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# Health Seeking Behaviours of Science Students and their Perception of Health Care Services in the University of Education, Winneba

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**Abstract:** ***The study seek to investigate the health seeking behaviour of undergraduate students in the University of Education, Winneba and their perception of health care services rendered to them at the various health centers in Winneba. The study sampled 540 undergraduate students from the Faculty of Science Education in the University and their responses where collected using a structured questionnaire items. Descriptive statistics was used to analyze data collected from this study. Majority of the respondents (84.4%) never experience any illness whilst on campus. The few that experienced some forms of illness also did not visit the hospitals for treatment. Majority preferred pharmaceutical drugs for treatment. Other respondents also resorted to the use of herbs for treatment because according to them, herbal medicine is much effective, easily accessible and also do not waste time when one wanted to access them. The study recommended that students should make it a habit of visiting the hospitals in and around campus whenever they experience any form of symptoms and should not resort to self-medications which could have detrimental effect on their health. University hospital staff should also render faster services to students to make them have time for their academic work.***

**Keywords:** Health, Students, Behaviour, Hospital, University

## 1. Introduction

Health seeking behaviour, refers to those activities undertaken by individuals in response to symptom experience (Tones, 2004). This behaviour is initiated with symptom definition where upon a strategy for treatment action is devised (Lindelow, 2004). Health-seeking behaviour is a part and parcel of an individual's family's or community's identity being the result of an evolving mix of personal, experiential and socio-cultural factors (Sarfo, 2015). It is therefore, an important indicator of cultural, social, economic and political realities of a group of people (Iyalomhe and Iyalomhe, 2010). It involves a myriad of factors related to illness type and severity, pre-existing lay beliefs about illness causation, the range accessibility of therapeutic options available, and their perceived efficacy (Bell, *et. al*., 2002; Kleinman, 2002).

The World Health Organization (WHO, 2006), regards health as a state of complete, physical, mental and social well-being. It is also asserted that health may be seen as a state of dynamic equilibrium between an organism and its environment (Sarfo, 2015). Good health, therefore, corresponds to dynamic stability, normal function and homeostatic control, as ill-health corresponds to a state of instability, loss of function and failure of self-regulation (Sarfo, 2015).Health therefore contributes to both social and economic prosperity. Good health, in itself is of great value, as it enables people to enjoy their potential as human beings. The absence of good health therefore,has far-reaching implications on the overall well-being of the individuals involved (Ogujuyigbe and Liasu, 2007).Access to healthcare facilities in terms of cost of treatment and healthcare provider attitude are also determinants of health seeking behavior (Afolabi *et al*., 2013). There are indications that cost of prescribed medicines, poor access to facilities and patient delays affect the patronage and utilisation of public health services, which increase the use of other treatment sources such as community pharmacies, drug peddlers, herbal medicine, religious or spiritual care organizations and students in health-related academic disciplines (Ward *et al*., 1997).The actions that people take when they have symptoms of illness have great implications in determining how healthy they would be and to a larger extent how healthy their community will be. This implies that, a fair knowledge of the health seeking behavior of a students in a university will give a fair impression of the health status of the student population which invariable affects their academic performance. There has been no survey of healthcare preferences among student population in the University of Education, Winneba. An understanding of health- seeking behavior of students in the university community is important if a healthy community is to be maintained (Afolabi*et al*., 2013). Currently, there is neither empirical data on the level of patronage of alternative sources of healthcare in the university community nor the impact of service delivery on the utilization of the organized healthcare facility in Ghana. It is believed that such knowledge would assist university authorities in the management and development of accessible and effective healthcare services for students. It is against this background that this study was carried out among students of the Faculty of Science Education of the University of Education, Winneba to determine the level of patronage of healthcare facilities within the university community and to assess students' views of the services at the university hospital with a view to identifying possible barriers to effective utilization of the institution's health facility as well as to determine the health seeking behavior of the students.


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## 2. Methodology

A sample of 540 undergraduate students was selected by stratified random sampling from a population of levels 100 to 300 students in all the nine departments of the Faculty of Science Education, University of Education, Winneba. The University of Education, Winneba is the leading university for teacher training in Ghana. The Winneba campus of the university, which is the largest of the three main campuses has a hospital which has facilities for routine laboratory diagnosis, physician consulting unit, pharmacy department, nursing services, records department, wound dressing room and in-patient bed facilities for short term admissions.Other healthcare facilities located close to students' residential hostels included community pharmacies, drug stores, religious organizations for spiritual care and alternative medicine itinerant sellers.

### 2.1 Study Design and Research Instrument

Questionnaire survey of a cross section of students in different academic programmeswithin the Faculty of Science Education was carried out with purposively selected students accessing healthcare at the university hospital. Structured multiple-choice items were designed to yield scaled responses to the study items such as the common symptoms of illness experienced, symptoms experienced, response to symptoms experienced, response on when they engage the services of orthodox healthcare and factors that are responsible for adopted healthcare seeking behavior. Health-seeking behavior was measured by listing the questionnaire items and asking respondents to indicate level of agreement to perceived barriersto healthcare received from the hospital, delays experienced at service delivery points at the university hospital and frequency of patronage of the university hospital, using 5-point Likert scales (Always, Very often, Often, Rarely and Never); (with scores of 4, 3, 2, 1 and 0 respectively). The questionnaire solicited information on socio-demographic status, academic programme and religious beliefs of the students. Essentially, the questionnaire items were structured to determine the pattern of utilization of available healthcare services in the university; preferred sources of healthcare consulted by the students and possible barriers to effective utilization of the university hospital.

### 2.2 Sampling and Data Collection Techniques

Every undergraduate student from level 100 to 300 in the Faculty of Science Education of the University of Education waseligible to be a part of the study. However, only those students who agreed to participate were enlisted to complete an anonymous, self-administered, structured item questionnaire conducted within a classroom setting and overseen by the researchers.The questionnaire was administered on 540 students in nine academic departments of the faculty: Physics Education, Chemistry Education, Biology Education, Integrated Science Education, Health Administration and Education, Home Economics Education, Mathematics Education, Information, Communication and Technology Education and Health, Physical Education, Recreation and Sports Education.20 structured questionnaires were administered to level 100 to 300 students in each of the above-mentioned departments in the Faculty of Science Education who gave their consent to participate in the studyat different times when they came for their lectures. The questionnaire elicited information on their demography, symptoms of illness experienced, response to symptoms experienced and frequency of engaging the services of the university hospital. Other information sought included factors responsible for healthcare seeking behavior adopted by students, perceived barriers to healthcare seeking and delays experienced at service delivery points at the university hospital. Collected data were analyzed using descriptive statistics and SPSS (v.20).

### 2.3 Data Analysis

The data collected were analyzed using SPSS v 20.0 software. Descriptive statistics were used to examine the symptoms of illness and relative influence of the determinants of the responses to the symptoms experienced. Perceived barriers to healthcare seeking at the University Hospital were ranked in order of importance and the weighted averages (WA) of the responses were computed to determine the level of agreement with the questionnaire items. Using the scoring of 1 to 5 on the 5-point Likert scale response mode, the deciding rule for the level of agreement was that the highest weighted average indicated agreement (A) and any other weighted average indicates disagreement (D). Delays experienced at the service delivery points at the University Hospitalwas assessed by the time spent at the various departments in the University Hospital.

## 3. Results

The demographic distribution of respondents is shown in Table 1**.** A total of 560 university undergraduates participated in this study out of which (57.8%) were males and (42.2%) were females. Further group differences include religious belief with Christians (91.7%); Muslims (7.4%) and other religious faith (0.9%). Participants were categorized into nine academic disciplines of Biology Education: (14.3%); Chemistry Education; Physics Education, Integrated Science, Health Administration, Home Economics, Mathematics; I.C.T; and HPERS each constituted (10.7%) of the total participants.

The study showed that 84.4% of the respondents had ever experienced symptoms of illness whilst on campus. 27.9% of the respondents experienced headache, 13.5% experienced cough and catarrh, 12.3% experienced fever and 0.6% experienced discharges from the orifice. The distribution of symptoms experienced is shown in Table 2.

Table 3 and figure 1show the frequency of responses to symptoms experienced by the respondent. Based on the frequency distribution, it is shown that response behavior of the participants to symptoms of illness follows this order: getting drugs from the pharmacy (49.2%) followed by visiting an orthodox health care institution (16.9%) and rest and not doing anything about symptoms (14.2%) but getting help from a colleague (1.2%) was least considered.


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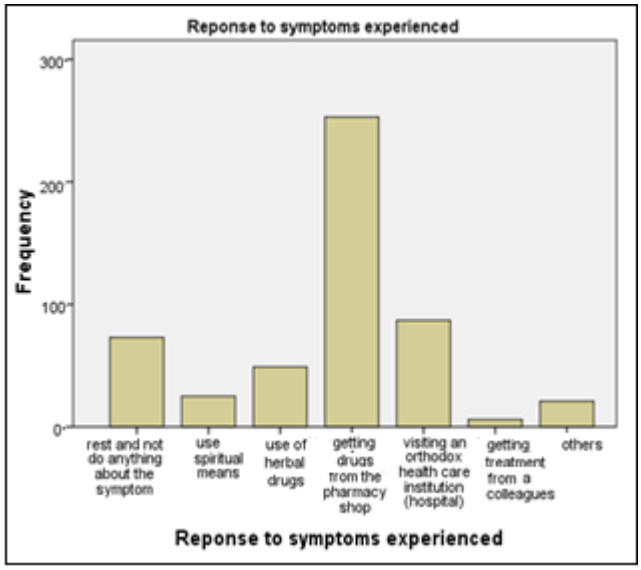


**Figure 1:** Responses to symptoms experienced

**Table 1:** Demographic distribution of respondents

| | Variables | No | % |
|---|---|---|---|
| Gender | Male | 323 | 57.80% |
| | Female | 236 | 42.20% |
| | Total | 559 | |
| Religious Belief | Christianity | 505 | 91.70% |
| | Islamic | 41 | 7.40% |
| | Other religions | 5 | 0.90% |
| | Total | 551 | |
| Marital Status | Single | 481 | 87.10% |
| | Married | 67 | 12.10% |
| | Divorced | 3 | 0.50% |
| | Separated | 1 | 0.20% |
| | Total | 552 | |
| Academic Discipline | Biology Education | 80 | 14.30% |
| | Chemistry Education | 60 | 10.70% |
| | Physics Education | 60 | 10.70% |
| | Integrated Science | 60 | 10.70% |
| | Health Administration | 60 | 10.70% |
| | Home Economics | 60 | 10.70% |
| | Mathematics | 60 | 10.70% |
| | I.C. T | 60 | 10.70% |
| | HPERS | 60 | 10.70% |
| | 100 | 200 | 35.80% |
| | 200 | 179 | 32.00% |
| | 300 | 180 | 32.20% |

**Table 2:** Distribution of Symptoms

| Symptoms experienced | | Responses | |
|---|---|---|---|
| | | N | Percent |
| Symptoms experienced | Headache | 341 | 27.9% |
| | Dental problem | 30 | 2.5% |
| | Fever | 150 | 12.3% |
| | Waist pains | 101 | 8.3% |
| | Joint pains | 90 | 7.4% |
| | Eye problem | 88 | 7.2% |
| | Abdominal pains | 106 | 8.7% |
| | Cough and catarrh | 165 | 13.5% |
| | Discharges | 7 | 0.6% |
| | Urinary tract infection | 24 | 2.0% |
| | Sore throat | 53 | 4.3% |
| | Boils | 33 | 2.7% |
| | Other symptoms | 35 | 2.9% |
| Total | | 1223 | 100.0% |

**Table 3:** Distribution of responses to symptoms

| Response to symptoms experienced | | Frequency | Percent |
|---|---|---|---|
| | Rest and not do anything about the symptom | 73 | 14.2% |
| | Use spiritual means | 25 | 4.9% |
| | Use of herbal drugs | 49 | 9.5% |
| | Getting drugs from the pharmacy shop | 253 | 49.2% |
| | Visiting an orthodox health care institution(hospital) | 87 | 16.9% |
| | Getting treatment from a colleague | 6 | 1.2% |
| | Others | 21 | 4.1% |
| | Total | 514 | 100.0% |

On the issue of students' responses on when they engage the services of orthodox health care institution, the frequency distribution in Table 4showed that 45.5% of the respondents engaged the services of orthodox health care institutions when symptoms appear. This is followed by when discomfort/pain is unbearable (37.8% of respondents), occasionally even without symptoms (9.8% of respondents), when my functionality is affected (6.5%), when it distorts my facial appearance (0.2%) and when someone I know just died of such symptoms (0.2%).

**Table 4:** Stages of use of orthodox healthcare

| *Stages of use of Orthodox health care* | | *Frequency* | *Percent* |
|---|---|---|---|
| | Occasionally even without symptoms | 40 | 9.6% |
| | When symptoms appear | 189 | 45.5% |
| | When discomfort or pain is unbearable | 157 | 37.8% |
| | When my functionality is affected | 27 | 6.5% |
| | When it distorts my facial appearance | 1 | .2% |
| | When someone I know just died of such symptoms | 1 | .2% |
| | Total | 415 | 100.0% |

Tables 5 – 10indicate the factors responsible for the healthcare seeking behavior adopted by students of the Faculty of Science Education, University of Education, Winneba. On the basis of the frequency distribution, the use of herbs, pharmaceutical drugs and treatment from a colleague were respectively preferred because they were easily accessible. Healthcare is sought at the hospital because it was considered effective. The use of spiritual means of healthcare was largely because it was considered effective and easily accessible; whilst the use of rest as a way of managing symptoms was because of the belief that symptoms are self – limiting.

**Table 5:** Use of herbs

| Use of Herbs | | Frequency | Percent |
|---|---|---|---|
| | Cultural disposition | 61 | 16.7% |
| | Easily accessible | 143 | 39.2% |
| | Saves time | 76 | 20.8% |
| | More effective | 56 | 15.3% |
| | Others | 29 | 7.9% |
| | Total | 365 | 100.0% |

**Table 6:** Use of pharmaceutical drugs

| Use of pharmaceutical drugs | | Frequency | Percent |
|---|---|---|---|
| | Easily accessible | 297 | 61.5% |
| | Saves time | 115 | 23.8% |
| | The drug worked for a friend | 39 | 8.1% |
| | The drug is cheaper | 9 | 1.9% |
| | Others | 23 | 4.8% |
| | Total | 483 | 100.0% |


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**Table 7:** Going to the hospital

| Going to hospital | Frequency | Percent |
|---|---|---|
| Easily accessible | 99 | 23.0 |
| Effective | 201 | 46.7 |
| Believes symptoms are major competency of health workers | 87 | 20.2 |
| Cheaper | 12 | 2.8 |
| Others | 31 | 7.2 |
| **Total** | **430** | **100.0** |

**Table 8:** Treatment from a colleague

| Treatment from a colleague | Frequency | Percent |
|---|---|---|
| Easily accessible | 103 | 30.5 |
| Cheaper | 60 | 17.8 |
| No delay | 65 | 19.2 |
| Confidentiality assured | 55 | 16.3 |
| Others | 55 | 16.3 |
| Total | 338 | 100.0 |

**Table 9:** Use of spiritual means

| Use of spiritual means | Frequency | Valid Percent |
|---|---|---|
| Believes that there is no Medical cure | 93 | 28.8 |
| against my belief to seek Alternative health care | 53 | 16.4 |
| Effective and easily Accessible | 85 | 26.3 |
| Cheaper and readily available | 36 | 11.1 |
| Others | 56 | 17.3 |
| **Total** | **323** | **100.0** |

**Table 10:** Rest

| Rest | Frequency | Percent |
|---|---|---|
| Believes that symptoms are self-limiting | 187 | 48.2% |
| Shyness to disclose symptoms to anyone | 66 | 17.0% |
| Afraid of possible complication when treated | 34 | 8.8% |
| Lack of knowledge of where to seek help | 75 | 19.3% |
| Others | 26 | 6.7% |
| **Total** | **388** | **100.0%** |

Form Table 11which considers the frequency of patronage of the healthcare facility in the university, 7.4% of respondents always visited the healthcare facility, 4.3% visited very often, 12.4% visited often whilst 38.8% visited rarely and 37.2% never visited the healthcare facility as a response to symptoms of illness experienced on campus.

**Table 11**

| Patronage of healthcare facility | Frequency | Percent |
|---|---|---|
| Always | 38 | 7.4% |
| Very often | 22 | 4.3% |
| Often | 64 | 12.4% |
| Rarely | 200 | 38.8% |
| Never | 192 | 37.2% |
| Total | 516 | 100.0% |

The perceived barriers to healthcare seeking behavior of respondents is shown in Table12.The distance of the healthcare facilityfrom the respondents was ranked highest among the perceived barriers. This is followed by lack of sufficient information about the units at the facility and waste of study time. The physical environment not healthy, non-availability of prescribed drugs and workers not patient friendly were not considered as important barriers to healthcare seeking at the university healthcare facilityhence the received low ranking.

**Table 12:** Perceived barriers to healthcare seeking at the university healthcare facility

| Perceived barriers | | Always | Very often | Often | Rarely | Never | Weighted average |
|---|---|---|---|---|---|---|---|
| (score) x | | 5 | 4 | 3 | 2 | 1 | |
| Physical environment not healthy | f | 44 | 39 | 69 | 121 | 191 | 2.20 |
| | fx | 220 | 156 | 207 | 242 | 191 | |
| Waste of time | f | 97 | 74 | 96 | 90 | 99 | 2.96 |
| | fx | 495 | 360 | 288 | 148 | 97 | |
| Lack of sufficient information about the units at the facility | f | 107 | 76 | 96 | 72 | 102 | 3.03 |
| | fx | 535 | 304 | 288 | 144 | 102 | |
| Distance | f | 169 | 65 | 76 | 59 | 87 | 3.37 |
| | fx | 845 | 260 | 228 | 118 | 87 | |
| Non-availability of prescribed drugs | f | 82 | 51 | 90 | 108 | 118 | 2.21 |
| | fx | 410 | 204 | 270 | 216 | 118 | |
| Workers not patient friendly | f | 75 | 56 | 67 | 108 | 161 | 2.52 |
| | fx | 375 | 224 | 201 | 216 | 161 | |
| Others | | | | | | | 1.95 |

Key: f = frequency of response; x = score of response

Table 13features the delays experienced at the service delivery points at the university healthcare facility. Five delivery points were studied and on the basis of the weighted averages, the nursing unit (OPD) was ranked highest. The rest were ranked in order of where most delays are experienced to where the least delays are experienced as: medical records, diagnostic laboratory, consulting room and the pharmacy.


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**Table 13:** Delays experienced at service delivery points at the university healthcare facility

| Service delivery points | | Always | Very often | Often | Rarely | Never | Weighted average |
|---|---|---|---|---|---|---|---|
| (score) x | | 5 | 4 | 3 | 2 | 1 | |
| Medical records | f | 90 | 53 | 85 | 98 | 113 | 2.79 |
| | fx | 450 | 212 | 255 | 196 | 113 | |
| Nursing unit (OPD) | f | 81 | 70 | 96 | 81 | 104 | 2.87 |
| | fx | 405 | 280 | 480 | 162 | 104 | |
| Consulting room | f | 74 | 57 | 76 | 87 | 142 | 2.62 |
| | fx | 370 | 228 | 228 | 174 | 142 | |
| Diagnostic laboratory | f | 75 | 59 | 78 | 91 | 131 | 2.67 |
| | fx | 375 | 236 | 234 | 182 | 131 | |
| Pharmacy | f | 77 | 52 | 65 | 102 | 138 | 2.60 |
| | fx | 385 | 208 | 195 | 204 | 138 | |
| Others | | | | | | | 1.95 |

Key: f = frequency of response; x = score of response

## 4. Discussion

The study showed that individual students had their own choice of seeking treatment depending on the severity of the illness and also how accessible the healthcare service facility is to them. From the study, nearly half of the students sampled (49.2%) patronize pharmacies whiles as low as 6% of them consult their colleagues for treatment whenever they experience any symptoms of illness than go to the university hospital. Headache was the common symptom they experience. Some of the reasons students gave for patronizing pharmacies ranged from easily accessible, saved time and the drugs worked for a friend. The danger here is that some of the pharmacies are not manned by trained professionals and students could expose themselves to more harm.

Also from the study, about half 45.5% of the respondents seek for orthodox treatment as soon as they experience symptoms of any form. Only 0.2% of the respondents asserted that they do so because a friend suffered a lot from such symptoms and also when it distorts their facial appearance. The danger in this practice is that most of these pharmacy shops in town are not manned by trained professionals and the students' life maybe put in danger as to what kind of drug they are given from there. Again, these workers at the pharmacy shops only prescribe drugs base on its effectiveness on other clients forgetting that a drug that can work on person A can have detrimental effect on person B due to difference in their genetic and physiological makeup. This study therefore advice students that, due to the reaction of the antibodies in their system, visiting the hospital for qualified medical officer to diagnose them and also prescribe the required medication should be encourage to safeguard their health.

The patronage of students to healthcare facility indicates that only 124 (24.1%) of the respondents visit the healthcare facility whenever they experience any symptoms while 200 (38.8%) rarely visit the facility and 192 (37.2%) do not visit the facility at all because they have their own means of responding to such symptoms whenever they experience them.

However, respondents stated that wasting time at the facility at the expense of their academic work (267) with a weighted average of 2.96, lack of information about the facility (279), a weighted average of 3.03, distance from their place of residence to the facility (310), 3.37, non-availability of prescribe drugs and workers in the facility not patient friendly as some of the reasons why they always opt for self-medication than to go to the facility. They, however, forget that their health is highly safe and secure when they are being attended-to by a qualified medical officer. The study therefore suggest that much education should be given to students on where to seek services of health and also priority be given to students of the University community whenever they visit the University health facility to safe time in order to make time for their academic work.

The study, however, found out that students of the University of Education, Winneba patronize private pharmacy shops for medications whenever they experience any symptoms. It however, suggested that practices of such nature can result in serious complications on the students' health which will adversely affect their academic life. This is because most of the people manning the pharmacy shops in town are not trained and do not have any knowledge in how the drug they are giving to the customer will affect their genetic and physiological makeup hence recommend students to use the university health facility and other health facilities in town whenever they want to seek medical treatment.

The study also recommends that special attention be given to the university students whenever they visit the university health facility so that they can also get time for their academic work which is their sole reason for being in the university.

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