

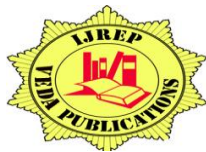


## ASSESSING THE HEALTH SEEKING BEHAVIOUR OF STUDENTS IN ENUGU STATE UNIVERSITY

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### ABSTRACT

Health is a state of being that people define in relation to their own values, personality and lifestyles. The behaviours of students when sick vary amongst the students. This descriptive study assessed the health seeking behaviour of state university students in Enugu state. Data were collected using anonymous questionnaires which were served and retrieved on same day. The health care seeking behaviours were categorized into formal (visit to hospital) and non-formal health care (visit to internet, taking advice from family and friends). The health issues assessed were grouped into physical, psychological, substance use, social problems, relational etc. Findings showed that when faced with health problems, students tend to seek informal health care (70.5%). Formal health care-seeking was very minimal (29.3%). Barriers to seeking formal health care were cost, lack of confidentiality, stigmatization, embarrassment, lack of knowledge of services, delay of service provision etc. To promote students access to formal health care, health education, provision of health care facilities on campus, improvement of the attitude of health care providers are recommended in conclusion.

**Keywords:** Student, Assessment, Health, Behavior, Campus, University.

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## 1.0 INTRODUCTION

Health is a state of being that people define in relation to their own values, personality and lifestyles (Parson 2003). It is the actualization of inherent and acquired human potential through goal-directed behavior, competent self care and satisfying relationships with others while adjustments are made as needed to maintain structural integrity and harmony with the environment (Famakmwa (2002). For many people, conditions of life rather than pathological states are what define health. Illness on the other hand, is a highly personal state in which the person feels unhealthy or ill. This may or may not be related to diseases.

Health behaviours are actions taken by people to understand their health state, maintain an optimal state of health, prevent illness and injury and reach their maximum physical and mental potential (Barker (2007). Health seeking behaviours are those things or acts people engage in to be healthy or to maintain a healthy state. These behaviours or acts include eating wisely exercising, paying attention to signs of illness, weight control, immunization updates, avoiding known health hazards such as smoking, alcohol, regular health maintenance, visits for screening examination or test among others.

To assess the health seeking behaviours of students, a large number of variables are to be considered based on the person's health status and belief. These variables may or may not be under conscious control. People can usually control their health behaviours and can choose healthy or unhealthy activities. In contrast, people might have little or no choices over their genetic make up, age, sex, culture and sometimes their geographical environment.

Stead, Shanahan, & Neufeld, (2010). did a study in different schools and found out that about 60% of students suffer mostly from disease such as malaria, typhoid fever among others that are easily preventable through healthy practices. Statistics from United States of American Journal of community medicine stated that about 85% of young people between the ages of 15 and 24 years trust unhealthy practices like going to hospitals when they are sick and 68% trust the information from parents. One in the students trusts information from friends or the internet (Timlin-Scealera,. Ponterotto, Blumberg, & Jackson,(2003). Data on health behaviours of Nigerian students are hard to come by. Addis & Mahalik, (2003)has shown that reduced healthy practices among Nigeria students may be attributed to the health belief the respective individual student, and this may be based on factual information or misinformation, common sense, myths or reality or false expectations. This is because health belief influences health seeking behaviours.

Healthy behaviours are the vehicle for attaining most of the goals of health promotion and disease prevention. Florence Nightingale first used the principles of hygiene and environmental management in the care of the sick or injured during the Crimean war (Vaswani, 2011). Although, research showed that genetic make-up plays a crucial role in selected situations, an individual's health status is at least partially related to lifestyle choices, especially in the areas of nutrition, physical exercise, alcohol use and risky sexual behavior. Taking both perspectives into consideration, this study was designed to probe deeper how the respondents respond to perceived state of ill health.

## 1.2 STATEMENT OF PROBLEM

The students constitute a greater percentage of the total population of the country, Nigeria, and the subgroup with low rate of medical service use, but high rate of morbidity. They tend to have significant health problems that are often hidden and/or under-diagnosed and may resort to substance abuse, unsafe sexual behaviors, smoking and mental health issues such as depression, suicidal thought and attempt.

Nigerian students suffer mostly from diseases like malaria, typhoid fever, substance abuse among others that can be prevented easily though appropriate health seeking behaviours. Young people like the university students find it difficult to ask for help especially when it comes to health issues.

Furthermore, the need for autonomy that defines youths generates self-help practices based on internet browsing or self medication (Gould et al., 2004).

Despite this, health intervention practices targeting students are not a priority in most developing countries hence services specifically provided for young people or adults are very rare and limited to university based health services (WHO). Young people aged between 15-20 years have lowest use of ambulatory care and of routine consultations (Farand, Parker, & Lee, 2007)..

Though Enugu state university students do suffer from the above enumerated illnesses or diseases, the bulging question is, what are their behaviours when they are sick? How do they actually seek for their health care given such factors as socio-economic status, gender, level of education, values, personality, geographical locations and awareness? Health promotion, risk reduction and prevention are still the overlapping concepts, all featuring healthy lifestyle as an essential component. Hence need for this study.

### 1.3 RESEARCH QUESTIONS

The following research questions were formulated to help researchers address the issues highlighted above:

- 1) What are the health seeking behaviour of ESUT students?
- 2) What factors constitute barriers to the students towards seeking a health care from professionals?
- 3) Is there a difference between the health care seeking behaviour of female and male students?
- 4) What ways do students recommend to improve their attitude towards healthy living?

### 2.0 LITERATURE REVIEW

According to Eisenberge,(2007), whenever students of tertiary institutions face health problems, they often seek health care informally; in other words, they do not refer to health professionals or to formal health services first. Instead, they seek help from people they trust such as parents, friends or others close to them. The prevalence and severity of mental health problems among students is very alarming. However, majority of the students do not seek help from professional health care providers Kin (2007). In a survey study on health seeking behaviour of university students with mental problems, 37 to 84% did not seek help from professionals Eisenberg (2007).

#### 2.1 GENDER DIFFERENCES IN RELATION TO HEALTH SEEKING BEHAVIOUR

Stead, Shanahan. & Neufeld(2010). in a study of help seeking among university students, identified that older and female students were more likely to seek for help in a condition of health problems.

Moller-Leimkuhler, (2002) found that only 23% of moderately or severely distressed Australian adolescents sought help for their distress and only 17% sought professional help. In this same study, it was found that male adolescent students who had higher distress rarely seek help from professionals or social networks.

A study of young people in Queensland found that 30% of males reported that they would not seek help from anyone (formal or informal) for personal, emotional or distressing problems, compared to only 6% of young females (Rickwood, Deane, Wilson & Ciarrochi, (2005).

The gender gap in health care seeking is also present across other needs and risks. Men were found to report higher levels of substance abuse than women and are more likely to have experienced psychosocial problems as a result of their substance use but are less likely to seek help (Addis and Mahalik, 2003). The concern of the present study is to examine the variables discussed from the Nigerian perspectives.

### 3.0 RESEARCH METHODOLOGY

#### 3.1 RESEARCH DESIGN

A descriptive survey design was used for the study. This was an assessment of the health seeking behavior of students 18 – above years of age at Enugu State University AGBANI campus.

The study population is students of 18<sup>+</sup> - years of age in the Faculty of Law at AGBANI campus of Enugu State University. A total of 400 students are in the faculty during the 2013/2014 academic year.

Simple random sampling techniques were used to select 200 students from the total of 400 students in the faculty. This sample size of 200 students was used for the study.

The data used for this study were primary data collected from the study sample using questionnaires. The questionnaire consists of two sections A & B. section A deals with demographic data while section B deals

with the study phenomenon. It contains open-ended and close-ended questions. The close ended questions allowed students to choose from alternatives. While open ended part allowed them to express their opinion.

### 3.2 VALIDITY AND RELIABILITY OF INSTRUMENT

The validity/reliability of the instrument was established by critical examination of the questionnaires to ensure clarity of statements and content relevance. The same questionnaire was submitted to my supervisor and some experts in Statistics and behavioural sciences who after thorough studies approved of it before it was administered to the sample.

### 3.3 METHOD OF DATA COLLECTION

Permission was obtained from the Dean of the faculty of law to carryout this study. To ensure the co-operation of the respondents, clarifications were given at the beginning of the questionnaire and subsequently to the students who encountered any difficulty. The questionnaires were served and retrieved on same day and at same place.

### 3.4 METHOD OF DATA ANALYSIS

The data collected were organized, tallied and analyzed in percentage and the result presented in tables and component bar charts.

### 4.0 PRESENTATION AND ANALYSIS OF DATA

This chapter discussed the presentation and analysis of data collected from the subjects of study using questionnaire. The data were presented using tables, bar charts and other appropriate statistical techniques according to the objectives of the study. They were presented using frequency tables and percentages. Two hundred questionnaires were served to the sample and retrieved on same day fully completed without any missing copy.

**Table 4.1: Demographic variables**

S/N		Variables	Frequency	Percentage
1	Sex	Male	112	56%
		Female	88	44%
2	Marital status	Married	11	5.5%
		Single	189	94.5%
		Others	0	0%
3	Age(years)	16-20	23	11.5%
		21-25	137	67.5%
		26-30	36	18%
		31 & above	6	3%
4	Religion	Christianity	195	97.5%
		Muslim	3	1.5%
		Africa tradition	2	1%
5	Ethnic group	Igbo	183	91.5%
		Hausa	2	1%
		Yoruba	2	1%
		Others	13	6.5%
		<b>Total</b>	<b>200</b>	<b>100%</b>

**Table 4.2:** Showing the number of students who have suffered one or more diseases since admission to the school.

Response	No. of students	Percentage
Yes	167	83.5%
No	33	16.5%
<b>Total</b>	<b>200</b>	<b>100%</b>

From the above table, out of 200 respondents, 167 (83.5%) said that they had suffered one or more diseases since they were given admission to the school while 33(16.5%) said that they had not suffered any disease since admission into the school.

**Table 4.3:** Showing diseases suffered by students

S/N	Disease groups	Frequency	Percentage
1	Physical diseases	134	80.24%
2	Psychological diseases	5	2.99%
3	Relational problems	0	0%
4	Substance abuse	0	0%
5	Both physical & psychological	21	12.57%
6	Physical & relational	1	0.59%
7	Physical & substance abuse	1	0.59%
8	All the diseases	2	1.19%
9	Physical, & psychological	3	1.79%
	<b>Total</b>	<b>167</b>	<b>100%</b>

The above indicates that the respondents here suffered series of diseases grouped into the following; physical, psychological, relational and substance abuse problems.

The physical diseases had the highest frequency of 134(80.24%) psychological disorders 5(2.99%), relational problems alone 0(0%), substance abuse alone 0(0%), both physical and psychological 21(12.57%), physical and relational 1(0.59%), physical and substance abuse disorder 1(0.5%) physical, psychological and relational 3(1.79%), and all the diseases 2(1.19%).

#### 4.4 RESEARCH QUESTIONS

##### Question 1 What is the health care seeking behaviour of ESUT students at AGBANI campus?

**Table 4.4:** Showing health care seeking behaviour of students:

S/N	Behaviours when sick	Frequency	Percentage	Symbols
1	Visit hospital	59	29.5%	A
2	Take advice from family and friends	8	4%	B
3	Visit internet for knowledge	19	9.5%	C
4	Visit spiritual homes	21	10.5%	D
5	Did nothing	12	6%	E
6	Visit patent medicine store	80	40%	F
7	others	1	0.5%	G
	<b>Total</b>	<b>200</b>	<b>100%</b>	

From the table above: 29.5% of the respondents visit hospital when sick, 40% visit patent medicine store, 4% take advice from friends and families, 9.5% visit internet, 10.5% visit spiritual homes, 6% did nothing, 0.5% took other actions. It could be concluded from the above table that majority of the ESUT students at AGBANI campus seek informal health care when sick as shown by the percentage of 70.5% while only 29.5% visit hospital for professional care.

##### Question 2

##### What are the factors/barriers affecting students' health seeking behavior

**Table 4.5:** Showing barriers to accessing formal health care:

## level of importance

S/N	barriers	Low (%)	Medium (%)	High (%)
1	Lack of Knowledge of services	57(28.56%)	85(42.5%)	58(29%)
2	Inadequate transportation means	94(47%)	75(37.5%)	31(15.5%)
3	Lack of confidentiality	103(51.5%)	70(35%)	27(13.5%)
4	Difficulty of contact	99(49.5%)	61(30.5%)	40(20%)
5	Cost	39(19.5%)	56(28%)	105(52.5%)
6	Embarrassment	80(40%)	76(38%)	44(22%)
7	Doubt in the ability health care givers	100(50%)	72(36%)	28(14%)
8	Delay of service	49(24.5%)	78(39%)	73(36.5%)
9	Attitude of health care workers	49 (24.5%)	86(43%)	65(32.5%)
10	Stigmatization	108(54%)	62(31%)	30(15%)
11	Others	92(46%)	67(33.5%)	41(20.5%)
	total	870	788	542

From the table, out of eleven barriers studied, cost was highest followed by delay of service, attitude of health workers, lack of knowledge of services, embarrassment while the doubt in the ability of the health workers was rated least, followed by lack of confidentiality, stigmatization, inadequate transportation means. However all had significant impact on the health seeking behaviour of students. Moreover, the majority of the students considered the factors of low significance except cost which had the highest ranking in the column of high importance. This is followed by medium level of importance.

**Question 3**

**Is there difference between the health care seeking behaviour of female and male students?**

**Table 4.6:** Showing sex difference in health care seeking behaviour of students.

S/N	Sex	Number that suffered diseases	Visit hospital	Non-formal care (others)	Percentage
1	Male	89	5(5.62%)	84(94.38%)	53.29%
2	Female	78	54(69.23%)	24(30.7%)	46.70%
3	Total	167	59	100	100%

From the table, out of 167 students who had suffered one or more diseases since admission into Enugu State University AGBANI campus, 89 were male while 78 were female. Out of the 89 male students, only 5 students sought formal health care during illness i.e. visit hospital while 84 did seek informal health care like visiting patent medicine store. Out of 78 female students studied, 54 visited hospital when ill while 24 took other measures. Therefore, female students sought formal health care more than the male students studied when ill but the reverse holds in the Agbani of non-formal health care.

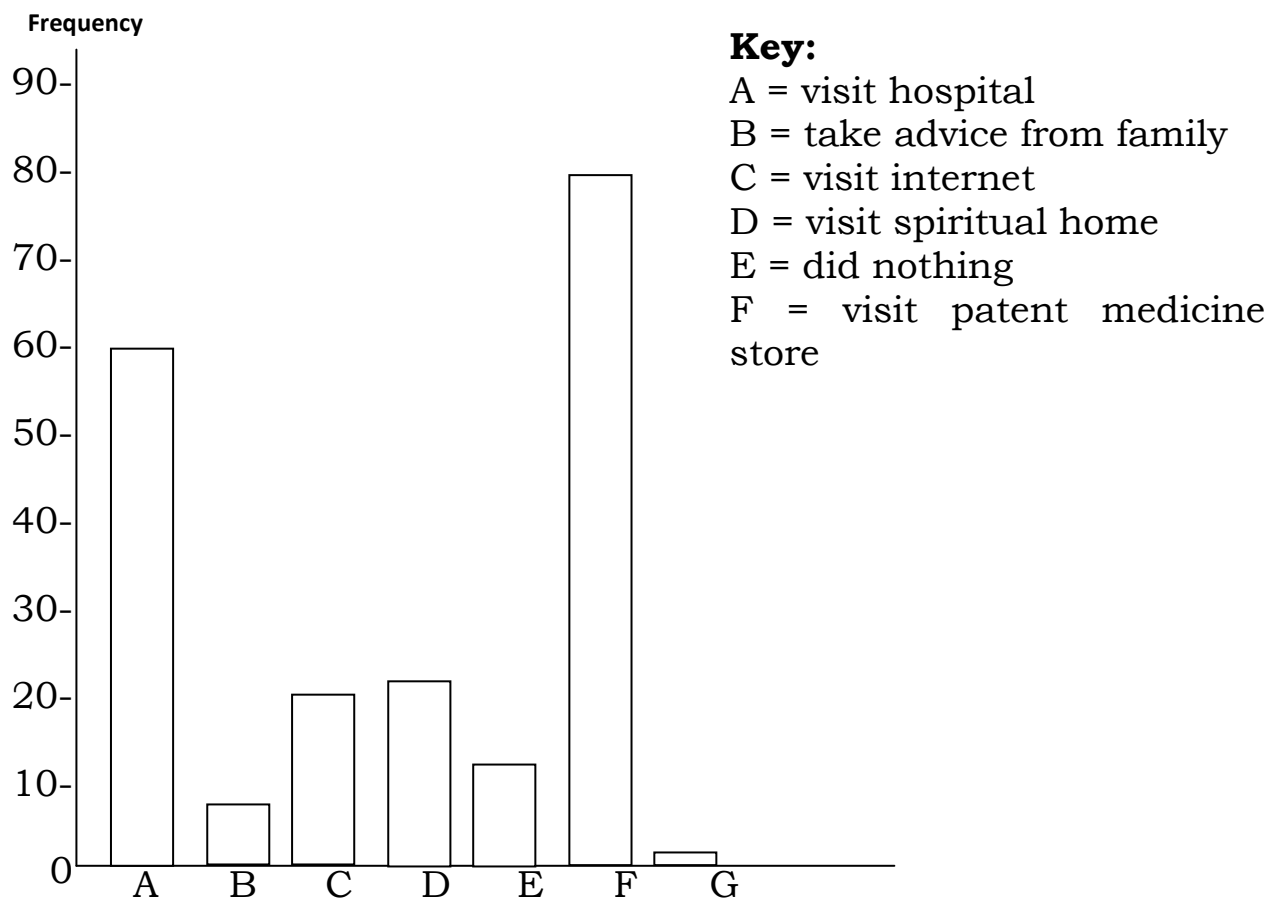
**Question 4**

**What are the ways to improve students' attitude towards health living?**

**Table 4.7:** Showing the possible ways to improve the attitude of students towards health living.

Response of students			
S/N	Means/approaches	Yes	No
1	Health education	200(100%)	0(0%)
2	Social and emotional support programmes	150(75%)	50(25%)
3	Positive attitude of health workers	110(55%)	90(45%)
4	Provision of health service on campus	200(100%)	0(0%)
5	Reduction of cost of health care	200(100%)	0(0%)
	<b>Total</b>	<b>860</b>	<b>140</b>

From the above table, it was gathered that the means of improving the students health seeking behaviour as studied or assessed using the research questionnaires were 5 and 3 of them had 100% yes response from the students while two had 75% and 55% yes response. Health education, provision of health services on campus and reduction in cost of health care had 100% yes response. Social and emotional support programs had 75% while positive attitude of health workers had 55% yes response.

**Fig. 4.1:** A bar chart showing health seeking behaviour of students studied

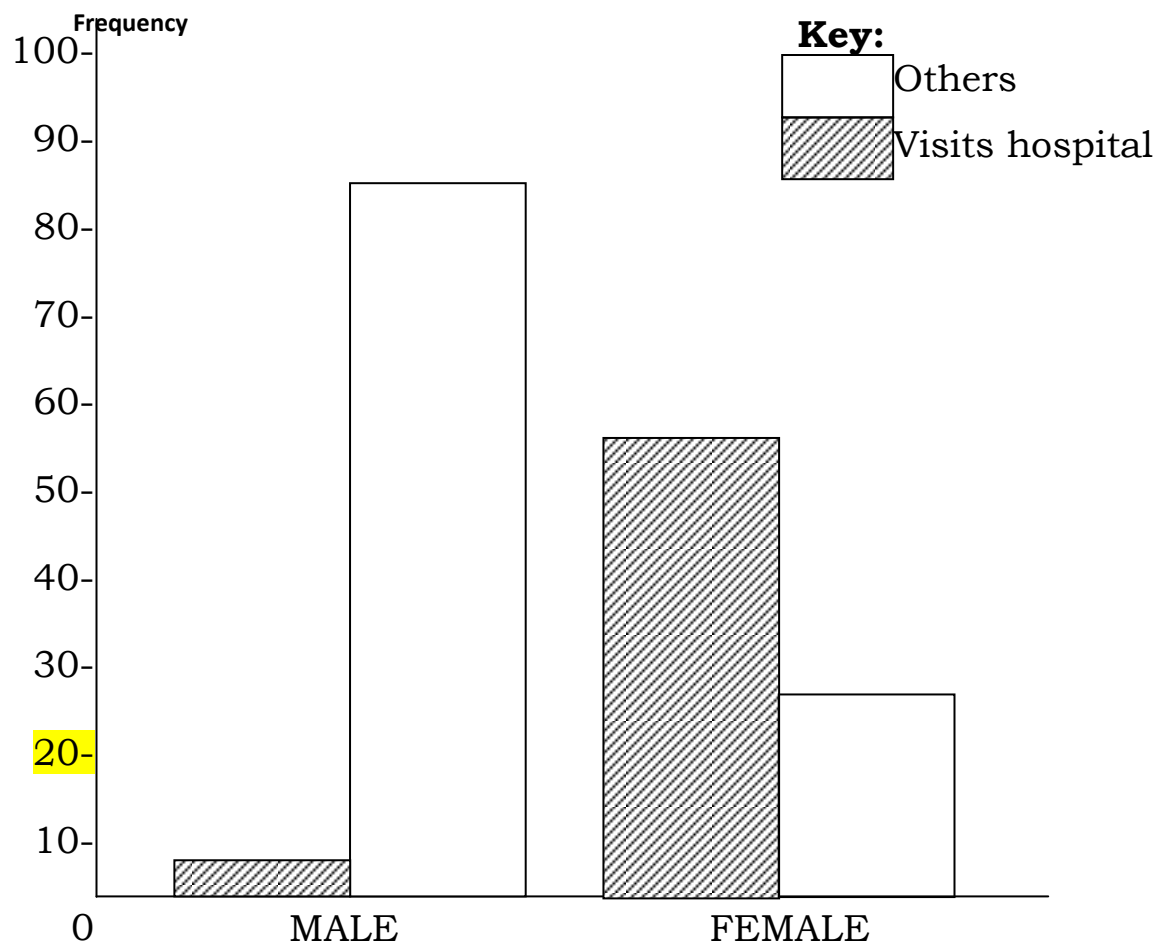


Fig. 4.2: A component bar chart showing the sex differences in health seeking behaviours

## 5.0 DISCUSSION OF RESEARCH FINDINGS

We shall discuss the main findings of the study in the following sections.

### Research Question I

To determine the health care seeking behavior of the Enugu State University students at AGBANI campus.

From the study, 83.5% of the study samples had suffered one or more diseases since admission into the school. The remaining 16.5% have not suffered any form of disorders/diseases since admission. These findings agree with the research findings of Fallon, & Bowles, (2001) which stated that students tend to have significant health problem which include psychological problems, physical disease (malaria, typhoid etc), substance related problem etc. Kimber (2008) findings from the study of the diseases common amongst students were equally in agreement with the findings of this study.

As regards the health seeking behavior of the students, out of the 167 students who had suffered one or more diseases, only 29.5%(59) sought formal health care while remaining 108(70.5%) students took other measures which were described collectively as informal health care. The above findings agree with the research findings of Addis, & Mahalik, (2003). Out of 373 students studied, 61.9% sought informal help from friends and families, visit internet etc. while only 35.7% sought formal health i.e. visited hospital when faced with physical problems. As regards psychological issues, out of 521 students, who had psychological problems, 3.3% consulted professional health care providers. From the above finding the researcher therefore concluded that majority of the ESUT students at AGBANI campus do not seek proper health care when sick or faced with



health problems. In another survey study of the university students in USA it was found that 37-84 of the students with mental health problem did not seek professional health care (Kin *et al.*, 2011).

#### **Research Question II**

To determine the factors that constitute barriers to health care seeking behaviours of the students.

From table 4.5 it was shown that several factors were found as barriers to the students' health care seeking behavior. The study revealed, using chi-square statistic tool, and at confidence level of 90%, it was found that the calculated chi-square was 244.39 while the tabulated chi-square value was 25.90. The researchers therefore concluded that the factors as shown in the table had significant effect on the health seeking behaviour of the students. This finding is in line with that of Eisenberge, D. (2007) which attributed the failure of the students to seek professional health care to lack of perceived need, lack of knowledge of service, low socioeconomic background, skepticism about treatment effectiveness.

Like this research findings, Addis, & Mahalik, (2003) found that several factors affect the patient's health care seeking behaviours and they include lack of knowledge of service, cost, concern about confidentiality, difficulties in contact, embarrassment in disclosing health concerns, doubt in the ability of the health professionals. All these were found to have significant effect on health seeking behaviours.

#### **Research Question IV**

To determine the ways to improve the health care seeking behavior of the students.

From table 4.7 the finding revealed that 100% of the students gave support to health education, provision of health services within the school, reduction of cost of health care as the best approach to promoting their health care seeking behavior while provision of social and emotional support programmes had 75% support and promotion of positive attitude of health workers got 55% support.

These findings are in agreement with the findings of an evaluation of social and emotional training program for young people which stated that participation in the program produced favourable changes in the health seeking behaviours of the subjects (Kimber, 2008).

In one study, Coombs Richardson *et al.*, (2009) evaluated the impact of social skills and emotional support on the health care seeking behaviour of young people and found a positive impact thereafter.

Rickwood *et al.*, (2005) following a study recommended that improvement on the attitude of the health care providers would go along way to promote the health care seeking behaviour of the students since past experience matters a lot. This is in agreement with the findings of this study.

In relation to health education, most students claim unaware of the possible positive actions to take when sick nor the existence of health services. Therefore, health education on the existence of health care facilities, positive actions to taken and the need to visit hospital should be carried out to promote their awareness. This is in line with the findings of Lindberg, Lweis-Spriull, & Crownover, (2006) which stated that awareness-raising and information sessions on physical and mental health problems conducted by GPS in classrooms resulted in significant increases in help-seeking intentions of the adolescents 10 weeks after.

With regards to the difference in sex and its effect on health-care seeking behaviour of the students, the study found that th

Burns and Rapee (2006) found in a study of 202 adolescents age 15-17 years that female students were more likely to seek formal health care for mental and physical problems than male students. This was attributed to early recognition of the signs and symptoms and more emotional competence in female. These findings are in line with that of this study.

### **5.3 SUMMARY OF FINDINGS**

From the study, the data collected and analyzed revealed that 167 students/respondents have suffered one or more diseases since admission into the school. Of these students 89 were males and 78 females. Out of the 167 students who have suffered diseases, majority suffered physical diseases such as typhoid fever, malaria seconded by psychological problems. Others suffered combination of physical and other groups. Of this 167, only 59 students visited hospital for formal health care while 108 took non-formal

measures like visiting internet, taking advice from family and friends. The following were some of the barriers to seeking formal health-care by students as found in the course of this study; knowledge of service, cost of care, embarrassment, lack of confidence amongst others. Amongst these factors, cost had the highest effect and doubt in the ability of health care providers had the least effect as ranked by the students. The study equally found that the health seeking behaviour of the students can be improved by the following measures: health education, social and emotional support, improvement on the attitude of the health care givers, etc. in this study a significant difference has been found to exist between the male and female health care seeking behaviour. Females tend to seek formal health care more than male students at AGBANI campus of Enugu State University. 5.62% of the male sought formal health care while 94.38% sought non-formal health care. 69.23% of female sought formal health care while 30.7% sought non-formal health care.

#### 5.4 CONCLUSION

From the collected and analysed data, it has been demonstrated that the majority of students of Enugu State University at AGBANI campus (70.5%) do not seek formal health care when faced with one or more health problems. Only 29.5% of the students sought formal health care when sick. This health care seeking behaviour can be enhanced through health education, emotional and social support, provision of health care facilities within the AGBANI campus to reduce the effect of lack of adequate transportation means.

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