

**Help-seeking attitudes: A study of University of KwaZulu-Natal Students.**

by

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## Declaration

This thesis is submitted in partial fulfilment of the requirements for the degree of Master of Arts (Clinical Psychology), in the Graduate Programme in Psychology, University of KwaZulu-Natal, Pietermaritzburg campus, South Africa.

I Bathabile Motau, declare that:

- The research reported in this thesis, except where otherwise indicated, is my original research.
- All citations, references and borrowed ideas have been duly acknowledged.
- This thesis does not contain text, graphics or tables copied and pasted from the Internet, unless specifically acknowledged.
- This thesis has not been submitted for any degree or examination at any other university.

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Student name

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Date

I confirm that the work reported in this research was carried out by the above-named candidate under my supervision

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## **ABSTRACT**

The study examined the help-seeking attitudes and behaviour of students of the University of KwaZulu-Natal. The aim was to explore the frequently encountered problems that students face, their preferred sources of help for those problems and their attitudes towards psychological help.

One-hundred-and-fifty undergraduate and post-graduate students from the University of KwaZulu-Natal, Pietermaritzburg campus, participated in the study. The sample was selected by means of non-probability convenient sampling due to the ease of this technique. The instruments for the study consisted of an adapted questionnaire that consisted of three sections.

The data collected was quantitative in nature. Data was then captured in the Statistical Package for Social Sciences (SPSS) and presented in frequency tables.

The findings revealed nine significant problems frequently encountered by the students. At the top of the list participants reported that financial problems were the most widespread problem encountered by them. The study also revealed, as expected, that close friends were the preferred sources of help solicited by the students. The study further discovered that students had an intermediate attitude towards professional psychological help. This finding depicts a slight shift from previous studies which reported a trend of negative attitudes among students, which means some students are starting to understand the role and value of professional psychological services.

The implications of these findings were drawn and some recommendations for clinical practice and further studies were presented.

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# CHAPTER 1

## INTRODUCTION

### 1.1 Background of the study

Being a student at university is a challenging experience which mostly occurs during early adulthood. At that stage of human development, an individual experiences more life alterations compared to the ones faced in other stages of life. This period of life is best for physical strength; however, it is the worst time for mental health due to the demanding tasks and other personal problems and challenges students experience (Cebi, 2009). According to Benton, Robertson, Tseng and Newton (2003) there is an increase in depression, loneliness and other interpersonal issues among college students; therefore there is a high potential for students to seek help. Students also have growing levels of personal, academic, career and interpersonal needs. Often students need assistance for these needs to be met. Michael, Hueisman, Gerard, Gilligan and Gustafson (2006) further added that if these needs or stressors are left unattended, some of these issues may cause adjustment difficulties that may lead to interruption of studies, dropping out, substance abuse or even suicide.

Having such challenges as an individual or student, it is expected that one will then seek help. A study by Pillay (1996) showed that help-seeking consists of five approaches, namely medical, traditional, spiritual, psychological and social. Gwele (2005), in his study, reveals that South Africans use a variety of help-seeking approaches with some approaches being used concurrently. Darmaki (2011) revealed that some sources of help are preferred over others by students. For example, cultural, religious, political, educational and personal beliefs as well as social issues have an influence on the sources of help sought or the help-seeking approach an individual prefers (Awedoba, 2001). Therefore, understanding individuals or students in context can provide an insight into their help-seeking behaviour and attitudes.

As university students it can be overwhelming to experience the different challenges confronted by them and this can also be the worst time for their mental or psychological health. In order to provide support to young adults or students during this transitional time and to assist them in managing life problems and stressors effectively, student counselling services are provided across tertiary institutions in South Africa. Unfortunately, even though counselling services are provided at tertiary institutions, the services seem to be under-utilised. Rickwood, Deane, Wilson and Ciarrochi (2005) found that fears, stigma and



adolescent autonomy were significant barriers preventing students from seeking psychological help. Additional barriers included concerns about trust, the breach of confidentiality, limited knowledge about the help that professionals provide, and concerns about not having a relationship with available professional help providers. This study sought to explore the kind of problems experienced by students, the sources of help they prefer and attitude towards psychological help among students of the University of KwaZulu-Natal.

### **1.2 Statement of the problem**

The University of KwaZulu-Natal is currently considered to be a historically black and disadvantaged institution (Cebekhulu & Mantzaris, 2006). The institution consists mainly of black students from disadvantaged and impoverished backgrounds. Pillay and Ngcobo (2010), investigating the sources of stress experienced by students in a rural, historically black university, found that students frequently reported academic and accommodation difficulties, financial problems and death of a family member or other significant persons as stressors. Taking into account the background of the University of KwaZulu-Natal students, it is likely that the students will experience similar problems. Therefore help-seeking could become a necessity for the students. The problems that arise are where the students should go for help and whether the university provides relevant services for them. The institution provides students with psychological support. At the same time, Stevens and Wedding (2004) indicated that the general public and medical practitioners had insufficient knowledge about mental illness or psychological problems. This study also was devoted to examining the attitude of students towards psychological help.

### **1.3 Purpose of the study**

The purpose of this study was to determine the general help-seeking behaviour of the University of KwaZulu-Natal students. This included looking at the problems that students frequently experience and the preferred sources of help sought by students. The study also aims to investigate students' attitudes towards psychological help.

### **1.4 Objectives of the research study**

Among the specific objectives of the study were:

1. To establish problems which students experience that would lead them to seek help.
2. To determine sources of help students prefer or choose when seeking help.
3. To identify the attitudes of students towards seeking psychological help.

### **1.5 Research questions**

1. What key problems do students experience in the course of their life in the university?
2. Which major outlets do students use to seek help for their problems?
3. What are the students' attitudes towards seeking psychological help?

### **1.6 Significance of the study**

The study is considered significant because it will depict a clear picture of which sources of help-seeking are preferred by students. It will also reveal the most prominent problems students experience. Above all, it will give an idea of their attitudes towards psychological help. It is expected that the study will provide clues about the kind of help that is most needed and desired at the University of KwaZulu-Natal, Pietermaritzburg, by the students.

### **1.7 Scope and limitations of the study**

This research study uses quantitative research methods. Therefore, the study may result in insufficient in-depth information required to understand the view points of the participants. In addition, the study was carried out at only one South African university. For this reason its findings may be limited and cannot be utilised to give us a generalised view of other students at other universities in South Africa. The study uses the non- probability sampling technique, which also results in the findings of the study being localised and unable to be used to generalise with regard to the wider South African student population since the sample is not representative of the wider university student population in South Africa. In addition, the questionnaire used as the instrument to collect data for the study was adapted from western studies and thus initially developed for the western population. This aspect alone can result in limitations as some of the items in the questionnaire may not be appropriate for the South African university student population.

### **1.8 Operational definition of terms**

Definitions of important terms in this research study are defined below.

*Attitude*: a person's positive or negative feelings toward performing the defined behaviour (Alexitch, 2002)

*Behavioural control*: this is an individual's insight or perception of his/her ability to perform a given behaviour (Ajzen, 1985)

*Help-seeking behaviour*: according to Rickwood, Deane, Wilson and Ciarrochi (2005), help-seeking are steps a person takes to obtain some form of solution, direction or advice to relieve the distressing experience or problem he/she has.

*Intention*: according to Fishbein & Ajzen (1975), intention is the cognitive representation of an individual's readiness to carry out a given behaviour, and it is considered to be the immediate originator of behaviour.

*Normative beliefs*: this is a combination of a person's beliefs regarding other people's views of a behaviour and the person's willingness to conform to those (Fishbein & Ajzen, 1975),

*Psychological problems*: in this research study psychological problems can be expressed as any problems that affect the mind and often cause emotional turmoil and have no clear solutions (Gerard, 2007)

*Religious healing*: According to Sandlana and Mtetwa (2008), religious faith healing is a form of traditional healing that uses prayer, holy water, holy oil and other substances. The main focus is on the faith of the person, which is regarded as the necessary prerequisite for healing.

*Traditional medicine*: it is the oldest form of indigenous African medicine which uses vegetables, animals, mineral substances and other methods based on the beliefs, attitudes, knowledge of culture and religion prevalent in the community regarding physical, mental and social wellbeing and causation of disease and disability (Sandlana & Mtetwa, 2008).

*Western medicine*: is a science-based approach to healing which is generally evidence-based as well (O'Neil, 2006)

The following are abbreviations used in the study:

CDHS: Cultural Determinants of Help Seeking

TRA: Theory of Reasoned Action

TPB: Theory of Planned Behaviour

### **1.9 Summary, and Overview of the Study**

Chapter 1 of this dissertation is the introductory chapter. Following the introductory chapter, Chapter 2 is the literature review, which will provide an introduction to the most relevant research findings and theoretical explanations regarding this topic. The review will also elucidate the rationale and motivation for the present study. After the review chapter, Chapter 3 describes the methodology used in the study. This will include an outline of the research design, and sampling, methods of data collection, as well as analysis. That chapter also includes some discussion on ethical challenges associated in conducting the research study. Chapter 4 presents the results of this research study while Chapter 5 presents the discussion of these findings.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

In this review of the literature written in this field, the researcher will discuss general help-seeking behaviour of people focusing mainly on students at university. The literature review will look at attitudes of students towards seeking psychological help. It will also attempt to discuss alternative sources of help, preferred sources of help by students and factors influencing help-seeking. The review will conclude with a summary of what has been done in the literature and the gap that still remains to be closed in order for the major questions and issues on this topic to be answered.

#### **2.2 What is help-seeking and attitude?**

Help-seeking is a general term used to describe the behaviour of an individual physically seeking help from other people. It consists of the steps taken by a person to obtain some form of solution, direction or advice to relieve the distressing experience or problem that person is encountering (Rickwood, Deane, Wilson & Ciarrochi, 2005).

According to Cornally and McCarthay, (2011) the term help-seeking is used conversely (in combination/complement) with health-seeking and is described as part of both illness behaviour and wellness. They define help-seeking as behaviour designed to elicit assistance from professionals in response to a physical or emotional problem. Individuals, including students, seek help when they are physically ill, emotionally distressed and during crises in their lives.

According to Alexitch (2002), students have adaptive and non-adaptive ways of seeking help. Alexitch further illustrated this by describing a scenario in a classroom where educators are aware that students who need assistance in their academic work choose not to seek help, thus attaining little growth or learning, such as opting for easier tasks or asking others for solutions. This kind of help-seeking is understood as non-adaptive. This behaviour can result in students becoming unsuccessful in their academic careers or even dropping out. Adaptive help-seeking is identified with active and self-regulated students, and involves strategies that promote independent and long-term skills development. For example, a student who engaged

in adaptive help-seeking may ask an instructor for principles leading to solutions of the problems, and then apply these principles to solve future problems.

To summarise, students can experience many stresses in addition to achieving a degree, such as relationship issues, health concerns, academic and financial problems, problems with substance abuse, identity issues and many more (Calderia, Arria, O'Grady, Vincent & Wish, 2008; West, Harvey-Berino & Raczynski, 2004). This study will focus on attitudes of students towards seeking relief from many stresses and the sources of services provided. Among other services provided, this study will also look at measures of attitudes towards psychological services.

### **2.3 Reasons for help-seeking**

People may seek help for a variety of problems. According to Kgoale (2004), it can be suggested that the frequently-encountered problems experienced by young people are interpersonal relationships, education, family, financial and health problems. These problems correspond with a study by Pillay and Ngcobo (2010), to determine the sources of stress experienced by students in a rural, historically black university, where it was found that students frequently reported academic issues, accommodation difficulties, financial problems and death of a family member or other significant persons as stressors. The majority of students who participated in the study were from a rural background characterised by poor economic standards, and from disadvantaged and impoverished secondary school settings where the educators are poorly trained. This leads to school leavers being financially underprivileged and insufficiently prepared for university education; therefore help-seeking becomes a necessity for these students.

A previous South African-based study conducted by Botha, Brand, Cilliers, Davidov, De Jager and Smith (2005) revealed that socio-economic circumstances of students in South Africa, high prevalence of trauma and emotional problems, the changing system of education and the lack of preparation for tertiary studies in many high schools all have a direct influence on the welfare of students and increase the likelihood of seeking help.

Michael et al. (2006) conducted a study on Polish university students which further emphasises that students are confronted with many life stressors during transitional life

stages, ranging from leaving home for the first time to forming self-identity. If these stressors are left unattended to, some of these issues may cause adjustment difficulties that may lead to interruption of studies, dropping out, substance abuse, or even suicide.

Furr, Westefeld, McConnell and Jenkins (2001) reported on students in the United States who experienced depressive symptoms after beginning university. Their findings revealed four most common reasons for depression which were academic problems, loneliness, economic problems and relationship difficulties.

However, in another study including American students, Feven, Sheldon and Ivor (2007) found that the top five sources of stress reported by students were in three categories. These included intrapersonal (death of a family member), academic (time management, low grades and missed classes) and interpersonal (boyfriend or girlfriend problems). Interestingly, the findings of this study were fairly related to those of a South African study conducted by Chilimanzi (2013) on sources of stress. The participants included university students at the University of KwaZulu-Natal, Pietermaritzburg. The study revealed the top five reported sources of stress by participants in three categories, namely interpersonal stressors (change in social habits), intrapersonal stressors (changes in sleeping and eating habits) and academic stressors (increased academic workload and lower marks than expected).

In summary of the above-mentioned studies, it seems that the most apparent reasons for help-seeking by university students are academic, financial and interpersonal problems.

## **2.4 Psychological services**

To understand psychological services provided, one has to understand health psychology or mental health. Mark, Murry, Evans, Willig, Woodall and Sykes (2005) stated that health psychology is concerned with understanding how biology, behaviour and social context influence health and illness. This corresponds with the definition of the World Health Organization (WHO) that health is defined as “A complete state of physical, mental and social well-being and not merely absence of diseases and infirmity” (Thornton & Edinburg, P, 17. 2009).

Further, Garro (2000) and Zondo (2008) defined health in the African perspective as not only the perceived absence of disease, but also involving an individual's ability to function within their social relations and context, though a failure in social relations creates susceptibility to illness. Thus in order to maintain good health, an individual must maintain a balance between the emotional, physical, ancestral, social, and spiritual realms of life.

Having an understanding of what health psychology is, in this section of the literature review the focus will be on psychological or rather mental health. In agreement with the definitions Rickwood, Deane, Wilson and Ciarrochi (2005) in their research revealed that a relatively mild mental health problem can cause social, physical, emotional or cognitive changes that have a major effect on later adult life. The research further found that failure to seek help often leads to poor interpersonal relationships and poor mental health and wellbeing.

## **2.5 Seeking psychological help**

Many individuals seek help because they have problems, crises, trouble, doubts, frustrations or concerns. Problem situations arise with interaction between ourselves, others, social settings, organisations and institutions. Gerard (2007) expresses that often these problems cause emotional turmoil and have no clear-cut solutions. Usually the individual struggling with the problem does not have resources needed to cope adequately with the problems. Seeking help, even with devastating problems, can often help the individual to handle the problem more effectively. Hence the goal of psychological help is not problem solving but to help the troubled individual to manage the problems effectively or even transcend them by taking advantage of new possibilities in life.

Researchers have revealed the essential need for psychological services among college students (Bomoyi, 2011; Rice & Van Arsdale, 2010). For various students being in college is a period of transition with young people separating from their parents, establishing an independent identity, making educational and career decisions, developing peer group relationships and transitioning into more adult roles and responsibilities (Duffy & Sedlacek, 2010; Syed, 2010). All of these processes have major long-term influences on the student.

If educational and career achievements are disrupted by a mental health problem, opportunities in adulthood can be unpleasantly or negatively affected (Syed, 2010). Major



mental disorders at this time of life can have a significant impact, with extensive disruptive effects on identity formation and the establishment of adult roles (Kgole, 2004).

Rickwood, Deane, Wilson and Ciarrochi, (2005) stated that though it would seem natural to assume that anyone suffering from any internalised conflict would seek help through counselling of another, this is not the case in many instances. Many still choose to withdraw themselves, and work through things alone. This is also the case at many universities and institutions of higher education, where many health-care centres report an under-utilisation of professional help-seeking platforms for mental distress.

Numerous factors have been conceptualised as avoidance factors to seeking psychological help, such as fear of treatment, dealing with emotions, disclosing personal information, stigma, social standards, gender, age, availability of facilities and nature of the problem (Vogel, Wester & Larson, 2007).

The fears of treatment could be the anticipation an individual has on how they will be treated by the professional. This anticipation on the other hand, refers to an individual's perception of the potential dangers of opening up to another person (Vogel & Wester, 2003). Seeking help from a source of help, could lead to risks of the person feeling misunderstood, judged or ignored.

Vogel and Wester (2003) additionally found that expectations of having to express emotions, thoughts and attitudes to a therapist have affected the individuals' help-seeking attitudes and intentions. A study exploring emotional expression found that reluctance to seek psychotherapy was higher for individuals who were not open about their emotions (Komiya, Good & Sherrod, 2000). Similarly, individuals who were less skilled at dealing with emotions have also been found less likely to seek help, as well as seeking help from a mental health professional (Ciarrochi & Deane, 2001). A study by Diala, Muntaner, Walrath, Nickerson, LaVeist and Leaf (2000), also reported that individuals who were uncomfortable talking about personal problems with a professional were a lot less likely to seek help.

In this research study, stigma refers to social stigma and is defined as the fear that others will criticise a person negatively if she or he seeks help for a problem. Social pressure has mostly been mentioned as one of the major barriers to psychological treatment (Vogel, Wester &

Larson, 2007). This could be because the community in general has a tendency to provide negative descriptions of individuals who experience mental illnesses or problems. The stigmatisation discourages individuals from accepting their illness, seeking help, and remaining in treatment which leads them to endure suffering that could be prevented (Corrigan, 2004).

According to Arnault (2009) the community can interpret symptoms of distress or illness as showing signs of moral weakness, physical frailty, or failure to carry out important social roles. Illnesses may be evaluated negatively when they signify that a person (or a family member) has failed in some important social role.

When people evaluate their distress or illness as negative or a failure, they will have emotional responses of shame, humiliation, anxiety or fear. These people will avoid disclosing their problems out of fear of the social standards and consequences (Vogel, Wester & Larson, 2007).

Social standards can be defined as the inherent standard behaviour of those close to an individual such as family and friends. Attitudes conveyed by family members and friends have been suggested to play an influential role in how an individual defines and acts upon distressing symptoms (Angermeyer, Matschinger, & Riedel-Heller, 2001).

Vogel, Wester and Larson (2007) pointed out that having a social network that accepts and encourages help-seeking for a problem is essential for an individual to seek help. This means if important people in an individual's life view psychotherapy as negative, then the individual may be less likely to seek help due to fear of exposure and loss of social approval. Diala et al. (2000) found that individuals who might be embarrassed if their friends knew they had requested help, were less likely to seek help.

Further, Vogel et al. (2007) found that people reported greater intent to seek professional help when they believed that important people in their lives would approve of such an action.

Among other reasons for barriers in seeking psychological help is availability of professionals. A study conducted by Afolabi, Daropale, Irinoye and Adegoke (2013) at a large public university in Nigeria revealed that excessive waiting time at a service delivery

point was a contributing factor to reasons individuals generally tend towards seeking the counselling of close friends or family since they are readily available.

Consistently, research findings on the attitudes and perceptions of students at the Cape Peninsula University of Technology towards seeking psychological counselling by Lawrence, (2009) emphasised that students see psychological centres as an appropriate place to talk about career concerns and friends and family as the best setting to talk about personal problems. Further, individuals in another sample were also more likely to report physical, academic, or career concerns than emotional ones, possibly because personal and emotional concerns are more stigmatised (Galdas, Cheater & Marshall, 2005). Professionals often use career or academic problems as a way of probing and are aware of underlying social and emotional problems.

Interestingly, it is noted that literature on help-seeking has frequently revealed that students most likely to seek help are in their twenties. These individuals seem to have a positive outlook towards help-seeking from a professional psychological helper (Vogel, Wester & Larson, 2007).

A study was done by Al-Darmaki (2011) on needs, attitudes towards seeking professional help, and preferred sources of help among Emirate college students. The study had 492 college students from an academic university who participated in this investigation. The participants' mean age was 21.33 years. They had a positive outlook to seeking psychological help. Equally, in a quantitative study that aimed to investigate the relationship between religious beliefs, religious affiliation, religious orientation and help-seeking behaviour among students at the University of KwaZulu-Natal in Pietermaritzburg, the data revealed that in the sample of 100 students ranging from 18 to 34 years of age the mean age of the sample was 20.8, and that same age group indicated a positive outlook towards seeking psychological help (Sukati, 2011).

It is interesting to note that psychologists/counsellors only become preferred sources of help for those with a tertiary education and in the age group range of 20 years ( Lawrence, 2009; Mdaweni, 2008)

## **2.6 Alternative sources of help**

There are also a second set of professionals who although they are not helpers in the formal sense, often deal with people in times of crisis and distress. This includes doctors, dentists, lawyers, nurses, teachers, supervisors or traditional healers. These people may be specialists in their professions; however, there are still some expectations that they will help to manage a variety of psychological problems (Gerard, 2007). Even though South Africa has one official health system, there still exist other sources of help for health and other problems. Jansen (2001), names this “health pluralism” and he describes it as a situation where choices can be made between several competing sources of help which can be used in parallel. Researchers claim that black South Africans seek help from many parallel sources , including medical doctors, traditional healers, and religious organisations (Gwele, 2005; Pillay, 1996).

Previous research (Norris, 2008) suggests that students in tertiary institutions do not only utilise the official health system; they also seek alternative methods of healing.

## **2.7 Western medicine and help-seeking**

Traditional western forms of help are founded on the biomedical medicine approach (Gumede, 1990). The approach assumes that illness is a pathological condition of the body caused by identifiable physical or chemical measures. It is a science-based approach to healing which is generally evidence-based as well. This approach includes doctors, nurses and psychologists. The approach uses scientific constraints to define and evaluate information, symptoms, and results and is known as the official health system approach (O’Neil, 2006). Therefore, from a biomedical perspective illness with no structural biological evidence that can be seen, heard, touched, smelled, tasted or measured is disregarded.

Nevertheless modern medicine has also introduced the bio-psychosocial model of disease; the bio-psychosocial approach scientifically considers biological, psychological and social factors and their complex connections in understanding health, illness and health care (Cohen & Brown, 2010). The bio-psychosocial paradigm (Cohen and Brown, (2010), is also a technical term for the popular concept of body and mind connection which address more philosophical arguments between the bio-psychosocial and biomedical models.

In a study conducted in Durban among urban black people, Pillay (1996) revealed that even though biomedicine is dominant, individuals do not conform to biomedicine alone; they also consider the psychosocial elements to their problems. Pillay further added that help-seeking may be separated into four broad areas, namely, self-help, prayer, cultural and medical. However, Jansen (2001) labels three pathways of help-seeking found in Africa, namely, Western scientific medicine, African ethno-medicine, and the healing ministry of African Independent Churches. The researcher further emphasises that the various sources of help are not certainly mutually exclusive services. Individuals tend to use them concurrently. Therefore, certain treatments may be more socially approved than others.

## **2.8 African traditional medicine and help-seeking**

Traditional medicine is part of the African indigenous culture and is the oldest form of structured healing which focuses on both the physical and mental parts of illnesses (Ngubane, 1977). Traditional healers use their knowledge in order to diagnose, prevent and eliminate mental, physical and social disequilibrium. This knowledge relies on past experience and observation handed down from generation to generation, either verbally or in writing. This definition is similar to how the WHO defines “health”. According to the WHO, health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (Thornton & Edinburg, P, 17. 2009). Hence, traditional healing focuses on the harmony between the body and the mind. It is an integrated and holistic approach to healing (Sandlana & Mtetwa, 2008).

Even though traditional healing is the oldest form of structured healing, it is highly criticised for lacking scientific proof and standardised prescriptions. This form of practice has also been continuously suppressed by colonisation, politics and missionaries who stated that African indigenous healing was evil, non-Christian and should be stopped (Phatlane, 2006). This could have caused a large number of people to display an ambivalent attitude towards traditional healing. In public they reject it; however, some of them consult traditional healers behind closed doors (Sandlana & Mtetwa, 2008).

Despite criticisms and suppression, many African communities continue to practise traditional healing. About 200 000 traditional healers practise in South Africa, compared with

25 000 doctors of western medicine, and 80% of the black population use the services of traditional healers (Mabunda, 2001).

According to Kale (1995) and Ngubane (1977), traditional healers are motivated and sustained by a strong belief in their community-dictated mandate to serve others. Traditional healing is important for diseases that are believed to be induced by witchcraft. Some African people hold the view that certain diseases are not natural but are caused through sorcery, black magic or witchcraft. It is the general belief that people who are bewitched may die if they do not seek the assistance of traditional healers.

Gumede (1990), explained three principles followed by traditional healers. Firstly, the patient's symptoms are taken seriously, not judged. The patient is given enough time to express their fears. Secondly, the healer studies the patient as a whole, body and mind. Thirdly, the patient is considered as an integral component of a family and a community. Members of the patient's family participate in the treatment process. Usually traditional healers are an integral part of their people and their cultural society, and they know the ways of the people. This knowledge prepares a healing environment for the patient, such that the patient is better understood and healing takes place.

A research study done by Bomoyi (2011) on how student services in tertiary institutions are responding to the mental health needs of students, particularly those of African students, focused on investigating how traditional healing is being instilled into the counselling process in order to cater for students from African backgrounds. The findings suggested that a strong need for traditional African forms of healing was identified, especially in relation to culture-bound syndrome and identity construction. In addition students that had received traditional healing services reported that they benefited from it.

Similarly a study by Norris (2008), which assessed the personal, career and learning needs of first year psychology students, showed that out of a sample 159 students, 10% reported that traditional healers were their preferred means of health assistance, despite the absence of traditional healers on university campuses. Therefore, previously conducted studies (Mlisa, 2009; Zondo, 2008; Ogana et al., 2009) in which individuals who utilised traditional healing also confirm that they found it useful.

## **2.9 Religion and help-seeking**

Research has revealed that religion or spirituality has been linked to reduced psychological illnesses such as depression and anxiety. It is also known to have other physical health benefits (Curlin, Lawrence, Odell, Chin, Lantos, Koenig & Meador, 2007). According to Sandlana and Mtetwa (2008) religious faith healing is a form of traditional healing that uses prayer, holy water, holy oil and other substances. The main focus is on the faith of the client, which is regarded as the necessary prerequisite for healing. Churches are viewed as open systems that operate and develop differently as therapeutic settings that provide a safe environment for emotional expression. Ministers and pastors provide mental and emotional support to church members in general. Repetitive songs are sung, accompanied by intense hand clapping, rattling and drumming. This promotes relaxation and entry into a higher level of consciousness. Prayer and meditation bring forth spiritual vigour, joy, serenity and hope.

Having a stereotypical outlook in mind, most Christians may view mental and emotional problems and physical ill-health as spiritual in nature and needing spiritual answers. Therefore, it is quite understandable that some Christians may turn to prayer, reading of scripture, and other forms of religious coping mechanisms rather than formal health treatment when experiencing difficulties (Koenig, McCullough & Larson, 2001). It is, therefore, quite likely that a person's religious orientation and their view concerning mental illness would affect their attitudes to seeking help.

In a research study by Sukati (2011) that focused on the relationship between religion and help-seeking behaviour among university students in KwaZulu-Natal, Pietermaritzburg campus, it was found that there was some relationship between intensity of religious beliefs and help-seeking intentions. It was established that students with greater religious commitment would be more likely to rely on God for assistance or guidance. If they needed help, they would approach an individual who shared their religious views, such as pastors or church members. It was thought that in people with strongly held religious beliefs, their beliefs would be used to regulate their lives, and also to provide direction in resolving personal problems.

## **2.10 Factors affecting help-seeking**

### **2.10.1 Culture**

Pillay (1996) states that culture is a well-known base that has an important role in maintaining a sense of good health. Cultural values, norms and expectations have an influence on an individual's beliefs, lifestyle, family interactions and roles. Culture not only has an impact on the perceptions of health, illness and disease but also a selection of health-related behaviours, such as beliefs that cause the utilisation of sources of help. In addition culture will influence how an individual will respond to pain, symptoms and ill-health.

Thus, it is deduced that “help-seeking behaviour is often moderated by various factors, which can either promote or act as a barrier” (Rickwood, Deane, Wilson & Ciarrochi, 2006, P.5). Socio-cultural factors have been identified as being among the most notable of these. According to a Ugandan study on help-seeking behaviour among people with mental illnesses, “the traditional belief system and cultural explanatory models of mental illness were noted to be very influential in the choice of where to seek health” (Nserek, Kizza, Kigozi, Ssebunnya<sup>1</sup>, Ndyabangi, Flisher & Cooper, 2011).

According to Arnault (2009) culture affects all aspects of health and illness, including the perception of it, the explanations for it, and the behavioural options to promote health or relieve suffering. Anthropologists and transcultural nurses have demonstrated that people from all cultural groups seek help for their suffering based on the meaning that culture assigns to suffering.

Arnault (2009) developed the mid-range theoretical model called the Cultural Determinants of Help Seeking (CDHS). The CDHS theory proposes that physical or emotional feelings are labelled “signs of wellness” when they are interpreted as desired, valued or optimum conditions. Physical feelings or emotions are labelled “symptoms” when they are interpreted as a sign of an abnormal state, a disturbance, a pathology or an illness. Along with labelling, individuals and groups evaluate the level of importance or severity of the sign or symptom. Often signs and symptoms are experienced as a collection, pattern or group. Once wellness signs or distress symptoms are experienced and labelled, individuals consider the meaning of the signs and symptoms being experienced in terms of what their personal cultural model to



establish their causes. Individuals also consider what this denotes about them as a person based on the ideals of the culture, and about themselves as members of the group. In addition there are three types of interpretations of the causes of signs or symptom groups that affect help-seeking. A somatic interpretation is the attribution of physical sources of wellness or distress; a psychological interpretation is about emotional sources, and an environmental interpretation posits social or physical environment sources. In general, we can predict that people will attempt to match their help-seeking behaviour to their interpretations of the sources of wellness or causes of distress (Kirmayer, 2001).

### 2.10.2 *Acculturation and Education*

Acculturation is linked to increased educational levels, exposure and cultural involvement Redfield, Linton and Herskovits (1936) define acculturation as groups of individuals from different cultures coming into contact with one another, resulting in changes in one or both of the cultures. Vygotsky (1978) explains acculturation in his theory of learning. He states that learning is socially created and happens in numerous contexts. Children initially acquire values and behaviours through interacting with family and later through education and their interaction with others; therefore an individual's learning evolves as contexts change. From Vygotsky's theory of learning, and the definition of acculturation, one can conclude that people's perceptions are not static and locked within their cultural belief system but there are external factors such as exposure to illness that can change perceptions.

Helman (2000) added that external factors including people's educational level, socio-economic status and environmental factors, such as accessibility and convenience of health facilities, influence help-seeking behaviour. About 40% of individuals needing help will monitor their symptoms and will only seek help at the point that they think that the problem or symptom is serious enough. In some instances the delay in visiting help providers may be due to other barriers such as financial constraints, lack of transport and lack of education about service providers.

Pillay (1996), further explained that seeking help is probably the result of learned behaviour, for instance visits to the doctor and the interaction with the doctor leads to a learned response by the individual. Furthermore, individuals modify responses in a manner that is acceptable to the doctor. Patients are influenced to present symptoms to their doctors in a particular way.

This process of learning takes place through the association of symptoms with doctors, and the reinforced benefits of treatment and modelling.

Observing the university context and the interaction of students with each other, one can assume that acculturation will have an influence on attitudes of help-seeking behaviour of students.

### 2.10.3 *Gender and help-seeking*

Studies have shown that young people, particularly young adult males, are less likely to seek help when in need. There is a large range of explanations as to why young males in particular are hesitant to seek help when in distress. These often start from an early age. To be acceptable as men you must display characteristics such as toughness, fearlessness, emotional endurance and the need for experimentation in high-risk behaviours (Addis & Mahalik, 2003; Courtenay, 2000). These behaviours have been shown to include substance abuse, carrying weapons and aggressiveness, poor nutritional habits and high-risk sexual behaviours, all of which can have serious negative consequences (Roberts & Ryan, 2002). These characteristics make it increasingly difficult for young males to seek help, even when desperately needed, resulting in the under-utilisation of help-seeking facilities, generally by young men.

Richardson and Rabiee (2001) reported a qualitative study using semi-structured interviews with small groups of young men aged 15–19 years. Established on the findings of three focus group interviews, the researchers concluded that participants regularly associated health to physical wellness and help-seeking behaviour was expressed by social standards. These required that a problem should be both physically and sufficiently severe to confirm needing help. Thus the intensity of problem must be seen as serious in order for them to seek help.

Moller-Leimkuhler (2002) revealed a different perception of women compared to males. His research indicated that slight emotional symptoms increase the probability of women consulting a general practitioner, while physical symptoms were the determining factor for help-seeking by men.

Further research in America has noted that women as compared to men were more likely to have visited sources of help such as medical doctors, nurses, social workers, psychiatrists or psychotherapists and interestingly men were more likely to have used accident and

emergency services (Richardson and Rabiee, 2001). However, Galdas, Cheater and Marshall (2005) explained that the total number of visits by women is not only due to emotional problems, it can also be motivated by family planning, childbirth and child-related health issues.

However, both male and female adolescents and young adults are subjected to the hardship of embracing formalised mental illness help-seeking pathways. A study on Western Cape university students by Lawrence (2009) from focus group discussions revealed that many African men were reluctant to seek psychological help, because they viewed this as a sign of emotional weakness. In the same study other male students felt that they wanted instant solutions to their problems and did not want to have to explore the root or cause of their problem, especially if this meant that they needed to delve into their distant past.

According to research conducted on the influence of gender in help-seeking, it is revealed that different assumptions could lead to contradictory conclusions (Addis & Mahalik, 2003). This research further concludes that gender-comparative studies are not sufficiently consistent to confidently hypothesise regarding men's help-seeking behaviour. It is understandable that not all men are the same, nor does it make sense to assume that individual men behave similarly in all help-seeking contexts.

### **2.11 Preferred sources of help-seeking**

According to Rickwood, Deane, Wilson and Ciarrochi (2005), help can be obtained from a variety of sources that vary in their levels of formality. Sources of help are categorised into two main categories namely, formal and informal sources of help. A formal source of help is a professional who has appropriate training or plays a recognised role in providing the help needed. An informal source of help is when an individual seeks help from an untrained person, mainly from social relationships such as friends, neighbours or family members.

One of the most important factors in the help-seeking process is the availability of established and trusted help-seeking pathways. For this reason, friends and family are cited as the preferred sources of help for personal and emotional problems. The influence of the attitudes of family and friends cannot be undervalued because studies have revealed that people generally talk to members of their social network before seeking professional help (Addis &

Mahalik, 2003; Rickwood, Deane, Wilson & Ciarrochi, 2005; Sukati, 2011; Vogel, Wester & Larson, 2007). Similarly on that topic, lecturers are also seen as preferred sources of help. Seemingly lecturers are in a position to help their students, directly or indirectly ways to explore and understand the problems of growing up and sometimes students view them as knowledgeable and trusted source of help (Gerard, 2007).

Thus, according to research, students may find speaking to a medical doctor less problematic and more socially acceptable, minimising the risk of being socially stigmatised. In the first instance, this could be because medical issues do not impute any fault on them, are more socially accepted and the general medical practitioners' context has been found to be less stressful than seeking help in a mental institution setting. Hence individuals are more willing to seek help for a mental health problem from general medical doctors than they are from a mental health professional (Vogel, Wester & Larson, 2007; Lawrence, 2009).

Other research indicates that the cost of prescribed medicines, poor access to services and delays in attending to patients are all issues that affect the support and utilisation of public health services which increase the use of other treatment sources such as community pharmacies, drug traders, herbal medicine, religious or spiritual care organisations and students in health-related academic disciplines (Afolabi, Daropale, Irinoye & Adegoke, 2013).

Al-Darmaki (2011) conducted a study on preferences for sources of help among United Arab Emirates university students, in which it was revealed that students had dealt with their problems on their own, suggesting that most preferred to rely on themselves for dealing with all the types of problems.

This research study hopes to throw light on what could be the preferred sources of help on the University of KwaZulu-Natal, Pietermaritzburg campus.

## **2.12 Theoretical framework**

The guiding theoretical framework for the present study is the Theory of Reasoned Action (TRA) formulated by Ajzen and Fishbein in 1980. The theory was proposed after trying to estimate the difference between attitude and behaviour. Since it appeared that engaging in the

behaviours might not always involve a conscious decision on the part of an individual, the theory was then revised and called the Theory of Planned Behaviour (Ajzen, 1985). The theory of planned behaviour is a theory which predicts deliberate behaviour, because behaviour can be deliberative and planned. This addition was made to account for instances when someone has the intention of carrying out a specific behaviour, but the actual behaviour is stopped because the person lacks confidence or control over that specific behaviour.

According to Fishbein and Ajzen (1975), the core assumption and statements of the TRA/planned behaviour propose that an individual's behaviour is determined by their intention to perform the behaviour and that the intention in turn is a function of their attitude towards the behaviour and their subjective norm. Thus the best predictor of behaviour according to TRA is intention which is the cognitive representation of an individual's readiness to carry out a given behaviour, and it is considered to be the immediate originator of behaviour. This intention is determined by three things: their attitude towards the specific behaviour, their subjective norms and their perceived behavioural control. Attitude involves beliefs about the consequences of performing the behaviour multiplied by the evaluation of these consequences.

To determine attitudes towards behaviour, it is necessary to also determine an individual's subjective norms, which consist of their beliefs about how people they care about will view the behaviour in question. In other words, the individual's perception that most people who are important to them think they should or should not perform the behaviour in question (Fishbein and Ajzen 1975). To predict someone's intentions, knowing these beliefs can be as important as knowing the individual's attitudes. Finally, perceived behavioural control influences intentions. Perceived behavioural control refers to individuals' insight or perception of their ability to perform a given behaviour. These predictors lead to intention. Therefore in general the more favourable the attitude, the subjective norm and the greater the perceived control are, the stronger the individual's intention to perform the behaviour in question.

Fishbein and Ajzen (1975) state that attitudes and norms do not have equal force in predicting behaviour. They state that depending on the individual and the situation, these two factors might bring about different behavioural intention. For example, you might be the kind of

person who cares little for what others think. If this is the case, the subjective norms would carry little weight in predicting your behaviour (Miller, 2005).

In conclusion, according to this theoretical framework, behaviour is led by intention, which is influenced by attitudes towards the behaviour and subjective norms. Beliefs about consequences of a particular behaviour will influence an individual's attitude towards that behaviour, which in turn influences the intention to perform the behaviour. Keeping this assumption in mind, behavioural change can be achieved by targeting an individual's beliefs, attitudes and intentions.

Studies which used TRA to predict university students' intentions to seek professional psychological services for alcohol abuse (Codd & Cohen, 2003) proved the most effective theory to measure attitude and behaviour. In the current study which explored the help-seeking attitudes and behaviour of students, the theory of TRA will assist in understanding how these factors influence and affect students' decisions whether or not to seek help. It is anticipated that a more in-depth understanding hereof will be attained and that the factors affecting students' decisions to seek help and which source of help to use will become more evident, and lastly, that their attitude towards psychological help will be better understood in order to facilitate interventions in relation to students' problems under this theme.

### **2.13 Conclusion**

This chapter presented an overview of previous research and theories in the areas of general help-seeking behaviour, with a specific emphasis on psychological help. Through this review it has been shown that people seek help for different reasons; there are factors that affect the attitudes of help-seeking behaviour among various individuals, including the students. Such factors include culture, education and gender. Alternative sources of help have also been explored.

Pillay (1996) stated that what people believe about their health has an influence on their health and how they will behave. This means that what they believe will have an impact on how they go about seeking treatment, whether they consult family, friends, professionals or whether they choose to treat themselves. She further found that the various sources of help and treatment were not necessarily mutually exclusive treatments. Individuals tended to use

them concurrently, although certain treatments were more socially sanctioned than others (Jansen, 2001).

University students may seek help for a variety of topics and concerns. This can be obtained from different individuals and services both in and out of the classroom.

Studies show that students would first seek help from informal sources, such as friends and families, before consulting formal sources of help (Addis & Mahalik, 2003; Rickwood, Deane, Wilson & Ciarrochi, 2006; Sukati, 2011; Vogel, Wester & Larson, 2007).

A similar study by Sukati (2011) at the University of KwaZulu-Natal, Pietermaritzburg, agreed with the results of previous studies. The present research study was interested in continuing along the lines of these previous researchers, to investigate if there has been any change from the trend of their findings.

Previous research has indicated poor use of psychotherapy services among university students due to various reasons, among which stigma. This research study will also examine the behaviour and attitudes of students of the University of KwaZulu-Natal towards psychotherapy.

## **CHAPTER 3 METHODOLOGY**

### **3.1 Introduction**

This chapter is intended to provide an overview of the procedure for this study, which includes an outline of the research design, and methods of data collection and analysis applied. An important part of this section will also be to consider some of the ethical challenges faced in conducting this research, and the strategies adopted to address them.

### **3.2 Research approach and design**

The research was conducted as a quantitative study with the aim of investigating the help-seeking attitudes and behaviour of University of KwaZulu-Natal students. Johnson and Christensen (2008) define quantitative research as a formal, objective, systematic process to describe and test relationships and examine cause and effect interactions among variables.

This study is descriptive in nature, in that it seeks to describe certain characteristics about the given population; therefore, a cross-sectional design was used to investigate the aims and objectives of the study, as it will describe the characteristic behaviour and attitude of a population towards help seeking (Breakwell, 2000). This method often uses surveys for descriptive, explanatory and exploratory research. A survey is used to collect original data for describing a population too large to observe directly (Scheuren, 2004). Struwig and Stead (2001) say that the survey method requires questionnaires for data gathering, which data is obtained from the questionnaires completed by the respondents. The individuals' responses are then aggregated to form overall measures for the sample. The present study made use of the survey design in collecting data for the research.

### **3.3 Research location and population**

The research took place in an environment that is considered a natural setting for the students: namely, at the university where the variables under investigation occur naturally. The study was conducted at the University of KwaZulu-Natal, Pietermaritzburg campus. The population consisted of both undergraduate and post-graduate registered students within the university. The University of Kwazulu-Natal, Pietermaritzburg campus was the site chosen as it was easily accessible to the researcher of the study.



### **3.4 Sampling**

The sample for any survey should represent the study population as closely as possible. Durrheim (2004), points out that sampling involves decisions about which people, settings, events, behaviours and/or social processes to observe. For this research study the sample was drawn from registered students of the University of KwaZulu-Natal, Pietermaritzburg campus. Convenient sampling was used to obtain the participants. According to Struwig and Stead (2001), convenience sampling is chosen mainly on the basis of availability; participants are selected because they are accessible and therefore this form of sampling is selected based on the ease, speed of collecting data and because it an inexpensive manner.

Although this technique of sampling was used, one of the limitations of this type of sampling is that it is a non-probability sampling technique. This means that the results of the study cannot be generalised to the public as a whole or even to all student populations, as the sample is not fully representative of the entire population (Howell, 2007).

The sample consisted of students who volunteered to participate in the study as per the questionnaires. The total sample was 150, the average age of the participants was 22 which accounts for 20% of the entire population. The age group has a maximum of 29 years and a minimum of 18 years, both accounting for 1% of the entire sample population. This sample size has produced a margin of error of 5.7% at a 95% significance level.

Participants benefited indirectly from the study since there were little incentives in the form of sweets offered to the research participants.

### **3.5 Research instrument**

A questionnaire was developed by the researcher to investigate the key questions of interest to the study. The questionnaire was adapted from two previously adopted questionnaires which had already been developed and applied in other research studies (Fisher & Farina, 1995; Daisy, 2012). The questionnaire is attached as Appendix D.

3.5.1 The questionnaire of this study is divided into three sections. The first part is Section A, where the participants were asked to furnish personal demographic information.

3.5.2 The second part of the questionnaire is Section B, which consists of questions that were adapted from a study by Daisy (2012). The questions were then modified to make them relevant to the research population of this study. This section of the questionnaire presented 17 typical problems students were most likely to experience. Questions consisted of a mixture of academic, mental or emotional and physical health problems. Students were asked if they experienced any of the problems. In addition, different sources or outlets of services were provided. The outlets include lecturers, pastors, traditional healers, family members, psychologists and medical doctors. Students had to indicate which outlet they preferred to seek help from when they experienced those problems.

3.5.3 The third part of the questionnaire is Section C, which consists of an adapted questionnaire from attitudes towards seeking professional psychological help Likert-type short form (ATSPPH-S; Fisher & Farina, 1995). The ATSPPH-short form (Fischer & Farina, 1995) was revised by Ang, Lau, Tan and Lim (2007). The questionnaire was developed to determine the aspects of one's personality or attitudes which influence the tendency to seek or resist professional psychological help. The ATSPPH scale short version-revised, is a test composed of nine items. An example of an item from this section is, "The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts" (Fisher & Farina, 1995).

### **3.6 Validity and reliability**

A questionnaire consisting of all the sections was compiled as the measurement instrument for this study. To improve the reliability and validity of the study instrument a pilot study was carried out on a small sample of participants who were not going to be included in the main study. The purpose of the pilot study was to provide a mini trial run of the methodology being planned for the major project. It provided the researcher the opportunity to refine or adjust methods and instruments, to acquaint research assistants with the instruments, respondents and analysis of data, and to identify the action of intervening variables so that they could be eliminated (De Vos, Strydom, Fouche & Delpport , 2005).

To ensure reliability and validity the pilot study was conducted to determine whether the questions were correctly framed, clear and understandable, and also to eliminate difficulties

in the wording and phrasing of the questions. It also gave the researcher experience in administering the questionnaire and in dealing with participants.

The pilot study was conducted at the University of KwaZulu-Natal, Pietermaritzburg campus. It was conducted on 50 participants (students) from the school of agriculture and engineering. These students were exposed to the same environment, campus and facilities as the participants (students) for the main study. Students from the school of agriculture and engineering were not included in the main study to avoid using the same participants as the pilot study.

### **3.7 Data collection procedure**

Students were approached during tutorials and were asked to participate in the study by completing the survey. Students were briefed verbally about the aims and objectives of the study. Students filled in a consent form that emphasised anonymity, confidentiality and the voluntary nature of the study. Each questionnaire had a consent form which students were requested to sign at the bottom. Contact details were also provided. The students completed the questionnaires and were thanked for their participation.

### **3.8 Data analysis**

Data was analysed statistically by using descriptive data analysis. The statistical analysis of this study was performed by the statistical package for the social sciences (SPSS) and transferred to MS Excel and MS Word for final reporting. Descriptive statistical analyses, including calculation of frequency distributions, means and standard deviations were completed in order to inspect the data for any immediate outliers, and to also determine the amount of missing/omitted information. Frequency tables were used to effectively display the distribution of the variables under consideration (Terre Blanche, Durrheim & Painter, 2006). In this research study data was analysed and results were presented according to the research questions guiding the study.

### **3.9 Ethical considerations**

This research adhered to high standards of ethical practice. The Research Ethics Committee of the College of Humanities, Development and Social Sciences approved of the research (ethical clearance attached as Appendix A). In addition permission from the gatekeeper to

conduct the study at the university was granted. The gatekeeper's letter is attached as Appendix B.

A consent form was issued to all research participants to obtain their permission to participate in the research study before they completed the questionnaire (see Appendix C attached). The informed consent form ensured that the purpose of the research study and objectives were provided and assured that there were no potential risks or costs involved. The participants' rights to privacy and confidentiality were maintained throughout the research study. In addition participants were verbally informed that they could withdraw from the study at any time without penalty.

Though it was not anticipated that participation in this research would place participants in any physical, social or emotional risk, care was taken throughout this process to ensure that participants were not harmed in any way.

The questionnaires used to obtain the data were to be kept in a locked and secure cupboard for a duration of five years; thereafter the questionnaires will be shredded.

### **3.10 Summary**

This chapter explained in detail the methodology selected for the research study. The design of the study was clarified, and the sampling techniques and the procedure for the collection and analysis of data were highlighted. Lastly, the ethical issues involved in the study were also addressed.

## CHAPTER4 RESULTS OF THE STUDY

### 4.1 Introduction

This chapter presents the research results and shows descriptive data relating to the demographic information. This will be followed by the findings of problems that lead students to seek help, preferred sources of help and the attitude of students towards psychological help. The results findings are presented in relation to each of the research questions formulated at the start of this research as follows below:

### 4.2 Demographic information

The participants in this study are University of KwaZulu-Natal students. A total of 150 participants completed a questionnaire for the study. The majority of students are dating (76), some report that they are engaged (50), single (22) and some of them are married. The study has more female participants than males. To further add, participants are between the ages of 20 to 24 years with a mean age of 22 years. Table 1 provides a summary of participant demographic information and Table 2 provides demographic descriptive statistics.

**Table 1: Demographic characteristics**

| <b>Demographic Variables</b> | <b>Frequency</b> | <b>Percentage</b> |
|------------------------------|------------------|-------------------|
| <b>Marital status</b>        |                  |                   |
| Single                       | 22               | 14.7              |
| Dating                       | 76               | 50.7              |
| Engaged                      | 50               | 33.3              |
| Married                      | 2                | 1.3               |
| Total                        | 150              | 100.0             |
| <b>Gender</b>                |                  |                   |
| Male                         | 29               | 19.3              |
| Female                       | 121              | 80.7              |
| Total                        | 150              | 100.00            |

|                           |     |        |
|---------------------------|-----|--------|
| <b>Age</b>                |     |        |
| 18-19                     | 19  | 13     |
| 20-24                     | 109 | 72     |
| 25 above                  | 22  | 15     |
| Total                     | 150 | 100.00 |
| <b>Programme of study</b> |     |        |
| BA (general studies)      | 21  | 14%    |
| B- com                    | 20  | 13%    |
| B- Law                    | 21  | 14%    |
| BSS (general studies)     | 55  | 37%    |
| Politics                  | 2   | 1%     |
| Psychology                | 22  | 15%    |
| No response               | 9   | 6%     |
| Total                     | 150 | 100%   |

**Table 2: Demographic descriptive statistics**

| <b>Descriptive statistics</b> | <b>Age</b> | <b>Marital status</b> | <b>Gender</b> |
|-------------------------------|------------|-----------------------|---------------|
| Total                         | 150.00     | 150.00                | 150.00        |
| Mean                          | 21.85      | 37.50                 | 75.00         |
| Median                        | 22.00      | 36.00                 | 75.00         |
| Mode                          | 21.00      | #N/A                  | #N/A          |
| Std. Deviation                | 2.14       | 32.35                 | 46.00         |
| Variance                      | 4.59       | 1046.33               | 4232.00       |
| Range                         | 11.00      | 74.00                 | 92.00         |
| Minimum                       | 18.00      | 2.00                  | 29.00         |
| Maximum                       | 29.00      | 76.00                 | 121.00        |

### 4.3 Presentation of results research question by research question

4.3.1 *Research Question One: What key problems do students experience in the course of their life in the university?*

Data relating to the above question are summarised in Table 3 below, which shows the rank ordering of the problems encountered by students from those most experienced to the least.

Key: 0,00 – 0,49 = 0 (no response)

0,50 – 1,49 = 1 (No)

1,50 – 2,00 = 2 (Yes)

**Table 3: Problems students have experienced**

| <b>Problems Experienced</b>              | <b>Yes<br/>(2 points)</b> | <b>No<br/>(1 point)</b> | <b>No<br/>response<br/>(0 points)</b> | <b>Mean</b> | <b>Rank</b> | <b>Decision</b> |
|--|---------------------------|-------------------------|---------------------------------------|-------------|-------------|-----------------|
| Financial problems                       | 288                       | 5                       | 0                                     | 1,953       | 1           | Yes             |
| Family problems                          | 258                       | 20                      | 0                                     | 1,853       | 2           | Yes             |
| Headache problems                        | 220                       | 40                      | 0                                     | 1,733       | 3           | Yes             |
| Boy/girlfriends<br>relationship problems | 216                       | 41                      | 0                                     | 1,713       | 4           | Yes             |
| Sleeping problems                        | 214                       | 43                      | 0                                     | 1,713       | 5           | Yes             |
| Academic problems                        | 208                       | 46                      | 0                                     | 1,693       | 6           | Yes             |
| Inability to concentrate                 | 192                       | 54                      | 0                                     | 1,640       | 7           | Yes             |
| Alone and isolated                       | 172                       | 64                      | 0                                     | 1,573       | 8           | Yes             |
| Appetite problems                        | 160                       | 70                      | 0                                     | 1,533       | 9           | Yes             |
| Frequent headaches                       | 140                       | 79                      | 0                                     | 1,460       | 10          | No              |

|                           |     |     |   |       |    |    |
|---------------------------|-----|-----|---|-------|----|----|
| Nightmares and bad dreams | 120 | 90  | 0 | 1,400 | 11 | No |
| Flashbacks                | 86  | 107 | 0 | 1,286 | 12 | No |
| Lecture problems          | 68  | 116 | 0 | 1,226 | 13 | No |
| Neck and back pains       | 36  | 132 | 0 | 1,200 | 14 | No |
| Hot flashes               | 56  | 122 | 0 | 1,186 | 15 | No |
| Chest pains               | 26  | 137 | 0 | 1,086 | 16 | No |
| Marital problems          | 8   | 143 | 0 | 1,066 | 17 | No |

Financial problems are at the top of the list, followed by relationship problems such as family and boy/girlfriend relationship problems. Physiological health problems that could also be psychologically related were also significant; this included headaches, concentration problems, feeling alone and isolated, sleeping problems and loss of appetite. Academic problems are also significant.

#### 4.3.2 *Research Question Two: Which major outlets do students use to seek help for their problems?*

Data relating to the above question are summarised in Table 4 below, which shows the rank ordering of the help outlets from the most consulted to the least.



**Table 4: Sources of help from most preferred to be consulted to least consulted**

| <b>Overall consulted</b> | <b>N = 150<br/>Frequency</b> | <b>Mean</b> | <b>Rank</b> |
|--------------------------|------------------------------|-------------|-------------|
| Close friends            | 125                          | 0,83        | 1           |
| None                     | 96                           | 0,64        | 2           |
| Family members           | 91                           | 0,60        | 3           |
| Medical doctors          | 91                           | 0,60        | 4           |
| Other                    | 79                           | 0,52        | 5           |
| Psychologists            | 66                           | 0,44        | 6           |
| Lecturers                | 57                           | 0,38        | 7           |
| Spiritual healers        | 45                           | 0,30        | 8           |
| Traditional healers      | 18                           | 0,12        | 9           |
| Total                    | 150                          |             |             |

The above table shows that the most mentioned outlet for seeking help are close friends. The least mentioned is traditional healers.

*4.3.3 Research Question 3: What are the students' attitudes towards seeking psychological help?*

The results of the present study in relation to the above question are presented in Table 5 below.

- Key: 0,00 – 0,49 = 0-Agree (A)  
0,50 – 1,49 = 1-partially agree (PA)  
1,50 – 2,49 = 2-partially disagree (PD)  
2,50 – 3,00 = 3-Disagree (D)

**Table 5: Attitude towards professional psychological help by students**

| <b>Attitude towards psychological help by students</b>   | <b>A</b> | <b>PA</b> | <b>PD</b> | <b>D</b> | <b>Total</b> | <b>Mean</b> | <b>Decision</b> |
|--|----------|-----------|-----------|----------|--------------|-------------|-----------------|
| 1. If I believed I was having a mental breakdown, my first preference would be to get professional attention   | 0        | 13        | 74        | 186      | 273          | 1,82        | PD              |
| 2. The idea of talking about problems with a counsellor strikes me as a poor way to get rid of emotional issues  | 0        | 17        | 116       | 153      | 286          | 1,90        | PD              |
| 3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in counselling                    | 0        | 58        | 58        | 135      | 251          | 1,67        | PD              |
| 4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help. | 0        | 41        | 76        | 81       | 198          | 1,32        | PA              |
| 5. I would want to get counselling if I were worried or upset for a long period of time.   | 0        | 50        | 52        | 102      | 204          | 1,36        | PA              |
| 6. I might want to have counselling in the future.   | 0        | 53        | 60        | 72       | 185          | 1,23        | PA              |
| 7. Considering the time and expense involved in counselling and therapy, it  | 0        | 66        | 108       | 48       | 22           | 1,48        | PA              |

|   |   |    |     |    |     |      |    |
|---|---|----|-----|----|-----|------|----|
| would have doubtful value for a person like me.   |   |    |     |    |     |      |    |
| 8. A person should work out his or her own problems; getting counselling would be a last resort | 0 | 25 | 144 | 48 | 217 | 1,44 | PA |
| 9. Personal and emotional problems, like many things, tend to work out by themselves.           | 0 | 60 | 62  | 21 | 143 | 0,95 | PA |

The table above shows results of attitudes of students towards seeking professional psychological help. Most students indicate to partially agree towards seeking professional psychological help. However items 4, 7.8 and 9 show a negative partial agreement towards professional psychological help. Students also indicate to partially disagree towards seeking professional psychological help. However items 1–3 indicate a positive partial disagreement towards professional psychological help. Therefore overall the results show that students have mixed feelings or have an in-between (positive and negative) attitude towards seeking professional psychological help.

#### **4.4 Conclusion**

In this chapter the results of this study have been presented. The results showed nine significant problems frequently encountered by students, highlighting financial problems as the most experienced problem and marital problems least experienced problem by students. The study further showed that close friends were the highest preferred source of help by students and traditional healers were the least preferred source of help. Lastly, the results showed that students have mixed feelings or an in-between (positive and negative) attitude towards seeking professional psychological help.

## **CHAPTER 5 DISCUSSION AND CONCLUSION**

### **5.1 Introduction**

This chapter will discuss the results provided in Chapter 4. The discussion will be organised along the lines of Research Questions investigated. Based on the discussion and interpretation of the results, the implications of the study will be drawn and some recommendations for clinical practice and the need for further study made.

### **5.2 Research Question One: What key problems do students experience in the course of their life in the university?**

Data relating to this question was highlighted in Table 3, presented in Chapter 4.

According to the findings, on average the following problems were experienced by more than 50% (75) of participants: financial, family, headaches, boy/girlfriend, sleeping, academic, inability to concentrate, feeling isolated and appetite problems. These results corroborate the results of previous similar research studies (Chilimanzi, 2013; Feven et al., 2007; Kgole, 2004), which also revealed that the frequently encountered problems experienced by young people are interpersonal relationships, education, family, financial, and health problems

#### *5.2.1 Financial problems*

The results of this study revealed financial problems to be the problem most experienced by participants. This is not surprising as the University of KwaZulu-Natal is known to be a historically black and disadvantaged institution (Cebekhulu & Mantzaris, 2006); therefore a majority of the students in the university are black and from socio-economically disadvantaged backgrounds. This is confirmed by a survey conducted by Statistics South Africa (Statistics South Africa, 2010), which revealed that the median monthly income for the black population is R2 162. Considering this low income, it is likely that most of the black parents will have more difficulties paying tertiary tuition fees and this stress is likely to be experienced by the students or participants.

### 5.2.2 *Family problems*

Another frequently experienced problem by participants is family problems. Such problems can be broad, ranging from participants feeling misunderstood by their family, or illnesses or death in the family.

According to Ngubane (1977) as well as Solomon and Wane (2005), good health is equivalent to harmonious relationships with the universe and the local ecology, including plants, animals, and other human beings. This means for indigenous African societies, health is guided by balance in environmental and social relations within the family, society, peers and ancestors. Therefore an individual is interconnected with their family and environment. Hence in any difficulty they face, the family is affected, and similarly they are affected by any difficulty the family may encounter. Thus, the majority of participants being indigenous African, it is not surprising that having family problems can be marked as the second highest problem experienced by participants.

### 5.2.3 *Boy/girlfriend relationship problems*

Boy/girlfriend relationship problems are also significantly experienced by the participants. The ages of the participants ranged between 19 and 30. According to Louw, Van Ede and Louw (1998), Erikson's theory, the participants are at the age of young adulthood, which is the stage of "isolation vs. intimacy". At this stage, a person with a firm sense of identity is prepared for intimacy, or giving the self over to another. This stage covers the period of early adulthood when people are faced with the developmental task of forming intimate relationships. Erikson believed it was vital that people develop close, committed relationships with other people. Those who are successful at this step will develop relationships that are committed and secure. Thus it is not surprising that boy/girlfriend problems are depicted as being significant among the participants as this is the transitional stage of their lives.

### 5.2.4 *Academic problems*

The findings of this study showed that academic problems form part of the significant problems students experience at university. This result is congruent with a previous study by Pillay and Ngcobo (2010), to determine the sources of stress experienced by students in a rural historically black university, which found that students frequently reported academic difficulties, among other problems. The majority of students who participated in that study were from a rural background with poor economic standards, disadvantaged and

impoverished secondary school settings in which the educators were poorly trained. Botha et al. (2005) also added further that the ever-changing system of education in conjunction with the lack of preparation for tertiary studies in many high schools results in school leavers being insufficiently prepared for university education. The majority of participants from this study are from those disadvantaged backgrounds; hence it not unexpected that the findings of this research study show academic problems as significantly experienced by the participants.

#### 5.2.5 *Health and stress*

The following problems were significantly experienced by participants: having headaches, sleeping problems, inability to concentrate, feeling isolated and lacking appetite. Physiologically or medically there could be several explanations for such problems. However, according to the *Diagnostic and statistical manual of mental disorders*, these significantly experienced problems are part of the criteria for major depression (mood disorder). This coincides with a study by Damush, Hays and DiMatteo (1997), which found that a great number of problems reported by their participants, were problems such as change in sleeping habits, loss of appetite or change in eating habits, which are the criteria for depression. It was also found that these types of problems compromise an individual's physiological wellbeing and lead to increased experiences of physical and mental illness.

According to Moore, Viljoen and Meyer (2008), young adults who demonstrated poor sense of self and personal identity tend to have less committed relationships and are more likely to suffer emotional isolation, loneliness and depression. Furr et al. (2001) reported that of those students who experienced depressive symptoms since college (university), the four reasons cited for their depression were academic problems, loneliness, economic problems and relationship difficulties. In addition, a previous South African-based study conducted by Botha et al. (2005), revealed that high prevalence of trauma in the country and transition to life stages, ranging from leaving home for the first time to forming self-identity (Michael et al., 2006), all have direct influence on the welfare of students and increase the likelihood of students experiencing emotional and mental problems.

Likewise Michael et al. (2006) emphasised that if these stressors or problems are left unattended, some of these issues may cause adjustment difficulties that may lead to numerous other issues in the lives of students, such as loss of appetite, sleeping problems, depression or even suicide. Thus participants who significantly experience having headaches, sleeping

problems, inability to concentrate, feeling isolated and lacking appetite are most likely to be depressed. Correlation between these problems and depression can be examined for future research.

### **5.3 Research Question Two: Which major outlets do students use to seek help for their problems?**

According to information summarised in Table 4 in Chapter 4, the trend shows that close friends are the preferred source of help by students. Upsettingly, the study also reveals that significantly some students prefer to seek help from no-one about their problems. Family members and medical doctors were the second preferred source of help by students. “Other” as a source of help, not mentioned in the questionnaire, was the third preferred source of help. Psychologists fell in the intermediate position of being most and least consulted. Lecturers seem to be the fourth preferred source of help by students. Spiritual and traditional healers were the least consulted preferred sources of help by students.

Given below is a more detailed discussion of the trends of the present study in relation to this second research question.

#### *5.3.1 Close friends as first preferred source of help*

The finding of this study in relation to the above theme corroborates numerous previous research studies done on a similar topic (Addis & Mahalik, 2003; Rickwood et al., 2006; Sukati, 2011; Vogel et al., 2007). One can logically explain this trend by associating the students’ preferences here with the themes of accessibility and availability of close friends, usually a relationship established by trust. Thus it is probably easier to seek help from a friend. According to the theory of reasoned/planned behaviour, behaviour is led by intention, which is influenced by attitudes towards the behaviour and subjective norms. Thus this trend of students preferring to seek help from close friends confirms the significant influence of subjective norms in an individual’s behavioural acts (Fishbein & Ajzen, 1975). Henceforth it is predictable that students will prefer to consult their close friends for help when in distress.

### 5.3.2 *Many students seek help from no-one*

Upsettingly, the study reveals that a significant number of study participants say that they prefer to seek help from no-one about their problems. This implies that even though a variety of sources of help are provided by the university for students, a large number of students prefer not to use any of these help outlets. This finding corresponds with a study by Al-Darmaki (2011) on preferences for sources of help among United Arab Emirates university students, which revealed that students had dealt with their problems on their own, suggesting that most students prefer to rely on themselves for dealing with their psycho-social problems. According to Wills and DePaulo, (1991), students sometimes consider other sources of help only after their attempts to handle things on their own or when consulting close friends have failed. At the same time, a study conducted by Lawrence (2009) revealed that students sometimes do not seek help because they are not aware of the service available to them on campus. This may explain why some participants prefer to not seek help from anyone.

### 5.3.3 *Family and medical doctors as second preferred source of help*

Previous research has cited family and friends as the most preferred source of help in attending to their problems (Mdaweni, 2008; Rickwood et al., 2006; Vogel et al., 2007). The present study showed that ‘the family’ is rated as the second preferred source of help when compared to close friends. In this research study one can account for close friends being more preferred because of the availability of the source of help. Usually, students spend more time with their university friends than with family members and since this study was conducted in the university environment, it makes sense that students seek help from the available source, i.e. their close friends.

This present study also showed that medical doctors are rated as the second choice of preferred source of help. In this study medical doctors are viewed as a western form of help, which assumes that illness is a pathological condition of the body caused by identifiable physical or chemical measures. It is a science-based approach to healing which is generally evidence-based as well, such as describing feeling frequent headaches or losing appetite. The approach uses scientific constraints to define and evaluate information, symptoms and results (O’Neil, 2006) and is known as the official health system approach (Pillay, 1996). Therefore for the problems that seem to have physical symptoms, it would be typical for students to seek help from a medical doctor as evidenced by the present results.



#### 5.3.4 *“Other” as a source of help, not mentioned in the questionnaire, as the third preferred source of help*

The research study showed that students used other sources of help when it came to some problems experienced. These problems include experiencing headaches as well as financial problems. Focusing on problems such as headaches, these problems are seen as a regular problem in our society. Afolabi et al. (2013) in their research indicate that poor access to services along with delays in attending to patients affect the support and utilisation of public health services which increase the use of other treatment sources, such as community pharmacies, drug traders and herbal medicine. Therefore, this could explain the use of alternatives other than a medical doctor as a quick and easy solution, especially for a problem that is as regular or as common as a headache.

Financial problems are ranked the most experienced problem by students in this research study. This is no surprise as a previous study on university students indicated this problem to be a great stressor (Chilimanzi, 2013). This leaves many students reliant on gaining other means of funding for their studies. These other sources include banks and bursaries, loans and funding bursaries, even though they are limited. The University of KwaZulu-Natal is considered to be a historically black and disadvantaged institution (Cebekhulu & Mantzaris, 2006). As such, most students seek other sources of help such as funding from the National Student Financial Aid Scheme.

#### 5.3.5 *Lecturers as the fourth preferred source of help*

This research study revealed lecturers to be the fourth preferred source of help. It is unsurprising that they are the most preferred source of help for academic problems. This corroborates a study by Alexitch (2002), which revealed that students prefer to seek career and academic advice from professionals such as their professors or lecturers. One can understand such a result, as lecturers have a platform to interact with and give knowledge to students in their lecture hall (Gerard, 2007). Therefore, rationally it would be understandable for students to seek academic advice from lecturers as they are seen as professionals on the particular courses they lecture.

#### 5.3.6 *Spiritual healer and traditional healer as the least preferred sources of help*

The results of the research study show spiritual and traditional healers as the least preferred source of help. Christianity has been viewed as the largest dominant religion in South Africa

where ministers and pastors provide mental and emotional support to church members in general (De Kok, 2005). In addition, it was reported that 80% of the black population use the services of traditional healers (Mabunda, 2001). These results seem to differ with what could be the expected trend of more preference on these two sources of help from previous research (Mdaweni, 2008; Mlisa, 2009; Ogana et al., 2009; Sukati, 2011; Sandlana & Mtetwa, 2008; Zondo, 2008). This difference in trend could be due to the listed problems in the questionnaire not being of a spiritual or religious nature.

#### **5.4 Research Question Three: What are the students' attitudes towards seeking psychological help?**

The results of the present study in relation to this question are depicted in Table 5, presented in Chapter 4.

Overall the results show that students have mixed feelings or have an in-between (positive and negative) attitude towards seeking professional psychological help. Rickwood et al. (2005) reported that there was a very negative perception of people that went to Student Counselling for therapy. A recurring perception that emerged was the stigma that if someone sees a psychologist, they are mentally disturbed. Such negative evaluations may be derived from negative past experiences as well as shared experiences and perceptions of counselling by peers.

Moreover, there are other numerous factors conceptualised as avoidance factors to seeking psychological help, such as fear of treatment, dealing with emotions, disclosing personal information, stigma, social standards, gender, age, availability of services and nature of the problem (Vogel et al., 2007). In addition a study by Kakuma (2010), also reported that some individuals in South Africa are still discriminated against because they suffer from mental illnesses.

This confirms the assumption of the TPB, that behaviour is influenced by intention, attitude and subjective norm (Fishbein & Ajzen, 1975). Generally the media and public have portrayed uncomfortable images and discrimination in seeking psychological help, which is also confirmed by previous research studies (Kakuma, 2010; Rickwood et al., 2005; Vogel et

al., 2007). One can gather that it means the attitude and subjective norm is significantly influenced by these negative images and concomitant discrimination. Therefore the trend on attitude towards psychological help is likely to be negative.

Nonetheless a study conducted by Mdaweni (2008) reported that psychologists are playing an increasing role in South Africa, especially regarding mental health concerns. Clinical psychologists are being employed by the department of health, and more counsellors (including “registered counsellors”) are being employed both in the public and private sectors to provide professional psychological help. Hence, the role of the psychologist is gaining more awareness in the county.

The results of this study indicate that the role of professional psychologists is slowly gaining awareness even though students are still sceptical about receiving psychological help. This intermediate attitude can be enlightened by the findings of a study by Lawrence (2009), which reported that, even though students give the impression that they have a satisfactory understanding of how emotional health contributed to an overall feeling of wellness and health, students still appeared have to lack of a deeper understanding of the repercussions of psychological distress as well as the possible benefits of the therapeutic space, which can assist them in achieving psychological wellness. Therefore there is still a need to campaign and psycho-educate about psychological services so that individuals can be better informed on what help is available for them.

On an affirmative annotation, the majority of participants of this research study are within the age group of 21, which is the age group that usually has a positive outlook to seeking psychological help (Sukati, 2011). Hence it is understandable that some participants also show a positive outlook towards psychological help in this study. This positive outlook can be further explained by education, as generally most participants in this age group are in their advanced levels of study and are more educated. It appears that educated people have increased access to information about psychologists and the problems to be referred to them (Mdaweni, 2008).

## **5.5 Summary of the findings**

The primary focus of this research has been to determine the general help-seeking behaviour and attitudes among university students. Typical problems or stressors that could lead to students seeking help, preferred sources of help by students and attitudes towards seeking psychological help, were also examined. Financial problems were found to be at the top of the list of problems experienced by students, while marital problems were at the bottom of the list. This was unsurprising as most students reported as being unmarried.

When faced with problems students preferred to consult their close friends as a source of help. This is understandable since their friends may be more readily available, accessible and are people with whom the students have built trustworthy relationships, hence they would find it easy to seek help from them. In addition, this study also revealed that there is no linear method in seeking help, meaning that when faced with a problem, some students prefer to seek help from other alternatives that were not mentioned in the questionnaire. Further on the findings indicate that students have an intermediate attitude towards seeking professional psychological help. Generally these findings have shifted to having a slightly more positive view in seeking professional psychological help. Previous research studies (Lawrence, 2009; Sukati, 2011; Gcobo, 2010; Rickwood et al., 2005; Vogel et al., 2007), reported a clear negative attitude towards psychological help.

Previous research studies on help-seeking focus on specific topics such as religion, gender, culture and help-seeking, or traditional healing and help-seeking. This study focuses on help-seeking on a broader spectrum and also looks at psychology as a form of help-seeking.

Previous research has concluded that culture is the main determinant of help-seeking behaviour (Pillay, 1996). Recent studies, both local and international, have reported socio-economic status as one of the significant determinants of help-seeking behaviours in people (Botha et al., 2005; Furr et al., 2001; Pillay & Ngcobo, 2010). However, a study by Helman (2000) and Mdaweni (2008) found that there is a link between socio-economic status and access to informed knowledge on issues of health or wellbeing. Further on the theory of planned behaviour (TPB) states that behaviour is led by intention, which is influenced by attitudes towards the behaviour and subjective norms. Beliefs about consequences of a particular behaviour will influence an individual's attitude towards that behaviour, which in turn influences the intention to perform the behaviour (Fishbein & Ajzen, 1975). Hence from

the findings it is not surprising that the fear of stigma, discrimination and being judged negatively, all seem to have some influence on individuals resulting to them in not seeking professional psychological help.

Finally, the findings of this research study indicated a positive attitude towards psychological help, which means that increasingly more students are starting to understand the role of psychologists and the positive value psychological services can add to their lives.

### **5.6 Implications for clinical practice**

With the theory of planned behaviour in mind, behavioural changes can be achieved by targeting an individual's beliefs, attitudes and intentions. Awareness and promotion of healthier help-seeking behaviour among students can positively influence the subjective norm into being open minded about seeking professional help.

Financial problems were at the top of the list of problems experienced by students. Government funding is struggling to assist all students, as such students and officials can arrange more programmes that will increase student funding to assist in helping with the problem. These programmes can be similar to The Humanitarian Fund initiated by the University of the Witwatersrand.

It is gathered from this research study that close friends (peers) seemed to be the preferred source of help by students. Professionals can work with groups of peers to encourage peer training programmes in the university in an endeavour to spread information on the numerous help services available for students within the campus. In addition peers can be trained in peer counselling seeing that students prefer to seek help from their peers.

In addition peers can collaborate with professional counsellors or psychologists in creating a better understanding of psychological difficulties, their possible causes and management of these issues. Hopefully, this could reduce the barriers to seeking psychological help and encourage people to make use of available resources, in order to become empowered in dealing with stressful situations, should these symptoms arise. Trained peers can also act as referral points in the event of their fellow peers needing professional help.

### **5.7 Limitations to the study**

There are various limitations to this research including the research design, creation of the measure used in this study and the way the measure was administered. One of the limitations is that the study was carried out in one university in South Africa. For this reason, its findings may not be generalisable to the view of other students at other universities in South Africa

Some participants misread the instructions, and hence did not fill in the questionnaire as intended in the pilot study. Even after the pilot study, they still seemed confused, and the researcher had to monitor how they filled in the questionnaire.

An additional limitation of the study was the sampling technique used. Using the non-probability sampling technique, meant the results of the study may not be generalised to the general student population since the sample is not representative of the entire student population of the University of KwaZulu–Natal, Pietermaritzburg campus or in South Africa as a whole.

The sample was also skewed along several variables, including gender and study programme. The sample had more females than males and it consisted of more participants from Humanities than any other school or programme of studies. Therefore, this limits the generalisability of the findings of this study.

A possible limitation of this study was the adapt attitudes towards seeking professional psychological help-short form (ATSPPH-S; Fisher & Farina, 1995). This short form was initially developed for the western population, hence some of the items in the form may not be appropriate for South African university students.

### **5.8 Recommendation for future study**

Based on the limitations identified above, it is recommended that another study is needed which could use a qualitative design and focus groups to determine the problems students may face, preferred sources of help for students and attitudes towards psychological help.

In addition it is recommended that an attitude towards seeking psychological help short form that is more relevant to South African university students be developed for future studies in

order to extract the true measure of attitudes towards psychological help by South African university students.

It is further recommended that a sample that is more representative, especially in terms of faculties and gender, as well as the population as a whole, be used in future studies in order to generate results that are more generalisable.

## **5.9 Conclusion**

The study examines the attitudes and behaviour towards general help-seeking among students of the University of KwaZulu-Natal, Pietermaritzburg. The results reveal that financial difficulties are among the nine significant problems faced by the students. The results also revealed that students have ambivalent emotions on the attitude to seeking professional psychological help. This finding is consistent with the balance of the research findings as majority of participants revealed that many of the participants would prefer close friends as their source of help or either handle their problems themselves.

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10 September 2013

**Ms Bathabile Audrey Motau 212511524**  
School of Applied Human Sciences  
Pietermaritzburg Campus

**Protocol reference number: HSS/0487/013M**

**Project title: Help seeking attitudes in South Africa: A study on University of kwaZulu-Natal students.**

Dear Ms Motau

**Full Approval – Expedited**

This letter serves to notify you that your application in connection with the above has now been granted full approval.

**Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach/Methods must be reviewed and approved through an amendment /modification prior to its implementation. Please quote the above reference number for all queries relating to this study. Please note: Research data should be securely stored in the discipline/department for a period of 5 years.**

Best wishes for the successful completion of your research protocol.

Yours faithfully



.....  
**Dr Shenuka Singh (Acting Chair)**

/px

cc Supervisor: Professor Augustine Nwoye  
cc Academic Leader Research: Professor D McCracken  
cc School Administrator: Mr Sbonelo Duma

**Humanities & Social Sciences Research Ethics Committee**  
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Founding Campuses:  **Edgewood**  **Howard College**  **Medical School**  **Pietermaritzburg**  **Westville**

**INSPIRING GREATNESS**





9 July 2013

Ms Bathabile Audrey Motau  
School of Psychology  
Pietermaritzburg Campus  
UKZN  
Email: [bthabz@gmail.com](mailto:bthabz@gmail.com)

Dear Ms Motau

**RE: PERMISSION TO CONDUCT RESEARCH**

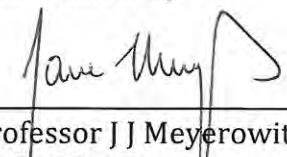
Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal towards your postgraduate studies, provided Ethical clearance has been obtained. We note the title of your research project is:

*"Help seeking attitudes in South Africa: a study on University of KwaZulu-Natal students".*

It is noted that you will be constituting your sample by randomly handing out questionnaires to students on the Pietermaritzburg Campus.

Data collected must be treated with due confidentiality and anonymity.

Yours sincerely



\_\_\_\_\_  
Professor J J Meyerowitz  
**REGISTRAR**


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**Office of the Registrar**

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## Appendix C



### CONSENT FORM TO BE SIGNED BY PARTICIPANTS

Title: Help seeking attitudes in South Africa: a study on University of KwaZulu- Natal students.

Students are reported to have growing levels of personal, academic, career, and interpersonal needs. Often students need help for these needs to be met. A variety of sources of help are preferred by students. The determination of this study will help to discover the kinds of help sources students prefer to utilize when needing help.

I hereby agree to participant in this research study which aims:

- to explore the attitudes of University of KwaZulu-Natal students towards psychological help seeking.
- to determining the types of helping resources the students consult when in need of help.
- to establish reasons behind students choice of help-seeking approach/ source.

I give consent to answer the provided questionnaire, which will take 15-minutes of my time. The provided questionnaire will consist of demographic information, personal problems that can lead me to utilize services of a trained professional and the major sources or outlets of trained professionals I can choose to seek help from.

I understand that everything I write in the questionnaire will be private and all information shared will be kept confidential. I understand that no identifying information

about me will be published. I understand that my data will be stores for five years and maybe used for further research. I understand that participating in this research study is completely voluntary and that I may withdraw from it at any time without supplying reasons for my withdrawal.

I have contacts details of the research should I have any more questions about the research. In the unlikely event that any personal issues should arise during the research, arrangements can be made for me to received counselling from the child and family centre at the University of Kwazulu-Natal Pietermaritzburg campus.

I hereby give consent to participate in this research study.

Faculty of participants.....

Initials & signature .....

Place.....

Date.....

Contact details of principal investigator

Contact of supervisor: Prof, A. Nwoye

Bathabile Motau

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