

Health Seeking Behaviours of University Students: A Case of Women's University in Africa, Harare, Zimbabwe

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Abstract

University students are at a pivotal stage of transitioning from adolescence to adulthood, a period in which they form lifelong habits and behaviours that have lasting effects on their health and well-being. Understanding the factors influencing health-seeking behaviour in this group is therefore critical, as it can inform targeted interventions to promote healthier lifestyles. The primary objective of this qualitative study was to gain deeper insight into the underlying reasons why university students often make poor health decisions while on campus. This qualitative study aimed to gain deeper insight into the underlying reasons why university students often make poor health decisions while on campus and to identify barriers that hinder their access to health services. The study sought to identify barriers that hinder access to health services by university students. Specifically, the study explored factors that influence university students to seek medical attention and how these challenges may they be addressed. Underpinned by the Urie Bronfenbrenner ecological systems model the study ought to understand how interconnected systems interact to shape students' health-related choices. The study adopted a narrative research design, employing focus group discussions and key informant interviews to collect data from ten (10) participants, sampled through convenience and snowball techniques. Data were analysed thematically to identify patterns and generate insights related to health-seeking behaviour. The findings revealed that, although students recognise the importance of maintaining their health, their actual health-seeking practices are constrained by several factors. These include limited knowledge and awareness of available health-care services, perceptions of illness severity, peer influence, and the pressures associated with academic demands. The study concludes that initiatives aimed at raising awareness and providing accurate information are essential for fostering informed and proactive health-seeking behaviours among students. Furthermore, it recommends comprehensive institutional health policy reviews and future research efforts to strengthen strategies that enhance student health outcomes.

Keywords: Health, health-care, health- seeking behaviours, university students

Introduction

Poor health-seeking behaviour among students remains a critical determinant of their overall well-being. Although university students, as a subgroup of youth, generally experience lower rates of morbidity, mortality, and medical service use, they often face significant, but undiagnosed health problems. These are frequently associated with risky behaviours such as unsafe sexual practices, substance use, and mental health challenges, including depression and suicidal ideation. Despite the presence of these challenges and the availability of basic health-care services, many students fail to utilise them, leading to adverse health outcomes. Notably, there is a scarcity of studies examining the health-seeking behaviour of university students, particularly in developing countries. This study therefore aims to address this gap by exploring the factors influencing health-seeking behaviour among university students. Particularly, the study sought to identify barriers that hinder access to health services for university students. The aim of this study was to identify and analyse the key determinants that affect the health-seeking behaviour among university students with the view of developing recommendations and strategies of improving their health concerns.

Background

University students represent a unique demographic group that faces distinct challenges during the transition to adulthood. This period is often marked by the pursuit of independence, academic pressures, and significant lifestyle adjustments. Research indicates that many students do not seek help for health-related concerns, influenced by factors such as limited awareness, reliance on online platforms, and inadequate access to health resources (Savage et al., 2024; Begum et al., 2024). Cooley-Stiddard (2023) highlights that issues related to mental health and sexual and reproductive health are frequently under-reported and remain unaddressed among university populations across different contexts. Supporting this, Wulifan, Guba, and Mwingyine (2022) argue that students often delay or neglect seeking help, particularly for mental health challenges such as depression and anxiety, until symptoms become severe.

A related study on the underutilisation of health resources among university students revealed that many, particularly those in health sciences, tend to rely on the internet and self-medication rather than visiting clinics (Ikwara et al., 2024). This trend is concerning given the growing prevalence of mental health challenges among young people. Students frequently cite peer influence,

uncertainty about where to seek help, long waiting times, and institutional structural barriers as reasons for avoiding formal health services. Similarly, Begum et al. (2024) found that many students prefer seeking advice from family members, as they prioritise academic responsibilities and often neglect pressures outside their studies.

In developing countries, students encounter significant barriers that negatively affect their health-seeking behaviour, leading to potentially serious health outcomes. In much of Africa, university health services are commonly underfunded and offer only limited care. For instance, Abdulganiyu (2023), reported that 35.5% of Nigerian university students identified quality service provision as a major factor motivating them to seek formal care, while many others resorted to informal care due to inaccessibility and unavailability of services.

In Zimbabwe, university students face similar challenges, shaped by a combination of personal beliefs, institutional constraints, and broader cultural and economic factors (Mutambara & Bhebe (2012). Furthermore, limited access to information about available health-care services within institutions exacerbates the problem (Filip et al., 2022). Despite the availability of effective treatment for curable sexually transmitted infections (STIs), health-seeking behaviour among young people remains significantly low. Chatarira (2018) reported that the prevalence of chlamydia and gonorrhoea among youths seeking sexual reproductive health (SRH) services in Zimbabwe stood at 16.5%, highlighting a worrying level of unawareness or neglect among students. Against this background, the present study seeks to understand the factors influencing poor health-seeking behaviours among university students.

Literature review

The reviewed literature highlights multiple factors that contribute to poor health-seeking behaviours among university students. Research consistently shows that students' decisions to seek treatment are strongly linked to their knowledge and awareness of available health-care services (Begum et al., 2024). When individuals are well-informed about health-care options, they are more likely to adopt positive health-seeking behaviours. For example, Srinath et al. (2023) found that despite the availability of cervical cancer screening programs in several tertiary institutions, uptake remained low due to limited awareness of such services. Similarly, Um et al (2025) reported that inadequate knowledge and awareness of cervical cancer screening services at a Cambodian

university resulted in under-utilisation. These findings underscore how knowledge gaps and lack of awareness negatively influence students' health-seeking behaviour.

Another factor that shapes students' health choices is their perception of illness severity. Shahaf-Oren et al. (2021) observed that students often dismiss illnesses as minor, prompting them to delay or avoid seeking professional care. Orok et al. (2024) similarly noted that students tend to forgo health services when they perceive their conditions as insignificant. Other studies reveal that students often evaluate the severity of illness in relation to its potential impact on academic performance. Many only seek health care when they believe their illness poses a threat to their studies, while less severe conditions are ignored or managed with home remedies. Inadequate institutional support and resource constraints further reinforce this tendency to neglect professional medical attention. A survey in Hungary found that fifty six percent (56.8%) of medical students visited general practitioner, showing a trend of reluctance to seek formal healthcare (Umami, 2023).

Academic pressure is another critical barrier to health-seeking behaviour. Heavy academic workloads often discourage students from making time to visit health-care facilities, leading to worsening health conditions. Studies show that students under intense academic stress prioritise coursework marks over their well-being, frequently neglecting symptoms until they become severe. Doblytė (2020), also emphasise that academic pressures not only delay care-seeking, but can also drive students toward maladaptive coping mechanisms, ultimately undermining their health.

Peer influence equally plays a significant role in shaping health decisions among university students. Muraleetharan and Brault (2023), highlight that peers often act as informal sources of health information, particularly in the absence of professional guidance. Through this socialisation process, students frequently rely on peer advice when making health-related decisions. Similarly, Sanders and Crozier (2018), argue that peer norms strongly influence students' choices, with health-seeking behaviours often aligning with the attitudes and practices of their social circles.

Methodology

The research was conducted at Women's University in Africa, Manresa campus, Harare. The place was chosen for the study because it draws students from diverse economic, cultural and

geographical location. This study location enhances the capture of data from diverse population thereby maximising credibility and transferability. There is a psycho-social support clinic at the school premises this informed the choice of the research site since there is a clinic nearby where students can access formal health-care.

The study employed qualitative approach to gather the data. The qualitative approach helps to understand the narrative data on health seeking behaviour among university students (Alston, 2020). The study included seven (7) students from all faculties with students who are in level two and 4.1 because they were already immersed into university life and have an appreciation of the health resources at the campus. However, level 1 students were not included because they were likely to have poor knowledge about health services. The study excluded students in Levels 3 and 4.2 due to accessibility challenges. Those in Level 3 were on industrial attachment while Level 4.2 students faced heightened academic pressure. Convenience and snowball sampling techniques were used to recruit participants. This resulted in a total of ten individuals, including both administrative staff and students, who took part in the study. Snowballing sampling was adopted to sample the students whilst convenience sampling was used for the key informants.

The study employed focus group discussions to explore the personal, interpersonal and other determinants that affect the health seeking tendencies of varsity students. One focus group discussion was conducted with five (5) female and two (2) male students. The choice of participants reflects the university policy which advocates for a gender-based enrolment ratio of 85% female to 15% male students. Nevertheless, the number of participants in the study presents several limitations that may affect the research's validity, generalisability and reliability. First, the number of students who participated in the study was seven (7), which is relatively small compared to the recommended range for qualitative studies. Second, the gender imbalance among the study participants, influenced by the university's official enrolment policy, posed a limitation to the generalisability of the findings. In addition, a total of three key informants were conveniently selected to participate in this study.

In this study, the narrative design provided perspectives into the students' backgrounds that affected their overall health-seeking behaviours. According to Silverio (2022), sensitive topics such as sexual and mental health require a narrative design because it allows participants to reflect

on their healthcare journey. Therefore, a narrative design was critical in this study to uncover hidden issues, particularly where stigma and social norms impede students from seeking healthcare assistance. The selection of a total of ten (10) participants for this study was guided by the principles of data saturation; hence, after interviewing 7 students in one focus group, the researchers noted that similar data was being generated, and the interview was therefore deemed exhaustive. In addition, after interviewing three experts in the field under study the researchers also observed that similar responses were being generated, which guided the choice of three key informants.

Data were presented using tables and verbatim narrative quotes. The study employed thematic analysis, which involved identifying key themes within the qualitative data collected. Following the six-step process of data analysis, the information was systematically organised into themes. The findings revealed several emerging themes, including lack of knowledge and awareness of available health services, peer influence, perceived severity of illness and pressure from academics. Throughout the research process, ethical considerations were strictly observed to ensure that participants’ integrity and autonomy were respected. Ethical clearance letters were obtained from the Women’s University management offices. The study participants signed consent forms which were clearly written down and interpreted before they participated in the study.

Results

Table 1: Demographic characteristics of the study participants

Participant Identity (ID)	Age	Gender	Faculty	Level of Study	Number of times one visited a clinic
P1	19	Female	Management and entrepreneurial sciences	2.2	Never
P2	22	Female	Social Sciences	4.1	4
P3	21	Male	Social Sciences	2.2	Never
P4	19	Female	Social Sciences	2.2	1
P5	19	Female	Agricultural, environmental and health sciences	4.1	2
P6	23	Male	Management and entrepreneurial sciences	2.2	Never
P7	18	Female	Social Sciences	2.1	Never

Table 1 depicts biographical information of the study participants. The researchers conducted a focus group discussion with seven (7) students, that is, five (5) female and two (2) male students. The choice of participants was a representation of the university policy which advocates for 85% enrolment of female students whilst males occupy 15% of the enrolment. The age of the participants ranged from 19-23 years. This marks the critical transition stage from adolescent to adulthood where the majority of the youths tend experiment with their decision making choices. All the faculties were represented with undergraduate students. However, the study drew more participants from the Faculty of Gender and Transformational Sciences, which is the university’s biggest faculty in-terms of enrolment. The demographic data from the focus group discussions shows the differences in number of times males seek healthcare compared to their female counterparts. The data shows that males are unlikely to seek health assistance compared to females. The findings also revealed that students from the Faculty of Social Sciences visit the healthcare more than any other faculties.

Table 2: Demographic profile of key informants

Participant Code	Gender	Position	Years of Experience
K1	Male	SRC Representative	2
K2	Female	Campus health practitioner	9
K3	Female	Student Affairs Representative	10

The above table shows the demographic characteristics of key informants who were interviewed as experts in the area of study. The key informants were conveniently sampled based on their availability and experience directly working with students. The SRC member has insights into youth-led activities and is expected to have first-hand information of students concerns. This information includes challenges apropos the provision health resources, which are important in understanding factors that affects health-seeking behaviour of students. Similarly, the Students Affairs representative was selected as a key informant figure in the study since the participant had a decade of experience in the department, and was therefore was expected to understand the trends in the student health behaviours. The campus health practitioner was also significant informant with 9 years of experience on the job. It was anticipated that the health practitioner had a deeper understanding of students’ health behaviours and engaged directly with the students thereby identifying their trends in seeking health-care.

The contribution from study participants revealed several factors that influence university students develop poor health-seeking behaviour. Some of the factors that were highlighted include the knowledge and awareness of healthcare services, perceived severity of the illness, peer influence, pressure from academics and bureaucratic processes. These are discussed in detail below.

Knowledge and awareness of healthcare services

Participants professed ignorance on the existence of healthcare services offered by the university. Although the participants indicated that they were aware of the health centre, they indicated that they made little efforts to understand the types of services being offered there. Precisely, P7 expressed a lack of clarity about the services offered by the university clinic. The participant was quoted saying,

Yes I know that there is a clinic here; but, honestly, I don't really know what they do there. *Pamwe pachu* you only see them during examination time when they attend to the students *vanenge vafenda* during the examination..[sometimes you can only see them during examination time when they attend to the students who would have fainted during the examination.] I haven't visited the clinic since enrolment.

P1 shared the same sentiments that proved that there is a lack of information about the existing health services on the campus:

To me, this is my second year and I have never put my foot on the clinic's entrance. It's pointless to seek services that you don't even know they exist. The university should have made more efforts to ensure that students are aware of the services offered there.

However, key informants noted that, while efforts were being made to raise awareness about the services available on campus, student response had remained minimal. They further highlighted a lack of active engagement from students, many of whom tend to disregard these initiatives, resulting in low turnout. As Key Informant K2 stated:

We have posters that show the available resources at our clinic, but the students often ignore them or do not take them seriously. Our doors are open to every student who may want to inquire about the services provided, but the overall turnout of the students who visit the clinic is very low taking cognisance of the total number of students on the campus.

However, K1 delved into the discussion with a different perception, indicating a lack of efforts in raising awareness on the healthcare services. K1 was quoted saying:

The institutional efforts, when it comes to raising health awareness is very concerning. Normally, the students are the ones who often and regularly take the lead in disseminating information on health. Just take, for example, we haven't witnessed a health fair campaign that was solely organised by the administration, but mostly by peer educators alone.

The findings highlight a significant gap in students' knowledge and awareness of the health-care services provided by the institution. It was evident that the collaboration between students, clinic staff, and the student affairs department is largely ineffective in promoting awareness of available health resources.

Perceived severity of illness

Students' health-seeking responses were largely influenced by their perception of illness severity. During discussions, many participants indicated that they often ignore symptoms until their condition worsens, frequently resorting to self-medication. This reflects a tendency toward self-reliance rather than promptly seeking professional medical assistance. Participants also reported that financial constraints play a significant role, with many only visiting health centres when symptoms become severe. For less serious conditions, their initial response was to self-medicate, often relying on home remedies. As Participant P5 explained:

Let's say I am suffering from the cold or flu; and, sometimes I might not have the money; I can just drink warm water, and sleep. If it's serious maybe I can then go to the clinic.

P2 corroborated with the previous participant and said:

If the illness is manageable there is no need for me to visit the clinic. It's not a nice place to visit over petty symptoms.

Key informants supported the study participants and hinted that students only sought healthcare attention if they were sure that the illness was or might be severe. The informant also mentioned that online health sources were the students' first point of visit before the campus health centre.

K3 had this to say:

You will hear some students saying google has everything. If Google says it's not deadly, then they just relax and never get worried.

The above sentiments have shown that students often self-diagnosed and their behaviour to health was largely influenced by perceived severity of the illness. Participants also indicated that the advancements in technology through digital health resources has improved the accessibility of health information thereby limiting frequent physical visits to the healthcare facilities.

Influence of peers

Health-seeking behaviour among the students seemed to be significantly shaped by the people around them or their peers. The participants showed that the decision to seek professional healthcare was often not based solely on personal symptoms or medical knowledge, but largely influenced by the opinion of peers. Participant P3 indicated that, as long as the peer expressed confidence that the illness was not severe, then there was no need to seek professional healthcare.

As long boys *dzikati comrade musatye hapana nyaya apa munopora muri padenm* just be strong, then everything will be sorted. But *ukanzwa vakomana vakuti haaaa mudhara pakuda chipatara apa* then from there that's when I seek professional healthcare. [Once the boys assure me that I will be okay while at home and to be strong, then everything will be sorted. However, if you hear them saying that there is an urgent need for professional healthcare, that's when I usually got for professional assistance.]

P4 added on what P3 shared, indicating that their peers played significant role in shaping their health seeking behaviour.

Sometimes if the illness is flu of fever, friends will just give you home remedies of boiled guava leaves and advise you not to be a victim of a mere flu.

The key informant also acknowledged the impact of peers on an individual. K1 2 said:

We have noted that friends are the first point of contact if one is not feeling well. Friends often play the role of informal doctors as they share home remedies, pills, or home diagnosis. However, it's not always the case that peers advise their friends against seeking professional medical help. We have witnessed many cases where a student is brought by friends to the clinic for earlier health intervention.

The influence of peers in assessing and advising on health issues can often delay students from accessing professional healthcare timely. The verbatim responses reveal that peers can either hinder or facilitate timely health-seeking behaviour, reflecting the ecological systems theory,

which highlights the role of the microsystem in shaping individual behaviour. These findings are consistent with reviewed literature. Rickwood et al. (2015), for example, observed that peers significantly influence young people's health decisions, with peer advice frequently substituting professional medical guidance. Consequently, even when symptoms are severe, reliance on informal peer diagnoses can exacerbate health problems rather than prompt timely intervention.

Pressure from academics

The increased academic pressure often forces the students to concentrate much on school work alone causing significant harm on their mental health, starting early and worsening over time. This minimises their frequent visit to healthcare facilities. P7 had this to say:

Sometimes I end up isolating myself due to academic stress and the fear of supplementing some courses.

The above sentiments were also confirmed by Participant 2 who highlighted that:

When I visit the campus, I am mostly concerned with fulfilling the demands of my courses, especially as a result of the modularisation learning systems. Everything now happens fast in the class room, leaving me with little time to visit a doctor.

Furthermore, P6 was in agreement with the other participants and said:

Due to academic pressure, I sometimes fail to visit the clinic just for routine checking up, despite that I know its significance.

Similarly, key informants shared similar contribution in relation to academic pressures affecting the rate at which students visit the clinic. KI 1 said:

Many students are suffering silently, and cannot visit the clinic due to pressure from their courses. I think there is a need to raise awareness among the students on the importance of health, particularly mental health.

In support, KI 3 indicated that:

Students often prioritise their academics more than their health. As a result, they do not visit the clinic, even for general consultations.

The contributions from the students and the key informant reveal that academic pressure, if not managed well, can lead to stress and depression affecting the mental health of the students.

Discussion

This study explored the factors influencing university students' health-seeking behaviours on campus. The findings revealed that inadequate knowledge and awareness of available health-care services, perceived severity of illness, peer influence, and academic pressure are key determinants of students' health-seeking behaviour. These results are consistent with existing literature on the challenges associated with poor health-seeking practices among university students. The findings answer the study's main research question, which mainly sought to unravel the factors that influence college students seeking medical assistance.

The study findings established that limited knowledge and awareness of available health-care services significantly contributed to negative health-seeking behaviours. A lack of exposure to information regarding existing health services impeded students' ability to exercise their health rights. Scholars such as Aranha (2022), Begum et al. (2024), Savage et al. (2024), and Wulifan et al. (2022) note that students who are informed about available services are more likely to engage in positive health-seeking behaviours. For example, Petersen et al. (2022) highlighted that awareness of services, such as cervical cancer screening programmes, remains low among university students, thereby limiting their utilisation of these critical resources. These findings also align with Um et al. (2025), who reported that the underutilisation of cervical cancer screening services in Cambodia was largely due to a lack of awareness among university students aged 20 to 26 years. Collectively, these insights suggest that gaps in the dissemination of accurate health information can negatively influence students' health-seeking behaviour.

Another factor influencing students' health-seeking behaviour was their perception of illness severity. The findings suggest that students often perceive illnesses as minor, prompting delays in seeking professional care similarly reported that students frequently fail to seek care because they underestimate the seriousness of their symptoms (Shahaf-Oren et al., 2021). This observation aligns with the concept of perceived severity in the health belief model, which posits that recognition of the seriousness of an illness is a key trigger for seeking care. Waman et al. (2023) also found that underestimation of illness severity often leads to self-medication, misuse of drugs, and negative outcomes such as side effects or treatment failure. Similar findings were also reported

by Shahaf-Oren et al. (2021) who found that students had not sought medical attention because they perceived their condition as trivial. Therefore, the rampant self-diagnosis that was becoming frequent was posing a danger to the students themselves. A survey in Hungary found that fifty six percent (56.8%) of medical students visited a medical general practitioner, showing a trend of reluctance to seek formal healthcare.

Peer influence was also identified as a significant factor affecting health-seeking behaviour. The opinions and guidance of peers can strongly shape students' decisions regarding health care, especially in the absence of professional support. Tan and Chua (2021) note that adolescents and young adults are likely to be guided by the approval and advice of their peers, who often act as informal sources of health information. Similarly, Eritsyan et al. (2021) observed that students' decisions to seek care are frequently shaped by prevailing peer norms. These findings underscore the role of socialisation in either promoting or obstructing healthy health-seeking behaviours.

Academic demands further exacerbated poor health-seeking behaviours, as students often prioritised coursework over their overall well-being. This focus on academics could contribute to mental health challenges, which may have long-term consequences. Eisenberg et al. (2009), emphasise that shifts in mental health trends among students are concerning given their vulnerability to the lasting effects of psychological stress. Turner and Keller (2015) further note that excessive parental or institutional academic expectations can increase anxiety, undermining both health and learning outcomes.

Overall, the study highlighted multiple interrelated factors that shape university students' health-seeking behaviours. These factors include knowledge gaps, perceived severity of illness, peer influence, and academic pressure collectively. Addressing these factors through targeted awareness programmes, accessible services, and supportive academic policies is essential to improving student health outcomes.

Implications

The study provides insights into the institutional and systemic factors that influence university students to develop negative health-seeking behaviours. Understanding such factors could help social workers, health practitioners, university administration and university students to have a clear understanding of the causal factors and understand clear measures that are needed to be put

in place to solve this problem. Social workers can develop peer led workshops and de-bunk myths and misconceptions about self-medication and share accurate information by lobbying for online health platforms that provide accurate information to students. The results of this study are significant to social workers and other ancillary professionals as it challenges them to engage structures and institutions to address health-seeking behaviours of university students. This is because some of the causal factors are solely within these structures and institutions. In-terms of awareness, the study recommends that universities in resource limited environments, such as Zimbabwe, should consider using different social media platforms to make the available health-care services known to students. This study therefore recommends that universities, most particularly those in resource stricken areas, should channel their priorities towards creating robust online platforms where students can easily access health-care information over their phones. The study further recommends that future studies should concentrate on the accessibility of support systems to curb mental health issues among university students.

Conclusion

University students often display negative health-seeking behaviours, which are largely shaped by multiple factors. This study identified key influences including limited knowledge and awareness of available health-care services, perceptions of illness severity, academic pressures, and peer influence. To improve students' health-seeking behaviours, the study recommends the establishment of stronger institutional support systems and the use of online platforms to disseminate accurate health-care information. Such initiatives could help dispel myths, address misconceptions, and promote greater utilisation of health services in university settings.

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