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Psychological Well-Being Among Tanzanian University Students

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This study explored the prevalence of levels of psychological well-being in a group of Tanzanian university students. A quantitative cross-sectional survey design was implemented for data-gathering. A convenience sample of 279 undergraduate students (19 to 40 years, mean age 29 years) from three church-related universities completed the Mental Health Continuum – Short Form (MHC-SF) as measure of levels of well-being. Descriptive statistics and reliability indices were determined for the MHC-SF and the frequency of various levels of well-being established with implementation of Keyes’s criteria for categorization. Findings indicated high levels of positive mental health in this group with a large number of students in the flourishing category. Smaller size of institution was associated with higher well-being. Future research should explore well-being in other Tanzanian groups as well as the possible role of spirituality and religion in subjective reports of psychosocial well-being.

Keywords: psychological well-being, flourishing, positive psychology, prevalence, university students, Tanzania

The profound transformation of urbanisation and industrialisation that has taken place in Tanzania for over 30 years, have been accompanied by changes in the societal fabric that unite people, and promote and maintain mental health among them (Kilonzo & Simmons, 1998). These changes are paired with mushrooming educational institutions where psychological well-being of university students is equally important in order to produce a healthier workforce for the country. Kilonzo and Simmons (1998) further maintain that the process of urbanisation weakens the social fabric, much like what occurs when men migrate to towns. The overall effect of these changes is the rapid undermining of traditional social support networks, leaving little time for new institutions emerging to replace the psychological support that man needs.

Tanzania is one of the five member countries of the East-African Community. It is located immediately south of the Equator and encompasses 945,000 km². In 2006, the estimated population was 38,329,000, with an estimated growth rate of 2%. Population distribution is extremely uneven, with density varying from 1 person per square kilometre (3/mi²) in arid regions, to 51 per square kilometre (133/mi²) in the mainland’s well-watered highlands, and 134 per square kilometre (347/mi²) in Zanzibar (National Bureau of Statistics, 2010). A significant proportion of the population (44.8%) is below age 15 (National Bureau of Statistics, 2010). Although it is moving towards urbanisation, Tanzania is ranked amongst the poorest countries in the world.

The traditional Tanzanian society often includes several extended families within a larger family group as the main social institution. This family group provides spiritual and emotional nourishment, social support, security, education, and it defines the moral and ethical system within which the community is intricately bound together.

Mental health services and/or healing processes are intimately related to traditional religious experience. The traditional religion also implies the state of being healthy as has been described elegantly by (Mbiti, 1969). Kilonzo & Simmons (1998) affirm that the traditional Tanzanian society is viewed as being mentally healthy in the intricately intertwined spiritual, mental, social and physical realms. The state of being healthy therefore does not only entail harmony among individuals in the community, but a harmonious relationship between the community and the physical environment, as well as the spiritual world of the ancestors and the gods who sustain them. There is a shortage of empirical studies on positive mental health in Tanzanian samples.

Psychological Well-Being

From a positive psychology perspective “psychological well-being” as an umbrella construct refers to positive mental health that can exist in various degrees. In this sense the constructs “psychological well-being” and “positive mental health” are used interchangeably in this study. Research has shown that psychological well-being is a multidimensional concept (Ryff, 1989; Wissing & Van Eeden, 2002) and that its manifestations can be found in various domains of life (WHOQOL Group, 2006). Well-being develops amongst others through a combination of emotional regulation, personality characteristics, identity, and life experience (Helson & Srivastava, 2001). As broad construct psychological well-being comprises of both eudaimonic and hedonic components of well-being (cf., Ryan & Deci, 2001; Khumalo, Temane & Wissing, 2011; Waterman, 1993; 2007). The eudaimonic component is described as living well (i.e., doing good and experiencing meaning in life; cf. Keyes, 2002; Ryff, 1989), and the hedonic component as feeling good (i.e., positive emotions and satisfaction with life; cf. Keyes, 2002; Seligman, 2002). A widely accepted model of psychological well-being (in a broad sense) is that of Keyes (2002, 2005, 2007) which conceptualizes psychological well-being/positive mental health as existing in various degrees on the upper end of a mental health continuum, including emotional, social and psychological facets representing hedonic and
University Students in Tanzania

For university students in Tanzania, the well-being issue is of particular significance due to the uniqueness of their educational environment where they are not exempted from poverty, forcing them sometimes to become victims of exploitation and violence. They are also increasingly involved in forms of negative behaviour. Beyond these general shared concerns with the rest of the population, university students in Tanzania are particularly affected by the challenges of academic demands, multicultural adjustment, urbanization and adaptation to new environments with new responsibilities and freedoms.

University is a critical context for studying youth mental health; where students are often undergoing role transitions such as moving away from the family home for the first time, residing with other students, and experiencing reduced adult supervision. These changes may increase the risk of depression (Read, Wood, Davidoff, McLacken, & Campbell, 2002). The disruption in learning and peer relationships that occur while a young person is depressed might be expected to leave university students at an academic and social disadvantage (low class performance, poor societal integration, low mood, etc.) even after the resolution of the original episode of depression (Harrington, Fudge, & Rutter, 1993). Despite these challenges, research had shown relative high levels of well-being in other youth and student groups in western and southern African contexts (cf. Keyes, 2006; Van Schalkwyk & Wissing, 2010; Wissing & Temane, 2013) in comparison to levels of psychological well-being in such a Tanzanian student group. Taking the challenges for Tanzanian students into consideration, as well as the possible strengths they may have as part of the privilege of being a student, it is a question what the prevalence of levels of psychological well-being in such a Tanzanian student group would be in comparison with levels of well-being that had been reported in other student groups elsewhere.

Aim of the Study

This study aimed to explore the prevalence of various levels of well-being in a group of university students in Tanzania.

Method

Participants and Setting

A convenience sample of 279 undergraduate students from three church-related universities with a mean age of 29 participated. The larger university had a total enrolment of 1644 students with 6.2% participating. The smallest of the three by undergraduate student enrolment was 697 with 11.9% participating.

Measuring Instrument

Students completed the Mental Health Continuum Scale – Short Form (MHC-SF; Keyes, 2005). The MHC-SF comprises 14 items to measure well-being; including emotional well-being, psychological well-being (in a narrow sense), and social well-being. Respondents indicate how often during the past thirty days they experienced a range of fourteen feelings – “never”, “once or twice”, “about once a week”, “2 or 3 times a week”, “almost every day”, or “every day”. To distinguish the levels of well-being, namely, languishing (i.e., low levels of emotional, social, and psychological well-being), moderate mental health, and flourishing (i.e., high levels of emotional, social, and psychological well-being), Keyes (2006) indicated specific scoring criteria for levels of well-being. These are: To be flourishing, participants must report experiences as “every day” or “almost every day” for at least seven of the characteristics, where one of them is from the hedonic (i.e., emotional well-being) cluster (i.e., happy, interested in life, or satisfied), and the others from the social and personal/psychological well-being (eudaimonic) clusters. To be categorised as languishing, participants must report that they “never” or “once or twice” experienced at least seven of the characteristics, where one of them is from the hedonic (i.e., emotional well-being) cluster and the others from the eudaimonic clusters. Participants who do not fit the criteria for flourishing or languishing are moderately mentally healthy. Keyes (2005; 2006; 2009) demonstrated that the short form of the MHC has shown excellent internal consistency (> .80) and discriminant validity. Keyes (2009) estimated the reliability of the sub-scales for the short form scales as ranging from .57 for the psychological well-being sub-scale, .64 for the emotional well-being sub-scale, to .71 for the social well-being sub-scale. Keyes et al. (2008) validated the MHC-SF in an African context and reported a Cronbach alpha of .74 for the total scale.

Procedure

Permission to conduct this research was obtained for the larger FORT 3 project from the Ethical Committee of the North-West University, Potchefstroom Campus (NWU-00002-07-A2). Participants voluntarily gave informed consent before taking part in the research by means of consent forms explaining the aim of the study. All responses were treated anonymously; not directly attached to any respondent.

Upon receiving permission, students were met during their free time at their respective campuses. Most of the meetings were conducted in halls where they were doing private reading and or chatting. Permission was sought from the respondents before the questionnaire was administered and the research instructions read to them. After the respondents had agreed to participate in the research, instructions on completion of the questionnaire were given. The scale was not translated in any other language; it retained its original language – English.

Data Analysis

Descriptive statistics and reliability indices for the MHC-SF were determined with the use of Statistica (Marques de Sa, 2003). The percentage of participants in each of the categories (levels) of positive mental health were then determined implementing the criteria stipulated by Keyes (2006, 2009).

Results

Descriptive Statistics and Reliability Indices for the MHC-SF

Table 1 shows the descriptive statistics and Cronbach alpha coefficients of the MHC-SF for Tanzanian university students. Mean scores and standard deviations are shown for this scale,
and are more or less in line with those reported in the literature. The Cronbach alpha reliability coefficient for the total MHC-SF was 0.79 i.e., acceptable compared to guidelines provided by Kerlinger and Lee (2000) of 0.70. The mean of the inter-item correlations were 0.22. Clark and Watson (1995) recommended a guideline of .15 - .50 for inter-item correlations, with a norm of .15 - .20 for broad constructs, and .40 - .50 for narrower constructs. The item-total correlations ranged between 0.18 and 0.55 for the MHC-SF in this group of Tanzanian university students. Items with the highest means were item 9 to 14 (cluster 3 = eudaimonic, psychological well-being). The item with the lowest mean was item 4: Social contribution with a mean of 0.18.

The Prevalence of Levels of Psychological Well-Being

The psychological well-being levels of participants in the three Tanzanian universities involved is shown in Table 2. The psychological well-being of participants was found to be more inclined to flourishing, where university three (3) reported the highest level of flourishing at 80.7%, university two (2) 68.3%, and university one (1) with 70.6%. Thus, in the total sample of Tanzanian university students 72.7% reported to be flourishing, 3.5% are languishing, and 23.6% are moderately mentally healthy. Therefore, approximately only 27% are not flourishing (functioning optimally).

Discussion

Students at the church affiliated universities included in this study, reported high levels of psychological well-being as indicated by the prevalence of a large percentage of them in the flourishing category. The high percentage of flourishing participants in this group may be ascribed to church institutional environment’s effects in which students perceive spiritual meaning in their lives or a higher purpose of life. Previous studies have associated prayer with improved psychological well-being (Gubi, 2007; Kaldor & Francis, 2002). Many other studies showed a link between spirituality / religiosity and well-being, even though they do not specifically refer to the prevalence of flourishing participants in the specific contexts (see also Ano & Vasconcelles, 2005; Chida, Steptoe, & Powell, 2009; Delle Fave, Brdar, Vella-Brodrick, & Wissing, 2013; Joshanloo, 2010; Koenig, McCullough, & Larson, 2001; Myers, 2000). These studies showed that spirituality and religion are related to many dimensions of psychosocial well-being.

The church related universities’ pastoral programmes would add to the students’ sense of connectedness and sense of belonging, which are likely to lead to much stronger social capital. The effect was more pronounced with the lower enrolment universities where higher proportions of students were flourishing as self-reported. However, this is only one possible explanation for the relatively large percentage of flourishing students in the present study, and no causality can be assumed.

Literature control suggests that 51 to 61% of South African university students are reporting to be flourishing (Wissing & Temane, 2013). The high prevalence of flourishing students in the Tanzanian group of students thus resonates with other findings of high levels of psychological well-being in student groups, but it is still higher than those reported for other student groups in the African context, and needs further exploration and explanation. The prevalence of high levels of flourishing in students is much higher than the approximate 38% of youth flourishing in a representative sample in the United States (Keyes, 2006, 2007), and in other adult groups in western and African context as reported by Keyes (2007) and Wissing and Temane (2013). This indicates that students may be a selected group with possibly more personal and social resources than non-student youths. However, as Keyes (2007) has shown that flourishing decreases with increase in age towards adulthood, it may be important to explore ways in which well-being in students and other adolescents and young adults could be preserved and even enhanced as they are the social capital for the future.

Table 1
Descriptive Statistics for Sub- and Total MHC-SF Scale

<table>
<thead>
<tr>
<th></th>
<th>Valid N</th>
<th>Mean</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHCSF_EWB</td>
<td>274</td>
<td>9.99</td>
<td>0.00</td>
<td>15.00</td>
<td>3.11</td>
</tr>
<tr>
<td>MHCSF_SWB</td>
<td>274</td>
<td>15.98</td>
<td>2.00</td>
<td>25.00</td>
<td>5.31</td>
</tr>
<tr>
<td>MHCSF_PWB</td>
<td>275</td>
<td>24.73</td>
<td>6.00</td>
<td>30.00</td>
<td>3.91</td>
</tr>
<tr>
<td>MHCSF_Total</td>
<td>275</td>
<td>50.75</td>
<td>9.33</td>
<td>70.00</td>
<td>9.74</td>
</tr>
<tr>
<td>MHC_KONTIN</td>
<td>273</td>
<td>5.48</td>
<td>1.00</td>
<td>7.00</td>
<td>0.99</td>
</tr>
</tbody>
</table>

*Note.* MHCSF – Mental Health Continuum Short Form, EWB – Emotional Well-Being, SWB – Social Well-Being, PWB – Psychological Well-Being

Table 2
Frequencies of Levels of Well-Being for Sub- and Total Groups

<table>
<thead>
<tr>
<th>Group (N)</th>
<th>% Flourishing</th>
<th>% Moderate</th>
<th>% Languishing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Univ 1 (n=92 )</td>
<td>70.6</td>
<td>22.8</td>
<td>6.5</td>
</tr>
<tr>
<td>Univ 2 (n=104)</td>
<td>68.3</td>
<td>27.9</td>
<td>3.9</td>
</tr>
<tr>
<td>Univ 3 (n=83)</td>
<td>80.7</td>
<td>19.3</td>
<td>0.0</td>
</tr>
<tr>
<td>Total group (N=279)</td>
<td>72.8</td>
<td>23.7</td>
<td>3.6</td>
</tr>
</tbody>
</table>

*Note.* Univ 1=University of Arusha; Univ 2=Makumira University College; Univ 3=Mount Meru University
Limitations and Conclusion

A limitation of this study is that the sample is not randomly selected, and only included three universities in Tanzania. Therefore generalisations cannot be made. However, the fact that the same results were found at three different universities give some support to a conclusion that high levels of well-being are reported by students from religiously based universities in Tanzania. Another limitation is that no collateral information was obtained on students’ well-being and only self-reported data were obtained. It is also a limitation that not more specific socio-demographic information was obtained from participants.

Future research should also explore the prevalence of psychosocial well-being in other samples in Tanzania and results obtained be compared to results obtained from university students. A qualitative study that focuses on the psychological well-being needs to be carried out to provide more information on the subjective experiences of well-being in students, their views on what well-being entails, the experiences they value, and the domains of life in which they experience the most happiness and meaningfulness. The possibility of a response tendency artefact in the currently found high percentages of flourishing participants should be explored.

In the current study the specific group of participants showed high levels of well-being in general (many are flourishing), which may be attributed to religious orientations, or other uncontrolled variables, which need further exploration.

References


