

Effectiveness of Guidance and Counselling on Depression among Adolescents in Schools in Kakamega County, Kenya

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ABSTRACT

Depression is a solemn health issue affects a large number of children and adolescents. Studies have identified high prevalence of depression among adolescent students in Kenya as well as in Kakamega County. Guidance and counselling practices are functional in aiding students with a myriad of social and behavioural problems. This study aimed at finding out the effectiveness of guidance and counselling on depression management and the factors influencing the effectiveness of guidance and counselling in depression management among adolescents in secondary schools in Kakamega County. The study was guided by pretest/post-test design to a target 442 secondary schools, 442 heads of guidance and counselling department and 180,851 adolescents from secondary schools in Kakamega County. Multistage cluster sampling was used to select the 45 schools. Purposive sampling was used to select 45 Guidance and Counselling teachers. 91 adolescents were sampled purposively from a 448-sample calculated by G-power. Data was collected using three sets of tools; Kutcher Adolescent Depression Scale, sociodemographic questionnaire, and a key informant guide for the head of guidance and counselling and education officers. Pilot study was done in the neighbouring County before commencement of actual data collection. Data was analysed using statistical package for social sciences (SPSS) version 27.0. Quantitative data was analysed using descriptive and inferential statistics and presented as in tables and charts as percentages and means. Qualitative data was analysed thematically. Results showed that guidance and counselling have a small effect on depression levels. The findings showed that G&C was more effective for the male adolescents (OR=1.7; CI=0.89, 2.56; p<0.001), those in boarding schools (OR=1.7; CI=0.89, 2.56; p<0.001) and those of the Christian faith – integrate these findings here. The study recommends that other effective interventions should be put in place to manage depression for adolescents in schools.

Key words: Depression Management, Effectiveness, Guidance and Counselling, Schools, Kenya

I. INTRODUCTION

Depression is amid the topmost public health challenge for adolescence. It is as well a second leading cause of death for adolescents (Lu et al., 2019). Its prevalence in Africa is higher than in developed countries where it is better managed (Das et al., 2016). Prevalence of depression in Kenyan secondary schools is also high (Osborn et al., 2020: Nyayieka et al., 2020: Nzangi et al., 2022). The prevalence of depression in secondary schools in Kakamega County is 44.8 (Bakesia et al., 2022). For adolescents, depression has triple negative effects that impact adolescents' social relations, school performance as well as causing poor health (Awadalla et al., 2020). Adolescent depression if not carefully handled also increases risk for hospital visits and admissions (Weersing et al., 2006). It also contributes to recurrent depression, psycho-social deterioration, alcohol and substance abuse, as well as increased antisocial behaviors and teenage pregnancies (Bhatia et al., 2007; Bhatarrai et al., 2020). Interventions are needed to avert these negative effects.

In Kenyan secondary schools, the most popular management strategies for majority of psychological problems are Guidance and Counselling (G&C) (Wambu & Wickman, 2016) and Life Skills Education (LSE) (Mathenge 2018). The program of G&C was introduced in Kenya in 1971 and was mainly to address the social and mental problems faced by learners (Wambu & Wickman, 2016). This option was adopted after the education stakeholders realized that academic work in isolation can't bring forth an all-rounded person that is beneficial to the community (Wango, 2007). The focus

of G&C in Kenya is to respond to the proximate needs of students with given challenges such as loss of parent, poor academic performance, those on drugs and substances, indiscipline and troubled relationships (Wango, 2007). As a result, most learners relate counselling to discipline, and therefore formulated a negative mental attitude towards seeking G&C services (Wambu & Wickman, 2016). Due to limited time and a packed school schedule, G&C services are given at break-time, lunch time and mostly after school hours. Students in need of G&C are identified by teachers, fellow students and on rare occasions, they may refer themselves.

Despite the effectiveness of G&C in addressing social and mental challenges, the program has also faced multiple challenges such as lack of trained, teachers overload with class work, scarce resources and lack of cooperation from parents (Toto, 2014). The teachers in charge of G&C still have other responsibilities assigned to them. The multiple responsibilities give them precisely limited time to render effective counselling services to the learners in need. Moreover, the same teachers will be in charge of evaluating academics and it thus becomes difficult to establish that rapport needed for G&C to take place.

Ethical issues may arise where the school head teachers and even the class-teachers want to know what transpired during the session (Nyutu & Gysbers, 2007). A number of schools in Kenya lack facilities and materials for G&C. The schools lack rooms for the sessions and keeping records is also a challenge. Another study also cited a lack of in-service training for teachers who offer G&C (Waititu, 2010) as well as a lack of clear job description for teachers offering G&C. The program of G&C was introduced in Kenya in 1971 and was mainly to address the social and mental problems faced by learners (Wango, 2007).

G&C focuses on helping learners to solve an immediate crisis and thus it is temporary and problem focused. G&C is also offered at separate times such as at break time, games time and often times is a less scheduled activity. Besides, the program focuses more on girls as they are presumed to suffer from pubertal symptoms more than boys (Wango, 2007). The effectiveness of G&C was also been studied in addressing student discipline (Toto, 2014), student adjustment (Kanga, 2017), and student academic, career and personal competencies (Ondima et al., 2013). There is however limited evidence on the effectiveness of G&C on depression among adolescents in secondary schools, a gap this study fills.

II. METHODOLOGY

Quasi experimental (Pretest/post-test) design was excellently used for this study making comparison between the same groups but at pretest and posttest. The design gave possibility for measurement of the effects of the G&C. This design was chosen for this study as it enabled the researcher to determine the effectiveness of the G&C on depression management among adolescents in secondary schools in Kakamega County, Kenya. A mixed method research design was used in this research to collect both qualitative and quantitative data. This enhanced the credibility, generalization and contextualization of the research findings. Adolescents were to be in a secondary school both private and public in Kakamega County in form 1 to 3, in the age bracket between 15 years and at most 19. Form four students were excluded from the study as follow-up would have been challenging. Adolescents who previously undertook depression screening tests, the severely ill and non-assenting adolescents were excluded from the study. To sample the schools, the researcher was guided by Mugenda and Mugenda (2008). According to Mugenda and Mugenda (2008), a sample size of 10-50% is acceptable (Mugenda & Mugenda, 2008). The researcher picked on 10% of the schools as sufficient to represent the 442 secondary schools in Kakamega County, Kenya. Multistage sampling was used to select the 42 secondary schools. The 42 guidance and counseling teachers were selected purposively. All the twelve sub-county education officers were included in the study. Research was conducted by counseling psychologist.

Depression levels were measured using the Kutcher Adolescent Depression Scale (KADS-11). The KADS-11 scores were also recorded. The scores of this tool ranged from 0 to 44. For the study, higher scores above 25 showed depression. The students also responded to a socio-demographic questionnaire at this stage. The G&C teachers, the Sub-County Education Officers were interviewed at the pretest. The 91 adolescents were subjected to a session G&C every week for the eight weeks. In the first two weeks, there was an introduction of the researcher to the adolescents to know their challenges. The next sessions were based on the talks on the problematic areas identified by the adolescent so as to make them have ability to manage depression. The posttest stage was done four weeks after the 8 G&C sessions. The scores for depression were computed and compared to the initial scores at the pretest. This was to determine the effect of G&C. The depression scores were measured using the Kutcher adolescent's depression scale of 11 items, similar to pretest. Analysis was done by SPSS version 27 and presented in tables. Mean score of depression were lower at posttest than at pretest. P-value was computed at 95% confidence interval.

III. RESULTS & DISCUSSIONS

3.1 Gender of Respondents

The study sought to find out the gender of adolescents who participated in the study as in figure 1. More females than males are likely to be depressed as supported a cross-sectional study on prevalence of depressive symptoms among adolescents in Nairobi City County (Khasakala et al., 2012). The study found that there were more girls than boys who had depression although the difference was not significant (Khasakhala et al., 2012). A previous cross-sectional study carried out in Ethiopia showed that being male reduced depressive symptoms by 1.09 units ($\beta = -1.09$, 95% CI (-0.02, 0.49) as compared to female (Girma et al., 2021).

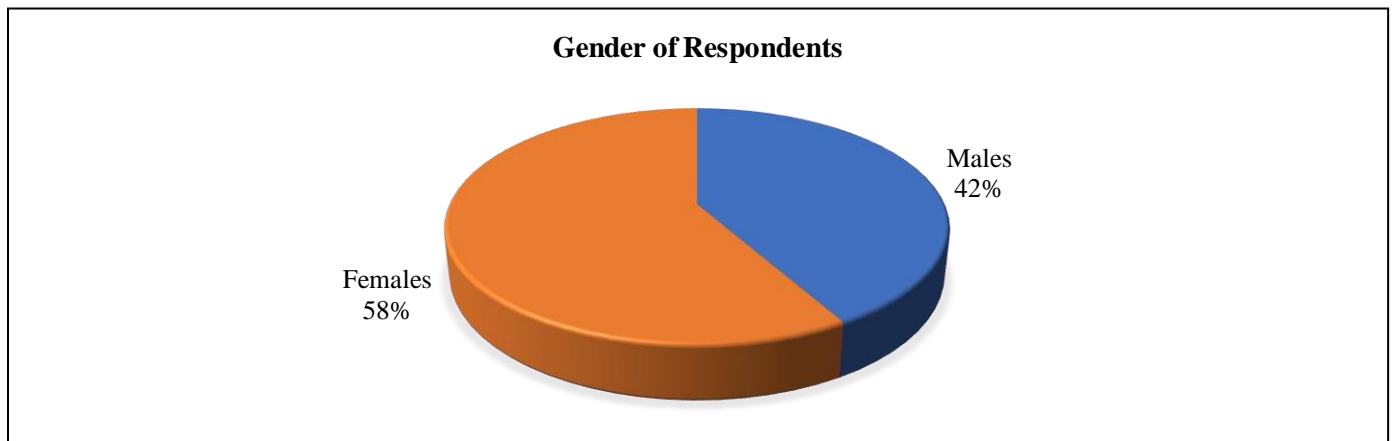


Figure 1
Gender of the respondents

3.2 Age

The study also determined the age of the respondents. Majority of the respondents were of ages 17 as shown in Table 1. This is supported by Nzangi’s study (2022) which found that 16–17-year-old had a higher prevalence of depression than those above 18 years (Nzangi et al., 2022). The study findings also agreed with a South African study among adolescent populations of similar ages (15-19 years) (Ajaero et al., 2018). Higher probability of depression among the below 17-year-old in this study is related to the social, emotional, cognitive and physical changes that begin to occur at adolescence. Also, the adolescents below 17 years are likely to be overwhelmed with transitions, both physically, and even socially, at home and school that could lead to depression.

Table 1
Age of the Respondents

AGE	Frequency	Percentage
17	31	34
18	19	21
19	27	30
15	12	15
16	2	2

3.3 Depression Scores at Pretest and Post-Test

To determine the depression levels, a KADS of 11 items was used and scores totalled. This was done at pretest and post-test for the adolescents who participated in the study. The mean scores for depression before and after guidance and counselling was as presented in Table 2.

Table 2*Depression Scores at Pretest and Post-Test*

Depression Score		df	t-test	p-value	p-value
Pretest	Post test				
Mean (SD)	Mean (SD)				<0.001
28.0 (2.7)	21.0 (6.6)	91	10.1	<0.001	

3.4 Effect Size of Guidance and Counselling

To determine the effectiveness of the G&C, the researcher applied the effect size was tested. Using Hedges *g* criteria, the effect sizes of G&C were significantly small (overall effect size $Z=0.36$; $p=0.06$) at 95% confidence interval (CI) indicating limited practical applications. The *p* value was also insignificant. The findings showed that G&C had a small effect on managing depression among adolescents in secondary schools in Kakamega County. Results are as shown in Table 3.

Table 3*Effect Size of Guidance and Counselling*

Variable	Not depressed	Depressed	Hedges <i>g</i> (95% CI)	Test for overall effect size
G & C	50	41	0.46(0.35-.71)	$Z=0.36$; $p=0.06$

The researcher concluded that G&C may not be effective for managing depression as it had a smaller effect on depression. The researcher suggests a focus on use of other interventions as supported by other studies as they have been shown more effective. For instance, a Random Control Trial (RCT) conducted in Nairobi using a group intervention administered by laypersons (Osborn *et al.*, 2020b) focused on both depression and anxiety. The group intervention administered by lay people produced greater reductions in adolescent anxiety symptoms from baseline to 4-week follow-up, and greater improvements in academic performance. The group intervention taught the 13–18-year-old adolescents on a growth mindset, an attitude of gratitude, and value affirmation (Osborn *et al.*, 2020b). This therapy was administered by lay persons unlike the current study that was administered by educational psychologists. Another study in Kenya on school interventions was conducted for using a one-day single digit intervention by lay persons and the results proved to be effective (Venturo-Conerly *et al.*, 2022). Although there was attrition after two weeks.

From the qualitative data from the guidance and counseling teachers, they observed that counseling may only be applicable to mild forms of depression. This was expressed by one of the heads of G&C.

“You know every school has G&C department which is a mandatory requirement of the education policy. This helps a lot with managing students’ psychosocial issues. Most of the times it’s, when the issue is complex and gets beyond the G&C, we refer to a higher level which is a counsellor.”

An informant reported that for depression management among adolescents, guidance and counseling by the teachers is not enough. They reported that: -

“I think guidance and counseling alone is not enough to manage depression. We need continuous medical education on depression management and also, we need to have some supportive materials. I think IEC materials that talk about depression in schools, in hospitals, and even at community level. This will inform people on depression, how it presents, and what maybe done if someone is in need of help. Just like we have help lines for child abuse, we can have even a help-line with a psychological counsellor for the mental health issues.”

Another informant echoed the importance of having professional counselors as a strategy to be implemented to manage depression in their narration below: -

“We need to have professional counselors at school level. You know even if the teacher training curriculum has a component on guidance and counselling, it is inadequate. Furthermore, the teachers have other responsibilities of which teaching is mandatory and that’s what they will give priority. Some of the cases may be beyond the capacity of the G&C teachers thus needing a counsellor. Schools fail by inviting motivational speakers who are not counselors to speak to students who may be having mental issues.”

The second objective of the study was on the factors that influence the effectiveness of the guidance and counseling in depression management among adolescents. Odds Ratios (OR) were computed as shown in Table 4.

Table 4
Multivariate Regression Analysis of Socio-demographic Characteristics and G&C

Parameter	O.R 95% CI	p-value
Age		
[Under 18]	1.54(0.84,2.26)	0.70
Over 18 (ref)	1	
Sex		
Male	0.36(0.20,052)	0.05
Female (ref)	1.00	
Level		
Form=1	1.06(0.68,5.43)	0.40
Form=2	6.02(1.32,11,01)	0.11
Form=3(Ref)		
Religion		
Christian	3.44 (1.35,4.62)	0.04
Muslim (ref)	1.00	
Residence		
Rural	0.81(0.46,1.53)	0.71
Urban(ref)	1.00	
Having parents		
Orphan	0.54(0.28,1.03)	
Both parents	0.53(0.37,1.33)	0.52
Mum only	0.56(0.28,1.18)	0.40
Dad only(ref)	1.00	
Ease of sharing		
Ease of sharing with parents		
Easily shares	1.74(1.18, 2.64)	0.37
Not Easily shares	1.00	
School Type		
Boarding	2.79(1.40,5.65)	0.05
Day and boarding	2.83(1.11,6,34)	0.22
Mixed day(ref)		

The findings showed that G&C was more effective for the male adolescents (OR=1.7; CI=0.89, 2.56; $p<0.001$), those in boarding schools (OR=1.7; CI=0.89, 2.56; $p<0.001$) and those of the Christian faith. Guidance and counseling were not effective for age, level of study, residence, having parents and ease of sharing. The results are presented in table 4.

Although more of the respondents were females, findings of the study showed that G&C was more effective in the boys than in the girls. This is consistent with findings of Hajloo (2011). The study showed a high correlation between gender and the learner's overall score on the mental health scale. Conceivably this supposition was ascribed to the gravity of women in resolving their issues personally and may not take G&C seriously. Guidance and counselling were also more effective among Christians than Muslims. This is contrary to other studies that all religions provide a coping for health issues. For instance, Amrai et al., (2011), they found that religion helped adolescents acquire healthier response to stimuli by acquisition of religious morality (Amrai et al., 2011).

IV. CONCLUSIONS & RECOMMENDATIONS

4.1 Conclusions

The findings showed that guidance and counselling have a small effect on depression levels. Grounding on the Hedges (g) criteria, the effect sizes of G&C were significantly small (overall effect size $Z=0.36$; $p=0.06$). The findings showed that G&C was more effective for the male adolescents ($OR=1.7$; $CI=0.89, 2.56$; $p<0.001$), those in boarding schools ($OR=1.7$; $CI=0.89, 2.56$; $p<0.001$) and those of the Christian faith. The study recommends that other effective interventions should be put in place to manage depression for adolescents in schools.

4.2 Recommendations

The study recommends that heads of G&C need to do more sessions for counselling so as to increase the effectiveness of this ministry approved intervention since eight sessions had a smaller effect. The study recommends that ministry of education should arm educators with pertinent G&C skills. The study recommends that more attention should be paid to the female adolescents with depression. Findings show that G&C was more effective for males. More studies should look into why G&C works less effectively for the female gender. More studies could also examine the influence of religion and school type on G&C for depression management.

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