### HOMESICKNESS, PHYSICAL AND PSYCHOLOGICAL HEALTH IN UNDERGRADUATE STUDENTS

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### ABSTRACT

Homesickness is a condition where one experiences longing for home and rumination about home which is often accompanied by psychological distress and physical symptoms. This study aimed to study the relationship between Homesickness, and physical and mental health in Undergraduate students. It also compared the health of day scholars and hostelites. Furthermore, it assessed the levels of homesickness with an emphasis on gender and academic year. A correlational research design with comparative analysis was employed to study the relationship between homesickness, and physical and psychological health among 377 undergraduate students. Utrecht Homesickness Scale (UHS), The Physical Health Questionnaire (PHQ), and Depression, Anxiety, and Stress Scales (DASS-21) were utilized for data collection. Descriptive analysis, Pearson correlation coefficient, linear regression, and ANOVA were conducted through SPSS version 25 to analyze the results. Homesickness is significantly correlated with DASS-21(r = .564, p < .01) and Physical Health (r =.555, p < .01). Linear regression revealed that Homesickness is responsible for 32% variance in DASS-21 score and 31% variance in Physical Health Score. Females demonstrated a higher level of homesickness than males with a significant difference (t = -6.43, p = .000). There was no significant difference in physical health (.274>, p=0.05) of day scholars and hostelites. Similarly, there was no significant difference in psychological health (p<0.05). Seniors had higher homesickness levels (p<0.05) than freshmen, sophomore, and junior students. This study highlights the impact of homesickness on physical and psychological health and suggests a need for interventions by academic authorities for students who are suffering from homesickness. Keywords: Homesickness, Physical, Psychological health, Undergraduate students

### **INTRODUCTION**

Homesickness is a multifaceted phenomenon and prevalent issue that is affected by various factors, and it impacts the psychological, social, and physiological aspects of an individual. This study aims to study the impact of Homesickness on Physical and Psychological health among university students residing in hostels through the lens of the Biopsychosocial model (Engel, 1977). The model reveals that a disease, whether physiological or mental due to its symptoms needs to be diagnosed by looking at social, biological, and psychological factors. Moreover, this research studies gender and academic year differences in Homesickness levels. It also explores the difference in overall wellbeing between day scholars and hostel students.

Homesickness is defined as an intense feeling of sorrow and longing followed by absence from one's home and native land (APA Dictionary of Psychology, 2018). Similarly, Homesickness is a "mini grief," a negative emotional state triggered by separation from home and attachment figures. This experience is characterized by a longing for and obsessive thoughts about home, often accompanied by challenges in adjusting to the new environment(Stroebe et al. 2015).

World Health Organization (1948) states that "Health is an overall state that encompasses

physical, mental, and social wellbeing, rather than simply the absence of disease and impairment". Physical Health or health, in general, depends on four main factors i.e., Genetics (18-20%), Health status (8-10%), the state of the environment (17-20%), and lifestyle of the person (49-53%) (Koipysheva et al. 2018).

APA Dictionary of Psychology (2018) defines mental health or psychological health as a condition of the mind characterized by emotional well-being, good behavioral adaptation, relative independence from anxiety and disabling symptoms, and the ability to build strong connections and cope with the usual demands and stressors of life.

Homesickness is a prevalent issue with 94% of students reporting it( English et al. 2017). Several factors trigger homesickness i.e., missing the comfort of home, food, feeling sick, workload, exam time, etc (Mozafrinia et al. 2014; Alothman, 2020). Can (2015) stated that Homesickness is significantly and negatively associated with psychological well-being. It meant that the students who have low levels of homesickness have high scores on psychological well-being. Moreover, this study stated homesickness causes a 3% variance in psychological well-being. Palai et al. (2016) investigated the connection between homesickness, stress, and adjustment in students. Their findings showed a positive relationship between these factors. It suggested that when students felt more homesick, it also increased their stress levels. Moeini et al. (2018) observed a positive correlation between homesickness and depression in university students. Similarly, Biasi et al. (2018) found that both aspects of homesickness i.e., disliking the university and attachment to home were negatively associated with a student's psychological functioning, affecting their thinking, emotions, social interactions, and even physical health. Research by Rafat et al. (2019) showed that both missing home and disliking the university environment influenced students' mental health. A. R. M. Hamid (2022) concluded that homesickness was linked to increased psychological discomfort, depression, and anxiety symptoms. Ferrara's (2022) findings suggested that homesickness can lead to feelings of sadness and crying. Some students reported withdrawing from social interactions when feeling homesick while others revealed that it affected

their ability to concentrate on academics. Moubeen et al. (2024) confirmed the results of previous studies by stating that homesickness is positively correlated with anxiety (.37, p<.01) and stress (.33, p<.01). However, regression analysis concluded that the impact of homesickness on depression is quite low. Mohamud et al. (2023) confirmed homesickness to be a strong predictor of psychopathologies (anxiety, depression, and stress) and psychological well-being. In simpler terms, it means that Homesickness intensifies symptoms of anxiety, depression, and stress and it negatively affects

Ferrara's (2022) phenomenological study revealed homesickness manifested in various psychological, physical, and cognitive symptoms. The participants described difficulty concentrating on schoolwork, along with physical symptoms like nausea and tiredness., Several expatriates in Polay's (2020) study reported experiencing physical discomfort while feeling homesick. These included constant headaches, weakness in joints, and even difficulty describing their overall physical state. These findings support the results of a study by Tilburg et al. (1999) which claimed that self-reported health and mood were decreased in homesick and homesick-prone individuals. Similarly, Abiagail Oghenerhoro also concluded (2020)that participants reported fever, trouble sleeping, and high blood pressure due to homesickness. However, Ting et al. (2020) presented contrasting findings in their research stating that none of the participants reported physical health issues related to homesickness.

Liaqat et al. (2017) found a higher prevalence of depression at 40.4% in hostel students, suggesting that factors specific to hostel life might contribute to depressive symptoms in some students. Conversely, Kabra et al. (2016) observed no significant difference in mental health between hostelers and day scholars. Studies show contrasting findings between the mental health of day scholars and hostelite students. Jacob et al. (2017) reported a positive outlook, finding that allday scholars in their study were healthy, while 92% of hostel students reported good health. This suggests that hostel life may not necessarily have a negative impact on physical health, according to this study. However, Rasool et al. (2022) presented contrasting findings. Their research indicated that

only 36.5% of hostel students had good physical health, compared to 53.9% of day scholars.

Can (2015) and Palai et al. (2016) reveal that there is no significant difference in levels of homesickness experienced by men and women. However, Sami et al. (2023) & Moeini et al. (2018) presented contrasting findings by claiming that there is a significant gender difference in levels of homesickness. Moeini et al. (2018) suggested that females experienced more homesickness than males whereas Sami et al. (2023) stated that males experienced more homesickness than females. Additionally, Nelson et al. (2018) found that sex was not a major factor influencing homesickness. However, he also found that a higher proportion of female students reported feeling moderately homesick than males.

Current research conducted within Pakistan has primarily focused on comparing physical health, academic progress, and general psychological well-being between day scholars and hostel students (Faisal, 2016; Liagat et al., 2017; Jacob et al., 2019; Rasool et al., 2022). These studies provide valuable insights, but they have overlooked the role of Homesickness in influencing the physical and psychological health of students. Homesickness is often ignored as it is a universal experience. However, it can manifest itself in somatic and mental health problems such as depression, anxiety, and stress. By exploring the relationship of Homesickness with physical and psychological health, this study aims to fill in the research gap in Pakistan and emphasizes the importance of interventions by University administration to support students.

### Hypothesis

There is a negative relationship between Homesickness and Physical Health in hostel students

There is a negative relationship between Homesickness and Psychological health in hostel students.

Females are more likely to experience Homesickness than males

Day scholars experience good physical as compared to hostel students.

Day scholars experience good psychological health as compared to hostel students

Methods

The study is quantitative and correlational followed by a comparative analysis. A sample of 385 participants including both day scholars and hostelites was taken. Eight participants returned forms with incomplete data which led to a final sample of 377 participants. Both male and female students in their freshmen, sophomore, junior, and senior years were included through convenient sampling. The ages of participants ranged from 17 to 25 years of age. Data was collected in person. Each participant took 15 to 20 minutes on average to fill out the data collection form.

Utrecht Homesickness Scale, Stroebe, et al.(2002), a 5-point Likert scale was used to assess the extent of different aspects of homesickness experienced by people. It has 45 items and five subscales i.e., Missing family, rumination about home, missing friends, adjustment difficulties, and loneliness. Depression Anxiety Stress Scales-DASS 21, Lovibond, et al. (1995) is a 21-item self-report measure that was used to assess anxiety, depression, and stress in a population above 18 years of age. It is a condensed version of DASS-42, and it contains a subset of items of each scale (anxiety, depression, and stress). The Physical Health Questionnaire, by Schat et.al. (2005) is a self-report measure that assesses different dimensions of somatic health. It consists of 14 items, and it has a 7-point Likert scale. This scale includes four subscales i.e. gastrointestinal, headache, sleep disturbances, and respiratory illnesses subscales.

IBM SPSS Statistics version 25.0.1. was used to carry out statistical analysis. Data was organized using descriptive statistics. Pearson productmoment correlation was implemented to find out the relation between the level of homesickness and the psychological and physical health of hostel students. Furthermore, linear regression was used to find the effect of homesickness on physical and psychological health. An Independent sample t-test was used to compare the difference between homesickness of male and female hostel students. It was also used to compare the difference in physical and psychological health between day scholars and hostelites. One-way ANOVA was used to compare Homesickness across all academic years.

This study emphasized ethical research procedures. Approval was taken from the Institutional Review

Board, Ethical Review Committee, and Vice-Rector of Academic Affairs guaranteeing the study's integrity. Participation was entirely voluntary, with participants informed of the study's objectives and their choice to withdraw at any time. Data was collected in person and each participant took 15 to 20 minutes on average. Data was secured on password-protected devices, and only researchers could access it. Furthermore, the study avoided deception and aimed for unbiased data collection.

### Results

#### Table 1

Descriptive Statistics of Participant (N=377)

Variable	n	%	М	SD	
Age	-	-	21.03	1.67	
Sex					
Men	179	47.5	-	-	
Women	179	52.5	-	-	
Academic Year					
Freshmen	99	26.3	-	-	
Sophomores	94	24.9	-	-	
Junior	88	23.3	-	-	
Senior	96	25.5	-	-	
Residential Status					
Day Scholar	188	49.9	-	-	
Hostelites	189	50.1	-	-	
Prevalence of					
Homesickness					
Homesick	159	84.1			
Not Homesick	30	15.9			

The participants had a mean age of 21.03 years(SD=1.67). The sample consisted of 179(47.5%) male participants and 198( 52.5%) female participants. The distribution of participants across academic years i.e., Freshmen: 99(26.3%), Sophomores: 94 (24.9%), Juniors: 88 (23.3%), and Seniors: 96(25.5%). Nearly half (188, 49.9%) of the participants were day scholars, while the remaining (189, 50.1%) were hostel residents. The frequency

of an item from the Utrecht Homesickness Scale was found to investigate the prevalence of Homesickness in our sample. The data revealed that a substantial proportion of participants (n =159, 84.1%) reported experiencing homesickness. Conversely, only a minority (n = 30, 15.9%)indicated not being homesick.

#### Table 2

Descriptive Statistics of the Scales (N=377)

			R	ange
Variables	Μ	SD	Min	Max Cronbach's Alpha
Utrecht Homesickness	2.91	.70	1	5 .95
Depression, Anxiety & Stress	46.47	26.25	0	120 .92
Physical Health	3.51	1.10	1	6 .86

The Cronbach's alpha coefficient for this Utrecht Homesickness was .95(>.80), indicating excellent internal consistency. The Cronbach's alpha for Depression, Anxiety, and Stress scale was .92(>.80), demonstrating high internal consistency. The Cronbach's alpha for the Physical Health Questionnaire was .85(>.80), reflecting good internal consistency.

Table	3
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Descriptive Statist	ics and Correlat	ion for Study V	ariables (N=189)	)		
Variable	n	М	SD	1	2	3
UHS	189	2.91	.70	-	-	-
DASS-21	189	47.65	28.15	.56**	-	-
PHQ	189	3.57	1.18	.56**	.69**	-

Note: \*\*Correlation is significant at the 0.01 level(2-tailed)

UHS=Utrecht Homesickness Scale, DASS-21= Depression, Anxiety and Stress, PHQ =Physical Health Questionnaire

A significant positive correlation (r = .56, p < .01) was found between UHS scores and DASS-21 scores. Similarly, a significant positive correlation (r = .56, p < .01) was also found between UHS scores and PHQ. This indicates that a higher level of homesickness is related to poorer psychological and physical health.

### Table 4

Regression Co-efficient of Homesickness on Depression, Anxiety, and Stress Levels and Physical Health

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Variable	В	β	SE
Constant	-17.8		7.20
Homesickness	22.5***	.56	2.40
R <sup>2</sup>	.32		
Constant	.86***		.30
Homesickness	.93***	.56	.10
R <sup>2</sup>	.31		
Note= 188			

<sup>\*\*\*</sup>p<0.01

Through Linear regression analysis, the value of  $R^2$  revealed homesickness to be responsible for 32% of the variance in psychological health. The value of F=(1, 187) = 87.2 where p<0.01. The findings revealed that "Homesickness" is a strong predictor of "Depression, Anxiety and Stress Levels" ( $\beta$ =.56, p<0.01). In Linear regression analysis for Physical Health, the value of  $R^2$  revealed Homesickness to be responsible for 31% of the variance in physical health, F=(1, 187) = 83.2, p<0.01. The findings indicated Homesickness to be a strong predictor of poor Physical Health ( $\beta$ =.56, p<0.01).

### Table 5

Gender Differences in Homesickness

Gender Differences in	Male	288	Female					
Variables	М	SD	М	SD	t (189)	р	Cohen's d	
Homesickness	2.60	.71	3.20	.57	-6.43	.000	0.93	

Men and women exhibited significant differences in homesickness (t = -6.43, p = .000) where females reported higher levels of homesickness as compared to male. Moreover, the value of Cohen's d= 0.93(>0.50), indicates a large effect size.

### Table 5

Differences in Psychological and Physical Health(N=377)

	Day sch	nolar	Hostelit	Hostelites			
Variables	М	SD	М	SD	t(377)	р	Cohen's d
Psychological Health	45.28	24.20	47.65	28.15	-8.78	.38	0.09
Physical Health	3.45	1.00	3.57	1.18	-1.09	.27	0.10

The independent sample t-test for differences in psychological health showed no significant difference in psychological health scores between day scholars (M = 45.28, SD = 24.20) and hostelite students (M =

47.65, SD = 28.15). The t-test for physical health suggested that day scholars and hostel students have similar physical health t (-1.09) in physical health scores between day scholars and hostelites.

### Table 6

Mean, Standard Deviation, and One Way Analyses of Variance in Levels of Homesickness
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Measure	Freshr	eshmen Sophomore Junior		Senior		F (1,189)	$\eta^2$			
	М	SD	М	SD	М	SD	М	SD	-	
Homesickness	2.68	.71	2.86	.68	3.02	.65	3.19	.69	.436***	0.07

\*\*\*p<0.05

Findings revealed a significant mean difference in homesickness levels across academic years (F = 0.43, df = 188, p = 0.03). The study suggested that Seniors had comparatively higher levels of homesickness than freshmen and sophomore students. However, the value of  $\eta^2=0.07(<.20)$ , suggests this difference is very small.

### Discussion

Participants in the research were taken from the population of undergraduate students. Most of the participants were around 21 years old. The consistency in the age range reduces the effect of age-related variables. Moreover, representation from all academic years enabled the investigation of potential differences in homesick experience. Including students from both genders, residential status(day scholars and hostelites) and all academic years increases the findings' generalizability to a larger student community. The study found that 84.1% of participants reported experiencing homesickness whereas English et al.(2017) 97% students reported of experienced homesickness and Nelson declared prevalence of homesickness in students as 93.55%, respectively. The observed discrepancies in the percentages might be due to various factors. One of the main reasons might be that the sample of previous studies included freshmen students, a group of students who are likely to experience owing to adjustment issues with the new environment of university(English et al. 2017; Nelson et al.2018) and the current study included students from a different academic background.

The research demonstrates a significant association between homesickness and psychological health in students. There is a negative correlation between homesickness and psychological health i.e., high levels of depression, anxiety, and stress indicate poor psychological health and increased psychological distress. It implies that a high level of homesickness will decrease psychological health. Palai et al. (2016) stated that Homesickness is positively related to stress and adjustment which means that students who encounter homesickness are more likely to have increased stress levels. Whereas Can (2015) discovered a negative relationship between homesickness and psychological well-being. Linear regression revealed that Homesickness is a strong predictor of psychological health with 32% variance in it. This data presents a challenging scenario. Students suffering from severe homesickness appear to be more likely to acquire or experience symptoms of depression, anxiety, and stress. This emphasizes the need to recognize homesickness not only as an emotional symptom but also as a potential risk factor for mental health issues among students.

The study also discovered a positive relationship between homesickness and physical health scores, implying that higher degrees of homesickness correlate with higher physical health scores which indicates poor health. It confirmed the results given by Polay (2020) & Ferrara (2022) which claimed that participants experienced nausea, tiredness, physical discomfort, and weakness in joints due to homesickness. The conclusion is reinforced by linear regression analyses which revealed Homesickness to have a 31% variance in physical health. This finding is in contrast to research by Ting et al.(2020) where the participants experienced no physical symptoms due to homesickness. Homesickness can impact the sleep cycle, appetite, and mental health which can in turn affect the physical health of students. The study also confirmed a positive relationship between psychological health and physical health which means students who are in continuous stress can develop physical illness

Female participants had elevated levels of homesickness as compared to male participants. These findings are supported by previous research

by Dazkir (2018) & Nelson et al.(2018) who discovered that females had higher levels of homesickness. Moreover, the larger effect size also emphasizes the difference between males and females in terms of experiencing homesickness. However, the findings of this study were in contrast to previous studies that showed no significant difference in levels of homesickness( Can, 2015; Palai et al. 2016; Mahmud et al. 2024).

The study found no significant difference in physical health between day scholars and hostelites. This is consistent with previous research, such as Kabra et al. (2016), who found similar physical health levels across housing situations. However, our findings differ from those of Rasool et al. (2022) and Jacob et al. (2017), who found that day scholars reported greater physical health than hostelites. Wu et al. (2017) also stated that students living with their families scored higher on Health-related quality of life than students who are living away from their families. Similarly, Lupi et al. (2015) discovered that students living away from their families have more difficulty in adopting healthy dietary habits than students living with their families, and they reported having weight conditions that differed from normal.

This research revealed no significant differences in overall psychological health scores between the two groups. This is consistent with Kabra et al. (2016), who found similar mental health levels among day scholars and hostelite students. Munir et al. (2016) also confirmed that there is not a major difference in anxiety levels between day scholar and hostelite students. However, it is essential to recognize the existence of conflicting research. Some studies have found differences in mental health outcomes based on living situations. Research suggests that dormitory students may face higher rates of depression (Liagat et al.2017). Ran et al. (2016) also stated that there is a relationship between psychological distress and living arrangements. Dissatisfaction with living conditions and poor dietary habits are related to higher levels of depression in students

Additionally, the study found that seniors had higher levels of homesickness than sophomores and freshmen students. However, the magnitude of the difference was relatively small. The mean score implies a difference, but the magnitude of the difference is relatively small. In simple terms, the observed difference in homesickness scores between seniors and other academic years may not be large enough to establish that seniors suffer much more homesickness. The small difference in homesickness scores across academic years might be because of the stress of work, and exams (Alothman, 2020) and other possible factors that need to be investigated

### **Limitations and Suggestions**

This study emphasizes the relationship between homesickness and health but also admits limitations. It did not consider other factors such as income, culture, and social circles, all of which might have an impact on health. Furthermore, the limited sample size and short timeframe may not the complete picture. provide However. Longitudinal research is essential to examine the development of homesickness and how it interacts with other variables. Moreover, Oualitative methods, like as interviews, can be used to investigate the underlying mechanisms that link homesickness to health difficulties.

### Implications

This research fills a research gap in the existing literature on homesickness in Pakistan. It also contributes to raising awareness about this issue. By highlighting the prevalence and impact of Homesickness, it emphasizes further research on this phenomenon in Pakistan. University and Hostel administration should introduce support programs such as counselling services, peer support groups, and cultural events to mitigate challenges faced by students due to homesickness such as poor academic performance and overall health. Therefore, these interventions will empower students to deal with Homesickness and its impact on overall health.

### Conclusion

This study found that homesickness among undergraduates was associated with higher depression, anxiety, stress, and poor health. Homesickness appeared as a significant predictor of both mental and physical well-being, indicating it as a focus for enhancing student health. Females experienced more homesickness, which aligns with previous study. While living circumstances did not affect general health, homesickness levels

indicated a minor increase between academic years, requiring further examination.

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