

Does Gender Correlate with Psychological Health-Seeking Behaviour of Ghanaian University Students?

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Abstract

This study examined gender as a determinant of psychological health-seeking behaviour among students at selected public universities in Ghana. The target population comprised 5,369 regular undergraduate students in four public universities in Ghana: University of Professional Studies, Accra (UPSA), Kwame Nkrumah University of Science and Technology (KNUST), University for Development Studies (UDS) and University of Cape Coast (UCC). A sample of 588 respondents was selected from the four public universities for the study which adopted the cross-sectional survey method. Attitudes towards seeking professional psychological help short form (ATSPPHS-SF) scale was employed to explore the relationship between health-seeking behaviour and gender. The independent t-test and chi-square test of association were the statistical tools employed for the data analysis, whilst the software package for data analysis, editing, coding and computation was the Statistical Product and Service Solution (SPSS version 20). The findings revealed that gender had no significant influence on the health-seeking behaviour of the students. This finding calls for counsellors to pay critical attention to students of both genders in designing programmes and interventions aimed at improving the psychological health-seeking behaviour of students.

Keywords: Gender, psychological, health-seeking behaviour, public universities in Ghana.

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Introduction

Any action undertaken by individuals perceived to have some health condition(s) to solve their health problem constitutes a health-seeking behaviour (Savitha & Kiran, 2013). Health-seeking behaviour involves a variety of actions, including self-medication, using contemporary or traditional governmental or private, medical centres, or not engaging in any healthcare at all (Chauhan et al., 2015; Yadav et al., 2022). The type of illness, the severity of the disease, gender, the broader sociocultural environment, the cost of treatment, traditional ideas about the causation of disease, the care quality schooling, and financial status are just a few of the many variables that are linked to health-seeking behaviour (Hussain et al., 2011). Health-seeking behaviour is a multi-dimensional notion that depends on the situation and time an individual confronts, according to a systematic study that examined it (Poortaghi et al., 2015).

Globally, mental health cases among young adults in contemporary times are on the ascendency, especially among university/college populations. Cases of mental health issues among university students have increased with the advent of the COVID-19 pandemic (Rahman et al., 2022). Rahman et al. (2022) study revealed that a huge number of university students were undergoing severe depression, anxiety, and stress in Bangladesh. In Italy, Zurlo et al. (2022) similarly revealed a significant increase in depression and anxiety among university students. Studies point to the fact that Ghanaian university students also suffer from a lot of psychological issues such as suicidal ideation, stress, depression, and anxiety. With respect to suicide, for instance, the Kintampo Health Research Centre (2019) revealed reports of suicide cases among two young female university students in Ghana in 2019. Several Ghana-based studies on depression and anxiety among university students have shown similar results (Asante & Andoh, 2015; Bettmann, Prince, Hardy, & Dwumah, 2019; Kugbey, Osei-Boadi, & Atefoe, 2015).

From the foregoing, it has been established that university students experience a lot of psychological challenges, which may warrant them adopting appropriate health-seeking behaviours. Despite this, their attitude towards psychological health-seeking such as counselling is very poor. A study by Joseph and Edward (2020) portrayed that despite the availability of guidance and counselling services at the various Colleges of Education in Ghana, the students still exhibit a lukewarm attitude towards those services. This is a matter of concern since these psychological issues, if not treated, result in grave consequences, such as social isolation and even suicide. Evidently, it has been discovered that the rise in youth suicide is associated with disparaging mental health indicators (Jorm & Kitchener, 2021; McManus & Gunnell, 2020). Psychological health seeking and its associated factors are, therefore, an area that requires research attention to discover critical areas for evidence-based interventions.

Studies on students' psychological health-seeking behaviour have largely come from advanced countries

(Hess & Tracey 2013; Hudson, 2014). In sub-Saharan Africa, two studies of this kind, which focused on students' attitudes towards psychological health-seeking in Ethiopia (Alemu, 2014) and Botswana (Pheko et al., 2013), have produced contrasting findings. Moreover, these two studies made no attempt to discover the factors associated with psychological health-seeking. Largely, studies on psychological health-seeking among university/college students are rare in Ghana. To the best of my knowledge, Andoh-Arthur et al. (2015) is the only existing published research on the subject matter. While the Andoh-Arthur et al. (2015) study was significant in revealing the socio-demographic correlates of psychological health-seeking, sadly, it focused specifically only on students of a single department of a Ghanaian university. In this paper, we focused on a larger population of Ghanaian university students to investigate the gender correlates of psychological health-seeking behaviour.

Gender is an important variable that is associated with people's health-seeking behaviour. A cross-sectional survey by Otwombe et al. (2015) among South African youth, found gender variations in health-seeking behaviour. Another study in Canada revealed a higher likelihood for women than men to seek care for physical and mental health issues (Thompson et al., 2016). Arshad et al. (2012) examined Indian students' gender as a predictor of attitudes toward seeking counselling help and found that gender was a major predictor, with female students having a more positive attitude towards seeking professional counselling. In northern Ghana, Asamari and Namale (2018) found no statistically significant gender variations in teacher trainees' perceptions toward guidance and counselling. Based on these findings of the existing literature, the paper seeks to investigate whether there is a significant difference between gender and psychological health-seeking behaviour of public university students in Ghana.

Ang et al. (2004) examined the impact of gender on health-seeking attitudes of teacher trainees in Singapore. The study revealed that relative to males, females were more likely to seek professional help. A similar study by Atik & Yaltyn (2011), which focused on how gender influenced the health-seeking behaviour of undergraduates revealed that females, compared to males, showed positive attitudes towards health-seeking. Again, the study revealed that peers constitute the preferred initial source of help (Atik & Yaltyn, 2011).

In India, Arshad, Da-I and Abdallah, (2012) examined Indian students' age and gender as predictors of attitudes toward seeking counselling help. They hypothesized that the students would have a negative attitude towards seeking counselling help, and gender would have a significant impact on the attitude towards seeking counselling help. The researchers found out that gender was a major predictor, with the female students having a more positive attitude towards seeking professional counselling.

Similarly, Chandra and Minkovitz (2006) investigated the inclination of teenagers to use mental health services in mid-Atlantic states. Generally, the study revealed gender variations in health-seeking behaviours. Specifically, the likelihood of using mental health services was higher among girls, as compared with their male colleagues. Similar findings emerged with respect to knowledge in mental health. The study also revealed parental control as a determinant of health-seeking behaviour among the teenagers studied.

Farotimi et al. (2015), examined the knowledge, attitude, and healthcare-seeking behaviour towards dysmenorrhea among female students at a Private University in Ogun State, Nigeria. Findings from their study indicated a statistically significant relationship between the age of respondents and their healthcare-seeking behaviour towards dysmenorrhea, with most of the ladies having a negative attitude towards dysmenorrhea. Arku (2015) examined the attitude of University of Cape Coast (UCC) male students towards counselling on the UCC campus. The study found that male students of UCC perceive counselling as beneficial to them. It was also established that key factors that influenced the decision to access counselling services included the feeling of embarrassment for sharing their problems, variations in their culture and other issues affecting self-esteem.

In summary, much of the work done on gender and health-seeking behaviour established differences in the genders whilst others also maintain some similarities. More work must be done to encourage both males and females to exhibit a positive attitude towards all illnesses, whether medical or psychological.

Materials and Methods

This study employed a cross-sectional survey of undergraduate students from four selected public universities in Ghana: University of Professional Studies (UPSA) in the Greater Accra Region, Kwame Nkrumah University of Science and Technology (KNUST) in the Ashanti Region, University for Development Studies (UDS) in the Northern Region, and University of Cape Coast (UCC) in the Central Region. These public universities were purposely chosen to cover the entire geographical area of the country: the coastal belt, forest zone, and savannah areas. These public universities have well-equipped counselling centres that are also accredited by the Ghana Psychological Council. This is often not the case with most private tertiary institutions in Ghana. The study focused on a population of students offering Business programmes with the Accounting option, numbering 5,369. The Accounting option was selected given that it was offered in all the selected universities and made the sample a homogeneous one.

A sample of size 550 students, made up of 328 males and 222 females, was selected using Krejcie and

Morgan (1970) sample size determination formula given by:

$$s = \frac{\chi^2 NP(1 - P)}{d^2(N - 1) + X^2 P(1 - P)} \quad (1)$$

where s = required sample size, χ^2 = the table value of chi-square for 1 degree of freedom at the desired 95 percent confidence level (3.841), N = the total population of business students in the selected four public universities, P = the population proportion (assumed to be 0.50 since this would provide the maximum sample size) and d = the degree of accuracy expressed as a proportion (0.05).

The estimated sample size was approximated to 550 students to take care of none respondents, and secondly, the larger the sample size the more reliable and credible the result becomes (Cohen, 1992).

A multistage sampling procedure, involving purposive, simple random and proportional stratified sampling techniques, was employed. The first phase utilised the purposive sampling technique to select the four public universities across the country as well as students offering Business programmes with an accounting option. With respect to the second phase, the proportional stratified sampling technique was used. Here, a proportionate number of respondents based on gender and academic level in each university was determined by the formula.

$$\frac{\text{Sample Size}}{\text{Total Population}} \times \left(\begin{matrix} \text{Total number of Males /} \\ \text{Females for each level} \end{matrix} \right) \quad (2)$$

In the third phase, convenience sampling was used to sample available students willing to participate in the study. This became necessary due to the COVID-19 pandemic and government restrictions on the movements of persons and students. Therefore, students were not available physically and an online method of survey or questionnaire administration was employed. Table 1 shows the distribution of the proportional allocation sample achieved based on Equation (2) with respect to academic level and gender.

Table 1: Distribution of Sample by Academic Level and Gender

Level	KNUST			UCC			UDS			UPSA		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
100	22	18	40	6	6	12	19	6	25	25	20	45
200	20	15	35	8	7	15	20	7	27	22	17	39
300	30	21	51	7	6	13	21	7	28	36	27	63
400	36	29	65	4	4	8	19	6	25	33	26	59
Total	108	83	191	25	23	48	79	26	105	116	90	206

Source: Field Survey (2019)

Measures

The attitudes towards seeking professional psychological help short form (ATSPPH-SF) instrument revised by Heaslip (2016) was adapted to explore the relationship between gender and attitudes towards seeking professional help. The scale is a 10-item version of Fischer and Turner's 29-item scale for assessing attitudes toward seeking psychological help (Fischer & Farina, 1995). Each item is scored on a 4-point, Likert-type scale, ranging from 1 ("strongly disagree") to 4 ("strongly agree"). A total score is the sum of the scores of each individual item. A high score on the scale between 25 and 40 is related to favourable attitudes towards seeking professional help for psychological issues while a score between 10 to 24 is related to unfavourable attitudes towards seeking professional help for psychological issues. The ATSPPH-SF has an adequate internal consistency for the author's original sample ($\alpha = 0.73$) (Fischer & Farina, 1995; Lillios, 2010). In the present study, the internal consistency coefficient for health-seeking behaviour responses was 0.60, which was considered acceptable.

Statistical Methods

The Statistical Product and Service Solution (SPSS version 20) package was used to analyse this study's data. The descriptive statistics of the respondents were presented using Frequency distribution tables and bar graphs. The hypothesis of the study; whether gender correlates with HSB, was tested using an independent samples t-test and chi-square test for independence. The HSB score was grouped into favourable (25-40) and unfavourable (10-25) attitudes and a chi-square test of association was then conducted to investigate the hypothesis.

Ethical Considerations

In this research, steps were taken to seek permission/consent from the respondents before the data were collected through their online platforms. None of the respondents was coerced into participating in this study. All the respondents were told to participate voluntarily. They were also made to fully understand what the research was about and what the data were going to be used for. Again, steps were taken to conceal the identity of the respondents as promised before participation by channelling all the electronic responses to my email. Lastly, the

data collected during this research were strictly used for the purpose for which they were given, as no part of this data was used in any other work except for academic purposes only. Considering the lengthy nature of the questionnaire, the respondents were given 5.00 worth of airtime to motivate them to elicit acceptable responses to the questions.

Results

The study considered five demographic characteristics, namely type of university, gender, age group, geographical location during holidays, and academic level of the respondents. The distribution of demographic characteristics of the respondents is presented in Table 2.

Table 1: Frequency Distribution of Demographic Characteristics

Variables	Category	Frequency	Percent
University	UPSA	216	36.7
	UCC	71	12.1
	KNUST	179	30.4
	UDS	122	20.8
	Total	588	100.0
Gender	Male	305	51.9
	Female	283	48.1
	Total	588	100.0
Age Groups	18-24	485	82.5
	25-29	79	13.4
	30 +	24	4.1
	Total	588	100.0
Geographical Location	Urban	392	66.7
	Rural	196	33.3
	Total	588	100.0
Academic Level	100	111	18.9
	200	203	34.5
	300	146	24.8
	400	128	21.8
	Total	588	100.0

The distribution of the demographic characteristics showed that UPSA recorded the highest number of respondents, with 36.7 percent, followed by KNUST with 30.4 percent. UDS recorded 20.7 percent whilst UCC recorded the least, with 12.1 percent. The distribution of respondents according to their universities was based on the population of Business Administration students in these selected universities, therefore it is of no surprise that UPSA is most of the respondents.

There were more male respondents than females as represented in the sample. The distribution of the age category showed that the majority of the respondents (82.5%) were between the ages of 18-24 years. The age group of 25-29 years recorded the second highest, representation with 13.4 percent, whilst 30 years and above represented the least, with 4.1 percent. The age distribution of the students confirmed the standard age distribution for the Ghana education system. The distribution of students based on geographical location showed that two-thirds of the respondents live in urban centres during their holidays. It was found that Level 200 represents the majority, with 34.5 percent of the sample, whilst Level 100 recorded the least inclusion in the sample.

To test the hypothesis of whether gender correlates with psychological health-seeking behaviour, an independent sample t-test was employed. The study assumes that the health-seeking behaviour scores are coming from a normal distribution and that the two groups-male and female are independent. The result of the t-test is presented in Table 3.

Table 3: Independent Samples t-test on Psychological Health-Seeking Behaviour with gender

	N	Mean	SD	t	df	Sig. (2-tailed)
Male	305	27.61	3.78	-0.30	586	.764
Female	283	27.70	3.43			

Results from Table 3 revealed that the mean score for the males was 27.61, with a standard deviation of 3.78, while that of females was 27.70, with a standard deviation of 3.43. This showed approximately little or no difference in the psychological health-seeking behaviour of the students. The t-test recorded a test statistic of -0.30, with a p-value =0.764. Since the p-value is greater than 0.05 (significance level), we conclude that both

male and female students have similar psychological health-seeking behaviours.

Furthermore, a chi-square test of association was conducted to investigate the statistical relationship between gender and psychological health-seeking behaviours among the students under consideration (Table 4). The bar graph presented in Figure 1 shows the distribution of male and female students with psychological health-seeking behaviours. It is observed that the proportion of males and females with favourable health-seeking behaviour is approximately the same while the proportion of males with unfavourable health-seeking behaviour is greater than that of female students. The chi-square test of the association recorded a Pearson test statistic of 2.119 with a two-tailed p-value of 0.145. This means that there is no statistically significant association between gender and the psychological health-seeking behaviour (HSB) of undergraduate students considered in this study (Table 4).

Table 4: Chi-Square test for association of gender and HSB

Test	Statistic	df	Asymptotic p-value (2-sided)	Exact Sig. (2-sided)
Pearson Chi-Square	2.119	1	0.145	
Fisher's Exact Test	2.131	1		0.160
Linear-by-Linear Association	2.116	1	0.146	
N of Valid Cases	592			

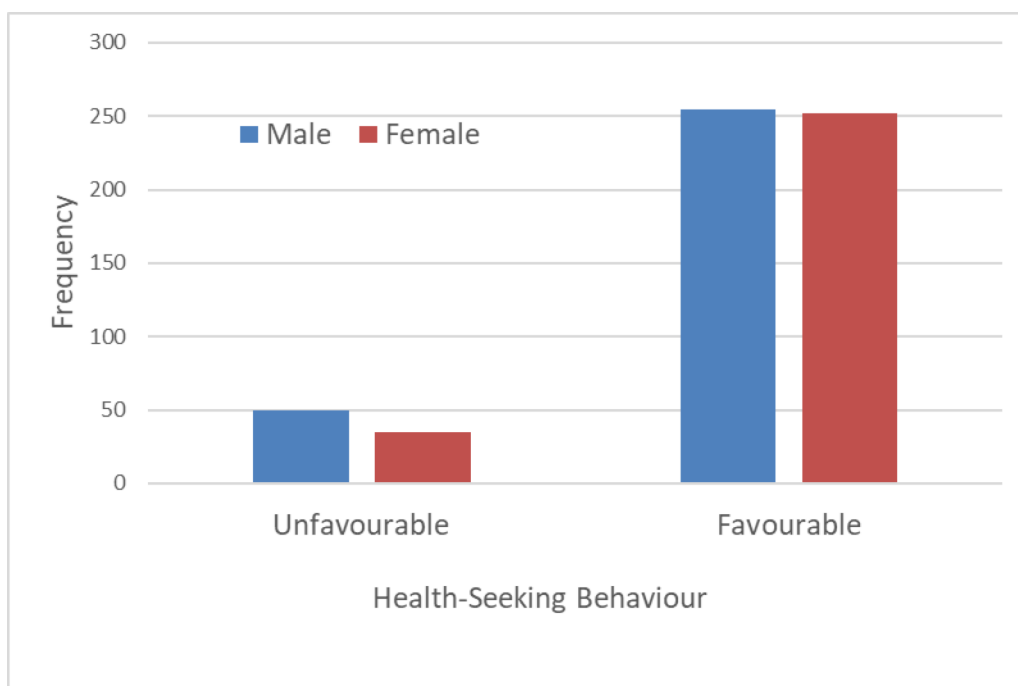


Figure 1: Distribution of gender by health-seeking behaviour of students.

Discussion

Available literature shows that gender has a relationship with health-seeking behaviour of an individual. The result of this study shows that gender has no significant influence on the psychological health-seeking behaviour of the students. This result reveals that both males and females have the same attitude towards health-seeking behaviour in times of psychological distress. The current study focused on university students, with most of them living independent lives when they come to campus. Both males and females on campus have the same and equal rights and opportunities to all the services and facilities available on campus, and their intentions to seek any form of healthcare including psychological healthcare depend on each student as a matter of choice. This could explain why both male and female students have almost the same attitude towards health-seeking behaviour in this study.

A similar finding has been reported by Asamari and Namale (2018), who, specifically, found no significant gender variation in Ghanaian teacher trainees' perceptions towards guidance and counselling services as a form of psychological health-seeking. This finding can be explained to mean that Ghanaian tertiary-level students have the same characteristics irrespective of their gender when it comes to attitudes towards psychological help-

seeking. The finding from this study agrees with the results from the study done by Currie and Wiesenber (2003), who reported that most students, both males and females, walk to the counselling units in their universities to seek solutions to their problems without anyone forcing them to do so. In the university, there is equity in the use and access to healthcare, as both males and females have equal access to all services.

The result of this current study is in contrast with the findings from the work done by Otworld et al. (2015) in Soweto, South Africa. According to their findings, relative to males, females were more likely to utilise general healthcare services and counselling, in times of psychological health challenges. A similar finding was reported in India by Arshad et al. (2012), who observed that gender substantially correlates with help-seeking behaviour among university students, with female students having more positive attitudes about going for expert counselling. A study in Turkey by Atik and Yaltyn (2011) also reported how males' and females' attitudes towards health-seeking were significantly different.

Contrary to the present study, the study by Thompson et al. (2016) in Canada showed that there is a significant difference in gender concerning health-seeking behaviour between men and women. The differences in the work done by Thompson et al. (2016) and the current study could be due to the approaches the researchers used to analyse their data as well as the social, economic and demographic characteristics of their respondents. The researchers used over 7000 patients from 10 provinces, whilst the current study used 588 university students from 4 regions in Ghana. The health conditions of the respondents, who are patients, may also influence their response.

The results of the study of Tanchangya et al. (2012) in Bangladesh (a country very well known for practicing a patriarchal and more conservative social system) showed that women, as compared to men, were more likely to utilise surgical services, portraying that gender plays a pivotal role in health-seeking behaviour, as the females were more careful to seek for healthcare at the onset of their sicknesses than the men would do. Also, several factors may account for the differences in the results from the work done by Tanchangya et al. (2012) and the present study. Although Ghana is also a patriarchal country, there are cultural differences between the two countries, Bangladesh and Ghana, which could also affect the health responses of their respondents. The researchers used an older population with ages above 65 whilst the current study used a younger population made up of students. Ghanaian universities have more liberal environments where both men and women are exposed to a better approach towards health-seeking.

To assess the determinants of substitute remedies for malaria, Awuah et al. (2018) conducted research at James Town, Ussher Town and Agbogbloshie, all in the Greater Accra Region. The researchers found that more males than females demonstrated better responses towards their health, which, according to the literature, has not been the norm. Most of the time, it is women who show a more positive and better attitude towards their healthcare. The results from their findings are still in contrast with the current study, as university students have the same attitude towards their healthcare despite their gender.

Implications of the Study for Counselling

Based on the findings from this research, the following recommendations have been made. Training programmes must be organised for students on mental health issues without considering gender. The university management must liaise with professional bodies of counsellors, psychiatrists, and psychologists to create programs which aim at giving lectures to Senior Members, Deans and Directors on some basic knowledge and requisite skills in counselling to be able to render counselling services to students who need help.

The counselling units in the universities must organise seminars on mental health-related issues such as stress management, substance abuse, depression, suicide and other psychological issues for students, irrespective of their gender, as the study showed that all the students showed the same attitude towards health-seeking despite the differences in their gender.

Limitations and Directions for Further Research

Because of several potential bias-introducing factors, the study's conclusions should be regarded with caution. Although a cross-sectional study has the advantage of allowing for the study of a broad population at a single point in time, the nature of the research makes it difficult to establish cause-and-effect linkages. Also, though the study focused on four universities, only undergraduates studying the Business Accounting programme were involved in the sample. Given this, one must be cautious in generalizing the findings to other populations. Despite these drawbacks, the current study has added to the body of knowledge about students' psychological health-seeking based on gender.

This study focused on gender as a determinant of the psychological health-seeking behaviour of university students, and it should be viewed as a starting point for further research. It is suggested that future studies will explore other variables such as religion, ethnic background, and academic level of students. It should also consider the socio-economic background of the parents of the students and research into the student's patronage of the Guidance and Counselling Units in their universities. Researchers could also investigate whether

differences exist in the health-seeking behaviour among students in the different universities.

A study of this nature would have produced deeper insights if the research design was qualitative. Given this, a qualitative method should be employed for further research, considering the variables involved. Other variables that affect health-seeking behaviour such as religion, marital status, education etc. can also be explored.

Conclusion

The study's primary goal was to evaluate gender in Ghanaian students' psychological help-seeking behaviour. Regarding health-seeking behaviour, it was discovered that there was no statistically significant gender difference among the sampled population. However, when creating relevant interventions and programs to promote psychological health-seeking behaviours among Ghanaian students, this finding should be considered by counsellors, clinical psychologists, and other social workers. Also, intervention programs must be devoid of discrimination but should focus on the equitable distribution of resources that will enhance the psychological well-being of both genders, thus avoiding barriers to healthcare access for both males and females.

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