The Relationship of Religiosity and Anxiety among University Students: A Case Study at Kunduz University

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Abstract

Religiosity is the most important factor in the personal and social well-being of Muslims and provides encouragement, meaning, satisfaction, endurance, and hope in the lives of religious people. Anxiety is a diffuse, unpleasant, vague feeling of unknown origin that occurs in a person and is accompanied by a sense of uncertainty, helplessness, and physiological arousal. The main purpose of this study was to investigate the relationship between religiosity and anxiety among university students. This research is a descriptive survey in terms of nature, applied in purpose, and correlational in analysis. The data collection tools were the Cattel Anxiety Scale (1957) and Husain Zareh et al. (2011) Religious Beliefs Questionnaire. The statistical population of this study consisted of all Kunduz University students in the spring term of 2024. The sample size was determined using the Cochran formula with a confidence level of 95% and error of 5% to determine the number of 439 participants, and the data were collected by stratified random sampling. The data obtained from the questionnaires were analyzed using IBM SPSS-28 software. The findings revealed that as religious beliefs increased, anxiety levels tended to decrease, and religiosity had an inverse and significant relationship with anxiety. This means that a 1% increase in religiosity leads to a 0.271% decrease in anxiety.

Keywords: Anxiety, Correlation, Religiosity, Students, University.

Introduction

Religion as one of the most important variables affecting the behavior and mental states of individuals has been the focus of many behavioral scientists; Some have introduced religion as a fundamental factor in individual and social health (Hadavi and Heshmati, 2015). Some scientists believe that many health variables can be explained by religious beliefs. Religion is a factor that influences behavior and cognition. They believe that religion helps humans understand the meaning of life events, especially problematic ones, and causes encouragement and pleasure in the soul, thus increasing personal and social health. Religiosity creates meaning, satisfaction, hope, acceptance by others, and a

healthier lifestyle, consequently raising health (Haidarkhani, Noorbakhsh, and Qanbari, 2016). Religiosity is the manifestation and example of religion and is a general term applied to any person or phenomenon in which religious values and signs are manifested. Religion is a practical system based on beliefs sent by Almighty Allah to guide human beings on the path of divine growth and perfection in the individual and social dimensions. It brings a sense of comprehensiveness to the individual (Kalantari and Arani, 2015). Religious orientation is an independent and autonomous factor in human personality that affects all aspects of health. Most scientists believe that religion creates hope and optimism and leads to positive individual and social adaptations. By establishing a relationship with God and religious attitudes, man increases his limited strength by resorting to an unlimited source such as the power of God. This feeling causes peace and physical and mental health and increases satisfaction with human life (Mushkati and Badami, 2016). Religion deals primarily with non-objective symbols that express the feelings, values, and hopes of believers, or organizes and orders the flows of interaction between humans and foreign nobles, or the whole set of minds. The book summarizes the nobles or presents the background of this whole (Afshani, Khorrampoor, and Mobini, 2015).

Anxiety is a diffuse, unpleasant, vague feeling with an unknown origin that occurs in a person and is accompanied by a sense of uncertainty, helplessness, and physiological arousal (Siddiqui, 2019). All humans naturally experience anxiety in many situations. For example, before an important exam, a speech at a gathering, an interview on a TV, etc. These anxieties are normal and adaptive reactions that help people deal with difficult situations more effectively. However, anxiety is sometimes so severe and problematic that a person cannot normally go about their daily life, cannot maintain his or her job, or cannot have useful and harmonious relationships with friends, spouses, and family. This is where the person is said to have an anxiety disorder. Anxiety disorder is a mental state or severe arousal characterized by fear, doubt, and excessive worry (Sadat and Haqyar, 2018). Anxiety has four elements: 1- cognitive (expecting an imminent threat or harm), 2- physical (paleness, trembling, shortness of breath, dry mouth, frightened face), 3- emotional (feeling of panic, fear, nausea, unease, and murmuring), and 4- behavior (fight and flight) (Seddiqi, 2010). Humans often feel anxious and tense when confronted with threatening and stressful situations. Such feelings are considered adaptive reactions to psychological stress. Anxiety is maladaptive in situations that most people can handle (Atkinson et al., 2010). Anxiety is an internal feeling caused by fear and tension. It is a natural response to threatening situations. This state is a psychophysiological response to dangerous situations accompanied by fight-flight reactions (Farjad, 2009). Fear is a reaction to a real danger, while anxiety is a reaction to a danger that does not exist. However, it must be admitted that anxiety is not imaginary but is based on an inner fear that is sometimes very severe. Anxiety is often caused by completely unconscious motives. Anxiety is a painful feeling that leads to physical symptoms: paleness, tremors, nervous crisis, rapid heartbeat, sweating, spasms of internal organs, suffocation, dry

mouth, and chest and leg pain (Ganji, 2005). According to the National Mental Health Association, 46% of male students and 64% of female students suffer from anxiety. With increasing religious orientation among students, depression, anxiety, and mental health decrease (Frohari et al., 2019). Hadwi and Heshmati (2015), in research on the relationship between religiosity and mental health of students of Shahed University, found that the factors of religiosity and adherence to religious principles are the most important factors affecting various mental and physical aspects of people. Haidarkhani, Noorbakhsh, and Ghanbari (2016), in a study on the relationship between religiosity and social health, found that with the increase of different dimensions of religiosity, namely consequential, ritual, belief, experiential, and cognitive dimensions, the level of social health increases. Hosseini, Masoumi Tabar, and Seyed Karimi (2017), in their research on the relationship between stress, anxiety, and depression with life satisfaction, found a negative and significant relationship between anxiety and life satisfaction. This means that as anxiety increases, life satisfaction decreases and affects various aspects of life negatively. Kalantari and Arani (2015), in a study on the relationship between religiosity and mental health with feelings of loneliness, concluded that there is a significant and negative relationship between the level of religiosity and mental health with feelings of loneliness, and religiosity and religious beliefs of people affect it. It has a positive impact on their mental health. Mashkati and Badami (2016), in their study entitled The Relationship Between Religiosity and Mental Health of Physical Education Students, found that religiosity has a high contribution to human mental health, and physical health as a prerequisite for mental health is very necessary for physical education students and the need for dimensions of religiosity. It has been emphasized as increasing the level of physical and mental health. Peterman, LaBelle, and Steinberg (2014), in an article entitled The Relationship Between Religiosity and Anxiety in Youth, found that higher levels of religiosity were associated with lower levels of anxiety in early and mid-adolescence. Parsa Mehr and Asghari Yingja (2016), in a study entitled the relationship between psychosocial health and national and religious identity among students, concluded that performing religious acts such as prayer, fasting, and other acts of worship at intervals repeatedly creates a kind of mental and psychological peace in humans by pointing them to God, which can be effective in self-building and methods of dealing with stress and thus reducing mental disorders. Afshani, Khormapour, and Mobini (2014), in their article entitled "Study of the Relationship between Religiosity and Self-Flourishing," found that the level of religiosity and self-flourishing of women is higher than that of men, and statistically, religiosity has a direct and significant impact on self-flourishing, and among the dimensions of religiosity,the consequential dimension showed the strongest relationship with the self-flourishing variable. Bavarsad, Shamsi Goshki, and Mohammadi (2014), in research on the relationship between religiosity and the mental health of the human resources of an organization, found that there is a positive and significant relationship between religiosity and the mental health of employees. There was also a positive and significant relationship between religious dimensions other than belief

dimensions and employees' mental health. In their study on the relationship between religious orientation, anxiety, and depression among university students, Farouhari and colleagues (2019) found that religious teachings and strengthening beliefs lead individuals toward perfection, growth, and mental health. Belief in God creates the power to eradicate the causes of anxiety and depression. Wasgh and Mohammadi (2007), in a study entitled Religiosity, Anxiety, and Depression among a sample of Iranian medical students, concluded that the results provided more evidence for the protective role of religion against anxiety and depression. All three subtests of religiosity were negatively associated with anxiety and depression and negatively predicted anxiety and depression; however, only the prediction of anxiety by the religious beliefs score was statistically significant. Abdel-Khalek, A. M., and others (2019), in research on the relationship between religiosity and anxiety, concluded that religiosity can affect anxiety by providing mediating and coping mechanisms. Islamic beliefs and practices can be beneficial by integrating the psychotherapeutic processes of Muslim clients. Roh, S. (2010), in research on the impact of religion, spirituality, and social support on depression and life satisfaction among Korean adult immigrants, found that the relationship between low religiosity-spirituality coping skills and high levels of depression emphasized the importance of religiosity and spirituality. The results of this study also suggest that health and social service workers should help older Korean immigrants strengthen their religious/religious coping skills and social support systems, which in turn can reduce depression and increase life satisfaction. Some scientists believe that many health variables can be explained by religious beliefs. In fact, religion is a factor that influences behavior and cognition. Anxiety is an internal feeling caused by fear and tension. It is a natural response to threatening situations. This state is a psychological response to dangerous situations and is accompanied by cognitive, emotional, physical, and behavioral reactions. Since religiosity and anxiety significantly affect humans' quality of life, mental health, mood swings, and social well-being, the degree of influence of these variables depends on social, cultural, economic, family, biological, etc. factors. This study examined the effect of religiosity on anxiety levels according to demographic variables such as field of study, age, family income, and rural and urban residence among students. Numerous studies have been conducted on religiosity and anxiety and the relationship of each of these variables with other variables in different countries by researchers and psychologists; however, no research has been conducted in Afghanistan. Therefore, scientifically, this is a noteworthy and pristine study. Moreover, this research provides a theoretical background and a credible scientific resource for researchers in the fields of religiosity and anxiety. Research is also important because it provides a reliable scientific resource for policymakers, researchers, doctors, psychologists, sociologists, and others interested in the field.

Material and Method

In this study, two variables (religiosity and anxiety) were examined in relation to faculties, age, financial situation, marital status, and place of residence. The statistical population in this study consisted of all students at Kunduz University (2,750) during the spring term of 2024. The required sample size was determined using the Morgan sample size table, which indicated a need for 338 participants. Due to a 30% increase, data were collected from 439 participants with a 95% confidence level and a 5% margin of error, employing a random stratified sampling method. This research is a descriptive survey , applied in purpose, and correlational in analysis. The Cattell Anxiety Questionnaire (CAQ), developed by Raymond Bernard Cattell, is a 40-item questionnaire used to measure the level of overt and covert anxiety in people aged over 14 years and includes phrases that they deal with daily. This questionnaire determines the total score for anxiety, latent anxiety, and overt anxiety, as well as the degree of awareness and lack of awareness of one's anxiety (Ashtiani et al., 2017). This questionnaire was used to assess the participants' level of anxiety. The questionnaire for measuring religious beliefs was developed by Husain Zareh et al. (2011) and contains 26 items, each with five options (very much, much, little, very little, and not at all). The purpose of this questionnaire is to measure the level of religious beliefs of individuals and has three components (religious participation, adherence to religious beliefs, and observance of religious issues). The Religious Beliefs Questionnaire was used to assess the participants' level of religiosity (Zareh and Aminpoor, 2011).

Results

The data obtained in Excel were coded, tabulated, and then analyzed in IBM SPSS-28 software using descriptive statistics (mean, standard deviation, frequency distribution), inferential statistics (regression test and correlation analysis).

The data in Table (1) show that out of 439 (100%) students, 359 (81.8%) are single and 80 (18.2%) are married.

Table 1. Marital Status of Participants

Marital Status	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Single	359	81.8	81.8	81.8
Married	80	18.2	18.2	100.0
Total	439	100.0	100.0	

The statistics in Table (2) show that out of the 439 (100%) participants, 193 (44%) live in cities and 246 (56%) live in villages

Table 2. Residence Place of the Participants

Living Location	Frequency	Percentage	Valid Percenaget	Cumulative Percentage
Urban	193	44.0	44.0	44.0
Rural	246	56.0	56.0	100.0
Total	439	100.0	100.0	

The statistics in Table (3) show that out of the 439 (100%) participants, 46 (10.5%) have poor financial situation, 278 (63.3%) have medium financial situation, 102 (23%) had a good financial situation, and 13 (3%) had an excellent financial situation.

Table 3. Financial situation of the Participants

Financial situation	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Weak	46	10.5	10.5	10.5
Average	278	63.3	63.3	73.8
Good	102	23.2	23.2	97.0
Excellent	13	3.0	3.0	100.0
Total	439	100.0	100.0	

statistics in Table 4 show that out of a total of 439 (100%) participants, 140 (31.9%) belong

Table 4. Mean Differences in Anxiety & Religious Beliefs among Faculties of Kunduz University

Faculties	Frequency	Percentage	Anxiety Mean	Religious belief Mean
Education	140	31.9	36.14	93.44
Agriculture	71	16.2	37.06	96.49
Computer Science	76	17.3	34.68	89.82
Economy	57	13.0	35.63	94.61
Shariah	15	3.4	31.87	96.87
Law and Political Science	36	8.2	35.31	91.17
Veterinary	44	10.0	31.55	100.07
Total	439	100.0	35.30	94.05

to the Faculty of Education, 76 (17.3%) belong to the Faculty of Computer Science, 71 (16.2%) come from the Faculty of Agriculture, 57 (13%) come from the Faculty of Economics, 44 (10%) come from the Faculty of Veterinary Medicine, 36 (8.2%) come from the Faculty of Law and Political Science, and 15 (3.4%) belong to the Faculty of Sharia. Out of the 439 participants in the study, one was 17 years old (the lowest age) and two were 34

years old (the highest age). The majority of participants were in the age groups of 20, 21, 22 and 23, accounting for 18, 21.6, 20.7 and 16.2 percent of the participants, respectively.

Table 5. Descriptive Statistics of Religious Beliefs & Anxiety

Variables	N	Minimum	Maximum	Mean	Std. Deviation
Religious Beliefs	439	53	104	94.05	8.495

The statistics in Table (5) show that the average score of religious beliefs of Kunduz University students is 94.05, which indicates high religious beliefs. The standard deviation is 8.49, which means that the values can be 8.49 degrees above or below the mean. Thus, approximately 68% of the data typically fall between 85.505 (94 - 8.495) and 102.495 (94 + 8.495) assuming a normal distribution. The statistics also show that most of the subjects have high religious beliefs (maximum 104) and fewer have medium religious beliefs (minimum 53). The range of variation of these data is from the highest value (104) to the lowest value (53), which is 51 units. Similarly, the above table shows that the average anxiety test score of Kunduz University students is (35.3), which indicates low anxiety. The standard deviation is (10.692), which means that the values can be (10.692) degrees above or below the mean. The statistics also show that the least subjects have high anxiety (maximum 62), most have moderate anxiety (mode 40), and most had low anxiety (minimum 0). The range of variation of these data is from the highest value (62) to the lowest value (0) of 62 units.

Graph (1) shows the percentage and rate of religious belief test scores. The statistics in this graph show that the least number of respondents have moderate religious beliefs and the most number of respondents have high and very high religious beliefs.

Histogram of Religious Beliefs Frequency
Histogram of Anxiety Scale Frequency
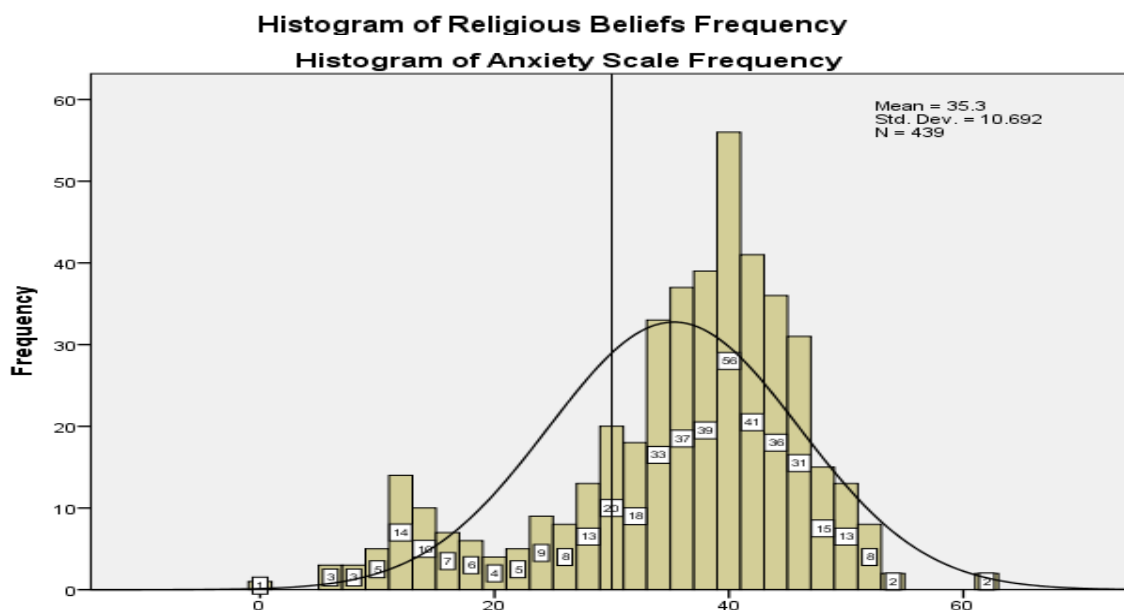
Graph (2) shows the anxiety mean of the examinees. The average anxiety test score of the Kunduz University students was 35.3, indicating low anxiety levels.

Table 6. Calculating the percentage impact of religious beliefs on Demographic Variables

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	90.773	4.556		19.923	.000		
Faculties of Kunduz University	.515	.200	.122	2.567	.011	.993	1.007
Age of the participants	.021	.195	.005	.106	.916	.927	1.078
Marital Status of the Participants	2.558	1.081	.116	2.367	.018	.927	1.079
Living Location	.785	.816	.046	.962	.337	.984	1.017
Financial situation	-.194	.625	-.015	-.311	.756	.980	1.020

The resulting coefficient of the variable "Kunduz University faculties" is 0.515, meaning that a one-unit increase in this variable results in a 0.515-unit increase in religious beliefs, while other variables are held constant. The p-value (Sig.) for this variable is 0.122, which is greater than the usual 0.05 significance level. Therefore, it cannot be concluded that the relationship between "Kunduz University faculties" and "religious beliefs" is significant at the 5% level. The coefficient of "age" is 0.021, indicating that a one-unit increase in age leads to a 0.021-unit increase in "religious beliefs," while other factors remain constant. The p-value for this variable is greater than the significance level of 0.05, which does not indicate a statistically significant positive relationship between age and religious beliefs. The coefficient of "marital status" is 2.558, indicating that a change in marital status is associated with a 2.558-unit increase in "religious beliefs." The p-value of 0.018 for this variable is less than the significance level of 0.05, indicating a statistically significant positive relationship between marital status and religious beliefs. The resulting coefficient of the variable "place of residence" is 0.785, indicating that a one-unit increase in this variable results in a 0.785-unit increase in "religious beliefs," while other factors are held constant. However, the p-value of 0.337 is greater than the significance level of 0.05, indicating that the relationship between place of residence and religious beliefs is not significant at the 5% level. Finally, the coefficient of "financial situation" is -0.194, meaning that a one-unit improvement in financial status produces a 0.194-unit decrease in "religious beliefs," while other factors are held constant. The p-value of 0.756 for this variable is greater than 0.05, which does not indicate a statistically significant negative relationship between financial status and religious beliefs.

Table 7. Calculating the percentage impact of Anxiety on Demographic Variables

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	36.878	5.740		6.424	.000		
Faculties of Kunduz University	-.670	.253	-.126	-2.652	.008	.993	1.007
Age of the participants	.158	.245	.032	.644	.520	.927	1.078
Marital Status of the	-1.883	1.362	-.068	-1.383	.167	.927	1.079
Living Location	.529	1.028	.025	.515	.607	.984	1.017
Financial situation	-1.579	.788	-.096	-2.005	.046	.980	1.020

The constant coefficient is 36.878, which indicates that when all independent variables are zero, the value of the dependent variable or anxiety is 36.878. The variable coefficient of the faculties of Kunduz University is -.670. This means that by increasing one unit in this variable, the dependent variable (anxiety) will decrease at a rate of .670 units. That is, the more we go from faculty number 1 to faculty number 7, the less anxious we have. The coefficient of the variable "age" is -.158. This indicates that with a one-unit increase in participants' age, the dependent variable (anxiety) will decrease at a rate of .158 units. However, this result was not statistically significant because of the high p-value. The coefficient of the variable "marital status" is -1.883. This means that with the change in the marital status of the participants, the dependent variable (anxiety) will decrease at 1.883 units. The p-value of 0.167 for this variable is greater than the significance level of 0.05, which does not indicate a statistically significant negative relationship between marital status and anxiety. Married participants had lower levels of anxiety than single participants. The coefficient of the variable "place of residence" is .529. This indicates that with a one-unit increase in place of residence, the dependent variable (anxiety) increases at a rate of .529 units. However, this conclusion is not significant because of the high p-value at 5% confidence. The coefficient of the variable "financial situation" is -1.579. This means that with a one-unit improvement in financial status, the level of anxiety will decrease at 1.579 units. This conclusion was based on a P value of 0.046, which is lower than the significance level of 0.05. Therefore, we conclude that there is a significant negative relationship between financial status and anxiety level.

Table 8. Calculating Pearson's correlation coefficient between religious belief and anxiety

Variables	Mean	Std. Deviation	Pearson Correlation	Sig. (2-tailed)
Religious Beliefs	94.05	8.495	١	٠,٠٠٠
Anxiety Scale	35.30	10.692	-.237**	٠,٠٠٠

Pearson correlation coefficient of -0.237 indicates a moderately weak negative correlation between religious beliefs and anxiety levels. This means that as religious belief increase, anxiety levels tend to decrease, although the relationship is not strong. The significance level (sig = 0.000) suggests that the correlation is statistically significant, indicating that it is unlikely to have occurred by chance.

Table 9. Calculating the percentage impact of religious beliefs on reducing on anxiety

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	60.801	5.402		11.256	0.000		
Religious Beliefs	-0.271	0.057	-0.222	-4.741	0.000	1.000	1.000

The effect of religiosity on anxiety was analyzed using linear regression. It is evident that religiosity has an inverse and significant relationship with anxiety. The religiosity variable has a significant effect on anxiety reduction, with a coefficient of -0.271 and a standardized coefficient of -0.222 at 99% confidence level. This means that a 1% increase in religiosity leads to a 0.271 percent decrease in anxiety. The R^2 value of 0.047 indicates that the effect of the variable religiosity on anxiety is 4.7%. Although the R^2 is low, it is satisfactory at 4.7%, considering that only one independent variable was used in the regression.

Discussion

The objectives of this research are to determine the relationship between religiosity and anxiety, to determine the level of religiosity, to determine the level of anxiety, and to examine the relationship between religiosity and anxiety with demographic variables among students. Of the 439 (100%) subjects, 359 (81.8%) were single and 80 (18.2%) were married. Hence, 193 (44%) people lived in cities and 246 (56%) in rural areas. Additionally, 46 (10.5%) participants had a poor economic status, 278 (63.3%) had a medium economic status, 102 (23.2%) had a good economic status, and 13 (3%) had an excellent economic status. Among the 439 participants, 140 (31.9%) were students of the Faculty of Education, 76 (17.3%) were students of the Faculty of Computer Science, 71 (16.2%) were students of the Faculty of Agriculture, 57 (13%) were students of the Faculty of Economics, 44 (10%) were students of the Faculty of Veterinary, 36 (8.2%) were students of the Faculty of Law and Political Science, and 15 (3.4%) were students of the Faculty of Sharia. The study included one participant aged 17 (the youngest) and two participants aged 34 (the oldest). Most participants were in the age groups of 20, 21, 22, and 23, which accounted for 18%, 21.6%, 20.7%, and 16.2% of the participants, respectively.

The average religious beliefs of the Kunduz University students were 94.05, indicating high religious beliefs. The average religious beliefs, from highest to lowest, were: Faculty of Veterinary (100.07), Faculty of Sharia (96.87), Faculty of Agriculture (96.49), Faculty of

Economics (94.81), Faculty of Education (93.44), Faculty of Law and Political Science (91.17), and Faculty of Computer Science (89.82).

The mean level of religiosity was high among married students (96.09) and single students (93.6), indicating a high level of religiosity. Married students (2.5%) were more religious than single students. The average religiosity of urban students is (93.55) and in rural students (94.45). Rural students (0.9%) were more religious than urban students. The average religiosity in the tests is high economy (95.92), weak economy (95.11), medium economy (94) and good economy (93.49).

The mean anxiety level of the Kunduz University students was 35.3, indicating a low level of anxiety. The mean anxiety levels by faculty were as follows: Faculty of Agriculture (37.06), Faculty of Education (36.14), Faculty of Economics (35.63), Faculty of Law and Political Science (35.31), Faculty of Computer Science (34.68), Faculty of Sharia (31.87), and Veterinary (31.55). Veterinary Medicine students reported the lowest anxiety levels, whereas agriculture students had the highest levels, categorized as medium anxiety, compared to other faculties. The average anxiety level was 34.1 for married students and 35.56 for single students, indicating that married students experienced lower anxiety levels than single students. Additionally, average anxiety was 33.7 for those with good economic status, 34.08 for excellent economic status, 35.59 for medium economic status, and 37.24 for poor economic status.

Pearson's correlation coefficient showed that as religious belief increase, anxiety levels tend to decrease although the relationship is not as strong. The significance level (sig = 0.000) suggests that the association is statistically significant, indicating that it is unlikely to have occurred by chance. Linear regression analysis has shown that religiosity has an inverse and significant relationship with anxiety. The religiosity variable shows a significant effect of religiosity on anxiety reduction, with a coefficient of -0.271 at the 99% confidence level. This means that a 1% increase in religiosity leads to a 0.271 percent decrease in anxiety.

The results of the linear regression analysis of religiosity and demographic variables indicate that an increase of one unit in religiosity is associated with a 0.515 unit increase in religious beliefs. Additionally, as we move from Faculty No. 1 Faculty No. 7 (Agriculture, Education, Economics, Law, Computer Science, Sharia, and Veterinary), there is an increase in religious beliefs. Thus, the relationship between "Kunduz University Faculties" and "Religious Beliefs" is significant at the 5% level. The age coefficient and p-value do not indicate a statistically significant positive relationship between age and religious beliefs. The coefficient of marital status and the p-value indicate a statistically significant positive relationship between marital status and religious beliefs. The results of the variable coefficient of place of residence and the p-value indicate that the relationship between place of residence and religious beliefs is insignificant at the 5% level. Finally, the coefficient of financial status and the p-value of 0.756 for this variable are greater than 0.05, which does not indicate a statistically significant negative relationship between economic status and religious beliefs.

The results of the linear regression of anxiety and related variables showed that as we move from faculty number 1 to faculty number 7 (agriculture, education, economics, law, computer science, Sharia, and veterinary), anxiety decreases. The coefficient of the "age" variable has shown that with a one-unit increase in participants' age, anxiety decreases at a rate of .158 units. However, this effect was not statistically significant because of the high p value. The coefficient of the marital status variable and the p-value indicate that the level of anxiety in married students is lower than that in single students; however, this difference is not significant. The coefficient for the "place of residence" variable indicates that with a one-unit increase in residence, the level of anxiety increases by 0.529 units. However, this effect is not significant because of the high p-value, suggesting that it is not statistically reliable at the 5% confidence level. In contrast, the coefficient for the "financial situation" variable and its p-value indicate a significant negative relationship between economic status and anxiety level. This means that with a one-unit improvement in financial status, the level of anxiety will decrease by 1.579 units.

Conclusion

1. The mean religious beliefs of the Kunduz University students is 94.05, indicating a high level of religious beliefs.
2. The mean anxiety level of Kunduz University students was 35.3, which indicates a low level of anxiety.
3. Pearson's correlation coefficient showed that as religious belief increase, anxiety levels tend to decrease although the relationship is not strong. The significance level (sig = 0.000) indicated that the association was statistically significant.
4. The results of linear regression revealed that religiosity had an inverse and significant relationship with anxiety. This means that a 1% increase in religiosity leads to a 0.271 percent decrease in anxiety.
5.The results of linear regression indicate that there is a significant relationship between religiosity and various factors, a significant negative relationship between religiosity and financial status, and no significant relationship between religiosity, marital status, place of residence, and age.
6.The results of linear regression regarding anxiety and related variables indicate that the effects of faculties and financial status on anxiety are significantly negative, whereas the effects of age, place of residence, and marital status on anxiety are not significant.

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Data Availability Statement:

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Conflicts of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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