The loneliness of relocating: Does the transition to university pose a significant health risk for rural and isolated students?

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Abstract

The shift from school to university is a significant transition for most young people, particularly so for those who need to relocate in order to attend university. Little is known about the impact of this transition on student's physical and mental health. A recent pilot study investigating the health and well-being of first year students shows that students who relocate to attend university experience significant and negative changes to their physical and mental well-being. Data reveals that relocating students have a less healthy diet, eat more takeaway meals as opportunities to cook for themselves are reduced. They also exercise less than previously and engage more readily in risky behaviours such as increased alcohol consumption and smoking. In addition, relocating students are more likely to report a decline in mental health, particularly increased loneliness, stress and anxiety, than students who do not have to relocate. The question arises; does attending university pose a significant health risk for relocating students?

Background

Going to university has been linked with poor health behaviour among students (Douglas et al., 1997) and the prevalence and severity of this behaviour is significantly worse among university students than their non-academic peer groups. University students report heavier episodic drinking (Wechsler, Dowdall, & Maenner, 1998; O'Malley & Johnston, 2002; Slutske et al., 2004), increasing recreational drug use (Schulenberg, Merline, Johnston, O'Malley, Bachman & Laetz, (2005); poorer dietary practices (Huang, Harris, Lee, Nazir, Born & Kaur, 2003), and decreased physical activity (Leslie, Owen, Salmon, Bauman, Sallis & Kai, 1999; Pinto & Marcus, 1995; Wallace, Buckworth, Kirby & Sherman, 2000) compared to people of the same age in the workforce. In addition, university students show greater levels of psychological distress than their non-university peers (Stallman, 2010; Roberts, et al., 2000; Stewart-Brown, Evans, Patterson, Doll, Balding, & Regis, 2000), with greater strain being placed on well-being once students start university compared to pre-university levels (Bewick, Koutsopoulou, Miles, Slaa, & Barkham, 2010).

The choice to engage in unhealthy behaviour for university students may be the consequence of environmental factors associated with university, or the result of other life changes that create barriers to health. Perceived barriers, such as financial pressure and lack of social support, have been shown to impose a significant negative impact on the health behaviour of university students (Voh Ah, Ebert, Ngamvitroj, Park, & King, 2004).

For rural and isolated students, the transition to university may result in an increased risk for poor health, given the clustering of other significant life changes that occur at the same time (such as leaving home and entering the workforce). Studies addressing transition issues for rural students have demonstrated that this group is at a greater disadvantage than metropolitan students, not only when it comes to accessing university (ACER, 2009) but also once they

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have entered the university environment. The loss of social support from friends and family, together with often inadequate financial support often exacerbates the difficulties of transitioning to university for these students (Lewis, Dickson-Swift, Talbot, Snow, 2007). Heavier financial responsibilities, inadequate income support and a loss of social support and sense of community are commonly reported issues for rural students undergoing this transition. Rural students are also more likely to have to leave home to attend university, requiring independent living – a life change demonstrated to negatively affect the health behaviour of young adults (Willis, 2005). Students still living at home report lower incidence of smoking, alcohol consumption and better dietary behaviour than those living independently (Beasley, Hackett & Maxwell, 2004). These factors collectively increase the health risk for rural students during the transition to university.

Methodology

This presentation reports on the first stage of a larger project examining the health and wellbeing of first year students. An anonymous online survey was administered to all first year Health Science students at a large metropolitan Australian university during the second half of their first year of study in 2010. Ethics approval from the University's human research ethics committee was granted and students were informed that their participation in this project was voluntary and that their identity would remain anonymous at all times. Participants were asked to respond to a series of closed questions collecting demographic data and open-ended questions regarding their perceptions of health and wellness and the factors affecting them as they transitioned into university studies. Postcode was used as a measure of SES and rural/isolated background. Questions on participants' feelings prior to entry into university as well as specific factors around diet, physical activity, and sleep were included, as were questions relating to loneliness/alienation, work, relaxation, body image and gender that may have influenced their ongoing health and well-being whilst at university.

Findings

From a total commencing cohort of 634 students, 132 completed responses to the pilot survey were received, corresponding to a response rate of approximately 21 %. As survey numbers were relatively low, only mean percentage data is presented, together with thematic and frequency analysis of open-ended responses. Of those students who participated in the pilot survey, 33% relocated in order to attend university. 74% of this relocated from the country, 23% from interstate and 4% from outer metropolitan regions. Thirty-two percent of all students were the first in their immediate family (parents and siblings) to attend university with this percentage increasing to 51% in the relocating student cohort.

Diet and Physical activity changes

Students were asked to report on changes to their dietary behaviour (e.g. diet quality, quantity and snacking) and physical activity (e.g. changes to frequency and type of activity, including active transport i.e. cycling or walking to university). A large proportion of students indicated that both their diet and physical activity had declined since starting university. Table 1 shows the comparison between students who had to relocate to attend university and those students whose living circumstances remained the same. In particular, students reported increased snacking and consumption of takeaway food, this was particularly prevalent in the relocating student cohort who frequently stated that they had less opportunity to cook for themselves.

Relocators n = 43 (33%)		Non-Relocators n = 88 (67%)	
Diet	 Improved = 7% 	Diet	 Improved = 11%

	 Declined = 74% 		 Declined = 51%
	 No change = 9% 		 No change = 27%
Exercise	 Improved = 30% 	Exercise	 Improved = 36%
	 Declined = 47% 		 Declined = 33%
	 No change = 14% 		 No change = 19%

Table 1 Comparison of dietary and physical activity changes for relocating students as compared to non-relocators

The relocating students reported a higher incidence of poor diet (74%), however it is important to note that over half (51%) of the non-relocating students also reported a decline in their dietary behaviours. Few students (<11%) reported that their diet had actually improved since commencing university study. So too a larger percentage (47%) of relocating students reported a decline in their physical activity levels as compared to those students whose living arrangements remained the same (33%).

Sleep

A large proportion of students in both cohorts (Table 2) reported that their sleep quality or duration had declined since starting university. Again, relocating students reported a higher incidence of poor quality sleep. However, both cohorts noted that their sleep quality and quantity had declined and that this decline was more significant during stressful time periods such as exams:

'I definitely get less sleep during the stressful periods of university when due dates start to clump together. Both quality and duration reduce'.

Relocators n = 43 (33%)	Non-Relocators n = 88 (67%)	
 Improved = 9% 	 Improved = 5% 	
 Declined = 70% 	• Declined = 52%	
• No change = 21%	 No change = 24% 	

Table 2 Comparison of sleep quality for relocating students as compared to non-relocators

Health related behaviours

Students were asked to report on changes to their health related behaviours including changes to alcohol consumption, smoking, sun exposure and consumption of caffeine. Many students reported increases in these behaviours (relocating students 47% vs. non-relocating students 23%).

Mental health

The most significant difference between the relocating and non-relocating student cohorts was the decline in mental health (Table 3) as shown in their responses to questions relating to their feelings of loneliness, alienation, support, anxiety or depression and questions relating to their friendship networks and sense of being included in the university community.

Relocators n = 43 (33%)	Non-Relocators n = 88 (67%)	
 Improved = 5% 	 Improved = 14% 	
 Declined = 60% 	 Declined = 38% 	
 No change = 21% 	 No change = 26% 	
Made new friends = 100%	Made new friends = 88%	
Feel part of university community = 77%	Feel part of university community = 67%	

Table 3 Comparison of mental health for relocating students as compared to non-relocators

Relocating students reported a much higher incidence of stress and anxiety as well as increased loneliness with over 55% of this cohort stating that they had felt significant amounts of loneliness since relocating to the city in order to start university (only 6% of the non-relocating students reported feeling lonely). This was despite the fact that all of the relocating students reported having made new friends since starting university and the majority (77%) stating that they felt part of the university community. The process of relocation to university clearly has an impact that extends well beyond the initial first few weeks of university.

'It's extremely lonely in Adelaide, especially with my family and friends and now exboyfriend all in my hometown. It has been extremely difficult for me'

'I can feel very lonely and depressed at times, and if everything is going bad at the same time, I break down and can't seem to function properly, I'm in robot mode'.

Of concern was the number of students who reported having depression, and whilst a number of these students stated that they were seeing health professionals and being treated, many were not. Findings such as these beg the question as to whether the university environment is placing students at risk of long term mental health problems?

Overall health

A significant proportion of these students reported a decline in their overall physical and mental health after starting university study (Table 4). Increased stress and anxiety, loneliness, poor diet and exercise were the most frequently stated reasons for this decline in health status. It is interesting to note that this pilot survey was conducted with health science students who could be expected to have a greater interest in healthy lifestyles as it is foundational to many of the courses that they are studying.

Relocators n = 43 (33%)	Non-Relocators n = 88 (67%)	
 Improved = 12% 	 Improved = 19% 	
• Declined = 47%	 Declined = 30% 	
• No change = 26%	 No change = 30% 	

Table 4 Comparison of overall health for relocating students as compared to non-relocators

New opportunities are offered to young people through extending their education at university; nonetheless, at the same time new pressures can operate which may hinder their success and well-being. For rural and isolated students these pressures can be magnified as they have to relocate to attend university. The loss of social support from friends and family, together with often inadequate financial support seems to exacerbate the difficulties of transitioning to university for these students. Clearly, the current practices and infrastructure both within and beyond the university are not adequate to enable students to transition to university without significant and detrimental changes to their health. There is an obvious need to improve these systems in order to better support students throughout this difficult transition process, particularly for relocating students.

Questions/issues for audience discussion

What are the long term outcomes of changed physical activity and dietary behaviours for university students? What factors impact most on mental health? What can we do to lessen the loneliness factor? What is the impact of this decreased mental and physical well-being on

academic progress? If relocating to university represents an increased physical and mental health risk how can we provide better support for these students?

Session Outline

- Brief introduction to previous research on physical and mental health of university students and factors affecting rural and isolated cohorts (5 minutes).
- Small group discussion (5-6 audience members/group), of the issues relating to physical or mental health of first year students. Reporting of main issues to whole group and identification of critical areas (10 minutes).
- Small group discussion of ways to address 2 or 3 of the most critical issues identified, drawing audience members experiences of successful transition programs (10 minutes).

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