

Determination of the Prevalence of Help-Seeking Behaviours for Depression among Students in Public Universities in Kenya.

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ABSTRACT

Help-seeking is a complex decision-making process employed to respond to a health problem challenging personal coping abilities and is triggered when task demands exceed coping abilities or resources. This process consists of a number of steps including, awareness and appraisal; determination of need for help; awareness of the sources of help; and finally, willingness to disclose difficulties to a help source. This research sought to examine the prevalence of help-seeking behaviours among students in public universities in Kenya. The study utilised a random sample of 593 respondents from a population of 896 students of Kisii University. A random sample was used because it has a tendency of being free from bias and, provides a more representative sample of the population. The study was supported by the Theory of Planned Behaviour (TPB). Participants were asked among other questions to indicate whether or not they have sought help for an emotional problem during the past six months. The study employed quantitative methods to analyse data to identify and characterise respondent characteristics. The study findings revealed that gender, age, year of study, residency, field of study, and religious affiliation are among factors that have a higher influence on the prevalence of depression. The study revealed that university students display a low help seeking rate (37.8%) compared to a high prevalence of depression (62.3%). Therefore, there is need to increase university students coping strategies to enhance health outcomes.

Keywords: Help-seeking, Prevalence, mental health, University students, Behaviour, treatment

BACKGROUND

While university students are at a high risk of developing depression; they not only display low rates of help-seeking, but also delay or avoid seeking help for their emotional problems. Understanding why university students display this discordant behaviour, is important in enhancing their social functioning both at school and work. Moreover, understanding student experiences, including their satisfaction with mental health services is critical to improving treatment uptake. This knowledge can be helpful in addressing the discrepancy between high prevalence and low access to treatment. Therefore, more insight about help-seeking behaviour is needed to provide the direction on how to develop strategies to improve access to treatment and increase the utilization of mental health services.

Despite increased rates of help-seeking being beneficial; yet, evidence suggests that persons suffering depression are less likely or unlikely to seek help, especially from formal sources (Divin, et al., 2018). Studies on a global level, have observed a low prevalence of help-seeking against a wide treatment gap for common MH disorders (Jorm, et al., 2017). Partly, this may be due to depression sufferers preferring to seek help from informal sources (Smith, et al., 2019; Summers, et al., 2019). This is for the reason that help-seeking is a critical step towards accessing care and support so as to enhance their quality of life. The majority of current studies on help-seeking for depression primarily target adolescents (Planey, et al., 2019), university students (Mirza, et al., 2021), and adults of all ages. However, only few studies have reported on barriers experienced by university students. This population is an important cohort to study, since it represents a population at a critical developmental transition (Lanoye, et al., 2017; Wood, et al., 2018)

—transition from high school to university and from childhood to adulthood. In addition, they are involved in the development of identity which may lead to self-doubt, social withdrawal, loneliness, and lowered self-esteem resulting in depression.

Moreover, individual factors, such as personal beliefs, internalised gender norms, coping skills, self-efficacy, and mental health knowledge also play a major role in explaining help-seeking behaviours alongside interaction with structural factors such as accessibility and affordability of services (Theurel & Witt, 2022). Indeed, personal determinants such as personal preferences for self-reliance in managing their mental health, negative attitudes about seeking professional help, a preference for informal sources of help, are major impediments to help-seeking behaviours among the young people (Radez et al., 2021; Salaheddin, & Mason, 2016).

Thus, from a psychological perspective, help-seeking can be understood as a multi-staged process that starts with problem identification, decision making on need for help to solve the problem, choosing, asking and getting help, and finally processing received help. To successfully achieve behavioural performance, a realignment of recognition, readiness, ability and willingness have to be made towards the behaviour. Consequently, any mal alignment of these stages of the process is likely to result in a gap (Tomczyk, et al., 2020a). Several individuals have applied this psychological model to change from not seeking to seeking help. Factors influencing help-seeking behaviours negatively tend to delay early identification and seeking of treatment. Some of these include, negative attitudes and poor psychological knowledge, stigma, a preference of seeking help from informal sources, low perceived need toward help-seeking, and a lack of affordability (Shi, et al., 2020; Velasco, et al., 2020). Beliefs about causal factors and help-seeking barriers, are also likely to lead to a preferred source from where help for depressive symptoms can be procured.

‘Help-seeking’ is a concept that has received a lot of attention in recent times because it is an important means for exploring and understanding why patients delay or avoid seeking treatment across a variety of health conditions. When used in a general sense, help-seeking refers to the utilization of mental health services from both formal and informal sources. Seyi-Oderinde (2020), notes that, often, researchers use the term “help-seeking” interchangeably with “health-seeking,” which generally refer more narrowly to seeking health or treatment services for a specific ailment or illness. However, in a broader sense, “help-seeking” refers to the use of both formal and informal support, which include family, kinship and friends’ networks, traditional healers and/or religious leaders.

Studies have shown that in developed countries the treatment gap ranges from 44–70%; while, in developing countries, the gap can be as high as 90% (Sanabria, 2022), due to multiple barriers, because they negatively influence willingness and intention to seek help or treatment. Prior studies have identified several barriers that hinder university students from seeking help, which include, stigma, embarrassment and poor mental health knowledge, (Muhorakeye & Biracyaza, 2021; Shi, et al., 2020; Velasco et al., 2020) attitudinal, structural, low perceived need, and personal factors (Shi, et al., 2020; Velasco et al., 2020), lack of time to seek treatment, comorbid substance use, socio-demographic variables as well as chronic illness (Magaard et al., 2017; Roberts, et al., 2018); and, confidentiality and trust issues about mental health services and healthcare professionals (Stevens et al., 2022; Velasco et al., 2020). In addition, being male is negatively associated with willingness to seek mental health support or being female is associated with displaying one’s emotions; belief that the problem would go away or can be sorted out without external help (O’Cathain et al., 2020), lack of confidence in mental health professionals (Magaard et al., 2017; Roberts, et al., 2018), tendency to rely on self to solve problems (Bashir et al., 2020), and not wishing to admit having a disorder; financial costs associated with service, waiting times and transportation difficulties (Radez et al., 2021; Velasco, et al., 2020) also contribute to the delay or avoidance in seeking help.

Help-seeking is admittedly a complex decision-making process triggered by a health problem challenging personal coping abilities. Against this backdrop, the concept is viewed as a multi-faceted process in which

individuals begin by recognizing a specific health problem such as depression, followed by recognition of the need to seek help or treatment and then the willingness or intention to seek help (White et al., 2018). It is only after carrying out a cost-benefit analysis that an individual is able to determine whether or not it is worthwhile to seek help by choosing the most economical option. Therefore, help-seeking can be defined as a form of health seeking behaviour where a help seeker discloses their problem to get external assistance. In mental health, seeking help from external sources is the first conscious step towards receiving treatment (Tomczyk, et al., 2020a), because treatment begins with disclosure and diagnosis. Also, the earlier treatment begins, the more effective it is likely to be.

Help-seeking behaviours reflect the utilization of healthcare services and is predicted by different socio demographic factors, such as being female (Tomczyk, 2020b), older age (Mackenzie et al., 2019) and previous positive help-seeking experience (Valasco et al., 2020). Poor mental health knowledge can lead to poor access and utilization of mental health services because health literacy is associated with knowledge about health and the healthcare system (Huang et al., 2019). Moreover, having comprehensive knowledge is important in understanding the full range of individual and community health needs so as to provide accessible and equitable services. Further, having a good understanding of the health needs provides an opportunity to create interventions which improve health outcomes and reduce inequalities (Raghupathi & Raghupathi, 2020). Knowledge also assists to overcome impediments, and strengthen the health-care system.

MATERIALS AND METHODS

Materials

The study group comprised of 593 (298 males and 295 females) undergraduates enrolled at Kisii University during the 2022/23 academic year. Only students aged between 18-25 years, having done less than three academic years in their respective fields' of study qualified for inclusion. Respondents who turned in uncompleted survey with less than 80% of the required data, or having not indicated year of Study or age were excluded. To examine the prevalence of help-seeking behaviours, the sample was identified from an initial group of 896 students involved in a previous study on prevalence of depression. Moreover, in this present study, only participants who answered the question "Have you sought help for an emotional problem during the past six months?" were included. Out of the participants asked to answer the question; only 593 (66.2%) responded.

Methodology

The objective of this survey was fully explained and students assured that participation was absolutely voluntary. Collected information would be kept confidential, and used for better understanding of the help-seeking behaviours. Prior to data collection, the researcher sought and obtained authorisation as well as recruited and trained research assistants. Institutional authorization was obtained from KSU, which enabled the researcher to seek for ethical approval. The Ethics Committee of Kisii Referral and Teaching hospital (KTRH) granted ethical approval under certificate No. ISERC/KTRH 022/23 dated 21st June, 2023. In addition, research permit No. 909286 was issued by the National Council for Science, Technology, and Innovation (NACOSTI), the governing body for research in Kenya. After willing students providing a written consent, a self-reported survey instrument was administered. The instrument comprised of two parts—A demographic and awareness questionnaire, and the Help-seeking questionnaire. After completing the survey, questionnaires were coded and entered in the SPSS version 25 for Analysis.

AIMS OF RESEARCH

The purpose of the research was to examine the prevalence of help-seeking behaviours among students in

public universities in Kenya. In line with this aim, the study attempted to answer the following questions: 1) What is the prevalence of help-seeking behaviours among students in public universities in Kenya? 2) Does prevalence of help-seeking behaviours vary depending on the socio-demographic characteristics among students in public universities in Kenya? 3) What are some of the ways to increase the prevalence of help-seeking rates among students in public universities in Kenya?

STATISTICAL ANALYSIS

This research utilised Quantitative research method, to identify and characterise respondents based on collected and analysed numerical data. This was because the methodology is able to reveal patterns that allow researchers make predictions, test relationships, and generalise the results to the wider populations. The research took a systematic approach that relied on an empirical investigation of observable phenomena. It employed statistical models, computational techniques, and statistics to develop hypotheses or theories regarding specific ideas. In this context, measurement is central to the success of this work. This is because quantitative research a) allows the use of a big sample; b). allows quick collection of data; c) uses a randomized process to collect information mainly from samples; d) results are easily replicated; and e). focuses on facts or a series of information. Table 1 provides a summary of the demographic characteristics of working sample.

Table 1 Distribution of Respondents by Socio-demographic Variables

Variable	Category	Frequency (n)	Percentage (%)
Gender (n=593)	Male	298	50.3
	Female	295	49.7
Age (n=593)	Co1	387	65.3
	Co2	206	34.7
Marital Status (591)	Single	571	96.6
	Married	20	3.4
Year of Study (593)	FY	256	43.2
	SY	203	34.2
	TY	134	22.6
Living Arrangements (n=589)	OCWF	47	8.0
	OCWFS	490	83.2
	OCHR	52	8.8
Field of Study (n=593)	Education	299	50.4
	Health Science	16	2.7
	Arts and Social Sciences	44	7.4
	Business Economics	72	12.1
	Information Technology	77	13.0
	Law	9	1.5
	Pure and Applied Sciences	51	8.6
Ethnicity (n=573)	Agriculture	25	28.0
	Kamba	37	6.5
	Kikuyu	37	6.5
	Kisii	146	25.5
	Kalenjin	94	16.4

	Luhya	112	19.5
	Luo	108	18.8
	Others	39	6.8
Religious Affiliation (556)	Catholic	182	32.7
	SDA	160	28.8
	Protestant	159	28.6
	Muslim	12	2.2
	Others	43	7.7

Key: Co1 Cohort 1; Co2 Cohort 2; FY First Year; SY Second Year, TY Third Year; OCWF off-campus with Family; OCWFS Off-Campus with fellow Students; OCHR On-Campus in Halls of Residence.

In sum, Table shows that the sample was derived from a population of 896 respondents; 593 (66.2%) answered the question while 303 failed. In terms of gender distribution, there were 298 (50.3%) males compared to 295 (49.7%) females; and according to age, there were 387 (65.3%) against 206 (34.7%) aged between 18-22 and 22-25 years respectively. Concerning marital status, 591 (99.7%) disclosed their marital status; 571 (96.6%) indicated being single. Regarding year of study, the sample comprised more first years (43.2%) compared to 34.2% and 22.6% of second and third years' respectively. Based on field of study the sample consisted of more than 50% of the participants. In terms of ethnic community, the sample consisted of 25.5% Kisii, 19.5% Luhya and 18.8% Luo. Finally, according to religious affiliation, most of the participants in the sample were affiliated to the Catholic faith (32.7%); SDA faith (28.8) and protestant faith (28.6%).

RESULTS

To determine the prevalence of help-seeking behaviours; data were coded and arranged based on “Sought help” coded one (1) while “Sought No help” coded two (2). A frequency count was performed using the SPSS version 25 to determine the number of persons who sought help for emotional problems compared to those who “sought no help”. Results indicated that out of a total of 896 participants, nearly two thirds 593 (66.2%) answered the question “have you sought help for an emotional problem during the past six months?” compared to 303 (33.8%) respondents (i.e., slightly over one third) who failed to answer the question. Further, 224 (37.8%) respondents out of those who provided data indicated having sought help compared to 369 (52.2%) respondents who indicated having “sought no help”. Table 2 displays the results of the analysis.

Table 2 Help seeking Behaviours

	Freq (n)	Percentage		
		Raw	Valid	Cumulative
Sought Help	224	25.0	37.8	37.80%
Sought No Help	369	41.2	62.2	100%
	593	66.20%	100	
Non Response	303	33.80%		
	896	100%		

Table 2 indicates that 224 respondents out of 593 report having sought help for their emotional problems accounting for 37.8% of the valid sample. This finding reveals that university students portray a low rate of help seeking behaviour and is consistent with prior studies that have come to the same conclusion such as

Alonso, et al., (2018); Bifitu et al., (2018); and Evans-Lacko, et al., (2018). Most studies on help-seeking behaviours do not report on the rate of help-seeking because they are not quantitative. Therefore, this study may be ground breaking somewhat in that, help-seeking rate for Kenya is unknown.

Research has consistently provided evidence that university students display a high prevalence of depression, but a low prevalence of help seeking behaviours. This affects their utilisation of MHS and thereby placing them at risk of developing depression with its devastating consequences. Supposing, this observation was true, then it may be expected that majority of those. To test whether respondents who screen positive for depression would be the most likely to seek help more than those who screened negative, the study performed a cross-tabulation between HSB and Screen, using SPSS version 25. HSB was split into two categorical groups—Sought help and Sought not help; while “Screen” was equally split into two categorical groups— “Non-Positive” and “Positive”. Cut-off scores for individuals who screened non-positive ranged between 0 -13; whereas the scores for individuals who screened positive ranged between 14 – 38. Table 3 displays the results of the analysis.

Table 3 Prevalence rate of Help-seeking for Depression

	Screen Positive	Screen Negative	Total	Percent
Sought help	127	97	224	37.8%
Sought no Help	183	186	369	62.2%
Total	310	283	593	100%
Percent	52.30%	47.70%	100%	

Table 3 shows that out of 593 respondents, only 224 (37.8%) sought help compared to 369 (62.2%) respondents who sought no help. However, in terms of screening for depression, 310 (52.3%) respondents screened positive; compared to 283(47.7%) who screened negative. This implies that among university students, depression is highly prevalent against low rates of help seeking behaviour. Table 3 also indicates that the rate of help seeking for depression was approximately 37.8%. This finding is consistent with prior studies, which include, Narusyte, et al., (2017); Sagar-Ouriaghli, et al., (2019); Smith, et al., (2019); and Summers, et al., (2019). These studies also arrived at the same conclusion that individuals with depression, specifically university students, depict a low rate of help-seeking behaviour, despite manifesting a high prevalence of depression.

DISCUSSIONS AND CONCLUSION

Help-seeking for emotional concerns among individuals aged between 18-25 years (where majority of the undergraduates fall) is of great concern. This is for the reason that untreated depression is associated with adverse consequences which include poor academic achievements, failure to complete studies and graduate on a timely manner, relationship instability, suicidal thoughts and attempts, poor work performance, substance abuse, acute infectious illnesses, as well as physical and psychological difficulties in general. Given that university students display a high prevalence of depression against a low help seeking rate, depression sufferers must willingly to seek help, especially for mental difficulties, if they hope to increase survival chances. Delay or avoidance to seek help are a recipe for of worsening mental wellness, thereby risking death. In addition, help-seeking behaviour can be enhanced depending on an individual’s perception of the severity of the illness. Normally, severe disease symptoms drive sufferers to seek treatment; and if not, individuals feel less compelled to seek help (Zimmerman, et al., 2018). Moreover, the choice of a help source depends on what one believes to be the cause of the illness (Jones et al., 2018). It is believed that mental illnesses are caused either by a super-natural or organic cause. Given that a majority of the people with psychological difficulties attribute their problem to supernatural causes, then they would rather seek

help from informal sources first before turning to formal ones.

Given the devastating impact of depression, there is no doubt that students need help for their emotional difficulties. One such strategy is to institutionalise ways of ascertaining that students screen for depression regularly. Because depression is more prevalent among first years, one condition for entry should be to screen for depression. Furthermore, students should be encouraged to embrace factors that motivate individuals with depression to seek help. Generally, key among them include, availability and awareness about depression; and, proximity and easy access to counselling services (Chandrasekara, 2020). Others include, positive attitudes and past experiences (Eigenhuis, et al., 2021), social support or positive encouragement from others (Sanghvi & Mehrotra, 2022), confidentiality and trust in services and good MH knowledge (Barnes, 2019). Developing positive relationships with health service providers, perceiving the problem as serious, and emotional competence (Disabato, et al., 2018). Help-seeking is a critical step towards accessing care and support in order to enhance their quality of life.

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