

June 2007

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Recommended Citation

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STUDENT LIFESTYLES AND EMOTIONAL WELL-BEING AT A HISTORICALLY BLACK UNIVERSITY

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Quality of life, physical and mental health, and lifestyle behaviors were assessed in 500 graduate and undergraduate students at a Historically Black University. 82% of the sample rated their quality of life positively. 11.3% of the sample reported mild depression, while 4.9% and 1.1% of the sample reported moderate and severe depression respectively. 8.4% of the sample reported suicidal ideation within the past two weeks. Family, financial and academic stressors were found to be significant predictors of depressive symptoms. Implications for mental health care are discussed.

Introduction

In a climate of educational budget cuts and decreasing prospects for minority groups seeking financial sponsorship for education, historically black colleges and universities (HBCUs) find themselves in a difficult position. An increased demand for educational opportunities from the communities they serve call for expansion of available programs and the creation of new ones. However, most increases in the student population are not always accompanied by corresponding increases in available resources to serve the students, leading to a strain on the infrastructure. Furthermore, a focus on increased student

enrollment without an emphasis on retention can have negative implications for the likelihood of a newly-enrolled student completing a degree program. In such a climate, it is crucial that HBCUs pay attention to the quality of student life and work towards providing students with an optimal support system as the students pursue their academic goals.

Mental health of College Students

Mental health of students usually gets national attention when a student commits suicide. The rate of successful college suicides is estimated at 7.5 per 100,000 (Silverman, Meyer, Sloane, Raffel, & Pratt,

Support for this research was provided by grant P20 MD001089-01 from the National Institution of Health, NCMDHD, and Department of Health and Human Services.

1997), with 9.5% of a random sample of students indicating that they had "seriously considered attempting suicide" (Kisch, Leino, & Silverman, 2005). Though numerous studies have found a lower suicide rates in African American samples, suicidal ideation has been found to be lower in African Americans only at HBCUs (Harris and Molock, 2000). The authors attributed this difference to cultural orientation and family support.

It is important to pay attention to the emotional well-being of students not simply because depression can be life threatening. Emotional well-being predicts academic performance and attrition

rates (Gerdes and Mallinckrodt, 1994). The most frequent emotional difficulties experienced by students include depression, anxiety, stress, bereavement, substance abuse, family problems, romantic relationship problems, learning disabilities, sexual assault, eating disorders, sexual orientation concerns, and issues of self-concept and identity (Backels and Wheeler, 2001). Of these, depression is the most common (Gerdes and Mallinckrodt, 1994) with a reported prevalence rate of 15.7% in female college students, and 8.7% in males (Frankenberger et al, 2004).

Table 1.

Sources of stress

	<i>Reported Stress (Percentage of sample)</i>			
	<i>Not at all</i>	<i>Slightly stressed</i>	<i>Rather Stressed</i>	<i>Highly stressed</i>
<i>Academic Stress</i>	20.5	50.0	19.7	9.6
<i>Problems with Professors</i>	53.9	36.2	7.7	2.0
<i>Roommate Stress</i>	73.1	14.8	7.9	3.9
<i>Financial Stress</i>	31.0	39.8	17.7	14.2
<i>Poor Housing</i>	65.8	26.6	5.1	2.2
<i>Family Problems</i>	45.9	34.9	11.6	7.4
<i>Single Stress (not having a relationship)</i>	75.3	16.6	5.6	2.2
<i>Relationship Stress</i>	54.0	28.8	12.4	4.4
<i>Friendship Stress</i>	66.1	26.7	4.8	1.5

Quality of Life of College Students

Quality of life (QOL) is an evaluation of well-being that has been the focus of research in psychology, clinical settings, and in industry. According to Hofstede (1984), the meaning of a high quality of life is linked to culture: the individualistic version of a high quality of life means "individual success, achievement, self-actualization, and self respect" (pg 394). In contrast, family and group membership play an important role in the meaning of a high quality of life in a collectivistic context. While a review of quality of life scales is beyond the scope of this paper, it is important to note that QOL measures range from single items to measures with several subscales.

Quality of life data suggests that a significant proportion of college students are satisfied with their lives. For instance, 28.3% of students surveyed from a New England university "very satisfied" in response to the question "How satisfied are you with yourself as a person?" In addition, 50.3% were "mostly satisfied", and 14.8% were "satisfied" with themselves (Disch, Harlow, Campbell, and Dougan, 2000). In a study examining life satisfaction ratings from college students in 31 countries (Diener and Diener, 1995), 83% of students from the United States responded above the neutral point for self reported life satisfaction, measured on a 7-point delighted-terrible scale. Mean scores for satisfaction with oneself, finances, family, and friends were above neutral for American students.

Life Styles of College students

The interest in the life styles and health relevant behaviors of students attending tertiary institutions is important for many reasons. Health behaviors in college may continue after graduation, and can be related to national concerns such as HIV/AIDS and obesity. Certain habits, such as regular exercise, have been found to be beneficial to mental health. In this section, data about university student physical activity, smoking behavior, and drug and alcohol consumption are reviewed.

Physical activity

Although regular physical activity has been associated with mental and physical health benefits, an estimated 78% of American adults do not get enough exercise (Department of Health and Human Services, 2003). Studies investigating the exercise behavior of college students show mixed findings, and might reflect a change in exercise behavior over time as well as measurement differences. Though Reed and Phillips (2005) cited previous literature reporting in low levels of regular physical activity in college student populations, they observed that students engaged in an average of 10.5 exercise sessions in a 7-day period. In their study investigating the leisure activities of 411 undergraduate students over a 7-day period, Reed and Phillips observed that freshmen and sophomores exercised more than juniors and seniors, and that the intensity and duration of students' physical activity was related to proximity of exercise facilities. Other studies show differing levels in physical activity, some of which can be accounted for by method of exer-

cise assessment. For instance, Hudd et al (2000) reported that 28.3% of a random sample of college students acknowledged exercising at least seven hours a week, while the American College Health Association National College Health Assessment (ACHA-NCHA) 2003 sample had 44.2% of students reporting at least 20 minutes of exercise for a minimum of 3 days in a 7-day span. Grubbs and Carter (2002) found that 68.8% of college students surveyed exercised for at least 20 minutes three days a week, and that more males exercised than females did. Kelley, Lowing, and Kelley (1998) reported that levels of physical inactivity in African American college students ranged from 35 to 53% in males, and 42 to 82% in females. Garman, Hayduk, Crider, and Hodel (2004) observed that 21.8% of a student sample exercised too much (defined as more than 360 minutes a week) identified barriers to regular physical activity include: lack of mandatory physical education classes throughout the college years, time constraints, and embarrassment (Grubbs and Carter, 2002), as well as lack of support from others (Kelley, Lowing, and Kelley, 1998).

Smoking among College Students

In their review of cigarette smoking practices in American college students, Patterson, Lerman, Kaufmann, Neuner, and Audrain-McGovern (2004) observed an annual prevalence of 38.1–41.3% (students who had smoked at least one cigarette in the past year), and 30-day prevalence rates ranging from 28.2–28.5%. The percentage of students reporting that they had smoked at least once in their lifetime

ranged from 53.4% to 74.8%. The authors also observed that females were just as likely as males to smoke, and Caucasian students were more likely to smoke than Black, Hispanic, and Asian American students. Predictors of smoking behaviors included living in an apartment, athletic participation, stress, feelings of depression, and drug use. Lenz (2004) reported dieting and weight control as an additional predictor of smoking behavior in college students. In another study, Hestick, Perrino, Rhodes, and Sydnor (2001) surveyed smoking behavior in African American university students. Annual and 30-day prevalence data was not available for this study. However, the authors observed that 9.3% of the sample had smoked more than 100 cigarettes in their lifetime, 58.3% of the sample had smoked at least once in their lifetime.

Alcohol use among College Students

Media attention to alcohol-related deaths on college campuses brings to light the detrimental consequences of excessive alcohol consumption to student life. Moderate and heavy alcohol consumption has been linked to poor academic performance (Maney, 1990).

According to the ACHA-NCHA (2005), which surveyed students on 19, 497 students from 33 campuses in the United States, the lifetime prevalence of alcohol use was 82.5% and the 30-day prevalence was 86.2%. The modal range of drinks consumed by students the last time they partied was 1-4, with 41.8% of females estimating their alcohol consumption within this range. Males on average drank more than females, with bimodal ranges of 5-8

and 9 or more drinks (27.5 % in each case). 69.2 % of females reported keeping track of number of drinks consumed, compared to 54.4% of males, and 81.7 females and 69.1% of males reported using a designated driver.

Drug Use among College Students

Though drug use on student campuses is significantly less than it was in the late 1970s, longitudinal data show increases in students reporting marijuana and Ecstasy use (Pope, Ionescu-Pioggia, and Pope, 2001; Mohler-Kuo, Lee, and Wechsler, 2003). The ACHA-NCHA (2005) surveyed the use of substances including marijuana, amphetamines, cocaine, Rophynol and Gamma hydroxy butyrate (GHB). Percentages of students who reported no lifetime use were: 63.7% for marijuana, 89.1% for amphetamines, 94.3% for cocaine, and 98.2 for Rohypnol and GHB. Of the users, percentages of students reporting no use in the last month were: 19.8% for marijuana, 6.3% for amphetamines, 4.2% for cocaine, and 1.6% for Rohypnol and GHB. Alcohol and other drug use has been found to be related to place of residence. A comparison of residential and commuter students showed that on campus students drank more, and commuter students used more marijuana (Sessa, 2005).

In an ethnographic study of college student cocaine users, Jackson-Jacobs (2004) described the typical college student cocaine user as being from a financially secure background who used the drug for recreational purposes. He found that student users were typically able to control or schedule consumption, hide drug use from

parents, and compensate in terms of productivity for missed academic work.

Background of the study

The goal of this survey was to examine physical and mental health and lifestyle behaviors on the campus of an HBCU and compare them to norms obtained in the literature. The information obtained would be used to inform campus programming to benefit the student body, and would contribute to the growing body of literature focusing on students of HBCUs.

This study was conducted during an era of marked change and growth in the university's history. During a span of about 2 years, enrollment increased rapidly, and average SAT scores for entering students improved. A newly appointed chancellor worked to alter the prevailing political climate. A significant number of new faculty members were hired, and new academic courses and programs were developed. A massive construction undertaking was underway with the goal of creating more buildings and renovations and expanding existing ones. To provide supports for the student body, the university began a Sophomore Year initiative and set up learning communities. In addition, the Noel/Levits Student Inventory (CSI), which facilitates the early identification and tracking of at-risk students was administered to 87% of the freshmen class of 2004. Of these, 71% were interviewed and subsequent referrals were made to university support services. In this era of growth and increasing resources for the students, a look at the quality of life of students was warranted. The data presented in this article is a subset of a larger data set.

Method

Participants were recruited primarily from classes in the departments of education and psychology from an HBCU in the Spring of 2005. Most participants received no remuneration for their participation in the study, however participants enrolled in introductory psychology courses received course credit for research participation.

Each student completed a health behavior, self-rated health, and quality of life questionnaire and the Beck Depression Inventory Second Edition (BDI-II). The health behaviors, self-rated health, quality of life questionnaire was adapted by the second author from Vaez and Laflamme

(2003). It contained a total of 30 items and inquired about demographic information, life style choices (alcohol and drug use and exercise behavior), life stressors, health status, and overall perceptions of quality of life. Life stressors (such as not coping academically, family problems, and financial problems) were rated on a 4-point scale ranging from "not at all stressed" to "highly stressed". Overall physical health was rated on a 5-point scale, ranging from "very poor" to "very good" while specific health problems such as anxiety, headaches, upset stomach, and fatigue were rated on a 4-point scale ranging from "not a lot" to "a lot". Perceived quality of life was mea-

Table 1.

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<i>Poor Housing</i>	65.8	26.6	5.1	2.2
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<i>Single Stress (not having a relationship)</i>	75.3	16.6	5.6	2.2
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<i>Friendship Stress</i>	66.1	26.7	4.8	1.5

Table 2.

Race, Sex, and Depression (Frequency data)

		<i>Level of Depression</i>			
		<i>Minimal</i>	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>
<i>Race</i>	<i>African American</i>	271	43	19	4
	<i>Caucasian</i>	53	3	1	1
	<i>Asian American</i>	3	0	0	0
	<i>Hispanic American</i>	21	1	1	0
	<i>Native American</i>	2	1	0	0
	<i>African</i>	2	1	0	0
	<i>Other</i>	8	2	2	0
<i>Sex</i>	<i>Female</i>	229	39	21	5
	<i>Male</i>	134	11	2	0

sured using a 10-point ladder scale with 1 representing "the worst life you might reasonably expect to have" and 10 representing "the best life you might expect to have". (BDI-II) is a 21-item self report measure of depression severity (Beck, 1987) developed to correspond with the criteria for depressive disorders in the DSM-IV. It has a coefficient alpha of 0.93 and a test-retest reliability of 0.93 (Beck, 1987).

Demographic Information

The sample consisted of 158 males (33.8 percent) and 310 females (66.2 percent). 83.5 percent of the sample was between the ages of 18 and 30. The ethnic distribution of the sample was as follows: 77.1 % African American, 12.8

percent Caucasian, 5.4 & Hispanic, 0.6% Native American, 0.6% Asian American, and 0.6% African. 2.6 percent of the sample identified themselves as other (not self-identifying as a member of the above ethnic groups). This distribution resembles the ethnic make up of the institution where the study was conducted (75% African American, 17 percent Caucasian, and 5 percent Hispanic). 14.6% of the sample was married. 57.1% of the sample identified themselves as freshmen, 14.4 % were sophomores, 12.7% were juniors, 6.4% were seniors, 8.8% were graduate students, and 0.6% were non-degree seeking students taking classes at the university. 40.8% of the research participants lived on campus, 14.3% lived with their parents, and 3.9% were single parents.

Results

Quality of Life and lifestyle data

The mean reported quality of life on the 10-point scale was 7.07 with no significant race or sex differences. With 82% of the sample rating their quality of life above neutral (6 or higher), these findings are consistent with literature indicating that American college students are generally satisfied with their global quality of life. 82% of men and 61% of women reported exercising at least 2-4 times a month. About 50% percent of the sample got what would be defined as an adequate amount of exercise: 33% of the sample reported exercising 2-3 times a week, and 17.3% exercised 4 times or more per week. Of the 18% of respondents who reported that they never exercised, there were seven times as many women than men. 52% of the sample reported that they never drank alcohol, while 85.7 of the sample denied current drug use. 3.2% of respondents admitted to daily use of drugs while 8.5% admitted to occasional drug use.

Sources of Student Stress.

Of the sources of stress included in the questionnaire, finances were the major source of concern for the sample with 39.8% of respondents indicating slight stress about their finances, and 31.9% reporting significant concern (see Table 1.) Concern about not coping academically ranked second on the list with 50% of the sample reporting slight stress over this concern and 29.3% reporting significant concern. Moderate to high levels of stress were reported by students concerning family problems (19.0%), relationship

problems (16.8%), and problems with roommates (11.8%).

Depression

The BDI II data yielded a Chronbach alpha of 0.88. Analysis of the BDI-II data indicated that 11.3% of the sample was mildly depressed, 4.9% was moderately depressed, and 1.1% of the sample exceeded the cut off point for severe depression. Given that the students were recruited from students who attended classes, it is possible that the actual incidence of depression in the student body on this campus is higher than the data suggests - severe depression could promote absenteeism. The gender and sex distributions are shown in Table 2.

Predictors of Depressive Symptoms: BDI scores correlated significantly with self reports of perceived poor psychological health ($r = .413, p < .001$), anxiety ($r = 0.449, p < .001$), fatigue ($r = 0.431, p < .001$) and headaches ($r = 0.371, p < .001$). Of the stressors included in the questionnaire, students experiencing high family stress ($r = 0.353, p < .001$), financial stress ($r = 0.327, p < .001$), academic stress ($r = 0.313, p < .001$), and relationship stress ($r = .260, p < 0.001$) were more likely to be depressed than students reporting other stressors such as stress from roommates ($r = 0.054, ns$) and stress of being single ($r = 0.079, ns$). Family, financial and academic stressors were found to be significant predictors of BDI depression when entered into a stepwise regression model ($R \text{ square} = .199$), see Table 3. Significant but weaker Spearman correlations were obtained between severity of depression and how often the

Table 3.

Predictors of Depression

	<i>B</i>	<i>Std. Error</i>	β	<i>t</i>	<i>Sig</i>
<i>Family stress</i>	1.768	.379	.241	4.662	.000
<i>Academic stress</i>	1.534	.386	.193	3.971	.000
<i>Financial stress</i>	1.018	.346	.153	2.944	.003

students drank alcohol ($r = 0.135$, $p < .001$), frequency of exercise ($r = -.146$, $p < .002$), and smoking behavior ($r = -.124$, $p < .05$). Non-parametric correlations between depression and drug use were not statistically significant.

Suicidal ideation: 8.4% of the sample ($n=39$) endorsed having suicidal thoughts or wishes during the previous 2 weeks. Of these, 37 (7.5% of the sample) were African American and 33 (7% of the sample) were female (see Table 4). An important demographic trend was noticed in the analysis: more than half of students reporting suicidal ideation were freshmen ($n = 20$), and less than half of them lived on campus ($n=16$).

Symptoms: Somatic symptoms were endorsed more frequently than affective ones. Sample mean scores for loss of energy (BDI item 15), change in sleeping patterns (BDI item 16), change in appetite (BDI item 17) and fatigue (BDI item 20) ranged between 0.53 and 0.91, while sample means scores for feelings of sadness, pessimism, past failure, loss of pleasure, feelings of guilt, punishment feelings, and self-dislike (BDI items 1 – 7) ranged 0.20 to 0.37.

Discussion

The findings of this study indicate that self-ratings of quality of life, prevalence of depression, and lifestyle indicators are comparable to existing available college student data, suggesting that on average, the self-reports of lifestyle, quality of life and mental health of students at this institution's are comparable to national norms. The fact that about half of the sample, and more females than males, do not get engaged in enough physical activity is troubling, nevertheless, the percentage is lower than the national average. Overall, self-reported alcohol and other drug consumption were lower than national averages.

The fact that many of the students reporting suicidal ideation were freshmen and off-campus residents is a cause for concern and suggests that an intervention targeting these populations may be needed. It is also important to note that a large proportion of students who endorsed suicidal ideation was African American, and that the overall rate was comparable to national college student data. This suggests that assumed protective cultural supports for African American college students may not be available to everyone.

Table 4

Race, sex, and Suicidal Ideation (Frequency data)

		<i>Endorsement of Suicidal ideation on BDI</i>		
		<i>0</i>	<i>1</i>	<i>2</i>
<i>Race</i>	<i>African American</i>	323	33	2
	<i>Caucasian</i>	58	2	0
	<i>Asian American</i>	3	0	0
	<i>Hispanic American</i>	23	2	0
	<i>Native American</i>	3	0	0
	<i>African</i>	3	0	0
	<i>Other</i>	12	0	0
<i>Sex</i>	<i>Female</i>	276	32	1
	<i>Male</i>	151	5	1

The data also speaks to the fact that interventions designed to improve student well-being need to target family, financial, and academic stressors, since these were found to be significant predictors of depression. In other words, a systems approach is indicated. It must be noted, however, that since correlation does not imply causation, one cannot conclude with certainty that these stressors are driving depressive symptomatology. Nevertheless, it is important to address the systemic stressors as well as the individual distress in order to enhance student's well-being and optimize their educational development.

Limitations of the study

Though this study provides some useful information about the life of college students, several limitations of must be acknowledged. First of all, based on the debilitating effect that depression can have on a student's ability to attend class, it is possible that the prevalence of depression in the student body was underestimated. Second, the examination of drug use among college students was limited because the questionnaire did not inquire about the drugs of choice. Lastly, given that this was a preliminary investigation, mental health challenges other than depression that college students may face (such as eating disorder, anxiety disorders, and learning disabilities) were not explored.

As such, the results of this study should not be considered a comprehensive exploration of college student well being. Nevertheless, this data provides some valuable data that may be used to enhance student well-being through clinical intervention and campus-wide outreach activities at Historically Black institutions of higher education.

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