



Enugu State University of Science & Technology Journal of Social Sciences



Journal of Social Sciences

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published by

Faculty of Social Sciences
Enugu State University of Science & Technology
www.esutjss.com

Fear of Negative Evaluation and Self Efficacy as Correlates of health Seeking Behaviour among Adolescents

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Abstracts

This study examined fear of negative evaluation and self-efficacy as correlates of health seeking behaviour among adolescents. Three hundred and fifty participants consisting of 121 (34%) males and 229 (65%) females and who were within the age range of 12 to 20 years, with a mean age of 16.03 and standard deviation of 1.44 responded to the three study instruments. These were Fear of negative self-evaluation Scale, General Self-efficacy Scale and Health seeking behaviours Questionnaire. Correlation design was adopted for the study while Pearson Product Moment Correlation Coefficient and independent t-test was employed to analyze the data. The result revealed that fear of negative evaluation did not significantly correlate with health seeking behaviour among adolescents at $r(148) = -.041$ at $p > .05$. Also, it was found that self-efficacy significantly influence health seeking behaviour among adolescents at $t(348) = 2.03$, $p < .05$, level of significance. The study concluded that fear of negative evaluation and self-efficacy influence an individual's health-seeking behaviour. It was recommended that parents and teachers should promote students self-efficacy by encouraging them to engage in a healthy behaviour.

Keywords: Health-Seeking Behaviour, Fear of negative Evaluation, Self-efficacy, Adolescents.

Introduction

Mental health care in Nigeria is yet to receive its desired attention. The recent occurrence of suicide cases has shown that there is an urgent need to address the mental health seeking behaviour of young people (Uchendu, Ijomone & Nwachokor, 2019). In addition, World Health Organization (2019), report has affirmed that an estimated 62,000 adolescents died in 2016 as a result of self-harm and inadequate healthy behaviour (WHO, 2019). Thus, adolescents' in the low- and middle-income countries are mostly affected by the global rate of suicide, death, depression, and risky sexual behaviour due to poor mental health care (WHO, 2019).

Health seeking behaviour is a decision-making process that is influence by individuals' characteristics, societal norms and family background (Ihaji, Gerald & Ogwuche, 2014). It begins with a process of discussing ones' health challenges with others as a way of exploring preventive measures and treatment options (Rickwood, Thomas & Bradford, 2012). In brief,

health seeking behaviour defines how people monitor and respond to symptoms and symptom change over the course of an illness, and how it affects the behaviour, remedial actions taken and response to treatment (Anwar, Green & Norris, 2012).

Metta (2016), proposed that health seeking' is a conditioned behaviour, so any attempt to encourage people to seek care requires an understanding of their motivation for such behaviour. This is because inappropriate health seeking process can lead to adverse health outcomes such as substance abuse, engaging in risky sexual behavior, lower quality of adult life, premature death (Anderson & Lowen, 2010; Laski, 2015), and poorer health statistics (Atuyambe, 2008; Mwase, 2015). Research have demonstrated that delay in health seeking behaviour have a negative impact on good health, recovery process and relapse prevention (Latunji & Akinyemi, 2018; MacKian, 2003).

Despite the risk associated with inappropriate health seeking behaviour or non health seeking behaviour, 71% of Nigerians have reported inappropriate health seeking behaviour during their last illness episode (Onwujekwe, Onoka, Uzochukwu, & Hanson, 2011). Thus, health-seeking behaviour remains poorly understood subject, particularly in developing country like Nigeria, where competing systems of traditional, informal and Western medicine coexist (Kleinman, 1980; Mmari & Magnani, 2003; as cited by Mmari, Oseni & Fatusi, 2010).

Indeed, many factors has been identified to antagonize individuals' health seeking decisions such as; access to health facilities, socio-economic status and perceived quality of service, personality and so on (Gao, Dang, Yan & Wang, 2012; Babalola & Fatusi, 2009). Despite the numerous factors that have been studied in regard to health seeking behaviour, little is known about fear of negative evaluation and self-efficacy in the Nigeria context.

Fear of negative evaluation is defined as the anxiety about the evaluations of others, being worried about the negative evaluations, and expecting that others will evaluate one in a negative way (Watson & Friend, 1969). It is the social worry of an individual in evaluation environment (Sevimli, 2009). This fear is commonly associated with psychopathology, particularly with social anxiety disorder (Carleton, Collimore, McCabe, & Antony, 2011), that has a severe mental health implication. People with fear of negative evaluation convey a particular impression to others in order to please them and appear relevant to them (Heimberg, Brozovich & Rapee, 2010).

However, fearing and believing oneself to be the recipient of undesirable evaluation by others, can prompt an individual to face social events with high levels of emotional arousal, and strives to avoid the situation or else remain unnoticed in them, by adopting various safety behaviours or coping mechanism they felt will be good (McManus, Sacadura & Clark, 2008). This may lead to inappropriate health seeking behaviour especially among adolescents who are still on the stage of identity formation. The fear of negative evaluation are apprehension about others appraisal,

distress over their negative evaluations, avoidance of evaluative situations, and the expectation that others would evaluate oneself negatively (Collins, Westra, Dozois, & Stewart, 2004). It plays a key role in motivating individuals with social anxiety to assume that others tend to be highly critical and as a result are inclined to evaluate them negatively (Musa & Lepine, 2000). This fear may be link to poor interpersonal relationship and low self efficacy.

Another important factor in this study is the personality variable such as self-efficacy. This is one's belief for feelings of control and the perceived likelihood of success (Morrison & Phelips, 2003). Self-efficacy belief is determined by numerous factors, for example, Redmond (2010) believes that self-efficacy is influenced by encouragement and discouragement pertaining to an individual's performance or ability to perform. In other words, self-efficacy refers to an individual's belief in their personal capability to accomplish a job or a specific set of tasks (Bandura, 1997). It is conceptualized to be the judgment of a person's ability to perform a task within a specific or generalized domain (Bandura, 2000). In reference to Bandura's explanation, self-efficacy is a multi-dimensional construct which influences people's performances directly and indirectly through its effects in their determining factors such as motivation, self-regulation and emotion. This is embedded in the social learning theory which assumed that human behaviour is a factor of the environment (Bandura's, 2003).

Hence, Wang and Wu (2008), asserted that self-efficacy is the self-perception of competence to effectively complete an assigned task and an expectation that one can succeed when facing a difficult task. For example, how people behave can be explained by their beliefs than what they are actually capable of accomplishing. Apparently, individuals who have high self-efficacy are more likely to attribute their failure to low effect rather than low ability; whereas low efficacy individuals attribute their failure to low ability (Dweck, 2005). Thus, peoples' belief system has been found to influence their health seeking behaviour and determine their mental well-being (Olsen, Smith, Oei & Douglas, 2008; Roden, 2004; Bellamy; 2004). For example, personal dispositions associated with one's beliefs and expectations constitute predominant determinants of health-oriented activity (Ebstrup, Aadahl, Eplov, Pisinger & Jørgensen, 2013, Jones, Harris, Waller & Coggins, 2005; Ochsner, Scholz & Hornung, 2013; Sniehotta, Scholz & Schwarzer, 2005).

According to Bandura (1997), self-efficacy beliefs play a crucial role in affecting task choice, effort, persistence, resilience, achievement and satisfaction of individuals. This is based on the notion that self-efficacy describes a person's cognitions about whether he/she is capable of performing the behaviours necessary to produce a wanted outcome. Based on the above submission, the present study wants to establish whether fear of negative evaluation and self-efficacy would correlate positively with health-seeking behaviour among adolescents' students.

Theoretical framework

This study anchored on the health belief model by Hochbaum and Rosenstock (1958). The health belief model (HBM) is a psychological health behaviour change model developed to explain and predict health-related behaviours, particularly in regard to the uptake of health services (Siddiqui, Taranum Ruba, Ghazal, Saima, 2016; Bibi & Safia, 2016; Ahmed & Waquaruddin, 2016; Janz & Marshall, 1984). The model assumed that people's beliefs about health problems, perceived benefits of action and barriers to action and self-efficacy explain engagement (or lack of engagement) in health-promoting behaviour (Janz & Marshall, 1984; Rosenstock, 1974).

According to Olsen, Smith, Oei and Douglas (2008) in the process of engaging health seeking behaviour, individuals must consider six factors such as; perceived susceptibility (if they perceive that they are at risk of contracting the disease, perceived severity (if they perceive the disease might have an unfavourable outcome), perceived benefits (if they perceive the proposed health behaviour to be both effective and practical), perceived barriers (if they perceive the barriers to adopting the behaviour to be minimal), perceived self-efficacy (if they perceive themselves to have the ability of applying and practicing the specific behaviour proposed), external cues (if they have the cues for motivating their actions such as internal cues (pain, symptoms, past experiences) or advice from friends, relatives and mass media campaigns) (cues to action).

Review of Related literatures

In India, Talat and Aslam (2012), examined the relationship between fear of negative evaluation and psychological distress among addicts and non addicts. Translated Urdu version of Brief Fear of Negative Evaluation Scale by Leary, and Depression, Anxiety, and Stress Scale by Aslam were used for the purpose of data collection. The sample comprised of 200 male adults including drug addicts ($n = 100$) and non addicts ($n = 100$). Purposive convenient sampling technique was employed for the data collection. Pearson Correlation, t-test and ANOVA were computed to test the hypotheses. Findings showed that fear of negative evaluation was positively correlated with psychological distress (depression, anxiety and stress) ($r = .64$, $p < .001$). Fear of negative evaluation was higher among addicts as compared to non addicts ($p < .001$) and the psychological distress was higher among addicts as compared to non addicts ($p < .001$). This finding is in accordance with the objective of this present study.

In an experimental study in America, Karakashian, Walter, Christopher and Lucas (2006), investigated the effect of shyness and fear of negative evaluation (FNE) on helping behaviour. Eighty-three (83) students participated in the experiment. Their individual shyness, FNE, and self-monitoring scores were collected prior to participation. During the experiment, participants had the opportunity to help a female confederate in either a social or nonsocial situation. An interaction of FNE and condition was found to be marginally significant. In the social helping condition, participants who helped showed no difference in FNE scores versus those who did not help. However, in the non-social condition participants who helped had lower FNE scores than

those who did not help. The findings are framed in accordance with the bystander effect. Thus, the above result was in support of the objective of the present study.

In Nigeria, Adamu, Yusuf, Inalegwu, Sufi & Adamu (2018), examined factors that influence health-seeking behaviour of health workers in a tertiary hospital in Northwest Nigeria. The study adopted a cross-sectional descriptive approach where multistage sampling technique was used to select 160 health workers, including doctors, nurses, and laboratory scientists. A semi-structured questionnaire was used to collect data which were analyzed using Statistical Package for the Social Sciences (SPSS) version 20.0 and Microsoft Excel 2010. The mean age of the respondents was 34.57 ± 7.2 years, with males slightly more represented (54.4%) than females (45.6%). Nearly 43% were doctors, 47.0% were nurses, and 9.7% were laboratory scientists. Almost all the respondents (99.3%) felt that periodic medical checkups were important and 65.8% of them have had one before. Up to 75.2% of them often sought the attention of a doctor whenever they fell sick. Majority (75.2%) of them practiced self-medication, with various forms of anti-malarials, antibiotics, and analgesics being the commonly used drugs. The major factor preventing the respondents from going for voluntary medical checkups was the fear of the outcome of investigation ($P = 0.012$). The study concluded that the perception of respondents regarding periodic medical check up was generally good. Self-medication was found to be high among respondents. Age, gender, profession, and duration of practice were found to affect both preventive and curative health-seeking behaviours.

Similarly, Szczepanska-Klunder and Lipowski (2015), explored the role of self-efficacy in undertaking health-seeking behaviours by physical education teachers. The study sampled 271 physical education teachers ($n_{\text{♀}} = 137$ and $n_{\text{♂}} = 134$) aged between 23 and 62 years ($M = 38.97$, $SD = 9.33$). The respondents were surveyed with the Generalized Self-Efficacy Scale by Schwarzer and Jerusalem in the Polish adaptation by Juczynski, Health Behaviour Inventory by Juczynski and the Multidimensional Body-Self Relations Questionnaire by Cash. The findings showed that the use of Indicator Variables in Regression revealed that GSES exerts stronger effect on health-seeking behaviours in men than in women. Furthermore, it did not confirm a crucial role of self-efficacy in undertaking physical activity and Health Practices.

Grøtan, Sund and Bjerkeset (2019), examined the associations of mental distress with academic self-efficacy and study progress. A secondary aimed was to examine mental health help seeking for students with mental distress. Data was derived from the Norwegian Students' health and welfare survey 2014 (SHOT2014) which is the first major survey comprising questions of mental health, academic self-efficacy and psychosocial factors amongst students. The authors found that 749 (31%) of the 2430 Norwegian full-time students under the age of 35 responded to the survey. Symptoms of mental distress were measured using the Hopkins Symptom Checklist (HSCL-25) and academic self-efficacy was measured using a Norwegian version of the General

Self-Efficacy Scale (GSE) tailored to the academic setting. Demographic-, social, lifestyle, and study-related variables were included in the analyses. Logistic regression analyses were performed to assess the relationship between mental distress, academic self-efficacy, and academic performance. The result revealed that seventeen percent reported severe symptoms of psychological distress which is similar to the overall prevalence among students in Norway. Students reporting severe mental distress were four times as likely to report low academic self-efficacy and twice as likely to report delayed study progress compared to students reporting few or moderate symptoms of mental distress. 27% of those reporting severe mental distress had sought professional help whereas 31% had considered seeking help. The study showed that there was a strong association between symptoms of mental distress, academic self-efficacy and study progress.

Purpose of the study

- To investigate whether fear of negative evaluation would correlate with health seeking behaviour among adolescents.
- To ascertain whether self-efficacy would influence health seeking behaviour among adolescents.

Hypotheses

- Fear of negative evaluation would positively and significantly correlate with health seeking behaviour among adolescents.
- Self-efficacy would significantly influence health seeking behaviour among adolescents.

Methods

Setting of the study

The study took place in three different public secondary schools located in Onitsha North Local Government Area, Anambra State, Nigeria. The three secondary schools were Dennis Memorial Grammar School, Modebe Memorial Secondary School and Regina Pacis Model.

Participants

The participants for this study were three hundred and fifty (350) adolescents' students. They were randomly drawn from Dennis Memorial Grammar School (116= students), Regina Pacis Model (118= students) and Modebe Memorial Secondary School (118= students) in Onitsha, Anambra state. They consisted of 121 (34%) males and 229 (65%) females selected from ss1 to ss3 through the use of simple random sampling such as fishbowl technique. The participants were within the ages of 12 to 20 years, with the mean age of 16.03 years, and standard deviation of 1.44 respectively.

Instruments

The participants completed the instruments described below:

Self-efficacy scale

Self-efficacy was measured with the General Self-Efficacy Scale (Jerusalem & Schwarzer, 1995). It is a 10-item psychometric scale designed to assess a person's optimistic self-beliefs to cope with a variety of difficult demands in life. Items on the scale have options that ranged from, Not at all true (1) to exactly true (4). Respondents who indicated *exactly true* to positive statements were scored 4, those who indicated not at all true scored 1. The scores were then summed and the average established. Scores above the mean indicated high self-efficacy, while scores below the mean indicated low self-efficacy. Jerusalem, et al. (1995), reported internal consistencies ranging between $\alpha = .75$ and $.90$. The present study reported a Cronbach alpha of $.79$.

Fear of negative evaluation (FNE)

This 30-item scale was developed by Watson and Friend (1969) to measure social anxiety which is a clinical condition characterized by marked and persistent fear of social or performance situations in which an individual is exposed to unfamiliar people or is being evaluated and scrutinized by others. The scale was measured on a true-false response format and takes approximate ten minutes to complete. The reliability coefficients reported by Watson and Friend (1969) are: KR -20 = $.94$, one month interval test-retest = $.78$. A concurrent validity coefficient of $.63$ was obtained from Odedeji's (2004) data in Nigeria. However, the present study reported a reliability coefficient of 0.81 .

General Help Seeking Questionnaire (GHSQ)

General Help Seeking Questionnaire (GHSQ) was developed by Wilson, Deane, Ciarrochi and Rickwood (2005). The scale was designed to examine the intentions of the respondent to seek help from several sources. These sources range from informal sources (such as family and teaching staff) to professional sources such as the family doctor. The scale is in Likert response type format. The GHSQ asks participants to respond to each problem-type by rating their help-seeking intentions on a 7-point scale ranging from 1 ("extremely unlikely") to 7 ("extremely likely") for each help source option including "no one." Higher scores indicate higher intentions. GHSQ scores tended to range between 5 and 7 for informal sources, 1 and 3 for formal sources, and 6 and 7 for seeking help from no one. The reliability of GHSQ was reported by Wilson et al. (2005) in two ways: first, as a single scale that included all specific help source options for suicidal and non-suicidal problems. The authors reported a Cronbach's alpha of $.85$, test-retest reliability assessed over a three-week period of $.92$. However, the present study reported a Cronbach's alpha of $.89$ using adolescent sample.

Procedure

A consent form to carry out the research at the respective schools was obtained from the principals. The researchers also solicited the assistance of the class form teachers in order to organize the students for the study. After selection, the participants were told about the nature of study and instructed to answer the questions frankly. The questionnaires were randomly distributed to the selected participants at their break time. The participants completed and returned the questionnaire. However, out of 360 copies of the questionnaires that were randomly

distributed, 10 copies were not adequately filled due to double ticking and cancellation and were discarded. The 350 copies of the questionnaires were scored and used for the data analysis.

The sample size was determine through the use of Taro Yamani formula,

$$n = \frac{N}{1 + N(e)^2}$$

n = sample size

N = total population of the study

1 = 1 is constant

e = error limit or margin of error

$$N = \frac{1199}{1 + 1200(0.05)^2}$$

$$N = \frac{1199}{1199 \times 0.0025}$$

$$N = \frac{1200}{3.0025}$$

$$N = 400$$

Design/Statistics

A correlation design was adopted for this study. Pearson Product Moment Correlation Coefficient and independent t-test was used to analysis the data in order to test the hypotheses. SSPS version 23 was employed to manage the data.

Results

TABLE 1: Means, Standard Deviations and Correlation Coefficients

Variables	M	SD	1	2	3
Health-seeking behaviour	21.59	13.83	1		
Fear of negative evaluation	24.18	4.913	-.04	1	
Self efficacy	33.20	20.23	.25**	-.08**	1

** $p < .01$, * $p < .05$

Note: * = the test is significant at the .05 level of significance.

The results revealed that fear of negative evaluation did not positively and significantly correlate with health seeking behaviour at $r = -.04$, $p > .05$, level of significance. By implication, individuals' with fear of negative evaluation are less likely to seek mental health. Also, self-efficacy positively and significantly correlated with health seeking behaviour at $r = .25$, $p < .05$; and the co-efficient of determinant (r^2) was .06. By implication, the correlation explained 6% of the relationship between the study variables. Hence, hypothesis 1 was rejected.

TABLE 2: Mean and Standard Deviation of Self-efficacy among adolescents

	Self-efficacy levels	N	M	Std. Dev	Std. Error
Health seeking behaviour	High self-efficacy	161	26.57	28.41	1.14
	Low self-efficacy	189	21.68	15.85	1.15

There was a numerical difference in the scores of high self-efficacy ($M = 26.57$, $SD = 28.41$) and low self-efficacy ($M = 21.68$, $SD = 15.85$) on health seeking behaviour among adolescents.

Table 3: *Independent t-test of self-efficacy on health seeking behaviour*

Variable	t	Df	Sig	Mean	Std. Error	95% CI	
				Difference		Lower	Upper
Health seeking Behaviour	2.03	348	.044	4.89	2.41	.14	9.63
	1.94	241.61	.053	4.89	2.52	.07	9.85

The inspection from result above showed that self-efficacy significantly influence adolescents' health seeking behaviour at $t(348) = 2.03$, $p < .05$, level of significance. This means that adolescents with high self-efficacy are more likely to engage in health seeking behaviour than adolescents with low self-efficacy (see Table 2). Thus, hypothesis 2 was accepted.

Discussion

The primary objective of this study is to investigate whether fear of negative evaluation and self-efficacy would positively correlate with health seeking behaviour among adolescents. Following the objectives of this study two hypotheses were tested.

The first hypothesis which stated that fear of negative evaluation would positively and significantly correlate with health seeking behaviour was rejected. This means that individuals who experience fear of negative evaluation are less likely to seek mental health care than their counterparts. This finding is supported by Talat et al. (2012), who found that fear of negative evaluation was positively correlated with psychological distress (depression, anxiety and stress). Also, this finding affirms Cognitive-behavioural models of social anxiety which proposed that fear of negative evaluation may be a risk factor for social anxiety, arising from the desire to deny oneself a certain impression in order to please others.

The second hypothesis which stated that self efficacy would significantly influence health seeking behaviour among adolescents was accepted. This means that adolescents with high self-efficacy are more likely to seek mental health care than adolescents with low self-efficacy. Hence, individuals' self-efficacy is a significant factor that determines their decision making during ill health. This finding is in tandem with the study of Grøtan, et al (2019)., who found students who report severe mental distress were four times as likely to have low academic self-efficacy than their counterparts. This is in congruence with the theory of self-efficacy that proposed that individuals affect action in their lives according to their belief in their ability to achieve particular outcomes (Bandura, 1997). Self-efficacy is a cognitive process that is impacted by experience, rewards and accomplishment, encouragement, and regulation of negative thoughts and feelings (Briones et al., 2007; Devonport & Lane, 2006). Although it may

not be enough to simply believe in one's ability to achieve an outcome in order to realize success and reinforce the self-efficacy belief; one must also possess the necessary skills to achieve that outcome (Bandura, 1992). In other words, if individuals do not possess the knowledge of and faith in themselves to achieve a given result, they will invariably avoid making the effort so as not to court failure (Burgoyne et al., 2007).

Limitations

One setback of the study is the instruments used for the data collection which are self report. There is possibility that participants may be faking their responses. Hence, there should be caution in generalizing the findings of this study.

Implications

This study has implication for policy makers, educationist and individuals that are in charge of health care services and schools in Nigeria. As a matter of fact, it is clarion call to promote health seeking behaviour among Nigerian adolescents by making it a public priority. Practically, the findings of this study would aid non-government organizations to canvass for sensitization and enhance mental health campaign in Nigeria. Also, parents are urged to encourage their children to always visit their doctor, school counselor or psychologists whenever they experience any health related problems.

Recommendation

The study recommended that there should be an adequate campaign of health seeking behaviour in Nigeria. This would help to educate adolescents on the need to be proactive on health-related issues and always seek help whenever they experience any signs and symptoms. This is because early identification of symptoms could lead to timely intervention which may avert critical conditions. Also, parents and teachers should promote students self-efficacy by encouraging them to engage in a healthy behaviour.

Conclusion

This study examined fear of negative evaluation and self-efficacy as correlate of health seeking behaviour among adolescents. The two hypotheses tested in the study showed that fear of negative evaluation and self-efficacy can predetermine health seeking behaviour among adolescents in Nigeria. Although these two factors have varying correlation with health seeking, adolescents with fear of negative evaluation may experience significant emotional burden, and are reluctant to seek professional mental health care due to their anxiety. On the other hand, adolescents with low self efficacy may be at risk of initiating inappropriate health behaviour. Thus, the study concluded that fear of negative evaluation and self-efficacy are important factors that determine individuals' health seeking behaviour.

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