STRESS LEVELS, HEALTH SEEKING BEHAVIORS AND ACADEMIC PERFORMANCE OF UNIVERSITY STUDENTS. A CASE STUDY OF KAMPALA INTERNATIONAL UNIVERSITY (KIU), UGANDA.

BY
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A THESIS SUBMITTED TO THE COLLEGE OF HUMANITIES AND SOCIAL SCIENCES (CHSS) IN PARTIAL FULFILLMENT OF THEREQUIREMENT FOR THE AWARD OF DEGREE OF MASTERS OF ARTS IN COUNSELING PSYCHOLOGY OF KAMPALA INTERNATIONAL UNIVERSITY (KIU)

May, 2018
DECLARATION

This thesis is my original work and has never been presented for a degree in this university or other institutions of higher learning.

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APPROVAL

I affirm that the work presented in this thesis was carried out by the Candidate under my supervision.

Name of Supervisor

PROF. EDWARD BANTU

Signature: ____________________________

Date: __________/_________/___________
DEDICATION

I owe this project to my beloved and virtuous parents, Alhaji Ibrahim Al i Garga and Hajia Hauwa Mohammad Sani, they served as the vehicle that brought me into the world. My dearest’s’ mothers Hajia Hauwa (Mama kulu), Hajia Salamatu (Anty), Hajia Fatima (Anty Iya) for their moral upbringing and support and to my late grand mum Hajia Salamatu Kande, who laid the foundation of my education may her soul rest in peace. AMEEN.

This work is also dedicated to my entire family members and my wife Aisha Mustapha. May Allah bestow on us his blessings and mercies as they stood by me throughout my stay in the university and before. AMEEN.
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Statistical Package of Social Sciences (SPSS)
United Arab Emirates (UAE)
World Health Organization (WHO)

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ABSTRACT
The purpose of this study was to establish the relationship between stress levels, health seeking behaviors and academic performance among students of Kampala International University (KIU) Kampala, Uganda. The study was guided by three stated objectives: To determine the relationship between stress levels and academic performance among students; To examine the difference between the levels of stress experienced among male and female students; To establish relationship between health seeking behaviors and academic performance among students. The study used descriptive correlational and case study research design with quantitative approach. The population of the study was 10923 students ‘population. Slovene’s formula for selection of the sample size was used. The drawn sample size was 386. Data was analyzed in SPSS version 22.0. The findings of the study revealed that there is significance negative relationship between stress levels and academic performance. Findings also revealed that there is no significance difference between the stress levels experienced among male and female students. The study found that there is a significant negative relationship between health seeking behaviors and academic performance. It was concluded that there is a relationship between stress levels, health seeking behaviors and academic performance. Based on the study findings, the following recommendations were made. The university management and other stakeholders (DSA and DS) should ensure that students engage in adequate sports, social and recreational activities in order to cope and manage their stress levels to improve academic performance. The lecturers, as well as school authority (DAA, DVC AA and DSA) should collaboratively guide students on how to develop and improve their academic performance and ensures that the learning atmosphere is conducive for the students in order to reduce stress levels among students, there should be maintained gender balance in academic, social, recreational and sport activities in the university. It was also recommended that university management (DAA, DVC AA and DSA) and lecturers should encourage students to engage in proper health seeking behaviors in order to promote their health, cope with stress and in turn achieve good academic performance.
CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter presents the background, problem statement, purpose of the research, objectives, research questions, hypothesis, scope and significance of the study.

1.1 Background

1.1.1 Historical Perspective

Since the 1980s, poverty, low levels of education, poor leadership, and manufactured as well as natural disasters are recognized factors in health development that cause stress and suicide (Weinstein & Laverghetta, 2009). This recognition enhanced by the HIV/AIDS pandemic, substance abuse, especially among young people, and the many diseases and disabilities closely connected to the problems in question.

Globally, the incidences of stress and stress-related illnesses such as anxiety and depression among students have increased and received significant attention in literature (Althubaiti, 2015). Academic stress, among college students in particular, has been a topic of interest for many years (Manjual, 2016). Indeed, there is evidence that undergraduate students face unique academic challenges that render them more vulnerable to stress and anxiety (Samaha, 2016). First year university students are particularly prone to stress due to the transitional nature of college life (Elzubeir, 2017).

In addition to academic requirements, relations with faculty members and time pressures are yet further sources of stress (Schneiderman, 2005). On top of all, tests, grades, competition, time demands, professional class environment, and concern about future careers were found to be major source of academic stress. Consequently, these stressors go on undetected thereby affecting students psychologically in relationships, job performance and general activity in later life (Sanchez, et. al 2016).
In Uganda the nature of traumatic stress ranges from natural events including road traffic accidents, industrial accidents, domestic accidents, floods, landslides and occasional earth tremors to manmade traumatic events such as orchestrated domestic violence, child abuse and neglect, and organized violence and war, the most recent of which took place from 1986 to 2009. In recent times, there has been an upsurge of child abductions for human sacrifice in Uganda, and this has been extremely traumatizing to affected families and relatives. Thus, leaving families in Uganda faced with physical and psychological stress (Bardin, 2017).

In the school years, a significantly increased suicide rate among students in Uganda raised alarm bells to the public (Uganda WHO, 2016). High levels of stress among Ugandan students were believed to be one of the main causes of these suicide incidents (Uganda WHO, 2016). More recently, however, it has been argued that external circumstances do not have any intrinsic capacity to produce stress, but instead their effect is mediated by the individual's perceptions, capacities, and understanding (Gibbons, 2017).

Subsequent studies of stress in humans by Richard Rahe and others established the view that distinct, measureable life stressors cause stress, and further, that these life stressors can be ranked by the median degree of stress they produce (leading to The Holmes and Rahe Stress Scale). Thus, stress was traditionally conceptualized to be a result of external insults beyond the control of those experiencing the stress (Richard et. al, 2017).

The research done by Richard et. al, (2017) is in congruent with that of Agieb & washi (2017) which state that through self-help initiatives and income-generating activities in particular, communities are contributing to the construction of health facilities, improved food production and nutrition, protection of water sources/building of potable water systems and related developments which has helped in the physical and psychological wellbeing of people thereby reducing stress and suicide among individuals (Washi & Agieb 2017).

In some countries, policies and laws that facilitate prevention of disease and adoption of healthy lifestyles are in place. Legislation on tobacco and alcohol, and policies for youth-friendly services are examples of this. Integrated adolescent health programs planned and implemented with the participation of the health and other sectors. Non-government organizations (NGOs) and communities themselves are driving this second strategy, which
emphasizes the process of enabling people to take control over their health through partnerships, networks, alliances and multicultural collaboration (African Medical and Research Foundation, 2017).

1.1.2 Theoretical Perspective

This study was guided by General Adaptation Syndrome (GAS) theory of stress management by Hans Selye. Hans Selye (1907-1982) was a Hungarian endocrinologist, first to give a scientific explanation for biological stress. Hans Selye explained his stress model based on physiology and psychobiology as General Adaptation Syndrome (GAS). His model states that an event that threatens an organism’s well-being (a stressor) leads to a three-stage bodily response: Stage 1: Alarm, Stage 2: Resistance Stage 3: Exhaustion.

He explained about hypothalamic-pituitary-adrenal axis (HPA axis) system that prepares the body to cope with stress. Selye also explained about a local adaptation syndrome, which refers to the inflammatory response, and repair processes occur at the local site of tissue injury as in small, topical injuries, such as contact dermatitis, which may lead to GAS if the local injury is severe enough.

Hans Selye's theory profoundly influenced the scientific study of stress. To Selye, Stress is a state produced by a change in the environment and the nature of the stressor is variable, the individual appraises and copes with the stress, to reach the goal of adaptation, the process is coping with the stress achieved through a compensatory process with physiological and psychological components. This theory was used by psychologists, psychiatrists, physicians to explain stress problems and therefore, recommended that the theory be upheld due to its significance relation to the study that concern stress levels and health seeking behaviors.

This study was also guided by Health Belief Model (HBM) theory of health seeking behaviors by Rosenstock (1974). The Health Belief Model (HBM) is a psychological health behavior change model, which was developed to explain and predict health-related behaviors, particularly as it relates to participating in health services. The health belief model was developed in the 1950s by social psychologist Rosenstock (1974) at the U.S. Public Health Service to understand the widespread failure of a screening program for tuberculosis.
Rosenstock (1974) stated that more recently, the model has applied to understand patients’ responses to symptoms of disease, compliance with medical regimens, lifestyles behaviors, and behaviors related to chronic diseases. There has been emerging evidence about the role of self-efficacy in decision-making and behavior.

Romano & Scott, (2014) stated that the focus is on the individuals’ motivation and self-identifying perceived susceptibility, perceived seriousness, perceived benefits of taking action, barriers to taking action, and cues to action. The Health Belief Model (HBM) can provide guidelines for program development, allowing planners to understand and address reasons for non-compliance. The Health Belief Model (HBM) addresses four major components for compliance with recommended health actions: Perceived barriers of recommended health, perceived benefits of recommended health action, Perceived susceptibility of the disease, and Perceived severity of the disease.

Modifying factors that can affect behavior compliance include media, health professionals, personal relationships, incentives, and self-efficacy of recommended health action (Bandura, 2004). The Health Belief Model (HBM) provided a basis for the development of future health seeking models and the examination of the factors that influence health behaviors. This theory was used by Dona, (2016) to explain health behaviors and therefore, recommended that the theory be upheld due to its significance relation to the study that concern health-seeking behaviors.

1.1.3 Conceptual Perspectives

The independent variables (IV’s) in this study are stress levels and health seeking behaviors. Hans Selye, as it is currently used coined the term “stress”, in 1936, who defined it as “the non-specific response of the body to any demand for change” Selye defines stress levels as the intensity of stress among individuals, these levels include; acute stress (low level), Eustress (moderate level), episodic acute stress (high level) and chronic stress (very high level). However, for the purpose of this study, acute stress (low level), Eustress (moderate level), episodic acute stress (high level) and chronic stress (very high level) are our interest (lehrer et al. 2007). Stress levels is therefore defined as the amount of stress experienced by individuals.
According to the Ottawa Charter, (2015) ‘Health seeking’ is a health strategy that aims to incorporate skills and community development and to create supportive environments for health, endeavors to build healthy public policy and looks at re-orienting health services. According to Farlex Medical Dictionary (2012), health-seeking behavior is an action taken by a person to maintain, attain or regain good health and to prevent illness. These include medication, physical exercise, eating balanced diet/nutrition and protection. Health seeking behavior is therefore defined as the act of maintaining good health and preventing illnesses.

The dependent variable (DV) in this study is academic performance, according to Goldfinch and Hughes, (2013) The academic performance of university students currently is explained in terms of success or failure of course units, number of courses failed or passed (Goldfinch & Hughes, 2013), and the quality of the grades obtained in terms of the Grade Point Average (GPA) or Cumulative Grade Point Average (CGPA) which include; below average, average and above average (Bernold, Spurlin, & Anson, 2013). Academic performance is therefore defined as the total amount of scores earned by student which can be average, below average and above average.

1.1.4 Contextual Perspective
In Kampala international university, the academic environment, high expectations, information overload, academic pressure, financial incapability, and high competitiveness are some of the common sources of stress that create tension, fear, and anxiety in students and affect their health and academic performance (KIU prospectus 2017).

More so, despite the effort made by the institution, Kampala international university (KIU) in providing extracurricular activities like sport competition and excursion to help in stress management, students still suffer from stress. All these phenomena prompted the researcher’s curiosity to conduct a study in this location/area in order to determine the stress levels, health seeking behaviors and academic performance among student of Kampala International University, main campus Kampala, Uganda.
1.2. Statement of the problem

Ideally, students should have eustress which was defined by Selye as the positive healthy stress that improves performance but studies around the globe have emphasized that university student’s experience high level of stress (Manjual, 2016). Tests, grades, competition, time demands, professional class environment, and concern about future careers were found to be major source of academic stress which affects academic performance (Sanchez, et al. 2016). In Uganda Academic stress is a major problem for students and institutions. Stress cause burnout, ill-health, high workforce turnover, absenteeism, lowered morale and reduced efficiency and performance (Sutherland & Cooper, 2017).

In Kampala International University, Uganda record from the school clinic between year 2015 to 2017 shows that, on a daily basis average of 50 students visit the campus clinic for both impaired physical and psychological wellbeing (both hedonic and eudemonic wellbeing), as a result of health issues they are suffering from. Despite the effort made by the university in providing social, sport and recreational activities it seems stress persists among students. Stress among these students can go undetected thereby affecting them psychologically in relationships, academic performance, job performance and activities in general in their later life. All these prompted the researcher’s curiosity to conduct the study on students in KIU.

1.3 Purpose of the study

The purpose of this study was to establish the relationship between stress levels, health seeking behaviors and academic performance among students of Kampala International University (KIU) Kampala, Uganda.

1.4 Objectives of the study

1. To determine the relationship between stress levels and academic performance among students of Kampala international university (KIU).
2. To examine the difference between the levels of stress experienced among male and female students of Kampala international university (KIU).
3. To establish the relationship between health seeking behaviors and academic performance among students of Kampala international university (KIU).
1. 5 Research Questions

1. What is the relationship between stress levels and academic performance among students of Kampala international university (KIU)?
2. What is the difference between the level of stress experienced among male and female students in Kampala international university (KIU)?
3. What is the relationship between health seeking behaviors and academic performance among students of Kampala international university (KIU)?

1.6 Research Hypotheses

This study will test a null hypothesis (H0)

1. There is no statistical significant relationship that exists between stress levels and academic performance among students of Kampala International University (KIU).
2. There is no statistical difference that exists between level of stress experienced among male and female students of Kampala International University (KIU).
3. There is no statistical significant relationship that exists between health seeking behaviors and academic performance among students of Kampala international university (KIU).

1.7 Scope of the study

1.7.1 Geographical scope
Kampala international university (KIU) is a private multipurpose University in Uganda founded in 2001; it received its university charter in March 2009 (Karoro, 2009). KIU has its main campus at Kansanga, a location in Makindye Division in the southeastern part of Kampala, Uganda's capital and largest city. The campus is approximately 7 kilometers (4.3 mi) southeast of Kampala's central business district, along the road to Ggaba. The coordinates of the campus are 0°17'41.0"N, 32°36'13.0"E (Latitude: 0.294722; Longitude: 32.603611) (Google maps, 2014).

This study was conducted from Kampala International University Kampala, Uganda; it has covered all colleges and schools in (KIU), which include: College of Education, Open and
Distance Learning, School of Computing and Information Technology, Directorate of Higher Degrees and Research, School of Professional Studies, School of Law, school of natural and applied science, College of Economics and Management, School of Engineering Sciences, and College of Humanities and social sciences. The study covered all colleges in Kampala International University (KIU) to have greater representation of the entire population.

1.7.2 Theoretical scope
This study adopted the theory of Hans Selye (1907- 1982) General Adaptation Syndrome (GAS), and the Health Belief Model (HBM), which was developed in the 1950s by social psychologist. Rosenstock (1974) at the U.S. Public Health Service.

1.7.3 Content scope
Here, the study limited its scope on Acute (low level), Eustress (moderate level), Episodic acute (high level) and Chronic (very high), their definitions, their impact on student, the kind of stress management used by students, its functions and influence towards assisting students. It also conceptualized the meaning of health seeking behaviors, and impacts on students’ academic performance.

1.7.4 Time scope
The study covered the period of (2) two years from 2015 to 2017. The period was considered enough to enable the researcher to acquire enough information about the study.

1.8 Significance of the study

The result of this study would be important and useful to the management of Kampala International University (KIU) at all levels, it is relevant to lecturers in lecturing and learning process, to students in their academic years and beyond, to the public and the researcher himself. **Kampala International University Management:** The result of this study would be useful to management of KIU in order to be cautious about the warning signs of stress due to workload at all levels and as well help to develop strategies on how to manage and deal with burnout and work related stress. This would in turn help to promote their health and both physical and psychological wellbeing, (Hedonic and Eudemonic wellbeing).
**Lecturers:** This study would be beneficial to lecturers in their lecturing and learning process, because it is a fact that lecturers are sufferers of work overload and job related stress, therefore this study would help provide them with a blue print on how to manage their stress and promote their physical and psychological wellbeing.

**Students:** This study would be very relevant, important and beneficial to students in both their academic struggles and beyond. Students are faced with serious challenges in academics, such as, emotional, physical, financial, social, and psychological which lead to chronic stress and retard wellbeing. However, this study would help students to know the laid down strategies to follow to manage their problems in academic years and beyond which will further help to promote their health.

**The public:** the study is of significance to both parents and the public. Stress and health issues are collective responsibilities for both parents and the public in making sure that our generation is not damage by stress and ill health. Therefore, the study would provide a clear picture on how stress management promotes health seeking behaviors and the essential knowledge and skills to promote good health seeking behaviors among our students. Finally, the study is of great importance to the researcher himself through exploring knowledge and information about how stress management promote health behaviors and also expanding the researcher’s knowledge on different stress and health promoting models applicable to different cases for effective stress management, health promoting and academic excellence.

**1.9 Operational definitions**

**Stress:** this is defined as the failure of the body to adapt to certain changes.

**Stress levels:** this is defined as the amount of stress experienced by individuals.

**Acute stress:** this is defined as the stress that often occurs on daily basis.

**Episodic acute stress:** this is defined as the type of stress that occurs from time to time it is episodic.

**Eustress:** this is defined as the positive healthy stress that can improve performance.

**Chronic stress:** this is defined as the type of stress that occur due to failure to manage series of episodic acute stress.

**Stress management:** this can be defined as the strategies and techniques to control, cope and manage stress.
**Human curve model**: this can be defined as a curve that shows how stress can lead to ill health.

**Health seeking behaviors**: this can be defined as the act of maintaining good health and preventing illnesses.

**Physical exercise**: this can be defined as the physical activity intended to improve strength and fitness.

**Drug use/ medication**: this can be defined as the use of substances to treat illness or relieve symptoms of a disease.

**Diet/nutrition**: this can be defined as the food and beverage a person consumes in order to provide nutrient to the body.

**Academic performance**: this can be defined as the total amount of scores earned by student, which can be average, below average and above average.

**Average**: this can be defined as the total exams scores earned by student, which was considered average.

**Below average**: this can be defined as the total exams scores earned by student which was considered below average.

**Above average**: this can be defined as the total exams scores earned by student which was considered above average.
CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviewed related literatures from different scholars and researchers on Stress levels, Health seeking behaviors and academic performance among students. Therefore, the chapter is sub-divided into theoretical review, conceptual framework and related literature. It also shows the gaps identified from the existing studies.

2.1 Theoretical review

In theoretical review, the researcher has consulted and reviewed the theory of General Adaptation Syndrome (GAS) by (Hans Seyle, 1956) and found out that it is more suitable for the study of stress levels. The researcher has consulted and reviewed the theory of Health Belief Model (HBM) by (Rosenstock, 1974) and found out that it is more suitable for the study of Health Seeking Behaviors.

General Adaptation Syndrome (GAS) by Hans Seyle (1956) was adopted in this study. His model states that an event that threatens an organism’s well-being (a stressor) leads to a three-stage bodily response: Stage 1: Alarm, Stage 2: Resistance and Stage 3: Exhaustion. He explained the hypothalamic-pituitary-adrenal axis (HPA axis) system that prepares the body to cope with stress. Selye also explained a local adaptation syndrome, which refers to the inflammatory response, and repair processes that occur at the local site of tissue injury as in small, topical injuries, such as contact dermatitis, which may lead to GAS if the local injury is severe enough.

Stage 1: Alarm- Upon encountering a stressor, the body reacts with “fight-or-flight” response and the sympathetic nervous system is activated, hormones such as cortisol and adrenalin are released into the bloodstream to meet the threat or danger. The body’s resources are now mobilized.

Stage 2: Resistance-Parasympathetic nervous system returns many physiological functions to normal levels while the body focuses resources against the stressor. Blood glucose levels remain high, cortisol and adrenalin continue to circulate at elevated levels, but the outward appearance of
the organism seems normal. Increased heart rate (HR), blood pressure (BP), and breathing in the body remain on ready alert.

Stage 3: Exhaustion—If a stressor continues beyond the body’s capacity, the organism exhausts the resources and becomes susceptible to disease and death.

Hans Selye's theory profoundly influenced the scientific study of stress. To selye, Stress is a state produced by a change in the environment and the nature of the stressor is variable, the individual appraises and copes with the stress, to reach the goal of adaptation, the process is coping with the stress achieved through a compensatory process with physiological and psychological components. This theory is used by psychologists, psychiatrists, and physicians to explain stress problems and it is therefore, recommended that the theory be upheld due to its significant relation to the study that concerns health-promoting behaviors. This theory is related to the study because it explains how individual reach a state of exhaustion which leads to stress.

Health Belief Model (HBM) by Rosenstock (1950) was also adopted in this study. The Health Belief Model (HBM) was developed in the 1950s by social psychologist Irwin M. Rosenstock (1974) at the U.S. Public Health Service to understand the widespread failure of a screening program for tuberculosis.

Rosenstock (1974) stated that more recently, the model has applied to understand patients’ responses to symptoms of disease, compliance with medical regimens, lifestyles behaviors, and behaviors related to chronic diseases. There has been emerging evidence about the role of self-efficacy in decision-making and behavior. The Health Belief Model (HBM) became one of the most widely recognized conceptual frameworks for creating healthy behaviors by focusing on positive behavior change at the individual level.

The Health Belief Model (HBM) is designed to assist in explaining and predicting preventative health behavior (Romano & Scott, 2014). The Health Belief Model (HBM) provides a framework to examine an individual’s health promoting behaviors. Romano & Scott, (2014) stated that the focus is on the individuals’ motivation and self-identifying perceived susceptibility, perceived seriousness, perceived benefits of taking action, barriers to taking action, and cues to action.
The Health Belief Model (HBM) can provide guidelines for program development, allowing planners to understand and address reasons for non-compliance. The Health Belief Model (HBM) addresses four major components for compliance with recommended health actions: Perceived barriers to recommended health, perceived benefits of recommended health action, Perceived susceptibility of the disease and Perceived severity of the disease.

Modifying factors that can affect behavior compliance include media, health professionals, personal relationships, incentives, and self-efficacy of recommended health action. (Bandura, 2004). One drawback of the health belief model is that it does not take into account other factors that influence health behaviors. For instance, habitual health-related behaviors (e.g., smoking) may become relatively independent of conscious health-related processes.

The Health Belief Model (HBM) provided a basis for the development of future Health Seeking Models and the examination of the factors that influence health behaviors. This theory was used by Dona, (2016) to explain health behaviors and is therefore, recommended that it be upheld due to its significant relation to the study that concern health-seeking behaviors. More so, this theory is related to the study because it explains how individual comply to health actions in order to promote health.
2.2 Conceptual framework

Conceptual framework shows how various variables in the study interact to produce results. According to Maya (2000) conceptual framework refers to, when a researcher conceptualizes the relationship between variables in the study and shows it graphically and diagrammatically. The purpose is to help the researcher quickly see the proposed relationship of concepts Magenta (1997).

**Figure 1: Conceptual Framework**

**Independent variables (IV) 1**

<table>
<thead>
<tr>
<th>STRESS LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute (low level)</td>
</tr>
<tr>
<td>Eustress (moderate level)</td>
</tr>
<tr>
<td>Episodic acute (high level)</td>
</tr>
<tr>
<td>Chronic (very high)</td>
</tr>
</tbody>
</table>

**Independent variables (IV) 2**

<table>
<thead>
<tr>
<th>HEALTH SEEKING BEHAVIORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug use (medication)</td>
</tr>
<tr>
<td>Physical exercises</td>
</tr>
<tr>
<td>Diet/nutrition</td>
</tr>
<tr>
<td>Protection</td>
</tr>
</tbody>
</table>

**Dependent variables (DV)**

<table>
<thead>
<tr>
<th>ACADEMIC PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Average</td>
</tr>
<tr>
<td>Average</td>
</tr>
<tr>
<td>Above Average</td>
</tr>
</tbody>
</table>


The conceptual framework in this study shows the factors influencing academic performance among students. The independent variable (IV1) is stress levels with the following constructs; Acute (low level), Eustress (moderate level), Episodic acute (high level) and Chronic (very
high). The independent variable (IV2) is health seeking behavior with the following constructs; drug use (medication), physical exercises, diet/nutrition and protection. While the dependent variable (DV) is academic performance with the following constructs; below average, average and above average.

In this regard, it shows that, those conditions that promote academic performance i.e. those that make student positively deal with their stress, and which result into good health with the help of stress management was our main concern.

2.3 Review of related literature.

The review of the related literature was in accordance to the objectives stated earlier in the study.

2.3.1 Stress

Stress is ‘any challenge to homoeostasis’, or to the body’s internal sense of balance. (Bansal &Bhave 2016) It can manifest itself either as eustress or as distress. Eustress, literally translated as ‘good stress’, is a positive form of stress that motivates an individual to continue working. It is when this stress is no longer tolerable and/or manageable that distress manifests. Distress, or ‘bad stress’, is the point at which the good stress becomes too much to bear or cope with. Some signals that this change has occurred are when tension begins to build, and there is no longer any fun in the challenge or there seems to be no relief or end in sight.

More so, distress is well known and may lead to poor decision-making. The general characteristics of a person in distress are being over-aroused; tense or unable to relax; touchy, easily upset or irritable; easily startled or fidgety, and demonstrating intolerance of any interruption or delay. Excessive stress results in an increased prevalence of psychological problems like depression, anxiety, substance abuse and suicide ideation. (Bansal &Bhave 2016, Arria et al, 2016)

Various studies around the globe have emphasized that students studying in medical and dental courses experience higher stress. However, according to Al-Dabalet al, (2010) there are
few studies on this topic in Uganda, especially on populations in smaller cities. Engineering students take half-yearly examinations, as compared to the annual examinations taken by medical, humanities, law and dental students. Theoretically, the higher frequency of examinations should lead to a higher prevalence of stress among engineering students. However, there are very few studies on the prevalence of stress among engineering students, especially in Uganda (Al-Dabal et al, 2010). Stress is categorized into the following:

**Acute stress (low level)**
The first type of stress is acute stress. This is the most common form of stress and normally comes from demands and pressures of the past and future (American Psychological Association, 2012). According to Sarah Mae Sincero (2012) acute stress is usually for short time and may be due to work pressure, meeting deadlines pressure or minor accidents, over exertion, increased physical activity, searching something for misplaced thing, or similar things. This kind of stress tends to be short term (American Psychological Association, 2012). Consequently, Students are bound to suffer from acute stress probably due to the kind of tedious academic activities they are engaged in. The university standards require student to score an average or above average in all the courses offered by students. This increases their stress level, and at the same time, they are likely to be faced with health, financial, emotional, interpersonal, social and psychological challenges all these factors contribute to their acute stress level (Al-Dabal et al, 2010).

**Episodic acute stress (high level)**
Episodic acute stress is a more serious form of acute stress. In this type of stress, the person feels stress on a daily basis and rarely gets relief. Unlike acute stress, where there may be one or two busy, stressful days, episodic acute stress happens on a daily basis (American Psychological Association 2012). According to Hans Seyle, (1936) people with type A personality suffers more from episodic acute stress than other personality types, probably because of their analytical and perfectionist nature, university students who possess type A personality type are exposed to this type of stress than university students who possess other types of personality (Al-Dabal et al, 2010).
Chronic stress (very high level)
According to American Psychological Association, (2012) chronic stress is the type of stress that happens month after month, year after year. This is long-term stress where people see little way out of a situation. Sometimes, chronic stress begins with traumatic experiences such as Post Traumatic Stress Disorder (PTSD) or childhood experiences. In others, chronic stress can occur in response to everyday stressors that are ignored or not managed well (American Psychological Association, 2012).

This chronic stress is due to poverty, broken or stressed families and marriages, chronic illness and successive failures in life. People suffering from this type of stress get used to it and may even not realize that they are under chronic stress. It is very harmful to their health. Chronic Stress has an impact on a student’s academic performance. According to Sarah Mae Sincero, (2012), students have many obstacles to overcome in order to achieve their optimal academic performance academic research being the main factor that gives the result about the level of chronic stress among students (Sarah Mae Sincero, 2012).

Eustress (moderate level)
Eustress can help us be ready for challenges. We tend to think of all stress as negative, but as Seyle pointed out in his early research, some types of stress can actually cause us to challenge ourselves and work at a higher level. According to Laura Schenck, (2012) in her book “Eustress vs Distress,” Eustress is very good as it gingers the body to strive positively. For example, if you want to run a marathon, at some point you may have to physically challenge yourself to keep running even when you are exhausted.

Moreover, positive stress that helps us achieve at a higher level is Eustress. It can motivate us to reach goals. For example, we may experience eustress before a job interview. This eustress can be positive if it helps us achieve success in the interview. Some people may view positive stress as negative stress and vice versa. For example, if I were told I needed to run a marathon, this would most definitely create negative stress for me. However, for others this might be an enjoyable experience, which generates eustress (Bansal &Bhave 2016, Arria et al, 2016).
The Human Function Curve, originally developed by Peter Nixon, says there are different levels of stress that we may experience and our stress level affects our level of performance. He calls any state where we are awake and reacting to stimuli, an arousal state, such as being at work. If we compare the amount of stress to our performance, our performance actually improves when we experience eustress. However, according to this model, there is a point where chronic stress can impede our performance. Looking at Figure two “The Human Function Curve”, you can see in the drone zone, for example, that our performance is low. We may be bored and not have enough positive stress for us to perform at a higher level. In the C zone, for example, we may experience eustress, which raises our performance. However, when we reach the fatigue zone, we could be experiencing chronic stress, which impedes our performance.

**Figure 2: The Human Function Curve**

Source: (Nixon, 2012)

As you can see, performance improved with a certain amount of stress, but once that stress becomes episodic or chronic our performance actually goes down (Nixon, 2012). Another important thing to remember about stress is that it varies from one person to another (Nixon, 2012). One person may feel intense acute stress when asked to give a speech in front of the class, while someone may feel eustress if asked to give the same speech. Likewise, it may take
one person much longer and more stress than another to reach the C zone of performance, depending on personality type (Sarah, 2012). According to Hans Selye, (1936) in his book “The Nature of Stress,” accessed at the International Institute of Stress, in 2012, says, when dealing with stress, finding the ideal stress level, the one that creates Eustress and gets you ready for challenges, is the goal.

2.3.2 Stress management
This study reviews report’s findings from a systematic review into stress and stress management within school using the Carson and Kuipers (2015) stress model as a framework. This research will be part of a larger study which systematically reviewed the current evidence for the effectiveness of stress management interventions for those working within the university setup. Findings relating to the other mental health professions are being reported elsewhere in a series of companion papers (Coyle, Edwards, Hannigan, Fothergill, &Burnard, in press; Edwards &Burnard, 2016; Edwards &Burnard, in press; Edwards, Hannigan, Fothergill, &Burnard, 2016; Fothergill, Edwards, &Burnard, in press). The clinical psychology section of the review was conducted with the aim of bringing together information on stress in psychologists, and updating Cushway and Tyler’s (2016) previous review of stress in UK clinical psychologists.

Academic stress is a major problem for students and institutions. Stress can cause burnout, ill-health, high workforce turnover, absenteeism, lowered morale and reduced efficiency and performance (Sutherland & Cooper, 2017). Reflecting the extent of this problem, increasing attention has been paid in recent decades to the study of stress and its consequences, and to the development of strategies aimed at the reduction of Academic stress. There are quite a number of stress management techniques which student can use to cope with stress this include: yoga, listening to music, dancing, self-monitoring techniques, social networking, resilience building, aerobics, sports, cultural, social and other recreational activities.

In an earlier summary of research investigating stress in university, Cushway & Tyler (2016) found that students in particular, university students were experiencing significant levels of distress. The ability of the individual adolescent to cope with the social and intellectual demands facing them depends upon whether or not they perceive the event as stressful and on
their coping resources and style. These in turn are linked to the individual’s self-esteem, locus of control, motivation and knowledge of problem solving techniques. In the context of protective processes at work in the classroom, work on goal orientation (Dweck, 2015; Simons, Dewitte & Lens, 2016) sheds light on students’ reactions to challenge and the underlying beliefs that govern their reactions. Therefore, this study has tried as much as possible to study the stress levels, health seeking behaviors and academic performance among students in Kampala International University (KIU).

2.3.3 Stress among students

The years of schooling at tertiary institution which span between ages of eighteen and above in most cases are very crucial in the life of the learner. These are the formative years of the learner’s personality development. Moreover, due to the challenging nature of university, students can potentially experience high levels of stress that can affect their health and academic performance (Hamaideh, 2011). Indeed, an increasing number of university students appear to be experiencing significant mental health issues (Healy, 2010); In addition, the proportion of people enrolling in university is increasing. These trends indicate that stress and mental health issues are likely to become an even more notable phenomenon amongst university students (Lane, 2010).

Learners experience many problems associated with these changes that have to be attended to by counseling services providers and medical practitioners. For instance, the learner at this stage is faced with the challenges of transition from the environment and preparation of senior secondary schools (S.S.S) to higher education. These bring about tedious workloads on the students and thereby resulting into distress. It therefore becomes imperative to study the topic of stress, to be able to understand its nature, how to help student to manage their stress effectively and comprehensively, and to promote the student’s health at this level.

2.3.4 Stress among university students

Baker (2013) noted that, university students are faced with many new interpersonal, social, and academic demands during the transition from secondary school life to university, which is stressful for many of them. The immediate challenges that students face are the decisions they
have to make about the presented career paths in addition to developing and negotiating new relationships, getting novel ideas that challenge their past-learnt views, and moving away from home (Lumley & Provenzano, 2013). Baker further noted that adjustment during the transition period is linked to the ways the students cope with that stress which affects academic motivation and performance. DeBerard, Spielmans, & Julka (2014) emphasize that the potential buffer for stress during the transition into university life is social support from friends, peers, and religious peers that provide insulation from the harmful impact of stress.

In a study by Dahlin, Joneborg, & Runeson (2015), university students indicated experiencing the highest degree of pressure from studies. Misra, Mclean (2013) pointed out that students have found the requirement to meet assessment deadlines as a major source of stress. Students report experiencing academic stress with the greatest sources of the stress coming from taking and studying for exams, grade competition, and the large amount of content to master in a small amount of time (Kohn & Frazer, 2013). Course load versus time available also cited to be a stressful factor in the academic environment (Zeidner, 2012). Studies reveal that students perceive course load to be high in their first year of study, and that the perception of course load positively correlates with exam stress (Mani, 2010).

In their study, Talib & Zai-ur-Rehman (2012, p. 129) found out that majority of the students (53%) claimed that course load is the source of their stress which in turn affected their GPA. Further students report that the prospect of having to sit for examinations is stressful because of the pressure to review all the learned material within a given period of time (Mani, 2010). Mani explains that it is not the examination itself that induces stress but the fact that the possibility of failing or passing the exam can shape the course of one’s academic career and professional life.

Besides the course load and exam preparation, there are course demands that may induce academic stress depending on the nature of the course that the student is undertaking (Bernold, Spurlin, & Anson, 2013; Kuhn, Kranz, Koo, Cossio, & Lund, 2015). Research conducted to explore factors that lead to academic related stress of medical students cite academic demands like variable hour shift for clinical rotations, sleep deprivation in addition to the curriculum overload (Kuhn, et al., 2015). Psychology students reported that stress
emanating from the supervisory process while in field placement was due to the individual differences between the trainee and the supervisor (Dodds, 2013).

Further research by Talib & Zai-ur-Rehman (2012) showed that there was a significant difference in the perceived stress between engineering students and management science students. The engineering students had a higher mean academic stress score than the management science students.

In their study on sources of stress among college students, Ross, et al. (2013) found that, daily hassles related to interpersonal relations were the most often reported source of academic stress among the college students. This was attributed to personal issues such as the individual differences in values, beliefs, situational intentions, and goal commitments that greatly influence one’s perceived stress (Davenport & Lane, 2017). Jou & Fukada (2017) confirmed this as their research findings illustrated a positive correlation between interpersonal problems and other stressors implying that the more interpersonal problems students had, the more stress they were likely to face. Personal factors recognized as a challenge that influenced their coping mechanisms and eventual levels of stress (Bang, 2013; Zeidner, 2012). When students do not have adequate personal resources like finances to deal with the stressful event, they may experience heightened distress (Bang, 2013).

Research also shows that several students deal with the pressure of finding a part-time job to meet their financial demands and create a bridge to professional life after their studies. In addition to academic hardships, the students faced with stressors arising from their part-time jobs (Ross et al., 2013). Stecker, (2015) found that nursing students who were more likely to have jobs during their academic training reported higher levels of stress than medicine, pharmacy, dentistry, and graduate students. Baldwin, Wilkinson, and Bradley (2009) emphasize that student workers experience greater stress during midterm and final examinations periods of the academic year than during any other time. This arises from absenteeism from class due to the demand to be at work. According to Robotham (2014, p. 736), 30% of working students, missed lectures and 20% failed to hand in course work on
time due to work commitments. Such an imbalance can be quite stressful and may lead to poor academic performance in the struggle to maintain job.

Poor academic performance often generates negative feedback about the students’ performance; consequently, leading to stress, anxiety, and depression (Ang & Huan, 2016). This is evidenced by the fact that students from low social economic status are more stressed by having to meet parental expectations (Zeidner, 2012). Furthermore, students were more sensitive to remarks from significant others like teachers and parents in their lives (Ang & Huan, 2016). The social expectations that male students should be superior even in academic performance presented a stressful environment for male students (Bang, 2013). In addition to that, students own academic expectations and performance found to be associated with higher levels of academic stress (Abouerie, 2013). The environment in which students live contributes to the levels of academic stress for example the cultural context and demands from their peers. The environmental demands are quite different from one student to another (Zeidner, 2012). Kuh (2013) highlighted the important characteristics of a supportive academic environment as one that provided support to students to succeed academically and socially. Such an environment enables the students to meet the non-academic demands and provides support that enhances the student’s relationship with fellow students, faculty staff, and institutional administration. The inability to be able to integrate in the academic and social environment may cause psychological distress to the students (Parker & Jones, 2013).

Ross et al. (2013) emphasized the fact that stress levels varied based on the year of study. The first year students were more prone to greater stress compared to other years of study. This resulted from the absence of a social support framework and the transitional nature of college life that requires adjustment to the new environment amidst new responsibilities and challenges. At times, the first year students are leaving home for the very first time and therefore need to adjust to the newfound freedom as well as maintain a high level of academic performance (Robotham, 2014). On the other hand, Shaikh et al. (2014, p. 346) found that senior students experienced higher levels of stress that is 95% and 98% for fourth and final year students respectively due to the academic demands like having supervised clinical rotation. Furthermore, that final year students are required to write their research dissertations that exposes them to additional stress.
In addition to stress levels varying across the year of study, Misra, et al. (2013) research findings suggest that, stress levels vary by gender of the students. Levels of academic related stress differed among male and female students with female students being more prone to more academic stress than their male counterparts (Abouserie, 2013; Bang, 2013; Misra&Mckean, 2013; Rayle& Chung, 2014). Females experienced higher levels of academic stress because of negative appraisals of the stressful event and focus on the emotional challenges in the wake of the stressful event. Male students are trained to display strength and machismo in the face of challenges right from their young age (Misra&Mckean, 2013).

However, female students performed better than the male students and had better GPAs than male students even in case of significant stress (Talib& Zia-ur-Rehman, 2012). Despite all the sources of stress in the academic environment, the future of the students depends most on high academic performance. It is estimated that 10 to 30 percent of the students’ experience academic related stress that affects their academic performance (Sinha, Sharma, & Nepal, 2011, p. 105). Academic stress is documented to have several negative effects not only to the academic performance of the students but also to their well-being. Academic stress is seen to interfere with the students’ way of life, cognitive processes, and adaptive behaviors such as class attendance (Lumley &Provenzano, 2013). Studies have shown that there is a positive association between academic stress, depression, and physical illness, which? These associations decrease with the provision of informational support (Fisher, 2011).

Other forms of coping mechanisms used by students include sports, music, hanging out with friends, sleeping, or going into isolation (Shaikh, et al., 2014). Students with higher problem-solving appraisals reported better psychosocial adjustment to university life, had lower levels of stress while studying, and better academic performance than their counterparts with lower problem solving appraisals (Baker, 2013). More specifically, male students use more active coping, positive reframing, planning, and accepting the stressor whereas female students use more emotion focused strategies like venting, self-blame, and behavioral disengagement (Davonport& Lane, 2017). The choice of coping mechanisms used is accounted for by the difference in the gender role expectations and sex role stereotypes where females are taught to focus on emotions and seek social support whereas males are trained to take outward action to deal with the stressful situations (Bang, 2013). Therefore, this study has tried as much as
possible to fill the gap by exploring the effects of stress and ill health on students’ academic performance.

2.3.5 Health seeking behavior among students

Health seeking is an important determinant of individual health status, which holds the individual responsible for his own health. Health seeking behaviors are directed toward achieving a higher level of wellness, personal fulfillment, and self-actualization (Pender, et al. 2011). According to Pender’s health seeking model; health-seeking lifestyles include six dimensions: physical activity, nutrition, stress management, health responsibility, interpersonal Support and self-actualization (Walker, et al. 2013). Health related behaviors in young age are important factors that affect the individual’s risk for non-communicable diseases and other disorders later in life (Hoyt, et al. 2012). Non-communicable diseases are the leading cause of death and disability worldwide (Asgari, et al. 2013). In addition to that, non-communicable diseases are responsible for the loss of economic output in developing countries; an estimated US$ 84 billion of economic production will be lost between 2006 and 2015 if no action is taken to reduce the risk of non-communicable diseases (Abegunde, et al. 2014).

According to Sam & Francis, (2015) it is difficult to write about health in Africa without reiterating the grim picture invariably encountered in many reports on the continent. Morbidity and mortality statistics always run to six or seven digit numbers. Every year millions of people in Africa are infected with malaria, HIV, tuberculosis (TB) and other debilitating infectious diseases (Sam & Francis, 2015). Several millions of these, particularly children, eventually succumb and die. In addition to this huge amount of human suffering and loss of life, infectious diseases impose a heavy economic burden on the already impoverished continent. Despite these bleak statistics, it should be pointed out that for about 25 years, after gaining independence in the early 1960s, many African countries made remarkable progress in many aspects of health. Infant mortality was on the decline, life expectancy was on the rise and many of the measures that experts call ‘health indicators’ were improving.

Unfortunately, since the advent of the HIV pandemic in the late 1980s, the last fifteen years have seen a major reversal in all these gains. With up to one third of the population in some
countries infected with HIV, many health systems in Africa are now teetering on the edge of collapse under the tremendous weight of demand placed on them by AIDS-associated infections. A recently developed method of calculating life expectancy that takes into account not only the number of lives lost from birth but also the number of productive years lost to disease among survivors, shows that life expectancy in Africa has dropped precipitously in the last ten years and this is almost solely due to the HIV pandemic (Sam & Francis, 2015).

University students are going through transitional period from childhood to adulthood characterized by physical, psychological, social, and sexual development. Promoting healthy behaviors during this period increase their chance to be healthy adults in the future (Hoyt, et al. 2012) Although the benefits of health promoting behaviors are well known, many studies revealed that university students have unhealthy lifestyle, such as physical inactivity, which needs further attention (Al-Kandari, et al. 2012).

The last two decades have witnessed mushrooming of universities and other higher institutions of learning in Uganda, leading to a rapid growth in student population. However, in spite of this growth, health, sexual and reproductive health services are not delivered in any planned and organized way. Studies outside Uganda have indicated that young people especially in universities and colleges are at a higher risk of acquiring sexually transmitted infections (STIs) including HIV because they are inclined to be engaged in risky sexual behavior (Mengistu, et al. 2013). Studies have found that the highest group infected with HIV is the age group of 15 to 24 years where most of the university students fall (UNICEF, 2002). These findings point to a need for investigation of health seeking among students in universities as a matter of priority. This study has tried to analyze how stress levels and health seeking behavior can affect students’ academic performance.

2.3.6 Causes of poor health among students
Physical inactivity and obesity are leading risk factors for global mortality (Swinburn, et al. 2011) The increase in the global obesity epidemic during the past few decades is substantial. However, there are wide variations in obesity prevalence across countries and populations due to socioeconomic, cultural and transport differences in national and local environments (Swinburn, et al. 2011). Industrial countries have witnessed significant technological
advancement and automation during the first half of the 20th century. This paralleled by decreases in food energy supply that helped in preserving low obesity prevalence.

However, in the 1970s–1980s, an energy balance turning point seems to have occurred in many high-income countries (Sassi, et al. 2011) followed by a number of middle-income and low income countries that have joined the global surge in obesity prevalence in adults and children (Finucane, et al. 2011 & Lobstein, et al. 2013). It appears that the most obvious environmental precondition for a population to develop obesity is sufficient wealth and economic prosperity (Lobstein & Leach, 2013). Since the discovery of oil in the Arabian Gulf region in the 1960s, the Gulf Cooperation Council (GCC) countries that comprise Bahrain, Kuwait, Qatar, Oman, Saudi Arabia and the United Arab Emirates (UAE) have experienced continued growth in population, per capita income and wealth. The UAE and Qatar in particular have grown the fastest in terms of population, per capita income and wealth (Alikhani, et al. 2011).

With this growth, the Qatari population has witnessed significant lifestyle changes due to rapid urbanization, the dominance of personal transport, the introduction of labor-saving devices, the availability of high-fat and dense-caloric foods, increased reliance on telecommunication technology, as well as decreased occupational-work demands (Al-Nuaim, et al. 2012 & Al-Nakeeb, et al. 2014). These lifestyle changes have had a considerable impact on reducing the physical requirements of daily life and have encouraged sedentary lifestyles. This lifestyle transformation thought to be greatly responsible for the significant increase in non-communicable diseases, such as cardiovascular disease (CVD), cancer and diabetes mellitus type II in Africa (WHO, 2014). Diabetes and CVD have become the leading causes of morbidity and mortality over the past two decades in Africa (Bener, et al. 2014).

The most important risk factors of non-communicable diseases in the African countries include high blood pressure, high concentrations of cholesterol in the blood, inadequate intake of fruit and vegetables, being overweight or obesity, physical inactivity and tobacco use. (WHO, 2014) Five of these risks closely related to inappropriate diet and physical inactivity. In the East African countries, alarming levels of physical inactivity reported, as well as poor dietary practices, predisposing them to health problems (Al-Nozha, et al. 2007). To date,
limited attempts are made to examine the interrelationship of these risk factors within young adults. However, previous research has demonstrated positive correlations between: (1) sugar-sweetened beverage consumption and poor dietary habits (Al-Qauhiz, 2010) (2) skipping breakfast, lower nutritional status and increasing the risk of cardio-vascular disease (Washi&Ageib, 2017) and (3) low fruit and vegetable intake and low physical activity (PA) (Dodds et al. 2013).

2.3.7 Student’s Academic performance

The academic performance of university students currently is explained in terms of success or failure of course units, number of courses failed or passed (Goldfinch & Hughes, 2013), and the quality of the grades obtained in terms of the Grade Point Average (GPA) or Cumulative Grade Point Average (CGPA) (Bernold, Spurlin, & Anson, 2013).

University provides students 'tertiary education and psychosocial development (Tao et. al, 2011). Besides pursuing knowledge in university, a student also gets to socialize with different kinds of people and undergo psychological development. Studies show that entering university may bring strain or stress (Gall, Evans, & Bellerose, 2012). This is because university students face a changing education system, lifestyle, and social environment. University students need to reach certain levels of academic achievement to graduate. The academic achievement is determined by their performance during classroom activities, assignments, presentations and examinations (Ong, Bessie, & Cheong, 2015). This means that they are evaluated throughout the semester. Besides, most students have moved out from home and they have to be wise in managing their time and activities. They now meet people of different ages and backgrounds; thus interpersonal skills are needed to socialize with the people around them.

Past research shows that some undergraduate students significantly experience stress (Brown et al., 2015). First-year university students were found to be particularly prone to stress (Towbes& Cohen, 2010; Pender et al., 2011; Wintre&Yaffe, 2015) and experience high levels of stress (Wintre&Yaffe, 2015) due to the college life transition (Towbes& Cohen, 2010). Many of them face culture shock as university life is different from school life. Failing to cope
with the stressors during the transition may cause deterioration of academic performance and increase of psychological distress (Dwyer & Cummings, 2011).

The increase in stress during the first year predicted the decrease of overall adjustment and lower grade point average (GPA) (Wintre & Yaffe, 2015). Students tend to lose self-confidence having to establish new social relations and at the same time trying to cope with the increasing academic demands (Tao et. al., 2011). A list of ten sources of stress was identified among the medical students and the stressors include tests and examinations, the big range of content to be learnt, lack of time to do revision, poor marks, having self-expectation, insufficient skill in medical practice, fail to follow the reading schedule, heavy workload, having difficulty in understanding the content and fail to provide answers to teachers’ questions (Yusoff et al., 2010).

Many researches were conducted to assess the relationship between stress and academic achievement of undergraduate students and it is found that stress affects students’ academic achievement (Elliot, 2015). Students complained of feeling stressed academically when it comes to facing exams and grade competition and having too much information to study yet insufficient time to master the knowledge (Carveth, Gesse & Moss, 2013). Bennett (2014) reported a similar finding that stress is significantly correlated with poor academic performance in his study of business undergraduates.

In some Ugandan universities, some students are experiencing poor academic performance. For example, in a study conducted by Kyoshaba (2016) at Uganda Christian University, it noted that, while other students perform well, a substantial number of students performed poorly. Mbarara University of Science and Technology (MUST) is no exception to high failure rates. Over the past five years, many supplementary examinations were registered per semester (Atibuni, 2012). This clearly shows the impact of stress on the levels of academic performance of the university students at that time.

2.4 Empirical studies

Various studies have tended to focus on the significance of one unhealthy behavior in isolation; research has shown that health behaviors often coexist with clear evidence of
clustering (Adams & Colner, 2010). Unhealthy lifestyle behaviors are modifiable and usually established during youth or young adulthood. (Steptoe & Wardle, 2011) Furthermore, being overweight and obese in youth are powerful indicators of being overweight in adulthood and related disease (Laquatra, 2012). Despite the widely documented consequences associated with unhealthy lifestyle behaviors, globally, a substantial proportion of young adults, notably university students, engage in unhealthy lifestyle practices (Dodds, et al. 2013 & Steptoe and Wardle, 2011). The transition from school into university normally coupled with a combination of stressors can have a significant impact on students’ health lifestyle choices and academic performance (Dodds, et al. 2013). This transitional period is critical for the development of lifelong healthy attitudes and practices, as well as for avoiding the biological precursors of chronic disease in later life.

2.5 Gap in literature for the studies

A careful review of the above-related literatures, clearly show the gaps, which require further consideration and commentary by future researcher. Although most of the literature put in great efforts in analyzing the variable under consideration in this study, to the best of my understanding and knowledge, most of them focused only on either one of the variable or the other. In examining the clustering of health lifestyle behaviors, very few have focused on university students.

The study conducted by Bang on the choice of coping mechanisms used is accounted for by the difference in the gender role expectations and sex role stereotypes where females are taught to focus on emotions and seek social support whereas males are trained to take outward action to deal with the stressful situations (Bang, 2013) however the study failed to show how stress levels and health seeking behaviors affect students’ academic performance. Therefore, this study has tried as much as possible to fill the gap by exploring the effects of stress and ill health on students’ academic performance among male and female students.

However, all the reviewed literatures on academic performance focused on how stress hinders academic performance but failed to put into consideration how student’s stress levels and health seeking behaviors affect their academic performance which is a gap this study has filled. Nonetheless, few studies have been done in the KIU context. The need to embark on
this study is thus justified. For this research, stress is defined as happenings and experiences that provoke anxiety and academic achievement will be measured by undergraduate students’ grade point average (GPA) for the previous semester. In addition, careful review of above literatures shows a theoretical gap, this is because there is no study that combine the theory of health seeking behavior and that of stress level in order to discuss students’ academic performance, which is a gap this study has filled, to use stress level theory of general adaptation syndrome and health seeking theory of health belief model to discuss students’ academic performance.
CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter elaborates on the general procedure for conducting research. It particularly spells out the research design, location of the study, research target population, sample size, sampling techniques, research instruments, data collection procedure, validity and reliability of instrument, data analysis, ethical consideration and limitation of the study.

3.1 Research design

This study adopted descriptive correlational and case study research design. The study used descriptive correlational research design because the researcher sought to establish the relationship between the independent variables (student’s stress levels, health seeking behavior) and dependent variable (academic performance) among students of Kampala International University Students (KIU). The research used a case study design because Kampala International University is the case study.

3.2 Location of the study

Kampala international university (KIU) is a private multipurpose University in Uganda founded in 2001; it received its university charter in March 2009 (Karoro, 2009). Kampala International University Students (KIU) has its main campus at Kansanga, a location in Makindye Division in the southeastern part of Kampala, Uganda's capital and largest city. The campus is approximately 7 kilometers (4.3 mi) southeast of Kampala's central business district, along the road to Ggaba. The coordinates of the campus are 0°17'41.0"N, 32°36'13.0"E (Latitude: 0.294722; Longitude: 32.603611) (Google maps, 2014).

3.3 Study Population

The target population for this study was all-current main campus, Kampala International University Students, (KIU) Kansanga, Kampala, Uganda, 2017. This involved students from
all Schools and Colleges in Kampala International University, therefore; the target population for this study is ten thousand nine hundred and twenty-three populations (10923) KIU Centre of Information Technology (CIT), (2017).

3.4 Sample Size

The sample size for this study was selected from the target population. To determine the minimum sample size, Slovene’ formula was used. Using this formula, the procedure for determining sample size for any research goes as follows:

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

Where; \( n \) = the required sample size; \( N \) = the known population size; and \( e \) = the level of significance, which was fixed to be = 0.05 when the population size is known. Using this formula, a sample of 386 was arrived at, and believed to be a representative of the entire population.

\[ n = \frac{10923}{1+10923(0.05^2)} = \frac{10923}{1+10923(0.0025)} = \frac{10923}{1+27.3075} = \frac{10923}{28.3075} = 385.87 \]

\( N \) = population size = 10923
\( S \) = sample size = 386
\( e \) = the level of significance

3.5 Sampling procedure

The researcher used cluster random sampling because the target group of respondents was selected from various clusters (schools/colleges) and a proportion was derived from the schools and colleges in Kampala International University. In addition, simple random sampling was used among the sample proportions, these allowed every participant equal chance (probability) of participating in this study.
Table 3.5.1 Sampling Proportions

<table>
<thead>
<tr>
<th>Schools and colleges</th>
<th>Population</th>
<th>Proportions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate of Higher Degrees and Research,</td>
<td>586</td>
<td>21</td>
</tr>
<tr>
<td>School of Computing and Information Technology</td>
<td>1230</td>
<td>43</td>
</tr>
<tr>
<td>College of Education, Open and Distance Learning</td>
<td>644</td>
<td>23</td>
</tr>
<tr>
<td>School of Professional Studies</td>
<td>63</td>
<td>2</td>
</tr>
<tr>
<td>School of Law</td>
<td>1413</td>
<td>50</td>
</tr>
<tr>
<td>College of Economics and Management</td>
<td>3168</td>
<td>112</td>
</tr>
<tr>
<td>School of Engineering Sciences,</td>
<td>930</td>
<td>33</td>
</tr>
<tr>
<td>School of natural and Applied sciences</td>
<td>243</td>
<td>9</td>
</tr>
<tr>
<td>College of Humanities and social sciences</td>
<td>2646</td>
<td>93</td>
</tr>
<tr>
<td>TOTAL</td>
<td>10923</td>
<td>386</td>
</tr>
</tbody>
</table>

Sources: KIU, CIT, (2017).

3.6 Data Sources

The researcher collected and used primary data related to his study objectives from the field.

3.6.1 Research Instrument

The data collection instrument used in this study was researcher-made questionnaire on health seeking behaviors, students’ stress audit questionnaire and the questionnaire for students’ academic performance. The stress audit questionnaire comprised of questions that test the level of stress among students, the questionnaire for students’ academic performance comprised of questions that test the academic performance of students and the researcher-made questionnaire contained two parts, the first part of the questionnaire consists of questions about the demographic characteristics of respondents. The second part contained close-ended questions consisting of 16 items measuring health seeking behaviors among students in Kampala International University (KIU). The constructs of health seeking behaviors are drug use, diet/nutrition, physical exercise and protection item 1-4 measure drug use (medication), item 5-8 measure physical exercise, item 9-12 measure diet/nutrition, and
item 13-16, protection. The researcher preferred a questionnaire among all other instrument of data collection because the study approach is purely quantitative.

A five Likert five-point scale was used to assess the extent to which a respondent strongly disagrees, disagree, not sure, agree and strongly agree with a statement of an attitude, belief or judgment. It required the researcher to first identify all sub-areas of the topic or variable being measured for questions to be asked for one to agree or disagree with. The instrument is divided into four sections: A Profile of respondents, B Questions about students’ health seeking behaviors, C Questions on students’ stress levels and D Questions on students’ academic performance.

3.7 Method of Data Collection
Before the commencement of data collection, the researcher collected an introductory letter from the director of higher degrees and research, which introduced him to the field for data collections, the researcher also went to Director of Academic Affairs (DAA) where he was permitted to collect data from students of Kampala International University (KIU), the researcher used researcher made questionnaire on health seeking behaviors, stress audit questionnaire and the questionnaire for students’ academic performance in order to collect data from the field.

3.8 Validity and Reliability of the Instrument

3.8.1 Validity
This study used Content Validity Index so as to establish the degree to which a sample of items, taken together, constitutes an adequate operational definition of a construct. The researcher achieved this by involving experts in the field of counseling psychology. According to Beck and Gable (2011), to examine the content validity, professional subjective judgment is required to determine the extent to which the scale was designed to measure a trait of interest. This is because content validity is a subjective judgment of experts about the degree of relevant construct in an assessment instrument. However, inclusion of at least five experts in the field.

The researcher used this formula to determine the content validity of the instruments.
\[
CVI = \frac{\text{Number of question declared valid}}{\text{Total number of Questions}}
\]

Where CVI=Content Validity Index

According to Amin (2005) if the CVI is \( \geq 0.70 \), the items are considered valid.

For the case of this study;

\[
CVI = \frac{38}{40}
\]

\[= 0.95\]

Therefore, the content validity index of 0.95 in this study implies that the instrument was valid.

### 3.8.2 Reliability

In order to ensure that the research instrument is reliable and can consistently produce reliable data when administered, the researcher determined its reliability by measuring the internal consistency of the instrument. This reliability analysis was conducted on the piloted survey instruments prior to official data collection so as to ensure that the instruments provide reliable data for the study. Test retest method of measuring reliability was used by the researcher to ensure the instruments could provide consistent measurements. Thirty different samples (students from the nine colleges in Kampala international university) were selected and the instruments were administered on them twice with a two weeks’ interval and the obtained results were correlated using Pearson Linear Correlation Coefficient (PLCC). The results of 0.74 and 0.75 were found in the first and the second survey respectively; for the questionnaire on health seeking behaviors, the results of 0.71 and 0.74 were found in the first and the second survey respectively; for the questionnaire on stress levels and the results of 0.84 and 0.85 were found in the first and the second survey respectively; for the questionnaire on academic performance implying that there was a consistency, hence reliability on all the three instruments used in the study.
Furthermore, Cronbach’s alpha was used to determine the reliability of the instruments. Cronbach’s alpha measures the internal consistency that is, how closely related a set of items are as a group. The higher the α-value, the more reliable the instruments will be considered. A commonly accepted rule for describing internal consistency using Cronbach’s alpha is as follows (Kline, 2000): table 3.8.2.1 gives the summary.

Table 3.8.2.1: Interpretation of Cronbach’s Alpha Results

<table>
<thead>
<tr>
<th>Cronbach’s alpha</th>
<th>Internal consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>$\alpha \geq 0.9$</td>
<td>Excellent</td>
</tr>
<tr>
<td>$0.9 &gt; \alpha \geq 0.8$</td>
<td>Good</td>
</tr>
<tr>
<td>$0.8 &gt; \alpha \geq 0.7$</td>
<td>Acceptable</td>
</tr>
<tr>
<td>$0.7 &gt; \alpha \geq 0.6$</td>
<td>Questionable</td>
</tr>
<tr>
<td>$0.6 &gt; \alpha \geq 0.5$</td>
<td>Poor</td>
</tr>
<tr>
<td>$0.5 &lt; \alpha$</td>
<td>Unacceptable</td>
</tr>
</tbody>
</table>

Source: Kline, (2000).

The Cronbach’s alpha results of this study shows acceptable internal consistency for stress levels and health seeking behavior and it shows good internal consistency for academic performance. Table 3.8.2.2 below gives the summary of the findings.

Table 3.8.2.2: Internal Consistency

<table>
<thead>
<tr>
<th>Variables</th>
<th>No. of items</th>
<th>Cronbach’s alpha</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress levels</td>
<td>14</td>
<td>0.709</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Health seeking behaviors</td>
<td>16</td>
<td>0.739</td>
<td>Acceptable</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>Academic performance</td>
<td>10</td>
<td>0.839</td>
<td>Good</td>
</tr>
</tbody>
</table>

**Source:** Primary data (2018).

### 3.9 Data Analysis

After retrieving back, the questionnaire and collecting the required data, it was then prepared for analysis by using Statistical Package for Social Scientists (SPSS, version 22.0) software. In this process, the data underwent these processes i.e. data editing which involved checking the filled questionnaires for any omissions or mistakes; then data coding which involved giving each item of the questionnaire or variable a code to be used when imputing the data into the computer, and lastly data entry into the computer for analysis (George & Mallery, 2003).

After processing (i.e. editing, coding, and entry into the computer) the collected data, the researcher analyzed it. The researcher used frequency and percentage distribution tables to analyze the profile of respondents, the objectives of the study were analyzed as follows:

I. Data analysis for objective one: Pearson’s linear correlation Coefficient value was used to determine the relationship between stress levels and academic performance among students of Kampala International University (KIU).

II. Data analysis for objective two: One-way analysis of variance was used to examine the difference between the levels of stress experienced among male and female students of Kampala International University (KIU).

III. Data analysis for objective three: Pearson’s linear correlation Coefficient value was used to examine the relationship between health seeking behaviors and academic performance among students of Kampala International University (KIU).

### 3.10 Ethical Consideration
The researcher got permission from the director of higher degree and research KIU; the researcher also went to Director of Academic Affairs (DAA) where he was permitted to collect data from students of Kampala International University (KIU),

The researcher ensured quality and integrity by reporting only what he found in the field and following a scientific and generalized report writing for academic research. The researcher sought for informed consent from the respondents. This was done by requesting them to sign the informed consent form before participating in the study. The researcher respected the confidentiality and anonymity of the research respondents by involving them in the study in their own terms and place of convenience.

The researcher ensured that participating in the study was voluntarily, no one was coerced, forced or bribed in order to be part of the study. The researcher also ensured voluntary withdrawal from the study in case of change of mind of the respondent. The researcher ensured that there was no harm to the participants in anyway. The study was done in secure and well furnished rooms.

Last but not the least, the researcher ensured that the final reporting was impartial and independent of his personal opinion; rather it was the opinion of the respondents were used in the final analysis of the research.

3.11 Limitations of the Study

The reliability of the results (test-retest) was not adequate enough to provide a better explanation for the consistency of the results of this study instruments. There is need to set up a control group as to substantiate the reliability of the study. However, the study tried to address this weakness by using Cronbach’s alpha that measured the internal consistency of the items, with the intent of finding out how closely related a set of items are as a group.

The research assistants may bring inconsistencies in-term of time of administration or wrong explanation to the respondents and assistants were oriented and briefed on the procedures adequately.
This study was also limited by the failure to access secondary data on students’ academic performance for document review, due to the sensitivity of the information to the management of KIU. The researcher however, tried to mitigate this by creating a questionnaire to capture the students’ academic performance.

This study was limited by unresponsive respondents and those who withdrew after the study process had kick-started. The researcher however, tried to mitigate this by consulting the eligible respondents if they were willing to be included in the study, though some obliged, others refused on grounds that they were busy.
CHAPTER FOUR
DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter presents the analysis of the data gathered and interpretation thereof. It gives the demographic characteristics of the respondents and variables used in each objective of the study.

4.1 Response Rate

The researcher had distributed 386 questionnaires in total; however, only 379 were retrieved, giving a response rate of 93%. Amin (2005) believes that if the response rate is more than 70%, it signifies that the turn up of participants was good hence the data can be used in the final analysis of the study.

4.2 Demographic characteristics of Respondents

This section determines the demographic characteristics of respondents; questionnaires were distributed to capture these responses. Frequencies and percentage distribution were employed to summarize data on the demographic characteristics of respondents in terms of gender, age, year of study. The results are presented in tables as follows:

<table>
<thead>
<tr>
<th>Table 4.2.1: Gender of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
</tr>
<tr>
<td>Valid male</td>
</tr>
</tbody>
</table>
female 173 44.8 45.6 100.0
Total 379 98.2 100.0
Missing -1 7 1.8
Total 386 100.0


The findings presented in Table 4.2.1, revealed that majority 206 of the respondents (54.4%) were male while 173 were females (45.6%). The results show that more than half of the respondents were males and it clearly shows that males were the dominant respondents in this study, though the females were also involved in the study. This also implies that more men were enrolled in the higher institutions than their female counterparts which may be due to the socio-cultural nature of the environment, which predisposes males to become more independent than females because they have the greater responsibility of raising the family.

Table 4.2.2: Age of Respondents

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>below 20 years 21</td>
<td>5.4</td>
<td>5.5</td>
</tr>
<tr>
<td>20-29 years 314</td>
<td>81.3</td>
<td>82.8</td>
</tr>
<tr>
<td>30-39 years 44</td>
<td>11.4</td>
<td>11.6</td>
</tr>
<tr>
<td>Total 379</td>
<td>98.2</td>
<td>100.0</td>
</tr>
</tbody>
</table>


The results in Table 4.2.2 shows that majority 314(82.8%) of the respondents fall within the age bracket of 20-29 years. This followed by those in the age bracket of 30-39 years with 44 (11.6%) while The age bracket of below 20 years got only 21 respondents representing (5.5%). This indicated that majority of students at Kampala international university (KIU) are
in their early adulthood between 20-29 years. This may be due to the fact that the age bracket is considered the peak of knowledge seeking.

**Table 4.2.3: Respondent's Year of Study**

<table>
<thead>
<tr>
<th>Year</th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>year 1</td>
<td>53</td>
<td>13.7</td>
<td>14.0</td>
</tr>
<tr>
<td>year 2</td>
<td>168</td>
<td>43.5</td>
<td>58.3</td>
</tr>
<tr>
<td>year 3</td>
<td>126</td>
<td>32.6</td>
<td>91.6</td>
</tr>
<tr>
<td>year 4</td>
<td>32</td>
<td>8.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>379</td>
<td>98.2</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Source:** Primary data, (2018).

Table 4.2.3, revealed that majority, 168 of respondents represented with (44.3%), were year 2 students, 126 respondents represented with (33.2%) were year 3 students, 53 respondents represented with (14.0%) were year 1 students and 32 respondents represented with (8.4%) were year 4 students. This shows that majority of the students were in their second year of study. The dominance of the year 2 students was because of the nature of school enrolment, some students got enrolled into year two after diploma program.

**4.3 Presentation of the relationship between stress levels and academic performance among students.**

The first objectives of this study were to determine the relationship between stress levels and academic performance among students of Kampala International University.

**Table 4.3.1: Pearson’s linear correlation Coefficient (PLCC) value showing the relationship between stress levels and academic performance among students**
The Pearson correlation coefficient results in Table 4.3.1 revealed that stress levels have negative relationship on academic performance among students of Kampala International University Kampala, Uganda. Since the P value is (.000) was far less than 0.05 (p.000<0.05) which is the maximum level of significance required to declared a significant relationship in social sciences. The r value is -.597 Therefore, this implies that there is a significant negative relationship between stress levels and academic performance. This means that, when students have high stress levels is likely to decrease their academic performance. Basing on these results the stated null hypotheses which say there is no significant relationship between stress levels and academic performance among students was rejected.

4.4: Presentation of the difference between the levels of stress experienced among male and female students.

The second objective of this study was to examine the difference between the levels of stress experienced among male and female students.
Table 4.4.1: One-way analysis of variance (ANOVA) showing the difference between the levels of stress experienced among male and female students.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error</th>
<th>Lower Bound</th>
<th>Upper Bound</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>206</td>
<td>2.847</td>
<td>1.60939</td>
<td>.11213</td>
<td>2.6256</td>
<td>3.0677</td>
<td>.50</td>
<td>4.00</td>
</tr>
<tr>
<td>Female</td>
<td>173</td>
<td>2.861</td>
<td>1.58938</td>
<td>.12084</td>
<td>2.6229</td>
<td>3.0999</td>
<td>.50</td>
<td>4.00</td>
</tr>
<tr>
<td>Total</td>
<td>379</td>
<td>2.853</td>
<td>1.59819</td>
<td>.08209</td>
<td>2.6920</td>
<td>3.0148</td>
<td>.50</td>
<td>4.00</td>
</tr>
</tbody>
</table>

ANOVA

<table>
<thead>
<tr>
<th>Stress Levels</th>
<th>Sum of Squares</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>.020</td>
<td>1</td>
<td>.020</td>
<td>.008</td>
<td>.92</td>
</tr>
<tr>
<td>Within Groups</td>
<td>965.470</td>
<td>377</td>
<td>2.561</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>965.490</td>
<td>378</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Primary data (2018).

The Table 4.4.1 revealed that the mean for male students =2.85 and their standard deviation=1.61, while the mean of female students =2.86 and their standard deviation =1.59. The results revealed that, the standard deviation of male students is slightly higher than that of female students. And the value is 2.56sig. Value = .929. From the results of table 4.4.1 it can be concluded that since there is a small difference in mean between the two groups and the (p>0.05) it does not make statistically significant difference between the level of stress
experienced among male students and female students. Therefore, the stated null hypotheses which says there is no significance difference between the level of stress experienced among male and female students is accepted. Furthermore, this result implies that gender is not a determinant factor in stress levels among students.

4.5: Presentation of the relationship between health seeking behaviors and academic performance among students of Kampala International University.

The third objective was to establish the relationship between the students’ stress levels, health seeking behaviors and academic performance.

**Table 4.5.1: Pearson correlation coefficient showing the relationship between health seeking behaviors and academic performance among students of Kampala International University**

<table>
<thead>
<tr>
<th>Correlations</th>
<th>Health seeking behavior among students</th>
<th>Academic performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
<td>-.515**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>379</td>
<td>379</td>
</tr>
</tbody>
</table>

**Academic performance**

<table>
<thead>
<tr>
<th>Correlations</th>
<th>Academic performance</th>
<th>Health seeking behavior among students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Correlation</td>
<td>-.515**</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>379</td>
<td>379</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).
The Pearson’s correlation coefficient results in Table 4.6.1 revealed that health seeking behavior has a significant relationship with academic performance among students of Kampala International University. Since the P value is (.000) was far less than 0.05 ($p_{000}<0.05$), which is the maximum level of significance required to declare a significant relationship. The r value is -.515 Therefore, this implies that there is a significant negative relationship between health seeking behaviors and academic performance. This means that when students’ health seeking behaviors is low there is likelihood their academic performance will decrease. Basing on these results the stated null hypotheses which say there is no significant relationship between health seeking behaviors and academic performance among students was rejected.

CHAPTER FIVE

DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the discussion of the study guided by the study objectives. The discussion was done by exploring the research findings relative to what other researchers in the fields that pertain to the variables have confirmed. The study was later concluded and appropriate recommendations accruing from the findings were made.

5.1 Discussions

This study was set to establish relationship between stress levels, health seeking behaviors and academic performance among students of Kampala International University, (KIU) Kampala, Uganda. The following objectives guided the study and they were (1) To determine the
relationship between stress levels and academic performance among students of Kampala International University, (KIU) Kampala, Uganda (2) To examine the difference between the levels of stress experienced among male and female students of Kampala International University, (KIU) Kampala, Uganda. (3) to establish relationship between health seeking behaviors and academic performance among students of Kampala International University, (KIU) Kampala, Uganda.

5.1.1 Discussions of objective one, the relationship between stress levels and academic performance.

The objective one of this study was to determine the relationship between stress levels and academic performance the findings revealed that there is negative significant relationship between stress levels and academic performance. This means that the higher the stress level experienced by students the lower their academic performance. Therefore, the findings of this study is in agreement with the study made by Sutherland & Cooper, (2017) who found that Stress can cause burnout, ill-health, high workforce turnover, absenteeism, lowered morale and reduced efficiency and performance. The findings of this study also agrees with the analysis made by Elliot, (2015) who claims that, many researches were conducted to assess the relationship between stress and academic achievement of undergraduate students and it is found that stress affects students’ academic achievement.

The study is also in congruent with the study conducted by Brown et al., (2015) which reveals that some undergraduate students significantly experience stress. More so, Wintre & Yaffe, (2015) found that First-year university students were found to be particularly prone to stress and experience high levels of stress due to the college life transition, it was noted by Towbes & Cohen, (2010) that Many of them face culture shock as university life is different from school life. Dwyer & Cummings, (2011) argues that, failing to cope with the stressors during the transition may cause deterioration of academic performance and increase of psychological distress. In a study by Dahlin, Joneborg, &Runeson (2015), university students indicated experiencing the highest degree of pressure from studies. Misra, et al. (2013) pointed out that students have found the requirement to meet assessment deadlines as a major source of stress. Students report experiencing academic stress with the greatest sources of the
stress coming from taking and studying for exams, grade competition, and the large amount of content to master in a small amount of time (Kohn & Frazer, 2013). Course load versus time available also cited to be a stressful factor in the academic environment (Zeidner, 2012). Studies reveal that students perceive course load to be high in their first year of study, and that the perception of course load positively correlates with exam stress (Mani, 2010).

This study is in agreement with, Talib & Zai-ur-Rehman (2012, p. 129) who found out that majority of the students (53%) claimed that course load is the source of their stress which in turn affected their GPA. Mani, (2010) claimed that students report that the prospect of having to sit for examinations is stressful because of the pressure to review all the learned material within a given period of time. Mani, (2010) explains that it is not the examination itself that induces stress but the fact that the possibility of failing or passing the exam can shape the course of one’s academic career and professional life.

5.1.2 Discussions of objective two, the difference between the levels of stress experienced among male and female students.

The second objective of this study was to examine the difference between the levels of stress experienced among male and female students. The findings of this study found that it was a small difference discovered between the levels of stress experienced between male and female students. Therefore, the findings of this study disconfirm and in opposite with the findings of Bang, (2013) which states that the social expectations that male students should be superior even in academic performance presented a stressful environment for male students.

The study also disagrees with Misra, et al. (2013) research findings which suggest that in addition to stress levels varying across the year of study, stress levels vary by gender of the students. The study also disagrees with Abouerie, (2013); Bang, (2013); Misra & Mckean, (2013); Rayle & Chung, (2014) Levels of academic related stress differed among male and female students with female students being more prone to more academic stress than their male counterparts.
The study also contradicts Misra&Mckean, (2013) who argued that Females experienced higher levels of academic stress because of negative appraisals of the stressful event and focus on the emotional challenges in the wake of the stressful event. Male students are trained to display strength and machismo in the face of challenges right from their young age. The study further disagrees with Talib& Zia-ur-Rehman, (2012) who argued that female students performed better than the male students and had better GPAs than male students even in case of significant stress.

5.1.3 Discussions of objective three, the relationship between health seeking behavior and academic performance.

The third objective of this study was to establish the relationship between health seeking behaviors and academic performance. The results found in this study revealed that there is a significant negative correlation between health seeking behaviors and academic performance. This means that decrease in health seeking behaviors leads to decrease in academic performance. Therefore, the study agrees with Sutherland & Cooper, (2017) who found that Academic stress is a major problem for students and institutions. Stress can cause burnout, ill-health, high workforce turnover, absenteeism, lowered morale and reduced efficiency and performance.

The study is also in congruent with the study done by Cushway & Tyler (2016) who found that students in particular, university students were experiencing significant levels of distress and the ability of the individual adolescent to cope with the social and intellectual demands facing them depends upon whether or not they perceive the event as stressful and on their coping resources and style. The study also agreed with the study conducted by Hamaideh, (2011) who found that due to the challenging nature of university, students can potentially experience high levels of stress that can affect their health and academic performance.

This study is also in agreement with Healy, (2010) who found that, an increasing number of university students appear to be experiencing significant mental health issues; In addition, the proportion of people enrolling in university is increasing the competitive environment cause stress and health issues which affects students’ academic performance. On the same note, Lane, (2010) observed that, these trends indicate that stress and mental health issues are likely
to become an even more notable phenomenon amongst university students. This study also corresponds with Baker, (2013) who noted that, university students are faced with many new interpersonal, social, and academic demands during the transition from secondary school life to university, which is stressful for many of them and affect their academic performance. This study also agrees with Baker, (2013) who further noted that adjustment during the transition period is linked to the ways the students cope with that stress which affects their health, academic motivation and performance.

This study also confirms study done by Dahlin, Joneborg, & Runeson (2015), university students indicated experiencing the highest degree of pressure from studies. This study also confirmed the study conducted by Misra, et al. (2013) who pointed out that students have found the requirement to meet assessment deadlines as a major source of stress. The study is in agreement with Kohn & Frazer, (2013) who found that students report experiencing academic stress with the greatest sources of the stress coming from taking and studying for exams, grade competition, and the large amount of content to master in a small amount of time.

The study is in agreement with Zeidner, (2012) who stated that, Course load versus time available also cited to be a stressful factor in the academic environment. The study also confirmed the study done by Sinha, Sharma, & Nepal, (2011) who claimed that, it is estimated that 10 to 30 percent of the students’ experience academic related stress that affects their academic performance and academic stress is documented to have several negative effects not only to the academic performance of the students but also to their well-being. This study also confirmed the study done by Lumley & Provenzano, (2013) who found that academic stress is seen to interfere with the students’ way of life, cognitive processes, and adaptive behaviors such as class attendance. This study also agreed with Fisher, (2011) who argued that studies have shown that there is a positive association between academic stress, depression, and physical illness.

5.2 Conclusion

The conclusions of this study were done according the objectives of the study.
5.2.1 Objective one

The study was to determine the relationship between stress levels and academic performance among students, the study found that, there is significant negative relationship between stress levels and academic performance among students. This means the higher the stress levels of students the lower their academic performance.

5.2.2 Objective two

The study was to examine the difference between the level of stress experienced among male and female students. The study found that there is no significance difference between the level of stress experienced among male and female students. This further clarifies that gender is not a determinant factor of stress levels among students.

5.2.3 Objective three

The study was to establish the relationship between health seeking behaviors and academic performance among students. The study found that there is a significant negative relationship between health seeking behaviors and academic performance. This means that when students’ health seeking behaviors is low there is likelihood their academic performance will decrease.

5.3 Recommendations

In line with the study findings, the researcher recommended that:

- The university management and other stakeholders (Dean of Students Affairs and Director of Sports) should ensure that students engage in adequate sports, social and recreational activities in order to cope and manage their stress levels to improve academic performance.

- The lecturers, as well as school authority (Director of Academic Affairs, DVCAcademic Affairs, and Dean of Student Affairs) should collaboratively guide students on how to develop and improve their academic performance and ensures that the learning atmosphere is conducive for the students in order to reduce stress levels among students, there should be maintained gender balance in academic, social, recreational and sport activities in the university.
• It was also recommended that university management (Director of Academic Affairs, DVC Academic Affairs, and Dean of Student Affairs) and lecturers should encourage students to engage in proper health seeking behaviors in order to promote their health, cope with stress and in turn achieve good academic performance.

5.4 Contribution to Knowledge

The study contributes significantly to the amount of information on the relationship between stress levels, health seeking behaviors and academic performance among students of Kampala International University (KIU) Kampala, Uganda.

The study has made clear explanation about the warning signs of stress and the appropriate strategies and techniques to follow in order to manage and cope with stress such as self-monitoring techniques, social networking, resilience building, family bond and affiliation, aerobics. Etc. the study confirmed the theory of General Adaptation Syndrome (GAS) by Selye about how stress develops in stages i.e. the alarm stage, the resistance stage and the exhaustion stage. The study also confirmed the theory of Health Belief Model (HBM) by Rosenstock about how compliances and action towards health can promote or hinders health.

Therefore, the study has generated literature that will be used by other writers and further researchers. However, suggestions for further studies outlines in this study will serve as a gap for further research.

5.5 Suggested areas for further studies

This study was to establish the relationship between stress levels, health seeking behaviors and academic performance among students of Kampala International University (KIU) Kampala, Uganda. Based on the results to make recommendation for further research, there is need for comparative study on stress levels, health seeking behavior and academic performance between public and private universities in Uganda. The study should also adopt both quantitative and qualitative approach (mixed method) in order to avoid the weaknesses of one approach.
REFERENCES


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Google, Map (2014) location and map of Uganda showing Kampala International University (KIU).


Karoro, (2009) Location of Kampala International University, information about the quality of KIU.


Rosenstock, I. M (1974) Health Belief Model (HBM) model for understanding health actions. Chicago. USA.


APPENDICES

APPENDIX I: QUESTIONNAIRE

Dear Student,

I am Mr. Ibrahim Zaharadeen Garga from Kampala International University. I take this opportune moment to inform you that I am carrying out an academic research study on stress levels, health seeking behaviors and academic performance in Kampala International University, Kampala, Uganda. It is my humble request that you kindly spare for me a few minutes of your limited time to answer the below questions to enable me accomplish the study and obtain a degree of Master of counseling psychology. I assure you that all the information you will fill in here or answer, shall be treated with maximum confidentiality and used for only academic purposes. Information or data collected from you will further enhance the quality and effectiveness of this study.

SECTION A Profile of the Respondents
Instruction: please tick the appropriate box

(1) Gender
Male □ Female □

(2) Age
Below 20 years □ 20-29 years □ 30-39 years □ 40 years and above □

(3) Academic level
Year 1 □ Year 2 □ Year 3 □ Year 4 □

(4) Program of study (course combination)

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

HEALTH SEEKING BEHAVIOR AMONG STUDENTS

SECTION (B) Instruction: please tick □ appropriately in the box provided to indicate your health seeking behaviors as a student. The following abbreviations are interpreted as follows: SD=strongly disagree; D=disagree; NS=not sure; A=agree; SA=strongly agree.

<table>
<thead>
<tr>
<th>S/NO</th>
<th>Indicator</th>
<th>SD 1</th>
<th>D 2</th>
<th>NS 3</th>
<th>A 4</th>
<th>SA 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Drug use(medication)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>I do not believe in prescribed drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I do not use self-medication when I feel sick</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I do not use drugs when I feel sick</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I do not have allergies when I use drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical exercise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I do not engage in sport activities</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>S/NO</td>
<td>Indicator</td>
<td>SD</td>
<td>D</td>
<td>NS</td>
<td>A</td>
<td>SA</td>
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<tr>
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<tr>
<td>6</td>
<td>I do not like athletic activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>I do not feel strong when I exercise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>I do not look physically fit when I exercise</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>Diet/nutrition</strong></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>9</td>
<td>I do not eat 3 to 4 times a day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>I do not get essential vitamins and minerals in my meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>I do not eat my meals on time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>I do not have good appetite for food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>I do not go for vaccination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>I do not use contraceptives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>I do not have access to vaccination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>I do not use protection during sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**APPENDIX II: STRESS LEVELS AMONG STUDENTS**

**SECTION (C)**

Instruction: please tick appropriately in the box provided to indicate your stress level as a student. The following abbreviations are interpreted as follows: SD=strongly disagree; D=disagree; NS=not sure; A=agree; SA=strongly agree.

<table>
<thead>
<tr>
<th>S/NO</th>
<th>Indicator</th>
<th>SD</th>
<th>D</th>
<th>NS</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>My previous semester result is below average</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>My general academic achievements are average</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>My overall result is very good (above average)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I do not have trouble coping with homework and assignments.

I do not come late to classes.

I do not have trouble paying for educational expenses.

I do not experience trouble meeting new people and maintaining relationships.

I do not gain or loss weight significant in the last two years.

I do not experience sleeping problems due to studies.

I do not stay alone

My family is not financially sound.

I do not have the responsibility to take care of my family financially.

I do not experience trouble finding a partner or maintaining a relationship

I do not like associating with people

APPENDIX III: ACADEMIC PERFORMANCE AMONG STUDENTS

SECTION (D) Instruction: please tick appropriately in the box provided to indicate your academic performance. The following abbreviations are interpreted as follows: SD=strongly disagree; D=disagree; NS=not sure; A=agree; SA=strongly agree.

<table>
<thead>
<tr>
<th>S/NO</th>
<th>Indicator</th>
<th>SD</th>
<th>D</th>
<th>NS</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I do not score high marks in my course works (assignment)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td>--------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I do not earn good grades in my paper presentations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I do not obtain good marks in my test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I do not score high grade in practical’s</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I do not get additional marks for class attendance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>All my continues assessments (C.A’s) are average</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>I do not obtain good grades in my exams</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>I do not concentrate in classes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>I do not feel good during classes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>I do not have required hours of academic training held per week.</td>
<td></td>
<td></td>
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<td></td>
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</tr>
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</table>

**APPENDIX IV: MAP OF KAMPALA SHOWING KIU**

APPENDIX V: DATA ANALYSIS TABLES

respondent's sex
<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid male</td>
<td>206</td>
<td>53.4</td>
<td>54.4</td>
<td>54.4</td>
</tr>
<tr>
<td>female</td>
<td>173</td>
<td>44.8</td>
<td>45.6</td>
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</tr>
<tr>
<td>Total</td>
<td>379</td>
<td>98.2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>386</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

respondent's age

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
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<td>21</td>
<td>5.4</td>
<td>5.5</td>
<td>5.5</td>
</tr>
<tr>
<td>20-29 years</td>
<td>314</td>
<td>81.3</td>
<td>82.8</td>
<td>88.4</td>
</tr>
<tr>
<td>30-39 years</td>
<td>44</td>
<td>11.4</td>
<td>11.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>379</td>
<td>98.2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>386</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
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</table>

respondent's year of study

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid year 1</td>
<td>53</td>
<td>13.7</td>
<td>14.0</td>
<td>14.0</td>
</tr>
<tr>
<td>year 2</td>
<td>168</td>
<td>43.5</td>
<td>44.3</td>
<td>58.3</td>
</tr>
<tr>
<td>year 3</td>
<td>126</td>
<td>32.6</td>
<td>33.2</td>
<td>91.6</td>
</tr>
<tr>
<td>year 4</td>
<td>32</td>
<td>8.3</td>
<td>8.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>379</td>
<td>98.2</td>
<td>100.0</td>
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</tr>
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</table>
Missing -1 7 1.8  
Total 386 100.0  

Correlations

<table>
<thead>
<tr>
<th>Stress Levels</th>
<th>Pearson Correlation</th>
<th>Sig. (2-tailed)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress Levels</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Academic</td>
<td>1</td>
<td>.000</td>
<td>379</td>
</tr>
<tr>
<td>performance</td>
<td>-.597**</td>
<td>.000</td>
<td>379</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).

Stress Levels

<table>
<thead>
<tr>
<th></th>
<th>Std.</th>
<th>Mean</th>
<th>Std.</th>
<th>Lower Bound</th>
<th>Upper Bound</th>
<th>Minimum</th>
<th>Maximum</th>
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<td>95% Confidence Interval for Mean</td>
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<tr>
<td></td>
<td>N</td>
<td>Mean</td>
<td>Deviation</td>
<td>Std. Error</td>
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<tr>
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<td>1.60939</td>
<td>.11213</td>
<td>3.0677</td>
<td>.50</td>
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<tr>
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### Stress Levels

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<th>Minimum</th>
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</thead>
<tbody>
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<td>2.6229</td>
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#### ANOVA

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<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
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<tr>
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<td>.020</td>
<td>.008</td>
<td>.929</td>
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<tr>
<td>Within Groups</td>
<td>965.470</td>
<td>377</td>
<td>2.561</td>
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<tr>
<td>Total</td>
<td>965.490</td>
<td>378</td>
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#### Correlations

- Health seeking behavior among students' academic performance
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<th></th>
<th>Pearson Correlation</th>
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<td>Health seeking behavior among students</td>
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<td>-.515**</td>
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<td>Sig. (2-tailed)</td>
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<td>379</td>
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<tr>
<td>Academic performance</td>
<td>Pearson Correlation</td>
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<td>1</td>
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<td>Sig. (2-tailed)</td>
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</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).
APPENDIX VI: INTRODUCTORY LETTER


Directorate of Higher Degrees and Research Office of the Director

Our ref. 1161-06136-05437

Dear Sir/Madam,

RE: INTRODUCTION LETTER FOR IBRAHIM ZAHARADEEN GARGA
REG. NO. 1161-06136-05437

Monday 29th January, 2018

The above mentioned candidate is a student of Kampala International University pursuing a Master’s Degree in Counseling Psychology.

He is currently conducting a research for his dissertation titled, “Stress Levels, Health Seeking Behaviors and Academic Performance among Students of Kampala International University”.

Your organization has been identified as a valuable source of information pertaining to the research subject of interest. The purpose of this letter therefore is to request you to kindly cooperate and avail the researcher with the pertinent information she may need. It is our ardent belief that the findings from this research will benefit KIU and your organization.

Any information shared with the researcher will be used for academic purposes only and shall be kept with utmost confidentiality.

I appreciate any assistance rendered to the researcher.

Yours Sincerely,

Dr. Claire M. Mugasa
Director

C.c. DVC, Academic Affairs
Principal CHSS

“Exploring the Heights”