



10.5281/zenodo.10071259

Vol. 06 Issue 10 Oct - 2023

Manuscript ID: #01019

Health-Seeking Behavior, Health-Risk Awareness and Emotional Wellbeing among Adolescents in Makurdi metropolis

By: [Pauline Aiingona Atsehe \(Ph.D\)¹](#)

Senior Lecturer Email: psychepauline@gmail.com

[Abraham Tersugh Kwaghgbah²](#)

Postgraduate Student Email: abrahamkwaghgbah@gmail.com

[Raymond Tachin¹](#) Assistant Lecturer

[Fateman Iorlumun²](#)

Postgraduate Student Email: fatemaniorlumun@gmail.com

[Bem Ben Agbecha³](#) Postgraduate Student

[Josephine Iveren Atsehe²](#) Postgraduate Student

¹Lecturer, Department of Psychology, Benue State University Makurdi, PMB 102119

²Postgraduate Student, Clinical Psychology, Benue State University Makurdi, PMB 102119

³Postgraduate Student, Industrial Psychology, Benue State University Makurdi, PMB 102119

Corresponding: abrahamkwaghgbah@gmail.com

ABSTRACT

This study investigated health-seeking behavior, health-risk awareness and emotional wellbeing among adolescents in Makurdi metropolis. Cross-sectional survey design was used where 274 adolescents in Makurdi metropolis comprising of 126(45.9%) males and 148 (54.1%) females were used. Their ages ranged from 12-22years with a mean age of 17.54years (SD=3.78). Convenience sampling was used for drawing the sample while Health Seeking Behaviour Scale, Health Risk Attitude Scale and the Emotional Wellbeing scale were used for data collection. Simple Linear regression and Standard Multiple Regression were used to test the study hypotheses. Results indicated that there was a significant influence of health seeking behaviour on emotional wellbeing among adolescents. In addition, there was a significant influence of health risk awareness on emotional wellbeing among adolescents. Lastly, there was a significant influence of health seeking behaviour and health risk awareness on emotional wellbeing among adolescents. It was recommended that, that adolescents should make efforts to seek the use of health services immediately they notice signs and symptoms of any ailments. This will ensure that they are physically and emotionally stable. Secondly, adolescents should be given education on some of the major diseases, lifestyles and youthful behaviours that may affect their health negatively. This will enlighten them on the benefits and risks associated with their lifestyles.



This work is licensed under Creative Commons Attribution 4.0 License.

Introduction

Emotional wellbeing is paramount for adolescents to function optimally at home, school or social gatherings. This form of wellbeing signifies the quality of an individual's emotions and experiences, i.e. sadness, anxiety, worry, happiness, stress, depression, anger, joy, and affection that leads to unpleasant or pleasant feelings (Simone & Teddy, 2019). Since, adolescence is the period following the onset of puberty during which a young person develops from a child into an adult, issues of emotional health are always on the run. Adolescents who are in a good state of emotional well-being have higher odds of growing into adults who are happy, confident, and enjoy healthy lifestyles.

Adolescents during this stage do undergo various bodily changes which in turn have implications for their mental wellbeing, emotional regulation and social skills. Thus, emotional ill-health during this stage can increase the likelihood of emotional ill-health in later life with lasting adverse consequences. Peer groups, romantic interests, and external appearance tend to naturally increase in importance for some time during a teen's journey toward adulthood. At this stage, success in these activities indicates a probable state of emotional wellbeing (Steptoe & Wardle, 2017).

Emotional wellbeing is best explained by two theories. The first theory was propounded by Peterson, Park and Seligman (2005) who segmented emotional wellbeing into three categories, the Liking, the Needing, and the Wanting theory. First, the Liking theory represents a hedonic focus. The Liking or Hedonic Happiness theory focuses on maximizing pleasure and minimizing pain, which was propounded by Aristippus who recommended immediate gratification as the path to a meaningful life (Watson, 1895). According to this theory, the Hedonic Happiness is the study of what makes events and life pleasant or unpleasant, interesting or boring, joyous or sorrowful (Kahneman, 1999). The needing classification of emotional wellbeing purports that a set of elements that every human needs, regardless of his/her values, is essential to attaining subjective well-being. Maslow (1943) suggested that a hierarchy existed of five levels of basic needs - starting from physiological needs, safety, love/affection, self-esteem, to self-actualization - that must be satisfied in order, one after another. On the other hand, the Multiple Discrepancy Theory developed by Michalos (1985) to explain emotional wellbeing states that adolescents' compare themselves to many standards such as other people, past conditions, ideal levels of satisfaction, and needs or goals. A discrepancy due to an upward comparison (my expectation was better than the actual vacation) results in decreased satisfaction and wellbeing whereas a downward comparison (my expectation was worse than the actual vacation) will result in an increase in satisfaction.

Generally, development during adolescence takes social, psychological and biological dimensions. Hence, a lot of health factors seem noticeable in explaining the emergence of emotional wellbeing; these factors among others include health seeking behavior and health risk awareness. However, the conclusion that emotional wellbeing is more prevalent in adolescents who have health seeking behaviours has not been drawn. Neither has it been established that the awareness of the risk involved in unhealthy behaviours enhances more emotional health in adolescents. Based on this backdrop, and the fact that interventions have not been put in place to enhance the wellbeing of adolescents, there is an urgent need for clinical psychologists to intervene. Moreso, researchers in Makurdi metropolis have paid less attention to the study of emotional wellbeing among adolescents, hence the dearth of indigenous literature and interventions in this area. Consequently, few if any studies have been conducted along this line. Hence, the present study investigated health seeking behavior, health-risk awareness and emotional wellbeing among adolescents in Makurdi metropolis.

Health Seeking Behaviour and Emotional Wellbeing

Simone and Teddy (2019) assessed the possible roles of health-seeking behavior and life styles on emotional wellbeing young adults in Kwansi. The descriptive study sampled 174 students from 2 universities. Measures were obtained of care seeking behaviour, lifestyle and emotional wellbeing. Data analysis was carried out and results revealed that care seeking behavior was a significant predictor of emotional wellbeing. Similarly, lifestyle of students significantly predicted their emotional wellbeing. Furthermore, the two variables were significant joint predictors of emotional wellbeing among students. Based on the finding obtained, some recommendations were made for further research and practice.

Ratnayake and Hyde (2019) assessed mental health literacy, help-seeking behaviour and wellbeing among young people. The cross-sectional survey study sampled 22 females and 10 male students, whose ages ranged from 16–18 years. Three scales were used to collect data from the participants. Findings indicated a positive correlation between wellbeing and general help-seeking, as well as wellbeing and help-seeking for suicidal ideation. Gender differences were identified for aspects of mental health literacy and help-seeking intentions. Results of the research has implications for practitioners in fostering positive outcomes and developing targeted interventions towards improving mental health literacy and help-seeking behaviour in the future.

Chalker (2019) assessed the influence of help-seeking behaviour and cognitive distortions on emotional wellbeing among in-school adolescents in Yendul. This cross-sectional survey design adopted a sample of 313 adolescents from 30 high schools in Yendul. The instruments for data collection included the help-seeking behavior, cognitive distortion and the emotional wellbeing scale. The study tested three hypotheses in the study. The study revealed that both help-seeking behavior and cognitive distortions are independent and joint predictors of emotional wellbeing among in-school adolescents. One of the limitations of this study is that, it failed to account for the influence of the independent variables on the dimensions of the dependent variable. Given the findings of the study, some recommendations were made for further and subsequent researches.

Health-Risk Awareness and Emotional Wellbeing

Stephoe and Wardle (2017) assessed health behaviour, risk awareness and emotional wellbeing in students from Eastern Europe and Western Europe. The possible roles of lifestyles, knowledge about health and behaviour, emotional wellbeing and perceptions of control were assessed in a cross-sectional survey of young adults of similar educational status in Eastern and Western Europe. As part of the European Health and Behaviour Survey, data were collected in 1989-1991 from 4170 university students aged 18-30 years from Austria, Belgium, the Federal Republic of Germany, the Netherlands and Switzerland, and from 2293 students from the German Democratic Republic, Hungary and Poland. Measures were obtained of health behaviours, awareness of the role of lifestyle factors in health, depression, social support, health locus of control, and the value placed on health. After adjustment for age and sex, East European students had less healthy lifestyles than Western Europeans according to a composite index of 11 health behaviours, with significant differences for seven activities: regular exercise, drinking alcohol, avoiding dietary fat, eating fibre, adding salt to food, wearing a seat-belt, and using sunscreen protection. East European students were less likely to be aware of the relationship between lifestyle factors (smoking, exercise, fat and salt consumption) and cardiovascular disease risk. In addition, they were more depressed, reported lower social support, and had higher beliefs in the “chance” and “powerful others” locus of control. Internal

locus of control levels did not differ across regions, and Eastern Europeans placed a higher valuation on their health. Risk awareness was positively associated with emotional wellbeing. Unhealthy lifestyles associated with lack of information about health and behaviour, greater beliefs in uncontrollable influences, and diminished emotional well-being, may contribute to poor health status in Eastern Europe.

Sussolou, Krisman and Rotter (2017) examined knowledge of health risky-behaviours and emotional wellbeing among adolescents in Kershisa. The cross-sectional study employed a sample of 405 adolescents using accidental sampling technique. Two instruments were used for data collection while the study hypotheses were tested using regression analysis. Results showed that knowledge of health risky behaviours significantly predicted emotional wellbeing among adolescents. Accidental findings revealed that there was a significant gender, age and income difference in emotional wellbeing. However, this study also failed to indicate the role of the predictor variable on the dimensions of the dependent variable. Practical and research suggestions were made.

Rikus, Jinger and Otten (2014) assessed hope, happiness and health risk awareness as antecedents of emotional wellbeing among a sample of first year undergraduate students. Using cross sectional survey design, a selected sample of 711 undergraduate students were drawn for the study. Four instruments were used for data collection while the sample was obtained via convenience sampling. Four research hypotheses were tested using Multiple Regression. The study results showed that only hope and happiness were significant determinants of emotional wellbeing while health risk awareness did not predict emotional wellbeing among students. The discrepancy in findings was shown to call for further studies. Some other suggestions were duly underpinned. Therefore, the following hypotheses were postulated:

- i. Health seeking behaviour will significantly influence emotional wellbeing among adolescents in Makurdi metropolis.
- ii. Health-risk awareness will significantly influence emotional wellbeing among adolescents in Makurdi metropolis.
- iii. Health seeking behaviour and health-risk awareness will jointly influence emotional wellbeing among adolescents in Makurdi.

Design

This study employed the use of cross-sectional Survey design to investigate the influence of health-seeking behavior and health-risk awareness on emotional wellbeing among adolescents in Makurdi metropolis. A cross-sectional survey collects data to make inferences about a population of interest (universe) at one point in time. Cross-sectional surveys have been described as snapshots of the populations about which they gather data (Lavrakas, 2008). In this study, the independent variables are health-seeking behaviour and health-risk awareness while the dependent variable is emotional wellbeing.

Participants

The participants for the study were 274 adolescents in Makurdi metropolis comprising of 126(45.9%) males and 148 (54.1%) females. Their ages ranged from 12-22 years with a mean age of 17.54 years (SD=3.78). Among them, 89(32.5%) were Tiv, 72 (26.3%) were Idoma while 113 (41.2%) were from other ethnic groups. Considering their religion, 170 (62%) were Christians while 104(38%) were

Muslims. As for their educational levels, 164 (59.9%) were in secondary school while 110 (40.1%) were in tertiary schools.

Sampling

The sampling technique used for this study was convenient sampling technique. Convenience sampling is a kind of non-probability or nonrandom sampling in which members of the target population, as Dornyei (2007) mentioned, are selected for the purpose of the study if they meet certain practical criteria, such as geographical proximity, availability at a certain time, easy accessibility, or the willingness to volunteer. This technique was used because adolescents are distributed all over the Makurdi area, therefore, the researcher sampled those that are proximally convenient.

Instruments

The instruments used for the study include the socio-demographic checklist, Health Seeking Behaviour Scale, Health Risk Attitude Scale and the Emotional Wellbeing Scale.

- i. **Socio-demographic Variables:** The demographic variables assessed include sex, age, ethnic group, religion and educational level.
- ii. **Health Seeking Behaviour Scale:** Health seeking behavior was measured using the Health Seeking behaviour Scale developed by Nuhu (2018) to measure adolescents' health seeking behavior. This scale is a 48-item scale measured on a 5-point format of 1 (never) to 5 (Everytime). This scale measures six dimensions of health seeking behavior; Government health facility (items 1-8, $\alpha=.93$), Private health facility (items 9-16, $\alpha=.94$), Self-Medication of Herbal Drugs (items 17- 24, $\alpha=.91$), Self-medication of Pharmaceutical drugs (items 25-32, $\alpha=.90$), Traditional Practitioners (items 32-40, $\alpha=.95$) and Faith Healers (41-48, $\alpha=.95$). The present study obtained an alpha coefficient of .82. Sample of items include; "I seek care from government health facilities for illnesses I consider severe", "I self-medicate with pharmaceutical drugs when ill".
- iii. **Health Risk Attitude Scale:** Health Risk Awareness was measured using the Health Risk Attitude Scale developed by Van-Osch and Stiggelbout (2007) to measure adolescents' health risk-awareness. The scale has 13 items measured on a 7-point format of 1 (totally disagree) to 7 (totally agree). The author obtained an alpha of .84 and the present study obtained an alpha of .76. Sample of items include; "When I look back at my past, I think that, in general, I did take risks with my health", "If it concerns my health, then I see myself as someone who avoids risks".
- iv. **Emotional Wellbeing Scale:** Emotional wellbeing was measured using the Emotional Wellbeing Scale developed by Portia and Shermila (2015). This scale is a 26-item scale with four dimensions; Mental health (items 1, 5, 9, 13, 17, 21), Emotional resilience (items 2, 6, 10, 14, 18) Emotional health (items 3, 7, 11, 15, 19, 22, 23, 25, 26) and Emotional happiness (items 4, 8, 12, 16, 20, 24). Items 11, 13, 17, 21 and 22 are reverse scored. It is measured on a 3-point format of 1(disagree) to 3(agree) with an overall alpha coefficient of .90, while that of the dimensions ranged from .75 - .86. The present study obtained an alpha coefficient of .80. Sample of items include; "I am a contented person", "I find it little difficult to adjust with others".

Procedure

The study was carried out among adolescents in Makurdi. A total number of 300 copies of the questionnaire was prepared for administration. The researchers moved around schools, churches and

social gatherings in Makurdi metropolis where the consent of adolescents was sought to partake in the study. They were assured that the study will be harmless, results will be confidential, findings will be used solely for the purpose of the research and that they are free to withdraw from participation. Those who upon understanding the nature of the study, willingly consented to participate were issued a copy of the questionnaire and instructed on how to complete it. After the administration, the collected copies were screened and those who were viable (274 copies) were considered for data analysis.

Data Analysis

Data for this study were analyzed using descriptive and inferential statistics. Descriptive statistics such as mean, standard deviation, frequencies and percentages were used to describe the participants. Inferential statistics such as Simple Linear Regression and Standard Multiple Regression were used to test the three hypotheses raised in the study.

Results

Table 1: Summary of simple linear regression showing the influence of health seeking behaviour on emotional wellbeing among adolescents in Makurdi metropolis

Variables	R	R ²	F	df	β	t	Sig.
Constant	.548	.300	.162,155	1,272		-4.277	.000
Health seeking behaviour					.548	.12,734	.000

The result presented in table 1 shows that there was a significant influence of health seeking behaviour on emotional wellbeing among adolescents; [$R^2=.300$, $F(1,272)=162.155$, $p<.001$]. This implies that health seeking behaviour explained 30% of the variance observed in emotional wellbeing. This means that adolescents who seek health services are more likely to develop emotional wellbeing. Thus, hypothesis one was supported.

Table 2: Summary of simple linear regression showing the influence of health risk awareness on emotional wellbeing among adolescents in Makurdi metropolis

Variables	R	R ²	F	df	β	t	Sig.
Constant	.593	.352	205.048	1,272		5.424	.000
Health risk awareness					.593	14.319	.000

The result presented in table 2 shows that there was a significant influence of health risk awareness on emotional wellbeing among adolescents; [$R^2=.593$, $F(1,272)=205.048$, $p<.001$]. This implies that health risk awareness explained 59.3% of the variance observed in emotional wellbeing. This means that adolescents who can perceive risk are more likely to have emotional wellbeing. Thus, hypothesis two was also supported.

Table 3: Summary of standard multiple regression showing the joint influence of health seeking behaviour and health risk awareness on emotional wellbeing in Makurdi metropolis.

Variables	R	R ²	F	df	β	t	Sig.
Constant	.699	.488	179.939	2,271		-6.272	.000
Health seeking behaviour					.393	10.036	.000
Health risk awareness					.461	11.776	.000

The result presented in table 3 shows that there was a significant influence of health seeking behaviour and health risk awareness on emotional wellbeing among adolescents; [$R^2=.488$, $F(2,271)=179.939$, $p<.001$]. This implies that both health seeking behaviour and health risk awareness explained 48.8% of the variance observed in emotional wellbeing. Thus, hypothesis three was also supported.

Discussion

Hypothesis one was tested to find out if health seeking behaviour influenced emotional wellbeing among adolescents in Makurdi metropolis. Findings indicated that health seeking behaviour significantly influenced emotional wellbeing among adolescents. This finding tallies with Simone and Teddy (2019) who revealed that care seeking behaviour was a significant predictor of emotional wellbeing. Similarly, Ratnayake and Hyde (2019) indicated a positive correlation between wellbeing and general help-seeking, as well as wellbeing and help-seeking for suicidal ideation. Also, Chalker (2019) revealed that both help-seeking behavior and cognitive distortions are independent and joint predictors of emotional wellbeing among in-school adolescents. Another consonant study by Slewa-Younan, Yaser, Guajardo, Mannan, Smith and Mond (2017) revealed that help-seeking behaviour significantly predicted mental health outcomes.

Hypothesis two was tested to find out if health risk awareness influenced emotional wellbeing among adolescents in Makurdi metropolis. Findings indicated that health risk awareness significantly influenced emotional wellbeing among adolescents. This finding tallies with Sussolou, Krisman and Rotter (2017) who showed that the knowledge of health risky behaviours significantly predicted emotional wellbeing among adolescents. Still in agreement, Rikus, Jinger and Otten (2014) found that health risk awareness did not predict emotional wellbeing among students. Also, Weber, Sinker and Torino (2012) indicated that health risk-attitude significantly influenced emotional wellbeing.

Hypothesis three was tested to find out if health seeking behaviour and health risk awareness jointly influenced emotional wellbeing among adolescents in Makurdi metropolis. Findings indicated that health seeking behaviour and health risk awareness significantly influenced emotional wellbeing among adolescents. This finding tallies with Leao, Martins, Menezes and Bellodi (2011) who found both care seeking behaviours and risk awareness to predict emotional health among adolescents.

Conclusions

- i. Health seeking behaviour is a significant determinant of emotional wellbeing among adolescents in Makurdi metropolis.
- ii. Health risk awareness is a significant determinant of emotional wellbeing among adolescents in Makurdi metropolis.
- iii. Health seeking behaviour and health risk awareness are significant determinants of emotional wellbeing among adolescents in Makurdi metropolis.

Recommendations

Based on the findings obtained in this study, the researcher has made the following recommendations:

- i. It was recommended that adolescents should make efforts to seek the use of health services immediately they notice signs and symptoms of any ailments. This will ensure that they are physically and emotionally stable.
- ii. Secondly, adolescents should be given education on some of the major diseases, lifestyles and youthful behaviours. This will educate them on the benefits and risks involved in their lifestyles.

References

- Carver, C. S. & Scheier, M. F. (1998). *On the self-regulation of behavior*. New York: Cambridge University Press.
- Chalker, S. (2019). Influence of help-seeking behaviour and cognitive distortions on emotional wellbeing among in-school adolescents in Yendul. *Journal of Emotions*, 3(1), 90-99.
- Kahneman, D. (1999). 'Objective happiness', in D. Kahneman, E. Diener and N. Schwarz (eds), *Well-being: The Foundations of Hedonic Psychology* (3-25), Russell Sage, New York, 3– 25.
- Lavrakas, P. J. (2008). *Encyclopedia of survey research methods*. Sage Publications, Inc., Thousand Oaks.
- Leao, P., Martins, L. A., Menezes, P. R. & Bellodi, P. L. (2011). Well-being and help-seeking: an exploratory study among final-year medical students. *Revista da Associação Médica Brasileira*, 57(4), 379-386.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–396.
- Michalos, A. (1985). Multiple Discrepancies Theory (MDT). *Social Indicators Research*, 16, 347-413.
- Michalos, A. C. (1991). *Global report on student well-being: Life satisfaction and happiness*. New York: Springer-Verlag.
- Nuhu, K. M. (2018). Determinants of health-seeking behavior in Ghana. *A Dissertation Submitted in Partial Fulfillment of the Requirements for the Doctor of Philosophy Degree in Education in the field of Health Education Department of Public Health and Recreation Professions in the Graduate School Southern Illinois University Carbondale*, March 2018.
- Peterson, C., Park, N., & Seligman, M. E. P. (2005). Orientations to happiness and life satisfaction: The full life versus the empty life. *Journal of Happiness Studies*, 6, 25–41.
- Portia, R. & Shermila, J. (2015). Preparation and Validation of Emotional Well-being Scale. *International Journal of Informative and Futuristic Research (IJIFR)*, 3(3), 927-937.
- Ratnayake, P. & Hyde, C. (2019). Mental Health Literacy, Help-Seeking Behaviour and Wellbeing in Young People: Implications for Practice. *Educational and Developmental Psychologist*, 36(1), 16-21.
- Rikus, G., Jinger, H., & Otten, R. (2014). Hope, happiness and health risk awareness as antecedents of emotional wellbeing among a sample of first year undergraduate students. *Journal of Human Behaviours*, 4(1), 78-88.
- Simone, O. & Teddy, J. (2019). The roles of care seeking behavior and life styles on emotional wellbeing young adults in Kwansi. *Emotions*, 8(9), 12-30.
- Slewa-Younan, S., Yaser, A., Guajardo, M. G. U., Mannan, H., Smith, C. A. & Mond, J. M. (2017). The mental health and help-seeking behaviour of resettled Afghan refugees in Australia. *International Journal of Mental Health Systems*, 11, 49-54.
- Stephens, A. & Wardle, J. (2017). Health behavior, risk awareness and emotional well-being in students from Eastern Europe and Western Europe. *Social Science and Medicine*, 53, 1621-1630.
- Sussolou, D., Krisman, N. & Rotter, T. (2017). Health risky-behaviours and psychological wellbeing among adolescents in Kershisa. *Journal of Psychological Science*, 2, 34-56.
- Van-Osch, S. M. C. & Stiggelbout, A. M. (2007). The development of the Health-Risk Attitude Scale. *Journal of Health Systems*, 3, 22-34.
- Watson, J. (1895). *Hedonistic Theories from Aristippus to Spencer*. Macmillan, New York.
- Weber, E., Sinker, J. & Torino, D. (2012). Influence of health risk-attitude and risky sexual behaviour on subjective wellbeing among youths in West Germany. *Science*, 4(1), 31-42.