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MENTAL HEALTH PROBLEMS AMONG PALESTINIAN UNIVERSITY STUDENTS IN THE GAZA STRIP

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Abstract

Aim: The aim of the study was to investigate the prevalence of mental health problems among university students in relation to sociodemographic variables such as sex, age, place of residence, and family income

Method: The sample consisted of 840 students, 820 of them returned the filled forms. They were 370 males (45.1%) and 450 females (54.9%). They were the ages of 18 and 23 years (Mean = 20.03 years, SD= 1.35). Students were interviewed using sociodemographic questionnaire, symptoms checklist-short version (52) items using only depression, anxiety, phobic anxiety, somatization, and obsession-compulsive subscales.

Results: The study showed that mean anxiety was 12.81 (SD = 5.49), mean depression was 19.39 (SD = 8.01), mean obsessive-compulsive disorder was 15.3 (SD = 5.35), mean phobic anxiety was 8.42 (SD = 4.5), and mean somatization was 14.56 (SD = 6.78). depression symptoms were statistically significant in females than in males, and phobic anxiety symptoms were statistically significant in females than in males.

The study showed that phobic anxiety symptoms were statistically significant in students living in North of Gaza Strip than in the other 4 areas, Depression symptoms were statistically significant in students living in Rafah area than the other 4 groups. No statistical significant in mental health problems and type of college. Phobia was more in students living in North of Gaza. Depression, obsessive compulsive disorder, phobic anxiety, anxiety were more in students coming from family earning less than 250 \$

Conclusion

The results of this study suggest the existence of psychological distress in college students, and imply the need for greater attention to their mental health given that distress could lead to a number of negative consequences and affect these students' personal and professional development.

Key word: **Gaza, University students, depression, anxiety, somatization, phobic anxiety, obsessive compulsive disorder.**

Introduction

In many countries, college students make up the majority of the corresponding age group, and mental disorders appear to have increased in frequency and intensity among the college population in recent years (Hunt, and Eisenberg, 2010). Across cultures, up to one third of all university students meet the criteria for a diagnosis of depression and anxiety (Allgöwer et al, 2001). Anxiety disorders represent one of the most common forms of psychopathology among youth. Differences in diagnostic patterns and anxiety symptoms have been reported in youth of different racial groups, ethnicities, and cultures (Austin & Chorpita, 2004; Last & Perrin, 1993). For example, Last and Perrin (1993) found higher rates of posttraumatic stress disorder (PTSD) among African-American youth than Caucasian youth after controlling for socioeconomic status. Similarly, the type and number of fears reported by youth have been shown to vary by race and ethnicity (Dong, Xia, Lin, Yang, & Ollendick, 1995; Ollendick, Yule, & Olier, 2006), with fears being more pronounced in African youth than American, Australian, and Chinese youth. Additional research has suggested that differences in the factor structure of fear and anxiety may exist for African Americans and Caucasians (Chapman, Kertz, Zurlage, & Woodruff-Borden, 2008; Chapman, Williams, Mast, & Woodruff-Borden, 2009; Hale, Raaijmakers, Muris, & Meeus, 2005; Kingery, Ginsburg, & Alfano, 2007). There has also been research demonstrating different symptom manifestation in African Americans (Fincham et al., 2007; Heurtin-Roberts, Snowden, & Miller, 1997). Given these ethnic and racial differences, it is important to determine whether there are different correlates of anxiety in youth of different races and ethnicities.

Anxiety is more prevalent in females than males and this relationship exists in children as young as age six (Lewinsohn, Gotlib, Lewinsohn, Seeley, and Allen, 1998). Lewinsohn et al. (1998) explored the relationship between gender and anxiety when controlling for social factors such as coping and social support. Their results suggested that coping and social support were not only related to gender but also to anxiety; however, the relationship between gender and anxiety continued to exist, even after controlling for coping and social support. As noted above, research has found gender differences in coping strategies among adolescents, which may be related to subsequent anxiety symptoms as well. There may be within culture gender differences in parenting strategies and adolescents experience of racism, as some research suggests that African-American parents prepare their sons more for Racism and challenging social events than they do their daughters (Brown, Linver, & Evans, 2010). This research seeks to explore the influence of gender and other variables on the expression of anxiety among adolescents. Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, poor concentration, and tendency to suicide, which can be seen in anybody regardless of age, gender, race, or socio-economic status (APA, 2000).

The prevalence of depression among university students varies depending on the methods used to diagnose or define depression. Studies using self-report methods, in colleges in the USA, reported rates of over 50% among students (Furr et al., 2001). This was higher than reported in studies using a clinical diagnosis of depression, based on the DSM-IV-TR criteria (American Psychiatric Association, 2002), which increased

from 10% in 2000 to 16% in 2005 (American College Health Association, 2007). In Hong Kong, a study using anonymous self-report found that 21% of students had depressive symptoms (Wong et al., 2006). In Jordan, approximately 8% of university students had depressed feelings (Hamdan-Mansour & Marmash, 2007). Rutter and Smith (1995) found that female university students reported higher depression score than male students. However, Alansari (2006) found no significant gender differences in depression among seven Islamic countries (Lebanon, Tunisia, Palestine, United Arab Emirates, Yemen, Jordan, and Sudan), while in nine other Islamic countries (Iraq, Syria, Egypt, Pakistan, Algeria, Oman, Qatar, Morocco, and Kuwait) females had higher depression scores than males. However, males scored significantly higher than females in Saudi Arabia.

The main feature of somatization disorder is recurrent and frequently changing physical symptoms, which cannot be explained by any known medical condition (APA, 2002). Several investigations showed that dissociative disorders may present with somatic symptoms. Conversely, many patients with somatization disorder also have dissociative symptoms (Walker et al, 1992).

Psychological dissociation is substantially associated with general psychopathology: general distress (Grabe et al., 1999), symptoms of anxiety and depression, (D. Baker et al., 2003), hostility, phobia, anxiety and somatization (Norton, Ross, & Novoltny, 1990), Somatoform dissociation is also associated with dissociative disorders (e.g., Nijenhuis et al., 1996, 1999), PTSD, somatoform disorders, and eating disorders (Nijenhuis et al., 1999). Moreover, depression is associated with both high psychological and somatoform dissociation (Maaranen, Tanskanen, Kaisa, et al., 2005).

The aim of the study was to investigate the prevalence of mental health problems among university students in relation to sociodemographic variables such as sex, age, place of residence, and family income.

Methodology

Subjects

We recruited 850 undergraduates from Islamic University in the Gaza Strip during the autumn 2012 semester. Study participation was selected randomly from the data base of registration office minding the male to female ratio. The sample consisted of 840 students, 820 of them returned the filled forms with respond rate of 96%. They were 370 males (45.1%) and 450 females (54.9%). They were the ages of 18 and 23 years (Mean = 20.03 years, SD= 1.35).

Instruments

Sociodemographic data

The participants demographic data was collected by questionnaire include sex, age, college, and place of residence.

Symptoms Checklist-R (Derogatis, 1983)

SCL-90-R is an instrument for measuring subjects' psychological symptoms and psychopathologic features on nine subscales using self-reported survey questions: somatization, obsessive-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychotics. Each question is rated on a five-point Likert distress

scale (1 for no distress, 5 for extreme distress). Internal consistency for the nine dimensions is very good, with alpha coefficients ranging from a low of .71 to a high of .85 and test-retest reliability coefficients ranging from .68 to .91. We selected the anxiety, somatization, and depression items of the 90 items scale to reach 57 items. For Somatization there were 12 items (1,4, 8,18, 27, 28,32, 33, 36, 37, 40, 42), for obsessive compulsive there were 15 items (3, 6, 7, 19, 25, 29, 30, 35, 39, 43), for depression there were 13 items (5, 10, 11, 13, 14, 17, 20, 21, 22, 23, 38, 45, 49), for anxiety there were 10 items (2, 12, 15, 24, 26,41,46, 48, 50, 52), for phobic anxiety there were 7 items (9, 16, 43, 44, 47, 51) Cronbach's alphas for subscales were as follows: somatization (.78), obsessive compulsive (.88), depression (.88), anxiety (.86), and phobic anxiety (.84). In this study the Cronbach's alpha for the all 52 items was $\alpha=0.92$ and split half was 0.86.

Study procedure

The researchers presented their plan to the Dean of Research Department at the Islamic University who funded the data collection team which consisted of 5 trained field workers who were attended training session with the two researchers to inform them about the questionnaire and sampling process. The researchers used the university data base to select randomly the sample for the enrolled students at the academic year 2011-2012. Formal letters were obtained from ethical committee to start the study. Students were interviewed in groups inside the teaching classes inside the university. Students were informed about the study objectives and they were told that their names will not be included and the data will be kept in safe place with the researchers.

Statistical analysis

The Statistical Package for the Social Sciences (SPSS) Version 14.0 (SPSS, 2005). was used to analyze the data. The frequencies of categorical data were presented. Differences between two groups were measured by t independent test such differences in mental health and sex of students. While, differences between three groups were measured by One Way ANOVA such as differences in place of residence, college type, and other demographic variables mental health problems such as depression, anxiety, somatization, phobic anxiety, obsessive compulsive disorder.

Results

Sociodemographic characteristics of the study sample

The sample consisted of 840 students, 820 of them returned the filled forms. They were 370 males (45.1%) and 450 females (54.9%). They were the ages of 18 and 23 years (Mean = 20.03 years, SD= 1.35). Regarding place of residence, 24.4% from north Gaza, 46.5% from Gaza, 17.8% from Middle area, 6% from Khan Younis, 5.4% from Rafah area. Regarding the year of study, 21% were in the first year of their undergraduate degree, 41.2 % were in the second year of their undergraduate degree, 20.1% were in the third year, and 17.7% were in the fourth year. Regarding type of college, 7.2% from Religious studies, 8.7% from Shariata studies, 12.2% from Art, 22.4% from Education, 11.1% from Commerce, 11.2% from Science, 9.3% from Nurse, 8.0% from Engineer, 6.3% Information technology, 3.5% from Medicine. Regarding family monthly income, 43.2% were coming from families with income less than 250 US \$, 27.6% of family income from 251-400 \$, 14.5% family income from 401-750\$, 8.4% family income from 751-1000, 4.3% family income from 1001-1250, and 2.1% family income 1250 \$ and more.

Table 1: Sociodemographic characteristic of the study sample (N = 820)

Variable	N	%
Sex		
Males	370	45.1
Females	450	54.9
Age 18-23 years, Mean = 20.03 years, (SD= 1.35).		
Education year		
First year	172	21
Second year	338	41.2
Third year	165	20.1
Fourth year	145	17.7
Address		
North Gaza	200	24.4
Gaza	381	46.5
Middle area	146	17.8
Khan Younis	49	6
Rafah area	44	5.4
College		
Religious studies	59	7.2
Shariata studies	71	8.7
Art	100	12.2
Education	184	22.4
Commerce	91	11.1
Science	92	11.2
Nurse	76	9.3
Engineer	66	8
Information technology	52	6.3
Medicine	29	3.5
Family monthly income US \$		
Less than 250 US \$	354	43.2
251-400 \$	226	27.6
401-750\$	119	14.5
751-1000	69	8.4
1001-1250	35	4.3
1250 and more	17	2.1

Means and SD of mental health problems

The study showed that mean anxiety was 12.81 (SD = 5.49), mean depression was 19.39 (SD = 8.01), mean obsessive-compulsive disorder was 15.3 (SD = 5.35), mean phobic anxiety was 8.42 (SD = 4.5), and mean somatization was 14.56 (SD = 6.78).

Table 2: Means and SD of mental health problems

BSI 52 items (Mental health problems)	Mean	SD
Anxiety	12.81	5.49
Depression	19.39	8.01
OCD	15.30	5.35
Phobic anxiety	8.42	4.50
Somatization	14.56	6.78

Mental health problems and sex of students

In order to investigate sex differences in mental health problems among students, T independent test was conducted. The results showed that depression symptoms were statistically significant in females than in males (Mean 20.12 vs. 18.51) ($t = -1.60$, $p = 0.004$), and phobic anxiety symptoms were statistically significant in females than in males (Mean = 9.06 vs. 7.74) ($t = -4.56$, $p = 0.001$).

Table 3

T independent test between sex of students and mental

BSI 52 items (Mental health problems)	Sex	N	Mean	SD	Mean Differences	t	p
Somatization	Male	369	14.69	6.82	.23	.49	.62
	Female	449	14.46	6.76			
Obsessive-compulsive	Male	369	15.20	5.57	-1.19	-1.50	.61
	Female	447	15.39	5.17			
Depression	Male	368	18.51	8.09	-1.60	-2.86	.004
	Female	448	20.12	7.88			
Anxiety	Male	367	12.42	5.54	-0.72	-1.85	.065
	Female	428	13.14	5.43			
Phobic anxiety	Male	369	7.64	4.42	-1.43	-4.56	.001
	Female	449	9.06	4.47			

health problems (N= 818)

Mental health and other sociodemographic variables

Another ANOVA test was done in which each of the mental health subscales were the independent variables and type of college, place of residence, family monthly income as dependent variables. Post hoc test showed that phobic anxiety symptoms were statistically significant in students living in North of Gaza Strip than in the other 4 areas ($F = 4.29$, $p = 0.002$), Depression symptoms were statistically significant in students living in Rafah area than the other 4 groups ($F = 5.71$, $p = 0.001$). No statistical significant in mental health problems and type of college.

Depression was in students coming from family earning less than 250 \$ were significantly more than students from family earning 500-750 \$ and not the other groups ($F = 3.04$, $p = 0.006$). Also, obsessive compulsive disorder scores were statistically significant in students with family income 250 \$ and less more than students from family earning 500-750 \$ and not the other groups ($F = 2.96$, $p = 0.007$). Phobic anxiety scores were significant in students with family income less than 250\$ compared to students from family with monthly income of 251-500\$ and families with income of 750-1000\$ ($F = 6.1$, $p = 0.001$). Also, anxiety was significant in students with family income less than 250\$ compared to students from family with monthly income of 251-500\$ and families with income of 750-1000\$ ($F = 3.56$, $p = 0.002$).

Relationship between age, grades and mental health problems

In order to find the relationships between the sociodemographic variables and mental health problems, a correlation coefficient Pearson test was performed. The results showed that there was no statistically significant correlation between age, grades average of students and mean mental health problems. However, anxiety was correlated with depression ($R = 0.70$, $p = 0.001$), with OCD ($R = 0.63$, $p =$

0.001), with phobic anxiety ($R = 0.62$, $p = 0.001$), and somatization ($R = 0.64$, $p = 0.001$). Obsessive compulsive disorder was correlated with depression ($R = 0.66$, $p = 0.001$). Phobic anxiety was correlated with depression ($R = 0.47$, $p = 0.01$) and obsessive compulsive disorder ($R = 0.44$, $p = 0.01$). Somatization was correlated with depression ($R = 0.48$, $p = 0.01$), and OCD ($R = 0.51$, $p = 0.001$).

Table 4

Correlation Coefficient Pearson test between age, grades and mental health problems

	1	2	3	4	5	6
1. Age						
2. Average grades	-.104 **					
3. Anxiety	-.003	.034				
4. Depression	-.038	.049	.70**			
5. OCD	-.035	.060	.63**	.66**		
6. Phobic anxiety	.001	-.020	.62**	.47**	.44 **	
7. Somatization	.041	-.012	.64**	.48**	.51**	.45**

Discussion

The study showed that mean anxiety was 12.81, mean depression was 19.39, mean obsessive-compulsive disorder was 15.3, mean phobic anxiety was 8.42, and mean somatization was 14.56. Our results were higher than the results in study of Ayalon

and Young (2009) in a sample consisted of 70 African American and 66 Caucasian American students where mean somatization was (10.79), obsessive-compulsive dimension was (10.50), depression dimension was (11.53), anxiety dimension was (7.15), phobic anxiety dimension was (3.87).

Our study showed that depression symptoms were statistically significant in females than in males, and phobic anxiety symptoms were statistically significant in females than in males. This is consistent with Rutter and Smith (1995) study findings who found that female university students reported higher depression score than male students. However, Alansari (2006) found no significant gender differences in depression among seven Islamic countries (Lebanon, Tunisia, Palestine, United Arab Emirates, Yemen, Jordan, and Sudan), while in nine other Islamic countries (Iraq, Syria, Egypt, Pakistan, Algeria, Oman, Qatar, Morocco, and Kuwait) females had higher depression scores than males. However, males scored significantly higher than females in Saudi Arabia. Also, in study of Hamdan-Mansou et al (2009) to examine the relationship between depressive symptoms, hostility, and substance use among university students in Jordan found that 75% of the university students exhibited some degree of depressive symptoms. Tobacco, painkillers, stimulants, tranquilizers, inhalants, and alcohol respectively were the most used substances. Male and female university students were not different in their depressive symptoms, hostility, and frequency of substance use. Also, our results consistent with the Houghton et al (2012) baseline assessment of mental health status in a sample of 763 Irish third level student population. Females reported significantly higher levels of symptomatology than males on all three subscales (Somatization, Depression and Anxiety) and the Global Severity Index. Final year students were also noted to have significantly worse mental health than non final year students.

Researchers have attributed the tendency of somatization among Eastern people to several reasons. First, the nomination of somatic symptoms among depressed Eastern reflects the Eastern epistemology of disease, which espouses a holistic conception of the mind and the body, in contrast to the mind-body dichotomy proposed by Western psychology. In Eastern people, emotional messages are often conveyed through somatic terms with affective meanings. For example, "heartache" means sadness, and "fatigue" or "tiredness" usually conveys hurt and despair. More importantly, somatic symptoms are considered a culturally sanctioned "idiom of distress," which allows the Eastern to express negative emotions and solicit attention, care, and sympathy without jeopardizing social ties (Kleinman, 1982). Using the culturally acceptable metaphor to express emotional distress. Eastern people can protect themselves from the stigmatization associated with mental illness, which is often viewed as resulting from character flaws or personality weaknesses and is a cause for a "collective loss of face" for the whole family (Draguns & Tanaka-Matsumi, 2003; Keyes & Ryff, 2003; Kleinman, 1986; Parker et al., 2001). Studies in the Eastern community like China found that there was tendency toward somatization for Chinese people, other researchers have found reasons to refute this tendency. Cheung (1995) argued that somatization in depression was more of a function of help seeking behaviour rather than denial of psychological symptoms. Additionally, previous studies based on community samples in Hong Kong and the US indicated a more equitable distribution of psychological and somatic symptoms (Cheng, 1989; Cheung, 1982; Zhang, Snowden, & Sue, 1998).

The study showed that phobic anxiety symptoms were statistically significant in students living in North of Gaza Strip than in the other students living in other 4 areas. This could be due to the demographic location of the area as border area which was exposed to repeated Israeli army incursions and lately war on Gaza. Depression symptoms were statistically significant in students living in Rafah area than the other 4 groups. Previous study in the area showed higher prevalence of PTSD, depression, and anxiety in adult population (Thabet et al., 2008a, b).

The results showed that there was no statistically significant correlation between age, average grades of students and mean mental health problems. However, anxiety was correlated with depression, OCD, phobic anxiety, and somatization. All mental health problems except the OCD were significantly more in students coming from poor families with family monthly income 250\$ and less. This result consisted with previous studies which showed that poverty is one of the risk factors in developing mental health problems. This is consistent with other studies which demonstrated link between negative life events such as poverty and chronic life stressor and emotional and behavioral problems in youth (Copeland & Hess, 1995; Kim, Conger, Elder, & Lorenz, 2003). Report from the United States Census Bureau (2007) indicates that 34.7% of African Americans under the age of 18 live in poverty compared to 15.8% of Caucasians under the age of 18. Those adolescents living in poverty may be exposed to a more dangerous environment and, as a result, experience more threat-related events

Implications

The results of this study suggest the existence of psychological distress in college students, and imply the need for greater attention to their mental health given that distress

could lead to a number of negative consequences and affect these student's personal and professional development. Previous research with college students has shown that psychological distress may contribute to a number of negative outcomes: reduced academic performance, school dropout, risk of psychiatric disorders, substance use, decreased physical health and self-care (eg, lack of exercise and poor diet), job difficulties, relationship breakups, and even suicide. For this reason, to know the distress indicators the college student population experiences most frequently is necessary to plan the appropriate interventions that will improve their mental health. On a related note, it would be useful to study how academic programs might structure their curricula, evaluation systems, and support systems in a fashion that reduces or prevents the formation of distress in college students. It is recommended to distribute lecture, practice, and assessment timetables in a way to avoid, as much as possible, excessive hours and workloads, and changes in the sleep-waking cycle.

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