Healthy Students Healthy Lives

The Health of Maltese University Students

Carmel Cefai and Liberato Camilleri

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Contents

List of tables

List of figures

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Chapter 1

Introduction

One of the major changes seen at the University of Malta in recent decades has been the rapid growth in the student population, which has doubled in the last decade. Presently there are about 10,000 students, including over 750 foreign/exchange students, following a wide range of full-time or part-time degree and diploma courses within the 33 faculties, institutes and centres at the university. The number of students in 1999 was 5,148. Over 2,500 students graduate annually, with a record 3020 students graduating in November 2009, compared to 1945 in 1999. In the current academic year, about 2300 new students joined various courses, including about 550 overseas/visiting students from 60 different countries (Registrar's Office, 2009). This increase reflects the transition towards a knowledge based economy with the demand for a more qualified and trained workforce, as well as the need for more open and fairer access to tertiary education in Malta (NCHE, 2009). The need to attract more students into higher education is underlined by the relatively low rate of student participation in tertiary education in Malta, which is lower than the OECD and EU averages (Eurydice, 2007; OECD, 2008)

On the other hand, the increasing number of students is set to put pressure on the existing physical and human resources at the university. Large classes, reduced contact with teaching staff, more use of examinations, heavier demands on administrative, clerical and support staff, less space for privacy, socialising and relaxation, more cars and pollution, and competition for available resources, are some

of the potential consequences of the enlargement in the student population. Such factors are set to raise the level of stress the students experience, in addition to the usual stress inherent in the academic programmes themselves, such as heavy workloads, frequent examinations, meeting deadlines, and the pressure to succeed amongst others.

1.1 A vulnerable group

Although university students may be considered as a highly educated, privileged group in the prime of their physical and cognitive development, they experience more difficulties in their health, particularly with regards to their psychological wellbeing, than other young adults not following tertiary education (Stewart-Brown et al, 2000; Stanley and Manthorpe, 2001; Royal College of Psychiatrists, 2003). In a study with British University students, Andrews and Wilding (2004) found that of those students showing no significant depression or anxiety symptoms before starting their course, 9% had developed a mild or clinically significant depressive condition and 20% anxiety half way through the course. University students may also adopt unhealthy habits in order to cope with their academic stress, such as unhealthy diet, smoking and alcohol consumption (Morgan, 1997; Manning et al., 2005).

Rather than privileged young adults, university students may thus be considered as a vulnerable group with regards to their health and wellbeing, particularly their positive mental health. The prospect of university life being a hazard for students' health is disconcerting for various reasons. Stress, anxiety and other emotional problems have been shown to interfere with university students' academic performance (Struthers et al. 2000; Bennett, 2003). Secondly, health habits established in adolescence and young adulthood are difficult to change and highly subject to relapse (Taylor, 2009). University students are prone to engage in such habits as alcohol consumption, smoking and comfort eating as a way of dealing with academic pressure such as studying for examinations and striving to meet

deadlines. Moreover, the health practices young university students engage in are set to determine the type and severity of chronic illness they will develop later on in their life as middle and older adults (op.cit.). This is a particularly salient point when we consider that the risk factors of the major causes of death in the Western world today, including Malta, such as coronary heart disease, stroke, diabetes and cancer, are largely related to lifestyle, namely diet, smoking, lack of exercise and stress amongst others. Furthermore, working at continuously high levels of stress as university students, may lead students to continue working at such a rate when they take up employment, thus putting themselves at risk for premature illness and death. Research has underlined the relationship between chronic stress, including occupational stress, and coronary heart disease, the leading cause of death in Malta (Phillips et al, 2005; Strike and Steptoe, 2005; Kamarck et al, 2007). This will not only cost the country the services of some of its leaders and policy makers at the prime of their life, but their values and attitudes towards health are likely to have a significant influence on the health of the general population (Steward-Brown et al, 2000).

1.2 A health-promoting university

The emergence of positive psychology in the preceding decades reflects the paradigm shift in psychology from a focus on dysfunction and treatment, to a broader one incorporating the health and wellbeing of the individual. In health psychology this was manifested in the shift from the psychology of illness towards the psychology of health, with one of the key objectives being health promotion and maintenance. One of the major contributions of health psychology has been the development of models which seek to explain and predict behaviours related to exercise, diet, weight control, safe sex, smoking, alcohol consumption, substance abuse, and screening and health visits amongst others. The Health Belief Model (Rosenstock, 1974), the Theory of Planned Behaviour (Ajzen and Madden, 1986) and the Stages of Change Theory (Prochaska, 1994) have been found to be effective in promoting health

behaviours and preventing the practice of unhealthy ones. Health psychology has also been engaged in developing a model of a health prone personality, underlining how the individual may develop and mobilise such psychological resources as self efficacy, locus of control, self esteem, and optimism in leading a lifestyle conducive to physical and mental health (Cohen and Pressman, 2006; Robles et al, 2009).

One limitation of such an approach however, has been the overemphasis on the individual in changing attitudes and behaviour, and the lack of due consideration to the context in which the individual is operating. The context can encourage and empower the individual to make healthy choices. Social engineering approaches to reduce smoking and alcohol consumption amongst adolescents and young adults, such as increasing the price of cigarettes and tobacco or raising the legal drinking age, have been effective in discouraging young people from using or abusing these substances (Taylor, 2009). Research has similarly underlined the benefits of reducing the prevalence of obesity in children through such strategies as controlling food vending machines in schools, making healthy food cheaper, and restricting harmful food marketing practices (Jacobson and Brownwell,2000; Swinburn et al, 2008).

The concept of a health promoting university is based on the systems approach to human behaviour, underlining the influence of the social, organisational and environmental influences on individual and community health (Tinkeln, 2005). It goes beyond prevention. Health is not just the absence of disease, but "a complete state of physical, mental and social well-being" (WHO, 1948). The onus on the university, as an organisation, is not only to ensure that it does not put the physical and mental health of students at risk through its structures, procedures and expectations, but equally important to encourage students to make healthy choices and take more care of their health by adopting lifestyles conducive to physical and mental wellbeing.

This project owes its origins to the concerns expressed by a number of students during our lectures on the negative impact university life was having on their everyday life. Whilst acknowledging that students do not come to university as empty slates, the students underlined that organisational factors inherent in the system itself were making life more difficult and stressful for them. They complained about long hours of lectures without breaks, unhealthy food on campus, poor public transport and parking problems, examination-related stress and unending deadlines, lack of understanding and unresponsive staff amongst others. This was the origin of the present study, a project to examine students' views and concerns on the various aspects of their health and wellbeing, namely physical, emotional, social and sexual health, health habits and practices, stress and stress management, and other aspects of academic life. The objective was to give students a voice in defining their own health, how university life was impacting their health, and what improvements they would like to see which will help them to enjoy better health. We share the students' hope and aspirations that the insights generated from listening to students' voices in this report, will help to review existing policies and systems and create new ones conducive to positive health and wellbeing amongst students.

This study is not an evaluation of our university nor should it be interpreted as providing evidence on how our university is functioning. Indeed there is much to celebrate at the university, with continuous reforms going on to improve the quality of the academic programmes, and numerous examples of good practice in various departments and faculties. We see this study as a vehicle for students to give their views and experiences on what it is like to be a university student, and what they would like to see so that the system may function in a way which make it easier for them to make healthy choices and lead a healthier life. After all, it is in the university's interest that once they complete their education, the students would make the maximum use of their knowledge and skills in society, unhindered by health problems or premature death.

Chapter 2

Methodology

This chapter provides details of the research instrument used in the study to examine the physical health, social and emotional well-being, health habits and academic engagement of Maltese university students. A description of the sampling technique and data collection method used, to obtain a representative sample of the student population, is also provided. Information on a number of demographic and course related variables was collected to describe the sample. The final section presents the statistical techniques used to analyze the data.

2.1 Research Instrument

A questionnaire was developed to examine students' perceived health and lifestyle in their various aspects, including physical and mental health, emotional and social wellbeing, sexual health, health habits, and academic life including motivation, engagement, stress, and equal opportunity amongst others. It included a qualitative section, where students were asked to make recommendations on how the university may promote students' health and wellbeing in these various aspects. The questionnaire made use of a number of established international questionnaires on students' health, namely the National College Health Assessment (American College Health Association, 2005), the Student Health and Lifestyle Questionnaire (Engs, 1992), the Health Behaviour Student in School-aged Children Mandatory Questionnaire (WHO,

2008), the Student Alcohol Questionnaire (Engs, 2002), as well as the First Health Interview Survey carried out in Malta (HIS, 2003). The questionnaire was first piloted on a small number of students which resulted in a number of minor modifications.

A test retest technique was carried out using a randomly selected sample of 50 university students to assess its reliability. It was administered twice allowing a one week period between the first and second administration, followed by an item analysis of the two sets of responses. Pearson correlation was used to measure reliability for variables with an interval or ratio scale. In the case of variables with a nominal or ordinal scale, reliability was measured by computing the percentage agreement between the two sets of responses. The Pearson correlation ranged from 0.783 to 0.964 for all quantitative variables, while the percentage agreement of the qualitative variables ranged from 83.42% to 98.59%. All the measures indicate sufficient test retest reliability.

The questionnaire included a number of highly personal and sensitive items, and in order to ensure authentic responses, students were assured of complete anonymity. Respondents were not required to identify their departments in order to increase anonymity, while the questionnaires were returned in an anonymous manner. The questionnaires were group administered during lectures in the second semester of 2008-2009.

The questionnaire is made up of four sections (Appendix 2). The first section provides details of a number of demographic and course related variables, namely gender, course year, relationship status, faculty, nationality, age, region, and socio-economic status. The first four variables were used extensively in the analysis of the data to investigate differences in students' health and wellbeing by gender, faculty, course year and relationship status. Nationality and age were not included in the analysis of the data as the number of non Maltese students was relatively small (3.6%) and the number of students over 25 years was only 4.3%.

Table 2.1: Demographic and course related variables

Variable	Categories
Gender	Male - Female
Faculty	Science - Social science - Humanities - Civil science
Year of Course	1st year - 2nd year - 3rd to 5th year
Age	Less than 20 years - 20 to 25 years - More than 25 years
Nationality	Maltese - Other
Relationship Status	Married/Long term relationship - Dating - Single
Region	Northern harbour - Southern harbour - Western - South eastern - Northern - Gozo
Mother/Father Occupation	Professional - Managerial/Administrative - Clerical/Highly skilled - Skilled labourer - Manual/labour - House carer - State income
Mother/Father Education	Primary - Secondary - Post secondary - Tertiary
SES	Low - Medium - High

The second section of the questionnaire includes a number of items related to physical health and lifestyle. The information collected from these items is used to identify the perceived frequency of physical health problems and psychosomatic symptoms among students and how these difficulties affect their attendance and attainment at university. Students were also asked about medication, and treatment for these conditions. Other items in this section seek information about student's health practices related to diet, weight, sleep and exercise. Students were also asked about their smoking, alcohol consumption and illicit drug abuse, including the onset age of these habits and their social context. This section also looked into students' sexual activity

The third section examined students' emotional and social wellbeing. Some of the items seek to assess positive affect such as happiness, confidence in oneself and sense of control, while others

evaluate negative affect such as depression, helplessness, exhaustion stress and suicide. A number of items investigate students' social wellbeing such as ease to recruit support from family and friends; friendships, and satisfaction with personal relationships.

The fourth and final section includes a number of items that assess students' life at university regarding their satisfaction as university students; their motivation and participation in lectures and extra curricular activities; and their involvement in decision making. Other items examine the assistance and support the students get from academic and non academic staff as well as from their colleagues. A number of questions in this section investigate the level of academic stress amongst students, the major sources of stress, and the coping strategies used. The remaining items were about types of harassment and discrimination experienced by students. The final qualitative question asked participants to provide suggestions on how the university may help to enhance various aspects of their physical, social and emotional health, such as the promotion of health practices, a healthier physical environment, prevention of stress and stress management, healthy relationships and social support, safety, and equal opportunities amongst others.

2.2 Sampling

A random sample of approximately 500 students was selected to participate in this study. This sample, which comprised more than 7% of the university population in the 2008-2009 academic year, was stratified mainly by faculty. All selected students were undergraduates attending various faculty courses, excluding those attending Institute or Centre-organised courses. The sample was clustered into four faculty groups and each cluster comprises faculties of a similar discipline origin. The Science cluster includes students studying for a Bachelor of Science, Pharmacy, Dentistry and Medicine. The Humanities cluster includes students reading for a Bachelor of Arts, Theology and European studies. The Social Science cluster comprises students studying for a Bachelor of

Communications, Accountancy, Commerce, Education, Psychology and Law. The Civil Science cluster includes students reading for a Bachelor of Engineering and Architecture. To ensure that the sample of students was representative, the faculty clusters were sampled in proportion to their size in the university population (Table 2.2).

Table 2.2: Number of students categorized by faculty cluster

Faculty cluster	Population size	Sample size
Sciences	1269 (19.9%)	101(20.4%)
Social Sciences	3212 (50.6%)	247(50.0%)
Humanities	1168 (18.4%)	95(19.3%)
Civil Sciences	705 (11.1%)	51(10.3%)

Tables 2.3 and 2.4 show the number of male and female respondents categorized by faculty cluster. Compared to the actual proportion of females in each faculty cluster, the sample proportion of females turned out to be higher in the Humanities and Science clusters, while the sample proportion of males in the Civil Science cluster was higher than the corresponding population proportion. However, for both gender groups, the difference between the population and sample proportions was not found to be significant at the 0.05 level of significance.

Table 2.3: Number of female students categorized by faculty cluster

	Female students	
Faculty cluster	**Sample**	**Population**
Sciences	63 (18.5%)	597 (16.4%)
Social Sciences	189 (55.6%)	2075 (57.0%)
Humanities	77 (22.6%)	755 (20.7%)
Civil Sciences	11 (3.2%)	213 (5.9%)
Total	340	3640

$\chi^2 = 5.281,\ v = 3,\ p = 0.152$

The 494 university students were selected evenly from the various course years. The vast majority of the students were 25 and under, with only 4.3% older than 25 years (Figure 2.1).

Table 2.4: Number of male students categorized by faculty cluster

Faculty cluster	Male students	
	Sample	Population
Sciences	38 (24.7%)	672 (24.8%)
Social Sciences	58 (37.7%)	1137 (41.9%)
Humanities	18 (11.7%)	413 (15.2%)
Civil Sciences	40 (26.0%)	492 (18.1%)
Total	154	2714

$\chi^2 = 6.671,\ v = 3,\ p = 0.083$

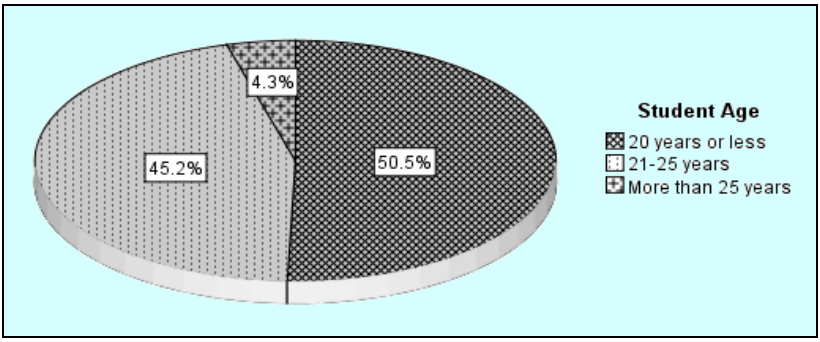

Figure 2.1: Percentage of students by age

46% of the selected student were single, about 31% were dating and the remaining 23% were in a long term relationship, including married persons (Figure 2.2).

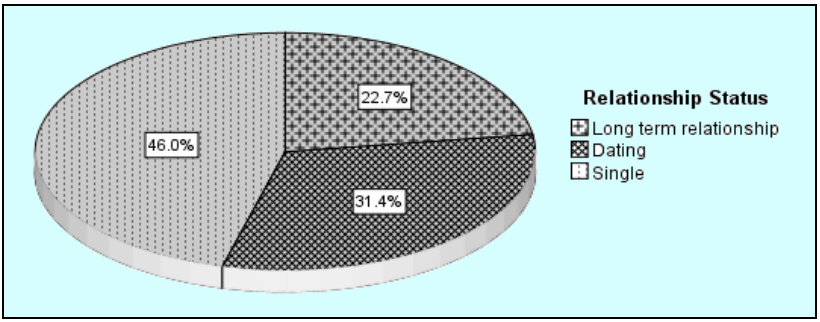

Figure 2.2: Percentage of students by relationship status

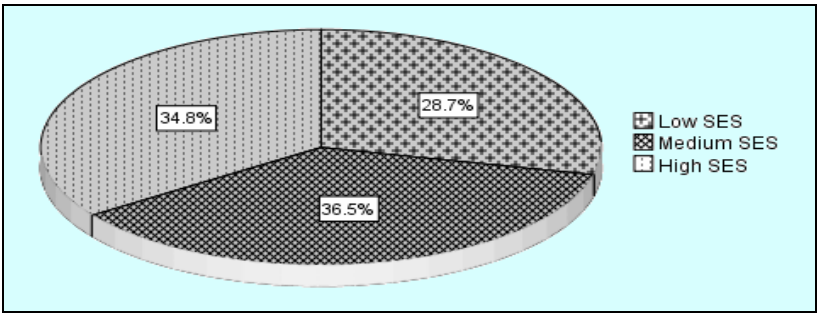

Figure 2.3: Percentage of students by socio economic status

34.8% of the students in the sample came from a high socio economic status (SES). 36.5% came from a medium SES and 28.7% from a low SES (Figure 2.3). SES was computed on the basis of father's occupation and level of education and mother's level of education.

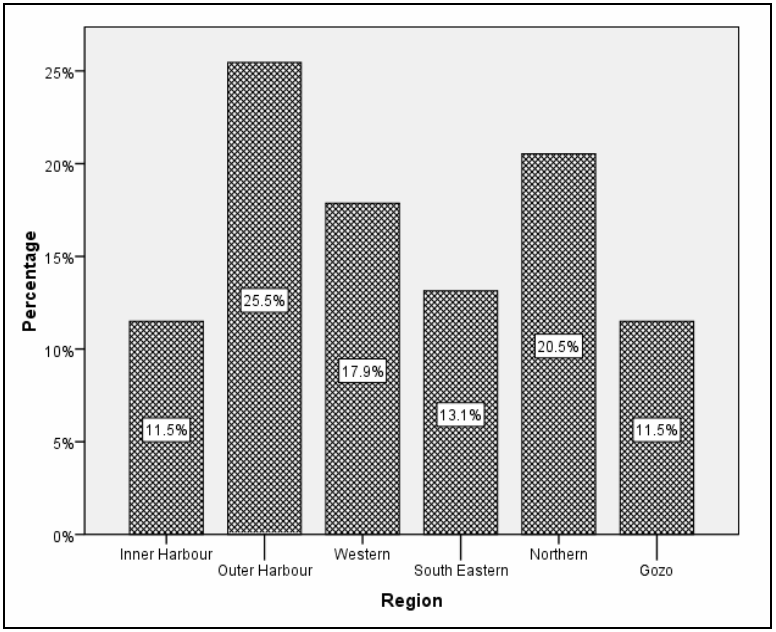

Figure 2.4: Percentage of students by region

Approximately a quarter of the selected sample come from the outer harbour region, followed by Northern region (20.5%) and Western region (17.9%), with Gozo and the Inner Harbour having the least number of university students (Figure 2.4).

2.3 Data Analysis

Statistical inference is intended to make generalizations about the university population based on information elicited from the randomly selected sample. This is carried out in two ways; either by conducting hypothesis tests or by computing the 95% confidence intervals for population parameters. The Chi-Square test and the One-way ANOVA test are used to make inferences through tests of hypothesis; for both tests a 0.05 level of significance is employed.

The Chi-Square test is used to determine whether there exists a significant association between two categorical variables in a two-way contingency table. The null hypothesis specifies that there is no association between the two variables and will be accepted if the P-value exceeds the 0.05 level of significance. This test is used extensively to determine whether the associations between health-related variables and demographic variables are significant.

The One-way ANOVA test is used to compare the mean values of a quantitative dependent variable across the categories of an independent (explanatory) variable. The independent variables include two course related variable and two demographic variables, namely faculty and course year and gender and relationship status respectively**.** The null hypothesis specifies that the actual mean values of the quantitative dependent variable are equal across the different levels of an independent variable. Using a 0.05 level of significance, the null hypothesis will be accepted if the P-value exceeds the 0.05 criterion.

Chapter 3

Presentation of findings

This chapter presents the main findings of the study related to the various aspects of students' health. The first section presents the findings related to physical health and psychosomatic symptoms and the various aspects of students' lifestyle including diet, exercise, weight, smoking, alcohol consumption, illicit drug use, and sexual practice and health. This is followed by the second section on the emotional and social health of the students, and the third section on students' motivation and engagement. Each aspect is also analysed by a number of demographic and course related variables, namely gender, relationship status, faculty and course year. Besides the figures presented in this chapter, the reader is also referred to the cross tables in appendix 1 which present the counts and p value for each figure presented in this chapter.

3.1 Physical Health and Lifestyle

3.1.1 Physical health

The great majority of the students reported that they feel healthy, with 10% feeling unhealthy (Figure 3.1). There does not seem to be any major perceived difference in terms of students' health across the levels of socio-economic status, faculty or year of course. However, there are a significantly higher proportion of males who feel very healthy; whereas more females feel quite healthy (Figure 3.2).

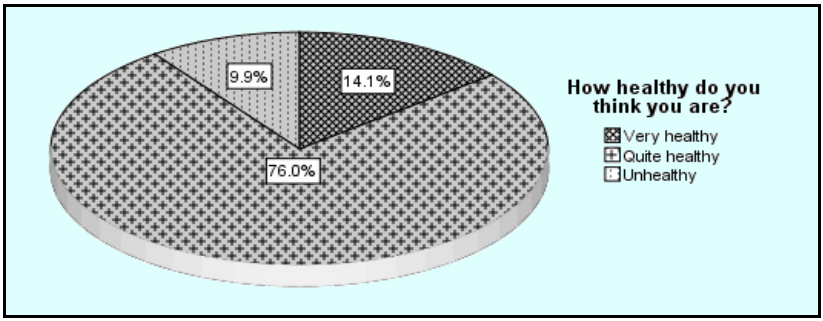

Figure 3.1: Students' perceptions of their health in general

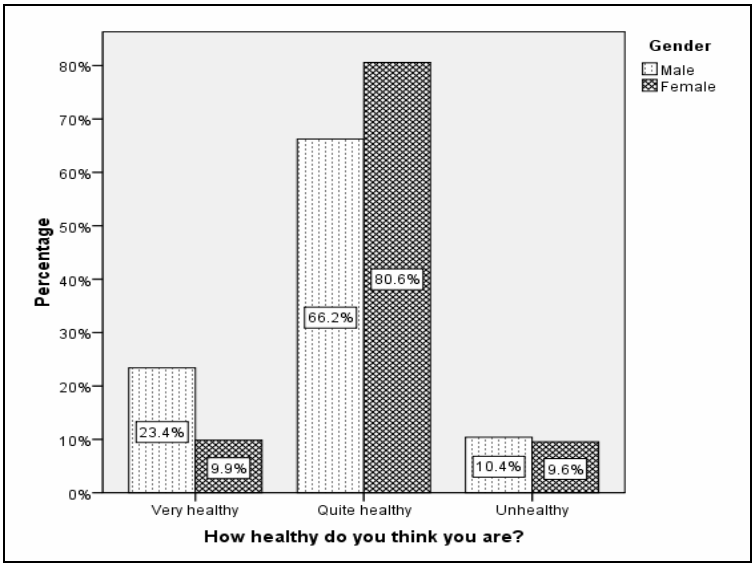

Figure 3.2: Students' perception of their health by gender

On the other hand, 40.2% of the students stated that they experience at least one psychosomatic symptom on a frequent basis. The chi square test reveals that some psychosomatic symptoms occur more frequently than others. 77.5% of university students who experience psychosomatic symptoms stated that they suffer from

tiredness and exhaustion regularly; whereas, 62.7% said that they feel frequently nervous. Dizziness, severe sleep problems and acute stomach, back, neck and shoulder pain are less likely to be experienced (Figure 3.3). An analysis of the frequency of the psychosomatic symptoms by gender, faculty, course year and relationship status does not show any significant difference.

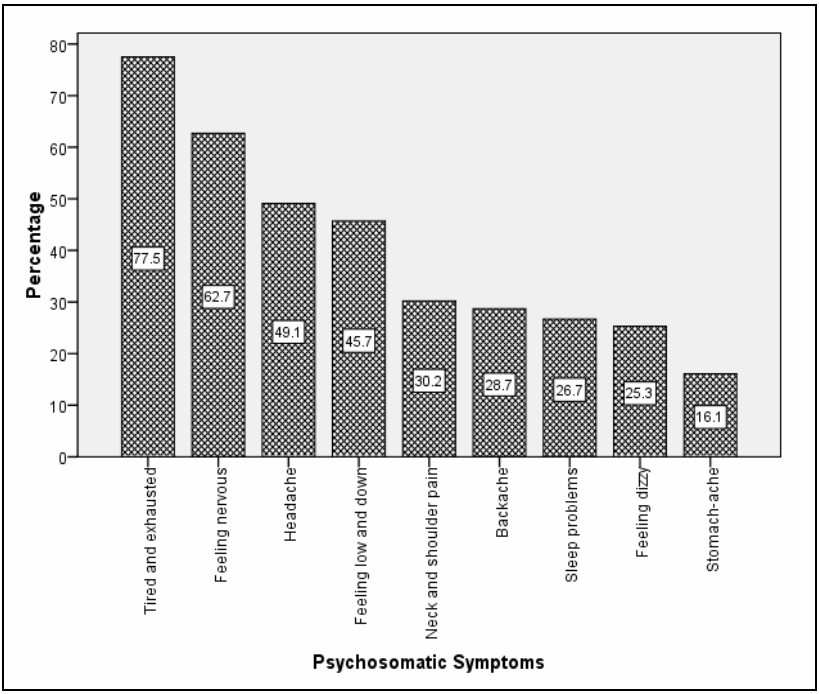

Figure 3.3: Psychosomatic symptoms

On the other hand, only 7% of the participants stated that they take medicine for psychosomatic symptoms on a regular basis; 80.2% specified that they rarely take any medication for such symptoms. The chi square test reveals that medication for headaches is significantly more frequent than that for other symptoms. 20.2% of the respondents specified that they take medication for headaches regularly; however, less than 4% of the participants take medication for at least one of the other symptoms (Figure 3.4).

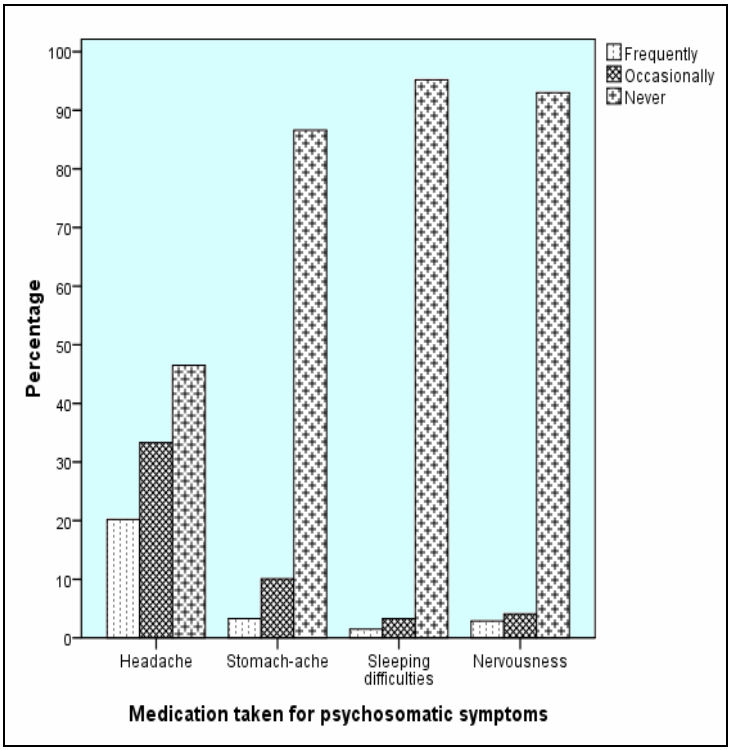

Figure 3.4: Medication for psychosomatic symptoms

When asked about the various form and frequency of illnesses they experienced over the past academic year, 35.4% of the students reported that they suffered no illness; whereas 7.1% suffered from at least four illnesses (Figure 3.5). Back pain was the most common ailment (40.9% of all cases). This may be attributed to the long hours students spend leaning over a desk or in front of their monitors. This physical symptom is followed by bronchitis, ear or sinus infection (21.1%) and allergy problems (18.8%), and anxiety (16.4%) and depression (9.7%). Conditions like sexually transmitted diseases and HIV infections and substance abuse are either very low in frequency or do not feature at all.

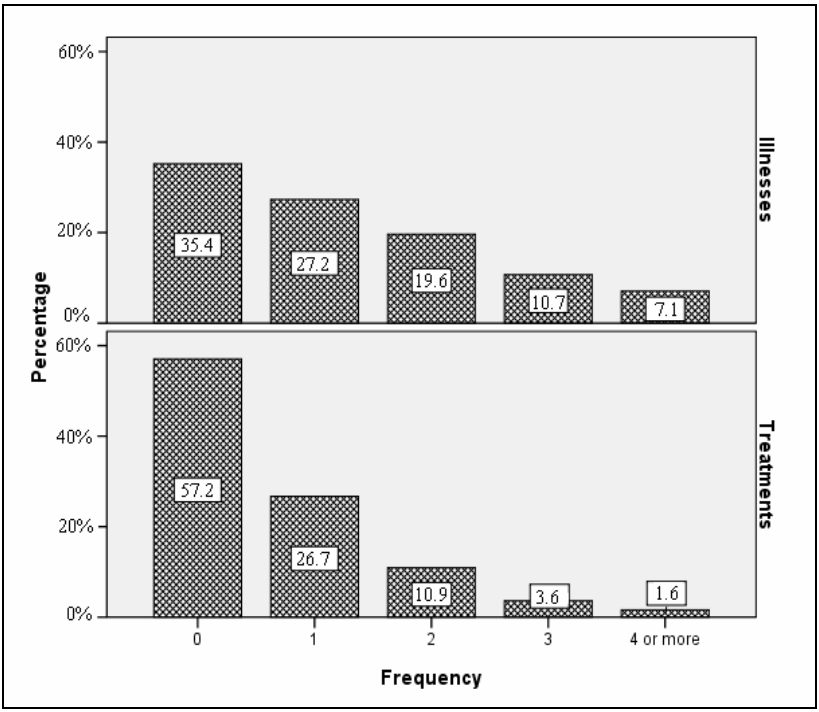

Figure 3.5: Percentage of illnesses and treatment for health conditions

When asked whether they were getting treatment for the specified illnesses, 57.2% stated that they receive no treatment. This proportion exceeds by far the proportion of students who suffer no illness (35.4%), suggesting a substantial number of students do not seek treatment. Almost all respondents sought treatment for broken bone/fracture, sexually transmitted diseases, endometriosis and diabetes, but fewer respondents followed treatment for anxiety disorder, chronic fatigue syndrome, back pain and depression, and none for severe substance abuse (Table 3.1) Further analysis shows a higher proportion of civil science and male students with depression, a higher proportion of females with back pain problems, and more 3rd to 5th year students with anxiety and chronic fatigue syndrome (Figure 3.6).

Table 3.1: Percentage of illnesses and treatment for health conditions

Treatment/Therapy		Suffered from	Followed treatment
Allergy problems	Count	93	77
	Percentage	18.8%	15.6%
Anxiety disorder	Count	81	29
	Percentage	16.4%	5.9%
Asthma	Count	31	22
	Percentage	6.3%	4.4%
Chronic fatigue syndrome	Count	19	4
	Percentage	3.8%	0.8%
Depression	Count	48	12
	Percentage	9.7%	2.4%
Diabetes	Count	1	1
	Percentage	0.2%	0.2%
Sexually transmitted diseases	Count	7	7
	Percentage	1.4%	1.4%
HIV infection	Count	0	0
	Percentage	0.0%	0.0%
Substance abuse problem	Count	10	0
	Percentage	2.0%	.0%
Back pain	Count	202	56
	Percentage	40.9%	11.3%
Broken bone/fracture	Count	12	12
	Percentage	2.4%	2.4%
Bronchitis/ear or sinus infection	Count	104	87
	Percentage	21.1%	17.6%
Endometriosis	Count	6	5
	Percentage	1.2%	1.0%

$\chi^2 = 61.24,\ v = 11,\ p < 0.0005$

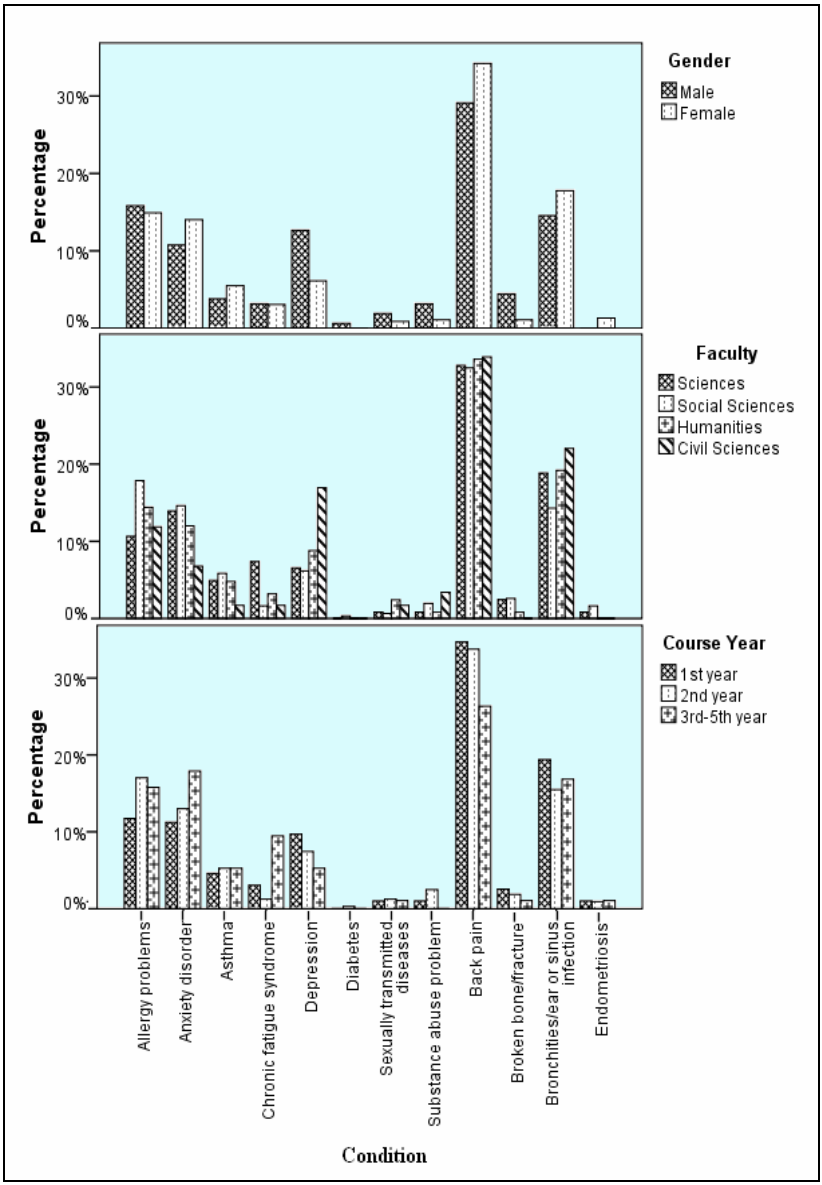

Figure 3.6: Illnesses by gender, course year and faculty

Health does not seem to come in the way of attendance at university, as more than 90% of the students did not miss more than one week of lectures because of physical complaints during the past semester. 53.6% of the participants stated that they are never absent because of physical complaints, while 36.9% specified that they missed from 1 to 5 days during the previous semester (Figure 3.7).

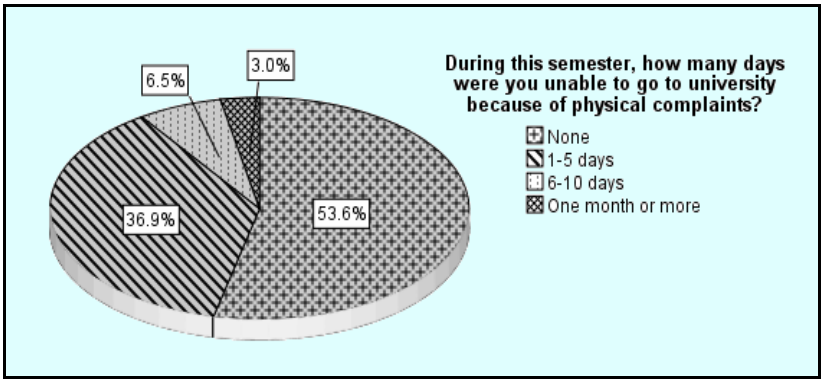

Figure 3.7: Days missed at University because of physical complaints

Civil science students, which comprise more males than females, are less likely to miss lessons compared to other faculties. This may partly explain why males are less absent from university compared to their female counterparts. Moreover, 3rd to 5th year students are more likely to be absent for a longer period (Figure 3.8).

When asked to indicate which health and lifestyle factors came in the way of their academic performance, more than half of the respondents mentioned stress (Table 3.2). This is followed by concerns over friends or family (26.8%); relationship difficulties (23.2%); cold, flu and sinus infections (19.1%); depression and anxiety (17.2%) and sleep difficulties (16%). The chi square test reveals that examination stress, study fatigue, family concerns and relationship difficulties significantly affect academic performance more than other difficulties.

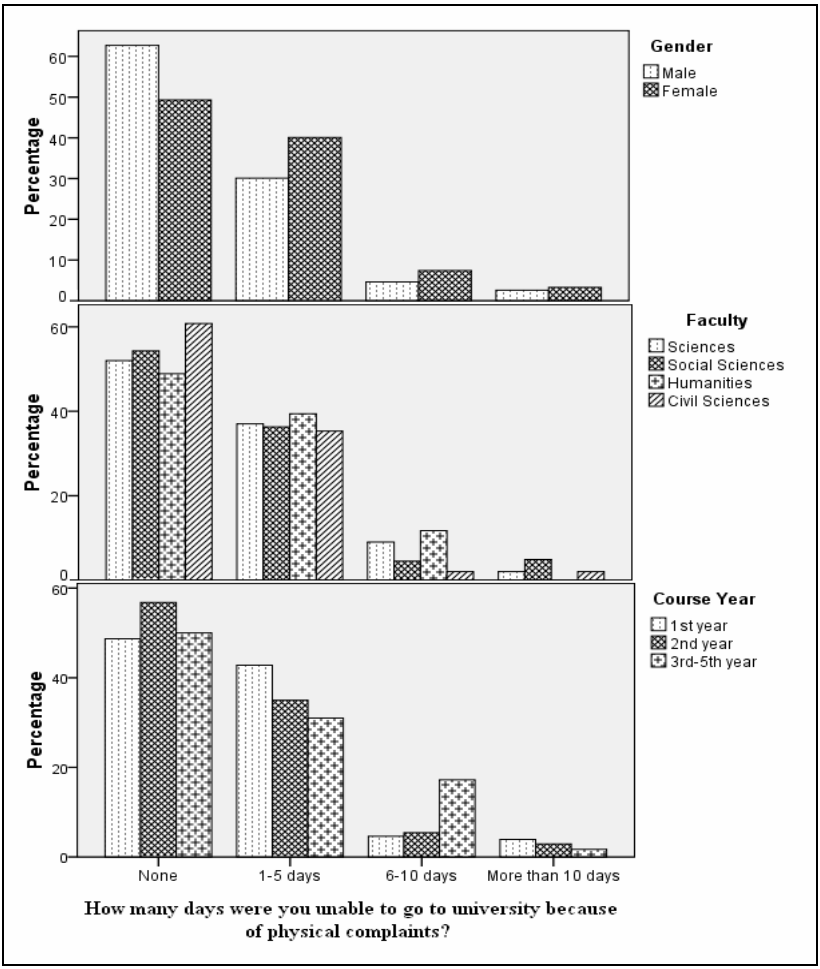

Figure 3.8: Days missed at University by gender, faculty and course year

An interesting observation is that few participants mentioned that difficulties related to alcohol use, drug use and sexually transmitted diseases affected their academic performance. Excluding colds and flu, these are largely social and psychological factors, resonating the previous finding that physical health is not a concern for the students in contrast to psychologically related complaints.

Table 3.2: Factors influencing students' academic performance

Difficulty		Quite a lot	Not much	Not at all
Alcohol use	Count	20	56	391
	Percentage	4.3%	12.0%	83.7%
Allergies	Count	40	28	398
	Percentage	8.6%	6.0%	85.4%
Chronic illness and chronic pain	Count	19	15	425
	Percentage	4.1%	3.3%	92.6%
Colds/flu/sinus infections	Count	89	138	238
	Percentage	19.1%	29.7%	51.2%
Concern over friends or family	Count	125	138	203
	Percentage	26.8%	29.6%	43.6%
Depression/anxiety	Count	80	98	288
	Percentage	17.2%	21.0%	61.8%
Drug use	Count	4	7	448
	Percentage	.9%	1.5%	97.6%
Eating disorder	Count	16	39	409
	Percentage	3.4%	8.4%	88.1%
Injury	Count	7	23	432
	Percentage	1.5%	5.0%	93.5%
Harassment	Count	8	7	446
	Percentage	1.7%	1.5%	96.7%
Relationship difficulties	Count	108	101	257
	Percentage	23.2%	21.7%	55.2%
Sexually transmitted diseases	Count	4	6	449
	Percentage	.9%	1.3%	97.8%
Sleep difficulties	Count	75	82	311
	Percentage	16.0%	17.5%	66.5%
Stress	Count	237	110	122
	Percentage	50.5%	23.5%	26.0%

$\chi^2 = 1902.9,\ v = 26,\ p > 0.0005$

Figure 3.9 shows that percentage wise, there are more male students whose academic performances is affected negatively by alcohol and drug use. Conversely, there is a higher proportion of females whose academic performance is affected considerably by stress, cold, flu and sinus infections.

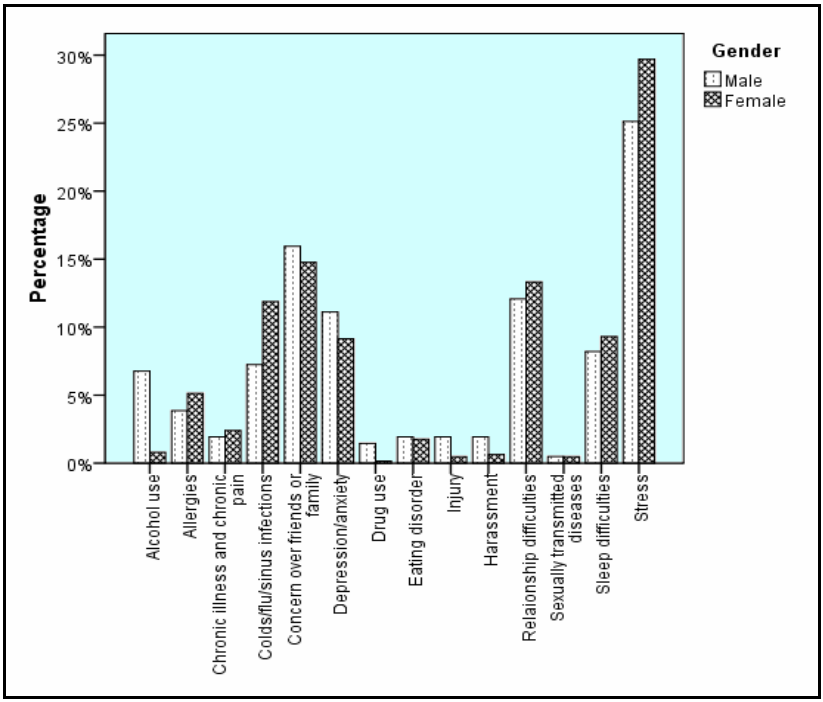

Figure 3.9: Factors influencing students' performance by gender

3.1.2 Diet, weight and exercise

3.1.2.1 Weight

About 64% of the students think they have the right weight, while a quarter describe themselves as being overweight, ranging from slightly to very overweight. Almost 10% believe they are underweight, while 1.4% are very underweight (Figure 3.10).

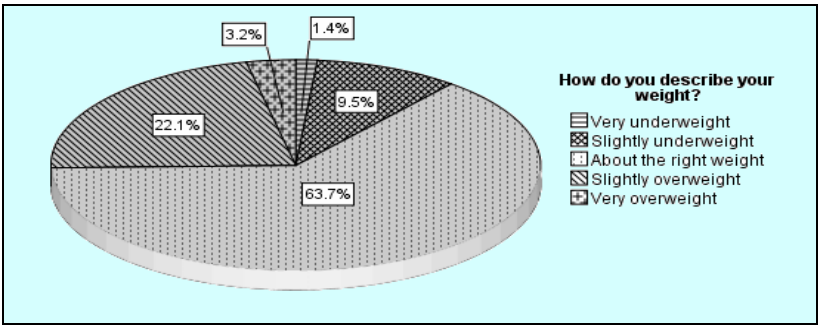

Figure 3.10: Students' perceived weight

Females appear to be more satisfied with their weight than males; with more males being underweight. Dating seems a good motivator to keep the right weight, with proportionally more dating students (70.3%) considering their weight to be right (Figure 3.11).

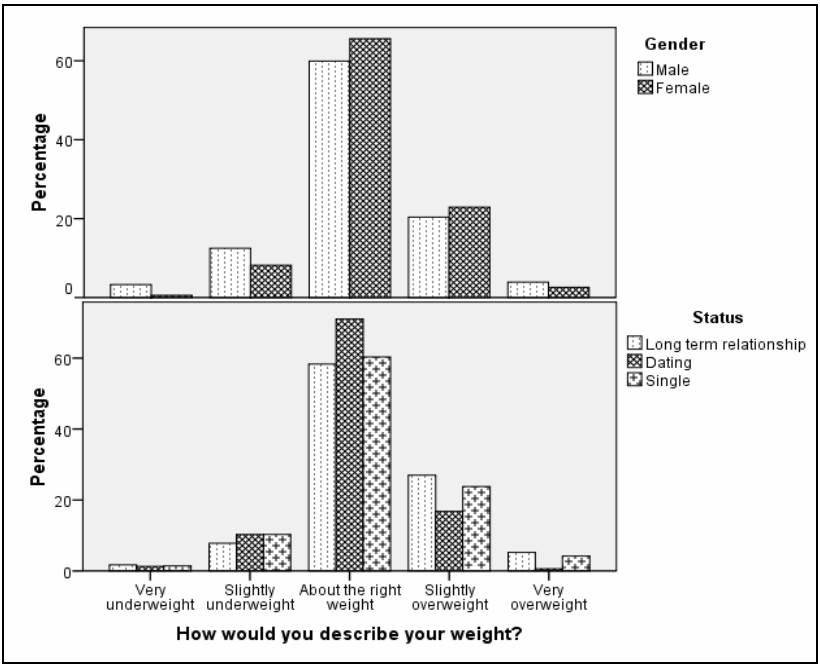

Figure 3.11: Students' perceived weight by gender and relation status

About a quarter of the participants specified that they are on diet; whereas another 33.5% said they intended to lose/gain weight (Figure 3.12).

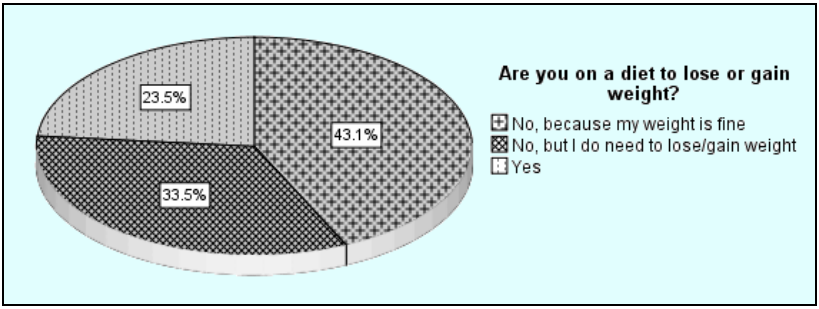

Figure 3.12: Number of students on a diet

Interestingly more than 40% of the respondents who are slightly overweight or obese are on diet; with only 7% saying that their weight is fine; on the other hand only 9% of the underweight participants are seeking to gain weight (Figure 3.13).

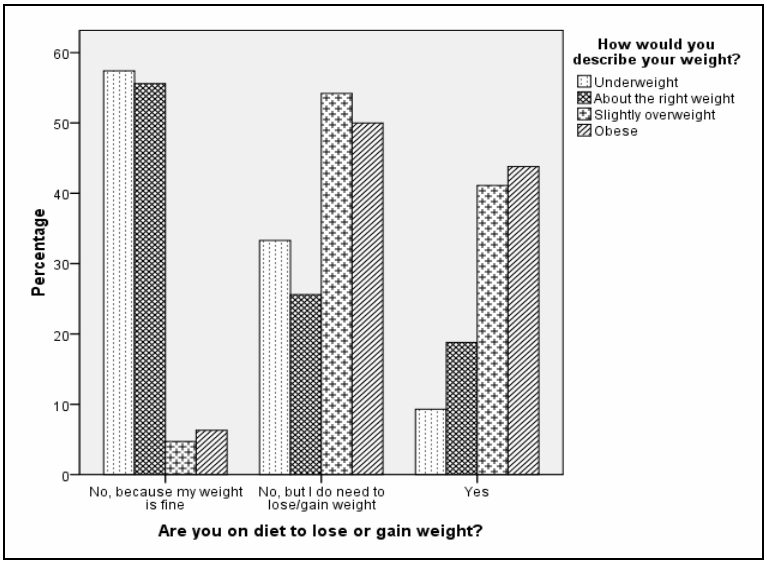

Figure 3.13: Number of students on a diet by perceived weight

If one examines the data by gender, it is interesting to note that there are more females (27%) than males (15%) on a diet. This means that while more males consider that their weight is not appropriate, yet they are less concerned than females about starting a diet. There are a higher proportion of students in a long term relationship who feel they need to take more care of their weight (Figure 3.14).

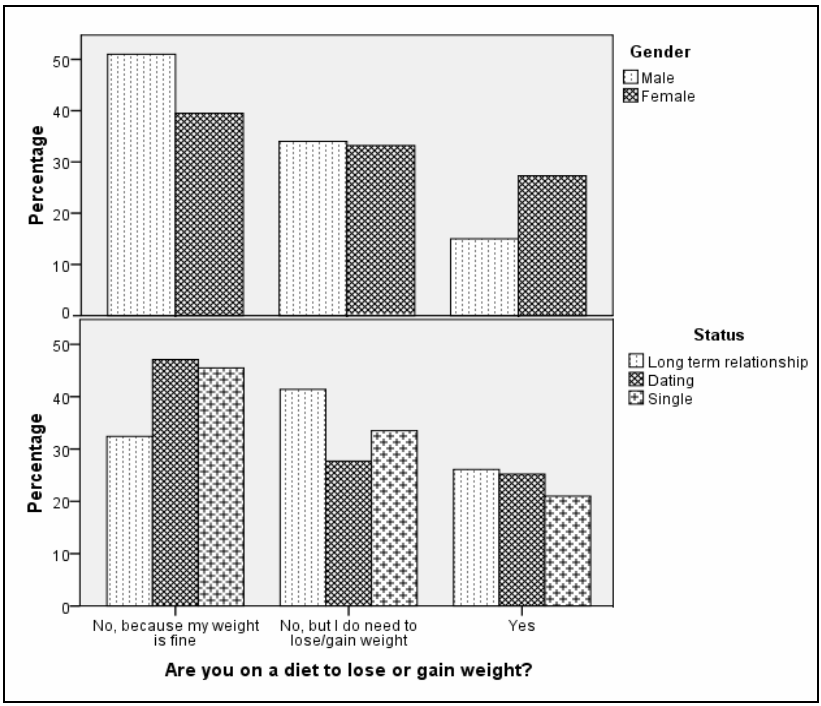

Figure 3.14: Students on diet by gender and relation status

A large proportion of the respondents who attempted to lose weight did exercise (55.6%) or started a dieting program (36.7%), with less than 8% of the participants using other weight reduction methods such as vomiting, smoking or diet pills (Figure 3.15). More males do exercises to reduce weight, while more females seek to reduce weight through dieting (Figure 3.16).

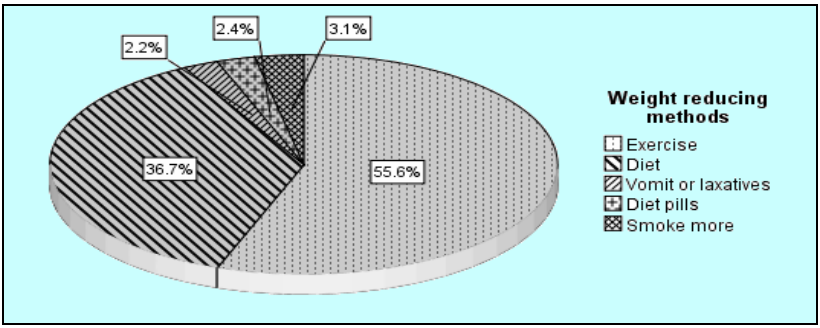

Figure 3.15: Weight reduction methods

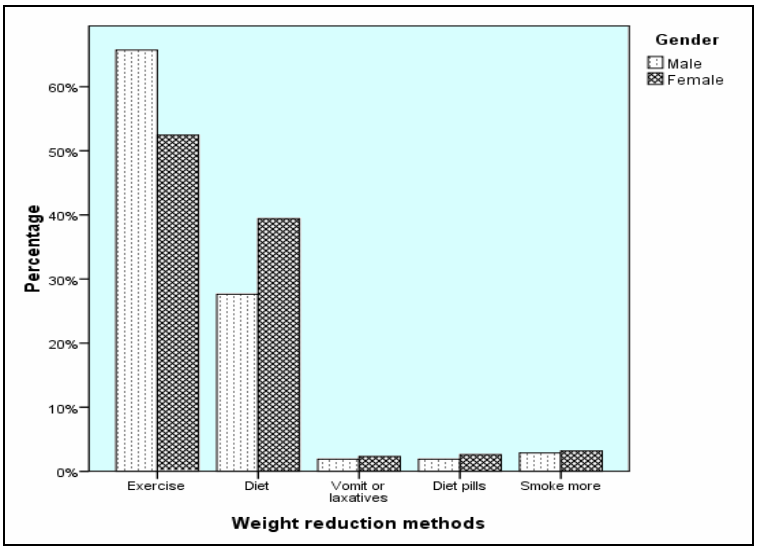

Figure 3.16: Weight reduction methods by gender

3.1.2.2 Diet

The distribution of the number of servings of vegetables and fruit participants have each day is right skewed. A large proportion of respondents have between 1 to 2 servings daily, which indeed fall short of the 5 daily servings recommended by the World Health Organisation (Figure 3.17).

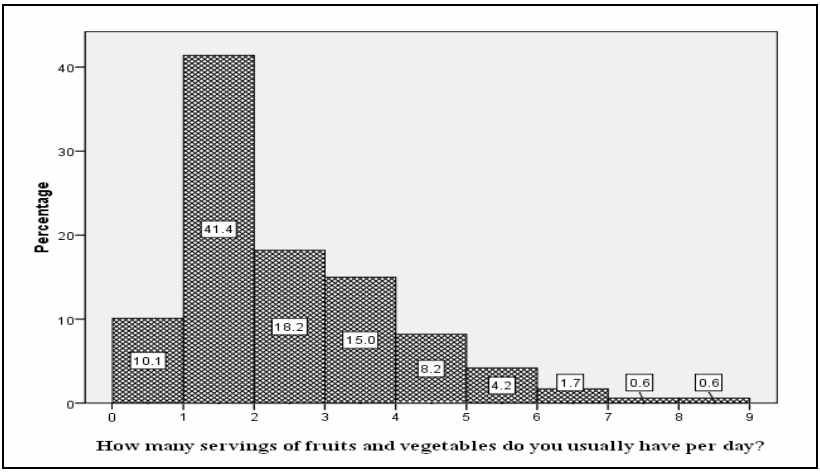

Figure 3.17: Distribution of daily fruit and vegetable servings

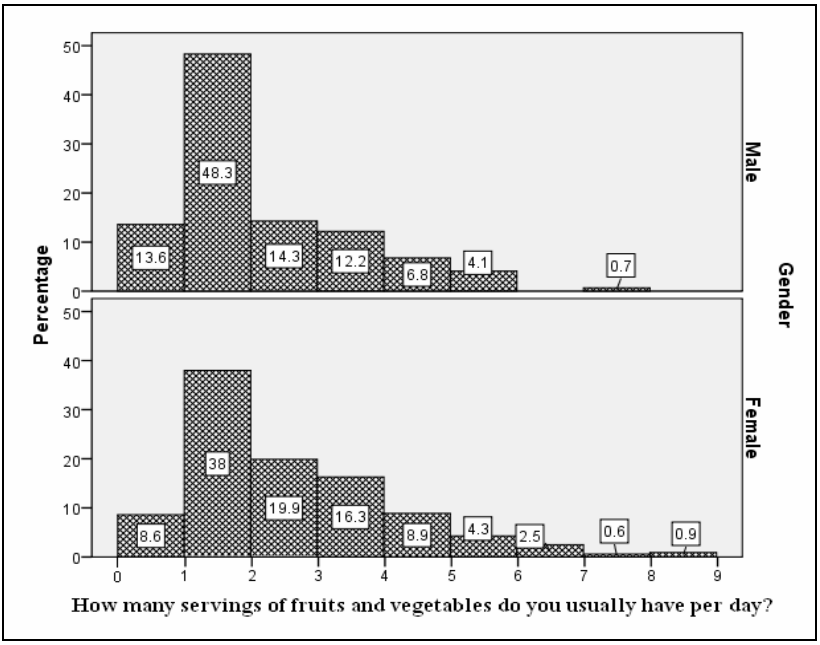

Figure3.18: Distribution of daily fruit and vegetable servings by gender

Females have, on average, 2.14 fruit and vegetable servings a day; whereas, their male counterparts have 1.72 daily servings. The One-way ANOVA test reveals that the difference in the mean number of daily servings is significant. This implies that females tend to be on a healthier diet than males (Figure 3.18).

Only 43.9% of the respondents said that they have a daily healthy breakfast, while 38.6% stated that they have irregular healthy breakfast (Figure 3.19).

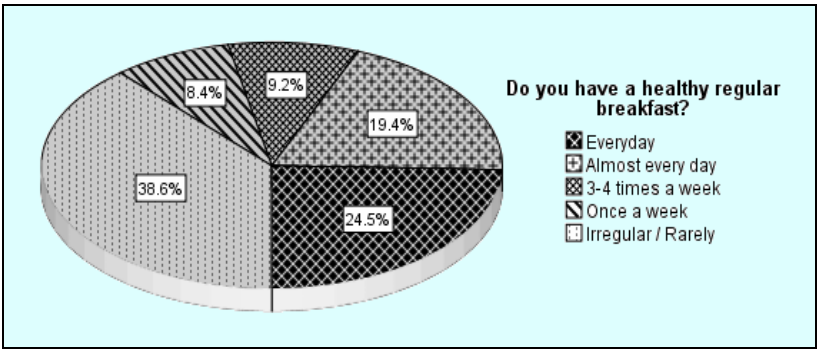

Figure 3.19: Healthy regular breakfast

Female students are more likely to start the day with a healthy breakfast (46.9%) than their male counterparts (37.2%). Figure 3.20 shows that males are more likely to have irregular breakfasts (43.8%) than female students (36.2%).

Students tend to indulge in unhealthy rather than healthy food when on campus. Figure 3.21 shows that white bread, rolls, sandwiches or ftira are the most selected snacks by university students (66.8%), followed by sweets or chocolates (39.9%); fruit (26.3%); crisps (21.9%) and pastries (19.4%). Salads are the least selected snacks (11.1%). Again female students pursue healthier diets. While white bread, rolls, ftira, sandwiches, cheesecakes and pastries are the more preferred snacks for males, brown bread, fruit, salads and crisps are more preferred snacks for females (Figure 3.22).

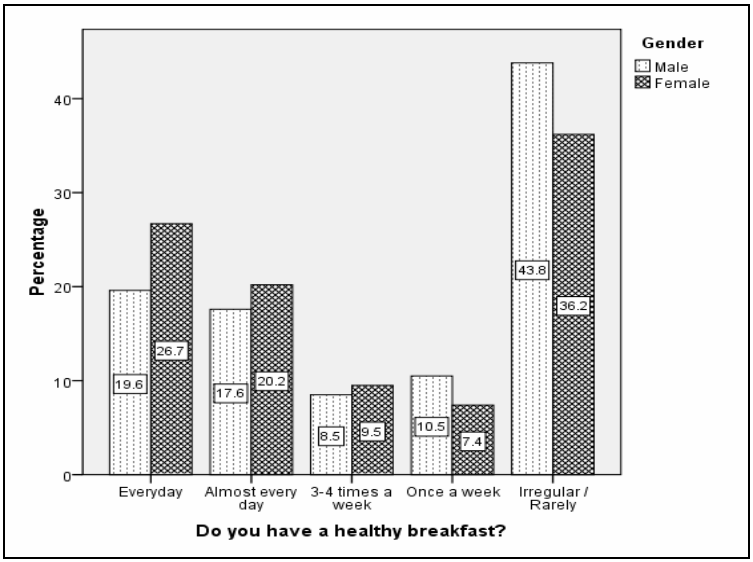

Figure 3.20: Healthy regular breakfast by gender

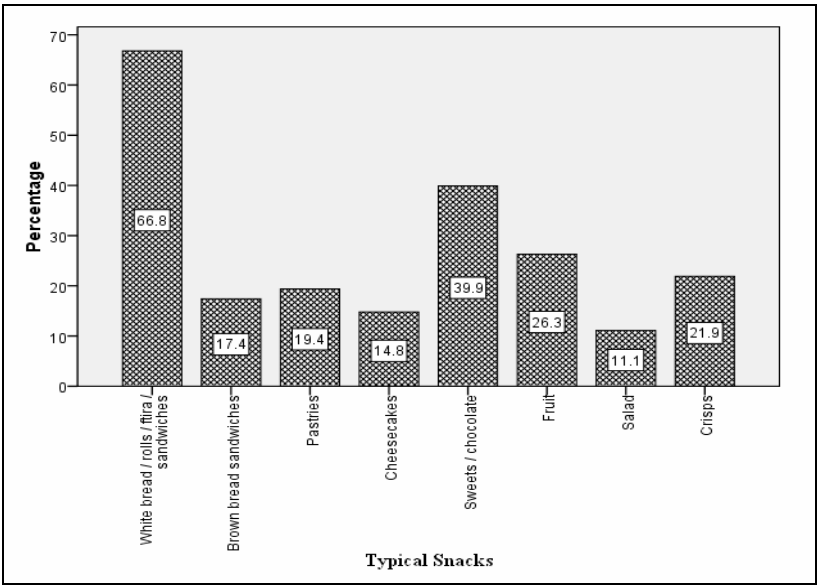

Figure 3.21: Typical snacks students have on campus

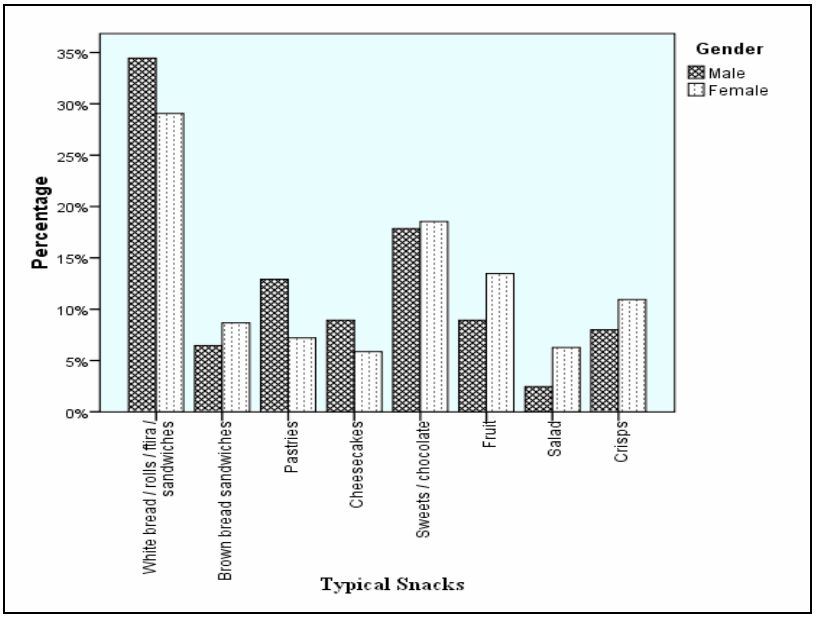

Figure 3.22: Typical snacks students have on campus by gender

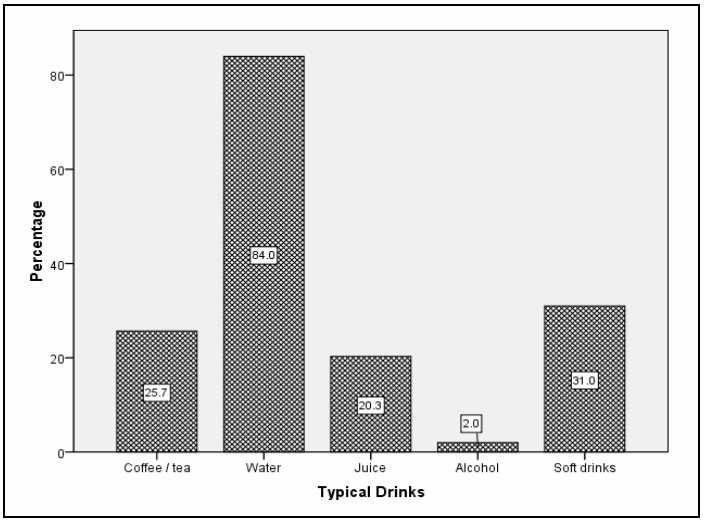

Figure 3.23: Typical drinks consumed by students on campus

On the other hand, Figure 3.23 shows that students prefer healthier drinks. Water is the most selected drink by students (84.0%), followed by soft drinks (31.0%); coffee or tea (25.7%) and juice (20.3%). Alcohol is the least selected drink (2.0%). Again female students are likely to drink healthier drinks than males, including coffee, tea water and juice, whereas males tend to opt for less healthy drinks, including alcohol and soft drinks (Figure 3.24).

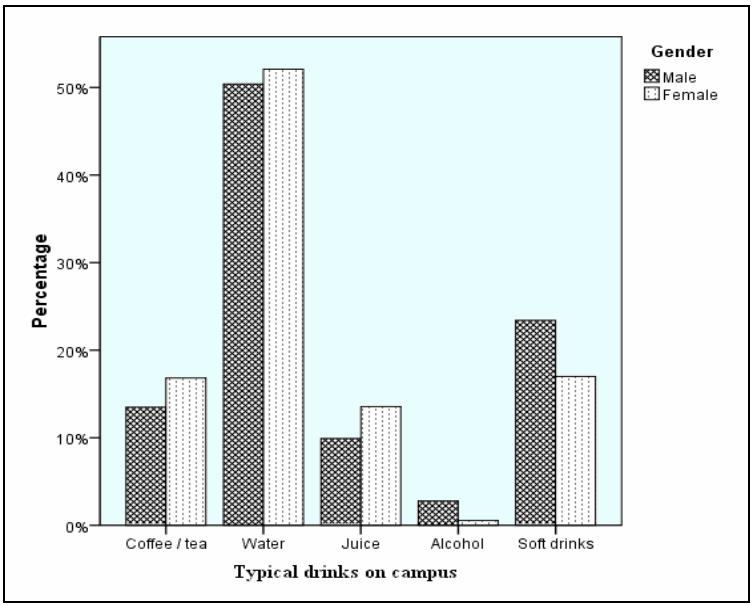

Figure 3.24: Typical drinks students have on campus by gender

3.1.2.3 Exercise

Only 36.6% engage in regular exercise (at least twice a week) while 34.2% stated that they never or hardly ever perform physical exercise (Figure 3.25). Male respondents tend to participate in vigorous exercise more than females. 62.8% of male and 51.1% of female students stated that they perform vigorous exercise at least once a week. Conversely, 37.5% female and 26.8% male participants said that they hardly ever carry out physical exercise (Figure 3.26).

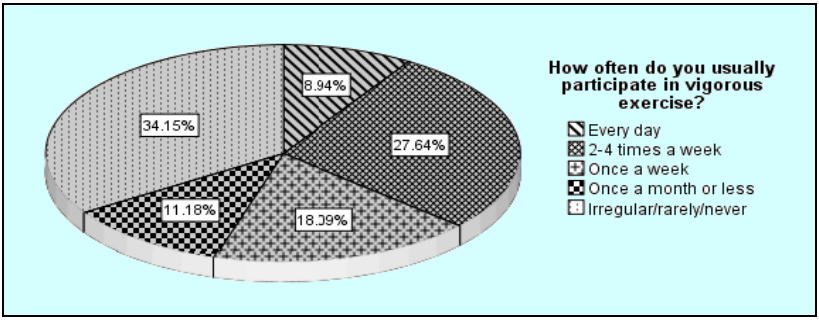

Figure 3.25: Participation in physical exercise

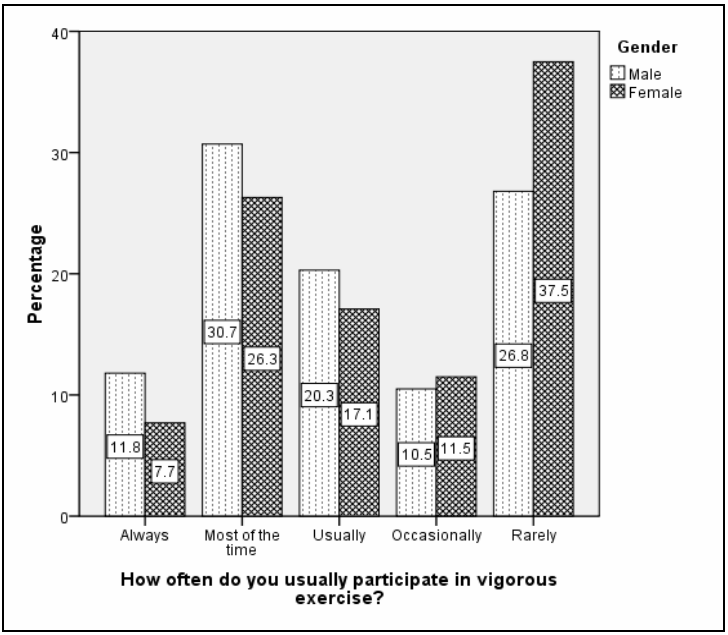

Figure 3.26: Participation in physical exercise by gender

3.1.2.4 Sleep

One third of the students report that they do not get enough restful sleep; while 67.1% say that they usually get enough sleep most of the time (Figure 3.27). No gender difference was found.

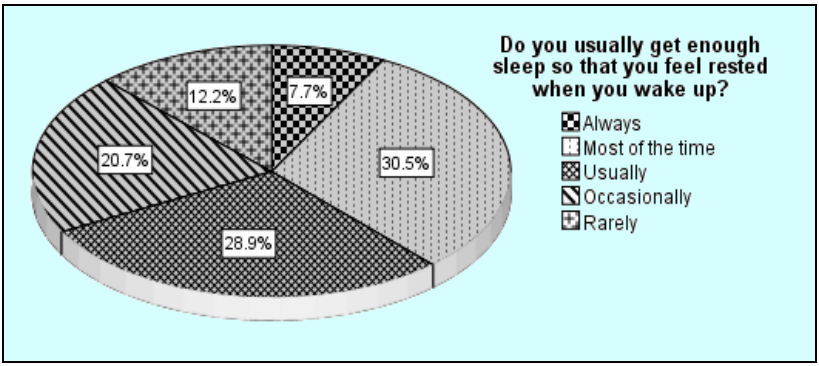

Figure 3.27: Sleep patterns

3.1.3 Smoking and substance misuse

3.1.3.1 Cigarette smoking

12.2% of the students smoke regularly, while another 9.2% smoke occasionally and the remaining 78.6% of the participants do not smoke (Figure 3.28).

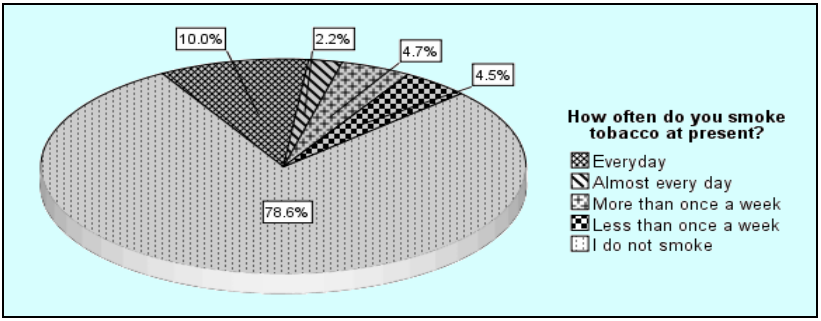

Figure 3.28: Cigarette smoking

The percentage of male respondents who smoke tobacco exceeds the percentage of females; however this gender bias is not significant. It is worth noting that students from humanities tend to smoke more often than students in other faculties (Figure 3.29).

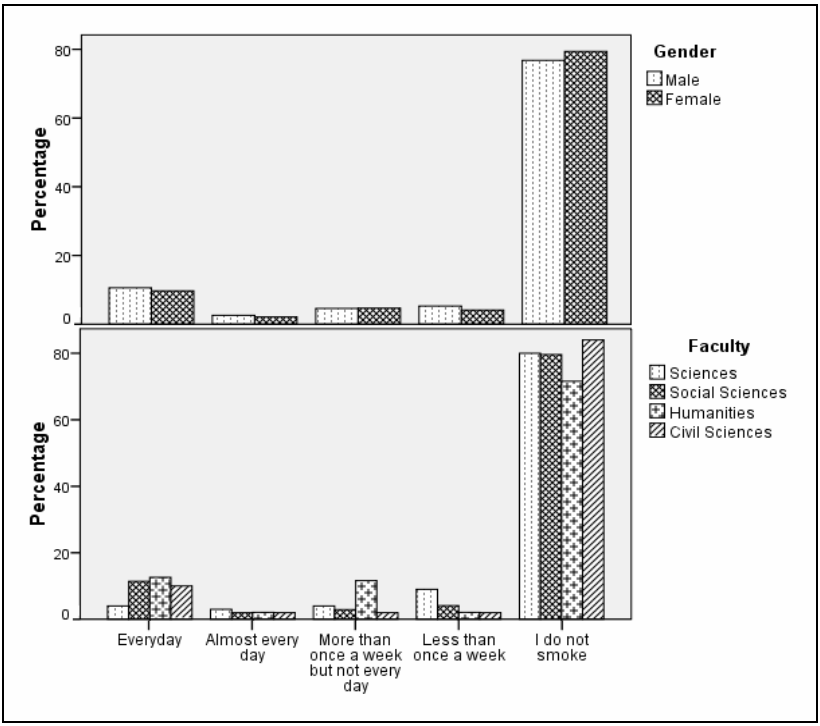

Figure 3.29: Cigarette smoking by gender and faculty

The distribution of the number of cigarettes smoked weekly is right skewed. A large proportion of male and female smokers smoke less than 10 cigarettes weekly (Figure 3.30). Male smokers, on average, smoke 39 cigarettes weekly compared to 34 cigarettes for female smokers. 1st and 2nd year smokers, on average, smoke 9 cigarettes weekly more than 3rd to 5th year students. Moreover, smokers who are single, on average, smoke 8 cigarettes weekly more than students who are dating or in a long relationship. Social and civil science students tend to smoke more cigarettes weekly. These are followed by humanities and science students. It should be stated, however, that the differences in the average number of cigarettes smoked weekly by smokers from different faculties was not found to be significant.

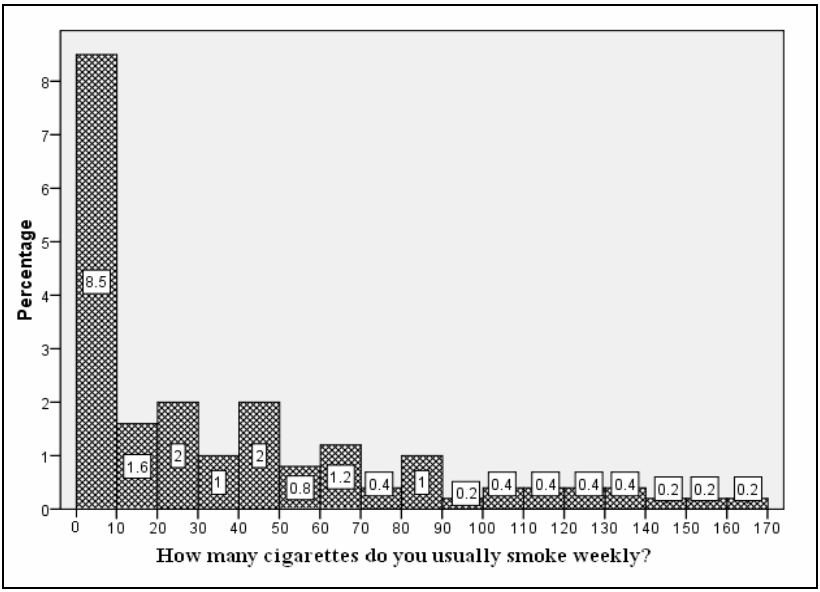

Figure 3.30: Distribution of cigarettes smoked weekly by students

More than 20% of those who smoke tobacco specified that they have no intention to give up smoking, while more than half said that they want to stop at some time in the future but not within the coming year. Only one fourth intended to quit in the forthcoming year (Figure 3.31).

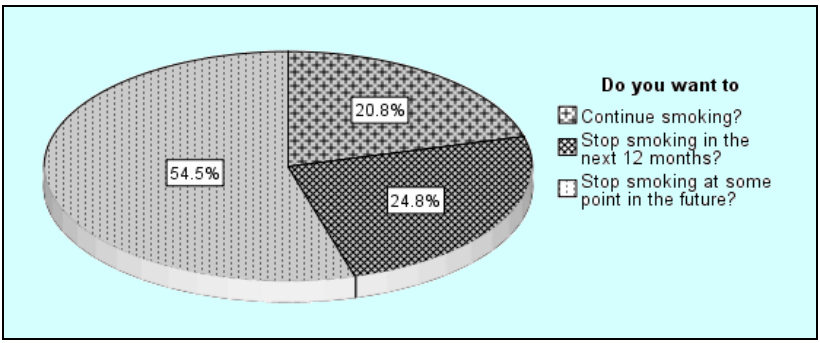

Figure 3.31: Smoking intentions

Smoking intentions do not vary much between male and female university students, but the number of respondents who intend to continue smoking decreases as the students get older. Moreover, there are higher proportions of civil science students who have no intention of giving up smoking, but a higher proportion of dating students who intend to quit in the coming year (Figure 3.32)

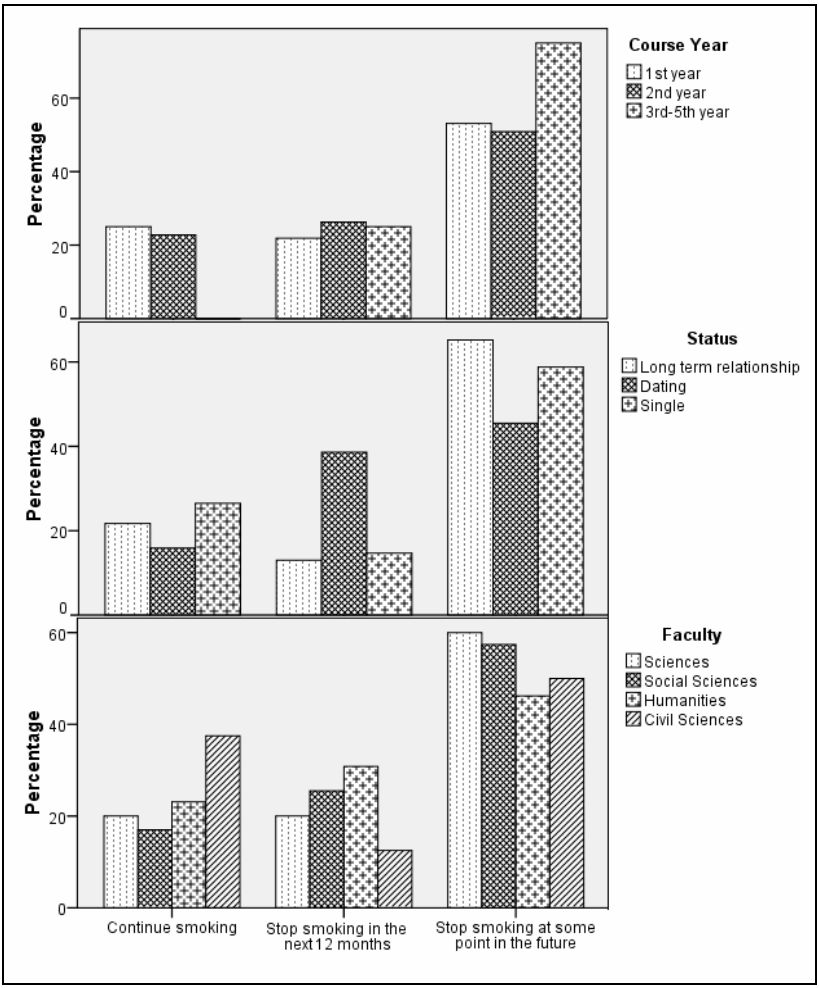

Figure 3.32: Smoking intentions by course year, status and faculty

When asked what would help them to quit smoking, almost 30% mentioned less stress, 23.7% more will power and another 15.8% said that they can cope with the habit and do not require any help. Few respondents believe that family and friends, awareness of health risks, cigarette price increase, quitting schemes and medical advice will deter them from smoking (Figure 3.33). Female students underline the role of stress while male students believe they do not require any help. More students in a long term relationship highlight less stress, support from family and friends and more will power as strategies for quitting smoking, while more single students believe that they can cope on their own. Proportionally there are more civil science students who think that less stress will help them quit, while more 3rd to 5th year students think that they need more will power (Figure 3.34).

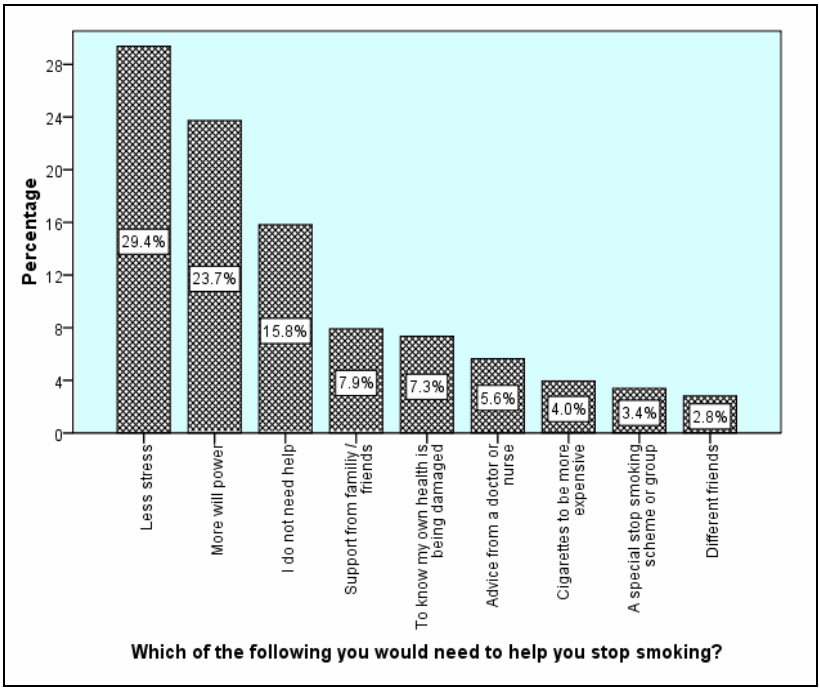

Figure 3.33: Strategies to quit smoking

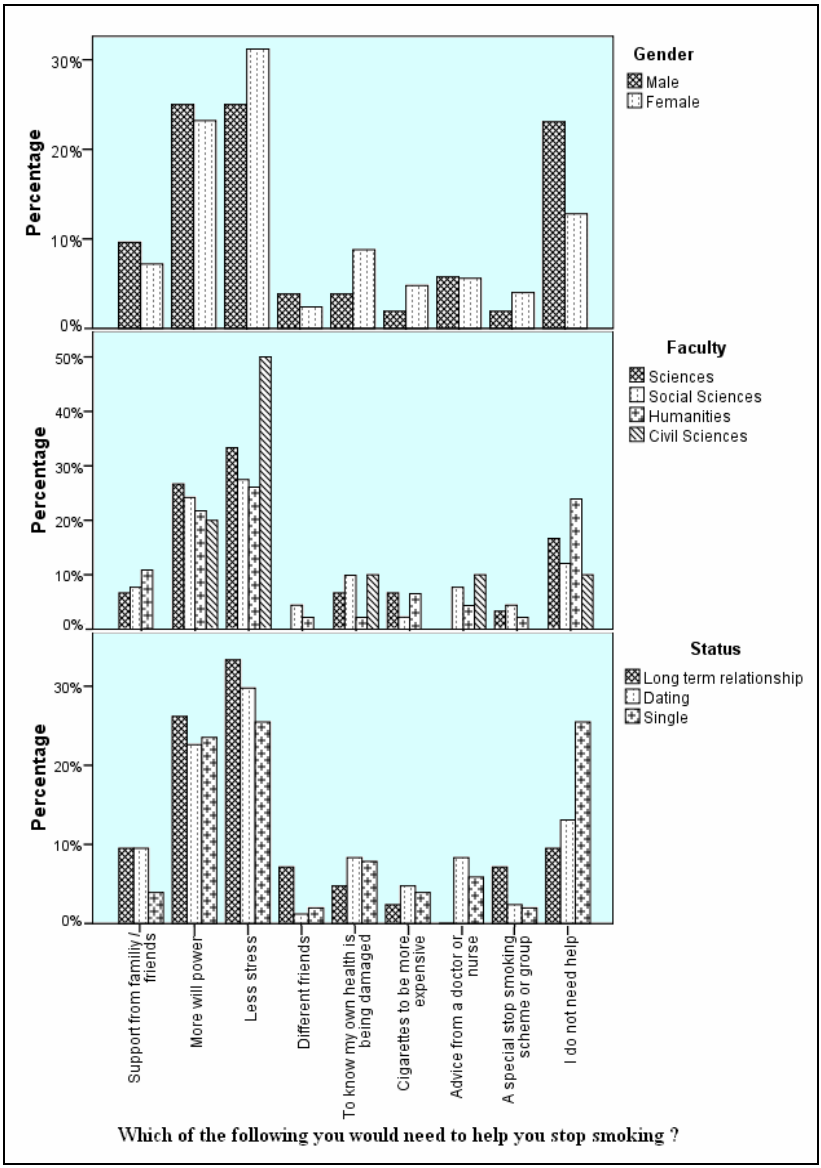

Figure 3.34: Strategies to quit smoking by gender, faculty and relationship status

3.1.3.2 Alcohol consumption

Figure 3.35 shows that approximately 11% of the respondents consume alcohol daily (regular drinkers) and about 10% never drink alcohol. The remaining 79% of the students drink occasionally or during weekends only.

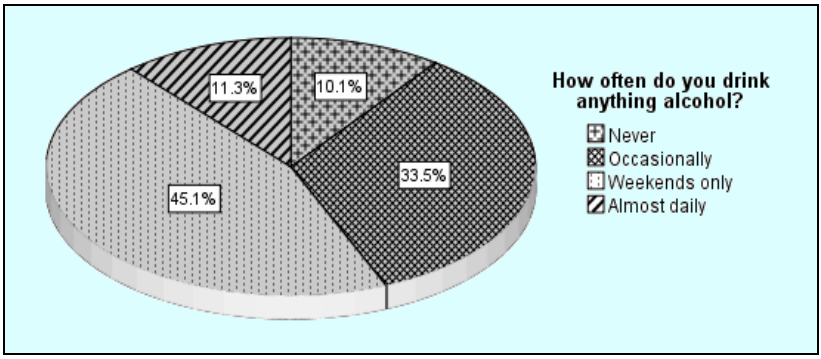

Figure 3.35: Alcohol consumption

Males tend to drink alcohol more frequently than females. Single and dating students tend to drink more alcohol during weekends; whereas students in a long term relationship are more occasional alcohol drinkers. Proportionally there are more civil science students who are heavy drinkers, while 3rd - 5th year students drink alcohol more frequently than first years (Figure 3.36). Alcohol drinking varies significantly by gender, course year and status.

Approximately 38% of all alcohol drinkers have at least 6 drinks when they socialize, while 29% have from 3 to 5 drinks (Figure 3.37) Figure 3.38 shows that heavy drinking is more likely to be indulged in by those students who consume alcohol daily or during the weekends. Occasional drinkers are more likely to have 1 to 2 drinks when socialising. Figure 3.39 shows that males tend to be more heavy drinkers than females when socializing. However, the proportion of male and female students consuming more alcohol than that recommended, are quite comparable (69% and 66% of males and females respectively).

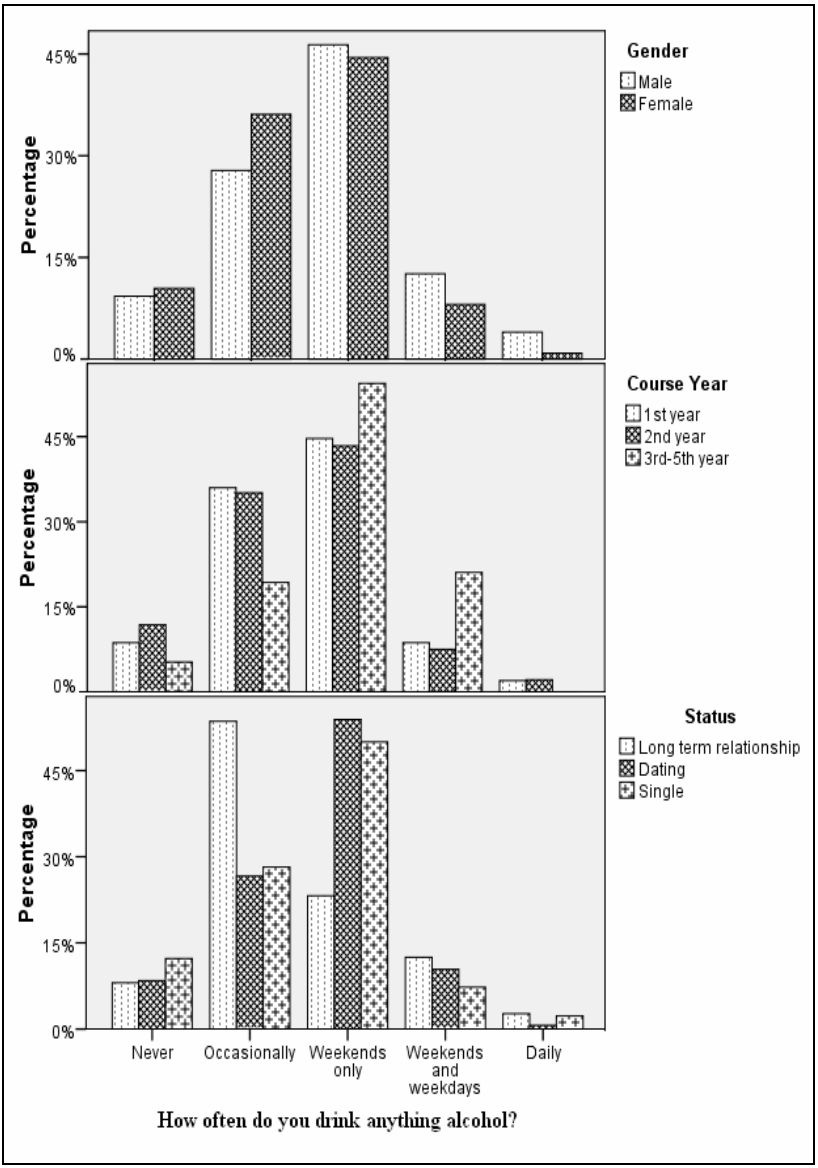

Figure 3.36: Alcohol consumption by gender, year of course and relationship status

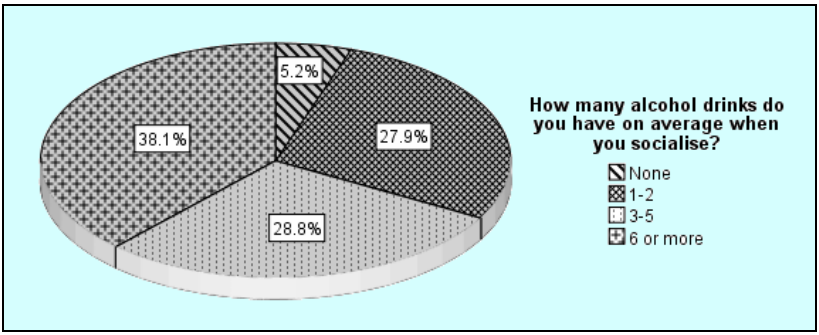

Figure 3.37: Number of alcoholic drinks consumed when socialising

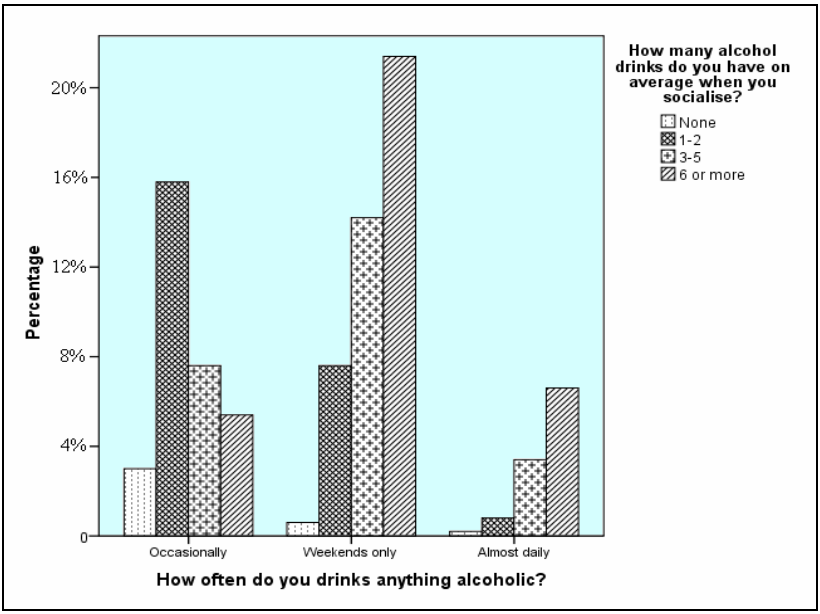

Figure 3.38: Frequency and number of alcoholic drinks consumed when socialising

As expected, dating and single students are more likely to be heavy drinkers. Conversely, respondents in a long term relationship are more likely to drink moderately when socialising (Figure 3.39).

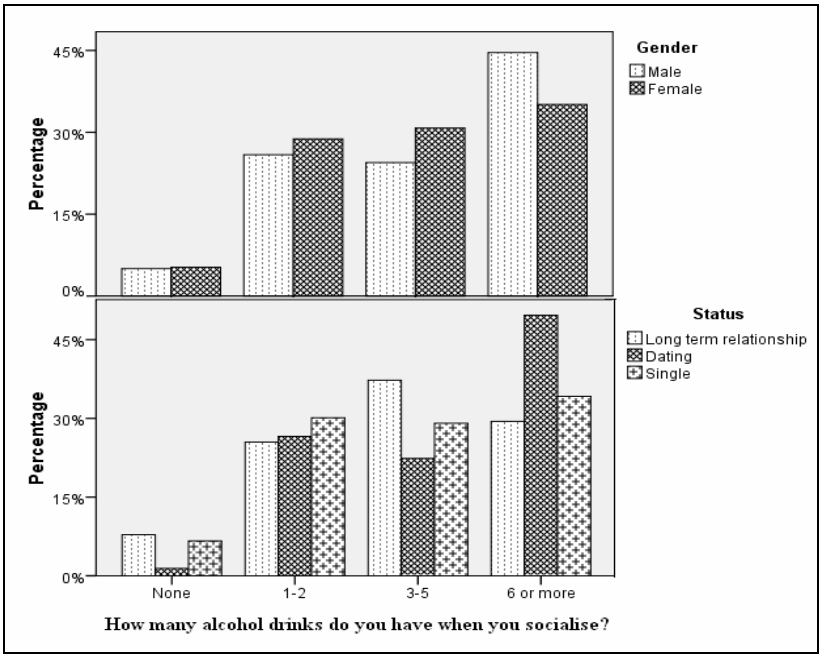

Figure 3.39: Alcohol consumption by gender and relationship status

Almost 12% of all alcohol drinkers engage in heavy drinking at least twice weekly, while another 17% once weekly (Figure 3.40). Male, single and dating students tend to engage in heavy drinking more often than females and students in a long term relationship (Figure 3.41).

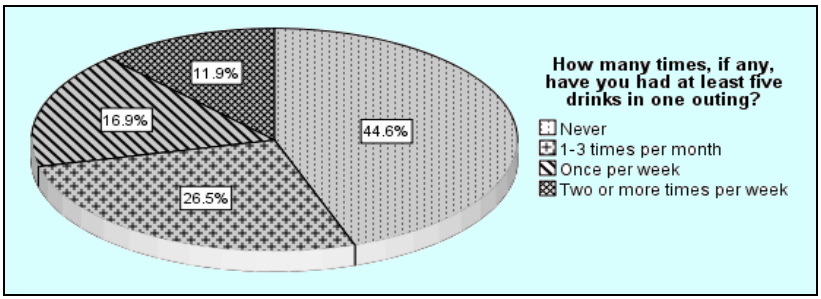

Figure 3.40: Frequency of heavy drinking

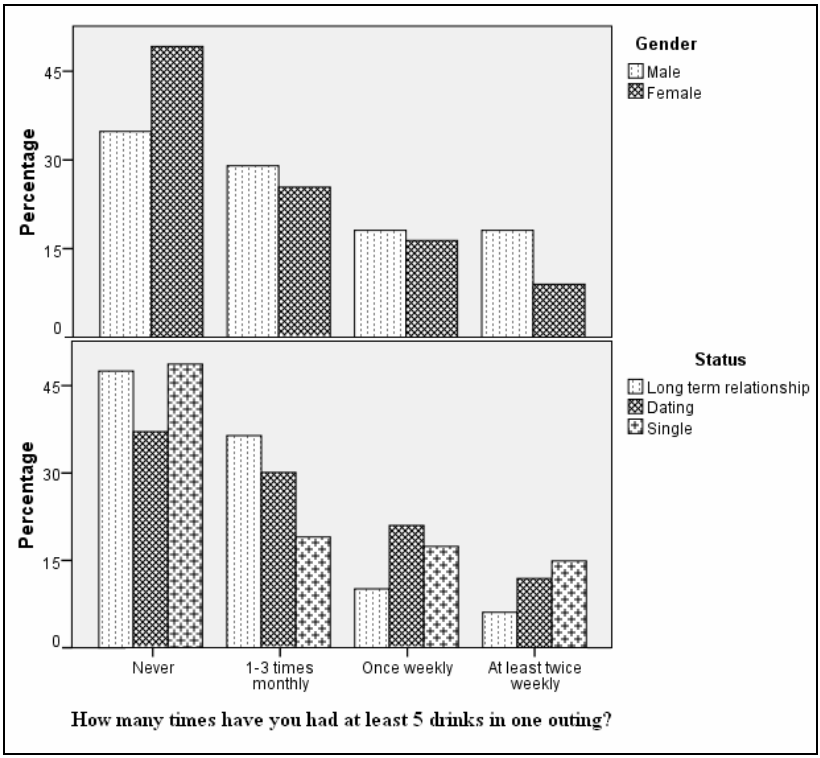

Figure3.41: Heavy drinking by gender and relationship status

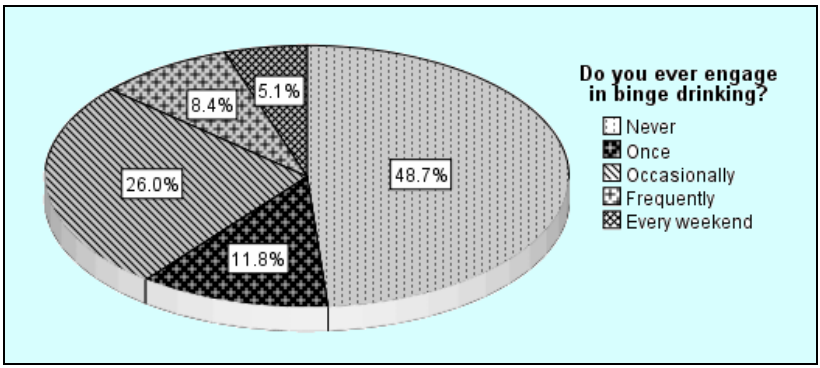

Figure3.42: Frequency of binge drinking

Figure 3.42 shows that 13% of the students engage in binge drinking regularly, either every weekend (5%) or frequently (8%). Males tend to engage more frequently in binge drinking, with the chi square test suggesting that this association is significant. Single and dating students are more likely to engage in binge drinking than students in a long term relationship; however this association is not significant (Figure 3.43).

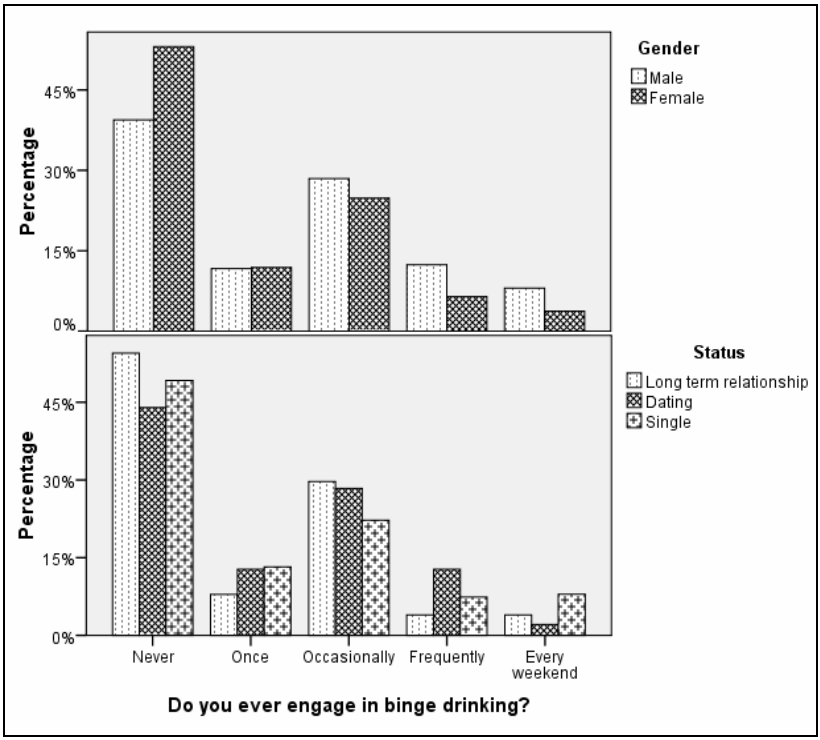

Figure 3.43: Binge drinking by gender and relationship status

While the great majority of the students never drive when they drink heavily, 7.8% reported that they drive frequently under the influence of alcohol (Figure 3.44). Male and single/dating students are more likely to risk driving when drinking heavily (Figure 3.45). Frequency of binge drinking differs significantly between males and females.

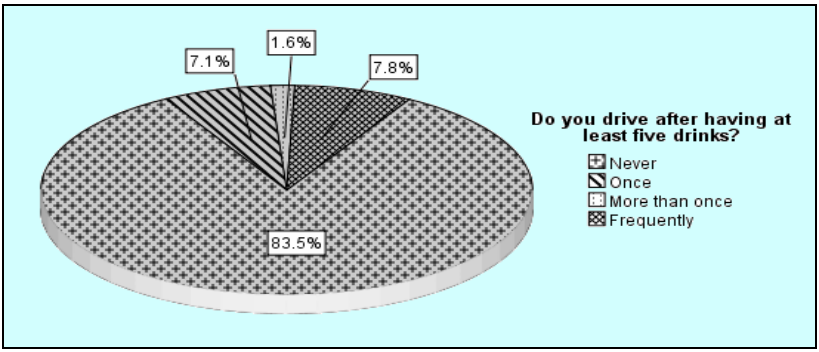

Figure 3.44: Driving under the influence of alcohol

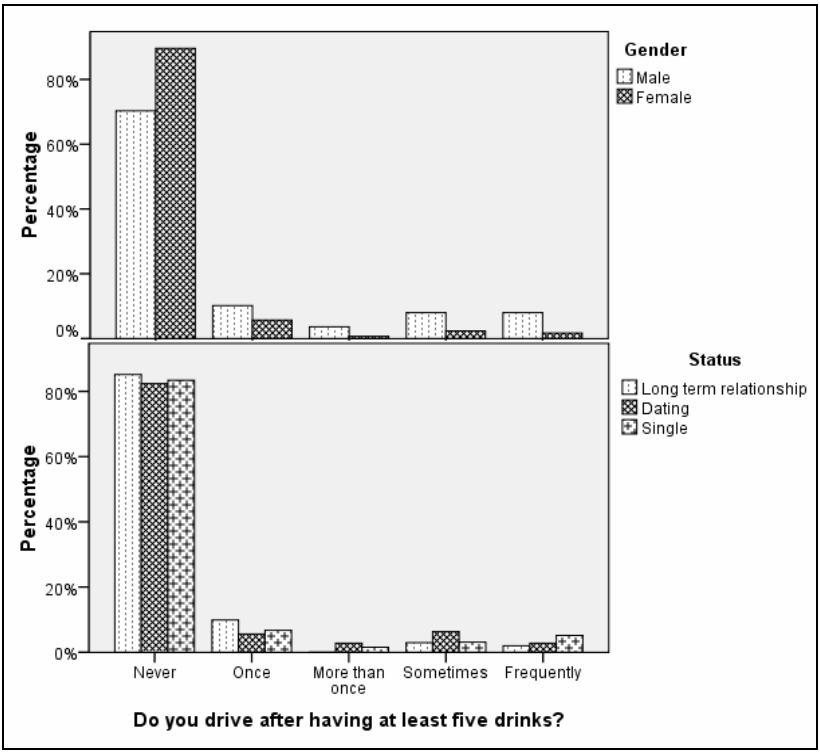

Figure 3.45: Driving under the influence of alcohol by gender and relationship status

About one fourth of the students who consume alcohol experienced some form of difficulty as a consequence. 8.4% had problems with academic studies, 6% unprotected sex and roughly 2% used illegal drugs or were involved in dangerous driving (Figure 3.46).

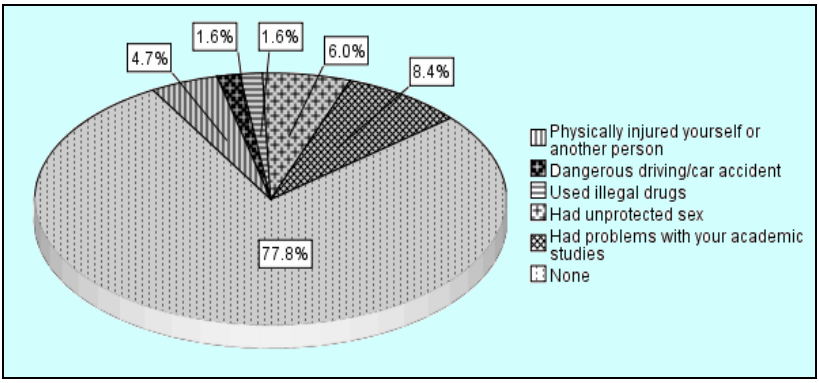

Figure 3.46: Difficulties encountered as a result of alcohol consumption

There are higher proportions of science/civil science students, particularly in the final years, who stated that they had problems with academic studies as result of alcohol consumption. A higher proportion of students in a long term relationship had unprotected sex, while single, particularly 1st and 2nd year students, were more likely to physically injure themselves or other persons as a consequence of drinking (Figure 3.47).

Almost 44% of the alcohol drinking student population stated that they do not need help to cut down on alcohol. 17.3% stated that less stress would help them reduce alcohol drinking, 10.3% mentioned different places of entertainment, and 6% suggested less availability of alcohol in public places. Few respondents believe that family and friends support, awareness of health risks, alcohol price increase, stop drinking schemes and alternative drinks would prevent them from consuming alcohol (Figure 3.48).

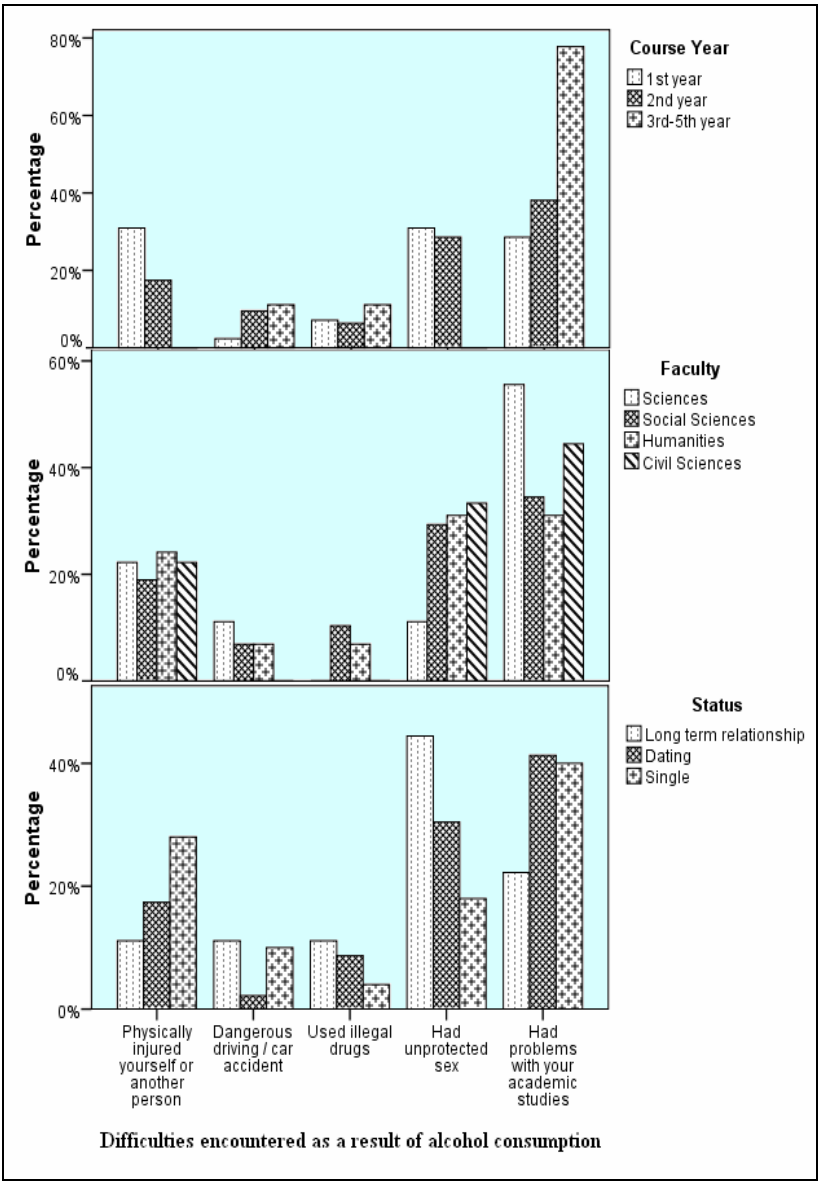

Figure 3.47: Difficulties from alcohol consumption by gender, faculty and relationship status

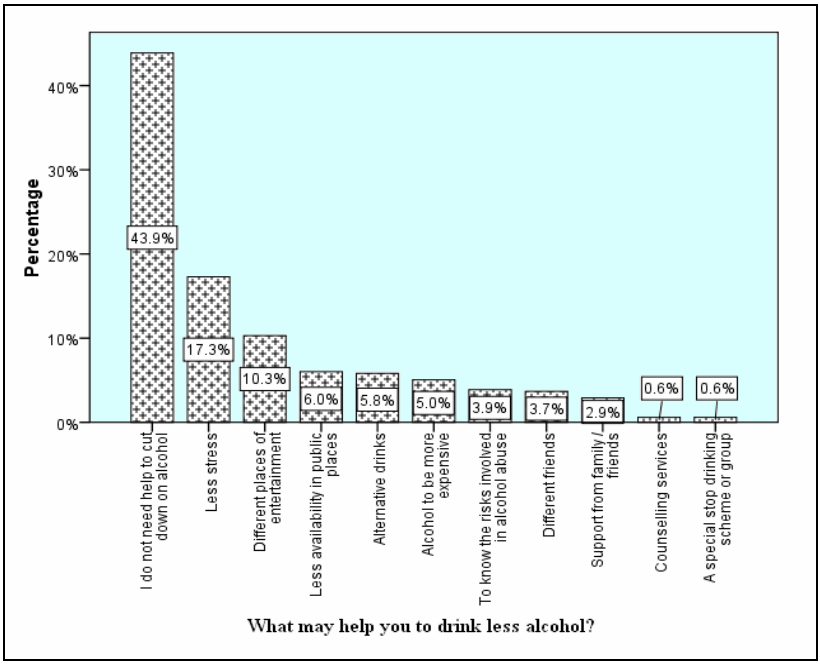

Figure 3.48: Type of strategy to reduce alcohol intake

3.1.3.3 Drug use

10.1% of students made use of drugs in the last month and 17.3% in the last year. Cannabis is the most widely used illicit substance by university students. 19.9% of the respondents stated that they have smoked cannabis at some point in their life and 9.6% have used the substance in the last month (Table 3.3). Cocaine is another frequently used drug, with 6% using it in the past year and 4.4% in the past month. 3% of the students have made use of inhalants, ecstasy, amphetamines, and LSD in the past year. About 5% of the students have also made use of tranquillisers and sleeping pills over the past year. Students are less likely to use of GHB, Ritalin and heroin (Figure 3.49). A greater proportion of males, make use of all the illicit drugs with the exception of sleeping pills and tranquillisers (Figure 3.50).

Table 3.3: Frequency of substance abuse by type of substance

Substance	Frequency of substance abuse			
	In the last month	In the last year	More than a year	Never
Cannabis	9.6%	4.0%	6.3%	80.1%
Inhalants	2.7%	1.6%	4.1%	91.6%
Ecstasy	2.1%	0.9%	3.0%	94.0%
Anabolic steroids	2.1%	0.2%	0.7%	97.0%
Magic mushrooms	2.1%	0.5%	1.1%	96.3%
Heroin	0.5%	0.0%	0.5%	99.0%
Amphetamines	2.5%	0.7%	0.7%	96.1%
Ketamine	2.1%	0.0%	0.5%	97.4%
LSD	2.3%	0.9%	1.4%	95.4%
Cocaine	4.4%	1.6%	1.8%	92.2%
GHB	1.1%	0.0%	0.0%	98.9%
Tranquillisers	3.4%	1.4%	1.8%	93.4%
Ritalin	1.1%	0.0%	0.0%	98.9%

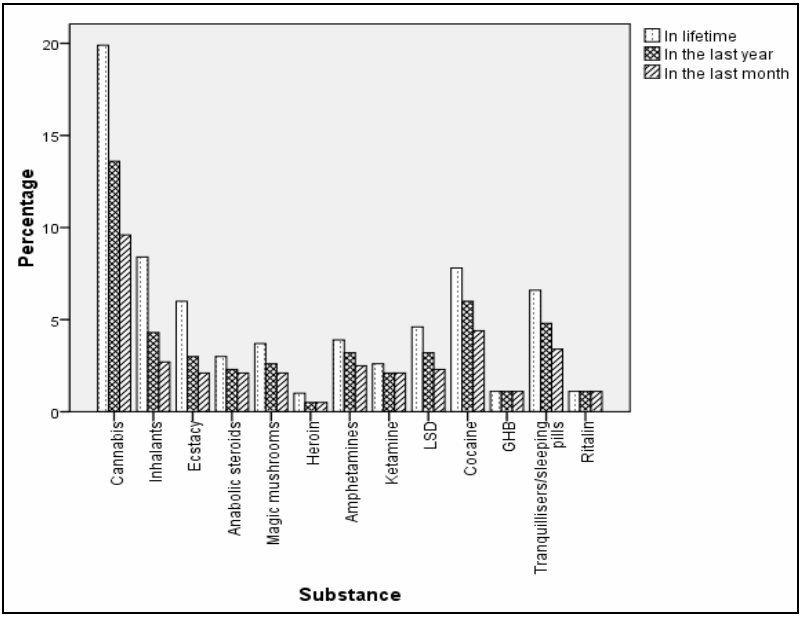

Figure 3.49: Frequency of substance abuse by type of substance

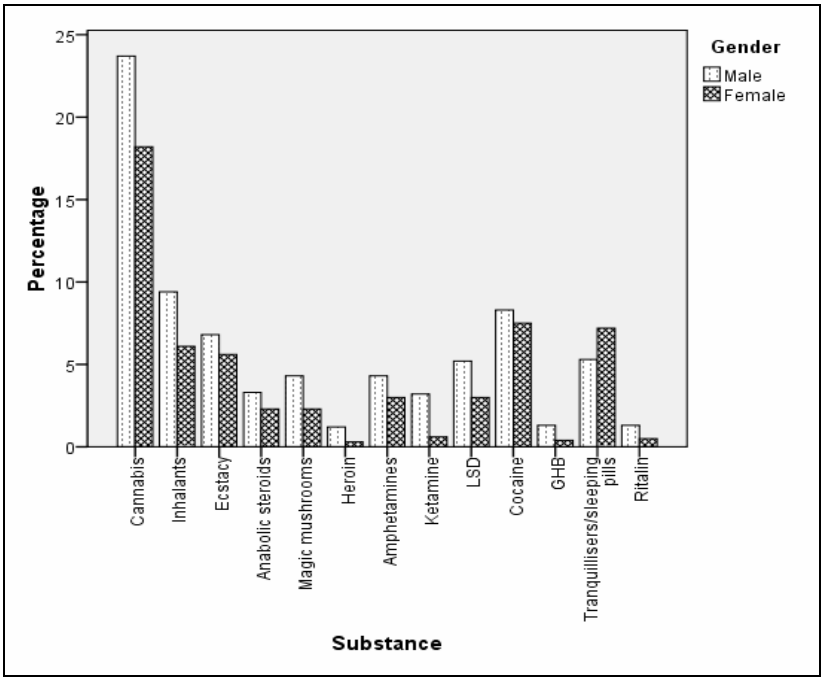

Figure 3.50: Substance abuse by gender

About 8% of those who use drugs, take drugs on a daily basis while 39% do so about once a week; more than half take drugs at most twice monthly (Figure 3.51).

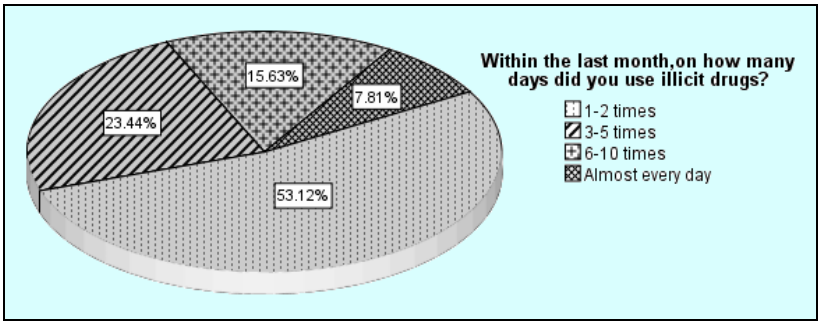

Figure 3.51: Frequency of substance use during the last month

All the respondents who use drugs almost every day are cannabis smokers. Users of inhalants, amphetamines, cocaine, tranquillisers and sleeping pills are more likely to use these substances more than twice monthly. All users of ecstasy, anabolic steroids, LSD, magic mushrooms, heroin, ketamine, Ritalin and GHB have used the drug at most twice monthly.

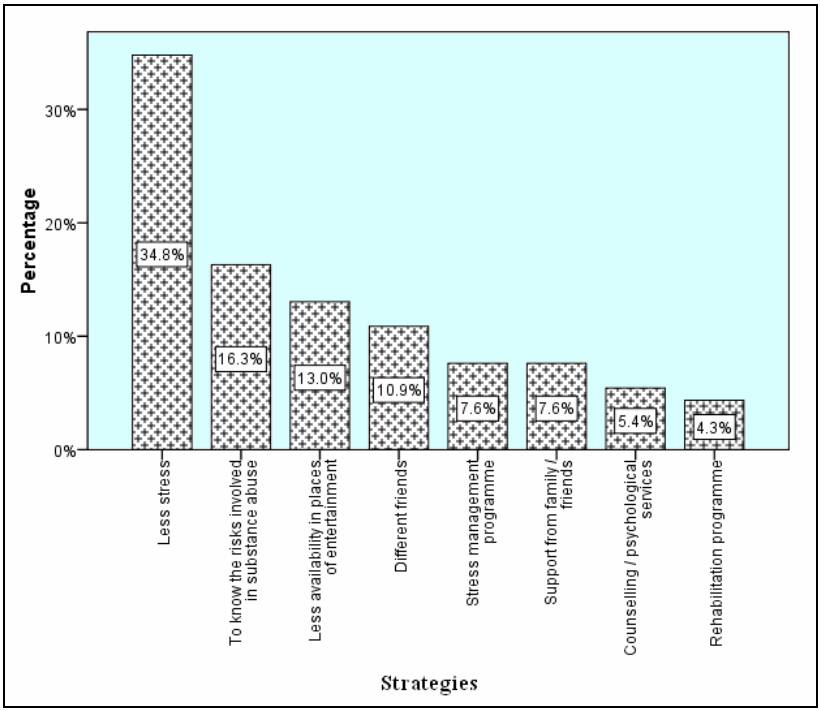

Figure 3.52: Strategies to help to stop drug use

Almost a third of the participants who used illicit drugs, think that less stress would help them stop taking the substance. 16.3% stated that they would discontinue drug use if they are aware of the real risks involved, and 13% suggested less accessibility in places of entertainment. Few students believe that rehabilitation programs, psychological services, family/friend support, and counselling would assist them in stopping drug use (Figure 3.52).

There are higher proportions of females who believe that less stress and different friends help them to stop taking drugs. However, males are more likely to think that less availability of drugs, family/friend support, rehabilitation programs and perceiving the real risks involved will help them to stop the habit. A higher proportion of 3rd to 5th year students think that less stress and less availability of drugs in entertaining places reduce drug abuse; whereas a higher proportion of 1st year students believe mentioned awareness of the health risks involved. However, these differences are not significant (Figure 3.53).

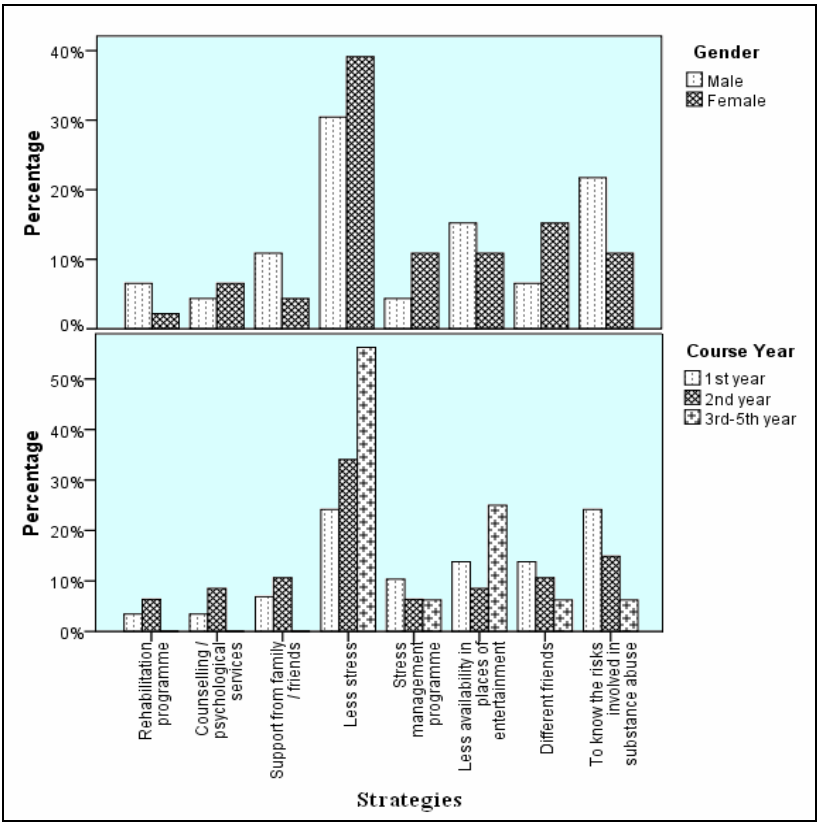

Figure 3.53: Strategies to reduce drug use by gender and course year

3.2.3.4 Social context and onset age of smoking and substance use

Alcohol consumption, smoking and drug use are very often practiced in the company of friends. When alone respondents are more likely to smoke cigarettes (18.8%) or take drugs (12%) rather than consume alcohol (1.6%). Figure 3.54 shows that when respondents are with the family, they are more likely to drink alcohol (7.3%) rather than smoke (2.6%) or take drugs (0%). This association is significant.

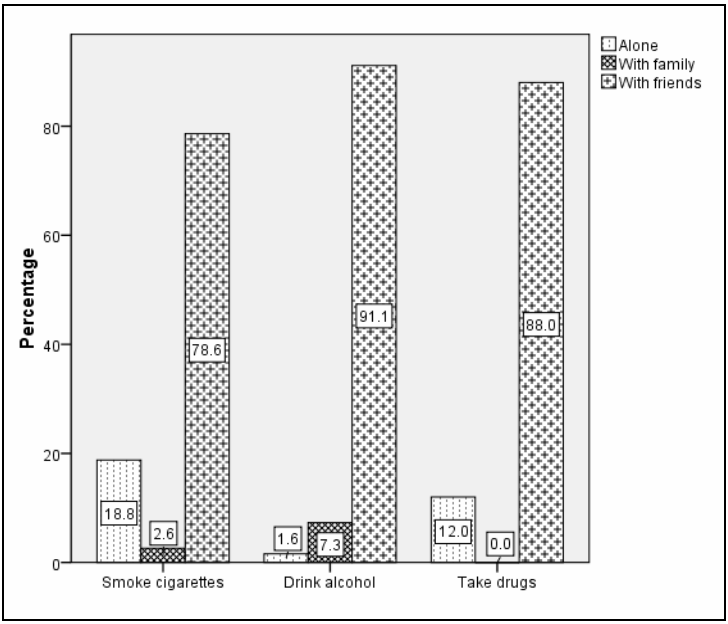

Figure 3.54: Substance use by social context

The age distributions, displayed in Figure 3.55, show that alcohol drinking and smoking start at a younger age than drug use. The histograms also displays that alcohol drinking is more common than smoking and drug taking. Figure 3.56 shows that the mean starting age for drug taking (17.2) is significantly higher than the mean starting age for alcohol consumption (15.4) and smoking (16.0). Most of the students start to smoke, consume alcohol or take drugs before the age of 18.

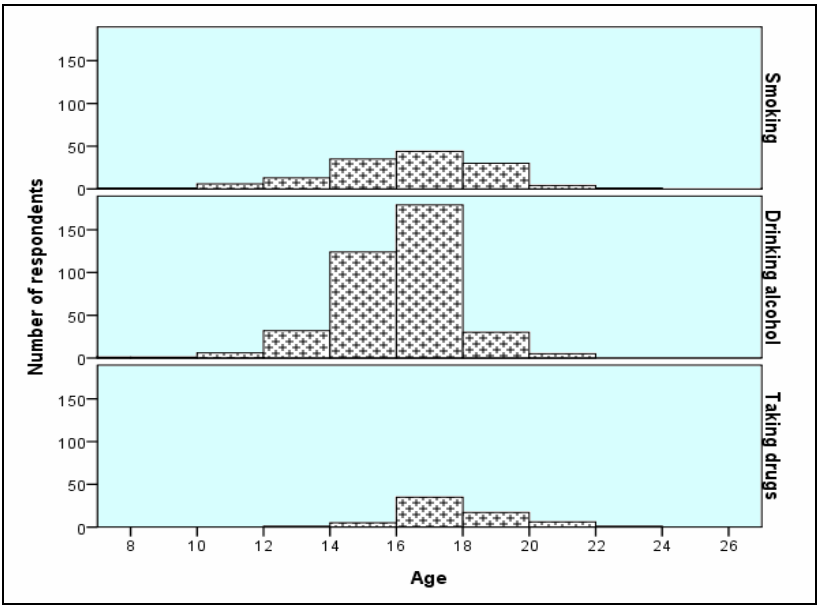

Figure 3.55: Age distribution when habit commenced

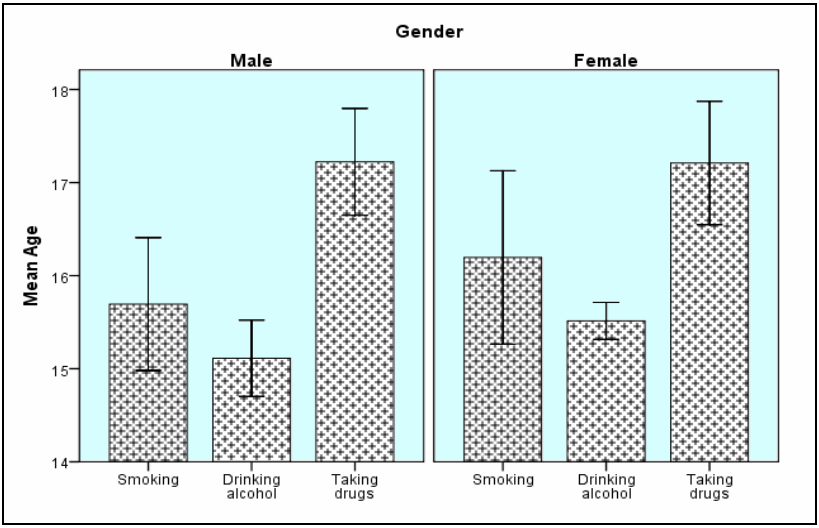

Figure 3.56: 95% confidence intervals for age when habit commenced

3.1.4 Sexual activity and health

90% of the students have either one partner or no partner at all, while most of the remaining 10% have two partners (Figure 3.57). The latter are more likely to be males than females. There is a higher proportion of 1st year student who do not have a sexual partner and a higher proportion of 3rd to 5th year students who have one sexual partner. 80% of the students in a long term relationship have one sexual partner. Though most of single respondents do not have a sexual partner, about 30% said they do have at least one sexual partner. Moreover, respondents having at least two sexual partners are more likely to be single or dating (Figure 3.58)

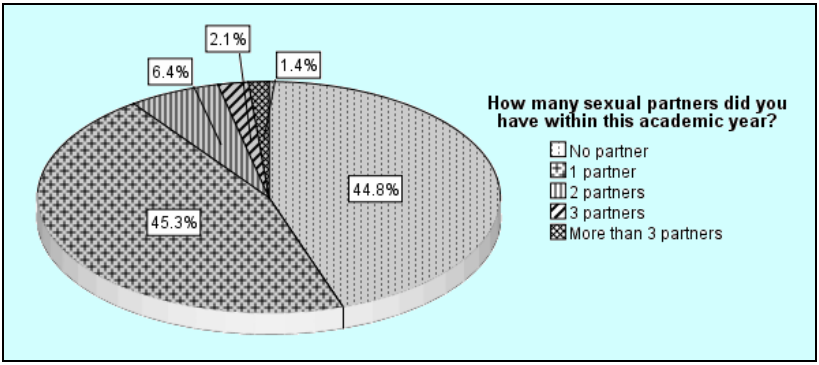

Figure 3.57: Number of sexual partners in the last academic year

Almost half of those who are sexually active do not use a condom or use it only rarely or occasionally (Figure 3.59). Females and 3rd to 5th year students are more likely use condoms most of the time (Figure 3.60). Approximately 75% of sexually active participants never use other forms of contraceptives besides condoms (Figure 3.61). There is a higher proportion of females and students in a long term relationship who tend to use regularly other forms of contraceptives besides condoms (Figure 3.62).

There are only 4 respondents (0.8%) who became pregnant or made someone else pregnant, all of them in a relationship or dating.

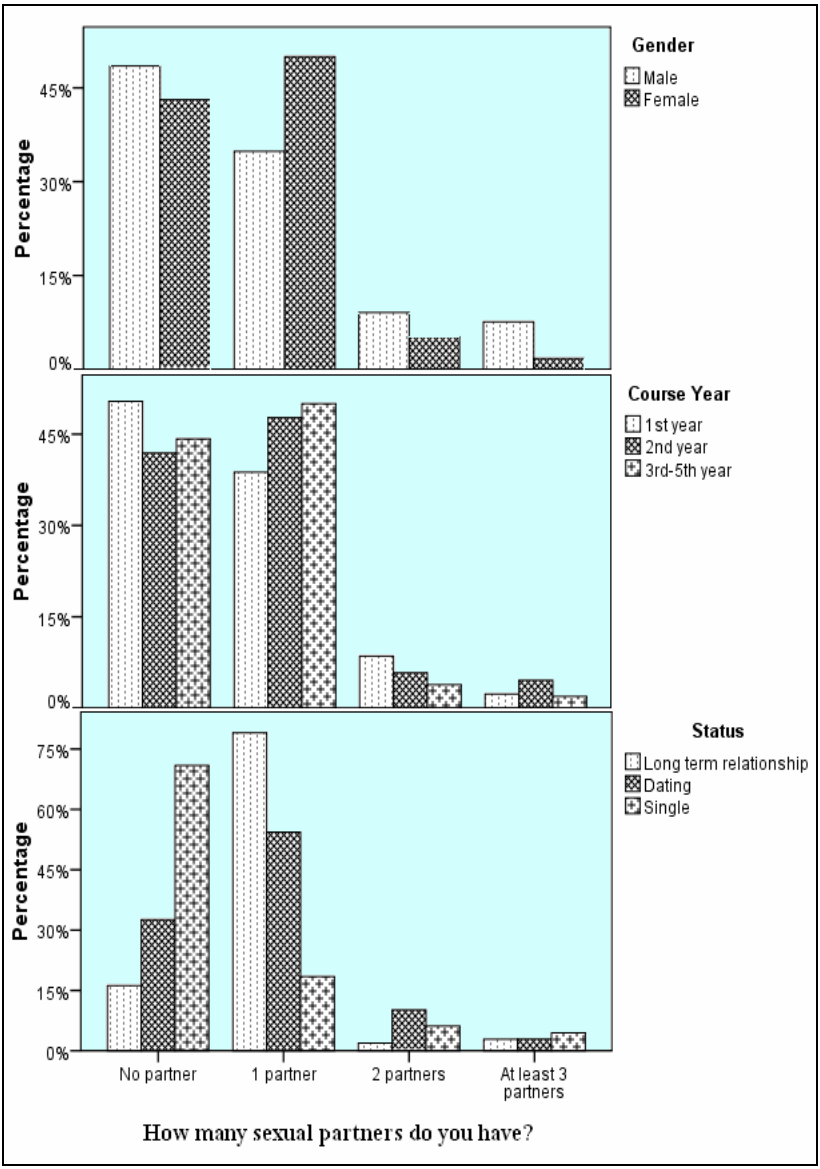

Figure 3.58: Number of sexual partners by gender, course year and status

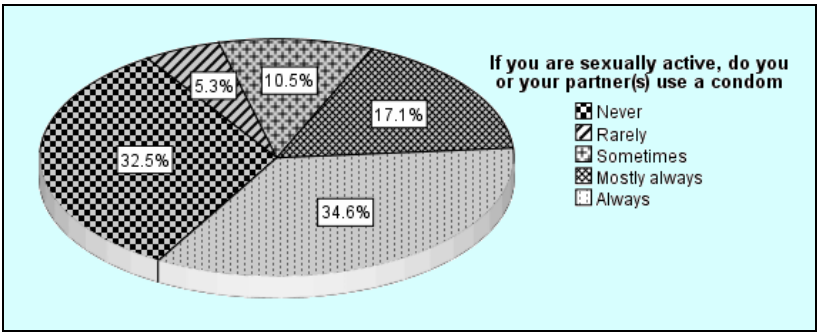

Figure 3.59: Condom use in sexual activity

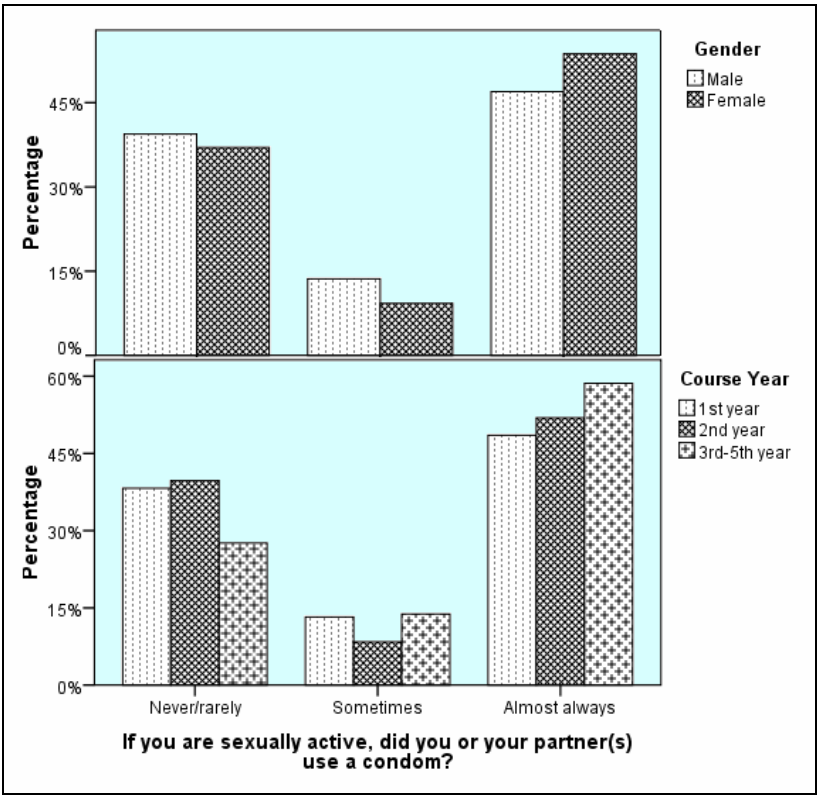

Figure 3.60: Condom use by gender and course year

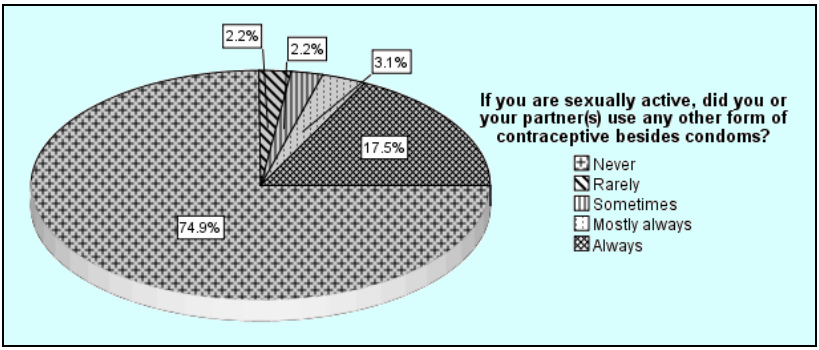

Figure 3.61: Use of other forms of contraceptives

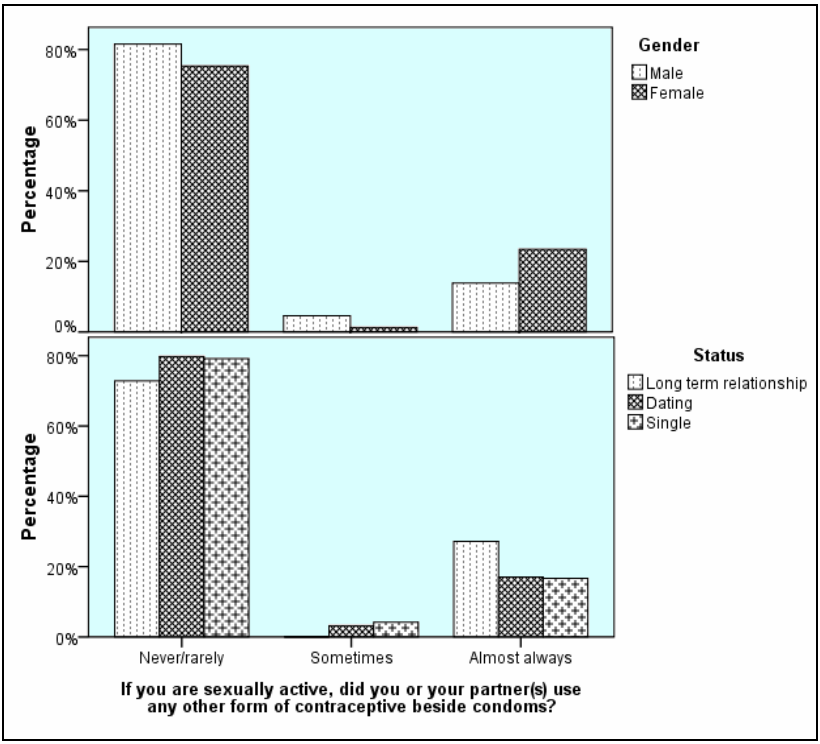

Figure 3.62: Use of other forms of contraceptives by gender and relationship status

3.1.5 Improving health

Figure 3.63 illustrates the most common suggestions made by the students to improve their health. These include more exercise (88.2%), less pollution (79.4%), less time in smoky places (70.5%) and a change in diet (63.4%). There are more females who show awareness of the physical aspects of health such as a change in weight and diet, more exercise, better information on how to stay healthy and more regular medical checks. More males underlined environmental aspects such as less pollution and less time in smoky places, as well as less alcohol consumption (Figure 3.64).

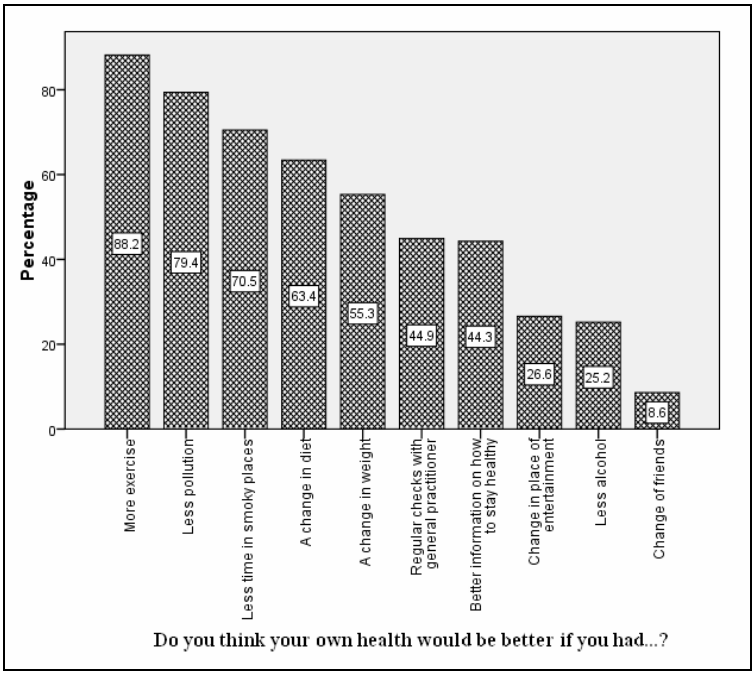

Figure 3.63: Factors that would improve students' health

When asked whether they had received any information at University on any of fourteen health issues, more than half said that they did not receive information at all. Only 10% indicated that they received information on at least 5 health topics (Figure 3.65).

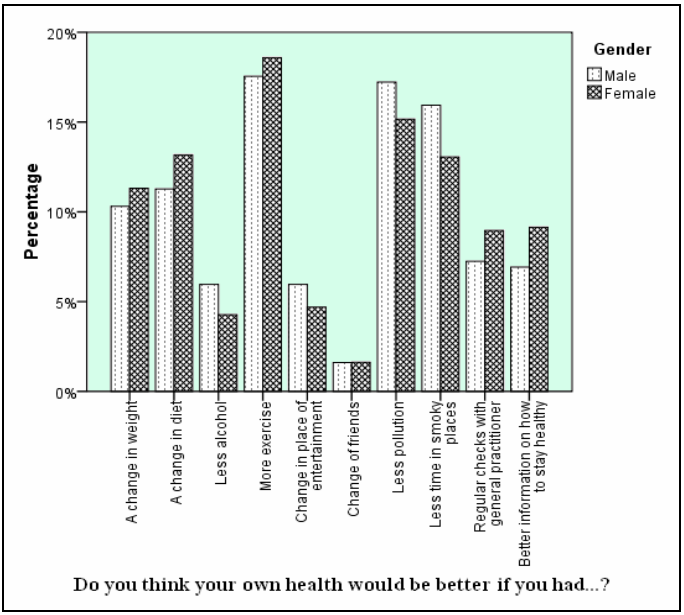

Figure 3.64: Factors that would improve students' health by gender

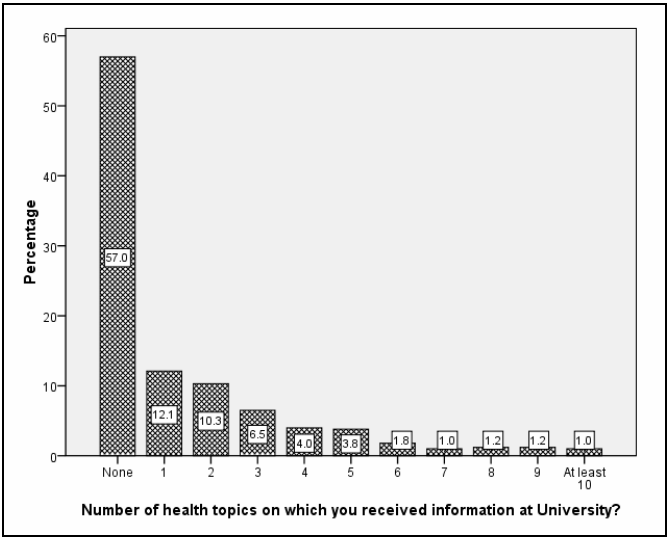

Figure 3.65: Information received at University on health issues

Information related to AIDS, HIV and sexually transmitted diseases was the most selected (19.8%), followed by alcohol and other substance abuse (16.2%); diet and nutrition (13.7%); physical activity and fitness (12.7%) and tobacco use prevention (12.5%). Students appeared to be least informed about psychological issues such as conflict management, relationships, suicide prevention, and dealing with anxiety/depression (Figure 3.66).

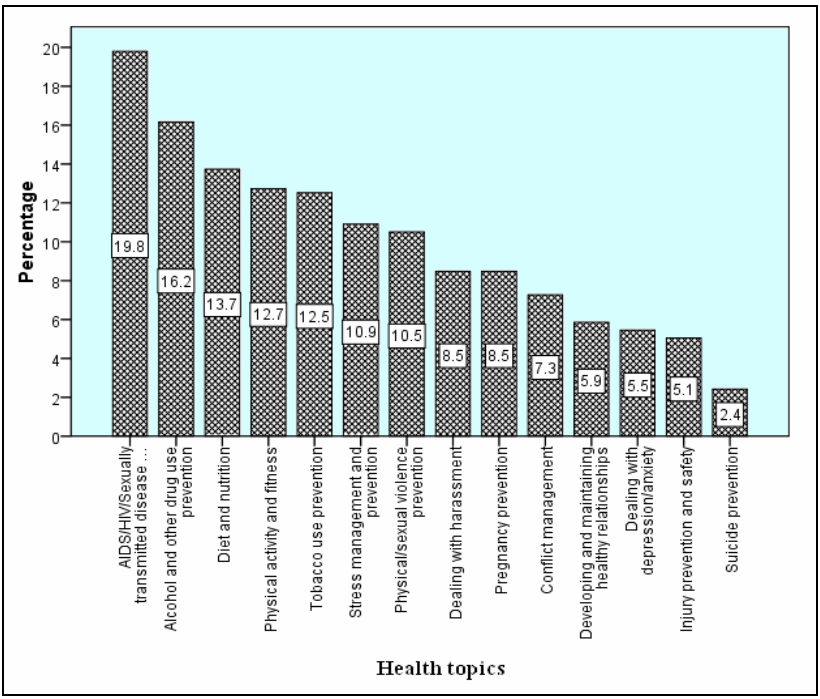

Figure 3.66: Information received on health issues by type of issue

Figure 3.67 shows that percentage wise, more males received information on physical or sexual violence prevention and AIDS, HIV or sexually transmitted diseases, while higher proportions of females received information on tobacco, alcohol or other drug use prevention and pregnancy prevention. The clustered bar graphs also exhibit differences by relationship status and course year.

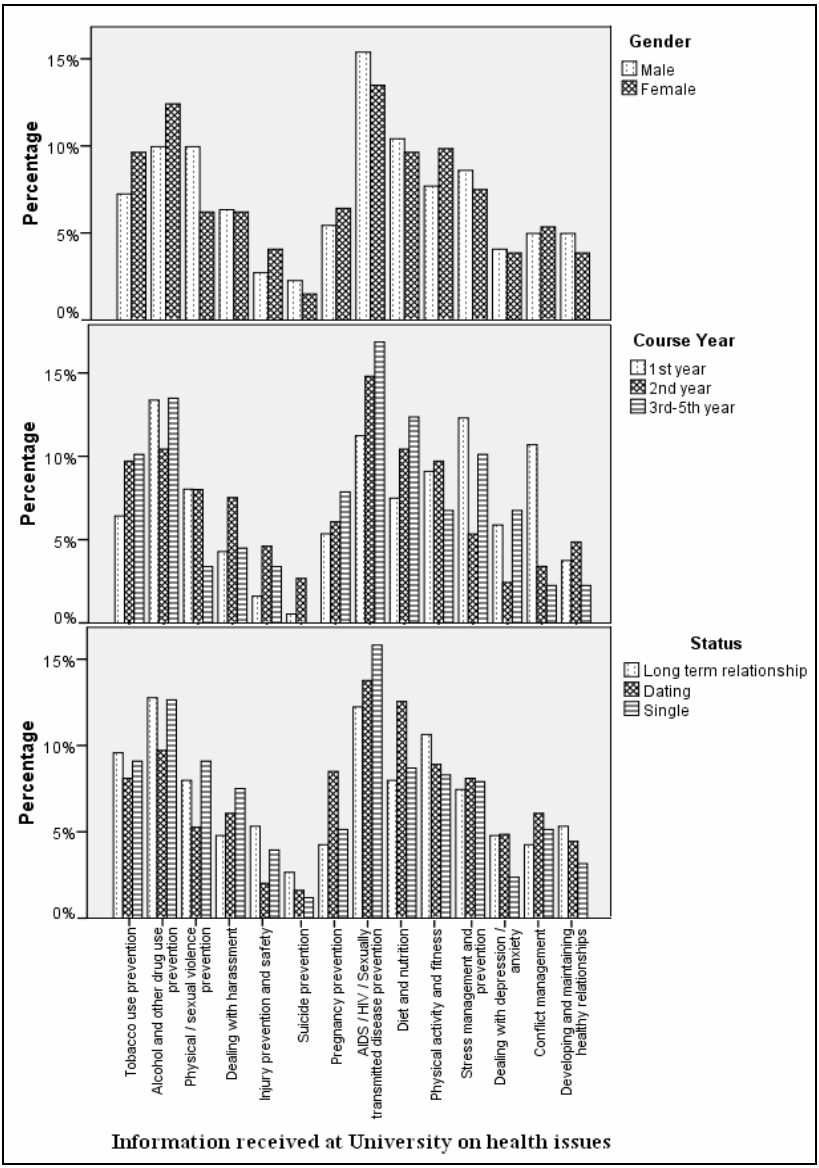

Figure 3.67: Information received at University on health issues by gender, course year and relationship status

3.2 Social and Emotional Health

3.2.1 Emotional wellbeing

65% of the participants are happy, satisfied, confident and in control of their lives, while 35% share this positive affect only occasionally; about 5% said that they never experience these positive feelings (Figure3.68). In a further task a positive well-being score was generated for each student by averaging the rating score elicited by the respondents for the four statements. The mean scores ranged from 0 to 4 where 0 corresponds to a very negative affect score and 4 to a very positive affect score. The mean score for males is significantly higher than for females, suggesting more positive affect amongst male students. First year and single students tend to have slightly lower well-being scores compared to their counterparts; however these differences are not significant (Figure 3.69).

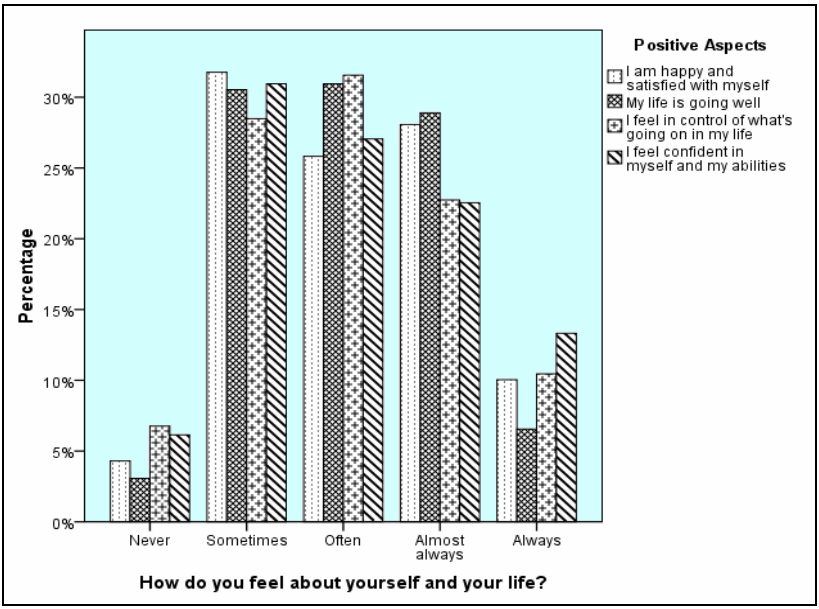

Figure 3.68: Perceived positive well-being amongst university students

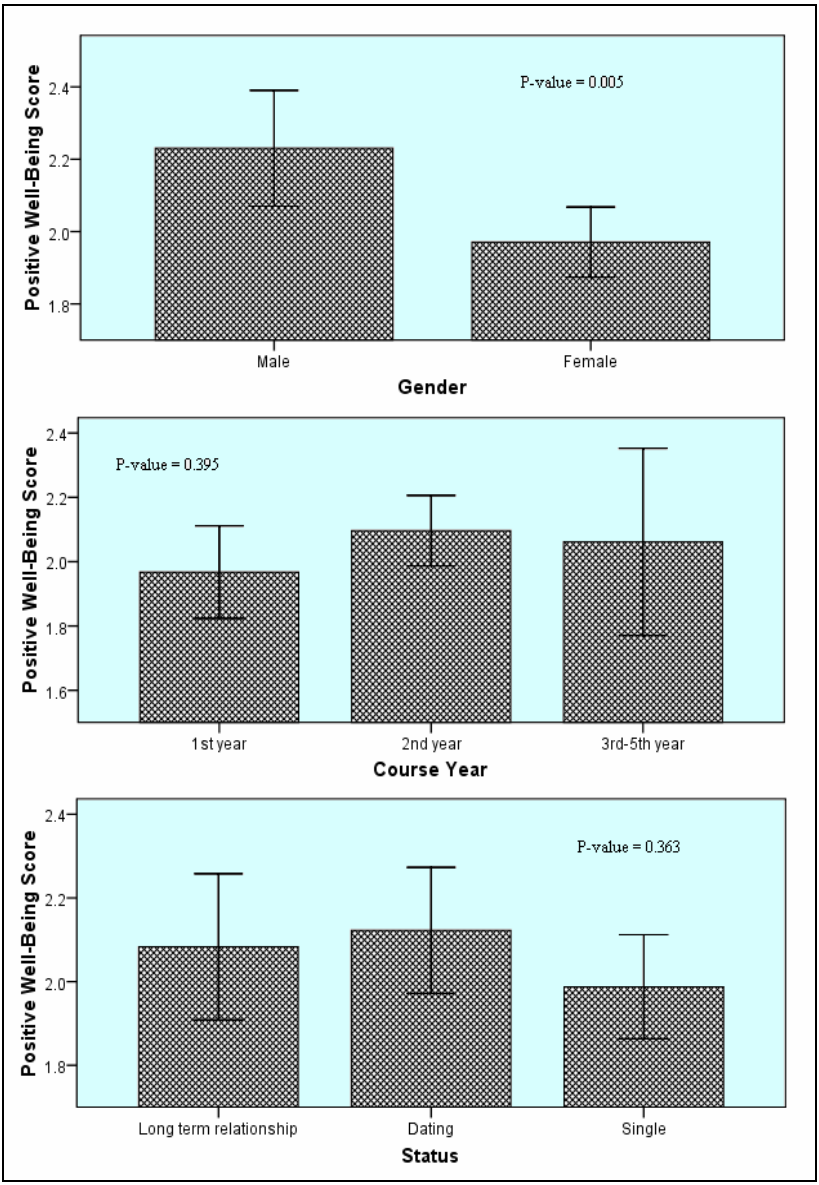

Figure 3.69: 95% confidence intervals for positive emotional well being score by gender, course year and relationship status

Table 3.4 presents a rather grim picture of more than half the students feeling frequently overwhelmed, exhausted and stressed out. Almost 20% of the students feel often left out of things, 24% often feel helpless or hopeless or so depressed that it was difficult to function. About 65% stated that they are frequently tense, stressed out or overwhelmed, and approximately 60% are often exhausted. About 3% seriously consider committing suicide and 1% attempted suicide.

Table 3.4: Perceived negative well-being amongst university students

How often do you feel this way?	Never	Sometimes	Often
Left out of things	27.9%	52.2%	19.9%
Helpless	25.5%	50.1%	24.4%
Hopeless	32.4%	43.5%	24.1%
Tense and stressed out	3.1%	31.4%	65.5%
Overwhelmed by all you had to do	6.2%	27.7%	66.1%
Exhausted (not from physical activity)	7.2%	34.3%	58.5%
Depressed and difficult to function	38.2%	37.6%	24.2%
Seriously considered suicide	85.6%	11.3%	3.1%
Attempted suicide	97.1%	1.9%	1.0%

Another mean score ranging from 0 to 4 was generated to measure the severity of the problem for negative affect. The mean scores, which are displayed in Figure 3.70, were generated by averaging the rating scores of all respondents. A mean score close to 0 indicates that the problem is trivial and a mean score close to 4 indicates that the problem is severe.

Females appear to experience more negative affect than males. Civil science students tend to feel more exhausted, stressed out and overwhelmed than other students, particularly humanities students. 3rd -5th year students and students in a long term relationship tend to feel more tense and exhausted than 1st year or single student (Figure 3.71). These negative emotional well-being scores differ significantly between males and females but were not found to differ significantly by faculty, relationship status or course year.

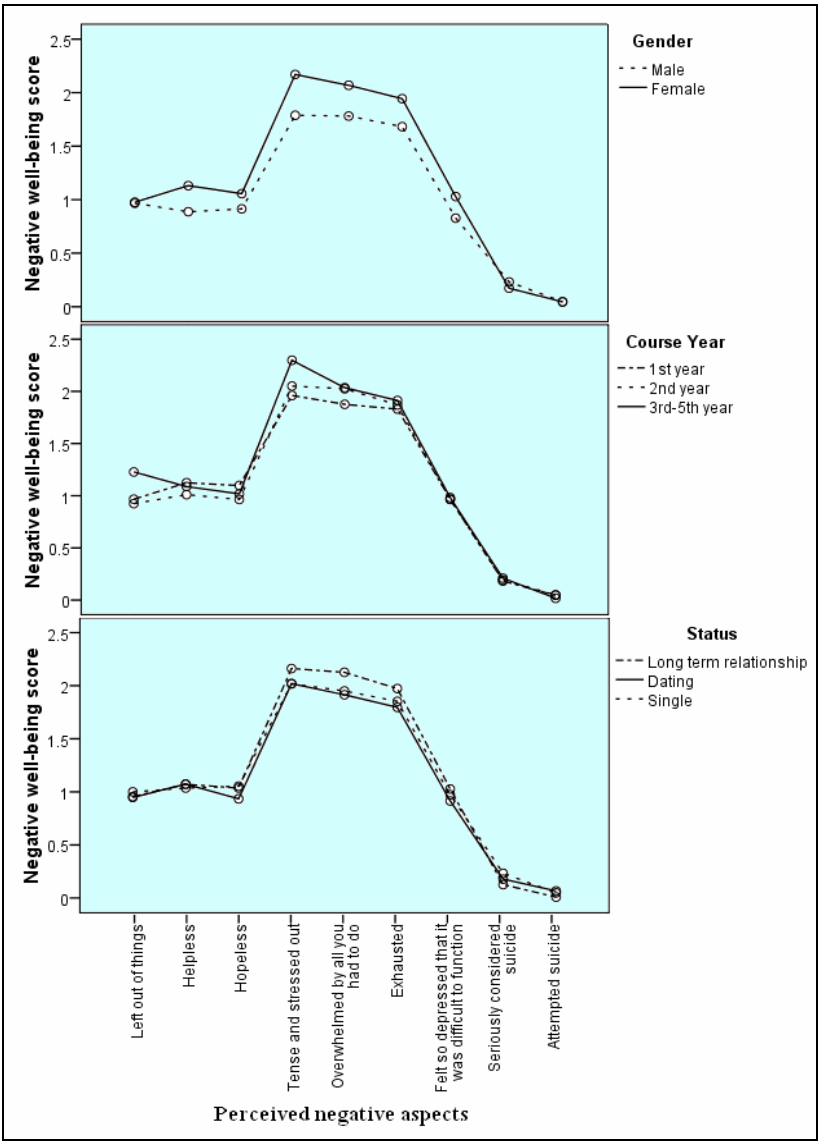

Figure 3.70: Emotional well-being mean scores by gender, course year and relationship status

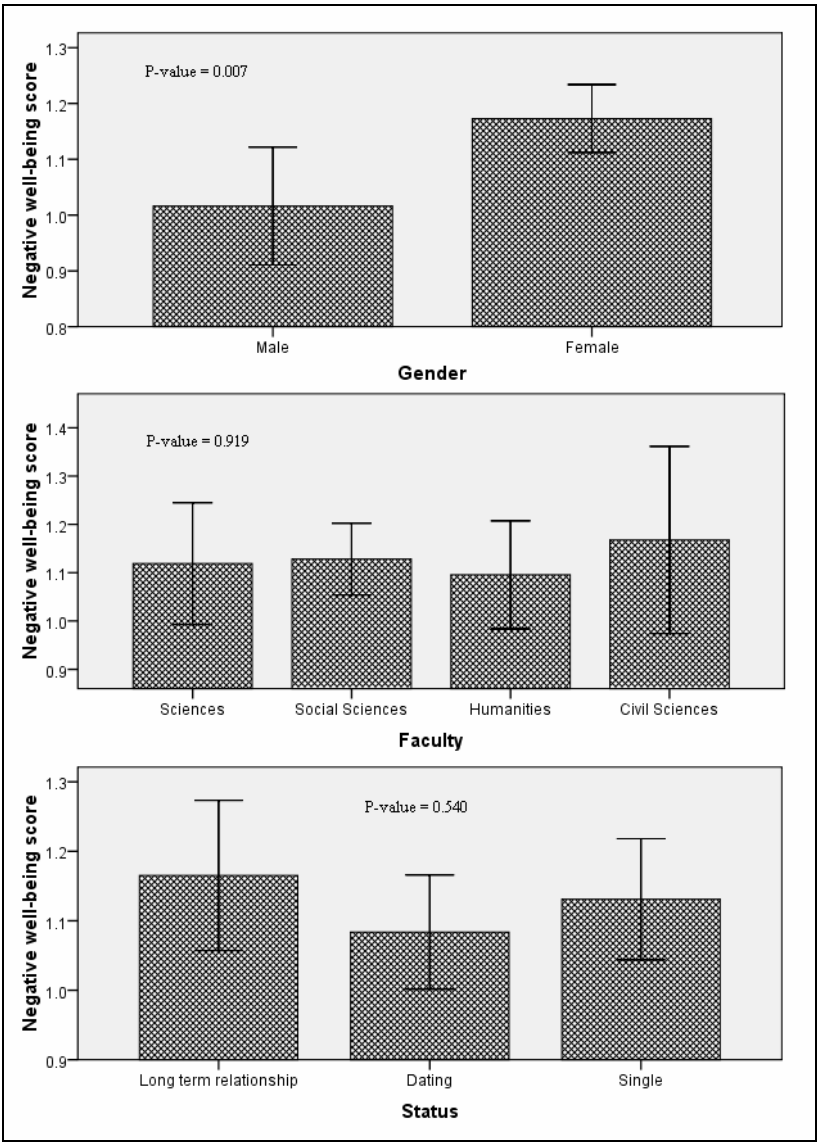

Figure 3.71: 95% confidence intervals for negative emotional well-being score by gender, course year and relationship status

3.2.2 Social wellbeing/relationships

A large proportion of the respondents find it easier to discuss things that really bother them with their partners or friends rather than their parents or siblings. More than 80% find it quite easy to talk about personal difficulties with friends and partners; however, more than 40% find it quite difficult to discuss their personal problems with parents/siblings (Figure3.72). Females find it easier to talk about their personal difficulties with another person irrespective of whether that person is a parent, sibling, friend or partner (Figure 3.73).

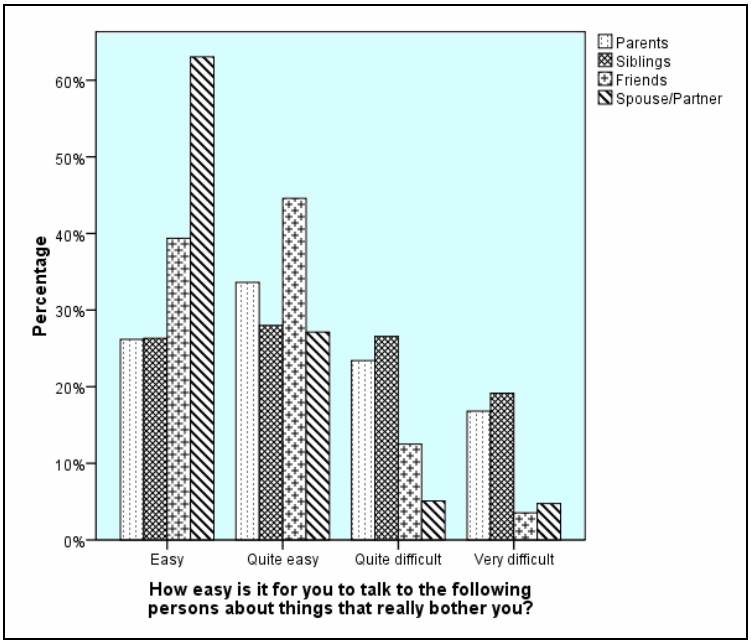

Figure 3.72: Seeking social support from family and friends

Figure 3.74 shows that more than 90% of the respondents have at least two close friends, with 2.67% having no close friends. The former are usually married or persons in a long term relationship. Single respondents are more likely to have more than 3 close friends. Males tend to have more close friends than females;

with almost 60% of the former having more than 3 close friends; whereas the latter are more likely to have from 1 to 3 close friends (Figure 3.75).

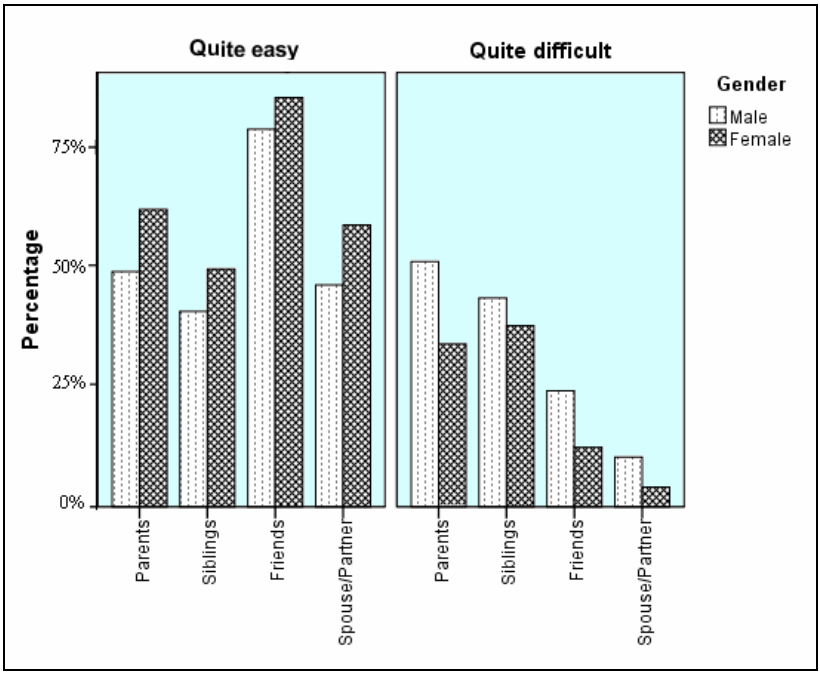

Figure 3.73: Seeking social support from family and friends by gender

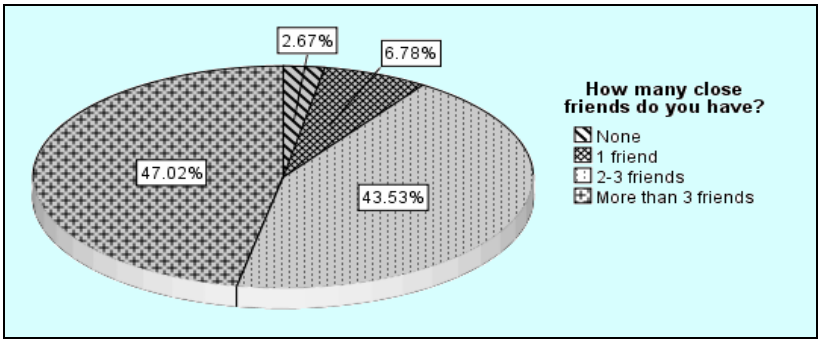

Figure 3.74: Number of close friends

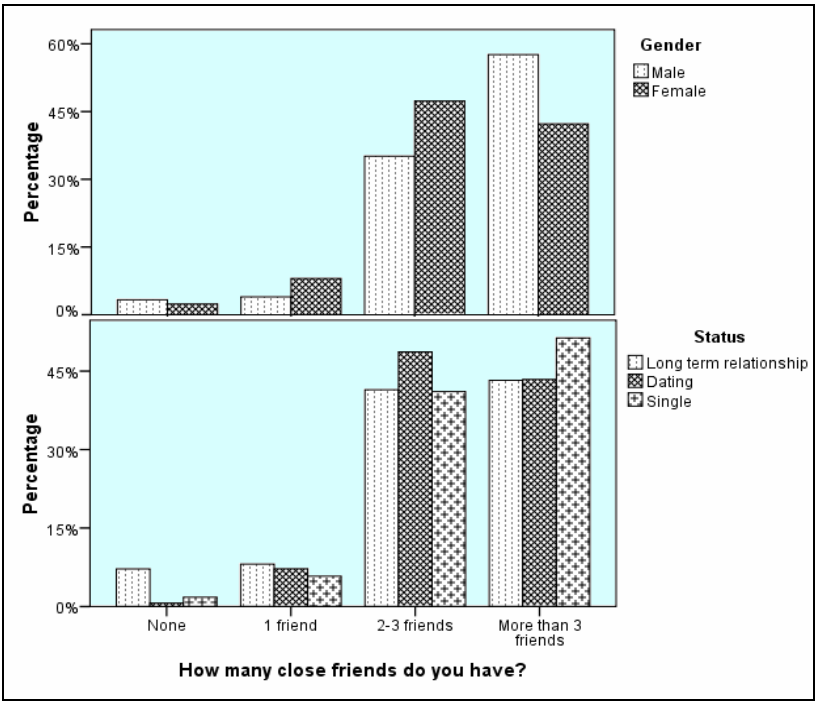

Figure 3.75: Number of close friends by gender and relationship status

The great majority of students, irrespective of gender or course year find it quite easy to make new friends, but about 22% have difficulty in doing so (Figure 3.76).

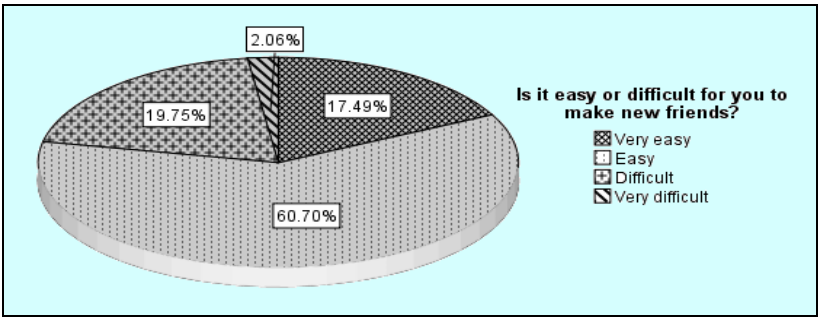

Figure 3.76: Ease or difficulty to make new friends

Approximately 75% of the respondents are satisfied with their personal relationships, with only 5% of the students being dissatisfied (Figure 3.77).

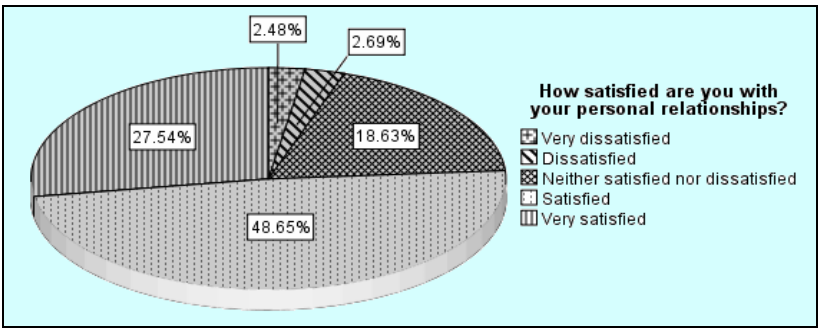

Figure 3.77: Satisfaction with personal relationships

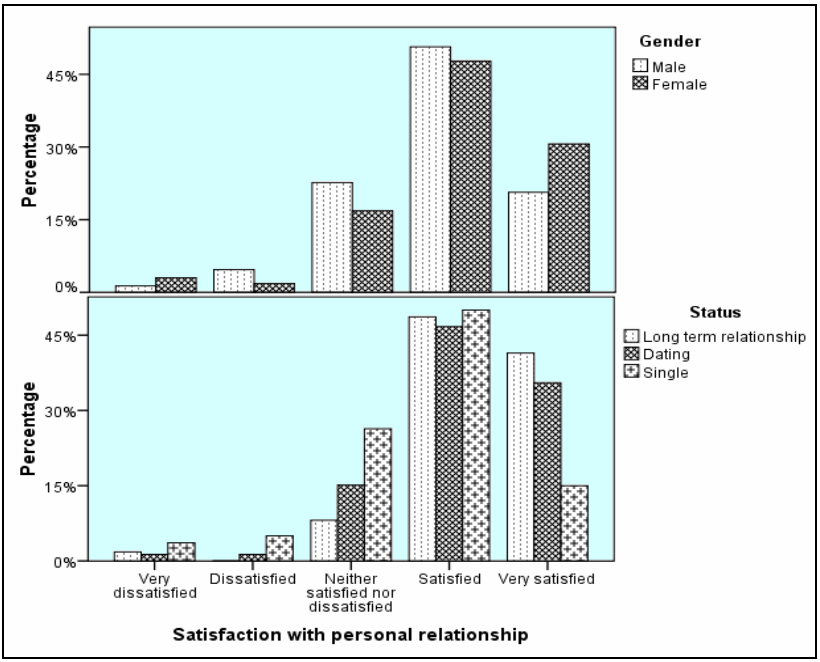

Figure 3.78: Satisfaction with personal relationships by gender and relationship status

There is a significantly higher proportion of female students who are satisfied with their personal relationships. Conversely there is a significantly higher proportion of single respondents who are not satisfied with their relationships (Figure 3.78).

Figure 3.79 illustrates that the great majority of students do not feel lonely, at least not frequently; however, 15% of the students said that they are often lonely. There is a higher proportion of single students who feel lonely more often than those in a relationship (Figure 3.80).

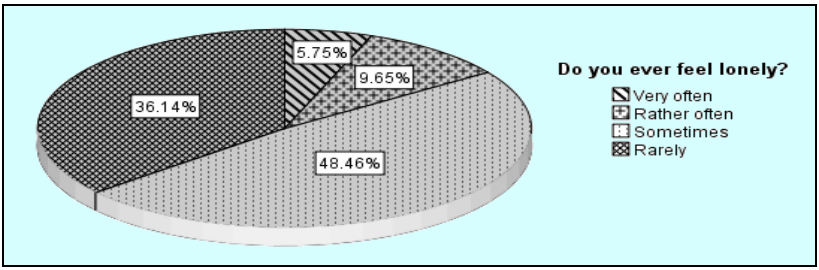

Figure 3.79: Feeling lonely

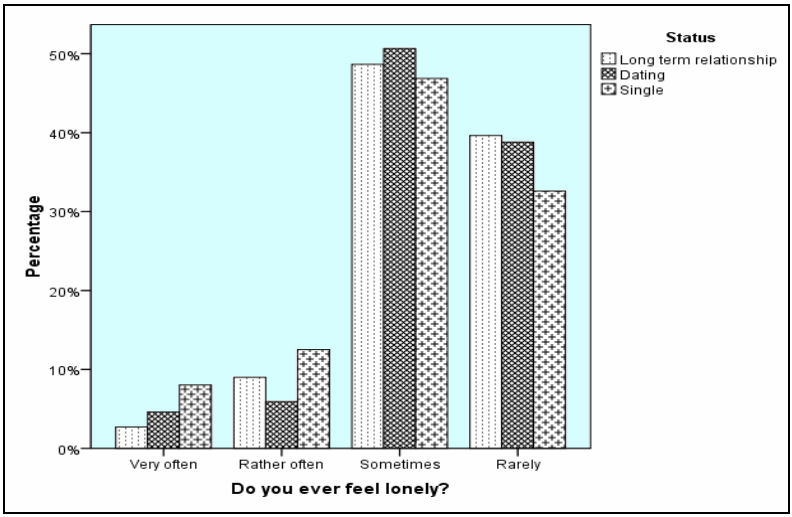

Figure 3.80: Feeling lonely by relationship status

3.3 Life at University

While the majority of students are happy as university students, one quarter said that they are not (Figure 3.81). Percentage wise there are more males than females who are unhappy with university life. The proportion of civil science students who are unhappy is significantly higher than students from other faculties, with humanities students seeming to enjoy university life most. First year undergraduates tend to like university life more than 3rd to 5th year students (Figure 3.83).

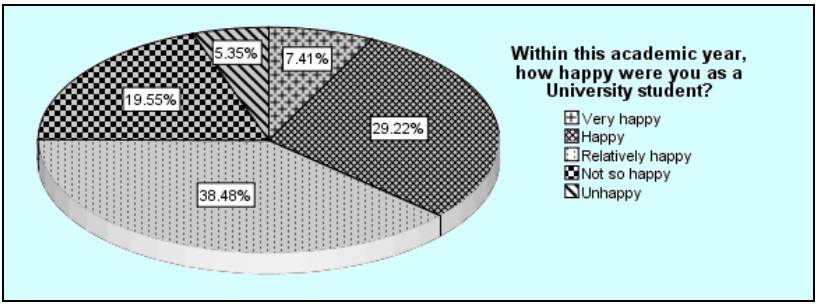

Figure 3.81: Perceived happiness as a university students

3.3.1 Motivation and engagement

Students appear divided on the motivational value of their course; while about 53% find their course motivating and engaging, 47% are not very appreciative of their course (Figure 3.82).

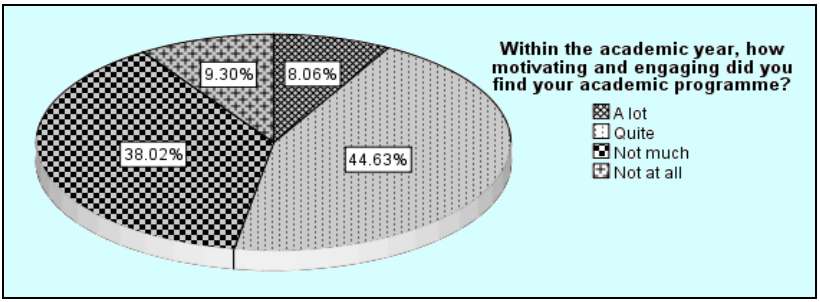

Figure 3.82: Students' motivation and engagement in their course programmes

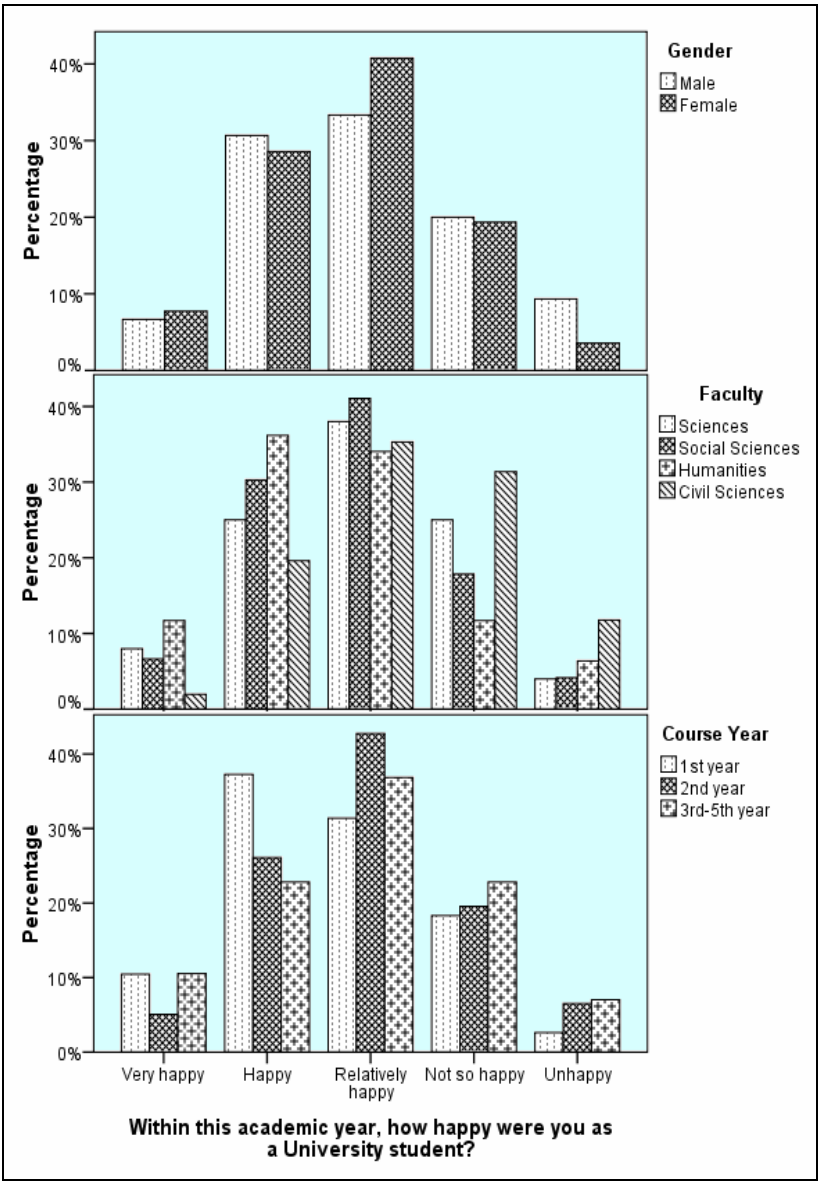

Figure 3.83: Perceived happiness as university students by gender, faculty and course year

More females than males find their academic programme engaging, while civil sciences students find their academic programme least engaging and motivating. First year students find their programmes slightly more engaging than final years students (Figure 3.84).

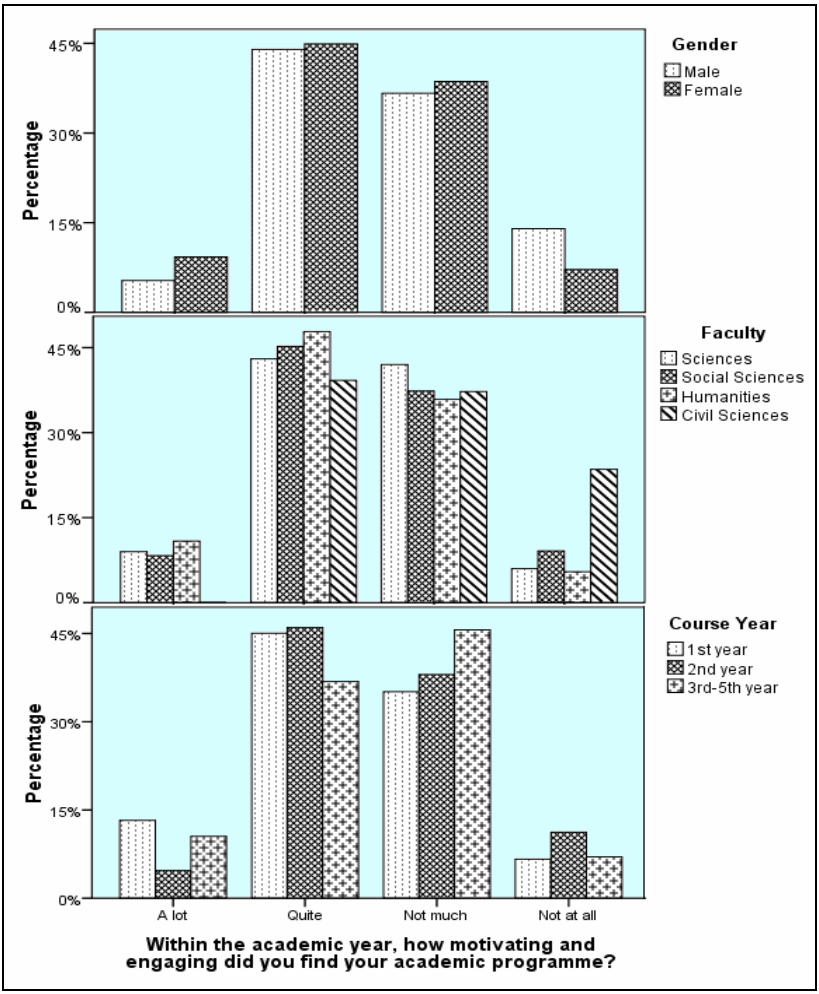

Figure 3.84: Students' motivation and engagement by gender, faculty and course year

Figure 3.85 shows that only 28% of the students describe themselves as actively involved in their learning, while 40% see themselves as passive students.

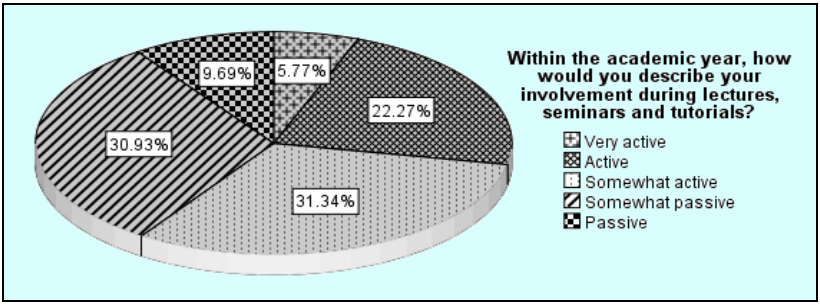

Figure 3.85: Active involvement in lectures, seminars and tutorials

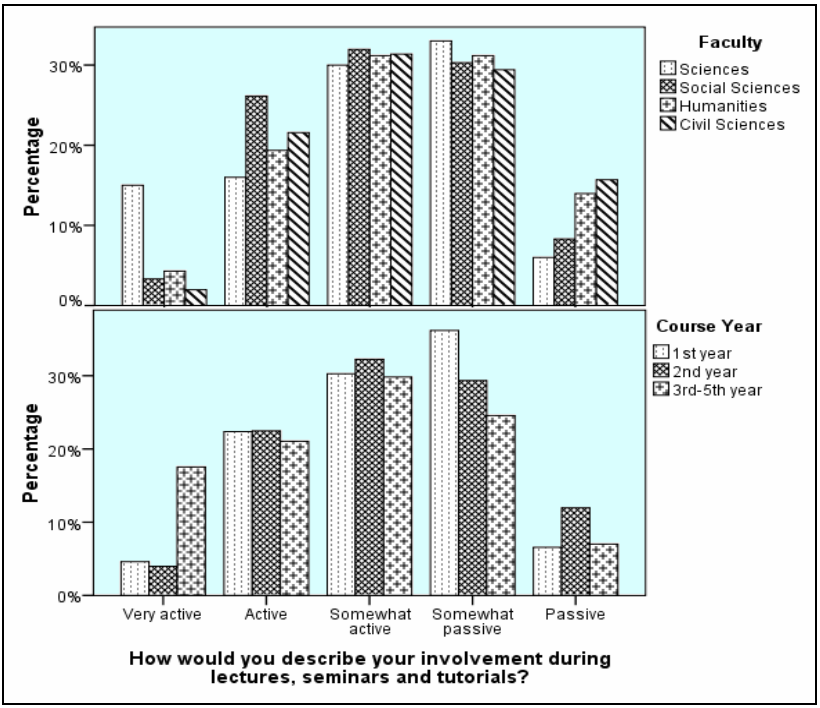

Figure 3.86: Active involvement in lectures, seminars and tutorials by faculty and course year

Science and social science students are more likely to involve themselves during lectures, seminars and tutorials, while humanities and civil science students are more passive. Final year students tend to be more actively involved than first years students (Figure 3.86).

About 65% of the students do not usually miss lessons due to lack of interest, but 14% do so frequently (Figure 3.87). Female, science and 3rd/5th year students are less likely to skip lessons; whereas, male, civil science and 1st year students are the most likely to miss lessons regularly (Figure 3.89)

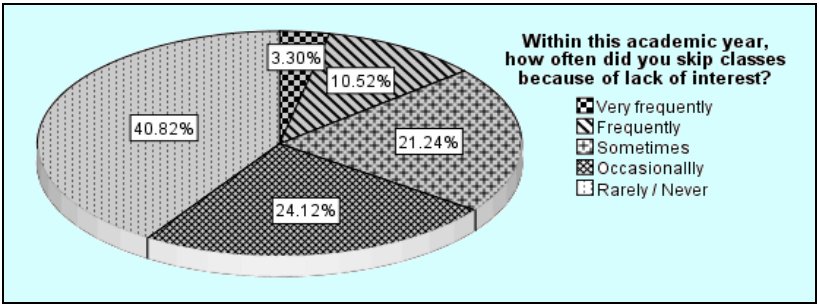

Figure 3.87: Lessons missed due to lack of interest

About 44% of the respondents stated that they are involved in decisions made regarding their studies and assessment, but 56% said they have little or no say in decision making (Figure 3.88).

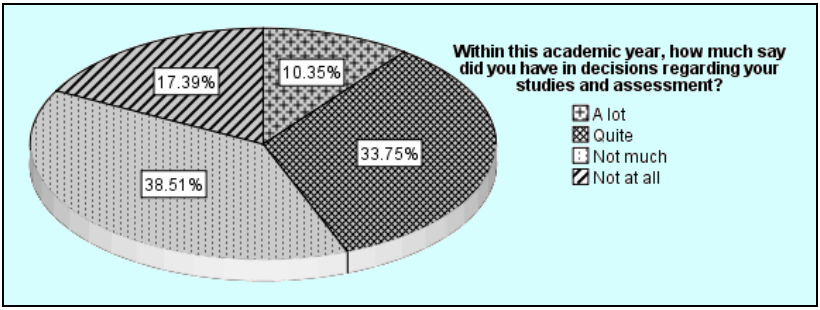

Figure 3.88: Level of student participation in decision taking

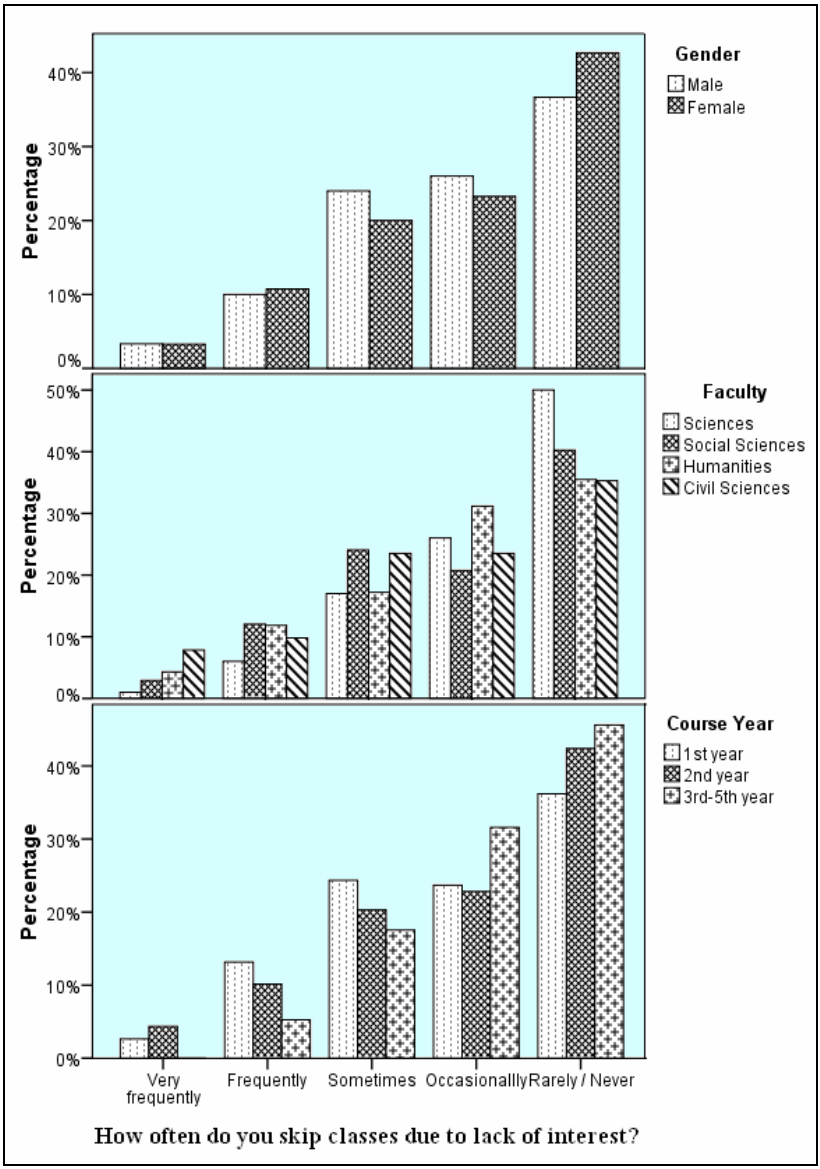

Figure 3.89: Lessons missed because of lack of interest by gender, faculty and course year

1st year students state that they have more say in decisions regarding their studies compared to older students (Figure 3.90).

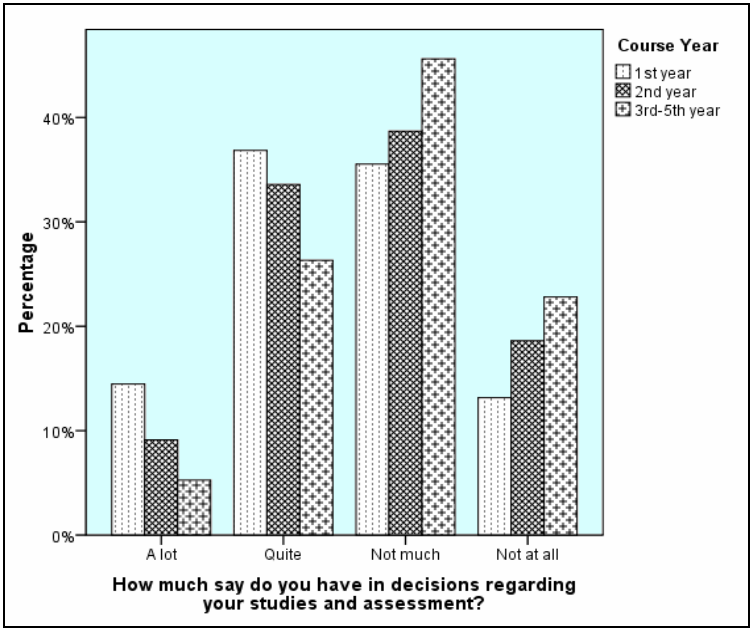

Figure 3.90: Level of student participation in decisions by course year

Only 25% of the students stated that they are encouraged to express their views and ideas during lectures (Figure 3.91).

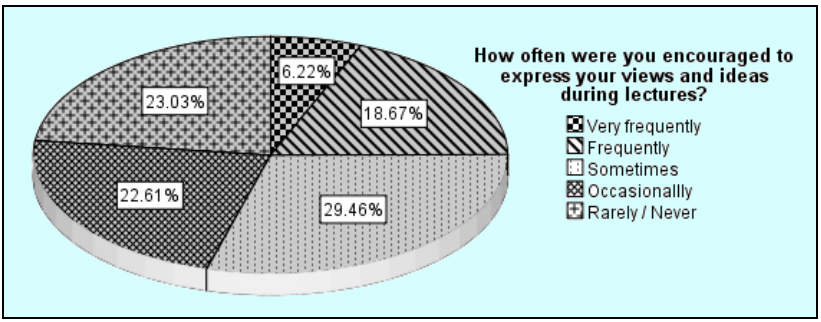

Figure 3.91: Encouragement to express views and ideas during lectures

There are higher proportions of science/civil science and 3rd to 5th year students who think that their views and ideas are very often neglected during lectures (Figure 3.92).

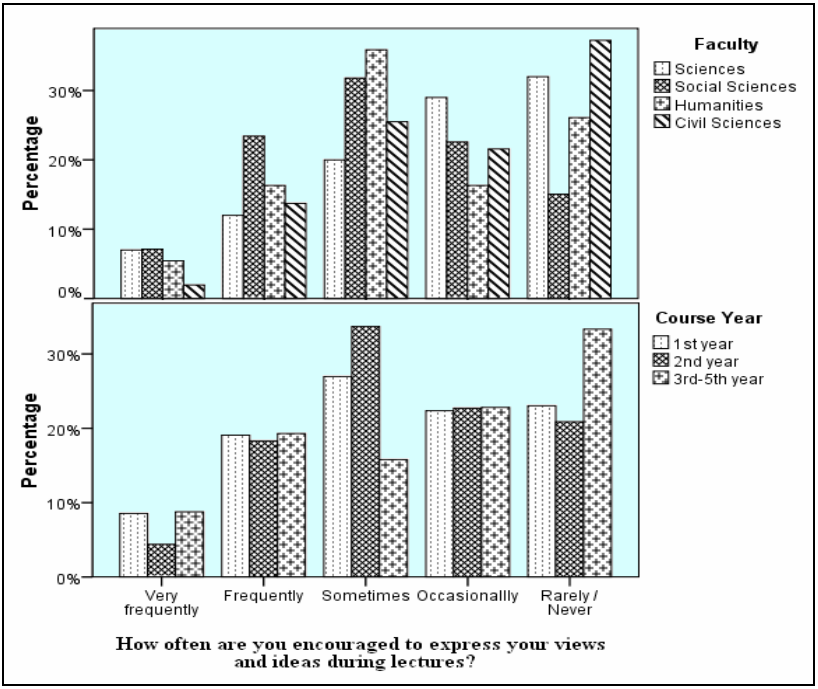

Figure 3.92: Encouragement to express views and ideas during lectures by faculty and course year

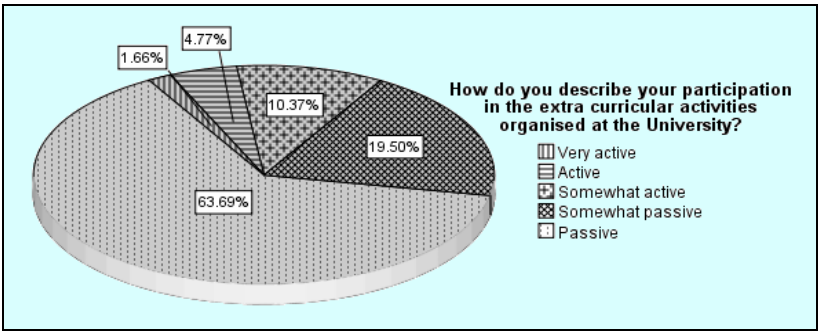

Figure 3.93: Participation in extra curricular activities

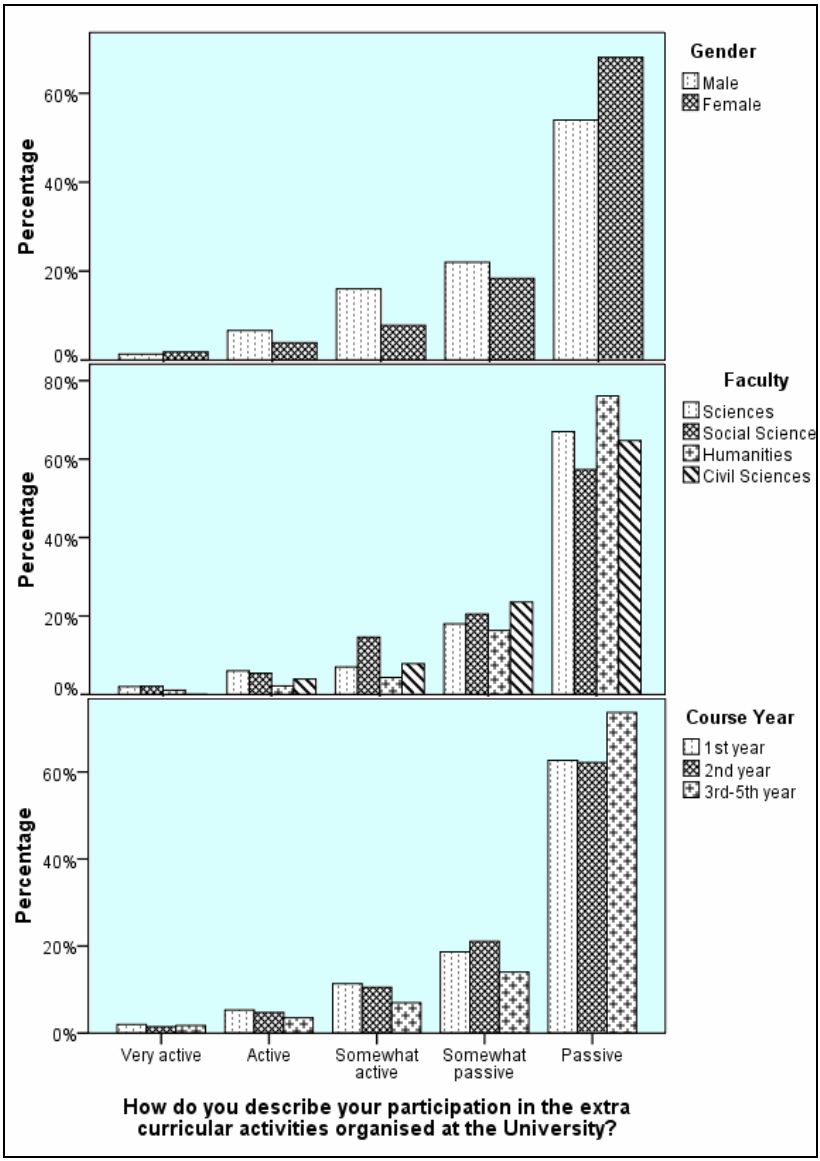

Figure 3.94: Participation in extra curricular activities by gender, faculty and course year

Almost 83% of the respondents stated that they are rather passive in participating in the extra curricular activities organised at university. Only 6.4% of the participants acknowledged that they are active (Figure 3.93). There are higher proportions of female and 3rd/5th students who do not participate in extra curricular activities. Social sciences students are more actively involved in these activities; whereas, humanities students are more passive. However the differences are not significant (Figure 3.94).

3.3.2 Support from staff and colleagues

While most of the students think that lecturing staff are forthcoming, considerate and helpful, about 40% judge the staff as unfriendly, indifferent and unsupportive (Figure 3.95). This goes across gender and year of course, but while more science students think that the lecturing staff is friendly and supportive, more civil science students have opposite views of their staff (Figure 3.96).

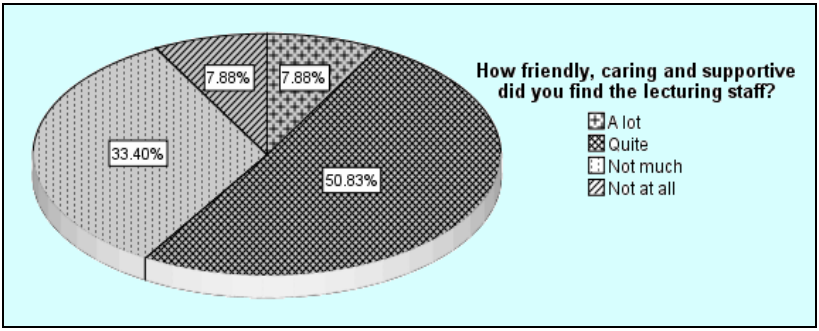

Figure 3.95: Care and support by teaching staff

Students perceive the non academic staff somewhat less supportive than the academic staff, with 53% saying that non academic staff is helpful and supportive, while 47% saying they are not that helpful and 12% not helpful at all (Figure 3.97). Percentage wise there are more science students who assess non academic staff as helpful and supportive and more social science and humanities students who think that non academic staff is unaccommodating. Final years students think that non academic staff is more helpful

and supportive than 1st or 2nd year students, suggesting that new-comers do not feel their needs are being adequately addressed by the non academic staff (Figure 3.98).

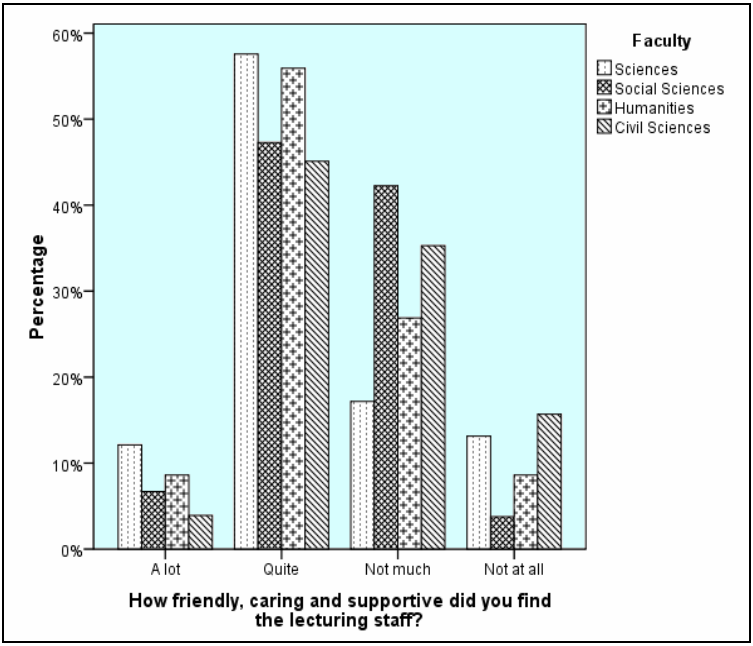

Figure 3.96: Teaching staff care and support by faculty

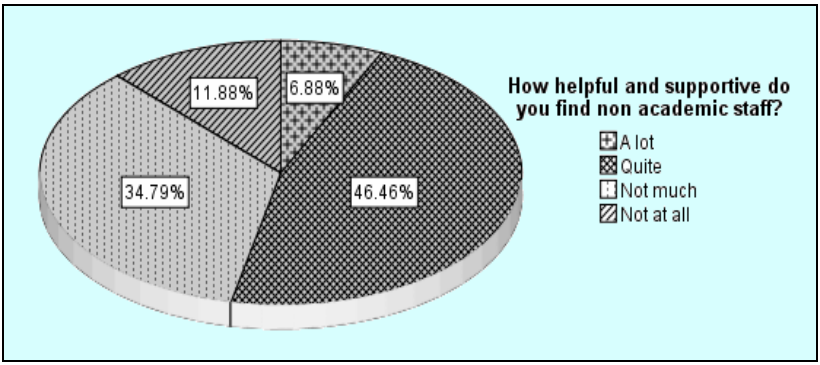

Figure 3.97: Help and support by non academic staff

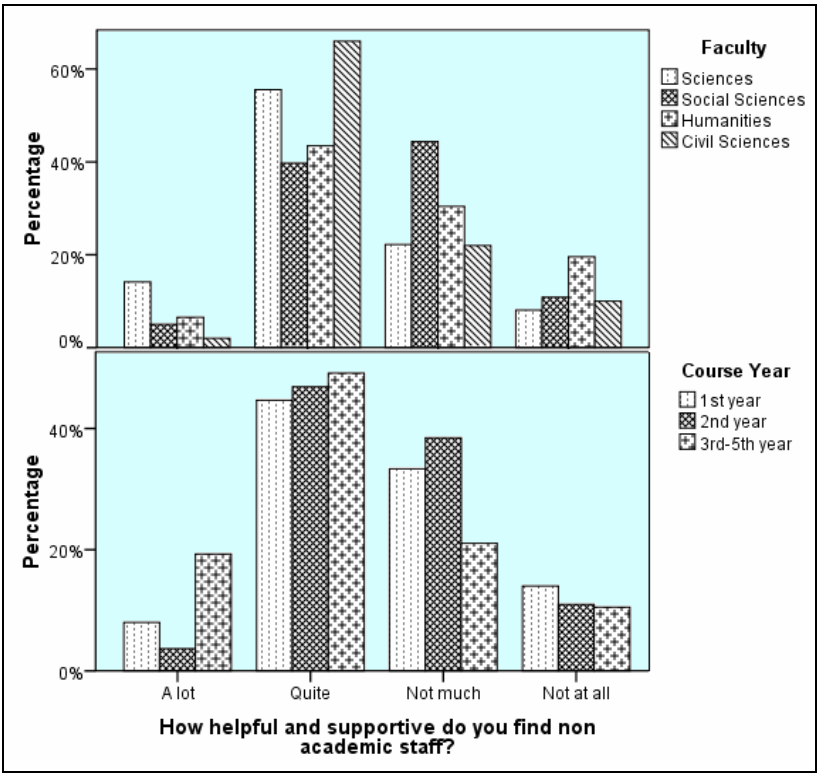

Figure 3.98: Help and support from non academic staff by faculty and course year

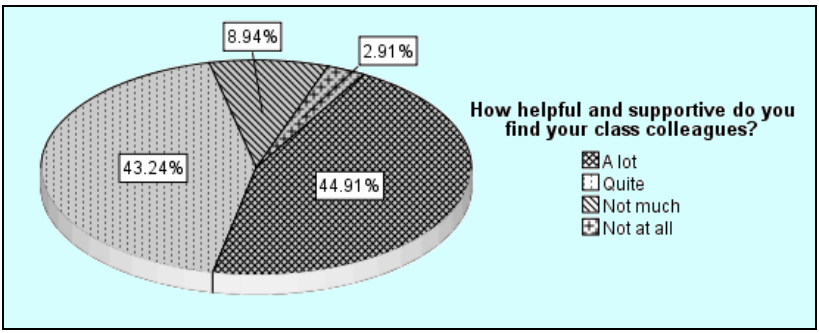

Figure3.99: Help and support by class colleagues

On the other hand, students find their colleagues far more supportive. Approximately 88% think that their class colleagues are helpful and supportive (Figure 3.99). Civil science students and 1st and 2nd year students consider their colleagues as more supportive than other students (Figure 3.100).

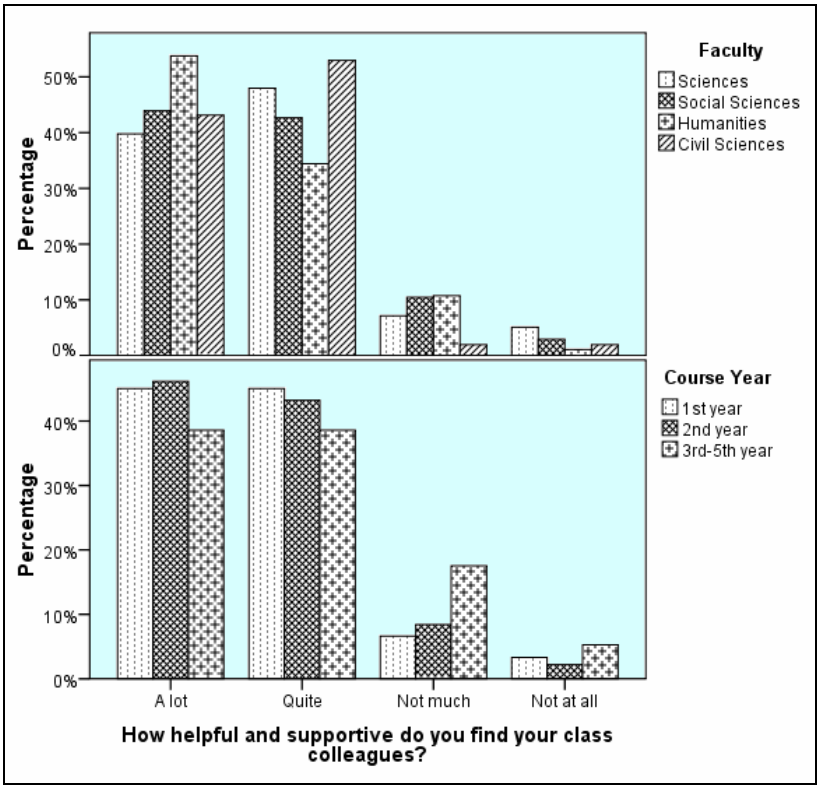

Figure 3.100: Help and support by class colleagues by faculty and course year

When one compares the perceived support by academic staff, non academic staff and class colleagues, students find their class mates as most helpful and supportive, followed by the lecturing staff and the non academic staff respectively (Figure 3.101).

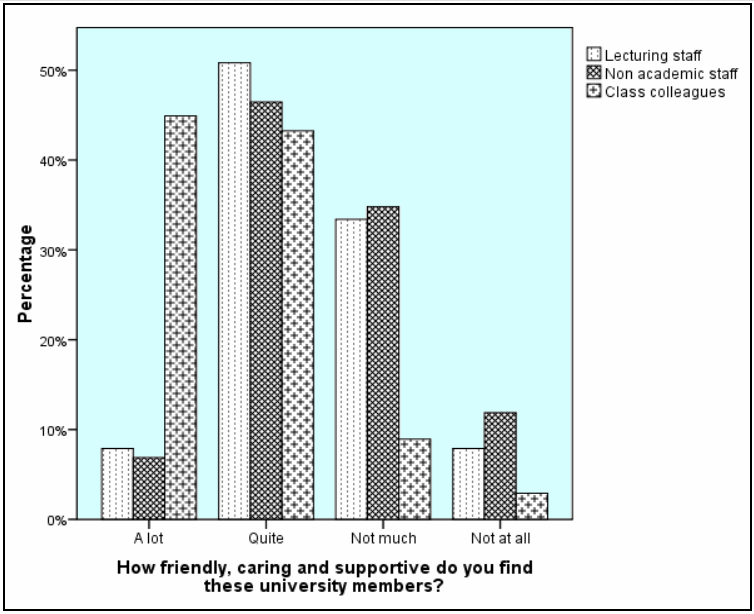

Figure 3.101: Comparison of perceived support by staff and colleagues

3.3.3 Academic stress

The majority of the students find life at university stressful, with one third finding it very stressful. Only 4% claim that being a university student is not demanding (Figure 3.102).

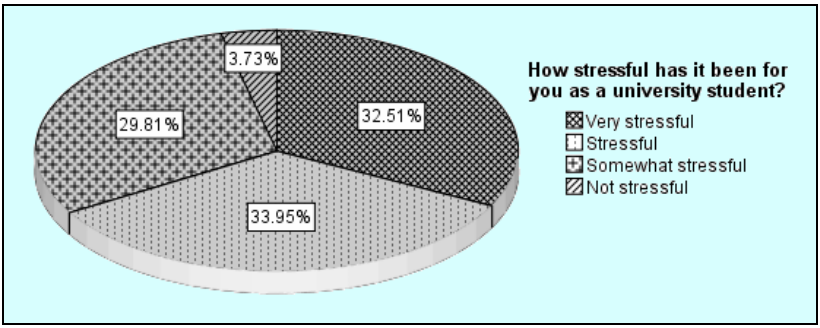

Figure 3.102: Level of perceived stress by university students

A larger proportion of female, science/civil sciences and final year students, find university life more stressful than their counterparts (Figure 3.103)

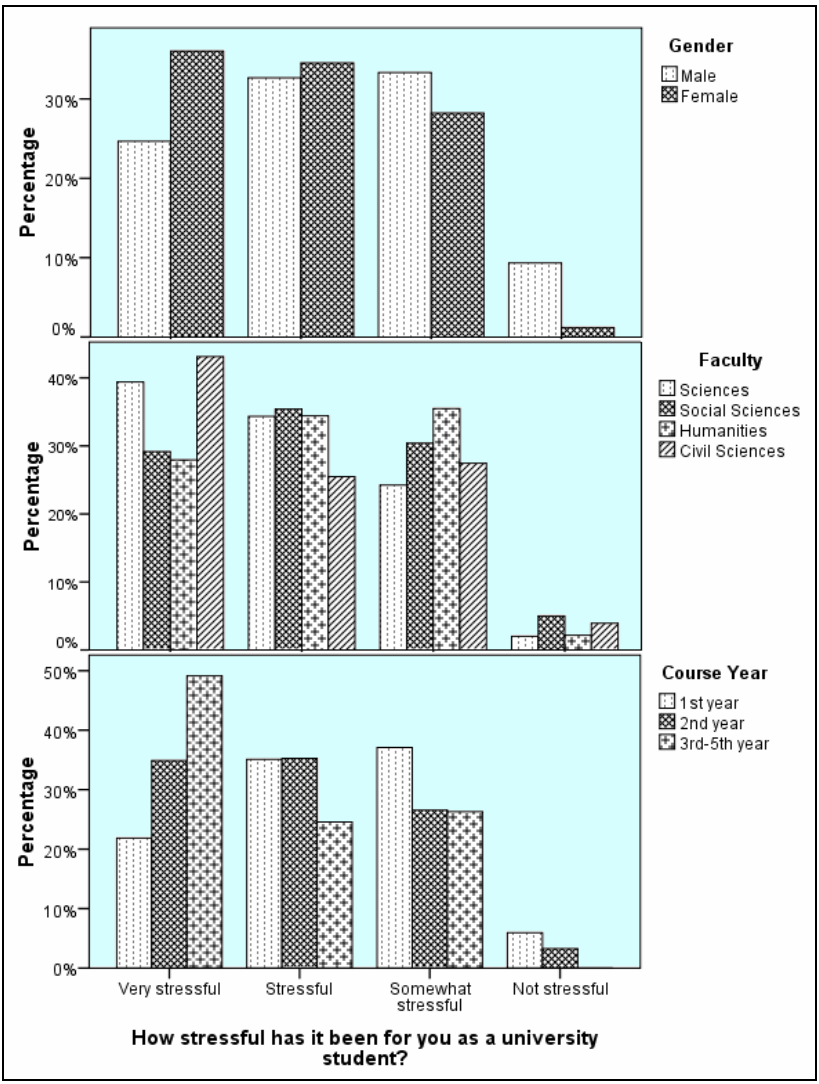

Figure 3.103: Level of perceived stress by gender, faculty and course year

Figure 3.104 shows that examinations and assignments are the major source of stress for students, with almost 83% finding tests and examinations most stressful; followed by 60% who mentioned too many assignments and projects. Approximately 32% are mostly stressed by too many lectures, while 23% mentioned working behind schedule as a source of stress. Almost 20% feel stressed by travelling and parking problems. Physical environment, unavailable books in the library and big classes are less stressful factors in the students' life.

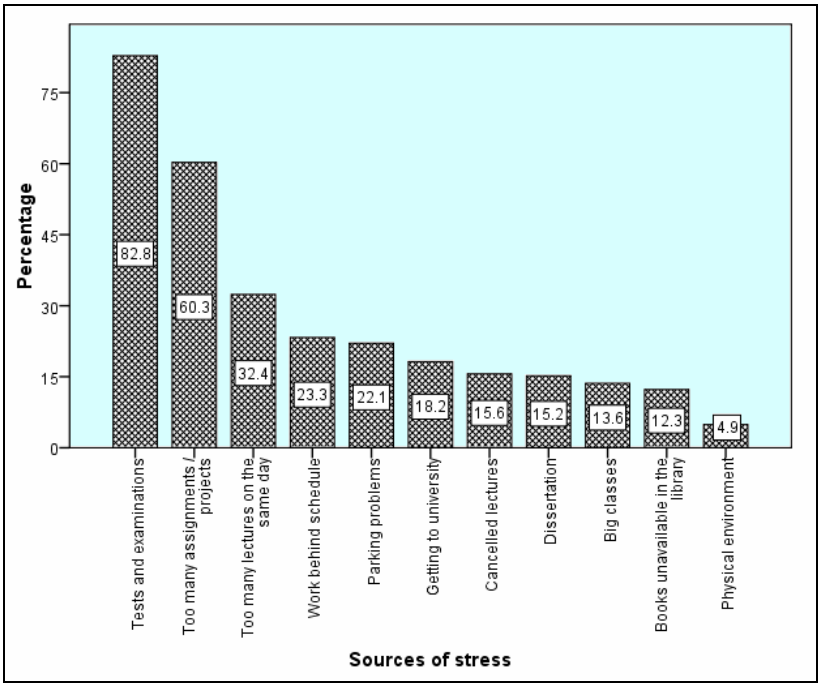

Figure 3.104: Main sources of stress

An examination of the sources of stress by gender reveals that while proportionally more females are stressed by examinations, cancelled lectures, unavailable books in the library and dissertations, more males are stressed by too many lectures, big classes and parking problems.

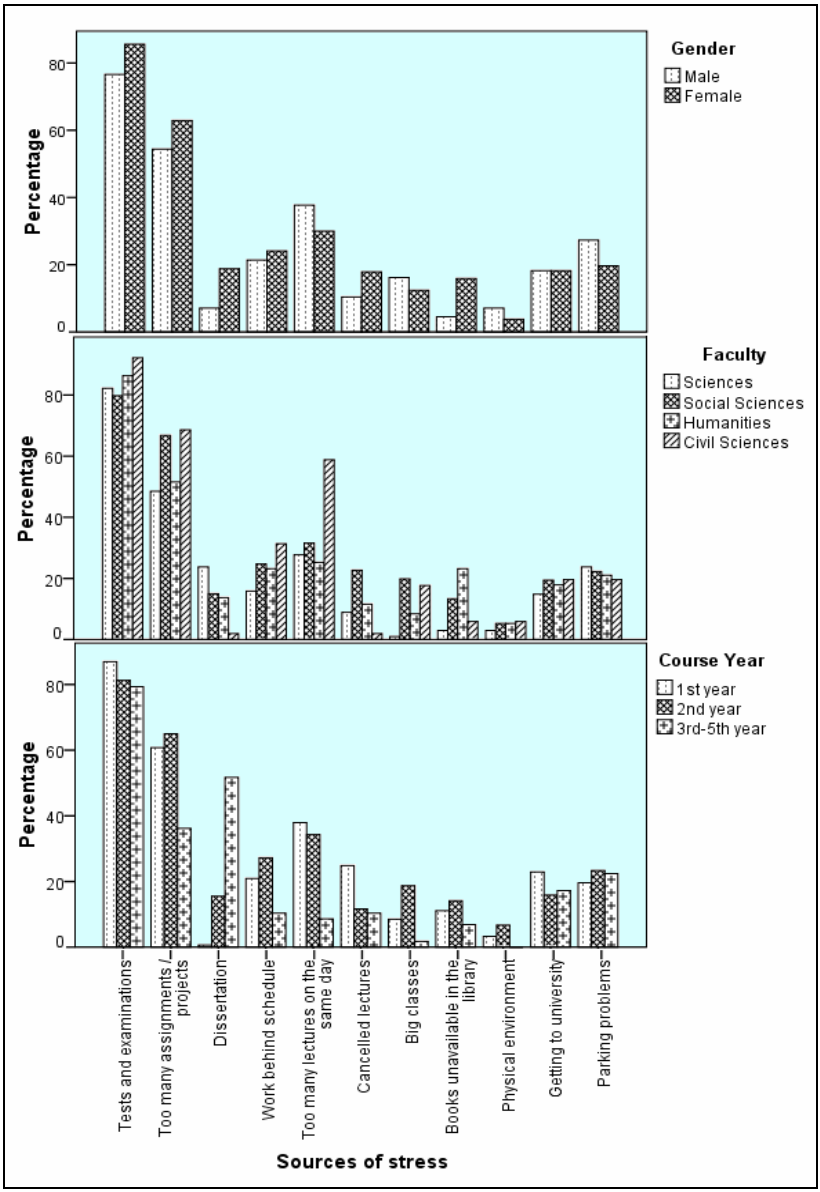

Figure 3.105: Main sources of stress by gender, faculty and course year

More science students complain on dissertations; more humanities students mention unavailable books in library, more social science students argue about many assignments and cancelled lectures; while examinations, too many projects and too many daily lectures are particularly stressful for civil science students. As expected 3rd to 5th year students are mostly stressful by dissertations, while there are higher proportions of 1st and 2nd year students who complain about many assignments and projects, too many lectures, cancelled lectures and work behind schedule (Figure 3.105).

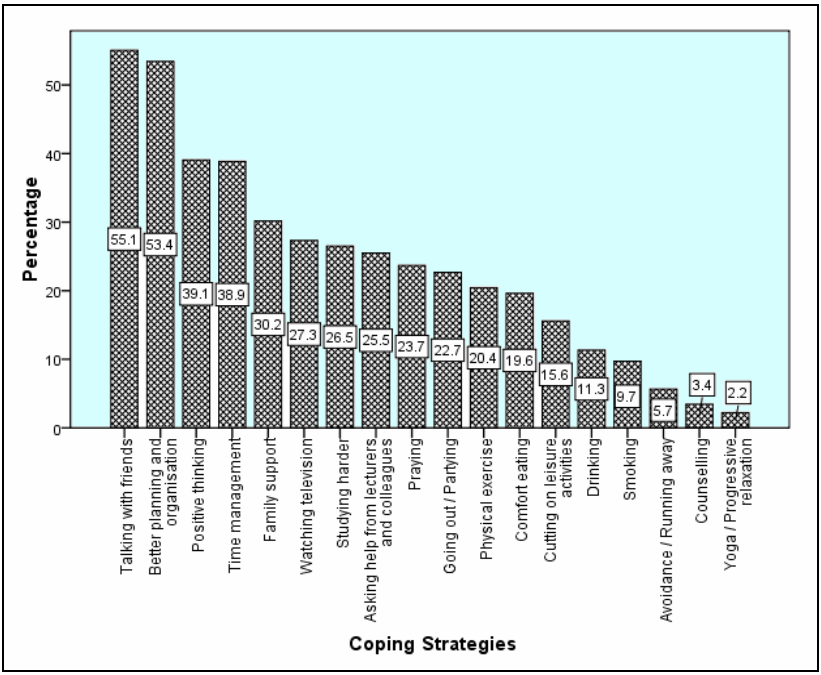

Figure 3.106: Coping strategies employed by university students

More than half the students stated that talking with friends and better planning and organisation of study work are the two mostly used strategies in coping with stress. These are followed by positive thinking, time management and family support. About a quarter of students use problem focused strategies such as studying harder and asking help from lecturers and colleagues.

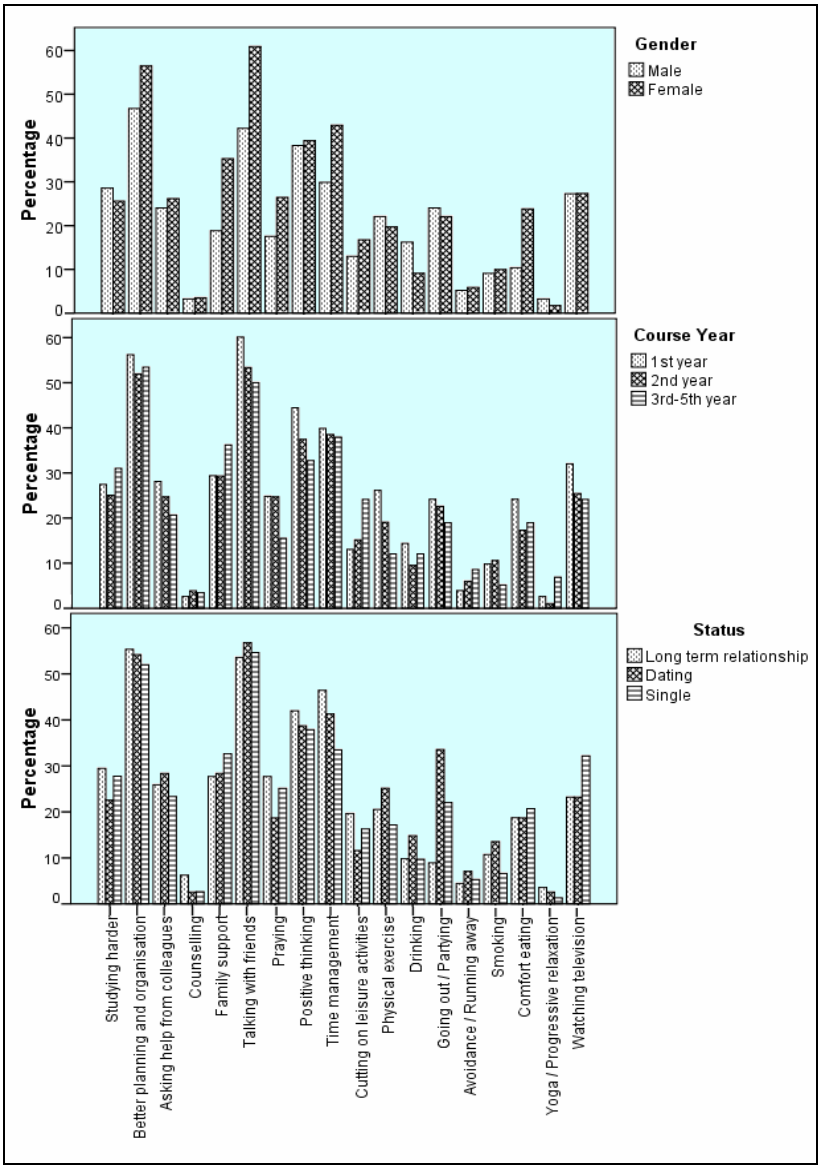

Figure 3.107: Coping strategies by gender, course year and relationship status

About another quarter of students use emotion focused strategies such as to watching television, going out/partying and praying. About 20% use comfort eating. Drinking, smoking, avoidance, counselling and progressive relaxation are less popular strategies in stress management (Figure 3.106).

Males make more use of palliative coping such as drinking, smoking, as well as exercise, while females engage in a more balanced coping style, including support from friends and family, time management, better planning and organisation of work, praying and comfort eating. There are higher proportions of 1st year students who cope with stress by talking with friends, positive thinking, asking for help from lecturers/colleagues, watching television, physical exercise and comfort eating. More 3rd to 5th year students tend to cut on leisure activities and seek support from family. In terms of relationship status, the least healthy coping style is that engaged by dating participants who are more likely to resort to partying, drinking, smoking and physical exercise to handle stress; those in a long term relationship tend to use more mature, effective strategies such as studying harder, praying, positive thinking, counselling and good time management (Figure 3.107).

3.3.4 Harassment and discrimination

53 students claimed they experienced emotional abuse at least once within this year, 15 students said they were sexually abused and 12 students that they were physically abused. The proportion of university students suffering from emotional abuse is more than three times the proportion of students experiencing physical or sexual harassment (Figure 3.108).

Percentage wise there are more males suffering from physical harassment; whereas, more females experience emotional abuse. The proportions of male and female students experiencing sexual harassment are comparable. The type of bullying or harassment inflicted is not related to the faculty, relationship status and course year (Figure 3.109).

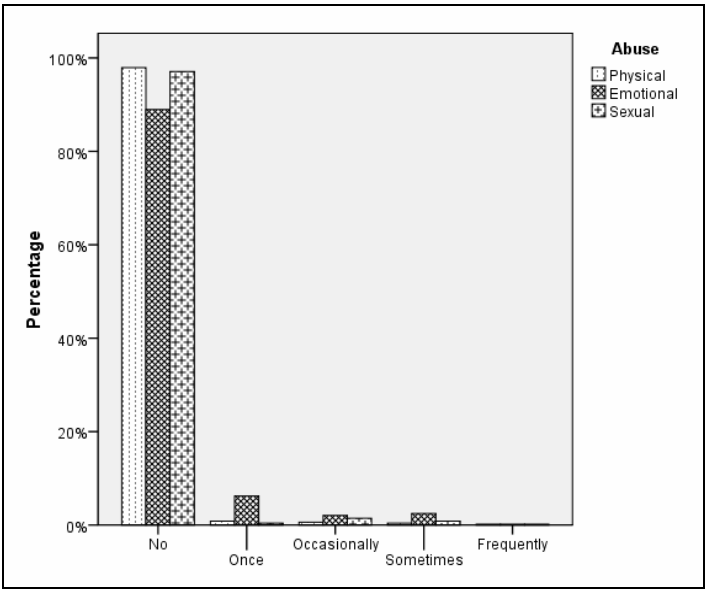

Figure 3.108: Perceived physical, emotional and sexual abuse

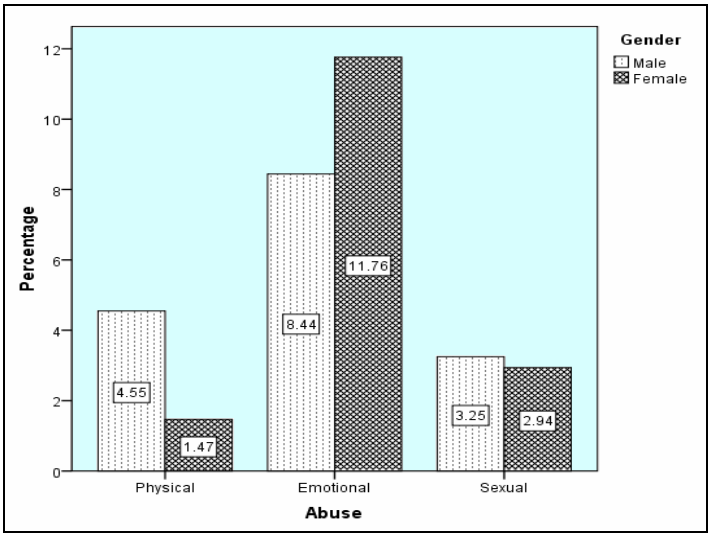

Figure 3.109: Perceived physical, emotional and sexual abuse by gender

33 participants stated that they experienced bullying and harassment at least once within this academic year from university colleagues, 25 students claimed they suffered abuse from university staff and 22 students experienced harassment from other persons. Figure 3.110 shows that more than half of the students suffering abuse, said that harassment very often occurs in the form of emotional abuse by university staff and colleagues. Physical and sexual harassment is less likely to be perpetrated by staff.

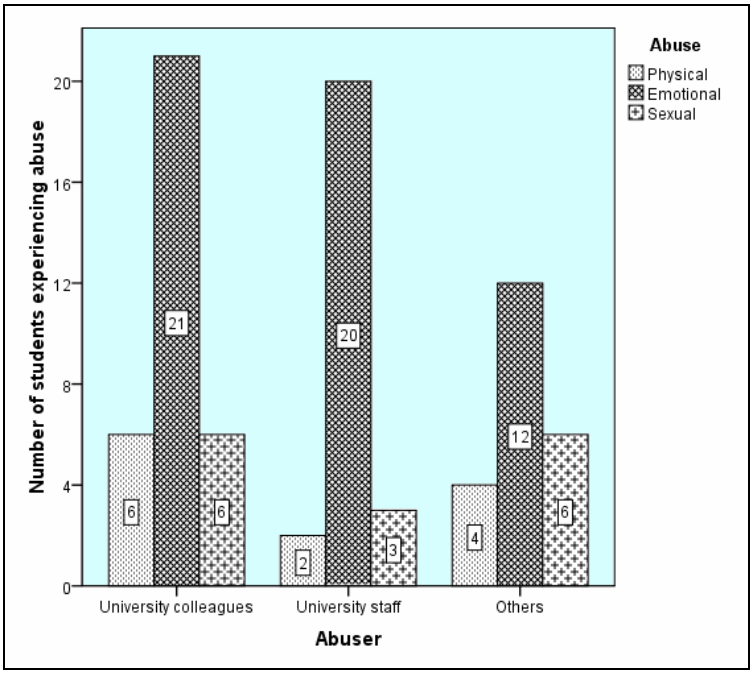

Figure 3.110: Physical, emotional and sexual abuser perpetrators

Discrimination is more likely to occur occasionally than on a frequent basis. Almost 11% of the respondents said that they were discriminated occasionally because of language, followed by social class (7.2%), physical appearance (6.2%), gender (5.9%) and age (5.1%). Age discrimination is most likely to occur frequently. Discrimination on the basis of disability, religion, race and sexual orientation are less likely to occur (Table 3.5). The chi square test

reveals that discrimination on the basis of language, socio economic status, appearance, gender and age occurs more often than others.

Table 3.5: Perceived discrimination experienced by students

Perceived Discrimination	Frequently	Occasionally	Never
Age	1.5%	3.6%	94.9%
Social class	0.4%	6.8%	92.8%
Physical appearance	0.4%	5.7%	93.8%
Disability	0.0%	1.1%	98.9%
Religion	0.0%	2.3%	97.7%
Ethnicity	.2%	1.5%	98.3%
Gender	.4%	5.5%	94.1%
Sexual orientation	0.0%	1.7%	98.3%
Language	.6%	10.6%	88.8%

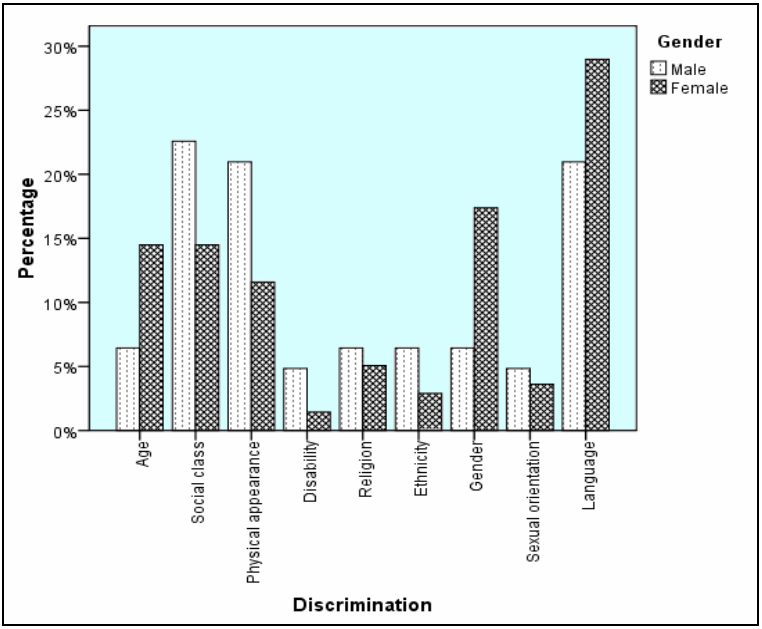

Figure 3.111: Perceived discrimination by gender

Males are more likely to be discriminated on the basis of their social class and physical appearance; whereas, females are more likely to be discriminated because of age, gender and language (Figure 3.111)

3.4 Student recommendations

Students were asked to make a number of recommendations which might improve their physical and socio-emotional health through changes made in the university's physical, social and academic environment.

3.4.1 Healthier environment

Most of the students' recommendations were focused on more attractive, greener, cleaner and pollution free premises.

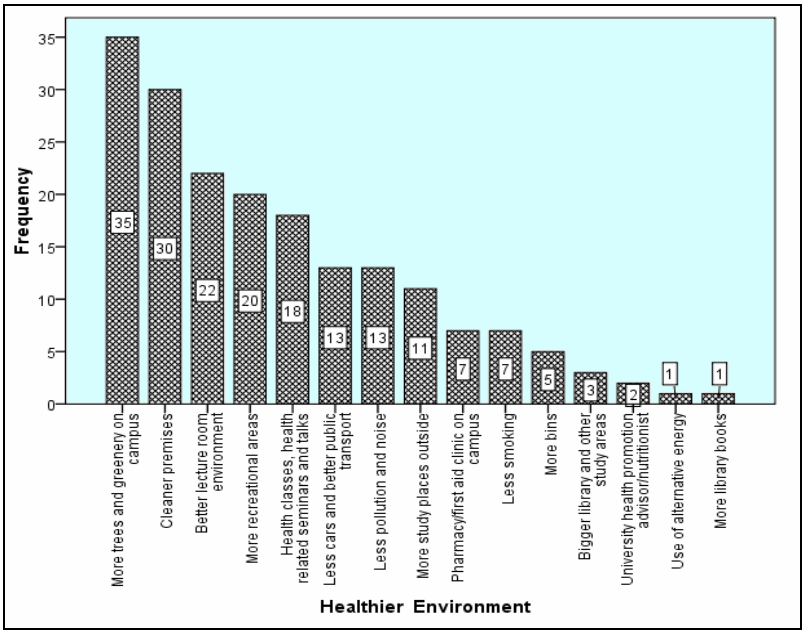

Figure 3.112: Students' recommendations for a healthier environment

Other recommendations included more study areas, cleaner, more spacious and comfortable lecture halls, and better public transport and parking facilities. Other recommendations included a health promotion officer and a campus pharmacy (Figure 3.112).

3.4.2 Nutrition and exercise

Students appear to be quite concerned about the food canteen, with most of the students who made any recommendation, remarking on the need for healthier food in the canteen; other suggestions included alternative food outlets on campus, access to free water, and healthy food vending machines. The promotion and organisation of sports activities on campus and more accessibility to the gym were the key recommendations related to exercise. A health promotion campaign is another common suggestion (Figure 3.113).

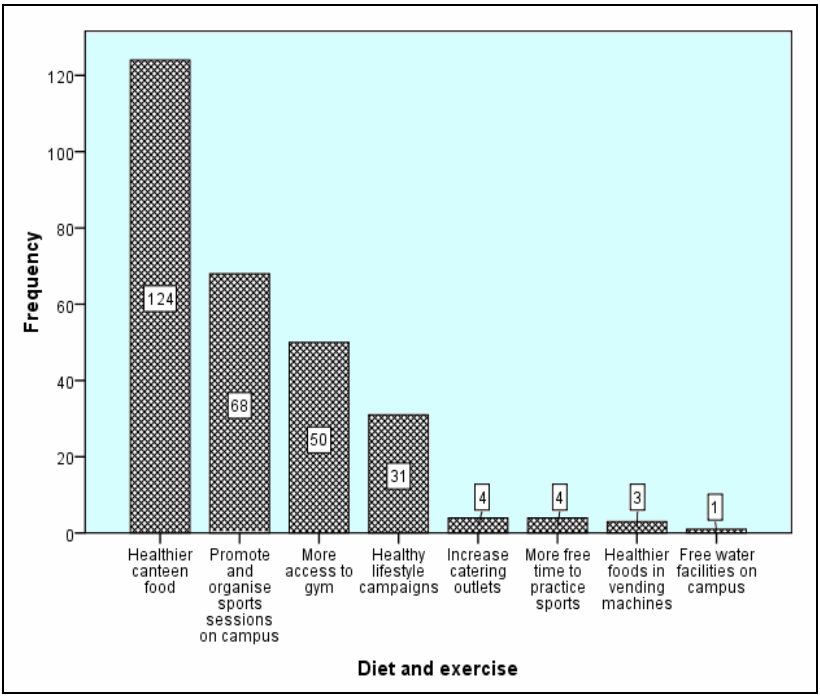

Figure 3.113: Students' recommendations on diet and exercise

3.4.3 Substance abuse

The main recommendation in this area was for more information on prevention, including the risks involved in misusing and abusing substance, ways to avoid substance abuse and to provide help to those abusing drugs. Other suggestion included the provision of specialist support to those in need and the introduction of an alcohol free campus (Figure 3.114).

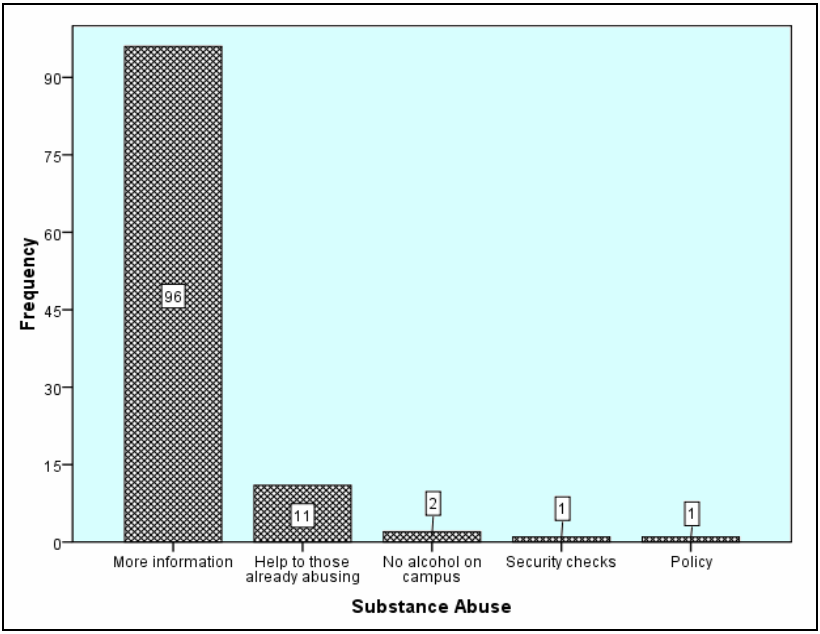

Figure 3.114: Students' recommendations on substance abuse

3.4.4 Sexual health

Students made three recommendations on the promotion of sexual health on campus. The key suggestion was to raise more awareness on the promotion of sexual health amongst university students, including the risks involved. Another suggestion was to introduce condom machines on campus, while some students also suggested the provision of sexual health counselling and advice on premises (Figure 3.115).

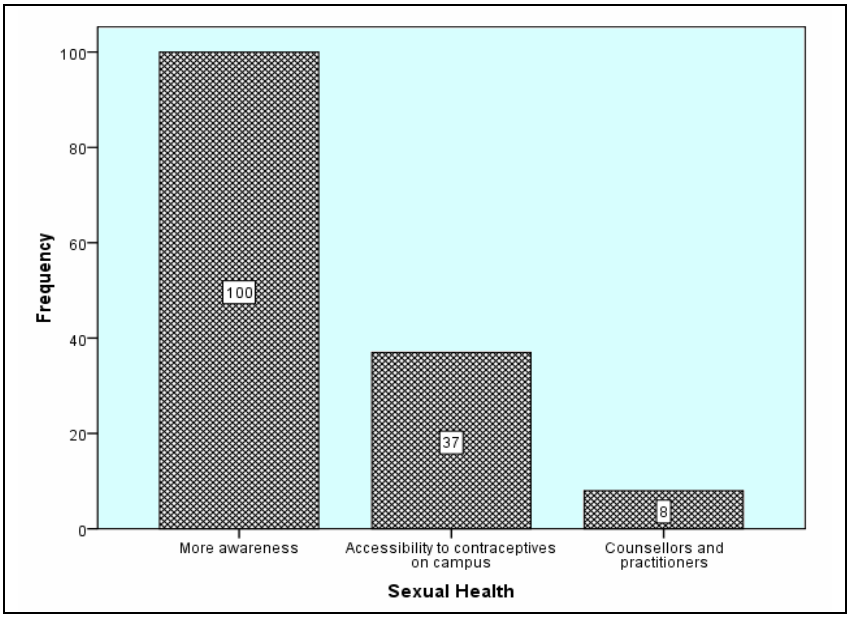

Figure 3.115: Students' recommendations on sexual health

3.4.5 Academic stress, stress management, and sense of control

When asked about the sources of academic stress, most students mentioned the need to lessen the pressure on students by downsizing course content, cutting on the number of lectures, seminars and tutorials, and reducing assessment, particularly tests and examinations. They also suggested better organisation and coordination of courses (such as timetabling, semester balance, not having too many exams at the same time, more flexibility in deadlines) and more support and guidance from lecturers (Figure 3.116). Students recommended that they need more knowledge and skills on stress management, such as courses, workshops, and publications, as well as counselling. They suggested that lecturers may be more accessible, understanding and supportive. Other recommendations included more parking facilities, opportunities to practice sports and other extra curricular activities such as Yoga (Figure 3.117).

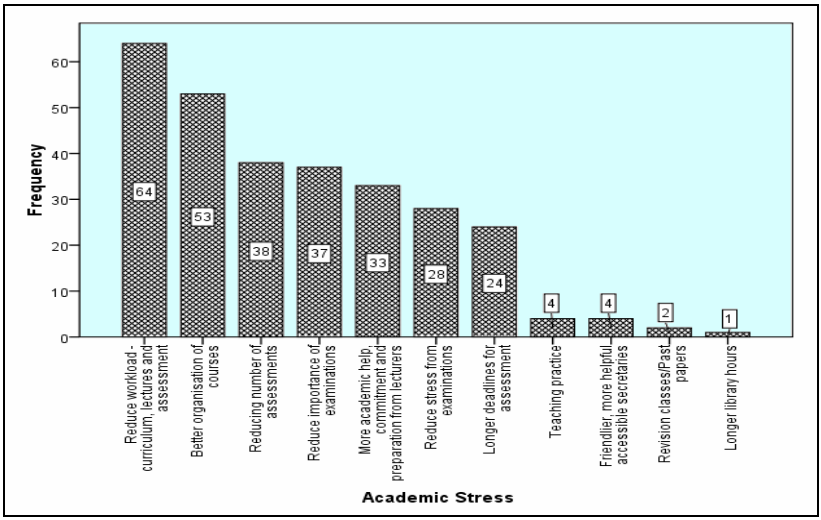

Figure 3.116: Students' recommendations on reducing academic stress

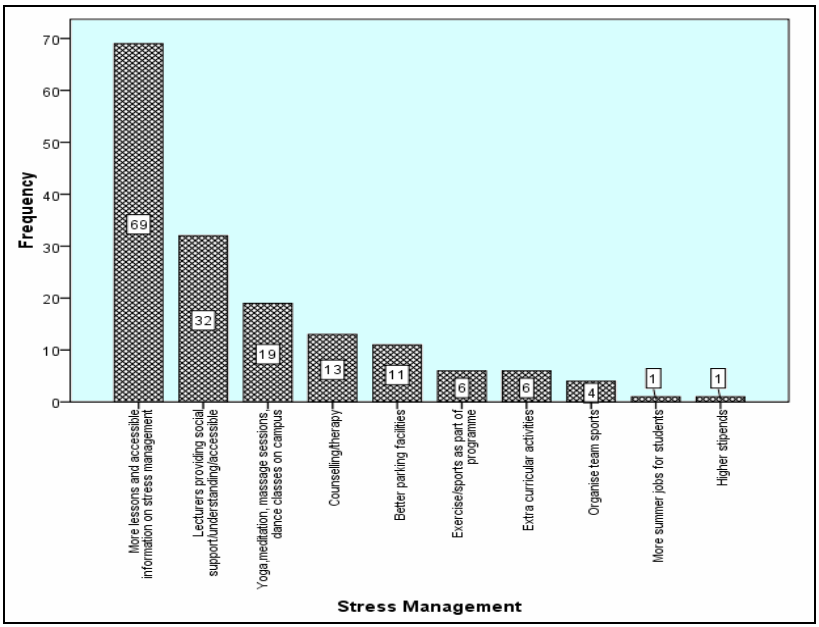

Figure 3.117: Students' recommendations on stress management

More knowledge and skills in maintaining a sense of control, such as time management and problem solving, more information and guidance on course programmes, and more participation in decisions, were the main recommendations by students to enhance their sense of control and confidence in themselves as university students (Figure 3.118).

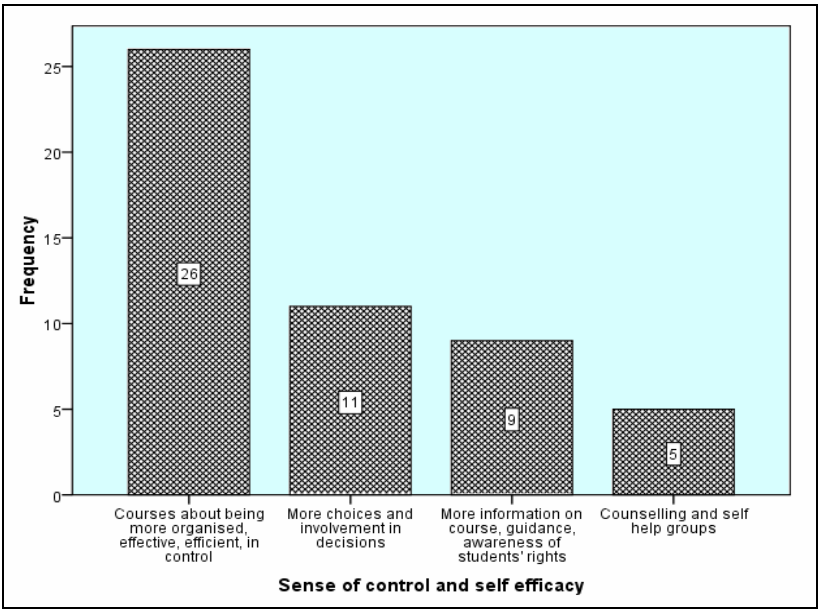

Figure 3.118: Students' recommendations on self efficacy and control

3.4.6 Healthier relationships and social support

The main recommendation for healthier relationships is for more information and seminars on relationships. Students suggested that more knowledge and skills in relationship building and maintenance should be provided, including dating, friendship, teamwork and conflict resolution. Another recommendation was to provide more opportunities for students to socialise and work together, including less lecture time and more leisure time on campus. Students also suggested the availability of a relationships counsellor (Figure 3.119).

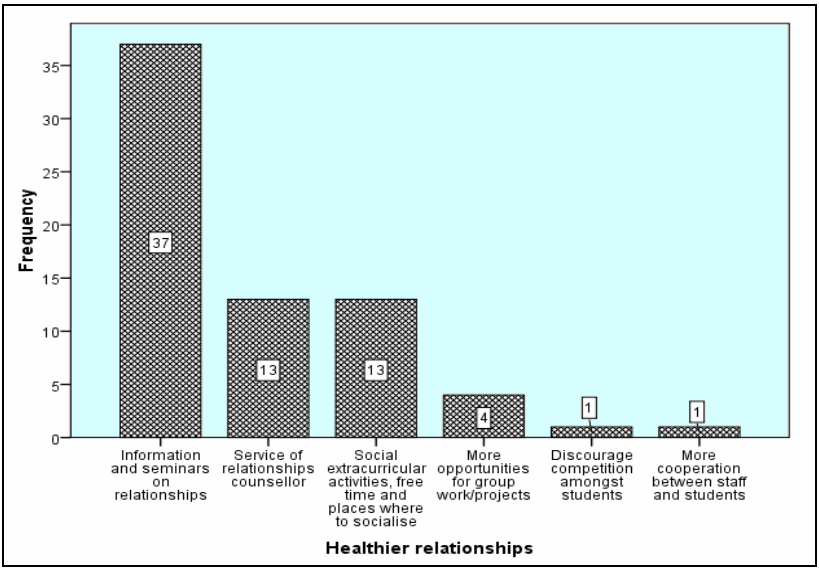

Figure 3.119: Students' recommendations on relationships

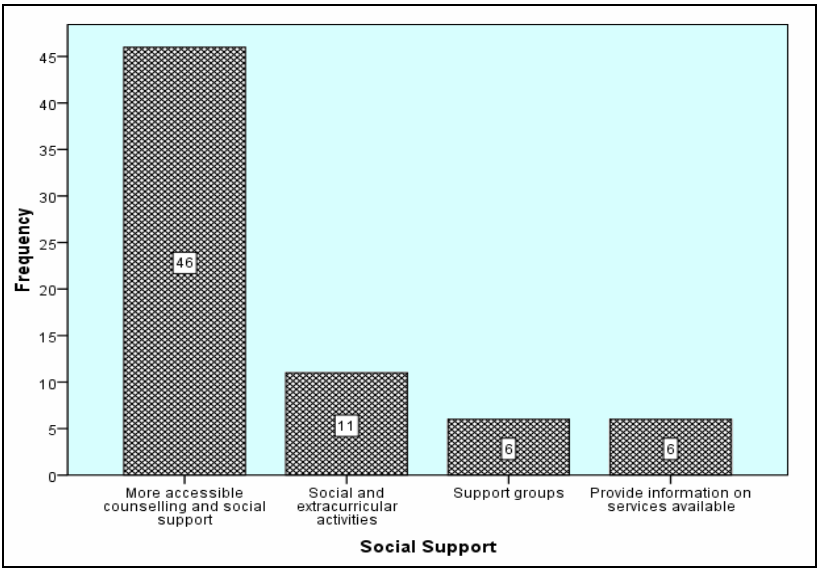

Figure 3.120: Students' recommendations on social support

More accessible counselling services and social support was the main recommendation by student on the provision of social support for students. Organisation of social activities and support groups were other recommendations (Figure 3.120).

3.4.7 Harassment, discrimination, and equal opportunities

Raising awareness amongst students on what constitutes harassment and discrimination and what to do in such situations was the main recommendation in this area. Opening an office to deal with these issues as well as providing professional advice and counselling to victims of abuse and discrimination were other recommendations made (Figure 3.121).

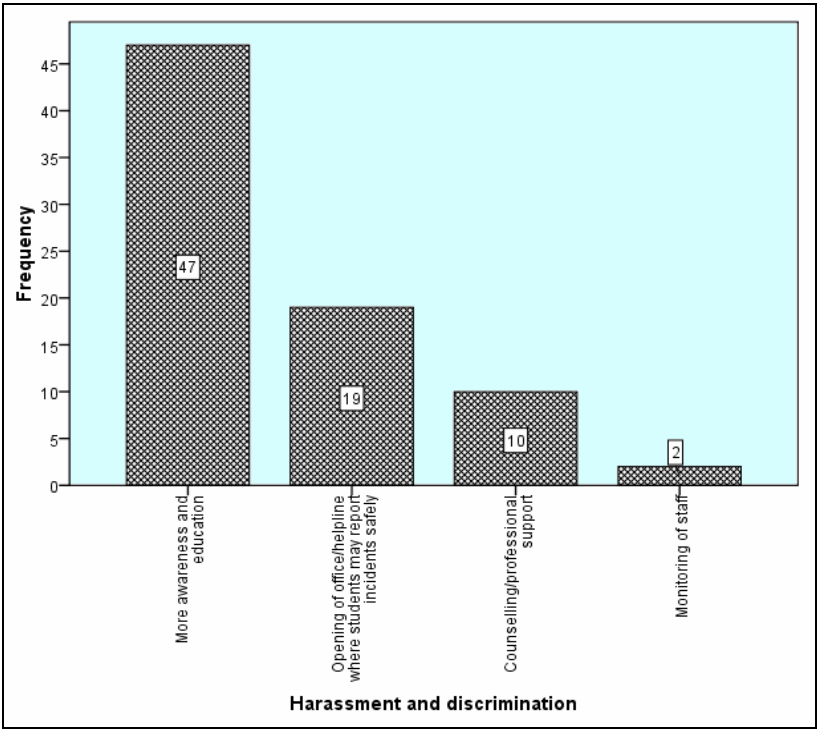

Figure 3.121: Students' recommendations on preventing and dealing with harassment and discrimination

Again the main recommendation here was to raise more awareness amongst the student population on equal opportunities, including the needs and rights of students irrespective of any difference. Other recommendations made the participants were more accessible premises, more flexible programmes and courses catering for persons with different needs, and an ombudsman to support inclusion (Figure 3.122).

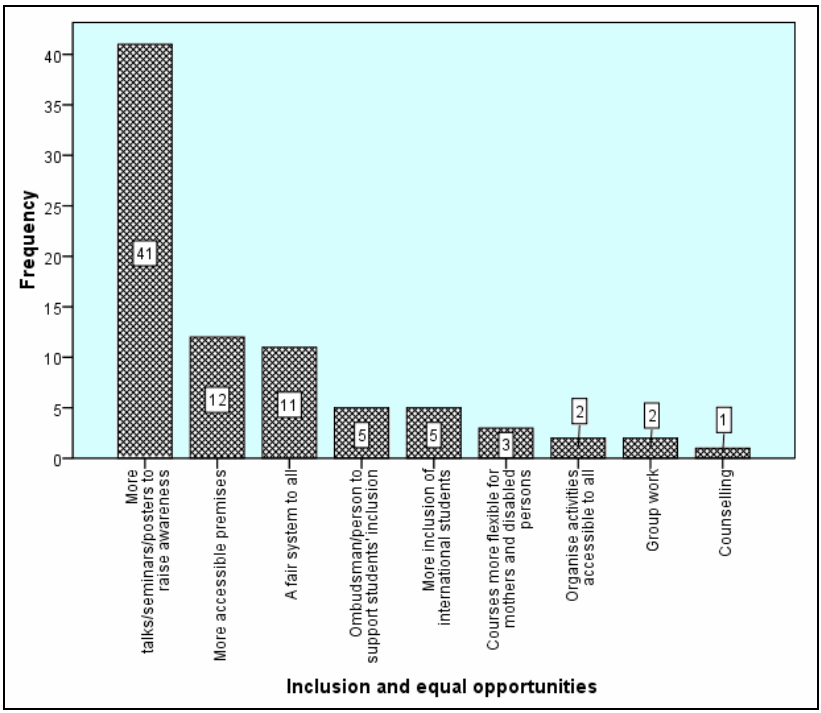

Figure 3.122: Students' recommendations on inclusion and equal opportunities

3.4.8 Overall recommendations

Figure 3.123 presents the fifteen major recommendations made by students from the various aspects of university life described above. Top of the list is healthier canteen food, followed by more awareness and education on sexual health, substance abuse

and stress management. These are followed by academic related issues, namely reducing work load in terms of lectures, assessment and course content, and better course organisation including timetabling. The promotion of sports on campus, namely more access to sports facilities and more opportunities to practice sports, is another important recommendation. Students would also appreciate more awareness of issues of harassment, discrimination and equal opportunities, and more education on building and maintaining healthier relationships.

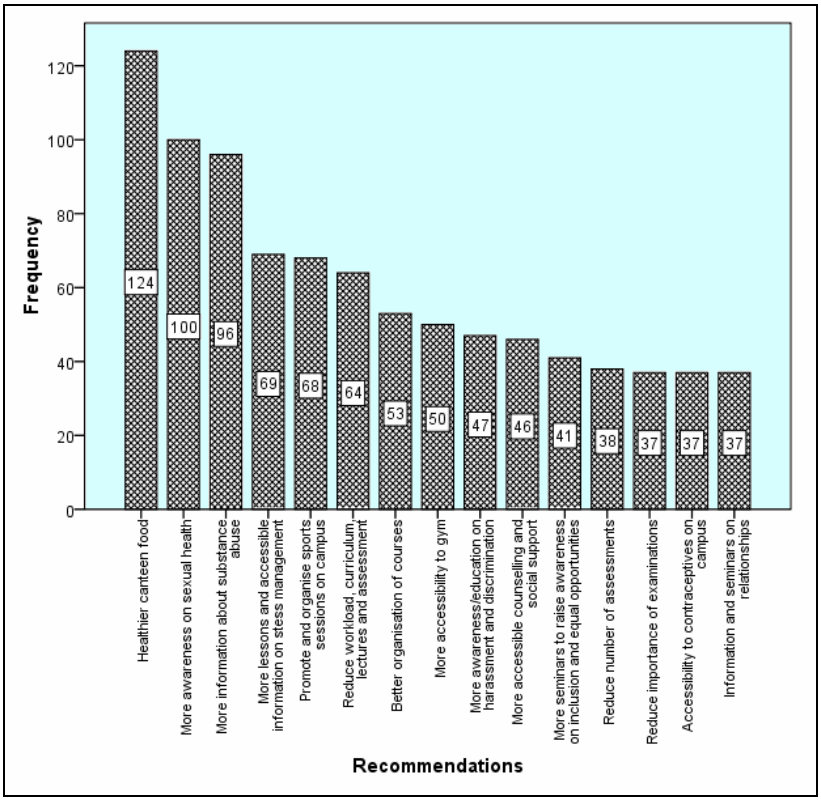

Figure 3.123: Students' major recommendations on the various aspects of university life

Chapter 4

Discussion and Recommendations

This chapter discusses the main findings of the study, comparing and contrasting the findings with those of studies on student health in other universities abroad, as well as with local health statistics. It concludes with a summary of the findings and a number of recommendations on how the University of Malta may become a more health promoting community

4.1 Physical, emotional and social health

4.1.1 Physical, emotional and social health

Young adults between twenty and thirty years old are at their peak of their physical development. They enjoy more muscle tissue, more calcium in the bones, more brain mass, better sensory acuity, greater aerobic capacity, and more efficient immune system. They are the least likely to make use of health services when compared to children or older adults. With 95% of the participants in this study aged between 18-25, and more than 70% coming from middle and higher socio-economic groups , it was to be expected that the vast majority of this select, well educated group, would come out as a very healthy cohort. Ninety percent of the respondents reported that they feel healthy and that they did not miss more than one week of lectures because of physical complaints during the past semester. Contrary to expectations, however, university students tend to be less healthy than their same age peers in the general population, particularly with regards to psychosomatic and psychological conditions (Stewart Brown et al, 2000; Grant,2002;

Roberts and Zelanyanszki, 2002; Ross, 2004; ACHA, 2009). Less than one percent of 15-24 year old Maltese young people felt unhealthy (DHIR, 2008). When asked about the various forms of illnesses they experienced over the past academic year, 65% said they suffered from at least one form of physical or psychological condition; with 18% reporting three or more complaints. Back pain featured as their most common health complaint, followed by common infections and allergies. Back pain is usually common amongst university students and office workers (ACHA, 2009). These physical symptoms are followed by anxiety disorder (16.4%) and depression (9.7%). Conditions like sexually transmitted diseases, HIV infection, and substance abuse problems were either very low in frequency or did not feature at all.

About half or more of the students reported that they frequently feel exhausted, nervous, down, and suffer from headaches, while between one third to one fourth suffer from back, neck and shoulder pain, dizziness and sleep problems. These are complaints usually associated with tension and stress, and as we shall see, stress plays a major role in the life of Maltese university students (cf. Bonello, 1999). The relatively high rate of reported physical and psychosomatic symptoms contrasts sharply with the 15% of young adults in Malta who reported long standing health problem in the past year (DHIR, 2008), and is closer to that amongst British and American university students (Stewart-Brown et al, 2000; ACHA, 2009). Though the responses in this study included some acute conditions such as bronchitis and infections besides chronic illnesses, the type of conditions reported by students suggest a significantly higher rate of health problems than that in the equivalent general population. For instance, half of the student population reported frequent headaches (12% migraine in the general population), 30% frequent backache (not a major issue with the general population), 16% anxiety (2% chronic anxiety in the general population) and 10% depression (1% chronic depression in the general population). There are no major gender difference in psychosomatic and physical health, with the exception of back pain (more female students) and depression (more male students).

Physical and mental health

- 90% of students reported that they feel healthy and did not miss more than 5 days of university because of physical complaints
- 65% said they suffered from at least one form of physical or psychological condition; with 18% reporting three or more complaints.
- Back pain is the most common physical health complaint (41%), followed by common infections and allergies, while anxiety and depression are the most common psychological conditions
- Sexually transmitted diseases, HIV infections and substance abuse problems are not common health concerns
- 77% suffer from tiredness and exhaustion regularly, 63% feel frequently nervous, 49% have regular headaches while 46% feel frequently down
- 20% take medication for headaches regularly; very few seek treatment for more serious conditions such as anxiety disorders, depression, chronic fatigue syndrome or substance abuse
- 51% said that stress affects considerably their academic attainment, followed by social health issues, physical complaints, and emotional distress
- The main conditions which interfered with students' academic performance are more related to psychosocial concerns such as stress, study fatigue, depression and anxiety and related psychosomatic issues than to physical health concerns. These health issues appear to be largely related to the hazards inherent in their programmes of study, namely the pressure and stress of academic study.

An appealing finding relates the treatment of psychosomatic to psychological conditions. While it is encouraging that medication for psychosomatic symptoms is relatively low, 20% said that they take medication for headaches on a regular basis and 3.4% take sleeping tablets/tranquillisers. On the other hand, the students hardly sought treatment for more serious conditions such as anxiety disorders, depression, chronic fatigue syndrome or substance abuse. This relates to similar findings that students with mental health difficulties such as anxiety and depression may be reluctant to seek professional help (Eisenberg et al., 2007).

When asked to indicate which health issues came in the way of their academic performance, more than half of the students said that stress had a negative influence on their attainment, followed by social health issues, physical complaints, and emotional distress respectively. They are largely related to psychosocial issues such as stress, study fatigue, depression and anxiety and related psychosomatic symptoms than to physical health concerns; even colds and flu may be partly explained by immunocompromise resulting from stress. These concerns are quite similar to the ones mentioned in the study by the American College Health Association with over 80,000 students at 106 American institutions of higher education (ACHA, 2009). However, while half of the Maltese students reported that stress came in the way of their studies, less than one third of American counterparts thought so. On the other hand, it is interesting to note that very few Maltese students reported that substance abuse interfered with their studies; given the high rates of alcohol consumption and that it is used by some students as a stress coping strategy.

When one analyzes the types of physical and mental health problems students reported in the past semester and how these impact their studies, it becomes apparent that the major health issues students complained about, namely headache, backache, dizziness, anxiety and depression, are largely related to the pressures and stresses of student life. This concurs with international research which found that university students are more likely to suffer from

psychological than physical health problems and that their academic performance is more likely to be compromised by emotional and social health issues (Stewart-Brown et al, 2000; Tinklin et al, 2005; ACHA, 2009). In a large-scale study in the UK, students were found to be 1.64 times more likely to be prone to anxiety and/or depression than the general population (Hamilton et al, 1999), A study of mental health in British higher education institutions reported that 25% of students have mental health problems at some point in their studies (Royal College of Psychiatrists, 2003). Andrews and Wilding (2004) found that of those students showing no significant depression or anxiety symptoms before entry at university, 9% had developed a mild or clinically significant depressive condition and 20% anxiety by mid-course, while 26% with prior case anxiety became depressed by mid-course compared to 9% without such history. Indeed Maltese students in their final years appear to suffer more from anxiety and chronic fatigue than students in the beginning of their course, suggesting that the former may be reacting to the pressures of their studies such as final examinations and dissertations. Similarly, civic sciences students who report more feelings of stress than students in other faculties, have higher rates of depression symptoms.

4.1.2 Emotional and social health

4.1.2.1 Emotional wellbeing

Sixty five per cent of the participants in this study said they are happy, satisfied, confident and in control of their lives, with male, final years and long term relationship students more likely to experience this positive affect. On the other hand, the negative affect question presents a grim picture of discontent, stress and sense of helplessness amongst the students. About two thirds feel frequently overwhelmed, exhausted and stressed out, one third do not get enough sleep, while one fourth often find it difficult to cope because of negative feelings. About 8% feel chronically depressed, hopeless and helpless, and 4% seriously contemplate suicide. The most vulnerable appear to be female, final years and civil science students.

Emotional wellbeing

- 65% feel happy, satisfied, confident and in control in their lives; female, first year and single students are less likely to experience these positive feelings.
- About 2/3 feel frequently overwhelmed, exhausted and stressed out; more than half regularly exhausted; 1/3 do not get enough sleep; and 1/4 often feel depressed, helpless or hopeless.
- About 8% feel chronically depressed and helpless, and 4% contemplate suicide.
- 2/3 find university life stressful of which 1/3 finds it very stressful**.** Female, science/civil sciences and final year students are more likely to feel stressed
- 83% find tests and examinations most stressful; followed by too many assignments and projects (60%)**,** too many lectures (32%), working behind schedule (23%)**,** and travelling and parking problems (22%)
- Talking with friends and better planning and organisation of study work are the two mostly mentioned coping strategies used, followed by positive thinking, time management and family support.
- About 1/4 use both problem-focused and emotion-focused strategies such as studying harder and asking help from lecturers and colleagues to watching television, going out and praying.
- 20% use comfort eating while about 10% smoke and drink alcohol to deal with stress.
- Male students make more use of palliative coping while females engage in a more balanced coping style including social support, time management, and better planning
- Students recommend more knowledge and skills on stress management, more counselling services, more supportive and understanding staff, more information and guidance on their courses and involvement in decisions, more parking facilities, and more opportunities to practice sports and other extra curricular activities.

This contrasts sharply with the 2% and 1% of the Maltese 15-24 population who suffer from chronic anxiety and depression respectively (DHIR, 2008). On the other hand, while Maltese students may be experiencing considerable tension, anxiety and exhaustion, they may be suffering less from severe chronic conditions such as depression and suicide when compared with university students abroad. For instance, about 10% of university students in the UK and USA are likely to contemplate suicide during the course (Grant, 2002; Tinklin et al, 2005; ACHA, 2009), about from 12% to 15% likely to have depression (Crawford et al, 2001; Grant, 2002; ACHA 2009) and from one fourth to one third experience moderate to severe anxiety (Crawford et al, 2001, Grant, 2002; Lionis et al 2005). Sixteen percent of American college students said that psychological difficulties such as depression and anxiety interfered with their studies (ACHA, 2009).

4.1.2.2 Academic stress

The level of stress amongst university students in various countries appears to be on the increase (Stanley and Manthorpe, 2001; Andrew and Wilding, 2004; Robotham, 2008). The majority of participants in the study found university life stressful, with one third finding it very stressful. This is particularly true for female, science/civil sciences and final years students. It is expected that students in the final years of their course would feel more stressed as final examinations and the submission of dissertations draw near. The civil sciences, and to a lesser extent, the sciences, appear to be most stressed, anxious and exhausted groups of students at the university. One explanation for the disproportionately high level of stress amongst these students, may be related to the higher risk of failure in these faculties, with the consequence of students having to increase the amount of study time required. In a report on a large scale national survey of UK universities, Behkradnia (2009) noted that humanities and social sciences required less study time when compared to other faculties such as civil engineering. If one inspects the sources of stress students mentioned, the civil sciences students were most concerned with examinations and heavy workload.

In line with university colleagues abroad (Stewart-Brown et al, 2000; Harvey et al, 2006; Robotham, 2008), Maltese university students are mostly stressed by examinations, assignments and heavy work. More than 80% find tests and examinations the most stressful, followed by 60% who mentioned too many assignments and projects. One third are mostly stressed by too many lectures, while one fourth mentioned working behind schedule. This reflects the recommendations students made to decrease stress, namely a reduction in their workload, lectures, course work and assessment, particularly examinations. They also recommend better organisation of courses, such as semester course balance, better timing of tests and examinations and more coordination between departments and faculties, as well as more support and guidance from the staff. Interestingly these are some of the suggestions proposed in the Health Policy developed by the KSU (2006) a couple of years ago. A study on student stress with 277 Education students at the University of Malta one decade ago, had similarly found that the major sources of stress were examinations and academic pressure (Bonello, 1999).

One in five students feels stressed by travelling and parking problems. On the other hand such issues as big classes and the physical environment did not seem to be bothering students that much. As one may expect, finances did not feature as a major source of stress in contrast to students in other universities (Robotham, 2008; ACHA, 2009; NUS, 2009) who have not only to pay course registration fees but also to find accommodation once they take up residence close to university. For many students, this necessitates finding part time employment in order to subsidise their studies, which may further add up to their existing pressures (Roberts et al, 2000, NUC, 2009). In the most recent Students Experience Report in the UK (NUS, 2009), it was reported that two thirds of the students were in debt, three fourths found employment while at university, while half of those who worked, relied on their earnings to fund their basic living expenses; the more a student had to work during term time the more the negative impact on their academic studies. The present study did not look into this issue since it was focused on full-

time undergraduate students, but in view of the increasing number of students taking up part time or full time employment during their course of studies, it will be necessary to identify the challenges these students are likely to face (cf. Broadbrige and Swanson, 2006; Moreau and Leathwood, 2006). A small scale study with working students at the University of Malta, students underlined how time constraints interfered with both their academic study and social life, and expressed frustration at lack of understanding and support from staff (Purchase, 2009). Having to take up residence away from their families and friends, thus losing a key aspect of their social network support, is another major source of stress which most Maltese students do not have to experience (cf. Hudd et al, 2000; Radcliffe and Lester 2003).

Work overload concern is shared by both genders, but while more female students appear to be concerned with the academic quality of their studies (examinations, dissertations, unavailable books and cancelled lectures), proportionally more males complained about practical issues such as too many lectures and parking problems (possibly as there are more male students who own a car). More science students complained on the dissertations, more social science students mentioned cancelled lectures and too many assignments, more humanities students referred to unavailable books in library, while examinations, too many projects and too many daily lectures appear to be particularly stressful for civil science students. As expected, the final years students find dissertations more stressful, while there are higher proportions of first years students who complain about too many lectures and assignments, cancelled lectures, bigger classes and work behind schedule.

One group of students who experience high levels of stress are international students, who besides financial issues, finding accommodation, and leaving family and friends, have also to face challenges related to systems', cultural and linguistic differences (Grant, 2002; Akgun and Ciarrochi, 2003). It was not possible to determine the stress level of international students studying at the

University of Malta and the difficulties they are encountering because of the very small number of such students in this study. However, one of the recommendations made by the students in the section concerned with equal opportunities and inclusion, was for a more welcoming and supportive environment for international students. Presently there are approximately about 1000 overseas students from more than 80 countries at the University of Malta and there is a need identify and address the needs and difficulties of this substantial group of students.

Most of the students in the study cope with stress in an effective and healthy manner. More than half stated that talking with friends and better planning and organisation of study work, are the two mostly used strategies, followed by positive thinking, time management and family support. About one fourth use both problem focused and emotion focused strategies, such as studying harder and asking help from lecturers and colleagues, and watching television, going out and praying.

This healthy balance between taking active steps to solve problems related to study, while seeking to regulate emotions in healthy ways and avoiding smoking, substance and escapism as coping strategies, suggests that the students are quite skilled in stress management. This style is also apparent amongst first years students, suggesting that students come to university already equipped with adequate knowledge and skills in stress management. Students in long term relationships tend to use more mature, effective strategies such as studying harder, pray, time management, positive thinking and use of counselling, underlining the positive influence healthy and stable relationships have on health and lifestyle (Allgower et al, 2001; Taylor, 2007).

There are a number of students, however, who engage in less healthy ways in dealing with stress; the most apparent being the 20% who use comfort eating and about 10% who smoke and drink alcohol. Male students make more use of palliative coping such as drinking and smoking, as well as exercise, while females engage in a

more balanced coping style including support from friends and family, time management, good planning, and praying. It is noteworthy that while psychological skills such as counselling and progressive relaxation are rarely used by students in coping with stress, on the other hand, they recommend the use of counselling and stress management courses as ways to help them deal with stress, possibly suggesting that such strategies may need to be made more accessible.

This is particularly important for first year students, who would greatly benefit from awareness of the support services available to them in times of need and difficulty (Robotham, 2008). Students may also avoid using counselling services through fear of their possible negative effect on their studies or because of the stigma which might be attached to being a client of psychological support services (Roach and Guthrie, 2000; Stanley and Manthorpe, 2001). More accessible counselling services, with a greater awareness of the nature of the services provided, as well as finding ways to make the use of the service more private, may encourage more use of this highly useful and necessary service at the University (cf KSU, 2006). In their recommendations on what helps them manage academic stress, the students put the onus on the university to operate as a health promoting organisation, providing more knowledge and skills in stress management, more counselling services, more understanding and supportive staff, more parking facilities, and more opportunities to practice sports and other extra curricular activities. They also recommend more knowledge and skills in such areas as time management and problem solving, more information and guidance on their course of studies, and more participation in decisions, as strategies to help them maintain a sense of control, one of the key mediating variables between stress, health and illness (eg. Wardle et al, 2004). In a study with first year students at the University of Malta, sense of control and self efficacy were two of the major factors which protected first year students from psychological distress resulting from the transition to university life (Portelli, 2005).

This study was carried out during the second phase of the second semester, with most of the data collected when examinations were looming on the horizon for many students, and when students may have already been feeling the pressures of studying for examinations. This might have inflated the students' feelings of exhaustion, tension and anxiety, and needs to be kept in mind in the analysis and interpretation of the data.

4.1.2.3 Social wellbeing

An important facet of health is the nature and quality of relationships one develops with family, friends and colleagues. Healthy relationships and social support have been linked to both physical and mental health and to positive self esteem, happiness and satisfaction. They help the individual to adjust and cope with stressful life events and provide protection from depression (Resnick et al, 1997; Portelli, 2005; Young et al, 2005; Zambon et al, 2006; Taylor, 2007;).

Social support was found to be the strongest protective factors against psychological distress amongst first year students at the University of Malta (Portelli, 2005). It is crucial for university students to have a well resourced social network to promote their emotional wellbeing and help them cope with the stresses of university life. It is thus very encouraging to note that more than 90% of the respondents said that they have at least two close friends. Single and male respondents are more likely to have more close friends; it could be female students and those in stable relationships pay more attention to the quality of relationships than to the number of friends. Three fourths of the respondents are satisfied with their personal relationships, while more than 80% find it quite easy to talk about personal difficulties with friends and partners. Disclosing personal matters with family members is less frequent, however, though female students have less restricted social support network, opening up with both family and friends.

About 88% think that their class colleagues are helpful and supportive. Such relationships have been found to provide both emotional support with the stresses of university life as well as instrumental support for course work (Wilcox et al, 2005; Robinson et al, 2007; NUS, 2009). Again the great majority of students, irrespective of gender or course, find it quite easy to make new friends. While the great majority of students do not feel lonely, 20% have difficulty in making new friends, while 15% of the students said they are often lonely, particularly single students. One of the recommendations made by the students was for more education on how to develop, maintain relationships and for more opportunities on campus for socialising and making friends. Single students would particularly benefit from such education and opportunities. Students also suggested more accessible counselling services to help them in their social wellbeing.

Social wellbeing

- More than 90% have at least two close friends, with less than 3% having no close friends.
- 76% are satisfied with their personal relationships, with only 5% being dissatisfied
- More than 80% find it quite easy to talk about personal difficulties with friends and partners, but more than 40% find it quite difficult to discuss their problems with parents or siblings
- 88% think that their class colleagues are helpful and supportive
- The vast majority irrespective of gender or course find it quite easy to make new friends
- About 20% find it difficult to make friends, while 15% said they are often lonely, particularly single students

4.2 Lifestyle and Health

4.2.1 Diet, exercise, and weight

4.2.1.1 Diet

Starting the day with a healthy breakfast, having about five daily servings of fruit and vegetables, and consuming nutritional food and drinks on a regular basis, form the essential components of a healthy diet and help prevent the development of chronic illnesses later on in life. The majority of students in the study, however, did not reach these healthy diet benchmarks, with half of them having only between one to two daily servings of fruit and vegetables, more than half choosing the less healthy food, and less than half having a regular healthy breakfast. Female students are consistently more conscious of their diet, performing better on the three healthy diet indicators. These figures reflect the rather unhealthy patterns of the Maltese population in general. Only one third of Maltese 15-24 year olds have two or more portions of fruit per day, 14% have two or more portions of vegetable and salad per day, and 9% two or more fruit or vegetable juice per day, with a gender bias in favour of females (DHIR, 2008).Only about half of 11-15 year olds have regular breakfast, which is well below the EU average; though daily fruit intake is within the EU average, particularly amongst girls, the intake of soft drinks places Maltese children towards the bottom of the list again (WHO, 2008). It comes as no surprise therefore that when asked to give suggestions on how the university may support students' health, the most cited recommendation was for healthier food in the canteen. Students also mentioned healthier foods in the vending machines, increasing catering outlets on campus, including a salad bar, and free drinking water facilities. They recommended campaigns to raise awareness about healthy eating and encourage students to adopt healthier lifestyles. Clearly students are cognisant of the benefits of healthy diet, with more than 60% saying they need to have a better diet, but they seem to suggest that they also need an environment which helps them to make the right choices, where the healthy choice is the easiest one (cf. KSU, 2006).

Diet, exercise and weight

- Half of the students have only between 1 and 2 servings of fruit and vegetables daily, more than half choose the less healthy food, and less than half have a regular healthy breakfast
- The great majority choose healthier drinks, but about one third drink soft drinks
- Female students are consistently more conscious of their diet
- Students strongly recommend healthier food in the canteen and in vending machines
- 37% engage in regular exercise, while 34% said they never or hardly ever perform physical exercise; more male students are likely to engage in regular exercise
- About 90% see regular physical exercise as one way of improving their health
- Students suggest more access to the campus gym and more sports facilities on campus, the organisation of regular sport events, and more free time to practice sports.
- 36% do no feel they have the right weight; 25% describe themselves as overweight, 3% obese, and almost 11% underweight
- Female students are more likely to be satisfied with their weight
- 1/4 are on a diet while 1/3 intend to diet to have the right weight
- More than 40% of those who are overweight are on diet to lose weight and about 55% intend to go on a diet
- Exercise is the favourite method to lose weight followed by dieting, but about 8% use less healthy methods such as smoking (3%) vomiting (2%) and laxatives (2%).

4.2.1.2 Exercise

Only 37% of the students engage in regular exercise (compare to 46% of American college students, AHCA, 2009), while another one third stated that they never or hardly ever perform physical exercise. More male students are likely to engage in regular physical exercise than females. Again this reflects national trends where about 35% of 15-24 year olds engage in high levels of activity on a weekly basis, with a clear gender difference in favour of male young adults (DHIR, 2008). Students however, are aware of the need for more exercise, with about 90% seeing regular physical exercise as one way of improving their health, and they blame lack of time and opportunity as part of the problem. It is encouraging to note that expenditure on sports clothes and shoes ranks amongst the top four items bought from the smart card budget in the past academic year (Students Maintenance Grants Management Board, 2009).The students suggest more access to the campus gym (one of the most frequent suggestions) and more sports facilities, the organisation of sports events on campus as part of their regular student life, the promotion of sports on campus, and more free time to practice sports.

4.2.1.3 Weight

Body weight is an issue of serious concern in Malta. One third of adults are overweight and one fifth obese (DHIR, 2008), 15 year olds are the most overweight and obese out of 38 countries in Europe and North America (WHO, 2008), and 31.4% of those aged 15-24 are overweight or obese (DHIR, 2008). This study examined students' perceptions of their body weight. Almost two thirds of the students however, feel they have the right weight (compare to 55% of American college students, AHCA, 2009). On the other hand, one third do not feel they have the right weight, almost 11% describe themselves as underweight and one fourth as overweight, of which 3% state they are obese. Contrary to international studies, female students appear to be more satisfied with their weight, with more male students describing themselves as either underweight or obese (Wardle et al, 2006). More than half said they are on a diet or intend

to start one to get the right weight. Perception of being overweight is the strongest indicator of attempts to lose weight, with more than 40% of overweight respondents on diet to lose weight and more than half intending to go on a diet. On the other hand, more than half of those who describe themselves as underweight do not intend to go on a diet as they believe their weight is fine. This may be related to insight; individuals with anorexia nervosa for instance are unlikely to have a realistic insight of their body weight and to perceive their weight as unhealthy.

If one examines the data by gender, it is interesting to note that while more male participants consider that their weight is not appropriate, yet they are less concerned than females about starting a diet (cf. Wardle et al, 2006). On the other hand, male students do more exercise than females to lose weight. Exercise is the favourite method to lose weight followed by dieting, but about eight percent of the participants used less healthy methods such as smoking, vomiting and laxatives. Contrary to expectations, female participants appear to be more satisfied with their weight than males, but more conscious on the need to keep to the right weight and thus more likely to take action to lose weight (cf. op.cit). While males should be encouraged to take more care of their weight, particularly dieting, female students may be encouraged to use exercise more as a weight reduction exercise (cf. Galea, 2006).

4.2.2 Alcohol, tobacco and other substances

The most commonly used substance amongst university students is alcohol. Eleven percent of students drink regularly and 45% in the weekends, while 13% binge drink on a regular basis. Only 10% said they never consume alcoholic drinks. This is followed by cigarette smoking, with 12% of the students smoking regularly and another 9% occasionally. Ten per cent made use of illicit substances in the last month. Cannabis is the most frequent illegal substance used by students, with 10% of students making use of it in the last month, followed by cocaine (4%), tranquilisers and sleeping pills (3%), and then inhalants, ecstasy, amphetamines, and

LSD. There is no significant gender difference in the consumption of alcohol and cigarette smoking, though there are more males who use these two substances. More male students make use of illegal drugs, with the exception of tranquilisers and sleeping tablets where females are the prevailing users. Coping with stress is one of the main reasons students smoke, consume alcohol and use illicit substances. Alcohol drinking, smoking and drug taking are strongly influenced by the social context, very often practised in the company of friends.

When alone respondents are more likely to smoke cigarettes or take drugs rather than drink alcohol, while when with the family they tend to consume alcohol rather than smoke or take drugs. This underlines how the use of alcohol is embedded in Maltese society, including the family, and highlights the need to promote healthier, more substance-free social contexts in families, communities, places of entertainment, and work sites. Students are starting to use, and becoming dependent on, alcohol, cigarettes and drugs at a relatively young age before they are 18, when they may not have sufficient knowledge and skills to make informed choices and resist social and peer pressure. Family education, school based behaviour inoculation programmes for children and young people, and social engineering to curb abuse of alcohol by underage young people at places of entertainment, may help to close the window of vulnerability which is open at this developmental stage and discourage adolescents from starting to experiment with substance.

4.2.2.1 Alcohol consumption

More than one third of those who consume alcohol have more than six alcoholic drinks when socialising. Heavy drinking is more likely to be indulged in by those who consume alcohol daily or during the weekends that is slightly more than half of the students. Almost 12% of all alcohol drinkers engage in heavy drinking at least twice a week, another 17% once a week, while 13% engage in binge drinking regularly or frequently. Male students tend to drink more often and drink more heavily than females.

Alcohol, tobacco and other substances

- Alcohol is the 'drug of choice' amongst university students followed by cigarette smoking and illicit substances
- 11% consume alcohol regularly and 45% in the weekends; 13% binge drink on a regular basis.
- About 2/3 consume more alcohol than that recommended
- 38% of those who consume alcohol, have more than 6 alcoholic drinks when socialising
- About 12% of all alcohol drinkers engage in heavy drinking at least twice a week and 17% once a week
- Male students tend to drink more and more heavily
- 8% of those who drink drive frequently under the influence of alcohol; 8 % had problems with their studies; 6% had unprotected sex; about 5% injured themselves or others, and about 2% abused drugs.
- 17% said that less stress would help them to consume less alcohol, while 10% suggested a more alcohol free environment; almost half do not feel the need for help to reduce alcohol consumption.
- 12% smoking regularly and another 9% occasionally; the great majority smoke less than 10 cigarettes weekly
- Only 1/4 of those who smoke intend to quit in the coming year, while one in five do not intend to stop at all
- 29% of smokers mentioned less stress would help them quit; 24% said they need more will power
- 21% of the students used illicit substance in lifetime, 17% in the last year, and 10% in the last month.
- Cannabis is the most frequently used illicit substance, with 10% making use of in the last month, followed by cocaine (4%) tranquillisers/sleeping pills inhalants, ecstasy and amphetamines.

- About 8% those who use drugs, do so daily, 16% weekly, and 53% once or twice a month.
- Male students are more likely to use illicit substances while female students more likely to take tranquilisers and sleeping pills
- 3% used tranquillisers and sleeping pills in the last month, 5% in the last year.
- 35% think less stress would help them stop taking illicit substances; more awareness of the hazards of drug abuse and less accessibility in places of entertainment were other suggestions
- There is no gender difference in the consumption of alcohol and cigarette smoking though more males use these substances; more males than females use illegal drugs with the exception of tranquilisers and sleeping tablets
- Coping with stress is one of the main reasons students smoke, consume alcohol and use other substances.
- Alcohol consumption, smoking and drug use start before the age of 18, with the mean starting age for alcohol being 15, followed by smoking (16) and drugs (17).

When one considers that the threshold of alcoholic drinks is lower for females than males, this difference tends to disappear with approximately two thirds of male and female students consuming more alcohol than that recommended (cf. Wechsler et al., 2004). Male students however, do so more often and engage in more binge drinking. As one may expect, respondents in a long term relationship tend to consume less alcohol and to drink less frequently and less heavily. Final years students drink more frequently than first and second years, while civil sciences students, apparently the most stressed and unhappy students, drink more heavily than colleagues in other faculties.

The use of alcohol is related to various health hazards both in the short and long term. One fourth of the students who drink, having some sort of short term difficulty as a result of consumption, particularly male, single, final years, and science/civil sciences students. About 8% of those who drink reported that they drive frequently under the influence of alcohol, with about 2% driving dangerously. Another 8 % of those who consume alcohol reported that it interfered with their studies, 6% had unprotected sex, about 5% injured themselves or others, and about 2% abused drugs. Though these behaviours may be relatively low when compared with those of students in universities abroad (Wechsler et al, 2002; ACHA, 2009), for a minority of students alcohol is clearly a health hazard and possibly for those around them as well.

The frequency of the consumption of alcohol amongst the students reflects the local and international cultures of drinking as a social lubricant, and as one of the main sources of entertainment for young people. It also suggests that alcohol consumption is a major health concerns amongst European adolescents and young adults, including Malta (Anderson and Baumberg, 2006). Recent studies suggest high levels of alcohol consumption amongst Maltese adolescents, indicating that alcohol is the substance most frequently used, misused and abused in Malta. In a study amongst 38 countries in Europe and North America, Malta has one of the highest rates of alcohol consumption amongst 13 and 15 year olds: 51% of 15 year old boys and 38% of 15 year old girls consume alcohol on a weekly basis (WHO, 2008). Similarly the fourth International Report on the European School Survey Project on Alcohol and Other Drugs (ESPAD) carried out in 35 European countries amongst 15-16 year olds, also reported that alcohol consumption in Malta is slightly higher than the ESPAD average (Hibell et al., 2007). Another study with more than one thousand 18-24 year old post secondary and tertiary students in Malta, including students attending the University of Malta, presents a bleaker portrait of alcohol use amongst students, with 95% having consumed alcohol in the past year and 79% in the past month. Binge drinking was reported by two thirds of the students, with one third binge drinking at least once

weekly. When compared to international counterparts, Maltese students appear to engage in less excessive binge drinking and to suffer less health hazards as a consequence of alcohol consumption (Grant, 2002; Wechsler, 2004; AHCA, 2009)

Drinking may not only be embedded in university students' social culture, but it also serves as one of the ways to cope with academic stress. Seventeen percent of the participants said that less stress would help them to consume less alcohol, while 10% said a more alcohol free environment would help them to cut down their alcohol intake. Almost half of those who drink, however, do not feel the need for help to reduce their alcohol consumption. A small scale study with male University of Malta students who binge regularly in the weekend, found that coping with university stress was one of the major themes which emerged from the narratives of the students (Buttigieg, 2009b). The main recommendation by students on substance abuse including alcohol prevention, was to provide more information and education on the risks involved in alcohol consumption; some students also suggested the provision of specialist support for those in need, and the introduction of an alcohol free campus. It is interesting that a recent study with 134 Maltese university students on knowledge of illicit substances and alcohol, the students seemed least knowledgeable about alcohol, but knowledge of the substance was related to the use of that respective substance (Buttigieg, 2009a). This may sound rather contradictory, given that alcohol is the drug of choice amongst Maltese university students, thus underlying the complexity of this health practice. However, international research with university students abroad, thus indicate that rather than just raising awareness on alcohol consumption, helping students to be more in control over their drinking may be more effective in curbing alcohol consumption amongst university students (Neighbors et al, 2006).

4.2.2.2 Cigarette smoking

In contrast to alcohol consumption, the great majority of students do not smoke, with 12% of the students being regular smokers and 9%

smoking occasionally. A large proportion of smokers smoke less than ten cigarettes weekly. There are some indications that amongst those who smoke, males, first years and social/civil sciences students smoke more cigarettes per week, but these differences are not significant. It appears that education does play a key role in health in this aspect of students' lifestyle. The 21% rate of student smokers at university compares very well with the 30% of smokers amongst post secondary and tertiary students (National Commission on the Abuse of Drugs, Alcohol and Other Dependencies et al, 2008), 29% of Maltese aged 15-24 (DHIR, 2008), and 26% amongst 15-16 year olds (Hibell et al, 2007). There are also indications that the rate of smoking amongst 15 year olds is increasing (WHO, 2008). Nineteen percent of 15-24 year old Maltese are daily smokers, in contrast to the 12% of University students. Students in other universities also smoke more than Maltese counterparts. About 18% of American college students are current smokers (Patterson et al, 2004, Nicther et al, 2006). In an international study with 19,298 university students aged 17–30 years from 23 countries, Steptoe et al (2002) found an overall prevalence rate of 34% amongst male students and 27% amongst female students. Prevalence was highest amongst samples from South European countries such as Spain, Portugal, Greece and Italy, with 44% of males and 39% of females being current smokers, in comparison to 31% and 28% in Western Europe/USA respectively.

On the other hand, it is disconcerting to note that with tobacco remaining the leading preventable cause of death in the world, with half of those who smoke likely to die as a result of the habit (U.S. Department of Health and Human Services, 2004), only one fourth of student smokers intend to quit in the coming year, while one in five do not intend to stop at all. First years, single and civil sciences students are less likely to quit. When asked what would help them to quit, almost one third of the smokers mentioned less stress, while few believed that social support, awareness of health risks, price increase, quitting schemes and medical advice will deter them from smoking. Stress features again as a health hazard, particularly amongst the female smokers (cf. Manning et al., 2005;

Nichter et al, 2007). One fourth of the students mentioned lack of will power as another major barrier to quitting. Research consistently shows that self efficacy, the confidence in oneself to quit, is critical to quitting and preventing relapse (Baldwin et al., 2006). Building confidence in smokers in their ability to quit, underlining the benefits of quitting while removing potential barriers, and preparing them adequately for abstinence and maintenance of quitting, have been found to be effective strategies in helping smokers to quit (Steptoe et al, 2002; Manning et al., 2005; Baldwin et al, 2006).

4.2.2.3 Drug Use

Twenty one percent of students have used illicit substances in their lifetime, 17% in the last year, and 10% in the last month. Cannabis is the primary illicit drug consumed in Europe and North America and its use appears to be a normative behaviour among adolescents in various European countries and North America (WHO, 2008). It is indeed the illegal drug of choice of Maltese university students, with 20% smoking it at some point in their life, and 10% in the last month. It is the only drug used by students on a daily basis. Cocaine is another frequently used drug with 6% using it in the past year and 4% in the past month. Inhalants, ecstasy, amphetamines, magic mushrooms, ketamine and LSD are also used by about 2% to 3% of the students on a weekly basis. About 8% of those who use drugs, do so daily, 16% weekly, and more than 50% once or twice a month. Drugs used frequently include cannabis, inhalants, amphetamines and cocaine, and male students are more likely to make use these drugs. On the other hand, female students are more likely to make use of tranquilisers and sleeping pills; these were used by about 3% in the last month and 5% in the last year, and are likely to be used frequently.

These figures complement those found in the 2006 study amongst post secondary and university students in Malta (National Commission on Abuse of Drugs, Alcohol and Other Dependencies et al, 2008), though with the exception of cannabis, the respondents of

the present study reported less illegal drug abuse. In the 2006 study, cannabis was used by 22 % during lifetime, by 16% in the last year, and by 7% in the last month. This was followed by anabolic steroids (12%, compared to 3% in the present study), magic mushrooms, tranquilisers, inhalants, cocaine and ecstasy. Similarly, males made more use of these substances except for tranquilisers. A somewhat similar pattern emerges from the interview survey carried out with the 15-24 cohort in the Maltese population, but with substantially lower prevalence rates. The use of cannabis life consumption rate is 10%, followed by cocaine (4%), ecstasy (3%) and sedatives (.5%) (DHIR, 2008). On the other hand, the prevalence rate of illicit substance use amongst Maltese university students appears to be lower when compared with that amongst university students abroad. For instance 57% of students attending Oxford University used cannabis at some point in their lives and 23% were current users (Roberts and Zelanyanszki, 2002), while 56% of students at another British university reported that they had used drugs in their lifetime (Vivancos et al, 2009). Nearly 30% of Harvard college students reported using marijuana, and 15% used other illicit drugs in the past year (Mohler-Kuo, et al, 2003).

Almost a third of the participants who use/d illicit drugs/tranquilisers, think that less stress would help them quit. Being aware of the true hazards of drug abuse and less accessibility in places of entertainment, were two other factors mentioned as helping students to stop abusing drugs. Male students recommended less availability of substance, availability of social support, more awareness of risks, and rehabilitation programmes. On the other hand, female students said that less stress and different friends, would help them to take less of these substances; given that more females than males are likely to take sedatives/sleeping pills, this underlines the relationship between academic stress and use of tranquilisers (KSU, 2006). First years students believe that more awareness of perceived risk would be most effective in contrast to third and fourth year students who underlined less stress and less availability of substance. Indeed in their recommendations, students suggested more awareness on prevention and risks involved as well

as specialist support for students in difficulty. These conclusions underline the need for more health promotion on campus on the perceived risks involved in substance abuse and the emotional responses to those risks (Goldberg, Halpern-Felsher and Milstein, 2002; Lawton, Connor and Parker, 2007) while providing support to those who want help in discontinuing their habit.

4.2.2.4 Sexual activity and health

Slightly more than half of the participants are sexually active, with 80% having one partner, a rate close to the 15-24 age group in the general population (DHIR, 2008). One in five of single students said they have a sexual partner. Ten percent of the students have two partners or more, with 6% having two partners and 4% three or more; this is significantly less than the 22% of those sexually active in the 15-24 age group (op.cit.). Students with multiple partners are likely to be male, single/ dating (rather than in a long term relationship) and first years students. Almost half of those who are sexually active, do not use a condom or use it only rarely or occasionally, while about three fourths never use other forms of contraceptives besides condoms. Female students are more likely to make use of contraceptives regularly, final years students to use condoms most of the time, and those in a long term relationship to use other forms of contraceptives. It is interesting to note that single students do not make more regular use of condoms than those in a long term relationship, suggesting more risk of sexual health hazards, particularly as single students are the most likely to have more than one partner. Poor self efficacy, peer influence, cultural practices and religious values are some of the factors which might explain the relatively low level of contraceptive use. Sexual health problems appear to be minimal, with about one percent of students have sexually transmitted diseases, with no reported cases of HIV infection. This portrait presents a picture of relatively sexually healthy students, with respondents engaging in healthier sexual practices and enjoying better sexual health than their counterparts in the general population, as universities abroad. In a recent study with over 800 British university students, 22% said that they had two or

more sexual partners in the previous year with irregular condom use, and their lifetime prevalence of sexually transmitted diseases was almost 10% (Vivancos, Abubakar and Hunter, 2008). In another study with over 5000 students in Finnish universities , 80% of the students reported being sexually active, with only half of the men using condoms (Virtala et al, 2007). In a recent study with 850 students at Oxford University, about 85% of the students were sexually active, half of the respondents admitted to have had unprotected sex, while 5% said they had a sexually transmitted disease (Cherwell, 2009).

Sexual health

- About half of the participants are sexually active, with 80% of them having one partner
- One in five of single students have a sexual partner
- 10% of students have 2 partners or more, 4% have 3 partners or more; these are more likely to be male, single/ dating, and first years students
- Only half of those sexually active often use a condom; about 3/4 never use other forms of contraceptives besides condoms
- Female and final years students are more likely to use contraceptives regularly
- About 1% reported STDs and no one HIV infection
- Students recommended more awareness on the promotion of sexual health; other recommendations included condom vending machines on campus and sexual health counselling

Students made three recommendations on the promotion of sexual health on campus. The main recommendation was to raise more awareness on the promotion of sexual health amongst university students, including the risks involved. The introduction of

condom machines on campus was another suggestion, while some students also suggested the provision of sexual health counselling and advice on campus. Students themselves underline what has been found to be effective in promoting safe sex practices. Increasing knowledge on the risks involved, such as sexually transmitted diseases, as well enhancing self efficacy and perceived behaviour control and providing training in sexual negotiation skills are set to encourage safe sex practice amongst young people including university students (Taylor, 2009). This may help to put the current debate on the installation of condom machines in perspective.

4.3 Academic Life

4.3.1 Motivation and engagement

Student satisfaction and happiness on the course is an indicator of the quality of the emotional, social and learning aspects of their community, and a good resource for health, protecting students from unhealthy health practices such as substance abuse (WHO, 2008). The great majority of respondents said they are happy as university students, with more first years and humanities students likely to be so. One fourth of the participants, however, are less happy, particularly civil sciences, final years and female students. This finding reflects the latest university students experience survey published in the UK, with 74% of the students saying they are enjoying their life at university, 85% saying they are happy they chose their university, and 85% rating the quality of teaching and learning as good or excellent (NUS, 2009); other reports indicate higher levels of satisfaction up to 90% (TNS Social, 2005; Sastry and Bekhardia, 2007). A different picture emerges with regards to students' engagement and motivation. Almost half of the students do not find their course motivating and engaging, particularly civil sciences, final years and male students. It is to be expected that the initial exciting romantic phase of university life gradually gives way to the need for more time spent on study and ongoing assessment, and final exams and dissertations in their final year.

Academic life

- 78% feel happy at university, but about 1/4 are less happy; 1st years and humanities students are more likely to be happy.
- 47% do not find their course motivating and engaging, particularly civil sciences, female and final years students
- Only 29% see themselves as actively involved in learning, while 40% describe themselves as passive students, particularly first years and civil sciences/humanities students.
- Only about 6% acknowledge their active participation in extra curricular activities
- The majority of students attend lectures regularly, but 14% miss out lessons frequently because of lack of interest
- 56% said they are not involved in decisions, while only 24% stated that they are frequently encouraged to express their views during lectures.
- Students find their class colleagues as most helpful and supportive, followed by the lecturing staff and non academic staff respectively
- 40% see academic staff as unfriendly and unsupportive, with the civil sciences students more likely to entertain such perceptions.
- 47% are not satisfied with the support provided by the non academic staff
- The vast majority find their colleagues very supportive and helpful.
- About 11% said they experienced emotional abuse at least once within this academic year, followed by 3% sexual abuse and 2.4% physical abuse
- Physical harassment is more likely to occur amongst male students, whereas more females experience emotional abuse
- Physical and sexual abuse is more likely to be carried out by student colleagues

- The vast majority of students did not report any form of discrimination on a frequent basis, but 5% to 11% reported occasional discrimination on the basis of language, social class, physical appearance, gender and age
- Males are more likely to be discriminated on the basis of social class and physical appearance; females experience more age-, gender- and language-related discrimination.
- Discrimination on the basis of disability, race, religion and sexual orientation seems to be quite rare or inexistent.

Civil students again feature as the unhappy and unmotivated group, reflecting their higher level of stress, anxiety and emotional difficulties reported earlier. The lack of motivation and engagement is particularly striking evident in university life, with only about 6% acknowledging their active participation in extra curricular activities, despite the presence of 50 recognised student organisations! Further examination of the other aspects of students' academic experience throws light on the lack of satisfaction and motivation amongst a substantial number of students. Only about one fourth of the students see themselves as actively involved in their learning, while 40% describe themselves as passive students, particularly civil sciences. humanities and first years students; science/social sciences students are more likely to see themselves involved during lectures, seminars and tutorials. This resonates with students in other universities who frequently argue for higher quality in their academic programmes, particularly better teaching quality and more interactive and less formal and rigid lectures (Sastry and Bekhardia, 2007; NUS, 2009). When asked how universities should spend additional funds, students gave priority to training for lecturers rather than smaller classes (Sastry and Bekhardia, 2007).

The majority of students attend lectures regularly, but 14% said they miss out lessons frequently because of lack of interest, particularly civil sciences, male and first years students. More than

half of the students said they are not involved in decisions made regarding their studies and assessments. More civil sciences and final years students complained about lack of voice and participation. It is not surprising therefore, given the relationship between participation in decisions and engagement in learning that the latter two groups of students seem to be the least engaged and motivated. This yearning for a stronger voice in their own learning, resonates with students' lament in other universities. The most recent National Union of Studies survey reported that only half of the students believed that their course feedback was actually taken into consideration, while less than one fourth felt actually involved in shaping the content, curriculum or design of their courses (NUS, 2009). In a recent online survey of all higher education institutions and their student unions in England, while the majority of universities rated their student engagement processes as reasonably or very effective; the Students' Unions were less likely to regard them as such. The report concluded that "institutions view student engagement as central to enhancing the student experience, but more emphasis seems to be placed on viewing students as consumers and rather less on viewing students as partners in a learning community" (Centre for Higher Education Research and Information, 2009, p.18). Clearly student participation needs to go beyond the basic course evaluation and representation in governing bodies. A more emancipatory and democratic system, particularly at faculty and departmental level, where students are actively involved in designing, implementing and evaluating their own programmes, will ensure a more meaningful and relevant learning experience for the students.

4.3.2 Support from staff and colleagues

When asked about the level of support provided by staff and colleagues, students found their class colleagues as the most helpful and supportive, followed by the lecturing staff and the non academic staff respectively. The majority of the students have positive views of the lecturing staff regarding them as approachable and helpful, but up to 40% judge them as unfriendly and unsupportive, with the civil sciences students more likely to entertain such perceptions. The

rapid expansion of the university in the past decades has resulted in higher student-staff ratio, with less time for students to have access to academic and personal support from academic staff. Higher academic staff-student ratio with consequent distant and inaccessible lecturers and impersonal academic environments has been found to result in higher rates of mental health difficulties amongst students (HUCS, 1999). One of the main recommendations by the students is for more guidance and support from their tutors; this has been found to enhance students' confidence, inclusion and engagement in academic life (Wilcox et al, 2005).

Students perceive the non academic staff somewhat less supportive than the academic staff, with about one half expressing doubts on the level of support provided, and 12% being highly critical of such support. Science and final years students perceive non academic staff as more helpful than students in the first years of their course and in the larger faculties such as social sciences and humanities. This implies the need for more human resources in the bigger faculties to provide a more student friendly and individually based guidance and support to the relatively large number of students. Students in their first year need particular attention and support to get used to the system and procedures and feel emotionally secure; otherwise the first semester and the first year may become an unsettling experience, hindering their learning experiences and disrupting their sense of being competent learners (Pancer et al, 2000; Portelli, 2005; Christie et al, 2008). Our own experiences as lecturers in the past decade, does indicate that first year students tend to do worse academically than in their final years.

On the other hand, the vast majority of students find their colleagues very helpful and supportive. Colleagues and friends are a very important resource for students in their studies, and usually they are the preferred first line of support in times of difficulty, usually as they are the most available and approachable (Robinson et al, 2007; NUS, 2009). They provide academic and emotional support, and while tutors' academic support may be more informational and evaluative in nature, colleagues may be in a better position to give

instrumental support for course work (Wilcox et al, 2005). Though the students' need for collegial support may decrease with the progression of the course as they become more familiar with the system and more self reliant, the higher levels of stress in the final years militate against the apparent decrease in support provided by colleagues. A study with first year Maltese students found that social support protected the students from potential distress arising from the difficulties faced in adjusting to university life (Portelli, 2005).

The students recommended that being provided with the skills in building relationships, working effectively with others and recruiting support, as well as having less intensive workload and more extra curricular and social activities on campus, would help them to build and strengthen their social support network. Such support however, is more likely to be effective if it is organised according to the needs of the students concerned; in some instances social support may become a source of stress itself if it not matched to the needs of the students (Edwards et al, 2001).

4.3.3 Harassment and discrimination

The University pledges to "create a formative milieu free of any discrimination against the fundamental rights and freedoms of the individual" (KSU, undated). It is indicative however, that a substantial number of students, particularly females, may feel unsafe and threatened by emotional abuse by colleagues and staff, while a small number experienced sexual or physical abuse in the past year. About 11% of students said they experienced emotional abuse at least once within this academic year, followed by fifteen students who mentioned sexual abuse and twelve physical abuse. There appears to be more physical harassment amongst male students, whereas more females experienced emotional abuse. Emotional abuse is more likely to be perpetrated by both staff and students, but physical and sexual abuses are more likely to be carried out by student colleagues. It is interesting to note that male students appear to be particularly vulnerable to physical bullying by peers, while both male and female students are prone to sexual abuse, particularly from colleagues. The recent NUS study in the UK reported similar

findings, but the gender differences vary. Two percent of the students reported sexual abuse mainly by other students, with females more likely to experience such abuse than males; 7% claimed to have been bullied, with bullying more likely to be carried out by peers than staff; again female students are more likely to experience bullying than males (NUS, 2009). The most recent American College Health Assessment reported similar trends, with 12% emotional abuse, 1.6% physical abuse and 1% sexual abuse; again more females suffer from any type of abuse (ACHA, 2009).

Due to the small number of students who reported abuse in this study, one needs to be very careful about drawing definite conclusions from the data. There are some indications, however, that Maltese male students may be more vulnerable to physical and possibly sexual abuse than those in the UK. The University has a sexual harassment policy, but it needs to be updated to include all forms of harassment and bullying by both staff and peers, with specific guidelines available to all. Though the number of abused students is relatively small, abuse of any kind can have serious and long lasting negative effects on mental and physical health (eg. Nansel et al, 2001; Leserman, 2005). Clear guidelines and firm action are necessary to prevent and deal timely and effectively with any form of abuse or bullying on campus. Providing professional support to victims of abuse is another main recommendation by the students.

The vast majority of students did not report any form of discrimination on a frequent basis. A small number of students did report occasional discrimination on the basis of language, social class, physical appearance, gender and age. Discrimination on the basis of disability, race, religion and sexual orientation seems to be quite rare or inexistent. Male students are more likely to be discriminated on the basis of their social class and physical appearance; whereas, females are more likely to be discriminated because of age, gender and language. Raising awareness amongst students on what constitutes discrimination as well as providing support to victims of discrimination, were the main suggestions

made by students to restrain discrimination on campus. Other recommendations included raising more awareness amongst the student population on equal opportunities, including the needs and rights of students irrespective of any difference (cf KSU, undated). More accessible premises and more accessible and flexible programmes and courses catering for persons with different needs were some other recommendations by students to enhance equal opportunities on campus. For instance, a number of students complained on language discrimination; given that only a very small number of participants were non Maltese, this could indicate that Maltese students whose first language is Maltese would like to see the Maltese language given more prominence in their course, particularly in assessment. A number of students also complained about the frequent discrimination on the basis of age, such as mature students not having the stipendium and the need for more flexibility of timing for students who have young dependent children. More investment in distance learning programmes would provide an alternative to follow the courses with profit from home. Course programmes which rely heavily on examinations as the major form of assessment, particularly exams tapping free recall, may disadvantage the older students, particularly older adults.

4.4 Improving Health

Students relate their potential health improvement to a change in lifestyle particularly more exercise and a healthier diet, as well as to a healthier environment free from smoking and pollution. It is interesting to note that although more than half of the students consume alcohol at least on a weekly basis, they do not see it as a health hazard and are more aware of the risks involved in lack of exercise, unhealthy diet, and smoking. Female students put more emphasis on taking care of their health by adopting a healthier lifestyle such as change in weight and diet, more exercise and more regular medical checks, while more male students put the onus on environmental aspects such as less pollution and less time in smoky places, as well as less alcohol consumption.

These suggestions relate to the recommendations the students made on improving their health, namely more facilities and opportunities for sports on campus, more healthy food in the canteen, more parking facilities and better public transport, and a smoke free campus. Students made various other recommendations for a health promoting campus, including a more attractive, greener, cleaner, and pollution free campus; more study areas; cleaner, more spacious and comfortable lecture halls; and condom vending machines. There was also a recommendation to open a campus pharmacy and a health promotion office to raise more awareness and facilitate health practices such as healthy diet, regular exercise, prevention of smoking and substance abuse, promotion of sexual health, building resources and developing skills to manage stress effectively, and developing healthier relationships. It is interesting to note that more than half of the students said they did not receive any information on campus on any of fourteen health issues identified in the questionnaire, while only one in ten students received information on at least five of the health topics. Information on psychological issues such as conflict management, suicide prevention, dealing with anxiety/depression and relationships was not available for the vast majority of students. Less work pressure, less assessment mainly examinations, more understanding, supportive staff, more engaging lectures, more participation in decisions, better organisation of courses and coordination between Faculties and Departments, as well as more resourced and accessible support services, were some of the other recommendations students made for healthier campus.

4.5 Summary and Recommendations

4.5.1 Summary and conclusions

University students are a select, high achieving, highly educated group at their peak of physical and cognitive development. Despite this privileged position, they are less healthy than other young adults, suffering more from physical and mental health problems and higher levels of stress amongst others. One in ten feel

rather unhealthy while one third suffer from at least one form of physical or psychological condition. They are particularly prone to psychosomatic and psychological conditions, with about half feeling frequently tired, nervous and suffering from headaches, 16% feeling frequently anxious, and 10% feeling frequently depressed. Between one fourth and one third appear to be chronically tense and exhausted, about eight percent chronically depressed, and 4% contemplate suicide. The great majority found life as a university student stressful, with one third finding it very stressful. One fourth of the students take medication for headaches regularly and more than 3% tranquillisers, but the great majority do not seek treatment for more serious conditions such as depression or substance abuse. Students' academic performance is more likely to be compromised by stress, study fatigue, depression and anxiety and related psychosomatic issues than physical health problems, issues largely related to academic life. Students also justified their use and abuse of substances as one way of coping with academic stress. The major sources of stress underlined by the students were largely related to heavy workload, examinations and other forms of academic pressure. On the other hand, students appear to have a more robust and healthy social life, with the great majority having close friends, feeling satisfied with their relationships, and feeling supported by colleagues and friends. However, about 15 to 20% have problems in making new relationships and feel lonely, particularly single students.

Research underlines the relationship between education and health habits, yet the lifestyle of university students leaves much to be desired. Only about half of the students engage in a regular healthy diet, only one third exercise regularly, one third do not feel they have the right weight, one fourth describe themselves as overweight, 3% obese and 11% underweight. Alcohol consumption is quite common amongst students, with more than half drinking at least every weekend, while 13% binge drink on a regular basis. Twelve percent smoke regularly and another 9% occasionally. Seventeen percent made use of illicit substances in the last year and 10% in the last month, cannabis being the most frequent illegal

substance used by students. Coping with stress is one of the main reasons students smoke cigarettes, consume alcohol and use illicit substances. On the other hand, students appear to enjoy better sexual health, with less risky behaviour when compared to students in other universities. Less than ten percent have more than one partner, only about one percent reported sexually transmitted diseases and there were no instances of reported HIV infection. On the other hand, almost half of those who are sexually active do not use a condom or use it only rarely or occasionally.

The great majority of respondents are happy as university students, but almost half of them do not find their course motivating and engaging. Only about one fourth see themselves as actively involved in their learning, while 40% describe themselves as passive students. The vast majority do not take an active participation in extra curricular activities. About half of the students said they are not involved in decisions regarding their studies and assessments, while only a quarter stated that they are frequently encouraged to express their views and ideas during lectures. The vast majority find their class colleagues a helpful and supportive, followed by the lecturing staff and the non academic staff respectively. Forty percent do not find academic staff as helpful and understanding; this goes up to almost 47% with regards to non academic staff.

Eleven per cent of the students said they experienced emotional abuse at least once in the past academic year, followed by 3% sexual abuse and 2% physical abuse. There appears to be more physical harassment amongst male students, whereas more females experienced emotional abuse. Emotional abuse is likely to be carried out by both students and staff, but in the case of physical or sexual abuse, it is more likely to be carried out by student colleagues. The vast majority of students did not report any form of discrimination on a frequent basis, but a number of students complained of occasional discrimination on the basis of language, social class, physical appearance, gender and age. Discrimination on the basis of disability, race, religion and sexual orientation appears to be quite rare or inexistent.

Students made various recommendations on how their physical, emotional, social and sexual health may be improved. While they appeared to be aware of the impact of their own lifestyle and habits on their health, they put the onus on the university to provide a healthier context which will facilitate healthier choices and practices. They blamed most of their health problems and concerns on the stress of university life, particularly course structure and organisation, and lack of adequate support to deal with such stress. They suggest a more physically attractive and pollution-free environment, more comfortable lecture rooms and study areas, more healthy food and opportunities to practice sports on campus, more health promotion on campus through the opening of a health promotion service, and more accessible, resourced and specialist support services. They also recommended less work pressure and exams, more engaging curriculum, more say in decisions, more understanding and supportive staff, and more time to enjoy student life and learning rather than an exclusive focus on achievement.

The findings of this study, suggest that students will have less physical, psychosomatic and emotional complaints, engage in less unhealthy health practices, and have less interference in their studies, if they experience less stress and pressure in their work, with flexible courses suited to their needs and understanding and supportive staff, and if they are provided with more education and opportunities to adopt healthier lifestyles. This would also help them to enjoy student life more and make the maximum use of their learning experiences. Implied in their recommendations is a desire for a less achievement oriented culture based exclusively on examinations and academic performance, towards a more holistic education for the development of the whole person. Such a broad education would also enable them to adapt more easily to the world of work, giving them necessary skills to adjust in the face of continuous change, deal effectively with stress, work collaboratively with others, be resourceful in problem solving, and develop and maintain healthy relationships. In this respect the introduction of Degree Plus is a very worthwhile initiative, giving students respite from academic pressure and broadening their educational perspectives and horizons.

The psychology of stress suggests that not all stress is harmful, and that a slight to moderate amount of stress could be beneficial and may serve as a motivating factor for the students to make more effort and maximise their potential. On the other hand however, prolonged stress is detrimental to physical and mental health, operating directly via a biological pathway on the cardiovascular, immune and central nervous systems, and indirectly with an increase in unhealthy practices (eg. Cohen et al, 2000; Segerstrom and Miller, 2004; Philips et al, 2005). Steward-Brown et al (2000) argue that working continuously at a high level of stress, may lead students to adopt this heightened level in their prospective careers, thus compromising their health right from the very start of their career. This is a particularly salient point, given that many university students will take up employment in human services and in posts of responsibility and leadership.

4.5.2 Recommendations

The following section underlines various strategies which might help university students to enjoy better health in its various aspects. Various recommendations have already been discussed in the previous sections, so the reader is referred to those sections for the more specific recommendations for each area of health examined in the study. The recommendations in this section are largely focused on how the university may operate as a health promoting community. While students do not come to university as empty slates, the context where they are functioning has a significant impact on their behaviour and health. The thrust of this section therefore is on health promotion and prevention. While psychological and counselling models of individual help are necessary and crucial for those in need, the accent is on a universal preventative approach which will make it less likely that students will need to seek counselling and specialist support (cf. Clegg, Bradley and Smith, 2006): This dual approach is the mainstay of heath promoting universities, underlining universal intervention while making provision for specialist support for those in difficulty (Christie et al, 2008).

4.5.2.1 A Student Health and Wellness Centre

Students spoke on the need for more education, guidance and support on dieting, exercise, substance use, sexual health, stress management, relationships, social skills, and equal opportunities amongst others. The opening of a *Student Health and Wellness Centre*, preferably within the precincts of Student House, would include various health promotion services, integrating the existing and new support services into a more efficient and effective service for students. The centre would be run by a team of professionals and trained students, thus encouraging students to take more direct responsibility for their health and wellbeing. Giving the students more voice in the design and delivery of the service would also make the service more student friendly and meaningful for the student as consumers and clients. Such a centre would include a

- A health promotion office organising regular campaigns encouraging students to take more responsibility for their health and well being and make health choices. This office may provide
  - Seminars, courses, and student friendly publications on health and wellbeing; an accredited compulsory study unit in health and wellbeing for all first year students (a suggestion made by the students themselves); as well as optional study units on specific health topics, such as substance abuse prevention and First Aid.
  - Individual and group advice and counselling on behaviour and behaviour change, including nutrition, exercise and weight control, smoking and substance abuse, stress management and sexual health; particular attention would be given to assist students' mobilise their psychological resources, such as self efficacy and sense of control, in taking more control and responsibility of their health. Professional support and referral to more specialist services would be provided to those undergoing difficulty in any of these areas.
  - Peer education programmes offered conjointly with the KSU, possibly accredited, providing guidance and support on a group and one to one basis on the promotion of physical,

emotional, social, and sexual health as well as academic guidance and support. Mentors themselves may be accredited for the work they do. Such programmes have been found to be more highly meaningful and relevant for the students (Muldoon, 2008). The *Healthy Devil Peer Education Program* at Duke University in the USA is a well developed initiative seeking to promote a positive campus community which facilitates the adoption of a health lifestyle. Programmes include ***DELISH*** *(Duke Educational Leaders in Sexual Health),* ***ESTEEM*** *(Educating Students to Eliminate Eating Misconceptions);* ***MINDS*** *(Mental Issues and Needs of Duke Students) and* ***STAR*** *(Students for Tobacco and Alcohol Reform).*

- The centre may include a pharmacy as well as the services of general practitioners and full time nurses who will encourage students to undertake health examinations on a regular basis, while diagnosing potential health problems (cf. KSU, 2006). First Aid points in each building (op.cit.) and training of respective staff may come under the responsibility of this service
- The counselling services, the students' advisory service, the students' charter committee, the disability support unit, and the sexual harassment advisors may also form part of the centre.
  - The students suggested a more accessible and resourced counselling service, broadening its provision to include the services of other mental health professionals, such as psychologists and psychiatrists, thus developing into a mental health service. Students would appreciate more information on prevention and treatment of depression, anxiety, eating disorders, suicidal ideation, and other psychological difficulties. For instance, very few students with conditions like depression, anxiety or substance abuse sought professional intervention.
  - The sexual harassment advisory service may be widened to include other forms of harassment and bullying

        - The disability support unit may be developed to include other forms of potential discrimination, such as gender, age, language, social class, sexual orientation and race amongst others
    - Training of academic and non academic staff on how they can provide support to students in difficulty, including listening skills, basic counselling skills, stress management skills, and more awareness of mental health issues amongst others.

The KSU has a well developed, accessible health policy on its website, yet very few students referred to it in their recommendations, indicating that not many may have taken the time to have a good look at it. Besides making it more visually attractive with colourful illustrations and figures and updating it regularly, the KSU may ensure that all students become more aware of such policies through the organisation of seminars (eg. World Health Day) and giving students a hard copy of the policy at the beginning of the academic year. This might help students to take the policy more seriously and incorporate some of the health suggestions into their daily life.

It may be argued that the university is an academic body and thus cannot be expected to replicate health and support services which are already available in the community. The experience of other universities however, shows that students are more likely to make use of on-site health support services than traditional clinic or hospital based services (Department of Health, Department for Children, School and Families, 2009). For instance around three-quarters of further education colleges in the UK have developed on-site health advice services, providing their students with quick and easy access to advice and support on sexual health. Having the general hospital practically on campus, should make the organisation and operationalisation of such a service more possible and more accessible.

The Healthy Devil Peer Education program

Healthy Devils are peer educators at Duke University who focus on promoting a positive campus community that reflects the attitudes, behaviors, and values of a healthy lifestyle.

Healthy Devils are student outreach presenters and advocates who are selected, trained, and given ongoing supervision in a specific health topic area. Training includes skills based training (e.g. listening skills, referral skills and life balance) and additional specific topic training. Healthy Devils take part in creating, planning and implementing health awareness weeks/months and programs throughout the Duke community.

Healthy Devils are dynamic individuals who are ready to make a significant contribution to this campus. As a Healthy Devil peer educator, you believe in your ability to stimulate personal growth in yourself and others, and you recognize this talent as vital for a healthier student community. You understand that your contribution to this program will positively affect yourself and the peers you reach.

Healthy Devil peer education groups

DELISH Duke Educational Leaders in Sexual Health
ESTEEM: Educating Students to Eliminate Eating Misconceptions
MINDS: Mental Issues and Needs of Duke Students
STAR: Students for Tobacco and Alcohol Reform

The Healthy Devil Peer Education Program at Duke University, USA. The KSU may make organise similar peer mentoring and coaching schemes to support students' physical, mental and sexual health

ANXIETY How you can help yourself

Assess what causes you anxiety in your life and see if you can change this. Think about all the things which make you feel stressed, then see if there are any practical solutions you can adopt to reduce your anxiety. These could include prioritising your time, making a realistic plan of action; finding out information or getting feedback if you feel confused or unsure about something; trying to live a "balanced" life, spending time on different aspects of your life, eating well, sleeping, exercise, socialising as well as working.

Confronting stressful situations rather than avoiding them often helps to reduce anxiety. Often the experience turns out to be not as bad as we imagined, and we can feel pleased that we chose to face the reality of the situation.

Question negative thoughts which make you feel more anxious. The way we think about a stressful situation often makes it seem worse, as our emotional state can distort our thoughts. Try to stand back and evaluate things more realistically and calmly, to put your situation into perspective.

* Don't judge yourself too harshly: try to focus on your strengths and success as much as your failures and weaknesses; accept that no one is perfect, and don't expect too much of yourself.

* Don't "catastrophise": try not to see things in all-or-nothing terms, or assume failing in a situation would be the end of the world.

* Try not to worry excessively about the future: trying to predict what is going to happen in the future, when we have no means of knowing, can make us feel very anxious; concentrate on dealing with present realities.

* Try not to compare yourself to others: it's easy to assume everyone else is doing fine except you; actually, you don't really know how others are feeling or coping.

Reassure yourself and learn to relax. Some people find that it helps, when they are in a stressful situation or having frightening thoughts, to reassure themselves with positive thoughts or distract themselves. You might try reminding yourself that you will be all right, or tell yourself to stay calm and you will feel better soon. You can try to focus your attention on something outside yourself, listening to a conversation or watching TV. This is not the same as avoiding situations, but helps you to stay in the stressful situation and learn to cope with it.

Relaxation and breathing exercises can also help. (See separate information on relaxation). It may help to join a relaxation class.

An online page from the University of Oxford, UK website. The Counselling Services, the KSU and other services may make use of their websites to provide student friendly, accessible information on the promotion of mental health amongst university students

4.5.2.2 A healthier campus

Various recommendations have been made on how the main campus itself will become an oasis of health a stone throw's away from some of the busiest traffic arteries on the island. Improved public transport, pooling schemes and bicycle stands (cf KSU, 2009) will decrease the need for using private transport, thus not only

decreasing the daily hassles of driving during rush hour in a very busy area, but helping to reduce noise and pollution on campus. A greener environment is another common suggestion by the students (cf op.cit.), and it looks students are appreciating the opening of a number of open study areas, as they expressed their wish for more of these spaces. More study spaces, including indoor ones, would lessen the pressure on the library and provide students with more study space. Other suggestions by the students for a healthier campus include:

- Healthier food in the canteen and in the vending machines, opening of alternative restaurants or snack bars; free drinking water. Some universities are introducing schemes to encourage students to buy healthier food, such as a loyalty pilot project at the University of York, UK, whereby students can collect tokens when buying healthy food which are then exchanged for rewards within the university.
- Alcohol free and smoke free campus, banning any form of promotion of substance
- More sports facilities and more access to the existing sports complex, particularly the gymnasium; organised competitive and recreational sports and physical activities, and free time from lectures to engage in sports. Sports may also be offered as part of the course of studies, such as an optional study unit, or combined with the health promotion study unit suggested above. A sports coordinator to organise and coordinate such activities may be employed at the Students' Health and Wellness Centre.
- Condom vending machines
- More parking facilities
- More spacious and comfortable lecture halls
- Cleaner environment, lecture halls and toilets; in another study carried out by the KSU (2009) students, student strongly encourage more availability and accessibility of bins, including lecture halls, more awareness and encouragement of waste separation, and more eco friendly technology and use of technology on campus.

The Devil's Advocate: For Smarter Dining Choices on Campus

Introduction

Do you have trouble choosing good, healthy food to eat on campus? The dining options at Duke are vast and appealing, but not all are healthy. The following booklet contains suggestions to help you choose balanced, healthy choices at each and every Duke campus eatery. All foods fit into a healthy diet, as long as they are balanced and eaten in moderation. Use this booklet only as it is meant to be, a guide. Several of the well-balanced, nutritious options for each location are noted, but they are not the only options in a healthy diet. Use the tips and suggestions to develop your own style of healthy dining.

Coffee Guide

Numerous food vendors on campus offer an extensive coffee beverage menu; the following are general tips for not going overboard when you need a quick pick-me-up.

Tips

– Best options: Brewed Coffee, Espresso, Café Americano and Café Latte.
– Avoid higher calorie options: blended coffee drinks, drinks with whipped cream.
– Ask for low-fat or skim milk instead of whole milk in beverages.
– Consider ordering a small/tall drink.
– The flavored syrups used in coffee shops, like vanilla or hazelnut, are sugar-sweetened and add 20 calories per pump to a drink (there are 3-5 pumps per drink). Sugar-free flavor options, sweetened with artificial sweeteners, may be available, which are 0 calories.
– Whipped cream adds 70 calories and over 7 grams of fat to your drink. You can ask for "No Whip

The Healthy Devil Healthy Eating booklet at Duke University, USA. Students strongly recommended the introduction of healthier food at the canteen

4.5.2.3 Meaningful, flexible and student friendly academic plan

One of the consistent messages from the students is for the restructuring of course programmes to make them more meaningful and engaging and less stressful. It appears they find the modular system still stressful and overwhelming despite the considerable modifications made in recent years to reduce the assessment overkill. Students would like less assessment, less tests, less overloaded curricula, less deadlines, less packed timetables, and more engaging and stimulating lectures and seminars, more participation in decisions, more time, guidance and understanding by academic staff, more help and support by the non academic staff, and more free time for social activities and study time. Some faculties appear to have more stressful and anxious students than others, such as civil sciences and to a lesser extent sciences; this may be also related to the fear of failure in examinations with the potential termination of studies. This may warrant a review of the present curriculum review and assessment load. Other recommendations include:

- Better study units balance over the two semesters.
- More active involvement of students in decisions affecting their studies, including course design and delivery; course evaluation feedback and representative on student and university bodies is only one form of participation.
- Continuous training of staff in ICT, course delivery and assessment, and provision of multimedia resources.
- More coordination between departments and faculties, and between faculties and administration to cut bureaucracy and potential hassle for students.
- A peer mentoring scheme for first year of the course to facilitate orientation and the 'adoption' of a student by a member of staff in the respective department.
- In view of the high level of stress reported in the final years of the course, probably due to final exams, dissertations/projects, consideration may be given to how the final year may be less demanding and overwhelming for the students.

- More formative assessment modes to reduce the current pressure of examinations, particularly in certain faculties; having to do resits increase the number and pressure of exams; students may be provided with more guidance and support in preparation for the resits.
- More flexible timetable and courses, including the introduction of more study units by distance learning, such as for students who may have dependent young children, and the introduction of social spaces where specific time is allocated in the timetable for peer learning, particularly between lectures.
- Making use of various forms of assessment to cater for the learning needs of older students, such as those in middle and late adulthood.
- More attention to the needs of international students and students who are in employment.
- A clearer policy on the use of the Maltese language in course delivery and assessment.
- extending the present policy on sexual harassment to include emotional and physical abuse and bullying, with a person providing the respective guidance and support at the Student Health and Wellness Centre.
- Introducing study skills and stress management in each course programme in the first year of the course.

No policy exists yet on bullying and other forms of harassment and abuse besides sexual harassment

4.6 Conclusion

The recommendations made above and in the previous sections need to be considered in the light of the nature of this study. This is not an evaluation of the university as an academic body or a health promoting institution. It is a study of students' views on various aspects of their health, lifestyle and academic life. Lecturers, non academic staff, and administration were not involved in the study. Secondly, though we had a representative sample of five hundred students, this meant that the number of participants from the smaller cluster of faculties such as civil sciences, was rather low, and came mostly from one particular faculty. It is necessary therefore not to interpret the data as providing conclusive evidence on students' health and wellbeing. The data collection occurred during the last phase of the second semester, and this might have been quite close to end of year examinations for many of the students. This might have possibly led students to report more feelings of stress and anxiety than those usually experienced by university students. Finally, though we have examined various aspects of student' health and lifestyle, the questionnaire was not exhaustive of university life, particularly with regards to issues related to students' learning experiences. Rather than a set of prescriptive recommendations to be put into effect without hesitation, we see the findings and recommendations of this study as providing scope for discussion on the various facets of student health in its broadest sense, and consequent action to turn the university into a more student friendly, health promoting community. Our recommendation for the setting up of an integrated Student Health and Wellbeing Centre for instance, may start with a discussion amongst all the partners concerned on the feasibility and practicality of the idea, and the various ways such a centre operate.

We see this as a first general study on university students' health. In view of the increasing number of international students at our university in the past years, and the indications from the international literature that this group of students is particularly

vulnerable to stress and mental health problems, we will be shortly undertaking another study on the wellbeing of this group of students. The present study had only an insignificant number of such students which made it impossible to analyse the data by students' nationality. Other areas for further research include the health and wellbeing of working students, as well as students attending part time or part time evening courses. The health and wellbeing of the academic staff is another important area for investigation; this has a direct bearing on students' own welfare as well. We also recommend the holding of an annual survey of student experiences by the KSU similar to the one carried out annually by the NUS amongst students attending British universities, but adapted more to our needs and realities.

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Appendix 1

Physical Health and Lifestyle

Students' perception of their health by gender

Gender	How healthy do you think you are?		
	Very healthy	Quite healthy	Unhealthy
Male	36	102	16
Female	33	270	32

$\chi^2 = 16.9,\ v = 2,\ p < 0.0005$

Frequency of psychosomatic symptoms

Psychosomatic Symptoms	How often do you have these symptoms		
	At least every week	About every month	Rarely/Never
Headache	239	119	128
Stomach-ache	78	120	284
Back-ache	139	126	219
Neck and shoulder pain	146	99	241
Feeling low and down	221	131	131
Feeling nervous	303	108	71
Tired and exhausted	377	63	47
Sleep problems	130	48	308
Feeling dizzy	123	69	293

$\chi^2 = 876.6,\ v = 16,\ p < 0.0005$

Frequency of medication taken for symptoms

Psychosomatic Symptoms	How often have you taken medicine or tablets?		
	No	Occasionally	Frequently
Headache	228	163	99
Stomach-ache	421	49	16
Sleeping Difficulties	458	16	7
Nervousness	449	20	14

$\chi^2 = 484.6,\ v = 6,\ p < 0.0005$

Frequency of illnesses by gender

Illnesses	Gender	
	Male	Female
Allergy problems	25	68
Anxiety disorder	17	64
Asthma	6	25
Chronic fatigue syndrome	5	14
Depression	20	28
Diabetes	1	0
Sexually transmitted diseases	3	4
Substance abuse problem	5	5
Back pain	46	156
Broken bone/fracture	7	5
Bronchitis/ear or sinus infection	23	81
Endometriosis	0	6

$\chi^2 = 25.49,\ v = 11,\ p = 0.008$

Frequency of illnesses by course year

Illnesses	Course Year		
	1st year	2nd year	3rd-5th year
Allergy problems	23	55	15
Anxiety disorder	22	42	17
Asthma	9	17	5
Chronic fatigue syndrome	6	4	9
Depression	19	24	5
Diabetes	0	1	0
Sexually transmitted diseases	2	4	1
Substance abuse problem	2	8	0
Back pain	68	109	25
Broken bone/fracture	5	6	1
Bronchitis/ear or sinus infection	38	50	16
Endometriosis	2	3	1

$\chi^2 = 30.19,\ v = 22,\ p = 0.114$

Days missed at University by gender

Gender	Days missed from University because of physical complaints			
	None	1-5 days	6-10 days	More than a month
Male	96	46	7	4
Female	166	135	25	11

$\chi^2 = 7.87,\ v = 3,\ p = 0.049$

Days missed at University by faculty

Faculty	Days missed from University due to physical complaints			
	None	1-5 days	6-10 days	More than a month
Sciences	52	37	9	2
Social Sciences	133	89	11	12
Humanities	46	37	11	0
Civil Sciences	31	18	1	1

$\chi^2 = 15.28,\ v = 9,\ p = 0.084$

Days missed at University by course year

Course Year	Days missed from University due to physical complaints			
	None	1-5 days	6-10 days	More than a month
1st year	74	65	7	6
2nd year	159	98	15	8
3rd-5th year	29	18	10	1

$\chi^2 = 15.99,\ v = 6,\ p = 0.014$

Students perceived weight by gender

Gender	How would you describe your weight?			
	Underweight	About the right weight	Slightly overweight	Obese
Male	24	91	31	7
Female	30	223	77	9

$\chi^2 = 6.63,\ v = 3,\ p = 0.085$

Students perceived weight by relationship status

Relationship Status	How would you describe your weight?			
	Underweight	About the right weight	Slightly overweight	Obese
Long term relation	11	66	29	6
Dating	18	109	27	1
Single	25	139	52	9

$\chi^2 = 9.32,\ v = 6,\ p = 0.156$

Factors influencing students' performance by gender

Difficulty	Gender	
	Male	Female
Alcohol use	15	5
Allergies	8	32
Chronic illness and chronic pain	4	15
Colds/flu/sinus infections	15	74
Concern over friends or family	33	91
Depression/anxiety	23	57
Drug use	3	1
Eating disorder	5	11
Injury	4	3
Harassment	4	4
Relationship difficulties	25	82
Sexually transmitted diseases	1	3
Sleep difficulties	17	58
Stress	52	185

$\chi^2 = 44.79,\ v = 13,\ p < 0.0005$

Students on diet by gender

Gender	Are you on diet to gain/lose weight?		
	No, because my weight is fine	No, but I do need to lose/gain weight	Yes
Male	78	52	23
Female	133	112	92

$\chi^2 = 10.01,\ v = 2,\ p = 0.007$

Students on diet by relationship status

Relationship Status	Are you on diet to gain/lose weight?		
	No, because my weight is fine	No, but I do need to lose/gain weight	Yes
Long term relation	36	46	29
Dating	73	43	39
Single	102	75	47

$\chi^2 = 8.58,\ v = 4,\ p = 0.073$

Weight reduction methods by gender

Gender	Weight reducing methods				
	Exercise	Diet	Vomit or laxatives	Diet pills	Smoke more
Male	69	29	2	2	3
Female	181	136	8	9	11

$\chi^2 = 5.86,\ v = 4,\ p = 0.210$

Daily fruit and vegetable serving by gender

Gender	Mean	Std. Deviation	95% Confidence Interval for Mean	
			Lower Bound	Upper Bound
Male	1.718	1.344	1.499	1.937
Female	2.140	1.571	1.968	2.311

$F = 7.969,\ v_1 = 1, v_2 = 471,\ p = 0.005$

Healthy regular breakfast by gender

Gender	Do you have a healthy regular breakfast?				
	Everyday	Almost every day	3-4 times a week	Once a week	Irregular / Rarely
Male	30	27	13	16	67
Female	90	68	32	25	122

$\chi^2 = 5.36,\ v = 4,\ p = 0.252$

Students on diet by their perceived weight

Are you on diet to gain/lose weight?	How would you describe your weight?			
	Underweight	About the right weight	Slightly overweight	Obese
No, my weight is fine	31	174	5	1
No, I need to lose weight	18	80	58	8
Yes, I am on diet	5	59	44	7

$\chi^2 = 101.05,\ v = 6,\ p < 0.0005$

Most typical snacks students have on campus by gender

Snacks	Gender	
	Male	Female
White bread / rolls / ftira / sandwiches	112	218
Brown bread sandwiches	21	65
Pastries	42	54
Cheesecakes	29	44
Sweets / chocolate	58	139
Fruit	29	101
Salad	8	47
Crisps	26	82

$\chi^2 = 27.25,\ v = 7,\ p < 0.0005$

Most typical drinks students have on campus by gender

Drinks	Gender	
	Male	Female
Coffee / tea	34	93
Water	127	288
Juice	25	75
Alcohol	7	3
Soft drinks	59	94

$\chi^2 = 13.87,\ v = 4,\ p = 0.008$

Regular physical exercise by gender

Gender	How often do you participate in vigorous exercise?				
	Always	Most of the time	Usually	Occasionally	Rarely
Male	15	42	44	34	18
Female	23	108	98	68	42

$\chi^2 = 2.19,\ v = 4,\ p = 0.701$

Cigarette smoking by gender

Gender	How often do you smoke tobacco?				
	Everyday	Almost every day	More than once a week	Less than once a week	I do not smoke
Male	16	4	7	8	116
Female	33	7	16	14	269

$\chi^2 = 0.641,\ v = 4,\ p = 0.958$

Cigarette smoking by faculty

Faculty	How often do you smoke tobacco?				
	Everyday	Almost every day	More than once a week	Less than once a week	I do not smoke
Sciences	4	3	4	9	80
Social Sciences	28	5	7	10	195
Humanities	12	2	11	2	68
Civil Sciences	5	1	1	1	42

$\chi^2 = 24.66,\ v = 12,\ p = 0.017$

Number of cigarettes smoked by gender

Gender	Mean	Std. Deviation	95% Confidence Interval for Mean	
			Lower Bound	Upper Bound
Male	38.66	46.966	22.52	54.79
Female	33.78	40.202	24.12	43.43

$F = 0.305,\ v_1 = 1, v_2 = 102,\ p = 0.582$

Number of cigarettes smoked by faculty

Faculty	Mean	Std. Deviation	95% Confidence Interval for Mean	
			Lower Bound	Upper Bound
Sciences	17.85	33.067	2.37	33.33
Social Sciences	43.35	46.818	30.19	56.52
Humanities	30.38	33.365	16.61	44.15
Civil Sciences	44.50	50.262	2.48	86.52

$F = 2.037,\ v_1 = 3, v_2 = 100,\ p = 0.114$

Number of cigarettes smoked by relationship status

Relationship Status	Mean	Std. Deviation	95% Confidence Interval for Mean	
			Lower Bound	Upper Bound
Long relationship	34.04	38.243	18.59	49.49
Dating	32.17	33.380	22.02	42.32
Single	40.68	54.916	21.52	59.84

$F = 0.399,\ v_1 = 2, v_2 = 101,\ p = 0.672$

Number of cigarettes smoked by course year

Course Year	Mean	Std. Deviation	95% Confidence Interval for Mean	
			Lower Bound	Upper Bound
1st year	33.20	45.847	16.94	49.45
2nd year	38.71	43.976	27.14	50.27
3rd-5th year	26.38	22.559	12.75	40.02

$F = 0.509,\ v_1 = 2, v_2 = 101,\ p = 0.603$

Smoking intentions by gender

Gender	What are your smoking intentions?		
	Continue smoking	Stop smoking in the next 12 months	Stop smoking at some point in the future
Male	8	9	17
Female	13	16	38

$\chi^2 = 0.433,\ v = 2,\ p = 0.805$

Smoking intentions by faculty

Faculty	What are your smoking intentions?		
	Continue smoking	Stop smoking in the next 12 months	Stop smoking at some point in the future
Sciences	4	4	12
Social Sciences	8	12	27
Humanities	6	8	12
Civil Sciences	3	1	4

$\chi^2 = 3.08,\ v = 6,\ p = 0.799$

Smoking intentions by course year

Course Year	What are your smoking intentions?		
	Continue smoking	Stop smoking in the next 12 months	Stop smoking at some point in the future
1st year	8	7	17
2nd year	13	15	29
3rd-5th year	0	3	9

$\chi^2 = 4.12,\ v = 4,\ p = 0.390$

Strategies that help quit smoking by gender

Strategies	Gender	
	Male	Female
Support from family / friends	5	9
More will power	13	29
Less stress	13	39
Different friends	2	3
To know my own health is being damaged	2	11
Cigarettes to be more expensive	1	6
Advice from a doctor or nurse	3	7
A special stop smoking scheme or group	1	5
I do not need help	12	16

$\chi^2 = 5.99,\ v = 8,\ p = 0.648$

Strategies that help quit smoking by course year

Strategies	Course Year		
	1st year	2nd year	3rd-5th year
Support from family / friends	5	7	2
More will power	13	22	7
Less stress	18	29	5
Different friends	2	3	0
Knowing my health is being damaged	5	8	0
Cigarettes to be more expensive	3	2	2
Advice from a doctor or nurse	1	9	0
A stop smoking scheme or group	0	5	1
I do not need help	12	13	3

$\chi^2 = 15.94,\ v = 16,\ p = 0.457$

Strategies that help quit smoking by relationship status

Strategies	Relationship Status		
	Long term relationship	Dating	Single
Support from family / friends	4	8	2
More will power	11	19	12
Less stress	14	25	13
Different friends	3	1	1
Knowing my health is being damaged	2	7	4
Cigarettes to be more expensive	1	4	2
Advice from a doctor or nurse	0	7	3
A stop smoking scheme or group	3	2	1
I do not need help	4	11	13

$\chi^2 = 16.91,\ v = 16,\ p = 0.391$

Alcohol consumption by gender

Gender	How often do you drink alcohol?				
	Never	Occasionally	Weekends only	Weekends and weekdays	Daily
Male	14	42	70	19	6
Female	35	121	149	27	3

$\chi^2 = 9.94,\ v = 4,\ p = 0.041$

Alcohol consumption by course year

Course Year	How often do you drink alcohol?		
	Occasionally	Weekend only	Almost daily
1st year	67	67	16
2nd year	131	121	27
3rd-5th year	14	31	12

$\chi^2 = 12.27,\ v = 4,\ p = 0.015$

Alcohol consumption by relationship status

Relationship status	How often do you drink alcohol?		
	Occasionally	Weekend only	Almost Daily
Long term relationship	69	26	17
Dating	54	83	17
Single	89	110	21

$\chi^2 = 29.21,\ v = 4,\ p < 0.0005$

Frequency of alcohol drinking

In the last month how many alcohol drinks did have when you socialized?	How often do you drink alcohol?		
	Occasionally	Weekend only	Almost daily
None	19	3	1
1-2	79	38	4
3-5	38	71	17
6 or more	27	107	33

$\chi^2 = 98.45,\ v = 6,\ p < 0.0005$

Frequency of alcohol drinking by gender

Gender	In the last month how many alcohol drinks did have when you socialized?			
	None	1-2	3-5	6 or more
Male	7	36	34	62
Female	16	87	93	106

$\chi^2 = 3.89,\ v = 3,\ p = 0.274$

Frequency of alcohol drinking by relationship status

Relationship status	In the last month how many alcohol drinks did have when you socialized?			
	None	1-2	3-5	6 or more
Long term relationship	8	26	38	30
Dating	2	38	32	71
Single	13	59	57	67

$\chi^2 = 19.15,\ v = 6,\ p = 0.004$

Frequency of heavy drinking by gender

Gender	In the last month how often did you have at least five drinks?				
	Never	1-3 times	Once per week	Twice per week	More than twice weekly
Male	48	40	25	17	8
Female	147	76	49	20	7

$\chi^2 = 11.82,\ v = 4,\ p = 0.019$

Frequency of heavy drinking by relationship status

Relationship status	In the last month how often did you have at least five drinks?				
	Never	1-3 times	Once weekly	Twice weekly	More than twice weekly
Long term relationship	47	36	10	4	2
Dating	53	43	30	13	4
Single	95	37	34	20	9

$\chi^2 = 19.99,\ v = 8,\ p = 0.010$

Frequency of binge drinking by gender

Gender	Do you ever engage in binge drinking?				
	Never	Once	More than once	Sometimes	Frequently
Male	97	14	5	11	11
Female	267	17	2	7	5

$\chi^2 = 29.35,\ v = 4,\ p < 0.0005$

Frequency of binge drinking by relationship status

Relationship status	Do you ever engage in binge drinking?		
	Rarely	Occasionally	Frequently
Long term relationship	63	30	8
Dating	80	40	21
Single	118	42	29

$\chi^2 = 5.40,\ v = 4,\ p = 0.249$

Frequency of driving under the influence of alcohol by gender

Gender	Do you drive after having at least five drinks?				
	Never	Once	More than once	Sometimes	Frequently
Male	97	14	5	11	11
Female	267	17	2	7	5

$\chi^2 = 29.35,\ v = 4,\ p < 0.0005$

Frequency of driving under the influence of alcohol by course year

Course Year	Do you drive after having at least five drinks?				
	Never	Once	More than once	Sometimes	Frequently
1st year	121	11	1	1	1
2nd year	201	16	5	12	13
3rd-5th year	42	4	1	5	2

$\chi^2 = 14.60,\ v = 8,\ p = 0.067$

Difficulties from alcohol consumption by gender

Difficulties encountered as a result of alcohol consumption	Gender	
	Male	Female
Physically injured yourself or another person	9	15
Dangerous driving / car accident	4	4
Used illegal drugs	3	5
Had unprotected sex	11	20
Had problems with your academic studies	17	26

$\chi^2 = 0.598,\ v = 4,\ p = 0.963$

Difficulties from alcohol consumption by relationship status

Difficulties encountered as a result of alcohol consumption	Relationship Status		
	Long term relationship	Dating	Single
Physically injured yourself or someone	2	8	14
Dangerous driving / car accident	2	1	5
Used illegal drugs	2	4	2
Had unprotected sex	8	14	9
Had problems with academic studies	4	19	20

$\chi^2 = 11.22,\ v = 8,\ p = 0.189$

Strategies to reduce drug use by gender

Strategies	Gender	
	Male	Female
Rehabilitation programme	3	1
Counselling / psychological services	2	3
Support from family / friends	5	2
Less stress	14	18
Stress management programme	2	5
Less availability in places of entertainment	7	5
Different friends	3	7
To know the risks involved in substance abuse	10	5

$\chi^2 = 7.87,\ v = 7,\ p = 0.344$

Strategies to reduce drug use by course year

Strategies	Course Year		
	1st year	2nd year	3rd-5th year
Rehabilitation programme	1	3	0
Counselling / psychological services	1	4	0
Support from family / friends	2	5	0
Less stress	7	16	9
Stress management programme	3	3	1
Less availability in places of entertainment	4	4	4
Different friends	4	5	1
Know the risks involved in substance abuse	7	7	1

$\chi^2 = 13.58,\ v = 14,\ p = 0.481$

Frequency of substance abuse by type of substance

Substance	Frequency of substance abuse		
	In the last month	In the last year	More than a year ago
Cannabis	47	20	31
Inhalants	13	8	20
Ecstasy	10	4	15
Anabolic steroids	10	1	3
Magic mushrooms	10	2	5
Heroin	2	0	2
Amphetamines	12	3	3
Ketamine	10	0	2
LSD	11	4	7
Cocaine	22	8	9
GHB	5	0	0
Tranquillisers/sleeping pills	17	7	9
Ritalin	5	0	0

$\chi^2 = 36.20,\ v = 24,\ p = 0.052$

Substance abuse by gender

Substance	Gender	
	Male	Female
Cannabis	117	90
Inhalants	46	30
Ecstasy	34	28
Anabolic steroids	16	11
Magic mushrooms	21	11
Heroin	6	2
Amphetamines	21	15
Ketamine	16	3
LSD	26	15
Cocaine	41	37
GHB	6	2
Tranquillisers/sleeping pills	26	36
Ritalin	6	3

$\chi^2 = 16.82,\ v = 12,\ p = 0.156$

Frequency of substance use by context

When you are most likely to	Alone	With family	With friends
Smoke cigarettes	22	3	92
Drink alcohol	6	27	336
Take drugs	6	0	44

$\chi^2 = 52.33,\ v = 4,\ p < 0.0005$

Age when habit commenced

How old were you when you started	Mean Age	Std. Deviation	95% Confidence Interval for Mean	
			Lower Bound	Upper Bound
Smoking	16.015	3.797	15.371	16.659
Drinking alcohol	15.382	1.879	15.192	15.571
Taking drugs	17.215	1.790	16.772	17.659

$F = 16.61,\ v_1 = 2, v_2 = 578,\ p < 0.0005$

Number of sexual partners by gender

Gender	How many sexual partners did you have this year?			
	No partner	1 partner	2 partners	At least 3 partners
Male	64	46	12	10
Female	125	145	15	5

$\chi^2 = 16.10,\ v = 3,\ p = 0.001$

Number of sexual partners by course year

Course Year	How many sexual partners did you have this year?			
	No partner	1 partner	2 partners	At least 3 partners
1st year	65	50	11	3
2nd year	101	115	14	11
3rd-5th year	23	26	2	1

$\chi^2 = 6.34,\ v = 6,\ p = 0.386$

Number of sexual partners by relationship status

Relationship Status	How many sexual partners did you have this year?			
	No partner	1 partner	2 partners	At least 3 partners
Long term relationship	17	83	2	3
Dating	45	75	14	4
Single	127	33	11	8

$\chi^2 = 115.65,\ v = 6,\ p < 0.0005$

Frequency of condom use by gender

Gender	If you are sexually active, did you or your partner use a condom during sexual activity?				
	Never	Rarely	Sometimes	Mostly always	Always
Male	20	6	9	10	21
Female	54	6	15	29	58

$\chi^2 = 3.99,\ v = 4,\ p = 0.407$

Frequency of condom use by course year

Course Year	If you are sexually active, did you or your partner use a condom during sexual activity?				
	Never	Rarely	Sometimes	Often	Always
1st year	21	5	9	12	21
2nd year	46	6	11	22	46
3rd-5th year	7	1	4	5	12

$\chi^2 = 3.84,\ v = 8,\ p = 0.872$

Frequency of other forms of contraceptive use by gender

Gender	If you are sexually active, did you or your partner use other form of contraceptive besides condoms?				
	Never	Rarely	Sometimes	Often	Always
Male	52	1	3	2	7
Female	115	4	2	5	32

$\chi^2 = 5.20,\ v = 4,\ p = 0.268$

Frequency of other forms of contraceptive use by relationship status

Relationship Status	If you are sexually active, did you or your partner use other form of contraceptive besides condoms?		
	Never/Rarely	Sometimes	Almost always
Long term relationship	59	0	22
Dating	75	3	16
Single	38	2	8

$\chi^2 = 5.93,\ v = 4,\ p = 0.205$

Frequency of other forms of contraceptive use by course year

Course year	If you are sexually active, did you or your partner use other form of contraceptive besides condoms?		
	Never/Rarely	Sometimes	Almost always
1st year	53	2	12
2nd year	96	3	28
3rd-5th year	23	0	6

$\chi^2 = 1.28,\ v = 4,\ p = 0.865$

Factors which would improve students' health by gender

Factors to improve health	Gender	
	Male	Female
A change in weight	64	188
A change in diet	70	219
Less alcohol	37	71
More exercise	109	309
Change in place of entertainment	37	78
Change of friends	10	27
Less pollution	107	252
Less time in smoky places	99	217
Regular checks with general practitioner	45	149
Better information on how to stay healthy	43	152

$\chi^2 = 14.26,\ v = 9,\ p = 0.113$

Information received at University on health issues by gender

Health related information	Gender	
	Male	Female
Tobacco use prevention	16	46
Alcohol and other drug use prevention	22	58
Physical/sexual violence prevention	22	29
Dealing with harassment	14	29
Injury prevention and safety	6	19
Suicide prevention	5	7
Pregnancy prevention	11	30
AIDS/HIV/Sexually transmitted disease prevention	33	64
Diet and nutrition	22	45
Physical activity and fitness	17	46
Stress management and prevention	19	35
Dealing with depression/anxiety	8	18
Conflict management	11	25
Developing and maintaining healthy relationships	11	18

$\chi^2 = 8.22,\ v = 13,\ p = 0.829$

Information received at University on health issues by relation status

Health related information	Status		
	Long term relationship	Dating	Single
Tobacco use prevention	19	20	20
Alcohol and other drug use prevention	25	23	29
Physical/sexual violence prevention	15	13	20
Dealing with harassment	9	15	18
Injury prevention and safety	10	5	7
Suicide prevention	5	4	2
Pregnancy prevention	8	21	11
Sexual transmitted disease prevention	24	34	36
Diet and nutrition	16	30	19
Physical activity and fitness	21	21	18
Stress management and prevention	14	20	18
Dealing with depression/anxiety	9	12	5
Conflict management	9	14	12
Maintaining healthy relationships	10	11	7

$\chi^2 = 23.66,\ v = 26,\ p = 0.595$

Emotional and Social Wellbeing

Perceived positive emotional well being by faculty

Faculty	Mean Score	Std. Deviation	95% Confidence Interval for Mean	
			Lower Bound	Upper Bound
Sciences	2.040	0.999	1.842	2.238
Social Sciences	2.061	0.904	1.947	2.175
Humanities	2.056	1.001	1.851	2.261
Civil Sciences	2.025	0.899	1.772	2.277

$F = 0.073,\ v_1 = 3, v_2 = 484,\ p = 0.994$

Perceived positive emotional well being by course year

Course Year	Mean	Std. Deviation	95% Confidence Interval for Mean	
			Lower Bound	Upper Bound
1st year	1.967	0.900	1.824	2.111
2nd year	2.096	0.927	1.987	2.206
3rd-5th year	2.061	1.097	1.770	2.353

$F = 0.931,\ v_1 = 2, v_2 = 485,\ p = 0.395$

Perceived positive emotional well being by relationship status

Relationship Status	Mean	Std. Deviation	95% Confidence Interval for Mean	
			Lower Bound	Upper Bound
Long term relationship	2.0833	.92891	1.9086	2.2581
Dating	2.1225	.94247	1.9720	2.2731
Single	1.9877	.94383	1.8634	2.1120

$F = 1.016,\ v_1 = 2, v_2 = 485,\ p = 0.363$

Perceived positive emotional well being by gender

Gender	Mean	Std. Deviation	95% Confidence Interval for Mean	
			Lower Bound	Upper Bound
Male	2.230	.9977	2.070	2.390
Female	1.971	.9028	1.874	2.068

$F = 7.04,\ v_1 = 1, v_2 = 486,\ p = 0.005$

Perceived negative emotional well-being by gender

Gender	Mean	Std. Deviation	95% Confidence Interval for Mean	
			Lower Bound	Upper Bound
Male	1.016	0.656	0.911	1.122
Female	1.173	0.565	1.112	1.234

$F = 7.235,\ v_1 = 1, v_2 = 483,\ p = 0.007$

Perceived negative emotional well-being by faculty

Faculty	Mean	Std. Deviation	95% Confidence Interval for Mean	
			Lower Bound	Upper Bound
Sciences	1.119	0.636	0.993	1.245
Social Sciences	1.128	0.585	1.054	1.202
Humanities	1.096	0.543	0.984	1.207
Civil Sciences	1.168	0.689	0.974	1.361

$F = 0.166,\ v_1 = 3, v_2 = 481,\ p = 0.919$

Perceived negative emotional well-being by course year

Course Year	Mean	Std. Deviation	95% Confidence Interval for Mean	
			Lower Bound	Upper Bound
1st year	1.117	0.581	1.024	1.210
2nd year	1.113	0.587	1.043	1.182
3rd-5th year	1.199	0.698	1.014	1.384

$F = 0.504,\ v_1 = 2, v_2 = 482,\ p = 0.604$

Perceived negative emotional well-being by relationship status

Relationship Status	Mean	Std. Deviation	95% Confidence Interval for Mean	
			Lower Bound	Upper Bound
Long term relationship	1.1652	.57460	1.0571	1.2732
Dating	1.0837	.50957	1.0015	1.1659
Single	1.1310	.66220	1.0438	1.2181

$F = 0.617,\ v_1 = 2, v_2 = 482,\ p = 0.540$

Number of close friends by gender

Gender	How many close friends do you have?			
	None	1 friend	2-3 friends	More than 3 friends
Male	5	6	53	87
Female	8	27	159	142

$\chi^2 = 11.67,\ v = 3,\ p = 0.009$

Number of close friends by relationship status

Relationship Status	How many close friends do you have?			
	None	1 friend	2-3 friends	More than 3 friends
Long term relationship	8	9	46	48
Dating	1	11	74	66
Single	4	13	92	115

$\chi^2 = 15.17,\ v = 6,\ p = 0.019$

Satisfaction with personal relationships by gender

Gender	How satisfied are you with your personal relationships?				
	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
Male	2	7	34	76	31
Female	10	6	56	159	102

$\chi^2 = 15.17,\ v = 6,\ p = 0.019$

Satisfaction with personal relationships by status

Relationship Status	How satisfied are you with your personal relationships?				
	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
Long relationship	2	0	9	54	46
Dating	2	2	23	71	54
Single	8	11	58	110	33

$\chi^2 = 49.36,\ v = 8,\ p < 0.0005$

Seeking social support from family and friends

	How easy is it to talk to the following person about things that really bother you?			
	Easy	Quite easy	Quite difficult	Very difficult
Parents	123	158	110	79
Siblings	110	117	111	80
Friends	189	214	60	17
Spouse/Partner	186	80	15	14

$\chi^2 = 239.7,\ v = 9,\ p < 0.0005$

Feeling lonely by gender

Gender	Do you ever feel lonely?			
	Very often	Rather often	Sometimes	Rarely
Male	7	18	59	67
Female	21	29	177	109

$\chi^2 = 9.723,\ v = 3,\ p = 0.021$

Feeling lonely by relationship status

Relationship Status	Do you ever feel lonely?			
	Very often	Rather often	Sometimes	Rarely
Long relationship	3	10	54	44
Dating	7	9	77	59
Single	18	28	105	73

$\chi^2 = 10.024,\ v = 6,\ p = 0.124$

Life at University

Motivational and engagement value of the course by gender

Gender	How motivating and engaging is your academic programme?			
	A lot	Quite	Not much	Not at all
Male	8	66	55	21
Female	31	150	129	24

$\chi^2 = 7.296,\ v = 3,\ p = 0.063$

Motivational and engagement value of the course by faculty

Faculty	How engaging is your academic programme?			
	A lot	Quite	Not much	Not at all
Sciences	9	43	42	6
Social Sciences	20	109	90	22
Humanities	10	44	33	5
Civil Sciences	0	20	19	12

$\chi^2 = 20.196,\ v = 9,\ p = 0.017$

Motivational and engagement value of the course by course year

Course Year	How engaging is your academic programme?			
	A lot	Quite	Not much	Not at all
1st year	20	68	53	10
2nd year	13	127	105	31
3rd-5th year	6	21	26	4

$\chi^2 = 20.196,\ v = 9,\ p = 0.017$

Perceived happiness as a university students by gender

Gender	How happy were you as a University student?				
	Very happy	Happy	Relatively happy	Not so happy	Unhappy
Male	10	46	50	30	14
Female	26	96	137	65	12

$\chi^2 = 8.267,\ v = 4,\ p = 0.082$

Perceived happiness as a university students by faculty

Faculty	How happy were you as a University student?				
	Very happy	Happy	Relatively happy	Not so happy	Unhappy
Sciences	8	25	38	25	4
Social Sciences	16	73	99	43	10
Humanities	11	34	32	11	6
Civil Sciences	1	10	18	16	6

$\chi^2 = 23.126,\ v = 12,\ p = 0.027$

Perceived happiness as a university students by course year

Course Year	How happy were you as a University student?				
	Very happy	Happy	Relatively happy	Not so happy	Unhappy
1st year	16	57	48	28	4
2nd year	14	72	118	54	18
3rd-5th year	6	13	21	13	4

$\chi^2 = 16.747,\ v = 8,\ p = 0.033$

Lessons missed because of lack of interest by gender

Gender	How often do you skip classes because of lack of interest?				
	Repeatedly	Often	Sometimes	Occasionally	Rarely
Male	5	15	36	39	55
Female	11	36	67	78	143

$\chi^2 = 2.073,\ v = 4,\ p = 0.722$

Lessons missed because of lack of interest by faculty

Faculty	How often do you skip classes due to lack of interest?				
	Repeatedly	Often	Sometimes	Occasionally	Rarely
Sciences	1	6	17	26	50
Social Sciences	7	29	58	50	97
Humanities	4	11	16	29	33
Civil Sciences	4	5	12	12	18

$\chi^2 = 16.754,\ v = 12,\ p = 0.159$

Lessons missed because of lack of interest by course year

Course Year	How often do you skip classes because of lack of interest?				
	Repeatedly	Often	Sometimes	Occasionally	Rarely
1st year	4	20	37	36	55
2nd year	12	28	56	63	117
3rd-5th year	0	3	10	18	26

$\chi^2 = 9.525,\ v = 8,\ p = 0.3$

Active involvement in lectures, seminars and tutorials by gender

Gender	What is your involvement during lectures and tutorials?				
	Very active	Active	Somewhat active	Somewhat passive	Passive
Male	11	33	46	42	18
Female	17	75	106	108	29

$\chi^2 = 2.751,\ v = 4,\ p = 0.6$

Active involvement in lectures, seminars and tutorials by faculty

Faculty	What is your involvement during lectures and tutorials?				
	Very active	Active	Somewhat active	Somewhat passive	Passive
Sciences	15	16	30	33	6
Social Sciences	8	63	77	73	20
Humanities	4	18	29	29	13
Civil Sciences	1	11	16	15	8

$\chi^2 = 16.747,\ v = 8,\ p = 0.033$

Active involvement in lectures, seminars and tutorials by course year

Course Year	What is your involvement during lectures and tutorials?				
	Very active	Active	Somewhat active	Somewhat passive	Passive
1st year	7	34	46	55	10
2nd year	11	62	89	81	33
3rd-5th year	10	12	17	14	4

$\chi^2 = 21.509,\ v = 8,\ p = 0.006$

Level of student participation in decisions by course year

Course Year	How much say do you have in decisions regarding studies?			
	A lot	Quite	Not much	Not at all
1st year	22	56	54	20
2nd year	25	92	106	51
3rd-5th year	3	15	26	13

$\chi^2 = 9.549,\ v = 6,\ p = 0.145$

Encouragement to express views/ideas during lectures by course year

Course Year	How often are you encouraged to express your views and ideas during lectures?				
	Repeatedly	Often	Sometimes	Occasionally	Rarely
1st year	13	29	41	34	35
2nd year	12	50	92	62	57
3rd-5th year	5	11	9	13	19

$\chi^2 = 12.212,\ v = 8,\ p = 0.142$

Encouragement to express views/ideas during lectures by faculty

Faculty	How often are you encouraged to express your views and ideas during lectures?				
	Repeatedly	Often	Sometimes	Occasionally	Rarely
Sciences	7	12	20	29	32
Social Sciences	17	56	76	54	36
Humanities	5	15	33	15	24
Civil Sciences	1	7	13	11	19

$\chi^2 = 31.63,\ v = 12,\ p = 0.002$

Participation in extra curricular activities by gender

Gender	What is your participation in extra curricular activities?				
	Very active	Active	Somewhat active	Somewhat passive	Passive
Male	2	10	24	33	81
Female	6	13	26	61	226

$\chi^2 = 12.334,\ v = 4,\ p = 0.015$

Participation in extra curricular activities by course year

Course Year	What is your participation in extra curricular activities?				
	Very active	Active	Somewhat active	Somewhat passive	Passive
1st year	3	8	17	28	94
2nd year	4	13	29	58	171
3rd-5th year	1	2	4	8	42

$\chi^2 = 3.528,\ v = 8,\ p = 0.897$

Participation in extra curricular activities by faculty

Faculty	What is your participation in extra curricular activities?				
	Very active	Active	Somewhat active	Somewhat passive	Passive
Sciences	2	6	7	18	67
Social Sciences	5	13	35	49	137
Humanities	1	2	4	15	70
Civil Sciences	0	2	4	12	33

$\chi^2 = 17.186,\ v = 12,\ p = 0.143$

Care and support of teaching staff by gender

Gender	How friendly and supportive is the lecturing staff?			
	A lot	Quite	Not much	Not at all
Male	15	73	52	10
Female	23	172	109	28

$\chi^2 = 1.951,\ v = 3,\ p = 0.583$

Care and support of teaching staff by faculty

Faculty	How friendly and supportive is the lecturing staff?			
	A lot	Quite	Not much	Not at all
Sciences	12	57	17	13
Social Sciences	16	113	101	9
Humanities	8	52	25	8
Civil Sciences	2	23	18	8

$\chi^2 = 33.299,\ v = 9,\ p < 0.0005$

Help and support from non academic staff by faculty

Faculty	How helpful do you find non-academic staff?			
	A lot	Quite	Not much	Not at all
Sciences	14	55	22	8
Social Sciences	12	95	106	26
Humanities	6	40	28	18
Civil Sciences	1	33	11	5

$\chi^2 = 38.665,\ v = 9,\ p < 0.0005$

Help and support from non academic staff by course year

Course Year	How helpful do you find non-academic staff?			
	A lot	Quite	Not much	Not at all
1st year	12	67	50	21
2nd year	10	128	105	30
3rd-5th year	11	28	12	6

$\chi^2 = 22.45,\ v = 6,\ p = 0.001$

Help and support from non academic staff by gender

Gender	How helpful do you find non-academic staff?			
	A lot	Quite	Not much	Not at all
Male	6	71	55	17
Female	27	152	112	40

$\chi^2 = 2.935,\ v = 3,\ p = 0.402$

Help and support by class colleagues by faculty

Faculty	How helpful do you find your class colleagues?			
	A lot	Quite	Not much	Not at all
Sciences	39	47	7	5
Social Sciences	105	102	25	7
Humanities	50	32	10	1
Civil Sciences	22	27	1	1

$\chi^2 = 12.534,\ v = 9,\ p = 0.185$

Help and support by class colleagues by course year

Course Year	How helpful do you find your class colleagues?			
	A lot	Quite	Not much	Not at all
1st year	68	68	10	5
2nd year	126	118	23	6
3rd-5th year	22	22	10	3

$\chi^2 = 8.349,\ v = 6,\ p = 0.214$

Level of perceived stress by gender

Gender	How stressful has it been for you as a university student?			
	Very stressful	Stressful	Somewhat stressful	Not stressful
Male	37	49	50	14
Female	120	115	94	4

$\chi^2 = 23.474,\ v = 3,\ p < 0.0005$

Level of perceived stress by faculty

Faculty	How stressful has it been for you as a university student?			
	Very stressful	Stressful	Somewhat stressful	Not stressful
Sciences	39	34	24	2
Social Sciences	70	85	73	12
Humanities	26	32	33	2
Civil Sciences	22	13	14	2

$\chi^2 = 10.472,\ v = 9,\ p = 0.314$

Level of perceived stress by course year

Course Year	How stressful has it been for you as a university student?			
	Very stressful	Stressful	Somewhat stressful	Not stressful
1st year	33	53	56	9
2nd year	96	97	73	9
3rd-5th year	28	14	15	0

$\chi^2 = 20.477,\ v = 6,\ p = 0.002$

Main sources of stress by gender

Which of these sources of stress do you find most stressful?	Gender	
	Male	Female
Tests and examinations	118	291
Too many assignments / projects	84	214
Dissertation	11	64
Work behind schedule	33	82
Too many lectures on the same day	58	102
Cancelled lectures	16	61
Big classes	25	42
Books unavailable in the library	7	54
Physical environment	11	13
Getting to university	28	62
Parking problems	42	67

$\chi^2 = 33.727,\ v = 10,\ p < 0.0005$

Main sources of stress by gender

Which of these sources of stress do you find most stressful?	Course Year		
	1st year	2nd year	3rd-5th year
Tests and examinations	133	230	46
Too many assignments / projects	93	184	21
Dissertation	1	44	30
Work behind schedule	32	77	6
Too many lectures on the same day	58	97	5
Cancelled lectures	38	33	6
Big classes	13	53	1
Books unavailable in the library	17	40	4
Physical environment	5	19	0
Getting to university	35	45	10
Parking problems	30	66	13

$\chi^2 = 145.13,\ v = 20,\ p < 0.0005$

Coping strategies adopted by gender

Coping strategies	Gender	
	Male	Female
Studying harder	44	87
Better planning and organisation	72	192
Help from lecturers/colleagues	36	89
Counselling	6	12
Family support	29	120
Talking with friends	65	207
Praying	27	90
Positive thinking	59	134
Time management	46	146
Cutting on leisure activities	20	57
Physical exercise	34	67
Drinking	25	31
Going out / Partying	37	75
Avoidance / Running away	8	20
Smoking	14	34
Comfort eating	16	81
Yoga / Progressive relaxation	5	6
Watching television	42	93

$\chi^2 = 33.336,\ v = 17,\ p = 0.01$

Perceived physical, emotional and sexual abuse

Abuse	Have you experienced any bullying or harassment?				
	No	Once	Occasionally	Sometimes	Frequently
Physical	470	5	4	2	1
Emotional	428	30	10	12	1
Sexual	466	2	7	4	1

$\chi^2 = 56.026,\ v = 8,\ p < 0.0005$

Coping strategies adopted by relationship status

Coping strategies	Status		
	Long term relationship	Dating	Single
Studying harder	33	35	63
Better planning and organisation	62	84	118
help from lecturers/colleagues	29	44	52
Counselling	7	4	7
Family support	31	44	74
Talking with friends	60	88	124
Praying	31	29	57
Positive thinking	47	60	86
Time management	52	64	76
Cutting on leisure activities	22	18	37
Physical exercise	23	39	39
Drinking	11	23	22
Going out / Partying	10	52	50
Avoidance / Running away	5	11	12
Smoking	12	21	15
Comfort eating	21	29	47
Yoga / Progressive relaxation	4	4	3
Watching television	26	36	73

$\chi^2 = 48.323,\ v = 34,\ p = 0.053$

Perceived physical, emotional and sexual abuse by gender

Abuse	Gender	
	Male	Female
Physical	7	5
Emotional	13	40
Sexual	5	9

$\chi^2 = 5.299,\ v = 2,\ p = 0.071$

Physical, emotional and sexual perpetrators

Abuse	Abuser		
	University colleagues	University staff	Other
Physical	6	2	4
Emotional	21	20	12
Sexual	6	3	6

$\chi^2 = 3.856,\ v = 4,\ p = 0.426$

Perceived discrimination by gender

Discrimination	Gender	
	Male	Female
Age	4	20
Social class	14	20
Physical appearance	13	16
Disability	3	2
Religion	4	7
Ethnicity	4	4
Gender	4	24
Sexual orientation	3	5
Language	13	40

$\chi^2 = 14.86,\ v = 8,\ p = 0.062$

Appendix 2

University Students' Physical Health and Social and Emotional Well-Being

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE STARTING:

The purpose of this study is to learn more about university students' physical health and social and emotional wellbeing and what may help them to lead a healthier lifestyle and have a more enjoyable and fruitful university life. Your collaboration in this survey is thus very important to address the objectives of this study and we would greatly appreciate if you complete this questionnaire. This questionnaire is completely voluntary however, and should you wish not to participate in the study, kindly return the empty questionnaire.

***Please do not write your name or ID on the questionnaire**. This questionnaire is completely anonymous and no names will appear anywhere in the study. Personal details have been kept to a minimum and as general as possible, so as not to make it possible that any participant could be identified individually. No one except the research team will have access to the completed questionnaires. We therefore ask you to answer the questions honestly and truthfully. This is very important to achieve the objectives of the research. If you do not feel comfortable in answering any specific question, however, you may skip that question.*

Do NOT write your name or ID or any other marks which may identify you individually. Return in the box when completed.

Thank you for your help.

Section A: Demographic Details

* Gender: ☐ Male ☐ Female

* Year of Course: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th -5th

* Age: ☐ < 20 ☐ 20-25 ☐ 26-30 ☐ 31-40 ☐ 41-50 ☐ 51+

* Nationality: ☐ Maltese ☐ Other

* Relationship status: ☐ Married/long term relationship ☐ Dating ☐ Single

* Faculty/Institute/Centre:

Arts:	☐	ICT:	☐
Dental Surgery:	☐	Laws:	☐
FEMA:	☐	Medicine & Surgery:	☐
Education:	☐	Science and Technology:	☐
Engineering:	☐	Built Environment:	☐
IHC:	☐	CCT:	☐
Other (specify):	☐		

* Region:

☐ Inner Harbour ☐ Outer Harbour ☐ Western
☐ South Easter ☐ Northern ☐ Gozo

Inner Harbour: Valetta, Floriana, Marsa, Senglea, Cospicua, Vittoriosa, Kalkara, Paola, Sliema, Gzira, Msida, Hamrun, Pieta'

Outer Harbour: Zabbar, Xghajra, Fgura, Tarxien, Luqa, Qormi, Birkirkara, Santa Venera, St Julian's, San Gwann, Santa Lucia, Pembroke

South Eastern: Marsascala, Gudja, Ghaxaq, Zejtun, Marsaxlokk, Birzebbugia, Mqabba, Kirkop, Safi, Qrendi, Zurrieq

Western: Zebbug, Siggiewi, Dingli, Lija, Attard, Mtarfa, Rabat, Bahrija

Northern: Naxxar, Gharghur, Mellieha, St Paul's Bay, Mosta, Mgarr

Gozo

* Parents' education (tick the highest level only):

	Father	Mother
Primary school or less	☐	☐
Secondary school	☐	☐
Post secondary	☐	☐
Tertiary	☐	☐

* Parents' occupation:

	Father	Mother
Professional	☐	☐
Managerial /administrative	☐	☐
Clerical, highly skilled	☐	☐
Technical	☐	☐
Skilled labourer/'foremen'	☐	☐
Manaul/labour	☐	☐
House carer	☐	☐
State income	☐	☐

Section B: Physical Health and Lifestyle

1. How healthy do you think you are?

Very healthy	Quite healthy	Quite unhealthy	Very unhealthy
☐	☐	☐	☐

2. In this semester, how often have you had the following? (Please tick one box)

	About every day	More than once a week	About every week	About every month	Rarely	Never
Headache	☐	☐	☐	☐	☐	☐
Stomach-ache	☐	☐	☐	☐	☐	☐
Backache	☐	☐	☐	☐	☐	☐
Neck & shoulder pain	☐	☐	☐	☐	☐	☐
Feeling low and down	☐	☐	☐	☐	☐	☐
Feeling nervous	☐	☐	☐	☐	☐	☐
Tired and exhausted	☐	☐	☐	☐	☐	☐
Sleep problems	☐	☐	☐	☐	☐	☐
Feeling dizzy	☐	☐	☐	☐	☐	☐

This questionnaire is anonymous, we cannot identify you: please answer truthfully!

3. During this semester have you taken any medicine or tablets for the following? (Please tick one box for each line):

	No	Once	More than once	Frequently
Headache	☐	☐	☐	☐
Stomach-ache	☐	☐	☐	☐
Difficulties getting to sleep	☐	☐	☐	☐
Nervousness	☐	☐	☐	☐

4. Within the last academic year did you suffer from any of the following? Did you go for and follow treatment/ therapy?

	Suffered from		Followed treatment	
	Yes	No	Yes	No
Allergy problems	☐	☐	☐	☐
Anxiety disorder	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
Chroniic fatigue syndrome	☐	☐	☐	☐
Depression	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Sexaully transmitted diseases	☐	☐	☐	☐
HIV infection	☐	☐	☐	☐
Substance abuse problem	☐	☐	☐	☐
Back pain	☐	☐	☐	☐
Brroken bone/fracture	☐	☐	☐	☐
Bronchitis/ear or sinus infection	☐	☐	☐	☐
Endometriosis	☐	☐	☐	☐
Other (specify)	☐	☐	☐	☐

5. During this semester, how many days were you unable to go to University because of physical complaints?

None	1- 5 days	6-10 days	About one month	More than one month
☐	☐	☐	☐	☐

6. How would you describe your weight?

Very underweight	Slightly underweight	About the right weight	Slightly overweight	Very overweight
☐	☐	☐	☐	☐

7. Are you on a diet to lose or gain weight?

☐ No, because my weight is fine
☐ No, but I do need to lose/gain weight
☐ Yes

8. Within the last month, did you do any of the following to lose weight? (Select all that apply)

☐ Exercise
☐ Diet
☐ Vomit or laxatives
☐ Diet pills
☐ Smoke more
☐ None of the above

9. How many servings of fruits and vegetables do you usually have per day? ____ (1serving = 1 medium piece of fruit, ½ cup chopped, cooked of canned fruits/ vegs, ¾ cup fruit/veg juice, small bowl of salad greens, or ½ dried fruit)

10. What are your **most typical** snack and drink on campus?

Snacks	Tick up to 3 items only	**Drinks**	Tick up to 2 items only
White bread/rolls/ftira/sandwiches	☐	Coffee/tea	☐
Brown bread sandwiches	☐	Water	☐
Pastries	☐	Juice	☐
Cheescakes	☐	Alcohol	☐
Sweets/chocolate	☐	Soft drinks	☐
Fruit	☐		
Salad	☐		
Crisps	☐		

This questionnaire is anonymous, we cannot identify you: please answer truthfully!

11. Do you have a healthy regular breakfast?

Everyday	Almost every day	3-4 times a week	Once a week	Irregular/rarely
☐	☐	☐	☐	☐

12. In general do you usually get enough sleep so that you feel rested when you wake up in the morning?

Always	Most of the time	Usually	Occasionally	Rarely
☐	☐	☐	☐	☐

13. On average, how often do you usually participate in vigorous exercise for at least 20 minutes or moderate exercise for at least 30 minutes?

Every day	2-4 times a week	Once a week	Once a month or less	Irregular	Rarely or Never
☐	☐	☐	☐	☐	☐

14. How often do you smoke tobacco at present?

Every day	Almost every day	More than once a week	Less than once weekly	I do not smoke
☐	☐	☐	☐	☐

If you do not smoke go to Question 18.

15 Which of the following do you think you would need to help you stop smoking or helped you to stop smoking?

☐ Support from family/friends
☐ More will power
☐ Less stress
☐ Different friends
☐ To know my own health is being damaged
☐ Cigarettes to be more expensive
☐ Advice from a doctor or nurse
☐ A special stop smoking scheme or group
☐ I do not need help

16. How many cigarettes do you usually smoke weekly? ..... cigarettes weekly

17. Do you want to...? (Please tick one box only)

☐ Continue smoking
☐ Stop smoking in the next 12 months
☐ Stop smoking at some point in the future

18. At present, how often do you drink anything alcoholic, such as beer, wine, spirits, liquors, cocktails? Include even those times when you only drink a small amount.

Never	Occasionally	Weekends only	Weekends & weekdays	Daily
☐	☐	☐	☐	☐

If you do not drink alcohol at all, go to Question 25.

19. In the last month, how many alcoholic drinks did you have on average when you socialised?

None	One or two	3-5	More than 6
☐	☐	☐	☐

20. In the last **month**, how many times if any, have you had five or more alcoholic drinks at one sitting/outing?

Never	1-3 times	1 time per week	2 times per week	3+ times per week
☐	☐	☐	☐	☐

21. In the last **month** did you drive after having five or more drinks?

Never	Once	More than once	Sometimes	Frequently
☐	☐	☐	☐	☐

22. Do you ever engage in binge drinking?

Never	Once	Occasionally	Frequenly	Every weekend
☐	☐	☐	☐	☐

This questionnaire is anonymous, we cannot identify you: please answer truthfully!

23. If you drink alcohol, within this academic year, have you experienced any of the following as a consequence of your drinking?

☐ Physically injured yourself or another person
☐ Dangerous driving/car accident
☐ Used illegal drugs
☐ Had unprotected sex
☐ Had problems with your academic studies
☐ Other (specify)

24. What may help you to drink less alcohol?

☐ Counselling services
☐ Support from family/friends
☐ Less stress
☐ Less availability in public places
☐ Different friends
☐ Different places of entertainment
☐ Alternative drinks
☐ To know the risks involved in alcohol abuse
☐ Alcohol to be more expensive
☐ A special stop drinking scheme or group
☐ I do not need help to cut down on alcohol
☐ Other (specify)

25. When was the last time you ever used or took any of the following if ever? (Please tick one box for every line):

	In the last week	In the last month	In the last year	More than a year	Never
Cannabis	☐	☐	☐	☐	☐
Inhalants	☐	☐	☐	☐	☐
Ecstasy	☐	☐	☐	☐	☐
Anabolic steroids	☐	☐	☐	☐	☐
Magic mushrooms	☐	☐	☐	☐	☐
Heroin	☐	☐	☐	☐	☐
Amphetamines	☐	☐	☐	☐	☐
Ketamine	☐	☐	☐	☐	☐
LSD	☐	☐	☐	☐	☐
Cocaine	☐	☐	☐	☐	☐
GHB	☐	☐	☐	☐	☐
Tranquillisers/sleep pills	☐	☐	☐	☐	☐
Ritalin	☐	☐	☐	☐	☐
Other (specify)	☐	☐	☐	☐	☐

If you do not use any of these substances, go to Question 28

26. Within the last month on how many days did you use the following?
(Please tick one box for every line)

	Never used	1-2 days	3-5 days	3-10 days	Almost every day
Cannabis	☐	☐	☐	☐	☐
Inhalants	☐	☐	☐	☐	☐
Ecstasy	☐	☐	☐	☐	☐
Anabolic Steroids	☐	☐	☐	☐	☐
Magic mushrooms	☐	☐	☐	☐	☐
Heroin	☐	☐	☐	☐	☐
Amphetamines	☐	☐	☐	☐	☐
Ketamine	☐	☐	☐	☐	☐
LSD	☐	☐	☐	☐	☐
Cocaine	☐	☐	☐	☐	☐
GHB	☐	☐	☐	☐	☐
Tranquillisers/sleep pills	☐	☐	☐	☐	☐
Ritalin	☐	☐	☐	☐	☐
Other (specify)	☐	☐	☐	☐	☐

27. What may help you to stop taking any of the above substance?

☐ Rehabilitation programme
☐ Counselling/psychological services
☐ Support from family/friends
☐ Less stress
☐ Stress management programme
☐ Less availability in places of entertainment
☐ Different friends
☐ To know the risks involved in substance abuse
☐ Other (specify)

If you do not smoke, drink alcohol or use legal/illegal drugs, go to Question 30.

28. When you are most likely to:

	Does not apply	Alone	With family	With friends
Smoke	☐	☐	☐	☐
Drink alcohol	☐	☐	☐	☐
Take drugs	☐	☐	☐	☐

This questionnaire is anonymous, we cannot identify you: please answer truthfully!

29. How old were you when you started:

	Age
Smoking	
Drinking alcohol	
Taking drugs	

30. If you are sexually active, how may sexual partners did you have within this academic year?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ more than 3

If you are not sexually active, go to Question 34

31. If you are sexually active, within the last month, did you or your partner(s) use a condom during sexual activity?

Never	Rarely	Sometimes	Mostly always	Always
☐	☐	☐	☐	☐

32. If you are sexually active, within the last month, did you or your partner(s) use any other form of contraceptive besides condoms?

Never	Rarely	Sometimes	Mostly always	Always
☐	☐	☐	☐	☐

33. Within the last academic year, have you unintentionally become pregnant or gotten someone else pregnant?

No	Yes	Does not apply
☐	☐	☐

34. Given your present state of health and your lifestyle, do you think your own health would be better if you had … ? (Please answer ALL questions):

	Yes	No
A change in your weight	☐	☐
A change in diet	☐	☐
Less alcohol	☐	☐
More exercise	☐	☐
Change in place of entertainment	☐	☐
Change of friends	☐	☐
Less pollution	☐	☐
Less time in smoky places	☐	☐
Regular checks with general practitioner	☐	☐
Better information on how to stay healthy	☐	☐
Other (specify)	☐	☐

Section C: Emotional and Social Wellbeing

35. In this semester how did you feel about yourself and your life? (please tick one box for each line):

	Never	Sometimes	Often	Almost always	Always
I am happy and satisfied with myself	☐	☐	☐	☐	☐
My life is going on very well	☐	☐	☐	☐	☐
I feel in control of what's going on in my life	☐	☐	☐	☐	☐
I feel confident in myself and my abilities	☐	☐	☐	☐	☐

36. In this semester how often did you feel…? (Please tick one box for each line)

	Never	Some times	Often	Almost always	Always
Left out of things	☐	☐	☐	☐	☐
Helpless	☐	☐	☐	☐	☐
Hopeless	☐	☐	☐	☐	☐
Tense and stressed out	☐	☐	☐	☐	☐
Overwhelmed by all I had to do	☐	☐	☐	☐	☐
Mentally exhausted	☐	☐	☐	☐	☐
Depressed/Difficult to function	☐	☐	☐	☐	☐
Seriously considered suicide	☐	☐	☐	☐	☐
Attempted suicide	☐	☐	☐	☐	☐

This questionnaire is anonymous, we cannot identify you: please answer truthfully!

37. How easy is it for you to talk to the following persons about things that really bother you? (Please tick one box for each line):

	Easy	Quite Easy	Quite difficult	Very difficult	Do not have
Parents	☐	☐	☐	☐	☐
Siblings	☐	☐	☐	☐	☐
Friends	☐	☐	☐	☐	☐
Spouse/partner	☐	☐	☐	☐	☐

38. How many close friends do you have?

☐ None
☐ One
☐ Two or three
☐ More than three

39. Is it easy or difficult for you to make new friends?

Very easy	Easy	Difficult	Very difficult
☐	☐	☐	☐

40. How satisfied are you with your personal relationships?

Very dissatisfied	Dissatisfied	Nuetral	Satisfied	Very Satisfied
☐	☐	☐	☐	☐

41. Do you ever feel lonely?

Very often	Rather often	Sometimes	Rarely
☐	☐	☐	☐

Section D: Life at University

42. Within this academic year, how happy were you as a University student?

Very happy	Happy	Relatively happy	Not so happy	Unhappy
☐	☐	☐	☐	☐

43. Within this academic year, how motivating and engaging did you find your academic programme?

A lot	Quite	Not much	Not at all
☐	☐	☐	☐

44. Within this academic year, how would you describe your involvement during lectures, seminars and tutorials?

Very active	Active	Somewhat active	Somewhat Passive	Passive
☐	☐	☐	☐	☐

45. Within this academic year, how often did you skip classes because of lack of interest?

Very frequently	Frequently	Sometimes	Occasionally	Rarely/Never
☐	☐	☐	☐	☐

46. Within this academic year, how much say did you have in decisions regarding your studies and assessment?

A lot	Quite	Not much	None at all
☐	☐	☐	☐

47. Within this academic year, how often were you encouraged to express your views and ideas during lectures?

Very frequently	Frequently	Sometimes	Occasionally	Rarely/Never
☐	☐	☐	☐	☐

48. Within this academic year, how would you describe your participation in the extra curricular activities organised at the University?

Very active	Active	Somewhat active	Somewhat passive	Did not participate
☐	☐	☐	☐	☐

This questionnaire is anonymous, we cannot identify you: please answer truthfully!

49. Within this academic year, how friendly, caring and supportive did you find the lecturing staff?

A lot	Quite	Not much	Not at all
☐	☐	☐	☐

50. Within this academic year, how helpful and supportive did you find the non academic staff?

A lot	Quite	Not much	Not at all
☐	☐	☐	☐

51. Within this academic year, how helpful and supportive did you find your class colleagues?

A lot	Quite	Not much	Not at all
☐	☐	☐	☐

52. Within this academic year, how stressful has it been for you as a university student?

Very stressful	Stressful	Somewhat stressful	Not stressful
☐	☐	☐	☐

53. Within this academic year, which of the following did you find the **most** stressful?

☐ tests and exams
☐ too many assignments/projects
☐ dissertation
☐ work behind schedule
☐ too many lectures on same day
☐ cancelled lectures
☐ big classes
☐ books unavailable in the library
☐ physical environment
☐ getting to university
☐ parking problems
☐ other (specify)

54. Within this academic year, which strategies did you use **most** in coping with stress?

☐ studying harder
☐ better planning and organisation
☐ asking help from lecturers and colleagues
☐ counselling
☐ family support
☐ talking with friends
☐ praying
☐ positive thinking
☐ time management
☐ cutting on leisure activities
☐ physical exercise
☐ drinking
☐ going out/partying
☐ avoidance/running away
☐ smoking
☐ comfort eating
☐ yoga/progressive relaxation
☐ watching television
☐ other (specify)

55. Within this academic year, have you ever experienced any bullying or harassment?

	No	Once	Occasionally	Sometimes	Frequently/repeatedly
Physical	☐	☐	☐	☐	☐
Emotional	☐	☐	☐	☐	☐
Sexual	☐	☐	☐	☐	☐

If yes by whom?:

	University colleagues	University staff	Other (specify)
Physical	☐	☐	☐
Emotional	☐	☐	☐
Sexual	☐	☐	☐

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56. Within this academic year, have you ever experienced any form of discrimination on the basis of your….? (Please tick a box for each line):

	Frequently	Sometimes	Occasional	Once	Never
Age	☐	☐	☐	☐	☐
Social class/SES	☐	☐	☐	☐	☐
Physical appearance	☐	☐	☐	☐	☐
Disability	☐	☐	☐	☐	☐
Religion	☐	☐	☐	☐	☐
Race/ethnicity	☐	☐	☐	☐	☐
Gender	☐	☐	☐	☐	☐
Sexual orientation	☐	☐	☐	☐	☐
Language	☐	☐	☐	☐	☐

57. Within this academic year, have any of the following affected your academic performance? (Please tick a box for each line):

	A lot	Quite	Not much	Not at all
Alcohol use	☐	☐	☐	☐
Allergies	☐	☐	☐	☐
Chronic illness or chronic pain	☐	☐	☐	☐
Colds/flu/sinus infections	☐	☐	☐	☐
Concern over friends or family	☐	☐	☐	☐
Depression/anxiety	☐	☐	☐	☐
Drug use	☐	☐	☐	☐
Eating disorders	☐	☐	☐	☐
Injury	☐	☐	☐	☐
Harassment	☐	☐	☐	☐
Relationship difficulties	☐	☐	☐	☐
Sexually transmitted diseases	☐	☐	☐	☐
Sleep difficulties	☐	☐	☐	☐
Stress	☐	☐	☐	☐
Other (specify)	☐	☐	☐	☐

58. During this semester, on which of the following health topics have you ever received information at the University (not as part of your course curriculum)?

☐ Tobacco use prevention
☐ Alcohol and other drug use prevention
☐ Physical/sexual violence prevention
☐ Dealing with harassment
☐ Injury prevention and safety
☐ Suicide prevention
☐ Pregnancy prevention
☐ AIDS/HIV/Sexually transmitted disease prevention
☐ Diet and nutrition
☐ Physical activity and fitness
☐ Stress management and prevention
☐ Dealing with depression/anxiety
☐ Conflict management
☐ Developing and maintaining healthy relationships
☐ None of the above

59. Name one or two suggestions in each box on how the University may help to enhance your physical and social and emotional health in the following areas:

Healthier environment:
Diet and exercise:
Substance abuse:
Sexual health:
Academic stress:
Stress management:

This questionnaire is anonymous, we cannot identify you: please answer truthfully!

Healthier relationships:
Social support:
Harassment and discrimination:
Inclusion and equal opportunities:
Sense of control and self efficacy:
Other:

Thank you for your participation!