

**Influence of age, gender and emotional intelligence on mental health of First Year
students in a South African University**



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award of degree in Masters of Social Science in Clinical Psychology at the North-West
University (Mafikeng Campus)

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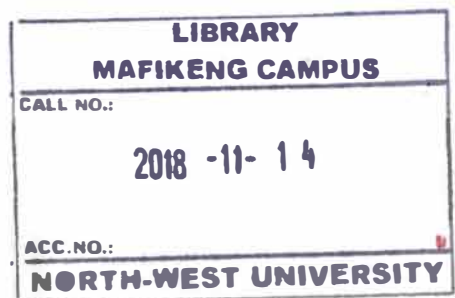
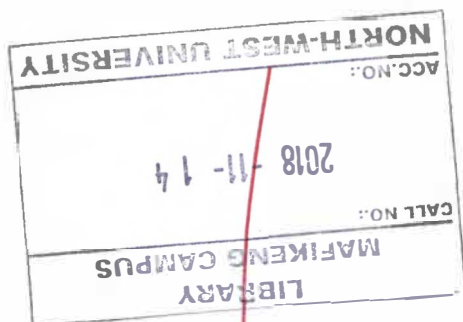


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DECLARATION

I, Tema Senyatsi Solomon, declare that the mini-dissertation entitled “**Influence of age, gender and emotional intelligence on mental health of First Year students in a South African University**”, hereby submitted for the degree of Master of Social Science in Clinical Psychology, has not previously been submitted by me for a degree at this or any other university. I further declare that this is my own work in design and execution and that all materials contained herein have been duly acknowledged.

Senyatsi Tema

Date

DEDICATIONS

This study is dedicated to my family especially my parents

Raesibe and Mochaeng Tema

And

My Children

Oratile and Theto

ACKNOWLEDGEMENT

Thanks to God Almighty for the completion of my study and showering me with blessings throughout my research and enabling me to complete successfully.

- My appreciation goes to Professor E.S. Idemudia for the patience he showed through the study. I would like to thank you for the support, encouragement and inspiration you have shown me during my study.
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- My gratitude goes to all the students who participated in the study.

SUMMARY

The aim of the study was to investigate the Influence of age, gender and emotional intelligence on mental health of First Year students in a South African University. This study was anchored on these hypotheses: (1) Younger students will significantly report better mental health than older students (2) Male students will significantly report better mental health than female students (3) Students with high wellbeing dimension of emotional intelligence will significantly report better mental health than those with low wellbeing dimension of emotional intelligence (4) Students with high self-control dimension of emotional intelligence will significantly report better mental health than those with low self-control dimension of emotional intelligence (5) Students with high emotional stability dimension of emotional intelligence will significantly report better mental health than those with low emotional stability dimension of emotional intelligence (6) Students with high sociability dimension of emotional intelligence will significantly report better mental health than those with low sociability dimension of emotional intelligence.

The questionnaire was divided into three sections. Section A contained demographical characteristics of the participants, Section B included the Trait Emotional Intelligence Questionnaire – Short Form (TEIQue-SF) measuring Emotional Intelligence dimensions of well-being, self-control, emotional stability and sociability, and Section C encompassed General Health Questionnaire Scale (GHQ-28) used to measure mental health. Psychometric properties of all the scales used are valid and reliable. Three hundred (300) participants completed questionnaires consisting of one hundred and fifty (150) males and one hundred and fifty (150) females. The age of the participants ranged from 16 to 40 years with a mean age of 20.10 (SD=2.280). The study included first year students, from different faculties of the North-West University.

All the six hypotheses were tested using a t-test for independent groups. The first hypothesis revealed that younger students ($M = 66.4783$, $SD = 12.6552$) were not significantly different in mental health from older students ($M = 69.243$, $SD = 12.1583$); $t(298) = -1.598$, $p = ns$. Results from the second hypothesis revealed that male students ($M = 65.0333$, $SD = 11.2843$) significantly reported better mental health than female students ($M = 69.2000$, $SD = 13.4619$); $t(298) = 2.905$, $p = .004$.

The third hypothesis which examined the influence of the well-being dimension of emotional intelligence on mental health revealed that students who were high in well-being ($M = 64.7219$, $SD = 11.6929$) significantly reported better mental health than those who were low in well-being ($M = 70.2061$, $SD = 13.0347$); $t(298) = 3.831$, $p = .000$. Result from the fourth hypothesis indicated that students who were high in self-control ($M = 63.0543$, $SD = 11.7522$) significantly reported better mental health than those who were low in self-control ($M = 70.1813$, $SD = 12.3344$); $t(298) = 5.056$, $p = .000$.

The fifth hypothesis which examined the influence of the emotional stability dimension of emotional intelligence on mental health revealed that students who were high in emotional stability ($M = 65.0970$, $SD = 11.7143$) significantly reported better mental health than those who were low in emotional stability ($M = 68.7470$, $SD = 12.2572$); $t(298) = 2.522$, $p = .012$. The last hypothesis indicated that students who were high in sociability ($M = 63.5205$, $SD = 10.7782$) significantly reported better mental health than those who were low in sociability ($M = 70.5260$, $SD = 13.2137$); $t(298) = 5.014$, $p = .000$.

In conclusion the study contributed to the growing body of research by presenting a relationship between age, gender and mental health of first year students in a South African university. It was noted that dimensions of emotional intelligence were associated with good mental health amongst students. It is suggested that a multidisciplinary team should be

established to address the challenges of first year students, which includes training on emotional intelligence to assist in improving their mental health.

PREFACE

Article Format

For the purpose of this mini dissertation, which is part of the requirements for the award of the Masters of Arts (Social Science) degree in Clinical Psychology, the article format as described by General Regulation A. 7.5.1.b of the North-West University was chosen.

Selected Journal

The target journal to which the current manuscript will be submitted is the South African Journal of Psychology (SAJP). For the purpose of examination, tables are included in the text.

Letter of Consent

The letter of consent from the co-authors in which they grant permission that the manuscript entitled, "*Influence of age, gender and emotional intelligence on mental health of First Year students in a South African University.*" be submitted for the purposes of this study is attached.

Page Numbering

In the mini-dissertation page numbering will be from the first page to the last. For the purpose of submitting the manuscript to the above mentioned journal, the manuscript will be numbered according to the requirements of the South African Journal of Psychology. Thus, the numbering will start on the title page of the manuscript.

Referencing

In this dissertation, referencing is done according to the instructions of the South African Journal of Psychology.

LETTER OF CONSENT

We, the undersigned hereby give consent that Senyatsi Solomon Tema may submit the manuscript entitled “*Influence of age, gender and emotional intelligence on mental health of First Year students in a South African University*” for the purpose of a dissertation in partial fulfilment for the degree of Master of Social Science in Clinical Psychology.

Prof E.S. Idemudia

Supervisor

Dr N.A Matamela

Co-supervisor

INSTRUCTIONS TO AUTHORS

South African Journal of Psychology

Information for Contributors

Submission of a manuscript

SAJP is a peer-reviewed journal publishing empirical, theoretical, and review articles on all aspects of psychology. Articles may focus on South African, African, or international issues. Manuscripts to be considered for publication should be e-mailed to sajp@up.ac.za. A covering letter with postal address, e-mail address, and telephone number should be included. The covering letter should indicate that the manuscript has not been published elsewhere and is not under consideration for publication in another journal. An acknowledgement of receipt will be e-mailed to the author (within seven days, if possible) and the manuscript will be sent for review by three independent reviewers.

The manuscript number must always be quoted in ALL correspondence to the editor.

Only one article per author will be published per calendar year. Exceptions to this rule will be at the sole discretion of the editor (with the associate editors) in the case of an exceptional article that needs to be published, a special issue where the specific article will make a significant contribution, or a written response to a *riposte*, etc.

Where authors are invited to revise their manuscripts for re-submission, the editor must be notified (by e-mail) of the author's intention to resubmit and the revised manuscript re-submitted within six weeks. After a longer period, it will be treated as a completely new submission.

Manuscript structure

Manuscripts (including references and tables) should be no longer than 20 pages (5 000 words), and must include the full title of the manuscript, the name(s) of the author(s) and their affiliations, and the name, postal address, and e-mail address of the corresponding author.

An abstract, no longer than 300 words, and an alphabetical list of at least six keywords should be provided. The introduction to the article does not require a heading. Tables and figures, with suitable headings/captions and numbered consecutively, should follow the reference list, with their approximate positions in the text indicated.

The manuscript should be an MS Word document in 12-point Times Roman font with 1.5 line spacing. The American Psychological Association (APA, ver. 5) style guidelines and referencing format should be adhered to.

Short submissions

SAJP invites short reports on any aspect of theory and practice in psychology. We encourage manuscripts which either showcase preliminary findings of research in progress or focus on larger studies. Reports (of no more than 2 500 words) should be presented in a manner that will make the research accessible to our readership.

Language

Manuscripts should be written in English. It is compulsory that manuscripts be accompanied by a declaration that the language has been properly edited, together with the name and address of the person who undertook the language editing.

Ethics

Authors should take great care to spell out the steps taken to facilitate ethical clearance, i.e. how they went about complying with all the ethical issues alluded to in their study, either directly or indirectly, including informed consent and permission to report the findings. If, for example, permission was not obtained from all respondents or participants, the authors should carefully explain why this was not done.

MANUSCRIPT

Influence of age, gender and emotional intelligence on mental health of First Year students in
a South African University.

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Abstract

Aim: The aim of this study was to investigate whether age, gender and emotional intelligence of first year students will influence their mental health.

Method: A cross-sectional design was used for the study. Three hundred (300) first year students were conveniently selected from the North-West University (Mafikeng Campus) to participate in the study. The study comprised one hundred and fifty (150) males and one hundred and fifty (150) females. The age of the participants ranged from 16 to 40 years with a mean age of 20.10 (SD=2.280). Data were collected using self-reported questionnaire. Hypotheses were tested with t-test for independent groups.

Results: Results revealed that there was no influence of age and mental health. Male students significantly reported better mental health than female students $t(298) = 2.905, p = .004$. Students who scored high in all dimensions of emotional intelligence (wellbeing, self-control, emotional stability and sociability) significantly reported better mental health than those who scored low in the dimensions of emotional intelligence: well-being $t(298) = 3.831, p = .00$; self-control $t(298) = 3.831, p = .00$; emotional stability $t(298) = 2.522, p = .012$ and sociability $t(298) = 5.014, p = .00$.

Recommendations: It is imperative that mental health issues faced by students should further be incorporated in the policies of the institution. Preventative strategies need to be put in place to help first year students and the general student population to manage mental health challenges and the demands of the university.

Key words: age, emotional intelligence, first year students, gender, mental health and South African university.

1. INTRODUCTION AND BACKGROUND TO THE STUDY

Completing a degree qualification is regarded as the ultimate goal of university students. However, not all students are able to obtain their qualifications. According to the National Plan for Higher Education, South Africa's qualification percentage of 15% poses a very real concern to the nation (Department of Education, 2005). Additionally 120, 000 students registered in tertiary institutions have left their studies without completing their first year of studies (Department of Education, 2005).

This is not surprising, since the first year of the study at tertiary institutions is a period filled with many challenges. During this developmental period students encounter challenges which lead to risky actions such as unprotected sex, risky driving, and substance use (Arnett, 2000). They also encounter problems such as moving from their families, looking after themselves emotionally and financially. Complications in dealing with the resulting pressure frequently result in diminished educational performance, increased psychological suffering, and bad attitudes toward education (Dwyer & Cummings as cited in Salami, 2006). All these factors consistently bring about difficulties in the quality of learning and implicate poor mental health which involves symptoms such as anxiety, depression, stress or substance abuse.

WHO (2012) has defined mental health as "... a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Keyes (2005) further describes mental health as state of lacking mental illness and the availability of elevated well-being. He further argues that the positive functioning which involves psychological well-being and subjective well-being is also vital.

In this study mental health refers to the state of absence of psychological distress such as somatic symptoms, anxiety/insomnia, social dysfunction and depression. Poor mental health in the current study would therefore imply an individual who has high scores on the General Health Questionnaire (GHQ-28) by Goldberg and Hillier (1979). Thus, good mental health implies a lack of psychological distress. General Health Questionnaire (GHQ-28) has been used to measure the mental health of first year students in the current study. The total scores range from 28 to 112, whereby the score will be considered high when it is above the mean and indicate pathology.

Poor mental health has been associated with negative aspects such as substance use/abuse, crime, anxiety, depression and dropout from school (WHO, 2009). The present tertiary students are considered to be the most susceptible to poor mental health (Kitzrow, 2009; Hjorth, Bilgrav, Frandsen, Overgaard, Torp-Pedersen, Nielsen & Bøggild, 2016; Hussain, Guppy, Robertson, & Temple, 2013). Such students with poor mental health are also vulnerable to poor academic performance (Fink, 2014) and drop-out from the institution (Hjorth et al., 2016). According to Salami (2010) tertiary students should have good mental health to do well in their university studies. Keyes (2005) states that good mental health implies lacking mental illness and the availability of elevated well-being. Hunt and Eisenberg (2010) noted that mental health should be taken as a serious matter in tertiary institutions.

Previous studies have shown that age and mental health have a strong association (Ardington & Case 2010; American Psychological Association [APA], 2013); Pillay & Bundhoo (2015). Therefore, first year students are the focus of this study. Most studies have found that mental health issues are suffered by individuals during the period of emerging adulthood (Holden, Ware, & Lee, 2016; MacLeod & Brownlie 2014; Sandberg-Thoma & Dush, 2014; APA, 2013). Arnett (2000) describes emerging adulthood as a period of human development in which individuals make the transition from living with their parents to

furthering their studies, which is accompanied by psychological distress and adjustment issues for some individuals. This is a stage where individuals explore their identity (Schwartz, Zamboanga, Luyckx, Meca, & Ritchie, 2013). In this study age is defined as a transitional period between the stages of adolescence and adulthood.

During this developmental stage some individuals begin to show some symptoms of mental health issues such as depression or schizophrenia (APA, 2013; MacLeod & Brownlie, 2014; Kok, 2015). A study by Sandberg-Thoma and Dush (2014) found that such depressive symptoms are strongly associated with suicidal thoughts in emerging adulthood. Furthermore, emerging adulthood has been associated with a number of challenges, such as rejection (Kok, 2015, substance abuse (APA, 2013), risky sexual behaviour (Schwartz, et al., 2013) and starting a career (Lane, 2015). These factors affect the mental health of individuals and lead to psychological issues in some of them (Weiss, Freund, & Wiese, 2012).

Furthermore, researchers such as Bowman, (2010) and Sharma (2012), found that emerging adults in the first year of their studies are more likely to experience psychological distress than other students in tertiary institutions. This suggests that first year students are vulnerable to various challenges which impact negatively on their studies if they are not well managed by the students and the staff members of the university. Therefore, it is imperative that further studies should focus on this group of individuals. The current study is seeking to fill this gap by focusing on the first year students who are mostly in the stage of emerging adulthood.

The influence of gender on mental health was also examined. Gender refers to “the attitudes, feelings, and behaviours that a given culture associates with a person’s biological sex”. (APA, 2012). Such conduct or actions are in line with cultural beliefs and considered as normal. For the purpose of this study, gender is defined in a biological sense rather than a

socio-cultural perspective. Previous literature has shown that there is a strong relationship between gender and mental health. In higher education, males were more at risks of quitting tertiary education than females due to their mental health issues (Hjorth et al., 2016).

Mental health has also been associated with emotional intelligence by many researchers. Previous researchers such as Carmeli, Yitzhak-Halevy and Weisberg, (2009); Zeidner, Matthews and Roberts, (2012); Ugoani and Ewuzie (2013); Montes-Berges and Augusto-Landa, (2014) found a relationship between emotional intelligence and mental health. However their studies focused on a general population and not on first year students, therefore this study will focus mainly on first year students.

Research further shows that emotional intelligence is associated with resilience, stress management and success in individuals. Lack of emotional intelligence can be associated with maladaptive behaviours and lack of problem solving skills (Adams, 2011; Firozna & Jayan, 2015). Lack of emotional intelligence has also been associated with many challenges among teenagers and young adults (Ugoani & Ewuzie, 2013).

Salovey and Mayer (1990) explained emotional intelligence as “a set of skills hypothesized to contribute to the accurate appraisal and expression of emotion in oneself and in others, the effective regulation of emotion in self and others, and the use of feelings to motivate, plan, and achieve in one’s life” (p. 185). Salovey and Mayer believe that individuals have the abilities to develop good mental health and they are open to various aspects either negative or positive, understand their own and other people’s emotions and they are able to adjust in various settings.

Goleman (1998) expanded the work of Mayer and Salovey and defined emotional intelligence as “the capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships”

(p. 317). Both models of emotional intelligence have suggested that high emotional intelligence would result in greater feeling of mental health in individuals. For the purpose of this study emotional intelligence refers to individuals' ability to control their feelings, interact with others to adjust to settings and maintain the sense of well-being. The four dimensions of emotional intelligence covered in the study are well-being, self-control, emotionality, and sociability, which are defined below.

The first dimension, well-being, is defined by WHO (2009) as the presence of positive mental health. Well-being also comprises psychological well-being and subjective well-being (Linley, Maltby, Wood, Osborne, Hurling, 2009). The second dimension, self-control, was defined by Petrides (2009) as individuals' ability to regulate their wishes and impulses, and to control their emotions. The third dimension, sociability, emphasises an individual's interactions with others and communal impact (Petrides, 2009). Individuals with social abilities are able to listen and communicate appropriately with others in their community. The last dimension, emotionality, was defined by English and John (2013) to denote that people control their emotions in various ways which also affect their behaviour.

In this study Trait Emotional Intelligence Questionnaire – Short Form (TEIQue-SF) by Petrides and Furnham (2006) has been used to measure the emotional intelligence of first year entering students. This is a 30-item questionnaire designed to measure global trait emotional intelligence. This instrument was developed from the long version of the TEIQue. Two items from each of the 15 subscales of the TEIQue were chosen for inclusion, grounded on the associations consistent with the total subscale scores (Petrides & Furnham, 2006). Scores were obtained from questions 1-30 covering the four factors (well-being, self-control, emotionality, and sociability).

1.1 Statement of the problem

Mental health problems have been identified to be more common during adolescence and early adulthood than in older individuals (APA, 2013). Tertiary students are more at risk of depressive symptoms mainly because of the challenges which begin through their developmental, career and social settings (Pillay & Bundhoo, 2015). Furthermore, in higher education poor mental health was strongly linked to drop-out of the students (Higher Education South Africa, 2014; Hjorth et al., 2016).

Whereas studies on mental health and university students have been noted in various parts of the world such as Mauritius and the United States (Pillay & Bundhoo, 2015; Ran, Mendez, Leng, Bansil, Reyes, Cordero & Tang, 2016), it is surprising that there is still a paucity of mental health studies carried out amongst first year students in the South African context. South African studies have focused on mental health in relation to health settings (Sharer, Cluver & Shields 2015), HIV/AIDS orphans (Kutame, Maluleke, Netshandama & Ramakuela, 2014) and in the workplace (Idemudia & Mabunda, 2012).

Furthermore the research on the construct of emotional intelligence in the South African context was conducted mostly in the workplace (Towell, Nel, & Muller 2013; Beukes, 2010). In recent years, emotional intelligence has appeared as a predictor of adults' mental health (Kriplani & Shukla, 2015). Studies on emotional intelligence and mental health have been conducted in various parts of the world such as Europe, India, Iran (Davis & Humphrey 2014; Kriplani & Shukla, 2015; Shabani, Hassan, Ahmad & Baba, 2011) but little research has examined its involvement in first year students' mental health therefore creating knowledge gaps. Given the scarcity of research that examined the influence of age, gender and emotional intelligence on the mental health of first year students in a South African

university, there is a need to fill the gap in knowledge by examining the above mentioned variables.

1.2 Aim of the study

The aim of the study is to examine the influence of age, gender and emotional intelligence on the mental health of first year students in a South African university.

1.3 Objectives

The study was based on the following objectives:



- To determine age difference between younger and older students on mental health.
- To assess if there will be a difference between male and female students on mental health.
- To investigate if students with high a well-being dimension of emotional intelligence will significantly report better mental health than those with low well-being dimension of emotional intelligence.
- To investigate if students with a high self-control dimension of emotional intelligence will significantly report better mental health than those with low self-control dimension of emotional intelligence.
- To investigate if students with a high emotional stability dimension of emotional intelligence will significantly report better mental health than those with low emotional stability dimension of emotional intelligence.
- To investigate if students with a high sociability dimension of emotional intelligence will significantly report better mental health than those with low sociability dimension of emotional intelligence.

1.4 Scope of study

The study was conducted in the North-West University (Mafikeng Campus) in North West Province, South Africa. North West Province is home to over 3 million inhabitants. The university campus is situated in Mmabatho area which is about 10 kilometres from Mahikeng town. The university is dominated by black students, while other minority racial groups can also be found in the University (Whites, Indians, Coloureds, and Chinese). Three hundred (300) students (males and females) from different faculties in their first year participated in the study. The variables were limited to emotional intelligence, age, gender and mental health.

1.5 Significance of the study

This study has practical and theoretical importance. Theoretically this study will contribute towards the knowledge of theories related to the study. There is a paucity of research in relation to the hypotheses of the study, hence the study will add to the current literature and find gaps for future studies to explore the study hypotheses further. The findings from the study will provide understanding and information about age, gender and emotional intelligence differences of first year entering university students' mental health. The results will also assist the relevant stakeholders to gain insight into the phenomenon of mental health of first year students in University and the factors that influence mental health. The study will provide an insight on the best recruitment strategy of the first year entering students during the selection process and to assist students deal with their mental health challenges. The study will also make recommendations and strategies on how to address the issues concerning first year students and to inform policies for student counselling.

2 THEORETICAL BACKGROUND

2.1 Theoretical Framework

2.1.1 Person-Environment Fit Theory

Person–environment fit was initially proposed by French, Rodgers, and Cobb (1974). Person–environment fit is defined as the degree to which individual and environmental characteristics match (Dawis, 1992). The model was developed to explain the interaction between the person and the environment, which influences human behaviour. It focuses on the demands of the environment and how individuals are able to cope with them. The demands include factors such as intrinsic and extrinsic rewards and cultural values while the individual’s characteristics may include biological or psychological needs, values and abilities (Edward, 2008).

This interaction brings about positive outcomes, such as satisfaction, performance and good mental health (French et al. 1974). However, poor fits are associated with destructive behaviours such as dissatisfaction, depression, somatic complains and substance abuse (Edwards & Rothbard 1999; French et al. 1974). Seen from this perspective it is clear that the model is fundamental to some conceptualizations of first year students’ mental health.

Based on the current study, this theory assists by providing a conceptual framework for first year students and their environment. Gilbreath, Kim and Nichols (2011) identified that student-university fit is linked to satisfaction with the environment and good mental health.

2.2 Theoretical Perspectives

This section details with several theories which attempt to explain the concepts in this study. The following theories are therefore imperative for the study and they are discussed below:

2.2.1 Emotional Intelligence

The concept of emotional intelligence was attributed to Salovey and Mayer (1990). From Salovey and Mayer's model, emotional intelligence can be considered as a reliable intelligence, which enables individuals to solve problems and efficiently adjust to the environment. Mayer and Salovey's ability model is based on four interrelated abilities, which is relevant to the current study: perceiving emotions, using emotions to facilitate thought, understanding emotional information, and regulating emotions (Mayer & Salovey, 1997). According to this model, individuals have abilities to develop good mental health and they are open to various aspects either negative or positive, they understand their own and other people's emotions and they are able to adjust in various settings.

The relevance of this theory to the current study is that high emotional intelligence can help students to perform well in their studies, and those not showing enough emotional intelligence skills will have poor mental health and struggle with their studies (Salami, 2010). In the current study the theory of emotional intelligence provides an insight into whether emotional intelligence impacts on the mental health of first year students. The dimensions of emotional intelligence to be covered in the study are self-control, well-being, sociability and emotionality.

2.2.2 Differential Susceptibility theory

According to the differential susceptibility hypothesis by Belsky (1997) individuals vary in the degree they are affected by experiences or qualities of the environment they are exposed to. Some individuals are more susceptible to such influences than others—not only to negative but also to positive ones. Some individuals in their social context are more vulnerable to psychological distress than others (WHO, 2012). The idea is that individuals vary in their responsivity to qualities of the environment; some individuals, due to their biological, temperamental, behavioural and demographic characteristics are more vulnerable to the adverse effects of negative experiences (e.g. stress or risks), whereas others are relatively resilient with respect to them.

In this study, age group and gender are demographic characteristics which were explored. This theory gives the explanation of whether males or females are more susceptible to various environments (in this case university environment). They may be vulnerable to psychological distress posed by the university environment, while other individuals are resilient to such environment. Previous studies have shown that females show more psychological distress than males (Gaus, Kiep, Holtkamp, Burkert & Kendel, 2015). The current study took into consideration the age and gender differences based on this theory.

2.2.3 Emerging adulthood theory

Emerging adulthood is a theory developed by Arnett (2000), emphasising that this stage is between the ages of 18-25 where a person has passed the adolescence stage. This is a stage where identity of an individual is formed, where individuals explore many aspects and decide on the ones that suit them. This developmental period is accompanied by psychosocial distress and adjustment issues for some individuals, as they are making a transition from living with their parents to furthering their studies (Arnett, 2000). During this period some

individuals, as they explore, may make right decisions about themselves while others may struggle with decision-making.

This theory gives the explanation of why certain individuals in emerging adulthood are more vulnerable to psychological distress as compared to other age groups. Based on the current study, age differences were taken into consideration based on this theory.

2.3 Operational definitions used in this study

In this study:

Mental health is defined as a state of absence of psychological distress such as somatic symptoms, anxiety/insomnia, social dysfunction and depression. Mental health was measured by scores obtained on the GHQ-28 scale by Goldberg & Hillier (1979).

Gender is defined in a biological sense rather than a socio-cultural perspective.

Age is defined as a transitional period between the stages of adolescence and adulthood. This is a period referred to as emerging adulthood by Arnett (2000) whereby individuals make the transition from living with their parents to furthering their studies, which is accompanied by psychological distress and adjustment issues for some individuals.

Emotional intelligence refers to individuals' ability to control their feelings, interact with others to adjust to settings and maintain the sense of well-being. Emotional intelligence was measured by scores obtained on the TEIQue-SF by Petrides & Furnham (2006). The four dimensions of emotional intelligence covered in the study are well-being, self-control, emotionality, and sociability. These dimensions are defined below:

The first dimension of well-being is defined by WHO (2009) as the presence of positive mental health. Well-being also comprises of psychological well-being and subjective well-being (Linley et al., 2009).

Self-control is defined by Petrides (2009) as individuals' ability to regulate their wishes and impulses, and to control their emotions.

Sociability refers to an individual's interactions with others and communal impact (Petrides, 2009). Individuals with social abilities are able to listen and communicate appropriately with others in their community.

Emotionality was defined by English and John (2013) to denote that people control their emotions in various ways which also affect their behaviour.

3 LITERATURE REVIEW

Mental health and tertiary students

Previous literature shows that students in tertiary institutions are either at risk of developing psychological distress or suffering from it (Nami, Nami & Eishani, 2014; Pidgeon, McGrath, Magya, Stapleton & Lo, 2014). According to Salami (2010) tertiary students should have good mental health to do well in their university studies. However, being in a good state of mental health does not imply that an individual is immune to psychological distress (WHO, 2012). The present tertiary students are considered to be the most vulnerable to psychological distress (Kitzrow, 2009). They are exposed to risky behaviours such as unprotected sex, substance use, and risky driving (Arnett, 2000). In addition they also encounter problems such as moving out of their families to look after themselves in many aspects such as emotionally and financially. These complications result in diminished educational performance and increased psychological problems (Dwyer &

Cummings as cited in Salami, 2006). They display their psychological distress through various ways such as somatic symptoms and change in behavioural patterns (Tomsa, Ortiz, Sedano, & Jenaro, 2014). Such students suffering from psychological distress are also vulnerable to poor academic performance (Fink, 2014). According to WHO (2015), mental health would become one of the leading disabling illness in 2020.

First year students are faced with many tasks (such as looking after themselves, studying, interacting with others, etc.) and difficulties which may at times cause psychological distress (Salami, 2010). This implies that the first year of study at the university is more likely to be very stressful and lead to complications in dealing with the resulting pressure which frequently results in diminished educational performance and poor mental health.



According to the National Plan for Higher Education South Africa's qualification percentage of 15% poses a very severe concern to the nation. Additionally 120 000 first-time students registered in tertiary institutions have left their studies without completing their first year of studies (Department of Education, 2005). This is attributed to the fact that they are not only focusing on their academic work but also other responsibilities and tasks which make it difficult to solely focus on their studies. They are also influenced by their peers to engage in various activities such as alcohol use (Govender, Mogotsi, & Nel, 2015), sex (Van de Bongardt, de Graaf, Reitz, & Deković, 2014), and smoking Burk, Laursen, Salmela-Aro, Nurmi, & Kiuru, 2010).

Nevertheless, Dyrbye, Thomas and Shanafelt (2006) stated that the aetiology of psychological distress and its effects on the students' performance and dropout rate is unknown. There is a need for more research to establish the causes of psychological distress and its influence on students.

Though multiple studies revealed that poor mental health is highly prevalent amongst students, there are still insufficient treatment programmes in tertiary institutions to deal with these mental health problems (Shek & Wong, 2011; Hunt & Eisenberg, 2010). The prevalence of psychological disorders could be dealt with if students receive relevant mental health care and interventions in their institutions (Hunt & Eisenberg 2010).

Some of the challenges in treating psychological distress among university students is the stigma attached to mental illness (Hunt & Eisenberg 2010; WHO 2012). Furthermore, stigma is still an obstacle to access mental health services in the South African communities (Pillay Ahmed, & Bawa 2013; Ruane, 2010). According to the South African Federation of Mental Health (2011) stigma and lack of knowledge of mental health issues results in individuals suffering from poor mental health. This implies that there is a need for awareness and effective preventative programmes in communities and university institutions in the South African universities in order to manage mental health problems amongst students and youth.

Based on the previous literature, it is apparent that mental health is an important psychological factor with regard to human behaviour. Keyes (2005) explains that mental health is the state of lacking mental illness and the availability of elevated well-being. He further argues that positive functioning which involves psychological well-being and subjective well-being is also vital. Therefore, mental health helps individuals to feel happy about themselves and to make informed decisions about their lives and careers (WHO, 2012). This suggests that students with good mental health would be able to become productive in their academic work.

From the reviewed literature, it can be argued that mental health, either poor or good, influences first year students. Tertiary institutions pose challenges and pressures that affect

the mental health of first year students. These challenges and pressures may also contribute to the high rate of poor academic performance, dropout and poor mental health in South African tertiary institutions. The current study therefore attempts to contribute to the body of literature by focusing on the mental health of the first year students.

Emotional intelligence and mental health

The ability model by Mayer and Salovey (1997) refers to emotional intelligence as a set of interrelated abilities organized alongside these aspects: perceiving emotions, using emotions to facilitate thought, understanding emotional information, and regulating emotions. Four aspects of emotional intelligence used in the study are wellbeing, self-control, emotional stability and sociability. Previous literature by Fernández-Abascal and Martín-Díaz (2015) denotes that emotional intelligence dimensions are strongly linked to mental health. Emotional intelligence has been linked with an ability to accurately perceive and express emotion, assimilate emotion into thought, understand emotion, and regulate emotions in the self and others (Mayer & Salovey, 1997).

Most studies have found that emotional intelligence is strongly linked to mental health (Carmeli et al., 2009; Zeidner et al., 2012; Ugoani & Ewuzie 2013; Montes-Berges & Augusto-Landa, 2014). Zeidner, et al., (2012) revealed that aspects of well-being, physical and psychological health are predicted by emotional intelligence. They further suggested that interventions of emotional intelligence are imperative for improvement of the health and well-being of individuals. A recent study by Abdollahi, Carlbring, Khanbani, and Ghahfarokhi, (2016) revealed that emotional intelligence regulates the link between perceived stress and suicidal ideation. Resurrección, Salguero and Ruiz-Aranda (2014) identified 32 studies which reported a negative association between emotional intelligence and depression and anxiety.

Research further shows that emotional intelligence is associated with resilience, stress management and success in individuals; lack of emotional intelligence can be associated with maladaptive behaviours and lack of problem solving skills (Adams, 2011; Firozna & Jayan, 2015). Lack of emotional intelligence has been associated with many challenges among teenagers and young adults (Ugoani & Ewuzie, 2013). Challenges such as hopelessness, substance abuse, depression, academic problems and dropout from the institution are common in youth with low levels of emotional intelligence. The aspects of emotional intelligence, which include well-being, self-control, sociability and emotionality, are discussed below.

Well-being

Mental health and well-being concepts have been previously used by many researchers interchangeably or as collocations (e.g. Hoare, Fuller-Tyszkiewicz, Skouteris, Millar, Nichols, & Allender, 2015; Alderdice, McNeill & Lynn, 2013; Schultze-Lutter, Schimmelmann & Schmidt, 2016; WHO 2015). There are however few published studies on the association between these two constructs.

Self-control

Jo and Bouffard (2014) argue that access to resources has also been associated with self-control. In many studies low self-control was associated with criminal activities (Vazsonyi & Huang, 2010) such as delinquency (Remster & Silver, 2008; Remster, 2014) and deviant behaviour (Gottfredson & Hirschi, 1990). Jo & Bouffard (2014) found that self-control may be compromised in stressful conditions. The university environment is one of those factors which cause psychological distress in first year entering students. Students in university environment struggle to cope with their studies and day-to-day activities (Stallman, 2010) due to challenges such as financial problems (Halliday-Wynes & Nguyen, 2014), stress

due to their assignments (Cvetkovski, Reavley, & Jorm, 2012) and risky behaviours (Arnett, 2000). However there is a paucity of research with regard to self-control and mental health (Remster & Silver, 2008). Because of the scarcity of research on self-control and mental health, this study will therefore attempt to fill this gap by adding to the body of literature in this area.

Sociability

Social support from peers, guardians and staff members help students in coping with the college life and associated challenges (Ugoani & Ewuzie; 2013). Such support relieves students from psychological distress and nurtures success in them (Fink, 2014; Ugoani & Ewuzie, 2013). This means that interpersonal relationships and support from others is associated with good mental health. This also implies that individuals with a lack of social support are more likely to experience psychological symptoms. There is still a scarcity of research on the relationship between the dimension of sociability and mental health. The current study will attempt to fill this gap by adding to the body of literature on this area.

Emotionality

Literature indicates that emotional skills have been associated with mental health (Zeidner, et al., 2012). English and John (2013) denote that people control their emotions in various ways which also affect their behaviour. Regulation of emotions involves connection between the internal and external world of individuals which influence their behaviour with others (English, John, & Gross, in press). University environment is associated with mixed emotional experiences such as fear, anxiety, hopelessness, sadness etc (Zeidner, et al., 2012). This is a suggestion that individuals who have high emotionality score are able to form relationships with their peers, friends and university staff members which in turn helps them to adjust to university life. Those students without emotionality abilities find it difficult to

express their emotions and to read others' emotions, which also affect them negatively in making close and beneficial relationships.

It is clear from the reviewed literature that there still a paucity of research on the emotional intelligence dimensions and mental health. Studies such as Ugoani and Ewuzie (2013) Montes-Berges and Augusto-Landa, (2014). Zeidner, et al., (2012) found that there is an association between emotional intelligence and mental health, but their studies do not indicate any relationship between the dimensions of emotional intelligence and mental health. However this study attempts to fill such gaps by adding to the body of literature on this area.

Gender and mental health

Gender inequalities influence the mental health of individuals; some individuals in their social context are more vulnerable to psychological distress than others. Therefore gender issues should be included when discussing mental health aspects. Gender is a concept which differs from sex (Wang, Johnson, Shu & Li, 2014). Johnson and Repta (2012) argue that gender comprises emotional state, biological sex and sociocultural context of an individual. The study by Ran et al., (2016) exposed that the perception of psychological distress is influenced by gender.

Even though literature shows that there is no major impact of gender on mental health (Stamp, Crust, Swann, Perry, Clough, & Marchant, 2015; Calhoun, Fernandez-Mendoza, Vgontzas, Liao & Bixler, 2014) some researchers disagree. For example, females show more psychological distress than males (Gaus et al., 2015) and they are more vulnerable to suffer from poor mental health (Hjorth et al. 2016). In another study by Romero-Acosta, Canals, Hernández-Martínez, Penelo, Zolog and Domènech-Llaberia, (2013) females also had more stress related physical pains than males.

However, the literature shows contrasting views as Forlani, Morri, Ferrari, Menchetti, De Ronchi, Atti and Dalmonte, (2014) found more symptoms of depression in males than females. The current study can assist in closing the gaps of the contrasting views with regard to the previous literature regarding these variables.

Age and mental health

Mental health difficulties are in most cases realized during adolescence and young adulthood period (Holden et al., 2016). According to Pillay and Bundhoo (2015), individuals between the ages of 18-20 show less depressive symptoms than individuals between the ages of 21-22. Similarly Ardington and Case (2010) also found that mental health is influenced by age and that the risks of mental health problems rise with age.

In contrast it was found that age has an impact on the mental health of individuals, and that young people show poorer mental health as compared to older people (APA, 2013). Stamp et al. (2015) found that age could not influence the mental health of individuals. Another study by Collishaw, Gardner, Aber and Cluver (2016), which was conducted among children bereaved due to AIDS, found that there is no significant difference between mental health and age. It appears from the review of the literature that there is no agreement among the researchers concerning the impact of age on mental health. The current study will therefore contribute by adding new information to the body of knowledge in this area.

Research hypotheses

The study hypothesizes that:

- 1: Younger students will significantly report better mental health than older students.
- 2: Male students will significantly report better mental health than female students.

3: Students with high well-being dimension of emotional intelligence will significantly report better mental health than those with low well-being dimension of emotional intelligence.

4: Students with high self-control dimension of emotional intelligence will significantly report better mental health than those with low self-control dimension of emotional intelligence.

5: Students with high emotional stability dimension of emotional intelligence will significantly report better mental health than those with low emotional stability dimension of emotional intelligence.

6: Students with high sociability dimension of emotional intelligence will significantly report better mental health than those with low sociability dimension of emotional intelligence.

4. METHODOLOGY

4.1 Study design

This is a cross sectional design study. This type of study utilizes different groups of people who differ in the variable of interest, but share other characteristics such as socioeconomic status, educational background, and ethnicity. A cross sectional design was used to collect baseline data from both male and female students participating in the study. Age was not used as selection criteria. The independent variables measured were age, gender and emotional intelligence's dimensions of well-being, self-control, emotional stability and sociability. The dependent variable is mental health.

4.2 Participants

A convenience sample was used to select a sample among first year students of the South African university. The participants of the study were three hundred (n=300) first year students from different faculties of the North-West University (Mafikeng Campus), South

Africa. Age of the participants ranged from 16 to 40 years with a mean age of 20.10 (SD=2.280). Gender was equally distributed among the respondents, with 150 respondents being females and 150 being males.

4.3 Instruments

The questionnaire used in this study comprised three sections (A, B, and C). Section A included demographic information such as age, gender, ethnicity, degree enrolled for and faculty. Section B included the Trait Emotional Intelligence Questionnaire – Short Form (TEIQue-SF) which gathered data with respect to emotional intelligence dimensions (wellbeing, self-control, emotional stability and sociability). Lastly, section C which included the General Health Questionnaire (GHQ-28), to collect statistics on mental health, in order to determine the relationship between the variables. The psychometric properties for these scales are discussed below:

4.3.1. Trait Emotional Intelligence Questionnaire – Short Form (TEIQue-SF).

This is a 30-item questionnaire designed to measure global trait emotional intelligence (Petrides & Furnham, 2006). This instrument was developed from the long version of the TEIQue. Two items from each of the 15 subscales of the TEIQue were chosen for inclusion, grounded on the associations consistent with the total subscale scores (Petrides & Furnham, 2006). Trait emotional intelligence was measured by utilizing the TEIQue-SF (Petrides & Furnham, 2006). Scores was obtained from questions 1-30 covering the four factors (well-being, self-control, emotionality, and sociability). Well-being encompassed questions 5, 20, 9, 24, 12, and 27. Self-control encompassed questions 4, 19, 7, 22, 15, and 30. Emotionality is included in questions 1, 16, 2, 17, 8, 23, 13, and 28. Sociability is included in 6, 21, 10, 25, 11, and 26. Questions 2, 4, 5, 7, 8, 10, 12, 13, 14, 16, 18, 22, 25, 26, and 28 are reverse-coded. Questions 3, 14, 18, and 29 contribute only to the global trait EI score. The answers

are provided on a 7-point Likert scale, which is (1) completely disagree to (7) completely agree.

According to Cooper, Andrew and Petrides (2010) the TEIQue-SF scale indicated great internal consistency, having the Cronbach alpha coefficient of 0.89. Within the South African context the TEIQue-SF has been utilized effectively among university employees, having the Cronbach Alpha of 0.90 (Hardy, 2005).

4.3.2. The 28-item General Health Questionnaire (GHQ-28)

According to Goldberg and Hillier (1979) GHQ-28 comprises four subscales which are somatic symptoms, anxiety/insomnia, social dysfunction and severe depression (Ignatyev, Assimov, Aichberger, Ivens, Mir, Dochshanov, Ströhle, Heinz & Mundt, 2012). This scale has been used in studies to measure the mental health of first year students (Parsa, Panah, Parsa, & Ghaleiha, 2014). In this study the Likert scoring procedure (1, 2, 3, or 4) is used to measure the items. The total score ranges from 28 to 112, whereby the score will be considered high when it is above the mean and indicate pathology. In a South African study conducted among HIV/AIDS and cancer patients, the scale established a great reliability of 0.90 (Matamela, 2009).

4.4 Data collection Procedure

Respondents' consent to participate in the study was obtained. Pen and paper from were used to complete all questionnaires. Completion of questionnaires lasted for approximately twenty five minutes. The objectives for undertaking the study and the confidentiality were explained to the respondents. All the three hundred (300) were completed, scored and analysed. The data was analysed using the computerized Statistical

Package for Social Science (SPSS 22.0) programme. Data was confirmed by a different person to check that it was accurately captured in order to ensure data reliability and validity.

4.5 Data analysis

In order to explain the background characteristics of the students at North-West University Mafikeng campus, the study used a univariate analytical approach, to reveal the background summary of the sample data. Statistical package for social science (SPSS) version 23 was used for data capturing and analysis. T-test was conducted to test the main effects of each variable. Mean scores were used to justify differences in analyses.

4.6 Ethical considerations

The permission was obtained from the Ethics Committee of the North-West University, Mafikeng Campus (appendix A). Ethical clearance was obtained from the Human Research Ethics Committee; and the certificate number is NWU-00278-14-A9. All respondents gave consent to participate in the study. The information provided by the participants was kept confidential during the course of the study.

5. RESULTS



Hypothesis One

Hypothesis one stated younger students would significantly report better mental health than older students. The hypothesis was tested using t-test for independent samples. The results are presented in Table 1.

Table 1: t-test Table showing influence of age group, gender and emotional intelligence dimensions on mental health among students

Variable	n	*M	SD	t	p
Age Group					
Young	230	66.4783	12.6552	-1.598	ns
Old	70	69.2143	12.1583		
Gender					
Male	150	65.0333	11.2843	2.905	.004
Female	150	69.2000	13.4619		
EI-Wellbeing					
Low	131	70.2061	13.0347	3.831	.00
High	169	64.7219	11.6929		
EI-Self-Control					
Low	171	70.1813	12.3344	5.056	.00
High	129	63.0543	11.7522		
EI-Emotional Stability					
Low	166	68.7470	12.2572	2.522	.012
High	134	65.0970	11.7143		
EI-Sociability					
Low	154	70.5260	13.2137	5.014	.00
High	146	63.5205	10.7782		

M = mean; SD = standard deviation

*Dependant variable is mental health compositely measured with GHQ-28.

The results in Table 1 shows that younger students ($M = 66.4783$, $SD = 12.6552$) were not significantly different in mental health from older students ($M = 69.243$, $SD = 12.1583$); $t(298) = -1.598$, $p = ns$. Hypothesis one was not accepted.

Hypothesis Two

Hypothesis two stated that male students would significantly report better mental health than female students. The hypothesis was tested using t-test for independent samples. The results are presented in Table 1. The result shows that male students ($M = 65.0333$, $SD = 11.2843$) significantly reported better mental health than female students ($M = 69.2000$, $SD = 13.4619$); $t(298) = 2.905$, $p = .004$. Hypothesis two was accepted.

Hypothesis Three

Hypothesis three stated that students with high wellbeing dimension of emotional intelligence will significantly report better mental health than those with low wellbeing dimension of emotional intelligence. The hypothesis was tested using t-test for independent samples. The results are presented in Table 1. The result in Table 1 shows that students who were high in wellbeing ($M = 64.7219$, $SD = 11.6929$) significantly reported better mental health than those who were low in wellbeing ($M = 70.2061$, $SD = 13.0347$); $t(298) = 3.831$, $p = .000$. Hypothesis three was accepted.

Hypothesis Four

Hypothesis four stated that students with high self-control dimension of emotional intelligence will significantly report better mental health than those with low self-control dimension of emotional intelligence. The hypothesis was tested using t-test for independent samples. The result is presented in Table 1. The result shows that students who were high in self-control ($M = 63.0543$, $SD = 11.7522$) significantly reported better mental health than those who were low in self-control ($M = 70.1813$, $SD = 12.3344$); $t(298) = 5.056$, $p = .000$. Hypothesis four was accepted.

Hypothesis Five

Hypothesis five stated that students with high emotional stability dimension of emotional intelligence will significantly report better mental health than those with low emotional stability dimension of emotional intelligence. The hypothesis was tested using t-test for independent samples. The result is presented in Table 1. The result shows that students who were high in emotional stability ($M = 65.0970$, $SD = 11.7143$) significantly reported better

mental health than those who were low in emotional stability ($M = 68.7470$, $SD = 12.2572$); $t(298) = 2.522$, $p = .012$. Hypothesis five was accepted.

Hypothesis Six

Hypothesis six stated that students with high sociability dimension of emotional intelligence will significantly report better mental health than those with low sociability dimension of emotional intelligence. The hypothesis was tested using t-test for independent samples. The result is presented in Table 1. The result shows that students who were high in sociability ($M = 63.5205$, $SD = 10.7782$) significantly reported better mental health than those who were low in sociability ($M = 70.5260$, $SD = 13.2137$); $t(298) = 5.014$, $p = .000$. Hypothesis six was accepted.



6. DISCUSSION

This study was anchored on these hypotheses: (1) Younger students will significantly report better mental health than older students (2) Male students will significantly report better mental health than female students (3) Students with high wellbeing dimension of emotional intelligence will significantly report better mental health than those with low wellbeing dimension of emotional intelligence (4) Students with high self-control dimension of emotional intelligence will significantly report better mental health than those with low self-control dimension of emotional intelligence (5) Students with high emotional stability dimension of emotional intelligence will significantly report better mental health than those with low emotional stability dimension of emotional intelligence (6) Students with high sociability dimension of emotional intelligence will significantly report better mental health than those with low sociability dimension of emotional intelligence.

In examining main effect of age group on mental health of students, results show that younger student were not significantly different in mental health from older students. Consistent with Stamp et al., (2015) the results show that age did not influence the mental health of individuals. Another study that concurs with these findings is by Collishaw et al., (2016), which was conducted among children bereaved due to AIDS, found that there is no significant difference between mental health and age.

In contrast, Pillay and Bundhoo (2015) found that individuals between the ages of 18-20 showed less depressive symptoms than individuals between the ages of 21-22. Ardington and Case (2010) also found that mental health is influenced by age and that the risk of mental health problems rise with age. This means that poor mental health is more likely to be experienced mainly by older individuals, which is not the case in the current study, as there was no significant difference. This may be caused by the fact that the participants in the current study are university students, whereas other studies focused on the general population.

Theoretically, these findings are not in agreement with the theory of Differential Susceptibility Hypothesis (Belsky, 1997) which states that individuals vary in their responsiveness to qualities of the environment. Some individuals, due to their biological, temperamental, behavioural and demographic characteristics are more vulnerable to the adverse effects of negative experiences (e.g. stress or risks), whereas others are relatively resilient with respect to them. This implies that there is a need for future studies which will explore this variable further, since there are discrepancies identified.

Results show that male students significantly reported better mental health than female students. These results are consistent with earlier studies which reported that females showed more psychological distress than males (e.g Gaus et al., 2015; Romero-Acosta et al., 2013) and stress related physical pains than males (Romero-Acosta et al., 2013). Most studies found that there is a strong relationship between mental health and gender and females have higher risks of poor mental health than their male counterparts (Hjorth et al., 2016). A similar study that concurs with these findings is by Ran et al. (2016), which investigated sociodemographic predictors of the mental health status and revealed that psychological distress was found to be predicted by gender.

This confirmed the assumptions of the differential susceptibility hypothesis that an individual's functioning is interconnected whereby some individuals are more vulnerable to psychological distress while others are not. For example aspects, like socioeconomic roles and personalities make some individuals more vulnerable to poor mental health when faced with stress. This implies that certain groups of individuals are at the risk of developing mental illness. This also means that socialization plays a role in preparing males to effectively deal with psychological distress, which results in improved mental health (WHO, 2015).

There are few studies which are in disagreement with the study findings. A study by Collishaw et al., (2016), found that there is no significant difference between mental health and gender. Furthermore the study conducted in South Africa by Idemudia and Mabunda (2012) found that gender was not associated with poor mental health.

Findings suggested that students who were high in well-being significantly reported better mental health than those who were low in well-being. Results corroborate with studies

(WHO 2012; Sugiura et al., 2005) which postulated that students who are high in well-being showed lower stress symptoms and good mental health. This finding is also supported by Zeidner, et al., (2012) who revealed that well-being is strongly associated with physical and psychological health. The findings are in line with Person–Environment Fit theory and the emotional intelligence model which indicated that adjustment in various settings results in a good mental health and ability to cope with the demands of the environment. In other words, a sense of well-being increases students' ability to cope with their university studies and enable them to complete their degrees on record time. They are flexible in their relationships and able deal with their personal problems effectively.

With regard to self-control dimension, the results suggested that students who were high in self-control significantly reported better mental health than those who were low in self-control. The results are agreement with Hofmann, et al., (2014); Bouffard, (2014); and Petrides (2009), that high self-control has been linked to better mental health and such individuals with high self-control are able to control their emotions and impulses and able to deal effectively with psychological distress. Salovey and Mayor's model of emotional intelligence shows that the skills to perceive, and manage emotions enables an individual to solve problems and to facilitate effective thinking (Salovey & Mayer, 1990; Mayer & Salovey, 1997).

On the emotional stability dimension, the results show that students who were high in emotional stability significantly reported better mental health than those who were low in emotional stability. The findings of the study corroborates with Liliana and Nicoleta's(2014) research which revealed that emotional stability is strongly linked to mental health on these factors (positive effects, negative effects, emotional distress and life satisfaction).

Lastly the results indicated that students who were high in sociability significantly reported better mental health than those who were low in sociability. This is consistent with Fink, (2014); and Ugoani & Ewuzie, (2013) in their arguments that social support and sociability relieves students from psychological distress and nurtures the success in them. Social support from peers, guardians and staff members help students in coping with college life and associated challenges (Toews & Yazedjian, 2007; Ugoani & Ewuzie; 2013). This means that individuals with high level of sociability show increased social interactions which in turn results in the improved mental health. When they are faced with distressing life events, they will resort to conversations with other individuals as a way of dealing with their problems.

Theoretically the findings of the study are supported by Salovey and Mayor's model that being emotionally intelligent, means to effectively process emotional information and use it to navigate the surroundings. These types of individuals are interacting with others cooperatively while regulating their emotions and being responsible for their own actions.

7. CONCLUSION

In accordance with the hypotheses the study made the following conclusions:

- Age does not influence the mental health of students.
- Female students significantly reported poorer mental health than male students.
- There was no significant interaction effect of age group and gender on mental health of students.
- Students who were high in wellbeing significantly reported better mental health than those who were low in wellbeing.

- Students who were high in self-control significantly reported better mental health than those who were low in self-control.
- Students who were high in emotional stability significantly reported better mental health than those who were low in emotional stability.
- Students who were high in sociability significantly reported better mental health than those who were low in sociability.
- Overall, students with high scores of EI and its dimensions (wellbeing, self-control, stability and sociability) significantly reported higher mental health than low scorers.

8. LIMITATIONS OF THE STUDY

The sample of the study was obtained from North-West University (Mafikeng Campus) first year students, thus the findings cannot be generalised to a larger population. The study also used the convenient sampling which limits the generalisation of the findings of the study. The study did not cover representatives from all the faculties of the university.

9. RECOMMENDATIONS

The following recommendations are made for future studies:

- A qualitative research approach could be used to obtain more information on the topic.
- Another sampling method should be used in order to capture all faculties equally and increase the sample size so that the results can be easy to generalise to a larger population.
- The current study focused on factors determining mental health of first year students, hence future researchers should explore coping and preventive strategies to help students deal with mental health challenges and university demands.

- Such interventions should take into consideration the socio-economic, cultural diversity and varied demands of mental health on the population and be done through a multidisciplinary approach.
- The results of this study be used to inform policy makers on the mental health issues and poor mental health prevention in the university context. This study also recommends educating first year students on emotional intelligence, which help them cope better with the tertiary education demands and challenges, which will in turn prevent drop out at the undergraduate level of study.
- The recruitment strategies will include, counselling and training of first year students on emotional intelligence.
- Other studies should focus on examining the role of student counsellors in NWU in assisting first year entering students without “strengthening” them in any way.

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11. APPENDICES

Appendix A: consent form



Mafikeng Campus
IPELEGENG CHILD
AND FAMILY
CENTRE
DEPARTMENT OF
PSYCHOLOGY
Private Bag X2046
Mmabatho
2735

For enquiries contact

Mr Senyatsi Tema

Email address: senyatsitema@gmail.com

Dear Participant

This questionnaire is designed to study aspects of mental health amongst the first year entering students. Because you are the one who can provide correct information on how age, gender and emotional intelligence influence the mental health of first year entering students, you are requested to respond to the questions frankly and honestly.

Your response will be kept strictly confidential. Only I will have access to the information you give. The numbers or completed questionnaire will not be made available to anyone other than the research team.

Thank you very much for your time and cooperation. I greatly appreciate your help in furthering this research endeavour.

Kind Regards,

Senyatsi Tema

(Research Psychology Student)

Appendix B

SECTION A: BIOGRAPHICAL DATA

1. Age :

2. Gender :

Male	
Female	

3. Ethnicity:

Setswana	
South Sotho	
Swati	

Other, Specify.....

4. Degree enrolled for :

LLB	
BSC (AGEC)	
BA (PSYC)	

Other, Specify.....

5. Name of faculty:

Humanities	
Management and Law	
Sciences, health and agriculture	

Appendix C

SECTION B: Trait Emotional Intelligence Questionnaire – Short Form (TEIQue-SF)

Instructions: Please answer each statement below by putting a circle around the number that best reflects your degree of agreement or disagreement with that statement. Do not think too long about the exact meaning of the statements. Work quickly and try to answer as accurately as possible. There are no right or wrong answers. There are seven possible responses to each statement ranging from ‘Completely Disagree’ (number 1) to ‘Completely Agree’ (number 7).

1 2 3 4 5 6 7

**Completely
Disagree**

**Completely
Agree**

1. Expressing my emotions with words is not a problem for me.	1	2	3	4	5	6	7
2. I often find it difficult to see things from another person’s viewpoint.	1	2	3	4	5	6	7
3. On the whole, I’m a highly motivated person.	1	2	3	4	5	6	7
4. I usually find it difficult to regulate my emotions.	1	2	3	4	5	6	7
5. I generally don’t find life enjoyable.	1	2	3	4	5	6	7
6. I can deal effectively with people.	1	2	3	4	5	6	7
7. I tend to change my mind frequently.	1	2	3	4	5	6	7
8. Many times, I can’t figure out what emotion I’m feeling.	1	2	3	4	5	6	7
9. I feel that I have a number of good qualities.	1	2	3	4	5	6	7
10. I often find it difficult to stand up for my rights.	1	2	3	4	5	6	7
11. I’m usually able to influence the way other people feel.	1	2	3	4	5	6	7
12. On the whole, I have a gloomy perspective on most things.	1	2	3	4	5	6	7
13. Those close to me often complain that I don’t treat them right.	1	2	3	4	5	6	7
14. I often find it difficult to adjust my life according to the circumstances.	1	2	3	4	5	6	7
15. On the whole, I’m able to deal with stress.	1	2	3	4	5	6	7
16. I often find it difficult to show my affection to those close to me.	1	2	3	4	5	6	7
17. I’m normally able to “get into someone’s shoes” and experience	1	2	3	4	5	6	7

their emotions.							
18. I normally find it difficult to keep myself motivated.	1	2	3	4	5	6	7
19. I'm usually able to find ways to control my emotions when I want to.	1	2	3	4	5	6	7
20. On the whole, I'm pleased with my life.	1	2	3	4	5	6	7
21. I would describe myself as a good negotiator.	1	2	3	4	5	6	7
22. I tend to get involved in things I later wish I could get out of.	1	2	3	4	5	6	7
23. I often pause and think about my feelings.	1	2	3	4	5	6	7
24. I believe I'm full of personal strengths.	1	2	3	4	5	6	7
25. I tend to "back down" even if I know I'm right.	1	2	3	4	5	6	7
26. I don't seem to have any power at all over other people's feelings.	1	2	3	4	5	6	7
27. I generally believe that things will work out fine in my life.	1	2	3	4	5	6	7
28. I find it difficult to bond well even with those close to me.	1	2	3	4	5	6	7
29. Generally, I'm able to adapt to new environments.	1	2	3	4	5	6	7
30. Others admire me for being relaxed.	1	2	3	4	5	6	7

Appendix D

SECTION C: GENERAL HEALTH QUESTIONNAIRE-28 (GHQ-28)

Instruction: Each item mentioned below is accompanied by four possible responses: (1-not at all, 2-no more than usual, 3-rather more than usual, 4- much more than usual).

HAVE YOU RECENTLY:

1. Been feeling perfectly well and in good health?	1	2	3	4
2. Been feeling in need of a good tonic?	1	2	3	4
3. Been feeling run down and out of sorts?	1	2	3	4
4. Felt that you are ill?	1	2	3	4
5. Been getting any pains in your head?	1	2	3	4
6. Been getting a feeling of tightness or pressure in your head?	1	2	3	4
7. Been having hot or cold spells?	1	2	3	4
8. Lost much sleep over worry?	1	2	3	4
9. Had difficulty in staying asleep once you are off?	1	2	3	4
10. Felt constantly under strain?	1	2	3	4
11. Been getting edgy and bad-tempered?	1	2	3	4
12. Been getting scared or panicky for no good reason?	1	2	3	4
13. Found everything getting on top of you?	1	2	3	4
14. Been feeling nervous and strung-up all the time?	1	2	3	4
15. Been managing to keep yourself busy and occupied?	1	2	3	4
16. Been taking longer over the things you do?	1	2	3	4
17. Felt on the whole you were doing things well?	1	2	3	4
18. Been satisfied with the way you've carried out your task?	1	2	3	4
19. Felt that you are playing a useful part in things?	1	2	3	4
20. Felt capable of making decisions about things?	1	2	3	4

21. Been able to enjoy your normal day-to-day activities?	1	2	3	4
22. Been thinking of yourself as a worthless person?	1	2	3	4
23. Felt that life is entirely hopeless?	1	2	3	4
24. Felt that life isn't worth living?	1	2	3	4
25. Thought of the possibility that you might make away with yourself?	1	2	3	4
26. Found at times you couldn't do anything because your nerves were too bad?	1	2	3	4
27. Found yourself wishing you were dead and away from it all?	1	2	3	4
28. Found that the idea of taking your own life kept coming into your mind?	1	2	3	4