

ORIGINAL RESEARCH PAPER

Life in a University Residence: Issues, Concerns and Responses

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ABSTRACT ***Context:** Students living in university residences experience frail living conditions, being away from their homes and families, the stress of studies, a bizarre routine, and absence of readily available guidance. Their overall health suffers.*

***Objectives:** Our study aims at collecting information on health and related problems of the students in university residences and to identify the solutions to ameliorate the prevailing situation.*

***Methods:** A qualitative study conducted in five university residences of Nancy, Metz and Strasbourg, France.*

***Findings:** The majority of students have complaints about the living conditions in the residences. They mention that they are not in sound health. Stress, depression, fatigue, insomnia, and problems with diet are common. Foreign students suffer more due to culture shock, language, and nostalgia. A tendency for suicides has been observed, especially in girls. Financial problems, too much to study, and relationship break-up are important factors. For their health problems, they generally seek advice from a peer and consume medicines without prescription. Many do not use the “students’ health service” because of lack of information or difficult access from certain universities or university residences.*

***Conclusion:** To solve their problems and to facilitate their social integration, student volunteers ought to be trained in the university residences because a majority prefers to have their peers’ advice. Reinforcement of the role of administration of residences, of student-counselors and of the faculty in the university would be another crucial step. More leisure and social activities are imperative. This study itself constitutes the first element of creating awareness regarding the situation of the health of students living in residence halls in France.*

KEYWORDS *Students, health, university residences, counselors.*

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Introduction

Students living in university residences everywhere experience frail living conditions, being away from their homes and families, due to the stress of studies and absence of readily available guidance for academic and non-academic problems. Foreign students live in a much more difficult situation and face the dilemma of adapting into a new culture, new language, and financial difficulties. Isolation, fatigue, stress, depression, and difficulties in coping with day-to-day problems are frequent notions associated with student populations. Lack of balanced diet is often related to difficulty in managing time and finances while living in university residences (Ouedraogo, 1996). Moreover, there are no permanent health facilities inside the residences. In this situation, the students in university residences represent the most vulnerable group. The overwhelming burden of studies leaves minimal opportunity to relax and recreate and sometimes leads to serious sleep deprivation (Lee & Graham, 2001; Firth-Cozens, 2001). Various stressors may cause impaired judgment, reduced concentration, loss of self-esteem, increased anxiety and depression (Gisele, 2002). These students face social, emotional, and physical and family problems which may affect their learning ability and academic performance (Fish & Nies, 1996; Chew-Graham, Rogers & Yassin, 2003). Apparently, the majority seems to be in good health but we cannot overlook the mental and physical health problems occurring, especially during the stressful study period and during exams. Besides health issues, the problems of life in a university residence, problems with academics, and at-risk behavior have been oft-observed in this population (Deschamps, 1997). Little is known about the health status of students in residences.

Objectives

1. Comprehend the perceptions of students regarding health.
2. Collect information from students regarding the living conditions in the university residence.
3. Appreciate their knowledge vis-à-vis the students' health service, its utilization, and perceptions related to the service.
4. Determine the needs of students regarding any aid and information about "health" inside university residences.

Methodology

This qualitative study was conducted as part of the project "Health promotion of the students of North- East" of the University Institute of Public Health, North-East (IUSP du Nord-Est) in collaboration with the Inter-university Service of Preventive Medicine (SIUMMPS) and the Service of University Residences (CROUS) of Nancy, Metz and Strasbourg in France. Different

categories of 122 students, 18–32 years of age, were included, living in five different university residences of ‘Haute Malgrange’ and ‘Monbois’ in Nancy, ‘Saulcy’ in Metz and ‘Somme’ and ‘Robertsau’ in Strasbourg. Equal representation by gender, course of study, year in school, and nationality (French, non-French) was included. Other nationalities included UK, US, Algeria, Morocco, Tunisia, Egypt, Spain, Italy, Ireland, Portugal, India, Congo, Ghana, Saudi Arabia, Cyprus, China, Lebanon etc. Students were approached for a 30 minute in-depth interview, covering different aspects of health and life in a university residence. A relatively relaxed time period was selected for the interviews with no exams approaching. Students were assured of confidentiality of the information collected. Venues selected were at students’ convenience and comfort. Only six students refused the interview. The interview probes were based on literature review to collect information on perception about health, life within and outside of the university residences, academic life, knowledge about the health service for students, and risk behaviors common in student populations living in halls (INSERM, 1977; Bon *et al.*, 1986; Blanchet *et al.*, 1987; François, 1992; Mucchielli, 1993; Kauffmann, 1996; Moula, 1997; Baudier & Arenes, 1998; Woringer, 1998). The qualitative data were collected in verbatim form which was then transcribed, coded, and themes developed. Key findings were aggregated under these themes for analysis.

Results and analysis

The information collected from the interviews was grouped under four themes: perceptions of “good health”; problems related to health during the stay in university residences; knowledge about the Service of Preventive Medicine; and views about living conditions in the university residences and their impact on the health of the students.

“Being in good health” was defined by a large number of students as not being ill and not seeing a doctor frequently. Science students were more optimistic and precise in their answers, quoting health as “sum of physical, mental, and moral aspects” as compared to students from faculty of arts. Humanities students had more synthetic responses such as “to live, move, and eat what you want”, “to be in form” and “being cool headed”. However, both groups reported not being in an ideal form of health while living in a university residence. Regardless of their gender and course of studies, certain responses from students were related to the environment and place they lived in. Hygiene and cleanliness was the core of health for them.

Students frequently faced problems such as fatigue, loss of energy, difficulty in concentration, headaches, and gastric troubles. One problem persistently quoted by students was “stress” – specifically during the period of exams. Insomnia, anxiety, depression, problems with nutrition were other oft-observed issues among students. For university residences far from the city center, the

problems of boredom, stress, and anxiety were much more pronounced. For resolving their health problems, students asked their next door resident for the address of a nearby doctor or used medicines, even the anxiolytic drugs, of their friends. For problems such as fatigue, stress, anxiety, headache, stomachache, insomnia, and nutritional problems, they did not find it necessary to consult a doctor. If some wished to consult a doctor, they did not know where to go. They felt that they could treat themselves by using their own reserve of medicines, borrowing from their friends in the university halls, or buying without prescription from the pharmacy. Almost half of the students frequently used medicines without prescription or consultation (Aspirin, Dolipran, Actifed, etc.) for different problems. The French female students also reported using the oral contraceptive pill for dysmennorrhea. They knew that stress, depression, phobia of exams, financial and relational problems contributed as aggravating factors. They often presented with fatigue, sleep problems, nutritional problems, hypotension etc. Dieting and practicing low caloric diet eventually led to weakness, anemia, and painful menses.

There were very few students who knew about the Service of Preventive Medicine in Nancy whereas in Metz and Strasbourg, the majority was aware of its existence. The reason was the proximity and visible location of the service. Female students consulted this service more often than the males. Students frequently looked for information on alcoholism, HIV/AIDS, STDs, sexuality, mental health, and nutrition. Among females, foreigners had much more quest for knowledge on these themes. Generally, students did not find the timing of the health service appropriate to their daily routine.

The majority of the students opted for a university hall for economic reasons and for foreigners it was a cheap and safe choice because they were strangers in the town. Other main factors were proximity to the university campuses and the environment of the university residence. However, loneliness, especially in female students, was another common predisposing factor for depression, sadness, nostalgia, etc. Other compounding problems were finances, difficulties in academics, fear of failure in school, and uncertainty of the future. Attempts at suicide had been observed as a rising problem among students living in university halls, with the tendency higher among female French students. The reasons are multiple: failure in academics, financial problems, loneliness, ruptured relationships, consuming alcohol or drugs in the university residence. No significant variation was underlined as far as domain or course of studies were concerned. For foreign students, the worst thing in university residence was the weekend when there were very few students at school and there were no activities. The majority of students were not satisfied with the living conditions in the university halls. Those who had been living there multiple years had eventually adapted and were relatively more satisfied. Whether it was the size of the room, the furniture, the lighting or its sound proofing, nothing was appropriate and according to the students' wishes. Noise in the halls was very disturbing, especially during the exam period. Nutrition problems existed

specifically in the halls where there was no restaurant for students inside the university residence. Students wished to eat together in order to know each other better – provided there was a common space in the residences. When asked what they would like to do to improve the existing situation, they maintained that they would like to have acquaintance with more people around, for which they needed a common space. More sports and cultural activities would also provide the opportunity to socialize more. They would also like to see people behaving more responsibly when it comes to practicing hygiene in common toilets and controlling the noise factor in the university halls.

Discussion

Fatigue, loss of energy, difficulty to concentrate, problems with nutrition, and frequent headaches are problems which contribute significantly towards acquiring stress in the university residence. Generally, we did not see any specific pathology for this situation of ‘mal être’ except the problems due to which various aspects of students’ life suffer: academics, health, relations, social life. It is evident that students need maximum concentration, calm, and tranquility during the period of exams. The noise in the university residences is very disturbing. This may be the reason that students wish to stay alone and during this lonely phase, they develop serious nostalgic feelings and home sickness. This has been more commonly observed among female student in another study (Ronald, 1993). The financial problems, academic difficulties, fear of failure in exams, and uncertainty of the future do bring depressive moments (Blackman, 1995). Most of the students did not do anything special for their health because of the lack of time; even if some attempted to do so, they did not enjoy it because of other pressures of student life (Cordonnier, 1995). Consequently, they find themselves in a vulnerable situation just before exams. Therefore, students’ requests to provide maximum sports and leisure time activities in the university residences seem justified.

Use of medicines among the student population for minor physical problems is not a new concept (Bayad, 1996; Carine, 1996). Self-medication for treating petty problems such as frequent headaches may be dangerous as some serious pathology such as vision or auditory problems can be missed. They can, therefore, remain ill for longer durations. Females show a greater tendency to use these medications, especially for psychiatric problems. Use of “psychotropes” and “anxiolytics” is very alarming. Suicide has emerged as a leading cause of death among age group 20–30 years, especially women, where 40,000 attempts and 1,000 suicides are committed each year in France (Resnick *et al.*, 1997; Haute Comité de la Santé Publique, 1997). It is an unacceptable notion for the young student population to see a psychiatrist or a psychologist. Like other research has shown (Boehm *et al.*, 1993), it is encouraging to see, in our

study, that the young women consult student health service more often than men. However, the working hours of the service have been inconvenient for the students who strongly insist on having a 24-hour service. This has been a global problem, where in other studies it has been shown that utilization of student health facilities is highly dependent on the hours of the service, attitude of the staff, quality of information, and range of services available in the facility (Gisselmann *et al.*, 1987; Ronald, 1993). Health education through peers has been a popular concept in preventive medicine (Boehm *et al.*, 1993; Tamarcaz, 1995; Baudier *et al.*, 1997). “Peer counseling” has been an effective methodology as the younger students feel more comfortable in talking to same-age peers. As a long-term strategy, students wish to have “student-volunteers” inside the university halls to help the newly arrived students and those in difficulty. The training of these volunteers by the “University Health Service” could help students learn: about how to give certain information regarding health problems; about student health services; and about other general issues of student life. These peers can truly play an effective role in health education and counseling for the students who are looking for help and assistance.

The problem of individualism and self-centered attitudes in the university residences has also been reported by a large majority of the students. A concrete recommendation is to immediately create common rooms inside the halls with utmost convivial ambiance, common dining places, and sports equipment for enhancing life in the university residences. Another practical suggestion by the students is to have regular reunions of the “students” and the “university residences administration” to discuss problems in the residences and to think of practical solutions. These reunions will create a sense of participation among the students in decisions taken for the betterment of the university residence environment.

Conclusion

The knowledge of health-seeking behavior and health problems of students in university residences is too limited (Deschamps, 1987; Deschamps, 1994). Social factors are rarely considered while treating medical ailments of the students. For problems such as nutrition, insomnia, fatigue, and other psychological disturbances, health providers need to be trained to effectively screen the students at risk (Bowling, 1991; Deschamps *et al.*, 1991). Very often students suffer because of not being able to manage their time and routine. “Stress management” and “time management” taught along with curricula may assist students in dealing with stress caused by heavy loads of study (Lee & Graham, 2001). A variety of print and electronic mass media can also be used effectively for prevention, health promotion, and education campaigns aimed for student populations (Millstein, 1993; World Health Organization, 1994).

The education system, family, and health providers have to take this responsibility jointly as they are the principal source of information for the younger population (Suffrin, 1998). Students should be offered more opportunities for recreational and leisure time – such as weekly movie shows, event celebrations, excursion tours, and musical concerts (Aktekin *et al.*, 2001). Physical activities, sports, and socialization are indispensable for individual growth and to foster personal development (Azariah & Reichenback, 2001).

This study reaffirms that the perception of students being in “perfect health” is very vague. It undermines the need for curative, preventive care and social well-being. Health services for this population are seldom efficient. These services are more tuned to provide symptomatic treatments rather than looking at the problem holistically. Specific structures and establishments need to be developed which will address all the needs of the student population, train the health staff, and help the students adapt with the new environment – minimizing the risk of *mal-être*. It will be useful to envisage a sensitization program for the faculty at the university, staff of the student health service, and students themselves to identify the vulnerable cases more prone to have psychological troubles and focus on prevention of any unfortunate incident beforehand. The health education agenda should focus on themes such as hygiene, physical activity, nutrition, sexuality, and relationships. In difficult times, counting on family and friends is an important factor related to being stable and mentally fit. Health promotion programs of students need to be multidimensional, focusing on students’ social entourage, health, and education. These activities should reinforce the integration of students in the family and society. These students need more “care” than “cure”. For that reason, they need a door to knock upon whenever they wish to resolve their problems of health, social life, and academics.

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