

**ATTITUDES TOWARDS HELP-SEEKING BEHAVIOUR OF STUDENTS IN  
A SOUTH AFRICAN UNIVERSITY**

**WILLIE MAGULENG SEERANE**

**(24755745)**

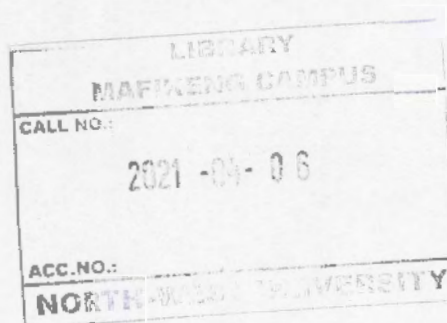
**2016**

**ATTITUDES TOWARDS HELP-SEEKING BEHAVIOUR OF STUDENTS IN  
A SOUTH AFRICAN UNIVERSITY**

**WILLIE MAGULENG SEERANE**

**2016**

Mini-dissertation (article format) submitted in partial fulfilment of the requirements for the  
Degree Masters of Social Sciences in Clinical Psychology at the North West University  
(Mahikeng Campus)

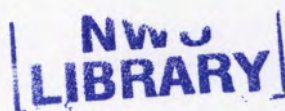


Supervisor: Professor E.S. Idemudia

Co-supervisor: Dr M.P. Maepa

**TABLE OF CONTENTS**

Dedication	4
Acknowledgements	5
Preface	6
Letter of consent	7
Author guidelines	8
Manuscript	10
Abstract	11
Introduction	12
Problem statement	14
Theoretical background	16
Literature review	21
Research methodology and design	27
Results and tables	34
Discussion	45
Conclusion	51
Recommendation	52
References	54
Appendix A: Scales	65
Appendix B: Demographic characteristics of participants	67
Appendix C: Ethical clearance	68



### **DEDICATION**

This study is dedicated to my mother and son

**Selina Maake and Hlaloso Seerane**

## ACKNOWLEDGEMENTS

I would like to extend my sincere gratitude to the following people who supported me all the way through my training as a clinical psychologist and during this research project.

- To my supervisors, Dr M.P. Maepa and Prof E.S. Idemudia: Thank you for your time and thorough supervision. Your efforts and commitment to my dissertation are much appreciated.
- More words of gratitude goes to Ms Kolobe and Dr Francis for your expert supervision in analysing my work.
- Rufus, Shakes, Edwin, Cally and Dimakatso, my siblings, thank you for encouraging me in your own unique ways.
- To my friends Benjamin, Sydmor, and Lusani, thank you for your unconditional support throughout my Masters.
- My special gratitude goes to the North-West University postgraduate bursary scheme, they made my masters academic year much easier by providing financial support for me.
- Saving the best for last, I want to thank the Almighty God for everything He has done for me. I know I am where I am because of His sufficient grace and persistent love.

## 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 would be submitted is the South African Journal of Psychology. 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, "*Attitudes towards help-seeking behaviour of students in a South African University*", be submitted for the purposes of mini-dissertation, may be 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. For the purpose of submitting this mini-dissertation, the size of this document will exceed the required 18 double spaced pages by the above mentioned journal.

### **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 Willie Maguleng Seerane may submit the manuscript entitled "Attitudes towards help-seeking behaviour of students in a South African University" for the purpose of a dissertation in partial fulfilment for a master's degree.

---

Prof E.S. Idemudia

Supervisor

---

Dr M.P. Maepa

Co-supervisor

## AUTHOR'S GUIDELINES

**Aim:** The *South African Journal of Psychology (J Psychology)* is designed for the prompt publication of original and important articles related to contemporary society.

**Editorial policy:** It contains original papers on current research and practical programmes, short notes, news items, book reviews, reports of meetings and professional announcements. Constructive critiques and discussions of published papers and letters, which are relevance and of interest to the leadership, are published at the discretion of the Editor. The journal is published in English; spelling and usage conforms to the Oxford English Dictionary; for consistency and simplicity in style because for many subscribers English is a second language. Place names should be spelled in the form officially used in the country under discussion, where this differs from the commonly known name of the English-language name, the other name should be written in parentheses. For practical purposes, accents may be omitted on non-English names.

**Size:** An article should not generally exceed twelve printed pages (18 double spaced typed pages of MS Word). The authors would be charged for additional pages, even if a longer article is accepted for publication. Reporting of frequency data may be accepted in the form of small report. Such reports should generally not exceed four pages, including tables/figures.

**Title:** The paper title, author's name, affiliation, complete address should appear on the first page of the article. When there is more than one author, the correspondence will be sent to the first author, unless otherwise requested.

**Running head:** Not more than 40 characters (including spaces) should be identified on the title page.

**Abstract:** Not exceeding 250 words.

**Keywords:** Not exceeding six should accompany the manuscript.

**Table:** Each table should be typed separately and marked in the text in numerical order.

**List:** A separate list of tabled, figures and illustration with captions should accompany the manuscript.

**Metric system:** The metric system should conform to the International System of Unit (S.I).

**Reference:** These should be at the end of the article, arranged alphabetically according to the surnames of the authors. Following the examples of the proper reference style of various sources:

**References in the text:** References citations in the text should be in parentheses and include author name(s) and year of publication. Text citation of two or more works at the time should be given in chronological order. When citing a paper written by three or more authors, write the name of the first author plus "et al". (However, all authors must be given in the Reference section). Where there are two or more papers by the same author in one year, distinguishing letter (a, b, c....) should be added to year. All references should be carefully crosschecked; it is the author's responsibility to ensure that references are correct.

**MANUSCRIPT****ATTITUDES TOWARDS HELP-SEEKING BEHAVIOUR OF STUDENTS IN  
A SOUTH AFRICAN UNIVERSITY**

Seerane, Willie Maguleng\*, Idemudia, Sunday Erhabor\*, and Maepa, Mokoena

Faculty of Human and Social Sciences, North-West University

(Mahikeng Campus), South Africa

**Correspondence to:**

Mr W.M. Seerane. ([hlaloso11@gmail.com](mailto:hlaloso11@gmail.com)/ 082 587 9506)

Prof E.S. Idemudia ([Erhabor.idemudia@nwu.ac.za](mailto:Erhabor.idemudia@nwu.ac.za)/ 018 389 2425)

Dr M.P. Maepa ([Mokoena.maepa@nwu.ac.za](mailto:Mokoena.maepa@nwu.ac.za)/ 018 389 2237)

School of Social Sciences

North-West University (Mahikeng Campus)

Private bag x2046, Mmabatho, 2735

South Africa

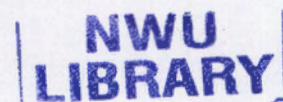
### Abstract

**Aim:** The study explored attitudes towards help-seeking behaviour of students in a South African University. **Method:** using a mixed method approach, the study explored help-seeking behaviour of students in a South African University. Attitudes Towards Seeking Professional Psychological Help Scale-Short Form was used to collect data from 468 participants who were selected using the purposive sampling technique. Furthermore, 11 participants took part in the focus group discussion. **Results:** The results revealed significant differences in student attitudes between psychological and medical help-seeking behaviour  $t(467) = -8.67, p = <.001$ ). Significant differences in attitudes towards psychological  $t(462) = 2.94, p = <.001$  and medical  $t(462) = 3.66, p = <.003$  help-seeking behaviours were also observed between male and female students. Significant differences were observed in attitudes towards medical  $[F(2,465) = 3.86, p = 0.021]$  but not in psychological  $[F(2,465) = 2.27, p = ns]$  help-seeking behaviours between the students' age groups. The focus group discussion revealed that attributed attitudes, gender and age affected attitudes towards help-seeking behaviours. **Conclusions:** Students' attitudes towards help-seeking behaviours are positive and different. These differences in help-seeking were also observed between genders as well as age groups. Factors such as attributed attitudes, age, gender and level of study affected students' attitudes towards seeking such services. It is recommended that gender specific and collaborative awareness campaigns by psychological and medical care providers be undertaken to reduce stigmatisation of help-seeking behaviours.

**Key words:** psychological help, medical help, university students, age, gender and attitudes.

## 1. INTRODUCTION

The World Health Organization (2007) defined help-seeking as any behaviour displayed by individuals who believe they need personal, psychological, affective assistance and health or social services. Rickwood and Thomas (2012) defined formal help-seeking as the “assistance from professionals and informal help-seeking as assistance from informal social networks, such as friends and family” (p. 174). They further stated that although the term ‘help-seeking’ is widely used, it is a complex construct and there appears to be no clear agreement on its definition. Therefore, formal help-seeking in the current study refers to actions taken by the university students to pursue assistance from the available psychological and medical healthcare facilities at the university campus as the need arises.



Psychological services are services such as assessment or evaluation, diagnostics and intervention/psychotherapy among others (Nordqvist, 2014). These services are offered by psychologists in different categories such as counselling, clinical, industrial and educational psychologists. Medical healthcare services refers to the services offered by healthcare practitioners such as medical doctors, dentists, nurses, physiotherapists and others obtainable at the healthcare institutions. These services include diagnosing, treatment, prescriptions, health education, health preventive and medical interventions among others. Access, improvement, effectiveness and utilization of psychological and medical healthcare services depends on the systems set-up of individual countries (World Health Organization, 2012).

Policy-makers world-wide are constantly working on the transformation and improvement of their healthcare systems (Duran, Lura, & Van Waveren, 2000; Bleich, Özaltın & Murray, 2009). Like other countries such as the United Kingdom, South Africa developed a National Health Insurance (NHI) to provide unlimited access to comprehensive healthcare (Market watch, 2013; Health Link, 2010). South Africa’s public healthcare system has three levels: primary, secondary and tertiary healthcare institutions. Primary healthcare Clinics (PHC) and

healthcare centres, focus more on preventive measures and referrals rather than curative activities. Secondary Healthcare facilities are hospitals at local and district level where little or no specialized health facilities are available. Tertiary health care institutions are those at provincial level where adequate specialised equipment and professionals are available (Department of Health, 2007). As such, the improvement of access and strengthening of resources for preventive and curative measures in school and hospital settings has become a priority (Hausmann-Muela, Nyamango & Rebera, 2003). Furthermore, there are 4 200 public health facilities in SA and this has improved access and utilization of healthcare services (Department of Health, 2012; Statistics South Africa, 2011).

It has been established in the literature that the general population experiences a wide range of barriers to seeking help (South African Official Year Book, 2013; Ngwena, 2013). These barriers include among others the issues of accessibility, availability, affordability, proximity, perceptions and knowledge of healthcare services (Visagie & Schneider, 2014; McLaren, Ardington, and Leibbrandt, 2013; Kaiser, 2010; Harris, 2011; Meyer, 2010) in the larger community as compared to students. As such, it is more appropriate to study attitudes towards help-seeking behaviours among the university students because they have available and accessible healthcare services on campus. The North-West University has fully functioning medical and psychological healthcare service facilities which are provided at no cost and they are situated on the university campus. Another reason for the students to be appropriate participants for the study is that at the level of education that they have, they are expected to have sufficient knowledge about these services.

Most of the health problems presented to medical practitioners by South African patients are psychological in origin (Trump & Hugo, 2006; Zimar, 2004). This suggests that one of the issues in help-seeking behaviour is that people generally prefer to use medical facilities compared to psychological ones. One of the reasons attributed to these preferences of medical

services over psychological help is the stigma related to psychological conditions (Gulliver, Griffiths & Christian, 2010; Michelle, 2009). Hines-Martin, Usui, Kim and Furr (2004) suggested that stigmatisation of psychological help leads to negative attitudes towards psychological help-seeking behaviours. They further stated that help-seeking behaviours are influenced by people's attitudes. Ajzen (2001) stated that attitude refers to a learned predisposition to think, view/feel and act in a particular way towards a particular behaviour. If an individual has intentions to carry out a behaviour, then it is likely that the person will do it because of the attitudes they have towards it (Fishbein & Ajzen, 1976).

## **2. PROBLEM STATEMENT**

Although most research conducted in different contexts worldwide seem to make related findings with regard to attitudes towards help-seeking behaviours, research and healthcare systems should be designed according to the unique needs of individual countries (World Health Organisation, 2012). Therefore, a study of this nature is needed in South Africa as a country to explore the citizens' attitudes towards help-seeking behaviours.

Shu-Yuan and Scherz, (2014) contends that University students are facing challenges of a severe nature in their quest to become professionals. These challenges include academic deadline pressures, adapting to the new environments, language barrier issues and many others which may lead to psychological or medical health problems. Other challenges, according to Petersen, Louwand Dumont(2009), include academic motivation, self-esteem, perceived stress, and perceived academic overload. In addition, some students also experience economic and educational disadvantages in universities. Eventually, their academic activities are impaired and a need arises to consult with healthcare professionals. Therefore, their attitudes play a vital role in initiating and continuation of help-seeking behaviours.

Too little effort, if none, is shown in the research fraternity to undertake studies which explore attitudes towards help-seeking behaviours of university students using mixed methods, particularly in the South African context. Samouilhan and Seabi (2010) found that limited knowledge creates negative attitudes toward psychological help-seeking among students, however, the attitudes towards medical help-seeking behaviours were not explored in this study. Understanding human behaviour comes before attempts can be made to alter behaviour and improve healthcare practices (Hausmann-Muela, Nyamango & Rebera, 2003). Therefore, the current study is needed in order to understand the attitudes towards help-seeking behaviours and then respond appropriately to the students' needs by the relevant authorities.

Public healthcare efforts to make treatment of health problems should consider some factors (such as attitudes) that may affect help-seeking behaviours (Bruwer et al., 2011). As such, El Kahi, Abi Rizk, Hlais, and Adib (2012) posited that low rates of treatment or help-seeking, and high treatment dropout rates for medical healthcare services and common psychological problems among students are a major concern. In an attempt to address the above stated concerns, most studies such as Samouilhan and Seabi (2010); El Kahi et al. (2012); Lawrence et al. (2009) and Mkwanyana (2013) used either quantitative or qualitative methods to investigate attitudes towards help-seeking behaviours which seldom comprehensively explored all the different dynamics on this subject. Therefore, the current study employed mixed methods to get a statistical picture and deeper feelings of participants with regard to attitudes towards help-seeking behaviours as a way to close the gaps left by the above-mentioned studies.

### **3. PURPOSE OF THE STUDY**

The study aimed at exploring the attitudes towards help-seeking behaviour of students in a South African University

#### **4. OBJECTIVES OF THE STUDY**

The study's objectives were to:

- Investigate student attitudes towards help-seeking behaviour.
- Explore gender differences in student attitudes towards help-seeking behaviour.
- Investigate whether adolescent, young adult and older adult students will have differences in attitudes towards help-seeking behaviour.

#### **5. SIGNIFICANCE OF THE STUDY**

The study will help us to understand the help-seeking behaviour of students with special focus on attitudes towards psychological and medical healthcare service seeking behaviours and it adds to the limited existing literature on this subject. The study will add to the existing theories and literature by revealing how attitudes towards help-seeking behaviours differ across gender and age. The findings of this study will provide important implications for measures to be taken to improve knowledge, access, perception and attitudes towards services offered to students on campus. The current study serves to indicate the importance of having and strengthening the psychological and medical healthcare services in the university system. It also serves as a health promotion tool aimed at increasing utilization of all health services available to the university students. Knowledge and understanding of students' attitudes towards help-seeking behaviour will be discovered so as to help members of the community so that they may be able to offer appropriate support. This study is probably one of the first to be conducted in the NWU (Mafikeng campus) on the subject and it provides relevant information needed by the University policy makers. The Department of Higher Education and Training (DHET) can use this study as a tool for guidance in creating a tertiary education environment conducive for academic activities by investing more resources in student healthcare facilities.

## **6. THEORETICAL BACKGROUND**

### **6.1. Health Belief Model**

The Health Belief Model (HBM) according to Glanz, Rimmer & Lewis (1997) is premised on the notions that a person will engage in healthcare service seeking behaviour if that person feels that a health problem can be prevented, positive expectations of service providers and individual ability to successfully seek healthcare services with confidence. The current study seeks to investigate attitudes towards psychological and medical help-seeking behaviours among university students.

The HBM has four constructs that represent the perceived threat and benefits: perceived vulnerability, perceived severity, perceived benefits, and perceived barriers (Glanz et al., 1997). These concepts were suggested to explain individuals' readiness for help-seeking behaviour (Coner & Norman, 1996). This is relevant for the current study because the students may first look for what they possibly stand to gain and the threats that comes with the pursuit of these benefits. The current study sought to explore the students' attitudes towards psychological and medical help-seeking behaviours as one of the cues to action. The students' beliefs about the efficiency of the psychological and medical healthcare services are also in question, however, this theory contends that if the students' expectations are not served by these healthcare service points then that will affect their attitudes towards and future use of psychological and medical healthcare services.

### **6.2. Functionalist Theory**

Katz (as cited in Frenzo, 2008), was of the view that human attitudes are determined by the functions they serve. These suggested functions include value-expressive, knowledge, and

ego-defences (Owens, 1983). In confirmation of this, Block (1979) maintained that individuals hold certain attitudes due to the benefits they enjoy from them. This theory postulates that people develop attitudes for a specific purpose to be served (Katz, 1960). In health-seeking behaviour, these purposes may vary from the severe need for health services, to the fear of the stigma that comes with help-seeking behaviours. Frenzo (2008) also posited that individuals alter their attitudes once those attitudes do not serve their intended purpose anymore. For instance, if one has a negative attitude towards psychological or medical help-seeking behaviours, the attitude serves as an excuse not to seek such services. This theory therefore helps to explain that attitudes may be altered depending on the function they serve, meaning that once a negative feeling arises from the stigma attached to one form of help, for example, psychological help, then such a student will, due to this negative attitude, be less likely to utilise such form of help.

### **6.3. Social Construction Theory**

Social Construction Theory explains how people use categories (e.g. male and female) to structure their own analysis of the world (Bem & Coltrane, 2004). Bem (1993) has identified three key hidden assumptions of this theory. The first assumption, Gender polarization, explains that what is considered to be feminine cannot be considered to be masculine or otherwise (Bem, 1993). These differences between the male and female are used to assign specific characteristics to members of these individual groups uniquely (Bem, 1993).

The second assumption is androcentrism. This is a practice of placing the masculine or men's perspective at a superior level than the feminine or women's point of view (Bem, 1993). And lastly, biological determinism is the belief that we are how we are because of our genetic makeup, including race and sex (Bem, 1993). The assumption here is that behaviours and preferences are biologically pre-determined, rather than choices we make, or as a result of the environments we are exposed to (Bem, 1993). This assumption suggests that we behave in a

certain way because of a biological predisposition rather than our behaviours being shaped by our environmental factors or exposure (Bem, 1993).

In gender socialization, boys and girls are treated differently and put into different learning environments, receive differential treatment and are exposed to different learning areas; as a result, they develop different and specific needs or goals, skills, desires, personality characters, and temperament (Bem & Coltrane, 2004). Therefore, as male and female students are perceived differently, they tend to behave differently. This theory, then, suggests that attitudes towards psychological and medical help-seeking behaviours between male and female students will be different due to how they perceive the environment as a result of their socialisation.

#### **6.4. Psychosocial Theory.**

This theory was proposed by Erick Erikson and one of its main elements is the development of ego identity (Erikson, 1963). Ego identity refers to all of the beliefs, ideals, and values that help shape and guide a person's behaviour that we acquire as we grow (Erikson, 1963).

Identity formation begins early in one's life, it continues through adolescence and it is a life-long process. It gives one an integrated sense of self that continues to be strengthened as one ages (Erikson, 1963).

In addition to ego identity, Erikson proposed some stages at which particular behaviours are expected to take place. In each stage, Erikson believed individuals go through some conflicts which serve as turning points in development (Erikson, 1963). It is during these times where personal growth is more likely but failure also has a chance of occurring. Implications of this theory are that students in different age groups will have different attitudes towards psychological and medical help-seeking behaviours.

The psychosocial theory consist of eight stages, however, the current study is focused on stages five, six and seven since the participants' age groups are found in these stages. Stage five is called "Identity vs. Confusion". During adolescence, children practice being independent and build a sense of self. With enough reinforcement, a deeper sense of self and feeling of control and independence develop. Successful completion of this stage leads to fidelity (Erikson, 1963). Stage six is called "Intimacy vs. Isolation". This stage covers the period of young adulthood and has to do with exploration of relationships. Erikson posited that it was important that individuals should establish close and committed relationships with others, therefore successful completion of this stage will lead to the formation of committed and secure relationships (Erikson, 1963). Stage seven is called "Generativity vs. Stagnation". Successful handling of this stage leads to the achievement of care as a virtue. Rearing of one's own children, pride in one's own accomplishments, sense of unity with one's spouse are vital aspects in this stage (Erikson, 1963).

With regard to help-seeking behaviours, this theory indicates that certain levels of understanding, behaviours and values are only attainable at some particular stages of development which also have to do with age. Therefore, help-seeking behaviours differ across age groups due to the levels of maturity and skills acquired, whether social or psychological. This theory helps us to understand that people of different ages tend to behave differently.

### **6.5.Theory of Reasoned Action (TRA)**

Fishbein and Ajzen (1975) postulated that intention is the best predictor of behaviour.

Intention is the cognitive representation of a person's readiness to perform a given behaviour, and it is considered to be the immediate antecedent of behaviour (Fishbein & Ajzen, 1974).

Three factors determine these intentions: behavioural intention (BI), attitude (A), and

subjective norm (SN). This theory holds that an individual's intention to carry out a certain behaviour depends on their attitudes towards that behaviour and the subjective norms ( $BI = A + SN$ ). If a person intends to seek psychological or general healthcare service then the person is more likely to do so because of the positive attitudes towards it and the subjective norms (Fishbein & Ajzen, 1974). Behavioural intention measures a person's relative strength of intention to perform behaviour. Attitude includes an individual's perception of the outcomes of carrying out a behaviour multiplied by their analysis of these consequences (Fishbein & Ajzen, 1975). Subjective norm is seen as the person's perception that most people who are important to him think he should or should not seek psychological or medical healthcare services, he is more likely to comply with these expectations (Fishbein & Ajzen, 1975).

With regard to health seeking behaviours, the theory holds that students' help-seeking behaviour can be determined by their attitude towards such behaviour and how others may view them for that behaviour. In this case, subjective norms may be ignored due to the "independent" nature of the university environment. The model is adopted in this study to help explain help-seeking behaviour of students in Mahikeng Campus.

## **7. REVIEW OF RELEVANT LITERATURE**

Francis, Boyd, Aisbett, Newnham and Newnham (2009) concluded that when attitudes towards psychological help-seeking are positive, people are more likely to seek such services but the perceived access to facilities and lack of specialised professionals tends to stand in their way of doing so. More conclusions by Deane and Wilson (2011) stated that attitudes towards help-seeking behaviours for mental problems seem to be influenced by other factors such as the severity of the mental problem. Eisenberg, Downs, Golberstein and Zivin (2009) in a study conducted among 13 universities found that stigma was the main barrier for non-help seeking behaviours of young male students. They further suggested that stigmatization of

psychological help-seeking behaviours creates attitudes that negatively affect the utilization of psychological services among university students.

Similarly, students who are more likely to not seek help from anyone are those young people who have serious symptoms of common mental health problems (Wilson, Deane, Marshall & Dalley, 2010; Sen, 2010). A study conducted in South Africa by Samouilhan and Seabi (2010) revealed that limited knowledge about psychological help has been shown to result in negative attitudes toward seeking such help. Although the current study does not aim to investigate stigma as an element of psychological or medical healthcare service seeking, it tries to broaden the investigation into the attitudes rather than the antecedents of attitudes such as stigmatization and others. Fung and Wong (2009) contend that North America has a lower rate of psychological service utilization. One of the most outstanding factors that predict attitudes towards seeking psychological help was perceived access among students (Fung & Wong, 2009). They also concluded that perceived access is one of the main factors that influence attitudes toward seeking professional help. Their study contained an element about attitudes. However, its focus on attitude was more on the side of attitude formation rather than attitude itself. The current study seeks to explore the attitude as a distinct entity from its causal factors.

Moreover, Warner, Appenzeller, Parker, Warner and Hoge (2011) revealed in their study conducted among soldiers that extensive educational programs help to reduce the stigma related to receiving mental health care, thus creating positive attitudes towards psychological help seeking behaviours. Furthermore, they indicated that efforts to address the experience of self-stigma may prove most useful to improving help-seeking attitudes (Freitas-Murrell & Swift, 2015). These studies confirm that there are positive attitudes towards seeking mental health screening and preventive services, however, interventions are needed to reduce the issues about the stigma related to help-seeking attitudes. A study by Diala et al. (2009) also

concluded that African Americans have shown more positive attitudes toward seeking psychological help than Whites.

With regard to medical help, Uzma, Underwood, Atkinson and Thackrah (2009), contend that help-seeking behaviour should not be a once off isolated event as it should happen throughout life, however, people seem to seek help only when they are experiencing severe medical health problems and they do not actively seek preventive healthcare services. McFadden, Theresa, Hernandez and Ito (2010) concluded that lack of satisfaction with conventional medicine was related to increased complementary and alternative medicine use. Therefore, preventive healthcare in PHC centres is insufficiently used (McFadden et al., 2010). Case, Menendez and Ardington, (2009) suggested that traditional medicine is perceived as a complement to, rather than a substitute for modern hospital care. Ayisi et al. (2011) revealed in a study conducted in Kenya that most patients started by using herbal remedies or over the counter drugs from pharmacies before they sought professional medical help. They also concluded that in Kwazulu Natal, educated and richer people used medical healthcare facilities more than the poor who mostly used traditional care, meaning that medical help-seeking attitudes of the people in Kwazulu Natal are more positive, however, socio-economic status plays a role (Case et al., 2009). This confirms the negativity of attitudes towards healthcare service-seeking behaviours in general.

The majority of females have positive attitudes towards seeking medical reproductive healthcare services as compared to males (Coyne-Beasley, Ford & Weller, 2009). These results indicate that healthcare usage is low among male students as compared to the extremely high levels of willingness to seek medical help among their female counterparts. Another study found no relationship between length of stay on university campus and psychological help-seeking attitudes and behaviours of African students (Chebbet, 2012). This indicates that some students may have positive attitudes towards seeking help for

psychological and medical healthcare problems despite them having less or more time at the university. Therefore if they do not behaviourally initiate help-seeking for those concerns, it maybe some reasons other than familiarity with the university environment and healthcare service points thereof. Unmet medical health needs have also been found to be one of the main barriers to medical help-seeking behaviours of young people in several studies (Boltana, Khan, Asamoah and Agardh, 2012; Freitas-Murrell & Swift, 2015).

### **7.1. Gender and Help-Seeking Behaviours.**

Studies show that attitudes are different according to age and gender (Mackenzie, Gekoski & Knox, 2006; Woodward, Rana & Pachana, 2009). Gender is defined by Holmes (2007) as socially produced differences between being feminine and being masculine. According to Soai, (2012) socialisation plays a dominant role in determining men's attitudes towards psychological and medical help-seeking behaviours. Men are generally expected to play protective roles in their families, societies and the country as a whole (Coyne-Beasley et al., 2009). This means that in societies across the world they are expected to show attitudes that benefit the role of being protectors of the society (Soai, 2012). Payne and Doyal (2009) stated that the inability to express emotion or pain among men hinders them from seeking psychological or medical healthcare services. Furthermore, morbidity statistics show that men in their 40s and 50s have more serious disease conditions than women of the same age, largely due to roles that are determined on the basis of gender (Soai, 2012). That means that when men feel ill, it is antithetical to their manhood and is not sanctioned while women are expected to express their health issues freely, a perception held by both men and women. Due to factors such as self-perceptions, gender roles, cultural beliefs and others, men are less likely than women to have positive attitudes towards help-seeking behaviours (Oliver et al., 2011; Meppelder, Hodes, Kef & Schuengel, 2014). Women are conditioned from a young age to give and take care of others and therefore it is not difficult for them to seek healthcare for

themselves and others (Soai, 2012). Their gender role has much more flexibility compared to men's gender role. This socialisation also means that men who perpetually seek medical help are viewed negatively by other men.

Other problems are that men seek medical healthcare services late so that they may not show their weaknesses, or do not comply with health advice that implies a change in behaviours if they are considered 'feminised' (Payne & Doyal, 2009). Females with common psychological problems are more likely to seek help (Oliver et al., 2011). Students can use healthcare services for various reasons. Conclusions made by Ethier et al. (2011) are also in agreement with the above mentioned statements that female students are more likely to use the on-campus medical healthcare services than their male counterparts. A South African study done by Letsela and Ratele (2009) found that men are socialised into being independent of anyone for both their medical health or psychological problems; they are labelled as "tsotsi" as a way of describing their "street-smartness" and their ability to "cure" themselves (Letsela & Ratele, 2009).

Bener and Ghuloum (2013) concluded that males and females have different attitudes towards healthcare service-seeking behaviours. This further confirms the significance or the need for the current study to look also at the gender differences in university students' attitudes towards help-seeking behaviours.

### **7.2. Age and Help-seeking Behaviours.**

Woodward, Rana and Pachana (2009) concluded that attitudes towards seeking psychological help in the adult population are relatively positive. Al-Krenawi, Graham, Dean, and Eltaiba, (2009) suggested that negative attitudes towards help-seeking behaviour among older adults is not as pervasive as was thought out to be and they further concluded that healthcare service-seeking behaviours are highest among those with positive attitudes towards help seeking. El Kahi et al. (2012) indicated that young people tend to find it difficult to ask for help

especially when it comes to healthcare issues and their major barriers to accessing health services include concerns about privacy, fear of stigma in talking about their health problems, absence of medical insurance or limited financial accessibility, low knowledge of existing services, and lack of trust in healthcare professionals. Thus, whenever young people face health concerns, they probably seek healthcare informally (e.g. Friends, family, peers, etc.), in other words, they do not prefer healthcare professionals.

In another study by Oliver, Pearson, Coe & Gunnell (2011) it was found that the fraction of the participants who indicated that they would consult their medical healthcare practitioner increased with age. Culture-influenced beliefs were shown to have contributed to the attitudes toward mental healthcare services in younger people aged 20 to 45 and older people aged 60 and above age groups (Janga, Chiribogaa & Okazakib, 2009). According to the study, the perception that depression is a medical condition was found to be a common predictor of positive attitudes towards medical help-seeking behaviours among the age groups. Similarly, younger students as compared to older students experience difficulties in consulting with mental health professionals; one of the reasons is that they do not have confidence in these professionals (Pinar, & Cetinkaya, 2010). The adult who believe that depression is a sign of personal weakness and having a mentally ill person in the family brings shame and embarrassment tends to have negative attitudes towards mental health service seeking behaviours (Janga et al., 2009). These findings further showed that among older adults, cultural stigma also negatively influenced their attitudes toward psychological service-seeking in addition to misconceptions and medical stigma about these services (Pinar & Cetinkaya, 2010).

Francis et al. (2009) stated that policy makers in government departments are embarking on a process to make psychological help available in schools to cater for the mental needs of the

pupils. Therefore, the current study seeks to explore the attitudes towards help-seeking behaviours of students in a South African University.

### **7.3. Hypotheses.**

- There will be a significant difference in student attitudes towards psychological and medical help-seeking behaviours.
- There will be significant differences in attitudes between male and female students towards help-seeking behaviours.
- There will be a significant difference in attitudes towards help-seeking behaviours of the student population between the age groups (adolescents, young adults and adults).

### **7.4. Research Questions**

- What are the attitudes towards psychological and medical help-seeking behaviour among the NWU students in Mahikeng campus?
- Are there gender and age differences in attitudes towards help-seeking behaviours?

## **8. RESEARCH METHODOLOGY AND DESIGN**

### **8.1. Method**

A mixed method approach was employed in this study. Mixed methods research focuses on collecting, analysing, and mixing quantitative and qualitative data in a single study or series of studies (Johnson, Onwuegbuzie & Turner, 2007). It is based on the notion that the combination of quantitative and qualitative approaches provides deeper understanding of research problems than when they are used separately (Creswell, 2003). The underlying assumption of mixed methods research is that it can address some research questions more comprehensively than by using either quantitative or qualitative methods alone (Creswell & Plano, 2007). This method is appropriate for this study because of the complexity of the problem that needs to be addressed and the need to gather multiple forms of data. A convergent mixed method design was used in the current study. This design allows for two separate designs for both quantitative and qualitative methods to be conducted concurrently

only to be convergently discussed at the interpretation stage (Creswell, 2003). A statistical picture will be observed from the quantitative method and the qualitative method will comprehensively explore deeper perceptions, and lived experiences of students with regard to attitudes towards help-seeking behaviours which cannot be explained by the quantitative method alone.

## **8.2. Quantitative Study**

### **8.2.1. Design**

A cross-sectional design of the quantitative method was used. Cross-sectional research is used to examine one variable in different groups that are similar in all other characteristics (Creswell, 2003). Cross-sectional studies are conducted at one place and time for a short period (Creswell, 2003). The independent variables are age and gender, the dependent variables are attitudes towards psychological and medical help-seeking behaviours.

### **8.2.2. Research Context and Participants**

The study explored the attitudes towards help-seeking behaviour of students on the Mahikeng campus of the North-West University. It is one of the university's three campuses and it is situated in the Ngaka Modiri Molema district of the North-West Province.

The participants are bonafidestudents registered for the academic year 2014 in the Mahikeng Campus of the North-West University. The description of participants in percentages are as follows: four levels of studies were considered in the current study which included second level (11%), third level (58%), honours (25%), masters and PhD (6%). The number of males (50%) and females (50%) were controlled and age was classified into three groups, adolescents (4%), young adults (82%) and adults (15%). All five faculties including Human and Social Sciences (17%), Faculty of Agriculture, Science and Technology (21%), Law (9%), Commerce (33%) and Education (10%) were included whereas classification of places

of original residence was made into rural (34%), township (45%) and suburb (21%). The race was also taken into account; Africans (91%), Coloureds (6%), Whites (2%) and Indians (1%) were included and the total number of the participants is N=468 (See appendix B).

### **8.2.3. Sampling.**

Purposive sampling technique was employed for both quantitative and qualitative methods in the current study. It is used to explore a wide range of viewpoints related to the topic that the researcher is interested in studying (Teddlie & Yu, 2007; Hudelson, 1994). The sample contained characteristics which the researcher was interested in. Attributes such as, level of study, current university registration status, faculty, gender and age group mainly determined the choice of participants for both the questionnaire administration and focus group discussion.

### **8.2.4. Procedure.**

After presenting the research proposal to the Department of Psychology and the research panel, an ethical clearance/permission to collect data was obtained by the researcher from the NWU Ethics Committee (see appendix C). Information about the venues, classes, level of study and field/faculty as well as time schedules was obtained from the university's main time-table. A brief description of the study was made by the researcher to the students who would be interested in taking part in the study before the class. Students who were interested in participating in the study remained after class and such were automatically selected for the study depending on their gender, faculty, age and the current university registration status. The researcher explained the whole process and informed consent forms were signed by participants before the administration of the questionnaires. Conduciveness for data collection was ensured by the researcher through allowing non-selected students to leave the setting and participants were encouraged not to discuss the responses with one another. The data collection process continued for a period of five days at similar time slots every day

from 12:00 to 13:45 in different lecture halls at the NWU Mahikeng campus. Quantitative data was collected using the ATSPPHS-SF, ATSPMHS and the demographics questionnaire. The data collection process took about 25 to 30 minutes per session, however, some participants did not return the questionnaires but left the setting.

### **8.2.5. Instruments**

**Demographic questions-** The demographic questionnaire includes basic characteristics/information about the participants. The information included age, academic qualification, faculty, level of study, place of residence, race, and ethnicity.

#### **Attitude Towards Seeking Professional Psychological Help Scale-Short Form (ATSPPH-SF) / Attitudes Towards Seeking Medical Health Service Scale**

The ATSPPH-SF developed by Fischer and Farina (1995) was used to assess students' attitudes towards psychological and medical help-seeking behaviours. This is a ten item Likert scale. Examples of the items are: I would obtain professional psychological help if having a mental breakdown, talking about psychological problems is a poor way to solve emotional problems, etc. The scores from the scale ranges from 0 which means disagree to 3 which means agree (Fischer and Farina, 1995). The overall score of the scale is 30 and the higher scores indicates positive attitudes and lower scores indicate negative attitudes. The test-retest reliability of the scale was reported by Kim and Omizo (2011) to be .80. They also reported the coefficient alpha of .84 and that it is culture fair. In the current study, the ATSPPHS-SF described above was also used to measure attitudes towards medical help-seeking behaviours. The example of items are: I would obtain professional medical help if having a medical problem (fever, flu, TB, etc.), Visiting a Clinic/hospital is a poor way to solve medical problems, etc. Oluyinka (2011); Elhai, Schweinleand Anderson (2008) both used the scale among students and they reported the coefficient alpha of .87.

### **8.2.6. Data Analysis.**

The data for the quantitative study was analysed using Statistical Package of Social Sciences (SPSS) version 22 and STATA version 12. Paired sample t-tests were used to explore differences in student attitudes towards psychological and medical help-seeking behaviours. Analysis of Variance (ANOVA) was used to investigate differences between three age-group viz-a-viz the attitude towards psychological and medical help-seeking of students. Post-hoc test (Bonferroni) was also used to establish some of the group differences.

### **8.3. Qualitative study.**

As it was indicated earlier, there was a need to understand students' attitudes towards help-seeking behaviours from a qualitative perspective which provides a deeper understanding of the subject or phenomenon based on the participant's feelings and own lived experiences which cannot be found through simple Likert scale responses used in quantitative studies (Savin-Baden & Major, 2013). Hence, a onetime focus group discussion consisting of five males and six females from all faculties and levels of study was conducted (see appendix B for more demographic characteristics on the participants).

#### **8.3.1. Design**

In this study, a Phenomenological approach was used and it translates into gathering deep information on psychological and medical help-seeking attitudes through inductive, qualitative methods such as discussions, interviews and participant observation, and representing it from the perspective of the research participant(s) through tapping into their lived experiences (Lester, 1999; Cummings, 2001).

#### **8.3.2. Participants.**

The participants in this study were students from the Mahikeng Campus of the NWU. All faculties namely; Faculty of Agriculture, Science and Technology, Law, Commerce, Human

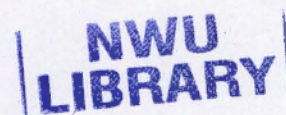
and Social Sciences and Education were represented in the sample. One participant was sampled from each level of study per faculty, from second level, third level and postgraduate level. Out of 15 sampled participants, only eleven (five males and six females) aged between 19 to 32 from all five faculties attended the focus group discussion and they were drawn from the same sample used for the quantitative study. See appendix B for demographic characteristics of the participants.

### **8.3.3. Instruments/Measures**

A semi-structured guiding questions document for the focus group discussion was used for the purpose of qualitative data collection. To optimise the effectiveness and accuracy of the data collection method discussed above, a semi-structured interview guide was pre-tested on four students in the same university through one to one interviews which lasted for about 20 minutes each (Bless, Higson & Kagee, 2006). The guide contained open-ended questions from which follow-up questions were derived by the researcher from time to time. The researcher expanded the questions as the need arose. This guide was found to be understood by the subjects and they produced in-depth data.

### **8.3.4. Procedure.**

The Qualitative data collection was conducted at the student centre of the NWU Mahikeng Campus on the 24<sup>th</sup> of October 2014 at 13:00. The participants were selected from the sample that was used for the quantitative study. The research project and ethics were explained by the researcher, then they were allowed to ask any clarity seeking questions they had. Then they gave informed consent to taking part in the study. The focus group discussion was then conducted and it took approximately 88 minutes to complete. Member checking strategy (which involved turning to other fellow group members for confirmation of views held by a particular member) was applied during the focus group discussion. The researcher took field notes in conjunction with the recording of the discussion. After transcribing, themes were



then drawn from the data, coded, processed and thematically analysed. The data which consisted of tape recorded focus group discussions and field notes from observations were treated to on-going analysis.

### **8.3.5. Trustworthiness of the study**

To ensure credibility, boundaries around the study were adequately placed by the researcher through stating parameters such as the theoretical frameworks, variables and the population (Lincoln & Guba, 1985). Multiple methods of data collection such as literature reading, supervision, member checking, field observation notes, and interviews were used in an attempt to ensure the transferability of the study. This also led to a more reliable, valid and diverse construction of realities. It can also be viewed as a way of strengthening the usefulness of the study in other settings (Motlabeng, Idemudia, Temane & Kolobe 2013). In terms of conformability, several research practitioners and peer researchers were involved to assist in the interpretation of data on different occasions which helped to improve the analysis and understanding of others (Lincoln & Guba, 1985).

### **8.3.6. Data analysis**

In qualitative research, data analysis involves searching for patterns and recurrent themes in the data (Neuman, 1997). Thematic data analysis refers to identifying, analysing and reporting patterns (themes) within data as well as minimally organising and describing the data set in (rich) detail (Neuman, 1997). The researcher transcribed and analysed the data under close supervision. Reading through, making notes, making diagrams and maps so as to depict the findings (familiarization and immersion) was done. During the reading, key words or phrases, notes and other aspects of the data and some comments were noted. Then, emerging themes were noted and the more the themes emerged, the less the volume of information; meanwhile complexity was retained.

Related themes were then grouped together after connections between them were made. Then the materials were rigorously checked and the organizational principles that underlie them were identified. These groups were then clustered into four major themes. Identification of sub-themes and sequencing of information was done, then followed interpretation and making sense of the data.

## **9. ETHICAL CONSIDERATIONS**

This study was approved at different levels; first, the NWU Department of Psychology, and then the NWU Research Ethics Committee (see appendix C). During data collection, the research project and ethics were discussed with participants; these included among others, the right to withdraw any time they wished to, participate in the study without any consequences, or the use of incentives. Informed consent was obtained before administering the Questionnaires and focus group discussion. The data collection instruments were also pre-tested on students on the same campus to check and ensure the reliability thereof (questionnaires and interview guide). The researcher assured participants of confidentiality, anonymity, proper handling of the data collected as well as the findings by the researcher throughout and after the data collection process. The final result of the investigation was presented as a research article which adheres to the North-West University (Mafikeng Campus) rules after submission for examination.

## **10. RESULTS**

### **10.1. Quantitative results**

The quantitative results are presented below in the order of the hypotheses.

Hypothesis one stated that there will be a significant difference in student attitudes towards psychological and medical help-seeking behaviour. The results are presented in Table 1 below.

**Table 1: Paired sample t-tests differences in attitude towards psychological and medical help-seeking behaviour among students.**

Variables	N	M	SD	t	df	p
Psychological-	468	20.83	4.914	8.676	467	.001
Medical	468	23.05	4.979			

Notes:  $p < 0.005$

A paired-sample t-test was conducted to compare students' attitudes between psychological and medical help-seeking behaviour among students. The results showed a significant statistical difference  $t(467) = -8.67$ ,  $p = <.001$  in attitudes towards psychological and medical help-seeking behaviour (see Table 1 above). Therefore, hypothesis one is accepted.

Generally, students have positive attitudes towards medical help-seeking behaviour ( $M=23.0$ ,  $SD=4.97$ ) than psychological help-seeking behaviour ( $M=20.8$ ,  $SD=4.91$ ).

**Table 2: Gender differences in attitudes towards psychological and medical help-seeking behaviours**

Variable	Gender	M	SD	t	df	p
Psychological help-seeking	Males (232)	20.14	4.763	2.945	462	.001
	Females (232)	21.47	5.006			
Medical help-seeking	Males (232)	22.21	5.296	3.664	462	.003
	Females (232)	23.04	4.530			

Notes: significant if  $p < 0.005$

Hypothesis two stated that there will be significant differences in attitudes between male and female students towards help-seeking behaviours. The results presented in Table 2 above shows a significant statistical gender difference on attitudes towards psychological help-seeking behaviour  $t(462) = 2.945$ ,  $p = < .001$ , with females ( $M=21.48$ ,  $SD=5.00$ ) showing more positive attitudes towards psychological help-seeking behaviours than their male

( $M=20.14$ ,  $SD=4.76$ ) counterparts. A significant gender difference was also observed in attitudes towards medical help-seeking behaviour  $t(462) = -3.664$ ,  $p < .003$  where female ( $M= 32.89$ ,  $SD= 4.53$ ) students showed more positive attitudes towards medical help-seeking behaviours than their male counterparts ( $M=22.21$ ,  $SD=5.29$ ). Thus, the second hypothesis was accepted as the results suggest that male and female students differ significantly in attitudes towards both psychological and medical help-seeking behaviour, with females having more positive attitudes towards help-seeking in general.

**Table 3: ANOVA results showing differences in attitudes towards psychological and medical help-seeking behaviours of students between the three age groups**

Variables	Source of variance	SS	df	MS	F	p
Psychological help-seeking	Between groups	109.13	2	54.56		
	Within groups	11168.52	465	24.01	2.27	ns
	Total	11277.66	467	24.14		
Medical help-seeking	Between groups	189.28	2	94.64		
	Within groups	11387.67	465	24.48	3.86	0.021
	Total	11576.96	467	24.79		

*Note: significant at  $<.05$*

Hypothesis three stated that there will be a significant difference in attitudes towards help-seeking behaviours of the student population between the age groups (adolescents, young adults and adults). Analysis of Variance was conducted to test the differences in attitudes towards help-seeking behaviours of students between the age groups (See Table 3). The results revealed no significant difference in attitudes towards psychological help-seeking

behaviours of students at  $p < .05$  between the three age groups [ $F(2,465) = 2.27, p = ns$ ].

However, there was a statistically significant difference in attitudes towards medical help-seeking behaviours at  $p < .05$  between adolescents, young adults and adults [ $F(2,465) = 3.86, = 0.021$ ].

**Table 4: Post-hoc (Bonferroni) showing differences in attitudes towards medical help-seeking behaviours of students between age groups.**

Row mean Age groups	Medical M (SD)	Adolescents	Young adults	Adults
Adolescents (N-17)	23.76 (4.88)	-	ns	ns
Young adults (N382)	22.75 (4.84)	ns	-	0.021
Older adults (69)	24.51 (5.53)	ns	0.02	-

*Note: Significant at  $< .05$*

To further explore the analysis, a post hoc (Bonferroni) analysis was carried out to check for the direction of the prediction. Table 4 shows that a significant difference in attitudes towards medical help was observed between the young adult and the older adult age groups  $p = .02$ . Therefore, hypothesis three was partially accepted.

## 10.2. Qualitative results

Four major themes, each with sub-themes, were revealed in the qualitative data. These themes are: attributed attitude, gender issues, maturation and knowledge of psychological services. The themes evolved under both psychological and medical help-seeking behaviours.

All the four themes addressed the following research questions:

- What are the attitudes towards psychological and medical help-seeking behaviour among the NWU students in Mahikeng campus?
- Are there gender and age differences in attitudes towards help-seeking behaviours?

The themes are presented in Table 5 below.

*Table 5. Themes extracted during thematic analysis.*

Variables	Major Themes	Sub-themes
Psychological help-seeking  and  Medical help-seeking	❖ Attributed attitude	<ul style="list-style-type: none"> <li>• Experiences of bad treatment from the medical healthcare staff</li> </ul>
	❖ Gender issues	<ul style="list-style-type: none"> <li>• Self-perceptions among males and coping strategies.</li> <li>• Emotional differences</li> </ul>
	❖ Maturation	<ul style="list-style-type: none"> <li>• Peer pressure</li> <li>• Level of study, advancement in knowledge and age</li> </ul>
	❖ Knowledge of Psychological Services	<ul style="list-style-type: none"> <li>• Knowledge of availability and accessibility of service.</li> <li>• Understanding of psychological and medical healthcare</li> </ul>

#### **Attributed attitude.**



From the healthcare institutions in general (not only in the campus clinic), the participants seem to have experiences of ill-treatment either as observers or as victims.

#### **Experiences of attitudes of medical healthcare professionals towards students.**

The participants' experiences of bad treatment by the clinic staff has been widely expressed.

*"The services at the clinics are very important but the negative attitude and bad treatment we get from the nursing staff especially makes it difficult for us to have purely positive attitudes.*

*They push us away, one may arrive feeling very sick but they say they are on a lunch break"*

*[Participant 10, Female].* Some seek these services out of desperation. *"A person who is*

*not desperate will not voluntarily go to seek help at the clinic... ” [Participant 4, Male].*

*“...people don’t go there until it’s a really pressing situation... if you know what I mean... (smiles)... depends on the type of treatment I experienced before when trying to acquire such services...” [Participant 2, Male].* These were not found in the psychological help seeking discussion among the participants. Some took it further to say that it is difficult not to seek medical healthcare services because medical healthcare problems are not easily hidden like psychological problems. *“Well... medical healthcare services enjoy more usage from us (the students), but not only because we have a positive attitude towards it (giggles) but because medical health conditions have explicit symptoms which elicits consultation. But psychological problems can be hidden, I can go into my room and cry it away, when i get out, no one will even notice that I was crying” [Participant 11, Female]*

### **Gender issues**

There seems to exist some differences between males and females when it comes to attitudes towards seeking psychological help. Males seem to perceive psychological services as an uncomfortable experience. *“...I feel naked after talking about my personal issues, I don’t feel comfortable talking to psychologist telling him or her about my problem” [Participant 1, Male].* Meanwhile females believe in seeking and obtaining psychological help from a professional. *“...I sought for psychological help before. And I can use it when the need arises”. [Participant 11, Female].* This further confirms the differences in attitudes towards psychological help seeking according to gender.

Males once again are perceived as strong and with the capacity to can take any kind of pain in a calmer way than females. Males stated that they do not consult at the clinic for minor symptoms such as a headache, stomach ache, etc. whereas females do. For example, *“we guys seldom seek help for simple things such as headaches, stomach ache, etc.... Ja (yes), all we*

*have is our ego man, so we need to protect it, we should be strong to handle these things... but I think females' attitudes are more positive towards seeking medical healthcare services"* [Participant 1, Male]. *"Girls are weaker vessels... so it is understandable."*... [Participant 7, Male]. On the other hand, females do consult for these minor health problems. *"I go to the clinic for minor issues like I headache... and I see a lot of females there than males..."* [Participant 3, Female].

**Emotional differences.** Females perceive themselves as too emotional and that this informs their positive attitudes towards psychological help-seeking as compared to their male counterparts. *"U know... we are too emotional and fragile... guys are able to stomach problems and they are easily embarrassed to talk ka Mathata a bone (about their problems)"* [Participant 5, Female].

**Self-perception of males.** Males perceive themselves as emotionally strong and are able to deal with their problems. Some of them would prefer using substances as a way to cope so that they will appear to others as not experiencing psychological problems. For example, *"But what I know is that majita (Males) don't like talking about their issues to other people... guys are able to stomach problems and they are easily embarrassed to talk ka Mathata a bone (about their problems) ..."* [Participant 2, Male]. *"I don't think I'll reach a certain point of going to a psychologist... well... for me, dagga is a solution, if I use dagga, everything gets sorted"* [Participants 8, Male]. This also applies to medical help-seeking, males doesn't willingly initiate treatment/medical help-seeking, they only do so when it is compulsory. *"I for one, I will seek such help only if it is compulsory..."* [Participant 1, Male].

### **Age.**

Age and the level of study are both linked to maturation. The general notion is that the older you become, the more matured you are and the higher your level of study. Thus the

experiences one has in life are also important in leading to maturation. *“truly speaking, I know from my own experience when I was younger in my undergrad level... young people only know about psychological help from media, whereas older people are experienced and they do find the importance of psychological help as opposed to relying on friends...”* [Participant 6, Female].

Similarly, age has also been earmarked by the participants as one of the major factors influencing their attitudes towards seeking medical healthcare services. They state that with age comes wisdom to understand as age brings along deeper life experience. *“as a Postgraduate, I understand things better and my attitudes tend to be positive ... Postgrads are advanced in age, so you can tell that the older you get, the more the understanding... So the young ones don't even appreciate the fact that we need help”* [Participant 2, Male].

**Peer pressure.** There also exists a tendency to impress one's peers among the students and this affects their attitudes towards seeking psychological help. *“We are drowned by friends as young undergraduates in most cases, so we work hard to impress our peers that renders our attitudes negative”* [Participant 10, Female].

**Maturation.** The data revealed that maturity is one important factor that determines/influences help-seeking behaviours among students. Thus, the more mature the students are, the more positive their attitudes become towards seeking help. *Our attitudes as senior students are more positive towards help-seeking behaviours... [Participant 3, Female]*

**The level of study is linked to age and maturity.** The participants revealed that as one progresses academically, knowledge also advances, which then leads to developing a more understanding individual with more positive attitudes towards seeking psychological help. *“Those people who are in the advanced stages of their education are more understanding than the ones in lower levels of education... Usually, postgraduates are in the older age*

*groups so we are the ones that understand things better and our attitudes tends to be positive towards psychological help” [Participant 3, Female].*

Similarly, both senior and junior students agree on the fact that these student in higher levels of study tends to understand better the importance of seeking medical healthcare services. *“I think as a postgraduate, I am more matured, then I understand that I need help when I do. So the young ones don’t even appreciate the fact that they need help” [Participant 7, Male].*

Participant nine who is female stated in response to the question: *“tell me about some of the core factors that affects attitudes towards seeking psychological or general healthcare services”*: *“Maturity man, maturity... and knowledge. We, undergrads doesn’t really take mental health issues seriously at all”*.

### **Knowledge of psychological and medical care services.**

Knowledge of psychological services was identified as one of the major themes. It became clear from the data analysis that students have insufficient knowledge about psychological services and the importance thereof. Lack of information about psychological services is also a challenge for this population. Participant three who is female stated, *“Insufficient knowledge is the problem, but they are little who are informed about psychologists and what they do... many of us, especially the blacks, lack information about these things...”* Students seem to have little or no knowledge about the availability of psychological services on campus and the route to accessing them. *“I do not know really... I just heard people say we do have psychological services on campus but I’ve not really given it a chance to look into it” [Participant 4, Male]. “The truth is that these services are expensive and not easily accessible in private facilities and in public facilities” [Participant 3, Female].*

Unlike with psychological care, participants seemed to have sufficient knowledge of the availability, importance and the accessibility for medical care services. Knowledge is not a

problem at all for the students, *“Medical care service means a setting where all the other services related to people’s physical health are found. These include dieticians, nurses, doctors and many others in clinics and hospitals” [Participant 7, Male].*

**Understanding of psychological and medical care services.** The participants seemed to have an insufficient understanding of what is offered by a psychology professional and the delivery of such services. They think they will be laughed at by psychologists on consultation *“like the police who laughs at men who report being abused by their wives, psychologists they will laugh at me, like if I tell someone about my problem that I have been abused they will laugh (smiles)... [Participant 8, Male].*

The participants seemed to understand medical care services and the type of service offered there. For example, participant three who is female responded to the question *“so tell me about the services offered in the medical healthcare institutions”* by saying: *“they provide us with important services like family planning, (looks down), helps us when we have stomach bug, headaches etc.”* and this was emphasized by participant nine who is female: *“Migraine headache and stomach ache. I don’t want to die young (laughing), they provide us with relief medication”*.

### **Summary of qualitative results.**

The attributed attitudes only affected medical help-seeking attitudes negatively as nothing was noted during data analysis about bad treatment of the students/patients by psychology professionals. It became clear in the analysis that attitudes towards psychological help-seeking behaviours are partially negative (especially among males); this is mainly due to reasons including their perception that psychological health problems are ones which are not clearly visible by others as compared to medical health problems. On the other hand, students admitted to higher utilization rates of medical healthcare services, not necessarily because

they have completely positive attitudes but mostly because they are really pressed/compelled to seek such services. Therefore, it is not necessarily from their own choice.

The findings of the qualitative study suggests that students have positive attitudes towards seeking psychological help. However, the majority of male students have negative attitudes towards psychological help-seeking behaviours, but all the female students together with some males have shown positive attitudes towards psychological help-seeking. It is also difficult to ascertain these attitudes because of lack of knowledge about psychological services among the students. Further findings revealed that although the student attitudes may be positive towards the services, they are largely discouraged to seek such services largely due to the fact that the clinic staff ill-treats them.

Although there seemed to be independent responses based on the two research questions, it was discovered through the analysis that there were some themes that emerged from both psychological and medical healthcare services, which are gender, maturation and knowledge about services. These two themes were found to be having the same influence on both psychological and medical help-seeking attitudes of the students. Females were found to be have more positive attitudes towards seeking both psychological and medical help-seeking as compared to their male counterparts. Under maturation we find age and level of study to be indicative of the maturity levels of students. Thus, students who are advanced in age and level of studies showed more positive attitudes towards both psychological and medical help-seeking behaviour. Lastly, lack of knowledge about the services was found to be a recurring theme in the study and it negatively affected the psychological help-seeking behaviour and was not found to be a challenge in the medical help-seeking attitudes of the students. In conclusion, the principal outcome of this study is that the student attitudes towards psychological and medical help-seeking behaviour of the students are generally positive. However, gender, age and level of study do influence these attitudes.

## **11. DISCUSSION, CONCLUSION, LIMITATIONS AND RECOMMENDATIONS**

The primary aim of this study was to explore attitudes towards help-seeking behaviour of students in a South African University. This study used a mixed method approach to achieve its aim. The hypotheses will be convergently discussed with the research questions in this section. The study addressed the following hypotheses:

- There will be a significant difference in student attitudes towards psychological and medical help-seeking behaviours.
- There will be significant differences in attitudes between male and female students towards help-seeking behaviours.
- There will be a significant difference in attitudes towards help-seeking behaviours of the student population between the age groups (adolescents, young adults and adults).

The following research questions were also addressed in the study:

- What are the attitudes towards psychological and medical help-seeking behaviour among the NWU students in Mahikeng campus?
- Are there gender and age differences in attitudes towards help-seeking behaviours among students?

The results revealed that there are differences in attitudes between psychological and medical help-seeking behaviours among university students, with medical help-seeking behaviours enjoying more positive attitudes than psychological help-seeking behaviours. The qualitative component of the study also made similar findings, however, suggesting that factors such as knowledge about the availability and accessibility of psychological services has an influence on these attitudes. These findings confirms what Samouilhan and Seabi (2010) concluded in stating that limited or incorrect knowledge about mental healthcare has been shown to result in negative attitudes toward mental illness and pursuit of psychological treatment. This view is supported by findings made by Wrigley, Jackson, Judd and Komiti, (2005) who indicated

that attitudes towards medical help-seeking behaviours tend to be more positive as compared to attitudes towards psychological help-seeking by healthcare users. They cited issues of stigma and perceived helpfulness of medical practitioners as the main reasons for the negative attitudes towards psychological help-seeking.

Lack of understanding of how psychological services are delivered and the psychotherapeutic environment are also found to be a challenge for the students which then led to their reluctance in the creation of positive attitudes towards help-seeking behaviours (El Kahi et al. 2012). Similarly, Lawrence, Bawa and Suffla (2009) stated that insufficient knowledge and understanding of the effectiveness of psychological services makes it difficult to develop positive attitudes towards psychological help-seeking behaviours. Some of the students believed that psychology professionals may laugh at them, perceive them negatively, or fail to protect their privacy after they presented their problems to them. This is similar to the conclusions made by Eisenberg et al. (2009) and Lawrence et al. (2009) that negative perceptions and stigmatization of psychological help-seeking creates attitudes that negatively affects the utilization of psychological services among college/university students. The functionalist theory holds that if a student has negative attitudes towards psychological and medical help-seeking behaviours, the attitude serves as an excuse not to seek such services. However, once one cannot manage the symptoms anymore, their attitude towards psychological and medical help-seeking behaviours would change and they may develop an attitude favourable to seeking such help (Katz, 1960). Warner et al. (2011) and Lawrence et al. (2009), also concluded that as relevant knowledge is acquired, the stigma related to seeking psychological help can be reduced, thus creating more positive attitudes towards psychological help-seeking behaviours.

The qualitative study results went deeper to find that students showed more positive attitudes towards medical help-seeking behaviours. This may be due to the fact that the university

clinic is mostly popular and known among students and that they believe that it is not easy to hide medical health problems as compared to psychological problems. This also comes down to the knowledge and understanding of a psychological problem in itself. That is, more than half of all health problems presented to medical healthcare facilities are psychological in origin, but the public still avoids seeking mental health services (Trump & Hugo, 2006).

The realization by students that psychological and medical health problems can actually be severe to a point where help-seeking behaviour is indicated can be sufficient to inform an attitude change from negative to positive (Frenzo, 2008). The students stated in the focus group discussion that they would seek help only when the health condition is at a stage where they cannot handle it anymore.

Attitudes towards psychological and medical help-seeking behaviours between male and female students were also investigated. The results suggested that there are differences in attitudes towards psychological and medical help-seeking behaviours between male and female students with females showing more positive attitudes than males. The qualitative part of the study went further to reveal that males seem to hold a perception that they are stronger (both emotionally and physically) they can "stomach" their health challenges as compared to females. The results are consistent with the work of Mkwanyana (2013) who reported that female students were most likely to engage in professional help-seeking behaviours than their male counterparts. Similarly, a higher percentage of females report positive attitudes towards medical help-seeking behaviours, as compared to males (Coyne-Beasley, Ford and Waller, 2009; Lawrence et al., 2009). In addition, Soai (2012) concluded that men seem to be generally socialised to tough it out when their health is threatened by psychological or medical healthcare problems, and they are often reluctant to seek care when it is mostly indicated, and on the contrary he says that women are conditioned from a young age to give and take care of others and therefore it is not difficult for them to seek health care for

themselves and others. This kind of socialisation also means that men who seek medical healthcare services are usually viewed negatively by other men (Soai, 2012). However, it was further noted that males tend to use maladaptive coping mechanisms such as substances as a way to appear strong and maintain their reputation of being considered to be “strong” by the larger society. Porst et al. (2009) concluded that men generally have negative attitudes towards help-seeking, citing issues of embarrassment at discussing their health problems with professionals, fear of dependence on medicine and doubts about the effectiveness of treatment.

Social constructionist theory explained these gender differences in attitudes toward help-seeking behaviours by suggesting that men and women are treated and perceived differently by the society, therefore they tend to behave differently (Bem & Coltrane, 2004). Furthermore, males tend to present a strong and healthy front so as to avoid seeking professional help as they feel the need to behave differently to the way women behave (seeking help). Some of them seem to rather prefer some maladaptive ways such as substance abuse as a way to deal with their health problems just to avoid seeking professional help (Bem, 1993).

NWU  
LIBRARY

Attitudes towards help-seeking behaviours between students of different age groups (adolescents, young adults and adults) were also explored. The age group classification in the current study was adapted from the psychosocial theory by Erikson (1963) who postulated that people in different age groups presented in different stages of development, display different behaviours; this may also include help-seeking behaviours. The results revealed that there was no statistical difference found in attitudes towards psychological help-seeking behaviours between the age groups. Contrary to these results, Oliver et al. (2011) indicated that healthcare service seeking attitude differed with age. However, Janga et al. (2009) concluded that much as the youth shows negative attitudes towards psychological help-

seeking behaviours, so doolder peoples they also have challenges of stigma about mental illness, which is thought to bring shame to their families.

Meanwhile, with regard to attitudes towards medical help-seeking behaviours, differences were observed between the young adults and adult age groups. This means that adults views medical help-seeking behaviours quite differently from the young adults age group. The young adult age group (20-25), also known as Intimacy vs Isolation (stage 6) is characterised by reciprocity in social transaction, especially sexual intimacy, however, feelings of loneliness, isolation caused by social withdrawal and non-participation in help-seeking also occasionally occur in this age group (Erikson, 1968). Meanwhile, adolescents did not show any difference in attitudes towards medical help-seeking behaviours against both young adult and adult age groups. Erikson as cited in Chapman (2013) stated that the adolescent age group (12-19), also referred to as Identity vs Role Confusion (stage 5) is characterised by coming to terms with oneself and a constant immature struggle to be accepted and affirmed as well as developing one's own life principles (even if they are against socially acceptable ones such as help-seeking). This may also be due to overwhelming discrepancy in numbers of the participants where the young adult age group had a very high number (80%) of the total population. This led to the partial acceptance of the third hypothesis. However, Woodward et al. (2009) also concluded that there are indeed more positive attitudes towards help-seeking behaviours among older adults.

The qualitative results also found that age, level of study and maturation are linked together in influencing these attitudes. Therefore students who are older in age, having reached a certain level of maturity and are advanced in their levels of study are more likely to have different attitudes towards psychological and medical help-seeking behaviour as compared to those in younger age groups. This is consistent with the suggestion from the psychosocial theory of Erikson (1988) that maturity, optimism, productivity, careful health behaviours and

preoccupation with being a good role model to others characterises the adult age group (stage 7) which is also known as Generativity vs Stagnation. Mkwanyana (2013) concluded that students in their first and second levels of study hold negative attitudes towards help-seeking behaviours more than the senior students in their final year and postgraduate studies. This is related to the findings made by Oliver et al. (2011) which stated that the proportion of participants who indicated that they would consult their medical healthcare practitioner increased with age. Studies shows that there exist differences in attitudes towards healthcare seeking behaviours, citing that as people grow, they tend to develop more positive attitudes towards psychological and medical help-seeking behaviours (El Kahi et al., 2012; Woodward et al., 2009; Oliver et al., 2011; Al-Krenawi, Graham, Dean, & Eltaiba, 2009). This may further explain these differences in attitudes towards medical help-seeking behaviours between young adults and adult students.

Lastly, the qualitative study went further to find that one other factor that affects student attitudes towards medical help-seeking behaviour is attributed attitude. It include the students' personal experiences of being treated badly by the clinic staff members, especially the nursing staff, which eventually create a perception that healthcare professionals do not really care about the patients. Brown (2008) concluded most nurses have negative attitudes towards patients with certain medical health problems. However, this does not imply completely negative attitudes of the students towards these services. It became clear through the analysis that students still uses the services not because they have completely positive attitudes towards them but due to the fact that they cannot manage the health problems anymore.

The principal outcome of the study from both qualitative and quantitative methods is that the attitudes towards help-seeking behaviours are positive among the NWU students in Mafikeng

campus. These findings are in line with the conclusions by Diala et al. (2009) that students have more positive attitudes toward help-seeking in general. Francis et al. (2009) concluded that when attitudes towards psychological help-seeking are positive, the chances of seeking such help are high.

Moreover, the HBM according to Glanz et al. (1997) is premised on the notion that a person will engage in a healthcare service seeking behaviour if that person feels that a health problem can be prevented. Secondly, positive expectation that seeking healthcare services will help. Lastly, if they can be able to successfully seek services with confidence. The students in the current study, in spite of being treated badly by the clinic staff, seemed to understand that they can seek healthcare services and prevent severe healthcare conditions; this is due to the fact that they have shown positive attitudes towards help-seeking behaviours in general and, according to the literature reviewed, they are most likely to engage in help-seeking behaviours.

### 11.1. Conclusion

The current study explored attitudes towards help-seeking behaviour of students in a South African University. This was done through exploring the attitudes towards psychological and medical help-seeking behaviours of students. Differences in attitudes towards psychological and medical help-seeking behaviours were investigated according to age and gender. The main conclusions are as follows: there were differences in attitudes between psychological and medical help-seeking behaviours of students with attitudes towards medical help-seeking behaviours being more positive than attitudes towards psychological help-seeking behaviours. Males and females differed in attitudes towards psychological and medical help-seeking behaviours. In both cases, female students have shown more positive attitudes towards help-seeking behaviours than their male counterparts. In addition, maturation, age, gender and attributed attitudes influence the attitudes towards help-seeking

behaviours. Knowledge and understanding of psychological healthcare services were also found to influence attitudes towards psychological help-seeking behaviours of students. No differences were observed in attitudes towards psychological help-seeking behaviours between age groups. However, there were differences in attitudes towards medical help-seeking behaviours as there was a significant difference in these attitudes between young adults and the adults' age groups.

### **11.2. Limitations and Recommendations**

These limitations should be recognized when interpreting and applying the findings of this study. There is limited literature available, especially in a South African context on attitudes towards help-seeking behaviours not only in the student population but more in a general population. The researcher only considered two fields/sources of health services (psychological and medical help) which do not cater for traditional, spiritual and other forms of help. The study only focused on gender and age differences. No comparisons were made between students from other campuses of universities.

Therefore future studies on the topic are needed. The study was conducted only at the NWU (Mafikeng Campus); this should be used as a base-line data for the future studies in the field. Future research should consider other sources of help such as spiritual, traditional/indigenous and others. Based on the findings of the current study which revealed differences in attitudes towards psychological and medical help-seeking behaviours due to factors such as knowledge and understanding, age, gender, attributed attitudes and levels of study/maturation, specific strategies need to be developed in order to increase the effectiveness of these sources of healthcare services on campus for the students. These strategies may include among others: awareness campaigns and psychoeducation about psychological services to counter the lack of knowledge and the stigma associated with it. Gender-specific awareness programmes should be undertaken to encourage males to open up and consult professionals about their

health problems. Collaboration between medical and psychological service providers/professionals be should be considered on the university campus. Future studies should be broadened further and consider the fields of studies, religion and socio-economic status.

## 12. REFERENCES

- Ajzen, I. (2001). Nature and operation of attitudes. *Annual Review of Psychology*, 52, 27-58.
- Al-Krenawi, A., Graham, J. R., Dean, Y. Z., & Eltaiba, N. (2009). Cross-national study of attitudes towards seeking professional help: Jordan, United Arab Emirates (UAE) and Arabs in Israel. *International Journal of Social Psychiatry*, 50(2), 102-114.
- Ayisi, J.G., Hoog, A.H., Agaya, J.A., Mchembere, W., Nyamthimba, P.O., Muhenje, O., & Marston, B.J. (2011). Care seeking and attitudes towards treatment compliance by newly enrolled tuberculosis patients in the district treatment programme in rural western Kenya: a qualitative study. *Bio-medical Centre: Public Health*, 11, 515-530. doi:10.1186/1471-2458-11-515
- Bem, S.L. (1993). *The lenses of gender: Transforming the debate on sexual inequality*. New Haven, CT: Yale University Press.
- Bem & Coltrane. (2004). *Social constructionist theories explaining gender*. [DX Reader version]. Retrieved from:  
[http://www.public.iastate.edu/~f2004.soc.327/childhood\(sep27\).pdf](http://www.public.iastate.edu/~f2004.soc.327/childhood(sep27).pdf)
- Bener A., Ghuloum S. (2013). Gender difference on patients' satisfaction and expectation towards mental health care. *Niger Journal of Clinical Practice*, 16(3), 285-91. doi: 10.4103/1119-3077.113448.
- Bleich, S.N., Özaltın E., & Murray, C.J. (2009). *How does satisfaction with the health-care system relate to patient experience?* University of Washington, Seattle, 87, 271-278. doi: 10.2471/BLT.07.050401
- Bless, C. Higson Smith, C. & Kagee, A. (2006). *Fundamental of social research methods*. Lusaka, Zambia: Juta & Co Ltd.
- Block, N. (1979) "Trouble with functionalism. In C. Savage, ed., *Minnesota Studies in the Philosophy of Science*, (9). Mineapolis, USA: Minnesota University Press.

- Boltena, A.T., Khan, F.A., Asamoah, B.O. and Agardh, A., (2012). Barriers faced by Ugandan university students in seeking medical care and sexual health counselling: A cross-sectional study. *Uganda: Bio-medical Centre: Public Health*, 5(2), 212-230
- Brown, I. (2008). Nurses' attitudes towards adult patients who are obese: literature review. *Journal of advanced nursing*, 53(2), 221-232.
- Bruwer B., Sorsdahl K, Harrison J., Stein D.J., Williams D., and Seedat S., (2011). Barriers to mental health care and predictors of treatment dropout in the South African stress and health study: *Psychiatric Services*, 62(7), 774–781. doi:10.1176/appi.ps.62.7.774.
- Case, A., Menendez, A. and Ardington, C. (2009). *Health seeking behavior in northern KwaZulu-Natal*. Retrieved from [http://www.princeton.edu/rpds/papers/pdfs/case\\_etd\\_hsb.pdf](http://www.princeton.edu/rpds/papers/pdfs/case_etd_hsb.pdf)
- Chebbet, D. (2012). *Help-seeking attitudes and behaviors of African international students: examining the relationship between social connectedness, acculturative stress, and length of stay*. Philadelphia College of Osteopathic Medicine: College press.
- Conner, M. & Norman, P. (1996). *Predicting health behavior. Search and practice with social cognition models*. Ballmore, Buckingham: Open University Press.
- Coyne-Beasley, T., Ford, C., Waller, M. (2009). Sexually active students' willingness to use school-based health centers for reproductive healthcare services in North Carolina. *Ambulatory Pediatrician*, 3, 196-202.
- Creswell, J.W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd Ed.). Thousand Oaks, CA: Sage Publications
- Creswell, J., & Plano, C.V. (2007). *Designing and conducting mixed methods research*. London: Sage Publications

- Cummings, S.R., Warren, S.B., Grady, D., Hearst, N., Newman, T.B., & Hulley, S.B., (2001). *Designing clinical research: An epidemiologic approach*. (2<sup>nd</sup> Ed). Baltimore, MD: Lippincott Williams & Wilkins
- Deane, F. P. & Wilson, C., J., (2011). Predicting adolescents' future intentions to seek help for mental health problems. *Youth Studies Australia*, 30, 27-33.
- Department of Health Annual Report (2007). *Government of the Republic of South Africa*. Retrieved from:<http://www.doh.gov.za/docs/reports-f.html>
- Department of Higher Education and Training, (2014). *Challenges faced by students residing on campus in the South African Universities*. Pretoria, South Africa: government Communications.
- Diala, C.C., Muntaner, C., Walrath, C., Nickerson, K., LaVeist, T., and Leaf, P. (2009). Racial/ethnic differences in attitudes toward seeking professional mental health services. *American Journal of Public Health*, 91(5), 805-807
- Duran, A., Lura, J., & Van Waveren, M. (2000). *Health care systems in transition: Spain*. Brussels: European observatory on health care systems and policies. Retrieved from: <http://www.euro.who.int/document/e70504.pdf>
- Eisenberg, D., Downs, M.F, Golberstein, E. & Zivin, K. (2009). Stigma and help seeking for mental health among college students: *Medical care research review*: SAGE Publications. doi: 10.1177/58709335173
- Elhai, J. D., Schweinle, W., & Anderson, S. M. (2008). Reliability and validity of the attitudes toward seeking professional psychological help scale-short form. *Psychiatry Research*, 159, 320-329.
- El Kahi, H.A., Abi Rizk, G.Y., Hlais, S.A. & Adib, S.M. (2012). Health-care-seeking behaviour among university students in Lebanon. *Eastern Mediterranean Health Journal*, 18, 562-565.

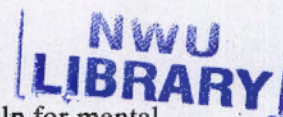
- Ethier, K.A., Dittus, P.J., De Rosa, C.J., Chung, E.Q., Martinez, E. & Kerndt, P.R. (2011). School-based health center access, reproductive health care, and contraceptive use among sexually experienced high school students. *Journal of adolescent health, 48*(6), 562–565. doi: 10.1016/j.jadohealth.2011.01.018.
- Erikson, E.H. (1963). *Childhood and society*. New York: Norton.
- Erikson, E. H. (1968). *Identity: Youth and crisis*. New York: Norton.
- Erikson, J. M. (1988). *Wisdom and the senses*. New York: Norton.
- Chapman, A. (2013). *Erik and Joan Erikson psychosocial development theory: Review and context material*. New York. Retrieved from:  
<http://www.businessballs.com/erik-erikson-psychosocial-theory.htm#standard-copyright>
- Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development, 36*, 368-373
- Fischer, E.H., & Turner, J.L. (1970). Orientations to seeking professional help: development and research utility of an attitude scale. *Journal of Consultation in Clinical Psychology, 35*, 79–90.
- Fishbein, M., & Ajzen, I., (1974). Attitudes towards objects as predictors of single and multiple behavioural criteria. *Psychological Review, 81*(1), 29-74.
- Fishbein, M. & Ajzen, I. (1975). *Belief, attitude, intention, and behavior: An introduction to theory and research*. Reading, MA: Addison-Wesley
- Fishbein, M., & Ajzen, I., (1976). *Belief, attitude, intention, and behavior: An introduction to theory and research*. Reading, MA: Addison-Wesley
- Francis, K., Boyd, C., Aishett D., Newnham, K., & Newnham, K. (2009). Australian rural adolescents' experiences of accessing psychological help for a mental health problem. *Australian journal of rural health, 15*(3), 196-200

Freitas-Murrell, B. & Swift, J.K. (2015). Predicting attitudes toward seeking professional psychological help among Alaska natives. *The Journal of the National Center: American Indian & Alaska Native Mental Health Research*, 22(3), 21-35.

Retrieved from:

<http://nwulib.nwu.ac.za/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=110445317>

Frenzo, S. (2008). *Social Psychology*. 5<sup>TH</sup> Edition. USA. McGraw Hill.



Fung, K., & Wong, Y.R. (2009). Factors influencing attitudes to seeking help for mental health problems in South Asian Immigrants and Refugee women. *International Journal of Social Psychiatry*, 25(4). doi: 10.1177/002064006074541

Glanz, K., Rimer, B.K., & Lewis, F.M. (2002). *Health behavior and health education. Theory, research and practice*. San Francisco: Wiley & Sons.

Gulliver, A., Griffiths, K.M., & Christian, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *Bio-medical Centre Psychiatry*, 10 (113). doi: 10.1186/1471-244X-10-113

Harris, B., Goudge, J., Ataguba, J.E., McIntyre, D., Nxumalo, N., Jikwana, S. & Chersich, M. (2011). Inequities in access to healthcare in South Africa. *Journal of Public Health Policy*, 32, 102-123. doi:10.1057/jphp.2011.35

Hausmann-Muela S., Nyamango I., & Rebera J.M., (2003). *Health-seeking behaviour and the health system response*. DCPD working Paper no 14.

Health Link. (2010). *South African Health Review*.: publications. Retrieved from:

<http://www.healthlink.org.za/publications/876>.

Hines-Martin, V.P., Usui W., Kim S., & Furr A. (2004). A comparison of influences on attitudes towards mental health service use in an African-American and White

- community. *Journal of Black Nurses Association*, 15(2), 17-22. Retrieved from:  
<http://www.ncbi.nlm.nih.gov/pubmed/15853282>
- Holmes, M. (2007). *What is Gender? Sociological Approaches*. Cromwell Press Ltd, Trowbridge, Wiltshire. Britain SAGE publications.
- Hudelson, P.M. (1994). *Qualitative research for health programmes*. Geneva, World Health Organization.
- Janga, Y., Chiribogaa, D.A., and Okazakib, S. (2009). Attitudes toward mental health services: Age-group differences in Korean American adults. *Ageing and Mental Health*, 13, 127-134. DOI 10.1080/13607860802591070.
- Johnson, R.B., Onwuegbuzie, A.J., & Turner, L.A. (2007). Toward a definition of mixed methods research. *Journal of Mixed Methods Research*, 1(2), 112–133.
- Kaiser, H.J. (2010). *An Overview of Health and Healthcare in South Africa 1994-2010: Priorities, Progress and Prospects for New Gains*. South Africa, Muldersdrift, David Harrison.
- Katz, D. (1960). *The Functional Approach to: The Study of Attitudes, Public Opinion Quarterly*, 24, 163-204.
- Kim, B.S.K. & Omizo, M.M. (2008). Asian and European American Cultural Values, Bicultural Competence, and Attitudes toward seeking Professional Psychological Help among Asian American Adolescents. *Scholarship and Professional Work – Education*, 23. Butler University. Accessed from: [http://digitalcommons.butler.edu/coe\\_papers/23](http://digitalcommons.butler.edu/coe_papers/23)
- Lawence, M., Bawa, U. and Suffla, S. (2009). *Exploring attitudes of university students towards seeking psychological counselling*. (Unpublished Master's Thesis). Cape Peninsular University of Technology.
- Lester, S. (1999). *An introduction to phenomenological research*, Taunton UK, Stan Lester Developments accessed from: <http://www.sld.demon.co.uk/resmethy.pdf>.

- Letsela, L., & Ratele, K. (2009). *I am a tsotsi from sphiatown, you must cure yourself": masculinity and health seeking behaviours in South Africa*. MRC-UNISA.
- Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications
- Mackenzie, C.S., Gekoski, W.L., & Knox, V.J. (2006). Age, gender, and the underutilization of mental health services: the influence of help-seeking attitudes. *Aging Mental Health*.10(6), 574-82.
- Meppelder, M., Hodes, M., Kef, S., & Schuengel, C. (2014). Parents with intellectual disabilities seeking professional parenting support: The role of working alliance, stress and informal support. *Child abuse & neglect*, 38(9), 1478-1486.
- Market Watch. (2013). *Global health-care snapshot: How the world compares on healthcare*. [Pdf readers Version] Accessed on <http://www.marketwatch.com/health-care/reform/snapshot>.
- McFadden, K.L., Theresa D., Hernández, T.D., and Ito, T.A. (2010). Attitudes toward complementary and alternative medicine influence its use. *American Journal of Medicine*,6(6) 1176-1180.
- McLaren, Z., Ardington, C., & Leibbrandt, M., (2013). Distance as a barrier to health care access in South Africa. *A Southern Africa Labour and Development Research Unit*, 97. Cape Town: SALDRU, University of Cape Town.
- Meyer, E.D. (2010). *Access to healthcare in South Africa: An ethical and human rights obligation*.Johannesburg,University of Witwatersrand.
- Michelle, L. (2009). *Exploring attitudes of students towards seeking psychological counselling*. (Master's Thesis) Cape Town, University of Cape Peninsula.
- Mkhwanyana, N.L. (2013). *Investigation into attitudes of the University of Zululand students towards campus psychological services*, (Master's Thesis). South Africa, University of

Zululand. Retrieved from:

<http://www.netd.ac.za/?action=view&identifier=oai%3Aunion.ndltd.org%3Auzulu%2F%3Auzspace.uzulu.ac.za%3A10530%2F1390>

Motlabeng, T.W., Idemudia, E.S., Temane, M. & Kolobe, P.S. (2013). *Social desirability (SD) constructs in relation to the cultural context among the Setswana-speaking youth*. (Master's Thesis). North-West University, Mafikeng Campus.

Neuman, W.N. (1997). *Social research methods: qualitative and quantitative approaches*. Boston: Allyn & Bacon Publications.

Ngwena, C. (2001). The recognition of Access to Healthcare in South Africa: is it enough? *Health and Human rights*, 5(1), 32-33

Nordqvist, C. (2014). What is psychology? What are the branches of psychology? *Medical News Today* (MNT), UK. Accessed from <http://www.medicalnewstoday.com/about>.

Oliver M.A., Pearson N., Coe N., & Gunnell, G. (2011). Help-seeking behaviour in men and women with common mental health problems. *British Journal of Psychology*, 10(119). doi: 10.1192/bjp.186.4.297

Oluyinka, O. (2011). Psychological predictors of attitude towards seeking professional psychological help in a Nigerian university student population. *South African Journal of Psychology*, 41(3), 310-327.

Owens J., (1983). *Functionalism and Propositional Attitudes*. Wiley, USA, 17(4), 529-549.

Payne, S., & Doyal, L., (2009). Women, men and health. *Oxford Textbook of Public Health*. Oxford University Press. 8, 1419 – 1433.

Petersen, H., Louw, J., & Dumont, K. (2009). Adjustment to university and academic performance among disadvantaged students in South Africa, *Educational Psychology*, 29(1), 99-115. doi: 10.1080/01443410802521066

- Pinar, C. & Cetinkaya, D.Z. (2010). Evaluation of nursing students' attitudes towards seeking psychological help and factors affecting their attitudes. *Nurse Education Today*, 30(8), 784-788.
- Porst, H., Montorsi, F., Rosen, R. C., Gaynor, L., Grupe, S., & Alexander, J. (2007). The Premature Ejaculation Prevalence and Attitudes (PEPA) survey: prevalence, comorbidities, and professional help-seeking. *European urology*, 51(3), 816-824.
- Rickwood, D., & Thomas, K. (2012). Conceptual measurement framework for help-seeking for mental health problems. *Psychological Research and Behaviour Management*. 5, 173–183. doi: 10.2147/PRBM.S38707
- Samouilhan T., Seabi J. (2010). University students' beliefs about the causes and treatments of mental illness. *South African Journal of Psychology*. 40, 74–89
- Savin-Baden, M., & Major, C. (2013). *Qualitative Research: The Essential Guide to Theory and Practice*. Routledge.
- Sen, B. (2010). Adolescent propensity for depressed mood and help seeking: Race and gender differences. *Journal of Mental Health Policy and Economics*, 7(3), 133-45.
- Shu-Yuan, L., & Scherz, S.D. (2014). Challenges Facing Asian International Graduate Students in the US: Pedagogical Considerations in Higher Education. *Journal of International Students*. 4(1), 16-33.
- South African Official Year Book, (2013). *Health 2013/14*. (21<sup>st</sup> edition 225-238). Cape Town: Government Communications. Retrieved from:  
<http://www.medioclubsouthafrica.com/component/content/article?id=article#ixzz3rHLISId4>
- Statistics South Africa. (2011). *Data Use of health facilities and levels of selected health conditions in South Africa: Findings from the General Household Survey*. (CIP), Pretoria: Statistics South Africa Library Cataloguing–in–Publication.

- Soai, M. (2012). Breaking stereotypes about going to clinics: Towards a pro-male health system. *Consultancy African Intelligence*. Pretoria, South Africa
- Teddlie, C., & Yu, F. (2007). *Mixed Methods Sampling: A Typology With Examples*. Louisiana State University, Baton Rouge/Sage Publications. doi: 10.1177/2345678906292430
- The Constitution of the Republic of South Africa. (1996). Act 108.
- Trump, L., & Hugo, C. (2006). The barriers preventing effective treatment of South African patients with mental health problems. *South African Psychiatry Review*, 9, 249–260.
- Uzma, A., Underwood, P., Atkinson, D., & Thackrah, R. (2009). Postpartum health in a Dhaka slum. *Social Science and Medicine*, 48(3), 313-320
- Visagie, S., Schneider, M. (2014). Implementation of the principles of primary health care in a rural area of South Africa. *African Journal of Primary Health Care Family Medicine*, 6(1), 562. Retrieved from: [http:// dx.doi.org/10.4102/phcfm.v6i1.562](http://dx.doi.org/10.4102/phcfm.v6i1.562)
- Warner, C.H., Appenzeller G.N., Parker, J.R., Warner, C.M., & Hoge, C.W. (2011). Effectiveness of mental health screening and coordination of in-theater care prior to deployment to Iraq: a cohort study. *American Journal of Psychiatry*, 168(4) 378-385
- Wilson, C.J., Deane, F.P., Marshall K.L., & Dalley, A. (2010). Adolescents' suicidal thinking and reluctance to consult general medical practitioners. *Journal of Youth and Adolescence*, 39(4), 343-56.
- Woodward, Rana & Pachana. (2009). Attitudes towards psychological treatment among older Australian. *Australian Psychologist*, 44(2), 86-93.
- World Health Organization, (2012). *Alliance for Health Systems and Policy Research*. Geneva, Rockefeller Foundation.

- World Health Organization (2007). *Adolescents, Social Support and Help-seeking Behaviour: An International Literature Review and Programme Consultation with Recommendations for Action*. Geneva, Switzerland: Barker
- Wrigley, S., Jackson, H., Judd, F., & Komiti, A. (2005). Role of stigma and attitudes toward help-seeking from a general practitioner for mental health problems in a rural town. *Australian and New Zealand Journal of Psychiatry*, 39(6), 514-521.
- Zimar, H., (2004). *Campuses Expand Health Care Services to Meet Demand*: American College Health Association. USA.

**Appendix A**  
**Questionnaires**

**Attitudes Towards Seeking Professional Psychological Help-Short Form (ATSPPH-SF)**

<b>Psychological Help-Seeking Attitude statement.</b>	<b>Disagree (0)</b>	<b>Partially disagree (1)</b>	<b>Partially agree (2)</b>	<b>Agree (3)</b>
1. I Would obtain professional psychological help if having a mental breakdown				
2. Talking about psychological problems is a poor way to solve emotional problems				
3. I Would find relief in psychotherapy/counselling if in emotional crisis				
4. A person coping without professional help (counselling) is admirable				
5. I Would obtain psychological help if upset for a long time.				
6. I Might want psychotherapy/counselling in the future				
7. A person with a psychological/emotional problem (depression, stress, etc.) is likely to solve it with professional psychological help				
8. Psychotherapy/counselling would not have value for me				
9. A person should work out his/her psychological/emotional problems without psychotherapy/counselling				
10. Emotional (psychological) (depression, stress, etc.) problems resolve by themselves				

**Attitudes Towards Seeking Medical Healthcare Service Scale (ATSMHSS)**

<b>Medical help-seeking Attitude statement.</b>	<b>Disagree (0)</b>	<b>Partially disagree (1)</b>	<b>Partially agree (2)</b>	<b>Agree (3)</b>
1. I Would obtain professional medical help if having a general health problem (fever, flu, TB, etc.)				
2. Visiting a Clinic/hospital is a poor way to solve medical problems				
3. I Would find relief in a medical facility clinics/hospitals if you have problems with your health				
4. A person coping without professional medical help (treatment: medication) is admirable.				
5. I Would obtain medical help if I'm sick for a long time				
6. I Might want medical help found in clinics, hospitals, etc. in the future				
7. A person with an medical problem (fever, flu, TB, etc.) is likely to solve it with professional help				
8. Medicine/pills would not have value for me				
9. A person should work out his/her problems (fever, flu, TB, etc.) without consulting with the medical care practitioners (Nurse, Doctor, etc.).				
10. Medical problems (fever, flu, TB, etc.) resolve by themselves				

**Appendix B: Demographic information of Participants**

**Appendix B (i): Demographic information of students participated in the Quantitative part of the study.**

<b>Variables</b>	<b>Categories</b>	<b>Frequency</b>	<b>Percentage %</b>
<b>Gender</b>	Male	232	50%
	Female	232	50%
<b>Age Grade</b>	Adolescents	17	4%
	Young Adults	382	82%
	Adults	69	15%
<b>Race</b>	Black	414	91%
	Colored	27	6%
	White	8	8%
	Indian	5	5%
<b>Academic Level</b>	2nd level	51	11%
	3rd level	267	58%
	Honors & 4th level	114	25%
	Masters & PhD	28	6%
<b>Place of residence</b>	Rural	145	34%
	Township	192	45%
	Suburb	92	21%
<b>Faculty</b>	HSS	81	17%
	FAST	96	21%
	Law	86	9%
	Commerce	154	33%
	Education	48	10%
<b>Knowledge of Psychological Services</b>	Yes	377	80%
	No	91	20%
<b>Knowledge of General Health Service</b>	Yes	407	94%
	No	61	6%

**Appendix B(ii): Demographic information of students participated in the Qualitative part of the study (Focus group discussion).**

Participant	1	2	3	4	5	6	7	8	9	10	11
Gender	M	M	F	M	F	F	M	M	F	F	F
Age	21	24	26	20	21	32	30	19	19	24	22
Year of study	3 <sup>st</sup>	Hon	Mas	2 <sup>st</sup>	3 <sup>nd</sup>	Hon	Mas	2 <sup>nd</sup>	2 <sup>nd</sup>	Hon	3 <sup>rd</sup>
Faculty	HSS	HSS	Com	FAST	Law	FAST	Law	Com	Educ	Educ	Com
Race	Afr	Afr	Afr	Afr	Ind	Afr	Col	Afr	Afr	Afr	Afr
Place of res	Township	Rural	Rural	Rural	Township	Township	Township	Township	Suburb	Township	Suburb

**Appendix c: List of tables**

***Table 1:***

Paired sample t-tests differences in attitude towards psychological and medical help-seeking behaviour among students

***Table 2:***

Gender differences in attitudes towards psychological and medical help-seeking behaviours

***Table 3:***

ANOVA results showing differences in attitudes towards psychological and medical help-seeking behaviours of students between the three age groups

***Table 4:***

Post-hoc (Bonferroni) showing differences in attitudes towards medical help-seeking behaviours of students between age groups.

***Table 5.***

Themes extracted during thematic analysis.