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## Psychosocial problems of clinical students in the University of Ibadan Medical School

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### Summary

A cross sectional study was carried out among medical students in the University of Ibadan to identify their socio economic and psychological problems. Three hundred and sixteen students, 159 males and 157 females participated in the study. The questionnaire, which was self-administered, sought information about sources of financial support, type of accommodation, use of recreational facilities, smoking and drinking habits and sources of stress and insecurity on the campus. The GHQ-12 was used to assess their mental status. Ninety-four percent of students were sponsored by their parents. Average monthly income as pocket money ranged from N800 – N15,000. Sixty-three (20%) reported that their pocket money was inadequate and 11 (3.5%) engage in business ventures to supplement their income. Two hundred and fifty-seven (81%) live on the campus, 11 (3.5%) were current smokers and 54 (18%) were current drinkers. Stealing and lack of money were the commonest causes of insecurity on the campus. Lack of money, fear of failure of examinations, family problems and broken relationships were reported as causes of depression among this study population. GHQ scores ranged from 1 to 9 using a cut-off point of 3 scores, 38 students (12.0%) were categorised as having traits of poor mental health. GHQ scores were not associated with age, sex, smoking or drinking status or students' assessment of the adequacy of their pocket money. However, living off campus and poor self-perception were associated with poor mental health ( $p < 0.01$ ). Counseling services should be provided in the medical school to assist students to handle issues that constitute a source of stress in their psychosocial environment.

**Keywords:** *Psychosocial, clinical, students, stress, problems, psychological.*

### Résumé

Une étude était faite sur les étudiants en cycle médecine à l'université d'Ibadan, Nigéria, pour identifier et évaluer

leurs problèmes socio-économiques et psychologiques. Trois cent seize étudiants sponsorisés par leurs parents (159 mâles et 157 femelles) ont rempli un questionnaire fournissant les informations à propos de leur source de revenu financier. Le revenu mensuel en poche variait entre 800-1.500 Naira. Vingt pour cent rapportait que leur revenu de poche était inadéquat et trois pour cent s'engageait dans un business pour augmenter les recettes. Deux cent cinquante sept (80%) vivait au campus, onze était fumeurs et 54 (18%) était des alcooliques. Le vole et le manque d'argent étaient la cause plus commune d'insécurité sur le campus. Le manque d'argent, la peur d'échec aux examens, les problèmes familiales et les relations brisées étaient relevés comme causes de dépression parmi la population étudiante. Utilisant une limite de trois résultats, 38 étudiants (12.0%) était catégorisée ayant des crises et des petits problèmes mentaux. Les GHQ résultats n'étaient pas associés avec l'âge, le sexe, l'habitude de boire ou de fumer, ni leur performance scolaire vu l'argent de poche. Cependant, vivre hors du campus et la faible perception individuelle étaient associés avec la faiblesse de santé mentale. Les services de conseil doivent approvisionner des guides pratiques dans les écoles de médecine qui constitue la source de tension dans leur environnement psychologiques.

### Introduction

Several factors in the social environment of university students constitute a source of stress to them and may influence their psychological health. These include long lecture hours, peer pressure and cult activities on the campus. Many students are faced with the task of coping with these stresses.

There are several reports on stress among university students in developed countries [1-5]. Apart from a few studies on substance use among university students [6-9], reports on psychological problems of university students in Nigeria are few. Over two decades ago, Jegede reported on the social and personality characteristics of medical students [10] and the mental health characteristics of freshmen [11] at the University of Ibadan. Since then, the steep rise in student numbers and the resulting overcrowding have changed the psychosocial environment on campuses and hence the need for assessment of students

on the campus at the present time. This study was designed to identify the socio-economic and psychological problems of students and to assess their mental health status with a standardized questionnaire.

### Method

This cross sectional study was carried out among 400 level (first year clinical) medical students of the University of Ibadan. Students in their clinical years are accommodated within the hospital premises. This class of students had no major examinations ahead of them for at least a year, having recently passed the MBBS Part II examinations.

A self-administered questionnaire was distributed among these students at the end of a lecture session on two occasions. Questionnaires were retrieved immediately after completion. Questionnaire sought information on socio-economic factors such as sources of financial support, type of accommodation, number of occupants in their rooms, use of recreational facilities, smoking and drinking habits. Psychological data on sources of stress and insecurity on the campus and causes of depression were also collected. The GHQ-12 was used to assess mental health status of students. Scores were calculated with a 0-0-1-1 scale with a maximum score of 1 and a minimum of 0 for each item.

### Results

Of the 464 students registered at 400 level, 316 filled the questionnaire, a response rate of 68%. Most non-respondents did not attend the class at the time of the survey. A few declined to complete the questionnaire. Demographic characteristics of these students are shown in Table 1. Respondents comprised 159 males (50.3%) and 157 females (49.7%), their mean age was 23 years with a range of 19-32 years. Only 3 students (1%) were married. Two hundred and eighty-eight (91%) were Christians and 23 (7%) were Muslims.

One hundred and three (33%) live in rented houses while 202 (64%) reported that their parents owned the house they lived in. The parents of 240 (76%) respondents were living together 29 (9%) were separated and 11 (3.5%) were divorced. Relationship with parents was reported to be very good by 216 (68%) cordial by 86 (27%) not cordial by 5 (2%) and indifferent by 5 (2%). More females than males had a very good relationship with their parents ( $p < 0.05$ ).

### Financial support

Financial support was provided by parents of 298 (94%) students; 27 of these had additional support from scholarships. Two students were supported by scholarship only while two students reported that they were self-sponsored.

Average monthly income as pocket money ranged from N800 – N15, 000 with a median of N5,000. Only 75 (24%) thought that their pocket money was adequate and 63 (20%) reported that their pocket money was inadequate. Income was supplemented by asking friends for more money 30 (9%), engaging in business ventures 11 (3.5%), asking for money from relatives 27 (9%) and borrowing 7 (2%). Only one student was engaged in a part-time job as a means of livelihood.

**Table 1:** Socio-demographic characteristics of clinical medical students in Ibadan N = 316.

	n	%
<b>Age (Years)</b>		
<20	1	0.3
20 – 24	241	76.2
25 – 29	60	19.0
30 – 34	3	1
No response	11	3.5
<b>Sex</b>		
M	159	50.3
F	157	49.7
<b>Marital status</b>		
Single	313	99
Married	3	1
<b>Religion</b>		
Christian	288	91.1
Moslem	23	7.3
Other	1	0.3
No response	4	1.3
<b>Secondary school attended</b>		
Federal Government	147	46.5
State Government	127	40.2
Private	35	11.1
Other	7	2.2
<b>Attendance at other higher institutions</b>		
Yes	81	25.6
No	234	74.1
No response	1	0.3

### Living arrangements

Two hundred and fifty-seven (81%) lived on the campus 37 (12%) lived off campus in rented accommodation and 20 (6%) lived off campus with parents or relatives. The number of persons in the room occupied by students ranged from 1 to 5. Forty-six (15%) lived in a single room, 144 (46%) lived in a room with 2 occupants, 104 (33%) with 3 occupants, 14 (4%) with 4 occupants per room and 6 (2%) with 5 occupants. The median number of occupants per

room was 2. Two hundred and thirty-one (73%) were legal occupants in their accommodation while 62 (20%) were squatters.

#### Lifestyle factors

One hundred and sixty-seven (53%) engaged in some form of sporting activity. More males than females engaged in sports activities ( $p < 0.001$ ). Ninety-five (30%) belonged to social clubs. There was no sex preponderance observed for this variable. Two hundred and thirty-six (75%) had access to television, more males than females ( $p < 0.05$ ). These respondents reported that they spend a mean of 2.6 hours per day watching television.

Eleven (3.5%) were current smokers while 278 (88.5%) had never smoked. Twenty-five (8%) had smoked in the past. There was only one female smoker in the study population. The commonest reason for smoking was loneliness, social reasons, coping with stress and boredom. Fifty-four (18%) of respondents were current drinkers while 257 (82%) had never taken alcohol. More males, 39, than females, 15, engaged in alcohol consumption ( $p < 0.01$ ). Twenty-nine of them drank for social reasons, 7 to cope with stress and 3 out of boredom. Other substances used were marijuana, 4 (1%) and cocaine 1 (0.1%).

#### Psychosocial factors

Two hundred and seventy-eight (88%) had a cordial relationship with the opposite sex, 34 (11%) were indifferent and 4 (1%) reported an unpleasant relationship with the opposite sex. Eighty-four students (27%) had a steady relationship with plans for marriage. Most of these were females ( $p < 0.01$ ). Seventy-nine (25%) had no special relationship with a member of the opposite sex.

Seventy-three students (23%) felt less privileged than their colleagues. Forty-six of these attributed this feeling to lack of funds; 10 indicated that they did not have as many friends as their colleagues and 4 reported that they felt less privileged because they did not have the type of clothes others wore.

Stealing was the most common cause of insecurity in the campus as indicated by 60 (19%) of the students (Table 2).

**Table 2:** Causes of insecurity among students N = 316.

Stealing	60	19%
Lack of money	48	15%
Lack of textbooks/learning aids	29	9%
Cultism	19	6%
Violence	16	5%
Sexual harassment	16	5%
Sexual abuse	12	4%

This was followed by lack of money, reported by 48 (15%) and lack of textbooks and learning materials 29 (9%).

Only 1 student reported that he was always depressed while 250 (79%) admitted that they were sometimes depressed. Table 3 shows the common causes of depression reported by students. They include lack of money 80 (25%), fear of failure of examinations 49 (16%), family problems and broken relationship with the opposite sex.

**Table 3:** Causes of depression among students N = 316.

Lack of money	80	25%
Fear of failure of exams	49	16%
Family Problems	33	10%
Broken relationship with opposite sex	12	4%
Academic workload	5	2%
Industrial strikes	3	1%
Health problems	3	1%

#### Mental health scores

Three hundred and twelve respondents filled the mental health section of the questionnaire.

The mean score was 0.9 for males and 1.06 for females. This difference was not statistically significant ( $p > 0.05$ ). There was a poor correlation between age and mental health scores ( $r = 0.08$ ). Using a cut-off point of 3 scores, 38 students (12.2%) were categorised as having traits of poor mental health. Eighteen males had a score of 3 or higher while 20 females were in this category. One hundred and eighty-two students (57.6%) scored 0. Poor mental health status was associated with living off campus. The mean score for students living on campus was 0.9 and 1.48 for those living off campus ( $p < 0.05$ ). Twenty-two percent of those living off campus scored 3 and above while 10% of those who live on the campus were in this category. Students who felt less privileged than their peers had a higher mean score (1.49) compared to those who did not (0.85  $p < 0.001$ ). GHQ scores were not associated with age, sex, smoking and drinking status, number of occupants in a living apartment, or relationship with parents or opposite sex ( $p > 0.05$ ). Scores were not associated with students' assessment of adequacy of their pocket money.

#### Discussion

University students are subjected to several stressors in their environment. In this study, stealing, lack of money and textbooks for learning were paramount causes of concern among students. The lack of money as a stressor among university students has been reported in other studies [12]. This was also a cause of depression in some students. In this study, the majority of students are supported by their parents. However, about one-fifth of the students thought support provided by parents was

inadequate. As a result, a few students have some business ventures to supplement their income. While this may be a necessity, it is a major form of distraction from their studies and may lead to a vicious cycle of poverty and poor academic performance. Lack of funds was also the reason why some students felt less privileged than their colleagues. As in other studies, [4] the fear of failure of examinations constitutes a source of stress for these students. Examination periods in the medical school are known to be very stressful and failure may carry dire consequences. Family problems and broken relationships with the opposite sex were also sources of concern among students and causes of depression among some. Broken relationships was ranked high as a source of stress in one study [2]. These problems may become overwhelming and may be the cause of poor academic performance in students.

Substance use among these students was infrequent with a prevalence of smoking of 3.5%. This figure is much lower than reported in previous reports of smoking among students in Nigeria. It is possible that the prevalence of smoking among university students is on the decrease. Over a decade ago, Obot [8] reported a smoking prevalence of 15% among youths in the middle belt area of Nigeria while Onadeko et al. [9] reported a prevalence of 23.5% and 24.5% among female and male university students in Ibadan. Recent studies on prevalence of smoking among medical students in other countries reported higher figures 11% [13] and 11.8% [14].

A cut-off point of 3 for GHQ -12 has been used successfully in this environment [15]. However there are no reports of the use of GHQ-12 among students in Nigeria. Using this cut-off point, about 12% of students had traits of mental health problems. High scores were associated with living off campus and feeling less privileged. It is possible that students with traits of mental illness may opt to live away from crowded hostels. Another possible explanation is that living off campus is very stressful and may put students at risk of mental health problems. However, GHQ scores were not associated with other demographic variables and students' assessment of their financial status.

This study concludes that the lack of money, stealing on campus, fear failure of examinations and family problems constitute stress factors for students and that living off campus and poor self-perception are associated with poor mental health status. Counselling services should be provided in the medical school to assist students to handle these problems.

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