

Health status among French, Polish and Romanian students

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Research question

The impact of a student's health on his or her performance at university is well recognized, and it is clear that a student in good health is more likely than someone in poor health to do well, pass examinations, and successfully enter the world of work. In 2001, the lifestyles of students in Eastern Europe were reported, overall, to be less conducive to good health than those of a similar group in Western Europe (Step toe A, & Wardle J., 2001).

Our objective was to compare three populations of students for: physical, mental and social well-being, access to healthcare services, stress, and addictive and preventative behaviours. Subjects were from France (one of the original members of the European Union), Poland (entered the EU in 2004) and Romania (entered the EU in 2007).

Methods

In total, 934 French (Fr), 480 Polish (Po), and 195 Romanian (Ro) students from the Universities of Metz, Iași, and Silésie, completed a self-administered questionnaire comprising three scales: the Social Support Questionnaire (SSQ-3), the Perceived Stress Scale (PSS-14) and the General Health Questionnaire (GHQ-12) (means and 95 confidence intervals adjusted for age and sex). Data were analysed (Po and Ro versus Fr) using adjusted odds ratios (OR) and analysis of variance taking age and sex into account.

Results

The mean age of respondents was 20 years (SD = 2) years. Women accounted for 58% of the Fr sample and 80% of students from Po and Ro.

Although most students were satisfied with their university integration (81-97%), many students had deteriorated health status compared with the period before the university (13-22%), suffered from tiredness (11-85%), nervousness (42-56%), sleep disorders (19-48%), financial difficulty (15-39%), and being alone (8-23%). Were also common increasing tobacco use (15-32%), alcohol use every day (15-40%), tranquilizer pill use (1-6%), hashish/marijuana use (2-42%), suicide thinking (15-19%), and frequent consultation of health professionals (7-30%).

Figure 1 shows content.

The Fr had the highest social network availability score for: the material aid, the support in case of agitation, the support in the case of problem no matter what arrived. Scores for satisfaction with social support were similar in the three countries studied. PSS-14 and the GHQ-12 scores were higher in Po than in Ro or Fr. Use of health services (doctors, psychiatrists, other health professionals,) was greatest among Ro students.

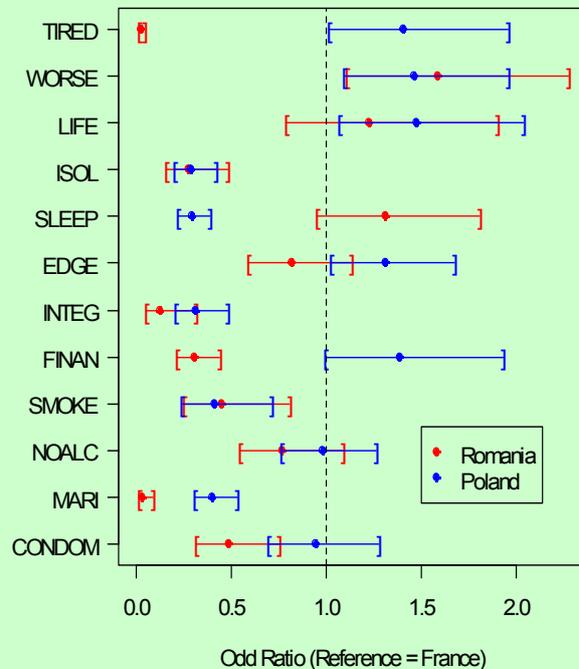


Figure 1: Health status, consumption of substances and the preventive behavior of the Ro and the Po compared to the French results

Significations of the items are given in the table below

TIED	I am often tired
WORSE	Since the university re-entry, my moral is worse
LIFE	I have thought about the possibility of taking my life
ISOL	I feel isolated
SLEEP	I often have difficulties falling asleep
EDGE	I often feel on edge
INTEG	I'm satisfied with my integration in university
FINAN	I don't cope very well with my financial situation
SMOKE	Since coming back to university I have increased the amount I smoke
NOALC	I do not consume any alcohol glass per week
MARI	I have already smoked pot or marijuana
CONDOM	During sexual intercourse I don't always use a condom

Conclusion

Behaviours considered harmful to the health of students often represent a way of dealing with adverse life events and circumstances, and a perceived lack of prospects. Better guidance would help those in need of mental health care successfully complete their university courses.

Reference

Step toe A, Wardle J. Health behaviour, risk awareness and emotional well-being in students from Eastern Europe and Western Europe. *Social Science and Medicine* 2001; 53, (12) : 1621-1630

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