global literature indicating that academic stress is a pervasive issue among university students, regardless of cultural context (Barbayannis et al., 2022; Deng et al., 2022).

Academic Stress and Its Sources

Consistent with prior studies, academic stress was commonly attributed to exams, grades, time management challenges, and heavy workloads (Deng et al., 2022). Interestingly, our findings revealed no statistically significant differences between Yemeni and U.S.-based students in the sources of stress, suggesting that academic pressures transcend cultural and geographical boundaries. This supports existing research emphasizing the universal nature of academic stress among university students (Moulaei et al., 2023).

Religious Coping as a Primary Stress Management Strategy

Religious coping was highly prevalent among the participants, with daily prayers, supplication, and Quran recitation being the most frequently utilized strategies. These findings reinforce earlier research suggesting that Islamic practices provide emotional relief and a sense of stability during stressful periods (Youssef & Deane, 2006; Moulaei et al., 2023). The high perceived effectiveness of religious coping mechanisms also aligns with literature emphasizing the protective role of faith-based practices in managing psychological distress (Saged et al., 2022).

Importantly, while religious coping was common in both countries, gender differences emerged, with female students more likely to engage in both religious coping and professional counseling services. This supports previous findings that women may be more open to combining religious and psychological approaches to mental health care (Georgetown University, 2022).

Mental Health Stigma and Help-Seeking Behaviors

A significant portion of students (21%) believed that seeking mental health support reflects weakness or a lack of faith. This reflects persistent stigma within Muslim communities, as documented in previous studies (Ciftci et al., 2012; Médecins Sans Frontières, 2021). Notably, this belief did not differ significantly by country, indicating that stigma remains a global barrier to mental health support among Muslim students.

Gender differences were significant in help-seeking preferences. Female students were more likely to seek help from family and university counselors compared to male students. This finding aligns with broader research suggesting that women are more willing to seek mental health support, while men may avoid help-seeking due to societal expectations around masculinity and emotional expression (Alhomaizi et al., 2018).

Limited Use and Accessibility of Mental Health Services

Despite high stress levels, mental health service utilization was low in both countries. More than half of the students reported never using professional services, consistent with previous findings on limited access and stigma-related barriers in Muslim communities (Ahmed & Khan, 2023; Alhomaizi et al., 2018). The absence of significant country differences may indicate that even in the U.S., where services are more available, stigma still prevents students from accessing help.

Implications for Public Health and University Mental Health Programs

These findings underscore the importance of integrating culturally and religiously sensitive mental health interventions within university settings. Programs that respect and incorporate students' religious coping strategies while simultaneously reducing stigma may be more effective in encouraging help-seeking behaviors. In particular, male students may benefit from targeted outreach that addresses gender norms around mental health.

Efforts to promote mental health literacy, normalize counseling, and create accessible services tailored to Muslim students' cultural and religious needs are critical. Partnerships with Islamic student organizations and faith leaders may also enhance program acceptance and engagement.

Strengths and Limitations

Strengths

This study's primary strength lies in its **cross-cultural comparison of Muslim university students** in both Yemen and the United States. Including students from a Muslim-majority country and a non-Muslim-majority country provided valuable insights into shared and differing experiences related to academic stress, religious coping, and mental health stigma. The **large sample size (n = 1,000)** enhances the generalizability of findings within Muslim student populations. Additionally, the study's focus on integrating **religious coping mechanisms** adds to the limited body of research examining the intersection of faith and mental health among Muslim students.

Limitations

This study has several limitations. The use of **self-reported online surveys** may introduce **recall and social desirability biases**, particularly around sensitive topics such as mental health stigma and religious coping. The **cross-sectional design** limits the ability to establish causal relationships between variables. Furthermore, while both groups consisted of Muslim students, cultural and educational system differences between Yemen and the United States may have influenced responses in ways not fully captured by the survey.

Conclusion

This study highlights the significant academic stress experienced by Muslim university students in both Yemen and the United States. Despite cultural and geographical differences, students in both countries reported similar levels of academic stress and relied heavily on religious coping mechanisms such as daily prayers, supplication, and Quran recitation. These faith-based practices played an essential role in managing stress and promoting emotional well-being.

However, the study also revealed persistent mental health stigma, with some students perceiving help-seeking as a sign of weakness or lack of faith. Although gender differences were observed—female students were more likely to seek support from family or counseling services—overall usage of professional mental health services remained low across both groups.

These findings underscore the importance of developing culturally sensitive mental health interventions that acknowledge the role of religion and address stigma within Muslim student populations. Universities should consider integrating religious coping strategies into mental health programs and improving access to supportive services that respect students' cultural and religious values. Future research should explore longitudinal impacts of academic stress and the effectiveness of targeted interventions in reducing stigma and improving mental health outcomes for Muslim students globally.

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Table 1: Gender Distribution of Participants (n = 1,000)

Gender	Count	Percentage
Female	532	53.2%
Male	468	46.8%

Figure 1: Gender Distribution of Participants (n = 1,000)

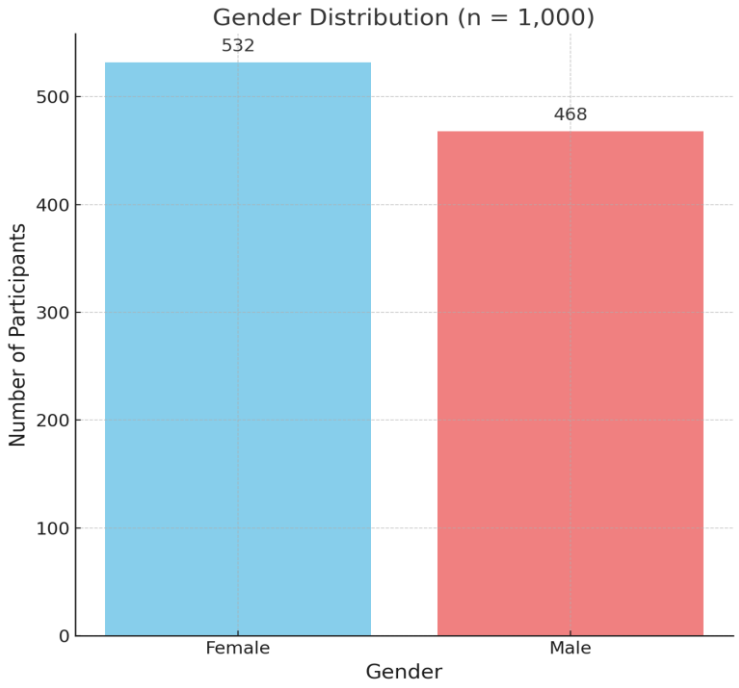

Table 2: Academic Level Distribution of Participants (n = 1,000)

Academic Level	Count	Percentage
Undergraduate	888	88.8%
Graduate	112	11.2%

Figure 2: **Academic Level Distribution** of Participants (n = 1,000)

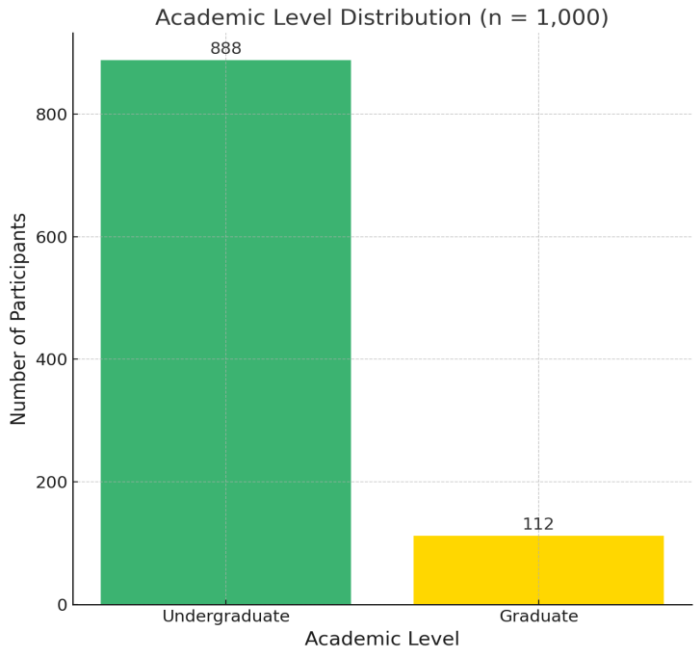

Table 3: Field of Study Distribution of Participants (n = 1,000)

Field of Study	Count	Percentage
Medical/Health Sciences	825	82.5%
Engineering/Technology	62	6.2%
Other	62	6.2%
Social Sciences	23	2.3%
Business/Economics	22	2.2%
Humanities	6	0.6%

Figure 3: Field of Study Distribution

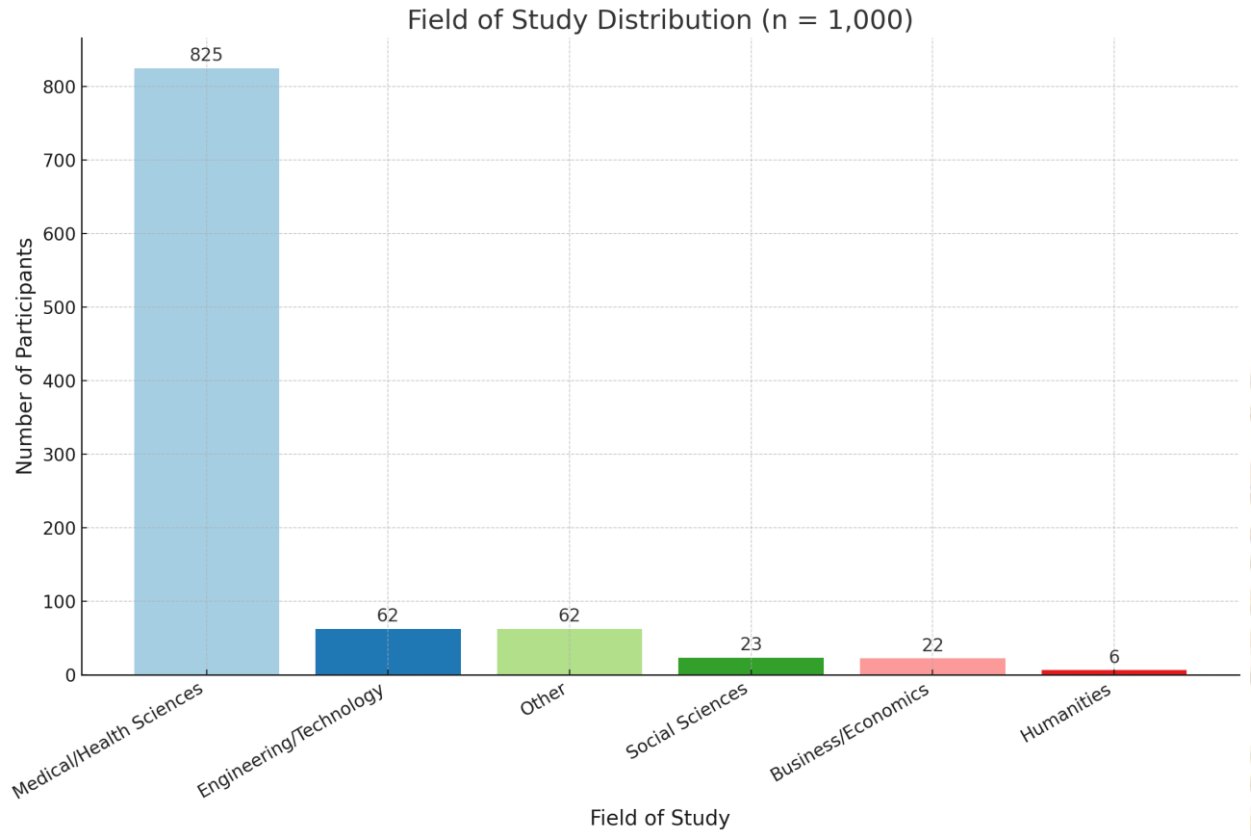

Table 4: Academic Stress Level by Country (n = 1,000)

Academic Stress Level	USA	Yemen
1 (No stress)	23	31
2 (Mild stress)	78	72
3 (Moderate stress)	219	190
4 (High stress)	139	161
5 (Extreme stress)	41	46

Figure 4: Academic Stress Level by Country (n = 1,000)

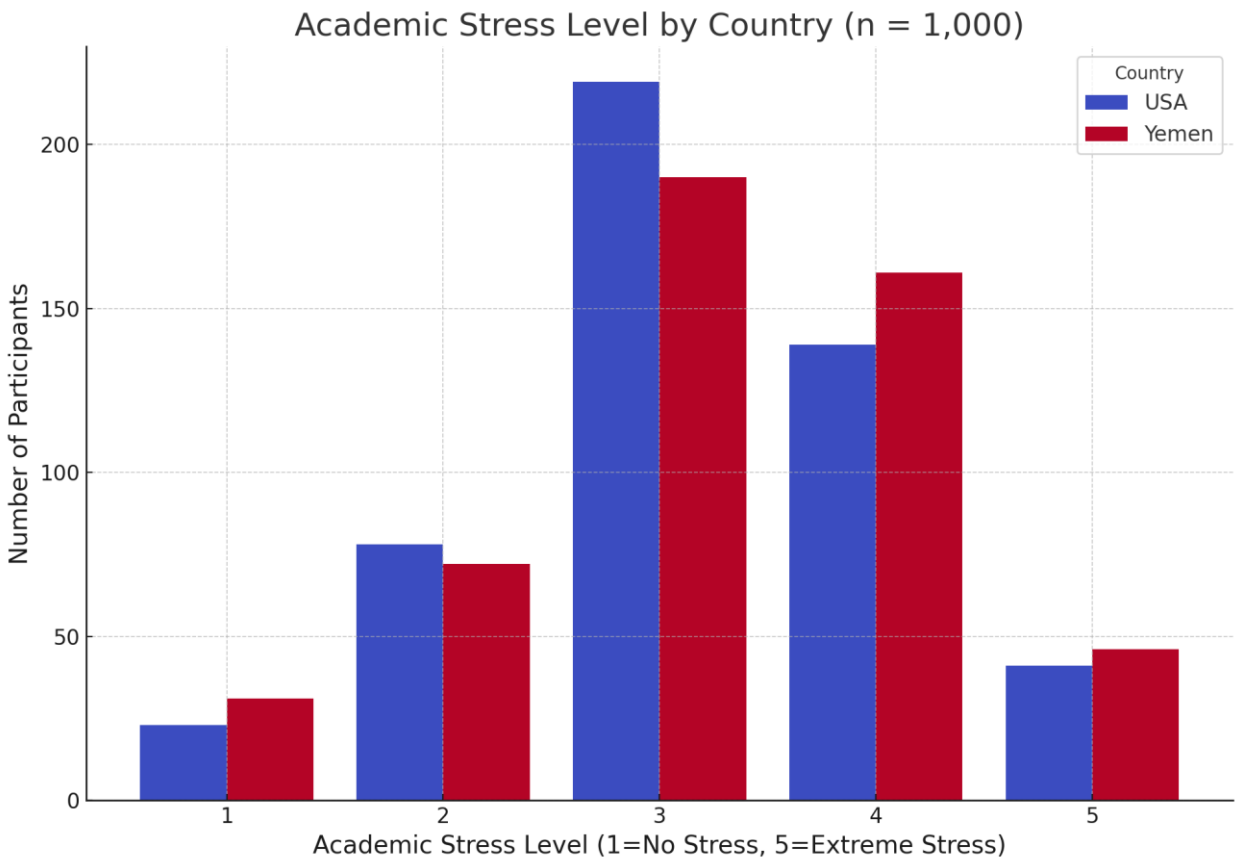

Table 5: Main Sources of Academic Stress by Country (n = 1,000)

Stress Source	USA	Yemen
Exams/Grades	394	383
Family Expectations	152	146
Financial Difficulties	177	173
Heavy Workload	282	278
Lack of Sleep	215	216
Other	74	71
Social Pressure	83	91
Time Management	313	312

Figure 5: Main Academic Stress Sources by Country

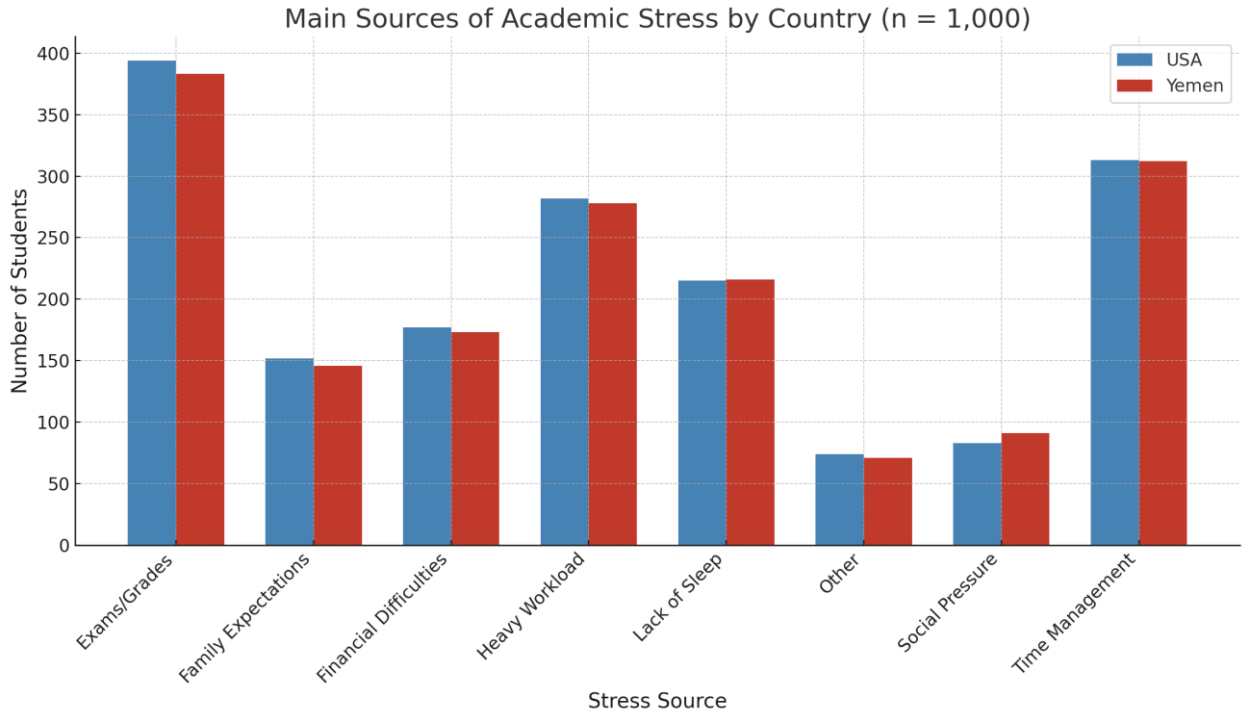

Table 6: Main Sources of Academic Stress by Gender (n = 1,000)

Stress Source	Female	Male
Exams/Grades	421	356
Family Expectations	159	139
Financial Difficulties	180	170
Heavy Workload	309	251
Lack of Sleep	223	208
Other	80	65
Social Pressure	91	83
Time Management	329	296

Figure 6: Main Academic Stress Sources by Gender

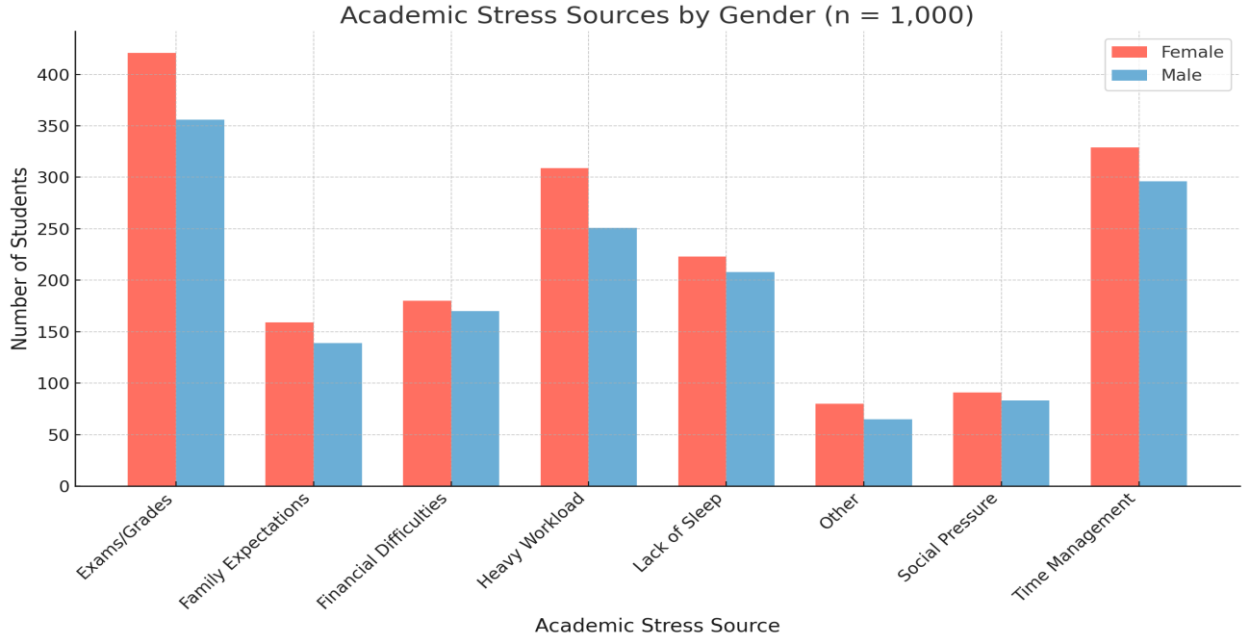

Table 7: How Often Do You Experience Academic Stress (by Country, n = 1,000)

Country	Rarely	Occasionally	Frequently	Always
USA	45	136	255	64
Yemen	46	156	231	67

Table 8: How Often Do You Experience Academic Stress (by Gender, n = 1,000)

Gender	Rarely	Occasionally	Frequently	Always
Female	44	165	251	72
Male	47	127	235	59

Table 9: Frequency of Religious Coping During Academic Stress by Country and Gender (n = 1,000)

By Country (n = 1,000)

Country	Never	Rarely	Sometimes	Often	Always
USA	23	44	93	140	200
Yemen	22	31	103	134	210

By Gender (n = 1,000)

Gender	Never	Rarely	Sometimes	Often	Always
Female	20	45	91	145	231
Male	25	30	105	129	179

Table 10: Religious Coping Methods Used During Stress by Country

Religious Method	USA	Yemen
Daily Prayers (Salah)	367	376
Reading Quran	308	304
Fasting	105	85
Supplication (Dua)	306	316
Guidance from Imam	49	62
Islamic Gatherings	99	95
Tawakkul	306	300
Other	85	86

Figure 10: Religious Coping Methods Used During Stress by Country

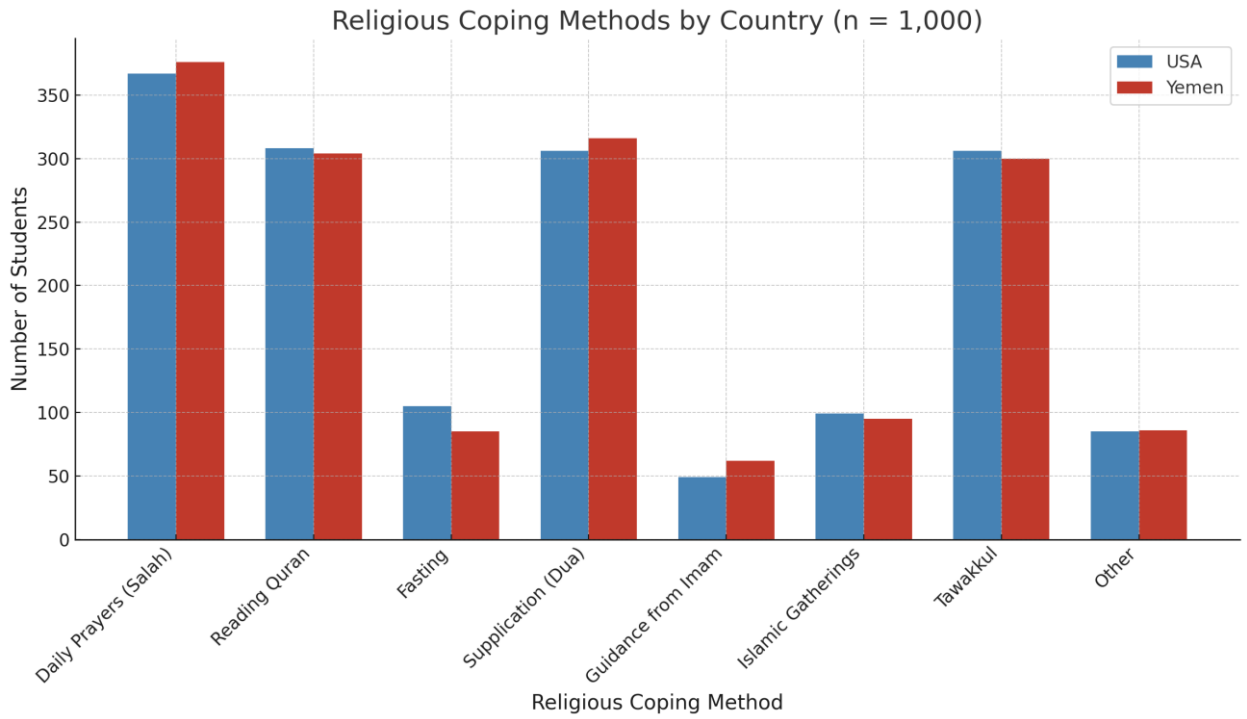

Table 11: Religious Coping Methods Used During Stress by Gender

Religious Method	Female	Male
Daily Prayers (Salah)	411	332
Reading Quran	327	285
Fasting	100	90
Supplication (Dua)	329	293
Guidance from Imam	63	48
Islamic Gatherings	111	83
Tawakkul	333	273
Other	82	89

Figure 11: Religious Coping Methods Used During Stress by Gender

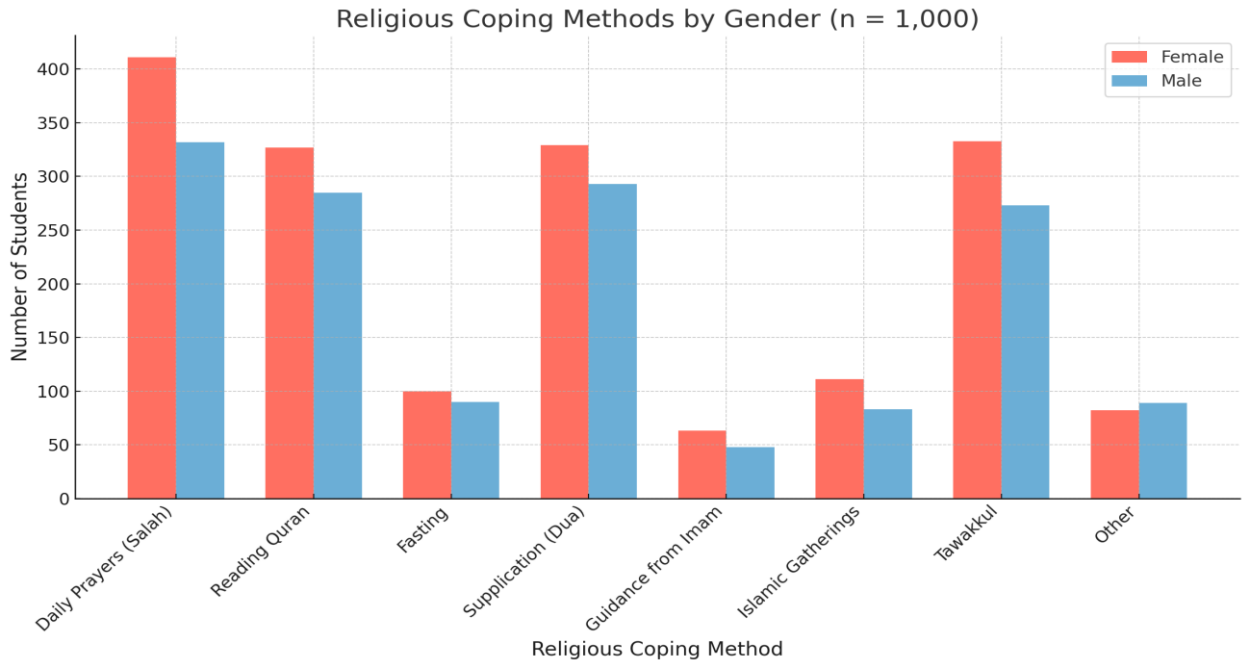

Table 12: Perceived Effectiveness of Religious Coping by Country (n = 1,000)

Country	Not Effective	Slightly Effective	Moderately Effective	Very Effective	Extremely Effective
USA	37	23	108	176	156
Yemen	20	31	120	185	144

Table 13: Perceived Effectiveness of Religious Coping by Gender (n = 1,000)

Gender	Not Effective	Slightly Effective	Moderately Effective	Very Effective	Extremely Effective
Female	28	26	123	198	157
Male	29	28	105	163	143

Table 14: Perceptions of Mental Health Discussion Openness by Country (n = 1,000)

Country	Not Discussed	Rarely Discussed	Sometimes Discussed	Openly Discussed
USA	40	209	188	63
Yemen	64	210	160	66

Table 15: Perceptions of Mental Health Discussion Openness by Gender (n = 1,000)

Gender	Not Discussed	Rarely Discussed	Sometimes Discussed	Openly Discussed
Female	56	214	195	67
Male	48	205	153	62

Table 16: Comfort Level with Seeking Mental Health Help by Country (n = 1,000)

Country	Extremely Uncomfortable	Somewhat Uncomfortable	Neutral	Somewhat Comfortable	Extremely Comfortable
USA	9	141	129	179	42
Yemen	16	157	131	144	52

Table 17: Comfort Level with Seeking Mental Health Help by Gender (n = 1,000)

Gender	Extremely Uncomfortable	Somewhat Uncomfortable	Neutral	Somewhat Comfortable	Extremely Comfortable
Female	16	152	140	173	51
Male	9	146	120	150	43

Table 18: Belief That Seeking Mental Health Help Reflects Weakness or Lack of Faith, by Country and Gender (n = 1,000)

by Country (n = 1,000)

Country	Yes (Weakness)	No (Not Weakness)
USA	87	413
Yemen	120	380

By Gender (n = 1,000)

Gender	Yes (Weakness)	No (Not Weakness)
Female	115	417
Male	92	376

Table 19: Availability of Mental Health Services at Universities by Country (n = 1,000)

Country	Yes, at University	Yes, Outside University	No, but Considered	No, Never
USA	185	67	85	163
Yemen	185	68	84	163

Table 20: Use of Mental Health Services by Country and Gender (n = 1,000)

By Country (n = 1,000)

Country	Yes, at university	Yes, Outside University	No, but Considered	No, Never
USA	71	73	98	258
Yemen	77	75	86	262

By Gender (n = 1,000)

Gender	Yes, at university	Yes, Outside University	No, but Considered	No, Never
Female	76	76	95	285
Male	72	72	89	235

Table 21: Preferred Mental Health Support Contacts by Country

Country	Close Friend	Family Member	Wouldn't Talk	Imam	Islamic MH Specialist	Psychiatrist	University Counselor
USA	279	241	103	46	54	91	53
Yemen	275	227	116	32	60	101	54

Table 22: Preferred Mental Health Support Contacts by Gender

Gender	Close Friend	Family Member	Wouldn't Talk	Imam	Islamic MH Specialist	Psychiatrist	University Counselor
Female	298	232	121	47	60	97	68
Male	256	236	98	31	54	95	39

Table 23: Chi-Square Test Results for Mental Health Support Preferences by Country (n = 1,000)

Support Choice	Chi-Square	p-Value
Family Member	0.68	0.410
Close Friend	0.04	0.849
Imam/Religious Leader	2.35	0.125
University Counselor/Therapist	0.00	1.000
Medical Doctor (Psychiatrist)	0.52	0.470
Islamic Mental Health Specialist	0.25	0.619
Wouldn't Talk to Anyone	0.84	0.359

Table 24: Chi-Square Test Results for Mental Health Support Preferences by Gender (n = 1,000)

Support Choice	Chi-Square	p-Value
Family Member	4.38	**0.036**
Close Friend	0.12	0.724
Imam/Religious Leader	1.40	0.237
University Counselor/Therapist	4.70	**0.030**
Medical Doctor (Psychiatrist)	0.56	0.455
Islamic Mental Health Specialist	0.00	0.976
Wouldn't Talk to Anyone	0.37	0.541

Table 25: Chi-Square Test Results for Academic Stress Sources by Country (n = 1,000)

Stress Source	Chi^2	p-Value
Exams/Grades	0.58	0.447
Heavy Workload	0.04	0.848
Financial Difficulties	0.04	0.842
Family Expectations	0.12	0.730
Lack of Sleep	0.00	1.000
Time Management	0.00	1.000
Social Pressure	0.34	0.559
Other	0.00	1.000