

## **Depression Cause and Effects Of Among University and College Students in Bungoma County, Kenya.**

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### **I. INTRODUCTION**

There is an alarming trend of depression among college student in the US. About 1 out of every 5 college students are experiencing some form of depression. A recent publication from the Center for Collegiate Mental Health in the US established that anxiety and depression are the top reasons that college students seek counseling. Depression accounted for more than 1,000 suicides on college campuses annually. A study done by Emory University and the 2016 UCLA Higher Education Research Institute, revealed that 12 percent of college freshmen experienced frequent depression. Therefore, poor mental health among university and college students has been a cause of concern globally. A previous systematic review indicated that university students had higher rates of depression than the general population. The real concern is the high prevalence of depression or anxiety among students pursuing health professions.

In 2015, about 3 million teens aged 12 to 19 had had experienced at least one major depressive episode in the previous year, according to the Department of Health and Human Services. More than 2 million experienced depression that impaired their daily function. About 30% of girls and 20% of boys of 6.3 million teens have had an anxiety disorder, according to data from the National Institute of Mental Health. Experts suspect that these statistics may be on the low end of what's really happening, since many people do not seek help for anxiety and depression. A 2015 report from the Child Mind Institute found that only about 20% of young people with a diagnosable anxiety disorder get treatment. It's also hard to quantify behaviors related to depression and anxiety, like nonsuicidal self-harm, because they are deliberately secretive. In Kenya, Depressive illness was significantly more common among the first year students, those who were married; those who were economically disadvantaged and those living off campus. The overall prevalence of moderate depressive symptoms was 35.7% (33.5% males and 39.0% females) and severe depression was 5.6% (5.3% males and 5.1% female). Depressive illness was significantly more common among the first year students, those who were married; those who were economically disadvantaged and those living off campus. Therefore, there is need to create appropriate interventions should be set up in higher institutions of learning to detect and treat these disorders paying particular attention to those at risk (Elsevier B.V. 2014).

### **Causes of Depression**

The most Probable causes of the psychological morbidity among students include early marriages; economic disadvantages living off campus, year of study, academic performance, religion and college attended. Logistic regression showed that those students who used tobacco, engaged in binge drinking and those who had an older age were more likely to be depressed. Other notable causes globally included excess use of social media resulting to undue competitions, academic pressure, demanding workloads, worry about own health, financial concerns, exposure to patients' suffering in the case of medical students, as well as student abuse and mistreatment.

### **Effects of depression**

Psychological distress among students may adversely influence their academic performance and quality of life and in some cases may contribute to alcohol and substance abuse, decreased empathy, and academic dishonesty. In light of the risks and consequences of psychological morbidity on students and the remarkable growth in university student numbers in Sub-Saharan Africa within the last 30 years. Moreover, have detrimental effects on the students' studies few studies in Kenya have addressed the mental health problems in Kenyan universities. It is estimated that mental, neurological and substance use disorders account for 13% of the

total global burden of disease (Ustun et al., 2004; Kessler, et al., 2003; Reddy, 2010; Ferrari et al., 2013) and that depression alone accounts for over 40% of the mental disabilities. Moreover, people with depression have a 40–60% chance of dying prematurely compared to the general population. There is also evidence that depression can predispose people to various diseases such as diabetes, myocardial infarction, HIV infection and death from suicide (Rubin et al., 2009; Nduna et al., 2010). The prevalence of depression varies widely across cultures with developed countries recording higher rates than those of developing countries (Kessler and Bromet, 2013). However, the associated risk factors are largely the same including role transitions and low work performance. Given, that effective treatments for depression is now available, it is unfortunate that case identification and treatment remain low. There is a need to understand the prevalence and antecedents of common mental disorders among university and middle level college students

## II. METHODOLOGY

This study therefore, aimed at establishing the Cause, and effect of depression among college students in Bungoma County. The study adopted a descriptive survey method. The sample for the study was done through multiple sampling approaches involving purposive, stratified and simple random. The study area was purposively selected owing to occurrence of some suicides and love related aggressive behavior. The population was selected from two layers; universities and colleges. The population sample size of (153) respondents was selected by simple random. One hundred and fifty-three (153) participants were selected. Fifty (50) students and the dean of students-forming fifty-one participants from Kibabii University, Equally, fifty (50) students and the HOD Guidance and Counselling from Kibabii Teachers Diploma College and Sang’alo Technical respectively were sampled. Questionnaires were personally administered to all the respondents. The tools were coded by SPSS for analyses. The findings presented using measures of central tendencies; averages, percentages, charts and bar graphs.

## III. FINDINGS AND DISCUSSIONS

### 1. Causes of Anxiety and Depression

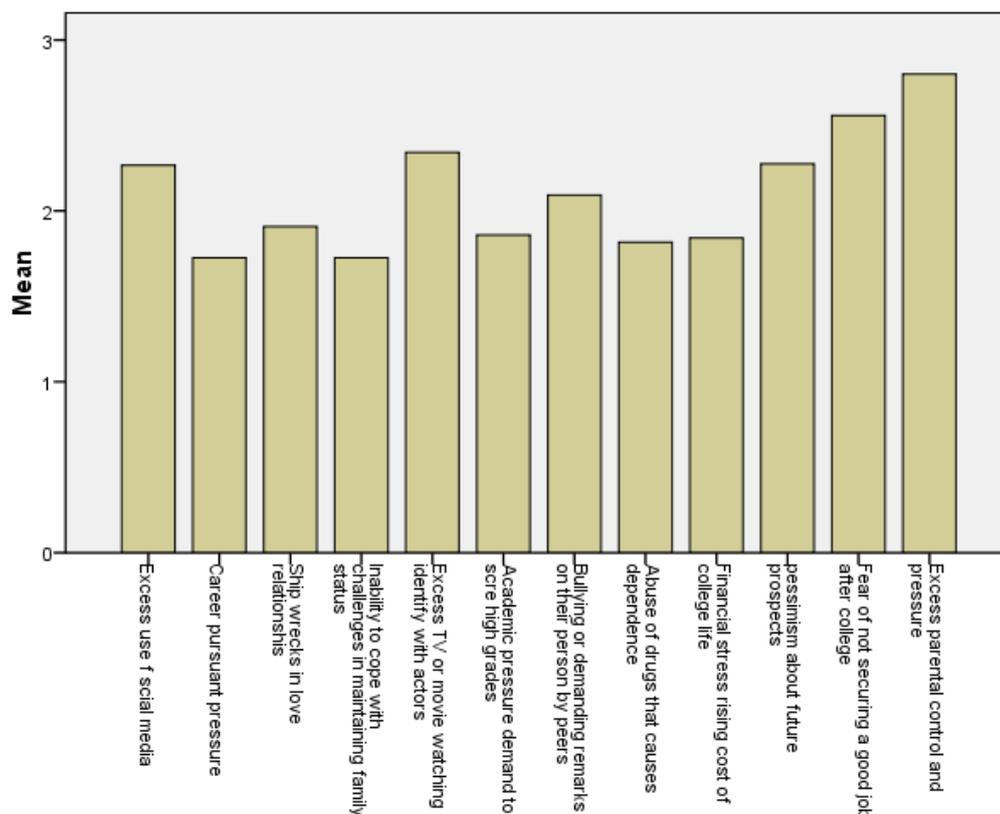


Figure 1: From the Figure 1 below, the main cause for anxiety and Depression among Kenyan university and college youths were; Excess parental control, Fear of never securing a job, Excess TV and Movie watching, Excessive use of social media and fear for future prospects affected university and college students. Depressive illness was significantly more common among the first year students, those who were married; those who were economically disadvantaged and those living off campus. Other variables significantly related to higher

depression levels included year of study, academic performance, religion and college attended. Logistic regression showed that those students who used tobacco, engaged in binge drinking and those who had an older age were more likely to be depressed. No difference was noted with respect to gender.

Limitations: This was a cross sectional study relying on self-report of symptoms and could therefore be inaccurate. Although the study was conducted in the largest university in the country that admits students from diverse backgrounds in the country there could still be regional differences in other local universities. Conclusion: Depression occurs in a significant number of students. Appropriate interventions should be set up in higher institutions of learning to detect and treat these disorders paying particular attention to those at risk. ©2014 Elsevier B.V. All rights reserved.

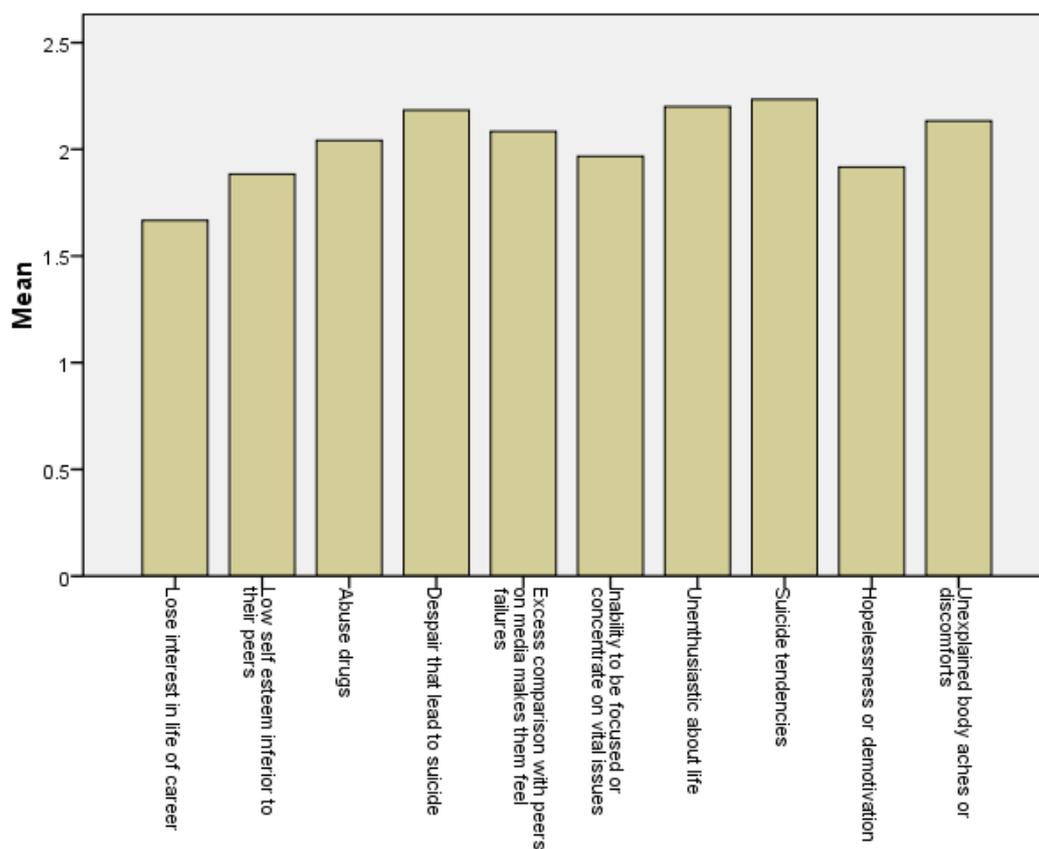
Introduction although depression is a common health problem and has been shown to have detrimental effects on the students' studies few studies in Kenya have addressed the mental health problems in Kenyan universities. It is estimated that mental, neurological and substance use disorders account for 13% of the total global burden of disease (Ustun et al., 2004; Kessler, et al., 2003; Reddy, 2010; Ferrari et al., 2013) and that depression alone accounts for over 40% of the mental disabilities. Moreover, people with depression have a 40–60% chance of dying prematurely compared to the general population. There is also evidence that depression can predispose people to various diseases such as diabetes, myocardial infarction, HIV infection and death from suicide (Rubin et al., 2009; Nduna et al., 2010). The prevalence of depression varies widely across cultures with developed countries recording higher

rates than those of developing countries (Kessler and Bromet, 2013). However, the associated risk factors are largely the same including role transitions and low work performance. Given, that effective treatments for depression is now available, it is unfortunate that case identification and treatment remain low. Hence there is need for stepping up the awareness campaigns and early evidence-based intervention (World Health Organization, 2013). Prevalence rates of depression among students vary widely, perhaps as a reflection of the different methodologies and instruments used. For example, using the Center for Epidemiologic Contents lists available at ScienceDirect journal homepage: [www.elsevier.com/locate/jad](http://www.elsevier.com/locate/jad) Journal of Affective Disorders <http://dx.doi.org/10.1016/j.jad.2014.04.070> 165-0327/&©2014 Elsevier B.V. All rights reserved Corresponding author. E-mail address: [cjothieno@uonbi.ac.ke](mailto:cjothieno@uonbi.ac.ke) (C.J. Othieno). Journal of Affective Disorders 165 (2014) 120–125

This corroborated by findings of a study from US which indicated that anxiety wrought by school pressures and technology as the key cause for anxiety and depression among the university or college students but also younger and younger kids. Ellen Chance, co-president of the Palm Beach School Counselor Association, says technology and online bullying are affecting kids as early as fifth grade causing a bigger strain on school counselors. School pressures also play a role, particularly with stress. Nora got counseling for her anxiety, which became crushing as the college-application process ramped up. She'd fear getting an answer wrong when a teacher called on her, and often felt she was not qualified to be in a particular class. "I don't have pressure from my parents. I'm the one putting pressure on myself," she says. "The competitiveness, the lack of clarity about where things are going [economically] have all created a sense of real stress," says Victor Schwartz of the Jed Foundation, a nonprofit that works with colleges and universities on mental-health programs and services. "Ten years ago, the most prominent thing kids talked about was feeling depressed? And now anxiety has overtaken that in the last couple of years." Alison Heyland, 18, a recent high school graduate, admits that other causes of depression is about the job one will do especially due to parental pressure. She says modern youths are such a fragile and emotional generation," she says. "It's tempting for parents to tell kids, 'Just suck it up.'" But, says Alison, "I feel like it really is less realistic for you to go after your dream job today. You're more apt to go do a job that you don't really like because it pays better and you'll be in less debt.

For some parents who discover, as Faith-Ann's parents Bret and Tammy Bishop did a few years ago, that their child has been severely depressed, anxiety-ridden or self-harming for years, it's a shock laden with guilt. Self-harm is certainly not universal among kids with depression and anxiety, but it does appear to be the signature symptom of this generation's mental-health difficulties. All of the nearly two dozen teens I spoke with for this story knew someone who had engaged in self-harm or had done it themselves. It's hard to quantify the behavior, but its impact is easier to monitor: a Seattle Children's Hospital study that tracked hashtags people use on Instagram to talk about self-harm found a dramatic increase in their use in the past two years. Researchers got 1.7 million search results for "#self-harm" in 2014; by 2015 the number was more than 2.4 million. While girls appear more likely to engage in this behavior, boys are not immune: as many as 30% to 40% of those who've ever self-injured are male. It's hard for many adults to understand how much of teenagers' emotional life is lived within the small screens on their phones, but a CNN special report in 2015 conducted with researchers at the University of California, Davis, and the University of Texas at Dallas examined the social-media use of more than 200 13-year-olds. Their analysis found that "there is no firm line between their real and online worlds," according to the researchers.

**Effects of anxiety and depression**



From the Figure 2 above, HODs Guidance and Counselling felt that the main effects caused by anxiety and Depression among the Kenyan youths in the universities or colleges were; having suicidal tendencies, feeling unenthusiastic about life, desperation and hopelessness plus unexplained body aches and discomforts. However, Sixty five percent (65%) of the respondents agreed that the use of social media contributed to depression and anxiety. Eighty six percent (86%)blamed career pursuit pressure for anxiety and depression. Eighty percent (80%) of respondents attributed anxiety and depression to mis understandings that occur in their bi sexual relationships

Eighty-seven-point five (87.5%) percent observed that they ill equipped in handling challenges emanating from family feudsThe frequency tables shows that low self-esteem-inferior to their peers, abuse drugs, despair that can lead to suicide, suicide tendencies and hopelessness or demotivation are the main effects of depressions.In the US a study conducted by CNN found that due to uncontrolled use of Instagram, Twitter and Facebook feeds, their teenagers and adolescents were more fragile, less resilient and more overwhelmed than their parents were when they were growing up. Sometimes they're called spoiled or coddled or helicoptered. But a closer look paints a far more heartbreaking portrait of why young people are suffering.

Anxiety and depression had also infiltrated in high school kids since 2012 after several years of stability. It's a phenomenon that cuts across all demographics--suburban, urban and rural; those who are college bound and those who aren't. Family financial stress can exacerbate these issues, and studies show that girls are more at risk than boys. This raised the number of distressed young people. Teen minds have always craved stimulation, and their emotional reactions are by nature urgent and sometimes debilitating. The biggest variable, then, is the climate in which teens navigate this stage of development. That hyperconnectedness now extends everywhere, engulfing even rural teens in a national thicket of Internet drama. A suicide might happen on the other side of the state and the kids often know before the adults, says Megan Moreno, head of social media and adolescent health research at Seattle Children's Hospital, notes a big difference between the mobile-social-tech revolution of the past 15 years and things like the introduction of the telephone or TV. In the olden days, your mom told you to get off the family phone or turn off the TV, and you did it. This time, kids are in the driver's seat.Parents are also mimicking teen behavior. "Not in all cases, obviously, but in many cases the adults are learning to use their phones in the way that the teens do," says Moreno. "They're zoning out. They're ignoring people. They're answering calls during dinner rather than saying, 'O.K., we have this technology. Here are the rules about when we use it.'"

The academic study of this behavior is nascent, but researchers are developing a deeper understanding of how physical pain may relieve the psychological pain of some people who practice it. That knowledge may help experts better understand why it can be hard for some people to stop self-harming once they start. People injure themselves to cope with anxiety or depression. It's hard to know why self-harm has surfaced at this time, and it's possible we're just more aware of it now because we live in a world where we're more aware of everything. The idea that self-harm is tied to how we see the human body tracks with what many teens told me when I interviewed them. As Faith-Ann describes it, "A lot of value is put on our physical beauty now. All of our friends are Photoshopping their own photos-it hard to escape that need to be perfect." Before the dawn of social media, the disorders that seemed to be the quintessential reflection of those same societal pressures were anorexia or bulimia--which are still serious concerns.

Some of the treatments for self-harm are similar to those for addiction, particularly in the focus on identifying underlying psychological issues--what's causing the anxiety and depression in the first place--and then teaching healthy ways to cope. Similarly, those who want to stop need a strong level of internal motivation. One of the most powerful things Faith-Ann did to escape the cycle of anxiety, depression and self-harm was to channel her feelings into something creative. As part of the Project Aware teen program in Maine, she wrote and directed a short film about anxiety and depression in teens called *The Road Back*. More than 30 kids worked on the project, and they became a support system for one another as she continued to heal. I had a place where I could be open and talk about my life and the issues I was having, and then I could project them in an artistic way," she says.

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