SELF ESTEEM AND DEPRESSION AMONG ADOLESCENTS IN SECONDARY SCHOOLS IN NAROK COUNTY, KENYA

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DECLARATION

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I hereby declare that this research is my original work and has never been submitted at any campus or college for any academic purposes.

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DEDICATION

I dedicate this research to my loving father Herman Hamisi, and to my Bishop Rt. Rev. John Oballa Owaa, the Bishop of the Catholic Diocese of Ngong for his support in accomplishing this academic task.

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ABSTRACT

Self-esteem plays a key role in a person's well-being more especially in mitigating depression. The purpose of this study was to assess the relationship between self-esteem and depression among adolescents in secondary schools in Narok County, Kenya. The study was guided by four research objectives that is to determine the levels of depression and self-esteem among adolescents in secondary school, the relationship between self-esteem and depression, and to assess interventions. The study was anchored on Abraham Maslow's theory of hierarchy of needs. Descriptive survey research design was employed. The target population was 40,638 students and 158 counselor teachers from public secondary schools. The sample size included 396 students and 16 guidance and counseling teachers, from 16 schools. Both qualitative and quantitative data collected using structured questionnaires were used. Rosenberg self-esteem scale was used to measure self-esteem whereas PHQ-9 measured depression levels. Quantitative data was analyzed using descriptive and inferential statistics while qualitative data was analyzed thematically and presented in a narrative form. The study finding revealed that across all the different types of schools, significant number of the students had a mild to moderate levels of depression. The study result further showed that highest number of students with mild or moderate levels of depression were in mixed boarding schools followed by mixed day secondary schools. A 0.7% variation in depression levels among adolescents is explained by self-esteem. There is a weak and insignificant correlation between self-esteem and depression levels (Beta=.107<1, p=0.104 > 0.05) meaning that depression levels may exist among adolescents even when they have high levels of self-esteem. The study recommends that guidance and counseling should be reinforced in the schools to address the levels of depression among students.

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LIST OF ACRONYMS AND ABBREVIATIONS

APHRC	African Population and Health Research Center
BA	Behavioral Activation
CBT	Cognitive Behavioral Therapy
CDCP	Centers for Disease Control and Prevention
CDI	Child Depression Inventory
DASS	Depression Anxiety Stress Scales
DEO	District Educational Officer
GRAS	Gambill-Richey assertiveness scale
GDS	Geriatric Depression Scale
GT	Guidance Teacher
IPQ-R	Illness Perception Questionnaire- Revised
KSSSA	Kenya Secondary Schools Sports Association
MADRS	Montgomery-Asberg Depression Rating Scale
MDD	Major Depressive Disorders
NEO-FFI	Neuroticism, Extraversion, and Openness to experience of Five Factor Inventory
OBSC	Organic Brain Syndrome Scale
PIL	Purpose in life
SC	Self-Consciousness Scale
PHQ-9	Patient Health Questionnaires- nine (Hamilton depression rating Scale).
PPD	Postpartum Depression
PPSU	Presidential Policy and Strategic Unit

OPERATIONAL DEFINITION OF KEY TERMS

Adolescent: as used in the study, the term refers to the teens/ youths between the age of 12 years and 19 years.

Depression: in the context of this study, depression refers to the tendency of feeling helpless and/or hopeless in life. It is a feeling of inadequacy and incompetent, a negative feeling or mood.

Self-Esteem: as used in the study, the term refers to a certain attitude and perception of one's self, which affects interactions and feelings towards self and others.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter introduced this study on self-esteem and depression among adolescents in Narok County. Background of the study unpacked the study concepts that is self-esteem, depression and how they interrelated. This was done from the global to the local perspectives. Other sections included in the chapter were statement of the problem, the purpose of the study, research objectives, research questions, significance/justification of the study, the scope, delimitation and limitations of the study, and theoretical framework.

1.2 Background to the Study

The term self-esteem means an individual's evaluation of his/her worth as a person and is related to personal and social life outcomes (Steiger et al., 2014). Various studies show that low self-esteem contributes to delinquency, poor health, and limited economic prospects. On the other hand, high self-esteem contributes to better relationships, job performance, and educational attainment (Orth, Robins & Widaman, 2012). Self-esteem was hypothesized by Abraham Maslow (1954) as one of the five sets of human needs. According to his hypothesis, aspects such as self-respect, autonomy, and achievement were considered as the internal esteem factors whereas status, recognition, and attention were the external esteem factors. In this regard, self-esteem is considered as a higher-order need since it focuses on the self of an individual. According to Bénabou and Tirolei (2014), self-esteem captures and influences the other perceptions of the individual, the cognitive, the feelings, and one's behavior that propels and promotes an individual positively to the next

level. It is an opinion of an individual towards oneself. It is indeed a process where an individual rates oneself in terms of acquiring knowledge, skills, and attitude to enable oneself to participate effectively in a society.

Abraham Maslow's concept of self-esteem was further taken to a higher notch by Rosenberg (1965). He postulates self-esteem as a favorable and unfavorable attitude towards oneself. He cites it as a major determinant for one's success or failure because it influences a person's choice. It plays a significant role in one's motivation and navigates one's life with a positive outlook Vis a Vis, holds you back from achieving ones goals and maximizing ones potentials in life. Rosenberg comes up with three types of self-esteem.

The first one is, High self-esteem that tends to love and accept one's self, believes in thyself and thy abilities, that is full of confidence and certainty, being one's self without fear of being judged, readiness to accept new challenges, readiness to learn new things, taking corrective criticism and not so much looking for approval. The second one is, Low self-esteem which makes an individual rate oneself as below average, lacks confidence, no trust in his/her abilities, and lacks value to thyself. This affects one's life, and ends up with poor relationship, addiction, anxiety and depression (Stangor, Jhangiani, & Tarry, 2014). The third one is, inflated self-esteem which tends to make one think of themselves as better than others and are always ready to underestimate others. It is a negative type of self-esteem because it prevents one from forming a meaningful and healthy relationship. One feels that he/she must be ahead, not minding to hurt others to achieve the desired success, and thus doesn't listen to others, rather blame, undervalue, adopt hostile attitudes and behavior towards others. One develops great fear of rejection and failure, hence the reason one feels the need to camouflage (Rosenberg, 2016).

Maslow's theory was further advanced by Nathaniel Branden (1995) who postulates that of all the judgements we pass in life, none is as important as the one we pass on ourselves. He further asserts that self-esteem is not an 'idea' but rather a 'practice'. What determines the level of self-esteem is what the individual does, what a person does and practices on daily basis. He posits self-esteem as the product of two internal assessments or judgments, global judgment, and one's self-worth. According to Branden (2021), external factors or global judgement are factors that emanate from outside an individual, the environment, verbal and nonverbal messages, culture, experiences evoked by significant others, parents, teachers, leaders in an organization. These factors influence and take control of adolescent's wellbeing in terms of consciousness, growth, happiness, self-worth and self-satisfaction. They view individual's status (how an individual conducts oneself, ones demeanor, wear, association with others), recognition (how famous one is in terms of awards, progress made in life), and attention that entails love, care, sympathy, empathy and help others volunteering. All these factors built the individuals 'self" and act as support system to attain the steam to be confident and value one's self to achieve happiness in life. To achieve the goal, the person has to remain optimistic and positive, focused, innovative, self-reliant, and independent, self-trust and resilient no matter the difficulties (Branden, 2021).

Internal factors of self-esteem are factors that reside within an individual and are generated from within an individual to instill confidence to think, confidence to cope with issues that come with life, confidence to be successful and happy, trust to achieve one's values and self-worth. These internal factors view the individual in terms of self-respect (conduct oneself with honor and reverence to fellow humanity), Autonomy (ones freedom

of choice through innovation, self-management, self-direction and personal responsibility), and achievement (successes attained). These factors pacify the self, bring peace and harmony within the individual that enables him/her to be confident and happy in life. These internal factors are inspired and attained by embracing the six pillars of self-esteem; viz, the practice of self-consciousness, self-acceptance, self-assertiveness, self-integrity, self-responsibility and self-purposefulness. They bring homeostasis and make one feel good and confident with self (Branden, 2021).

According to Gichinga (2005), the advantages of self-esteem are the ability to translate one's knowledge, attitude, and skills into action, behave and act responsibly to culminate in healthy living, develop positive attitudes towards oneself and others and to realize an individual's potentials. Dondo (2008) adds that self-esteem promotes ones state of mental well-being, promotes risk-free behavior, helps students to communicate effectively, develop negotiation skills, and improves self-perception by building self-confidence, self-image, and self-worth that has a long-lasting benefit to the individual and the society at large in terms of health, social, cultural and economic benefits. In the view of Branden (2021), self-esteem correlates with positive health, rationalism, realism, benevolence, intuitiveness, creativity, independence, cooperativeness, willingness and admittance to change our ways. However, when an individual has low self-esteem, he/she may experience the opposite and this may lead to issues such as depression as it was conceptualized in the current study.

According to an observation made by Sowislo and Orth (2013), self-esteem and depression are sometimes regarded as one construct. However, research findings have established that the two constructs are distinct in two ways. From a theoretical point of

view, self-esteem is neither a sufficient nor a necessary criterion of a depressive symptom. Low self-esteem is not only related to depression, but also learning disorders, antisocial behavior, eating disturbances, and suicidal ideation (Erol & Orth, 2011). The correlation between self-esteem and depression is moderate at best (Longmore et al., 2004). A feeling of worthlessness, which indicates low self-esteem, is found only in a relatively small portion of people who are diagnosed with depression (Sowislo & Orth, 2013). In the context of this study, the researcher was interested in establishing the relationship between self-esteem and depression among adolescents.

Depression is a mental illness that is characterized by persistent sadness, lack of interest or pleasure in previously enjoyable activities, disturbed sleep patterns, and loss of appetite, tiredness and poor concentration (World Health Organization, 2019). A study by World Health Organization (2018) revealed that depression is one of the leading causes of illness and disabilities among youths globally. Depression is characterized by the presence of sad, empty or irritable mood, accompanied by somatic and cognitive changes that significantly affect individual's capacity to function (American Psychiatric Association, 2019). Globally, more than 264 million people of all ages suffer from depression (WHO, 2020). It is the fourth foremost cause of social exhaustion in the world. Depression is mirrored as a major health problem which causes decline of productivity in studies or work, cognitive, psychomotor and vegetative alterations, loss of initiative and apathy (Nagaraja, Reddy, Ravishankar, Jagadisha & Muninarayana, 2015). Depression, especially in early adulthood, can cause negative effects in academic success, future relationships, employment, and might lead to alcohol and substance abuse (Eisenberg, Gollust,

Golberstein, & Hefner, 2007). Depressed people are likely to feel worthless, incompetent and inadequate, this in turn affects the person's mental health and wellbeing.

It is estimated that 20% of youths in the United States have some type of disorder by the age18 years (Allison et al., 2017). Cases of depression are common because it affects 1 in every 15 adults in any given year, and approximately, 16.6% of individuals are likely to experience depression at some time in their life. Depression strikes at any time, but on average, it first appears during the late teens to mid-20s (WHO, 2021). Women are more likely than men to experience depression (Parekh, 2017). Studies show that one-third of women will experience a major depressive episode in their lifetime (American Psychiatric Association, 2013). In the United States, suicide among teens between 15-24 years accounted for 10.6 per 100,000 people with depression. This represented a 56% increase from 2007 to 2017 with 2007 having only 6.8 deaths per 100,000 people (Wan, 2019).

According to Al-Gelban (2009), 38.2% of boys in secondary schools in Saudi had depression, while 48.9% experienced anxiety, and 35.5% suffered from stress in the Middle East. Another study showed that in girls depression accounted for 41.5%, anxiety was 66.2% and 52.5% experienced stress. Depression remains a chronic illness, with 85% of people who experience a single episode will experience another episode within 15 years (Gladstone, Beardslee & O'Connor, 2011). Children and adolescents are within this group of 85%. According to Young, Miller, and Khan (2010), despite the availability of measures to identify depressed children and adolescents and the number of effective interventions, a significant number of depressed children and adolescents may go on undetected and untreated.

Within the African region, high prevalence of depression have also been reported to be on the rise among the young people. A report by WHO (2018) showed that various countries in Africa are struggling with high suicide rates which are as a result of depression (Welle, 2019). For instance, in South Africa, Shahtahmasebi (2013) indicated that 80-90% of suicide cases had depression. Naidoo and Schlebusch (2014) further indicated that in KwaZulu Natal province, more than ten percent of non-natural deaths were among depressed people who had ended up committing suicide. A more recent report by Jörns-Presentati et al. (2021) indicated that the prevalence of depression among adolescents in several countries in the sub-Saharan region was at 26.9%, anxiety disorders (29.8%), emotional and behavioral problems (40.8%), and suicidal thoughts (20.8%).

In Uganda, Nabunya et al. (2020) observes that adolescent girls and young women are three times more likely than boys to have depressive disorders. In their observation, it was noted that 16.35% of the adolescents in secondary schools had severe depressive symptoms and almost one in every three adolescent girls reported moderate symptoms. The authors further observe that the symptoms were more prevalent among older adolescents who are 16 years and above. In addition, family relationships, social support, as well as measures of psychological wellbeing (self-concept and self-esteem) are all associated with lower levels of depressive symptoms whereas hopelessness was associated with higher levels of depressive symptoms among adolescent girls.

In Kenya, cases of depression have been on the rise. An earlier report by World Health Organization report (2015) estimated that 4.4% of the Kenyan population suffered from depression. Another report by World Health Report (2017) ranked Kenya number six in Africa in terms of depression and reported that suicide was a leading cause of death

among the youths ranging from the age of 15 to 29 years old in the country. This could be due to low self-esteem arising from bullying, poor performance in school and feelings of not belonging to family and community.

A recent baseline survey carried out among adolescents in Kenya by Osborn et al. (2019) showed that 28.06% and 30.38% of adolescents met the clinical cut-off for depressive and anxiety symptoms, respectively. Social support, gratitude, happiness, optimism, and perceived control were negatively associated with both depression and anxiety symptoms. Older adolescents reported higher symptoms while adolescents with more siblings reported lower symptoms. The authors further observed that depression and anxiety symptoms showed relatively high prevalence and significant associations with important psychosocial (self-esteem) and sociodemographic factors. This demonstrates that depression within the country is relatively high and it correlates with certain psychosocial and socio-demographic factors.

The issue of depression and self-esteem among the adolescents in Kenya have been linked to various social outcries such as increased rates of suicide (UNHA, 2018; Shiundu, 2019; WHO, 2021). For instance, Kenyatta National Hospital (KNH, 2015) reported 100 cases of attempted suicide among the youth aged between 17- 25 (mostly campus students) within a span of two months, some leaving suicide notes on ending their lives and others did not. The comments ranged from poor grades in exams, poor relationship, hopelessness and dissatisfaction with life, family related factors like family conflicts, childhood abuse, financial crisis, negative use of social media, cyber bullying and death of their family members among others (African Population and Health Research Center (APHRC), 2019). These depressive factors have made adolescents' life bleak and without solutions, hence

resorting to suicide. In another report, a 14 year old school girl in Nairobi County committed suicide after being ashamed and ridiculed by her peers and teachers for soiling her clothes with menses. Her death caused protests and demonstrations from parents and the wider Kenyan population about how the teachers handled the situation. Her death was attributed to poor academic performance and bullying from peers which affected her self-worth and led to depressive syndrome.

Recently with the emergence of the COVID 19 pandemic, many adolescents have been affected and depression levels increased due to sociodemographic challenges. A report by Obiria (July, 2021) established that 250,000 girls and 125,000 boys did not resume learning when schools reopened citing lack of school fees as the main reason for not going back to school. Girls engaged in sexual indulgence to cater for food and menstrual hygiene product; while boys joined informal labor groups and were trapped into drug and substance abuse. Wainaina (2021) showed that within the same period 483 suicide cases had hit the nation in just three months. These cases were attributed to increased cases of economic hardships and failed relationships with counties in Central Kenya such as Kiambu, Kirinyaga, Nyeri, and Muranga topping the list. In all these cases, depression accounts for 84% of the deaths (Ndetei, Khasakhala, Mutiso, & Mbwayo, 2021).

Narok County has also had its share on depression and suicide cases. According to an article by Mabel Keya- Shikuku on Kenya News Agency (KNA, 2021), a 15 year old boy committed suicide at home in Mulot area in Narok West Sub County for comments unknown to the family. The family has been trying to come to terms with his demise and trying to piece together what might have happened with the school going adolescent. Another adolescent also committed suicide from Enabelbel in Narok North Sub-County

for unknown comments (KNA, 2021). In November 2020, another university adolescent who was about to graduate from a renowned university in Kenya committed suicide inside their family business in Mulot area in Narok West Sub County (KNA, 2021). A son of Narok town legislator, form two student at Kericho High committed suicide by shooting himself as he refused to go back to school at Ewuaso Ngiro home (KNA, 2022).

Based on statistics, it is evident that young men are prone to committing suicide and having depression as compared to females (Miller, Keitner, Whisman, Ryan, and Epstien, 2010). Miller et al. (2010) also noted that adolescents have a high chance of abusing drugs, having recurrent depression among other emotional and mental health problems. According to Brent and Birmaher (2002), any person can have depression and adolescents are riskier due to various factors such as sexual relationships, family history which includes; having a parent, grandparent or other blood relative with depression, bipolar disorder or alcohol use problems, having a family member who died by suicide, having a dysfunctional family and family conflict. The author further adds that having experienced recent stressful life events, such as parental divorce, parental military service and the death of a loved one, challenges in learning, problems at home or conflict with parents, peer pressure, difficulties in socialization, challenges within the school environment, negative outlook, or poor coping skills and chronic illness contribute to prevalence of depression among adolescents. It is in this regard, that this study examined relationship between self-esteem and depression among adolescents in Narok County, Kenya.

1.3 Statement of the Problem

According to Parekh (2017), 16.6% of individuals are likely to expression at some point in their life. The first occurrence is during adolescent stage and late 20s. Within Narok County, adolescents have been found to exhibit depressive symptoms in schools and outside schools ranging from interactions to inability to articulate issues pertaining to their stay at school. This led to several cases of suicide (KNA, 2021), arsons, strikes, bullying, substance abuse among other vices. These have raised eyebrows among various stakeholders such as the government, local community members and authorities on the safety and general psychosocial health of the students. There was no literature known to the researcher that addressed self-esteem and depression among students in Narok County.

Despite the interventions put in place in public schools to introduce guidance and counselling to promote the psychological and social wellbeing of students, there is a social out-cry from the community concerning the number of students exhibiting inadequacy in terms of social interactions and poor communication skills, helplessness and hopelessness that are being exacerbated by poor results (KNA, 2021). Some students have lost their lives at home and in school for comments best known to themselves. Some have left behind written suicidal notes while others have not. Based on such grievances, this study sought to assess the relationship between self-esteem and depression among adolescents in secondary school in Narok County, Kenya. From the analysis, it was found that there was positive but insignificant relationship between relationship between self-esteem and depression. However, the study noted that there may be several other factors which contributed to the prevalence of depression in the area besides self-esteem.

1.4 Purpose of the Study

The purpose of this study was to assess the relationship between self-esteem and depression among adolescents in secondary schools in Narok County. The study also looked at the levels of depression and self-esteem separately as well as the sustainable interventions used in dealing with depression among the adolescents in secondary schools in the County.

1.5 Research Objectives

This study was guided by the following specific objectives:

1. To establish levels of depression among adolescents in secondary schools in Narok County.
2. To determine the levels of self-esteem among adolescents in secondary school students in Narok County.
3. To determine the relationship between self-esteem and depression among adolescents in secondary schools in Narok County.
4. To assess sustainable interventions used in dealing with depression among the adolescents in secondary schools in Narok County.

1.6 Research Questions

This study sought to answer the following research questions:

1. What are the levels of depression among adolescents in secondary school students in Narok County?

2. What are the levels of self-esteem among adolescents in secondary school students in Narok County?
3. What is the relationship between self-esteem and depression among adolescents in secondary schools in Narok County?
4. What sustainable interventions are adopted in dealing with depression among the adolescents in secondary schools in Narok County?

1.7 Significance/Justification of the Study

This study was necessary because of the convulsions and emerging issues experienced in schools that brought panic, fears and anxieties in the community and other stakeholders. The inadequacy in articulating issues and poor communicating skills needed a pertinent address and resolve lest there could be an experience of loss of life through suicide, strikes and destruction of properties, increase of delinquent behaviors, drugs and substance abuse among others to the adolescents in the secondary schools. At the end of the research, the findings of the study could be useful in the following ways:

The research can help students to communicate effectively, develop negotiation skills, improve self-perception by building self-confidence, promote mental wellbeing and embrace the six pillars of self-esteem; the practice of self-consciousness, self-assertiveness, self-acceptance, self-integrity, self-purposiveness, and self-responsibility. The knowledge is beneficial for policy makers in enhancing school curriculum that give life skills in order to cater for the alarming rate of suicide in Narok County and the whole country at large.

The research is helpful to the ministry of education for it gives some guidance on how to handle students who are depressed in schools. Mental health workers gains a lot

from this research because they use it as a point of reference while for their assessments and counselling in their area of work. Teachers gain a lot of knowledge and insights in handling students both in school and outside school.

The County and National government health workers can also use the document in their facilities once faced with depressive challenges from their clients. It can also be useful in training volunteers as a way of empowering people in the county facilities to deal with self-esteem and depression. This study helps in creating suicide awareness programs by the teachers to be inculcated in school calendar so as to alleviate issues to do with depression amongst adolescents and other related issues that may lead to suicide.

This research contributed to knowledge in the areas of self-esteem and depression among adolescents in Kenya. The literature provided could be used by scholars and other students of research who would be investigating on the same area. As such, they will have available literature and statistics on the relationships between self-esteem and depression among adolescents in secondary schools in Narok County.

1.8 Theoretical Framework

This study was grounded on three related theories. Abraham's Maslow Hierarchy of Needs, Client centered theory by Carl Rogers and Cognitive Behavioral Theory by Aaron Beck. The researcher has used the three theories to qualify and validate the relationship between self-esteem and depression because they are inter dependent, they need one another to achieve wholeness and wellness of the adolescent. These three theories were discussed in detail in chapter two.

1.8.1 Abraham's Maslow Hierarchy of Needs

Abraham Maslow theory posits that human beings have innate needs that are systematically arranged in a hierarchical order. The fulfillment of one need leads to a need in life. Life's ladder begins from physiological needs to self-actualization which is the highest. Frustration of one need in the hierarchy may attract dissatisfaction, low self-esteem and eventually depression. Maslow propagates the systematic adherence of the hierarchy of needs to counteract depression.

1.8.2 Client Centered

Client Centered theory also known as Rogerian theory was formulated by Carl Rogers in the 1980s to boost peoples esteem by empowering an individual through his /her way of perception. It posits that every human being has inner power to propel oneself to solve his/her own problems in life. This inner power is within oneself though dormant. Once the individual engages the right baton (believing oneself), it is revived and reinvigorates the individual with esteem to achieve his/her focused goal. This potential inner power is hidden within oneself and needs to be fully revived and explored to achieve ones intended goal in life.

1.8.3 Cognitive Behavioral Theory

Cognitive Behavioral Theory (CBT) was develop by Aaron Beck in the 1960s to counteract distorted thinking. CBT aims to identify harmful thoughts, assess whether they are an accurate depiction of reality, and if they are not, employ strategies to challenge and overcome them. Positive thinking is key to one's success as opposed to negative perception. The way one thinks affects one's feelings and actions. When an individual thinks and perceives issues positively, his /she feeling change and he/she becomes better

and acquires attractive behavior. One ought to be cognizant of his/her paradigm shift because it affects ones feelings and behavior. This theory is quite applicable in the research to assess how self-esteem and depression are related among adolescents in secondary schools in Narok County, Kenya.

1.9 Scope and Delimitation of the Study

The geographical area of the study was the secondary schools in Narok County, which is south – west of Kenya along the Great Rift Valley. The study focused on self-esteem and depression among secondary school students. The study population comprised of public secondary school students and guidance and counseling teachers in the secondary schools in Narok County.

1.10 Assumptions of the Study

Simon (2011) indicates that assumptions are things that are somewhat out of the researcher's control, but if they disappear the study may become irrelevant. In this study, it was assumed that the respondents would give accurate information on self-esteem and depression among adolescents in secondary schools. The study also relied on the assumptions that there was adequate literature on self-esteem and depression cases among adolescents in learning institutions. The study also assumed that addressing the issue of depression and self-esteem among adolescents in learning institutions is very important in terms of securing the future of young generations not only in the county but the country as a whole.

1.11 Summary of the Chapter

This chapter presented the introduction of this study on self-esteem and depression among adolescents in secondary schools. The chapter covered the background of the study which entailed a review of studies from global to local perspectives. The problem under investigation was also examined stated in the chapter followed by the purpose and research objectives of the study. Other sections covered included research questions, significance of the study, theoretical framework, and the assumptions of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviewed the scholarly literature related to self-esteem and depression among the youths. It extensively covers different areas in support of the study. The literature was reviewed thematically based on the specific study objectives. This literature was sourced from journals, books, articles, internet and other researched projects. The chapter covered the critical review of related theories, review of empirical studies, and summary and knowledge gap.

2.2 Theoretical Framework

The theories which were critically reviewed in this section included Abraham Maslow Hierarchy of Needs, Client-Centered Theory and Cognitive-behavioral Theory.

2.2.1 Abraham Maslow Hierarchy of Needs

This proposed study was guided by the hierarchy of needs Theory which was developed by Abraham Maslow in (1943) while writing a paper entitled "A theory of human motivation". According to Maslow, people are motivated to seek personal goals that make their lives rewarding and meaningful. The law contends that human beings have needs and rarely reach a state of complete satisfaction. The theory attested that all human beings have needs that are innate and are systematically arranged in an ascending order of priority, and the satisfaction of one need creates another need that commands the person's attention and efforts. The basic assumption in Maslow's theory is that the lower order pre-potent needs must be relatively satisfied before the person can become aware of, or motivated by, higher-order needs. These needs include:

Physiological needs in the pyramid stands for survival ensuring needs such as food, water, breathing, and homeostasis which should be satisfied first, followed by safety and security needs: health and wellness. Love, and belonging needs include friendship, romantic attachment, family, social groups. Self-esteem needs appreciation and respect are 4th in the hierarchy before attaining full self-actualization. Maslow divided self-esteem as having internal and external factors. Internal factors include; self-respect, autonomy, and achievements, while external factors include status, recognition, and attention. He calls this self-respect and respect for others. To avoid problems such as loneliness, depression, and anxiety, it is important for people to feel loved and accepted by others. The need for appreciation and respect comes in. People need a sense that they are valued and loved by others so that they feel good and make some contribution to the world. Those who lack self-esteem and respect for others can develop a feeling of inferiority which brings down their esteem and social interactions.

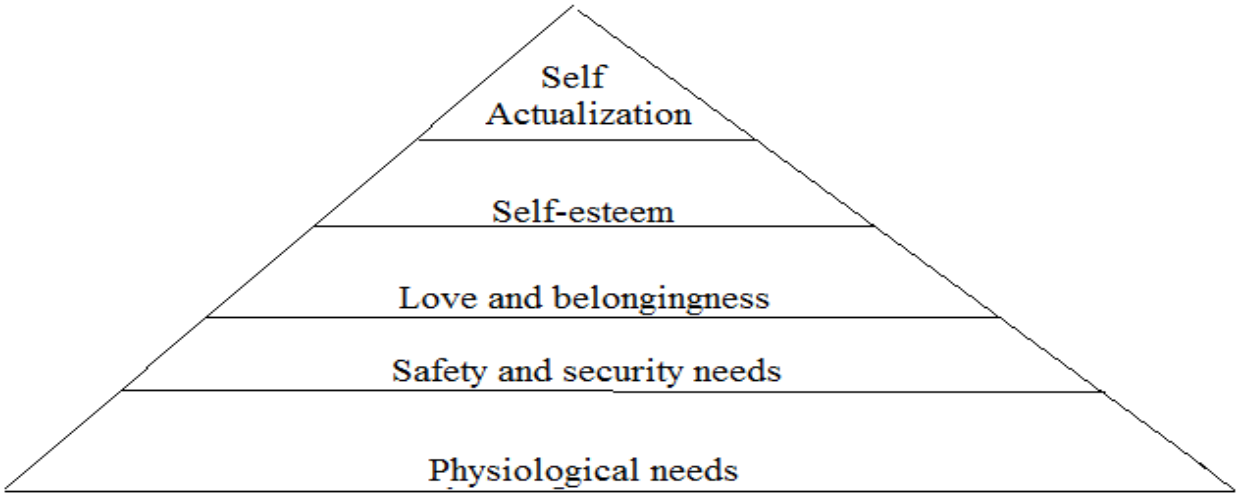

Figure 2.1:
Maslow's Hierarchy of Needs
Source: Morris, Langdon (2014)

According to Maslow (1943), the satisfaction of self-esteem needs generates feelings and attitudes that leads one to practice self- responsible, self-acceptance, self-assertiveness, self-confidence, self-worth, capacity, and the feeling of being useful and necessary in the world. The frustration of these needs leads to feelings and attitudes of inferiority, ineptness, weakness, passivity, and dependency. These negative self-perceptions give rise to basic discouragements, a sense of futility and hopelessness in dealing with life's demands, and low evaluation of self-vis-à-vis others. This condition is most likely able to lead to poor performance due to lack of drive as learners tend to fear their abilities. In the conceptualization section, the researcher noted that individuals who had vulnerable self-esteem were more likely to make poor life choices due to their increased defensive mechanism (Bonet & Amparo, 2015).

Applying the theory to this study regarding self-esteem and depression among adolescents means every young person is considered to have some needs in their personal life. Some of the needs include a sense of love and belonging, compassion, affection, and acceptance. If these needs are not fulfilled, some of them may have a negative perception of themselves and hence have low self-esteem. Through this theory, the researcher was therefore able to understand how meeting certain needs are important in building up self-esteem. Therefore, the researcher was able to examine the relationship between self-esteem and depression among public secondary school adolescents in Narok County.

Strengths of Maslow's Theory: Maslow's theory is the most preferred in this study. According to Parikh (2018), the strength of the Hierarchy of needs theory is that it is simple to understand. The theory also takes into account human nature.

Weaknesses of Maslow's Theory: The theory has been criticized being more individualistic. It can be noted that self-esteem may vary among individuals from individual to individual, and those in a collective society. The theory does not illustrate and expand upon the difference between the social and intellectual needs of those raised in individualistic societies and those raised in collectivist societies. Moreover, the theory is limited in that it does not incorporate the influence of culture and traditions which may form the environmental factors that may affect self-esteem.

Justification of the theory: Abraham Maslow's Hierarchy of Needs Theory is the most appropriate for this study because it explores the basic human wants of self-esteem needs. It is the fourth in the hierarchy. Love is a prerequisite and a basic need for every human being to grow and prosper. This esteem need brings about self-acceptance, self-confidence, self-worth and the determination to succeed once embraced and cherished. Once an adolescent affirms and accepts oneself with his/her strengths and flaws, believes and trusts oneself, asserts, appreciates, loves and remains conscious of oneself, the confidence level goes up, hence one's self-esteem grows higher and his/her depression goes down. And as such, Maslow's Theory was the most suitable to tackle the relationship between self-esteem and depression among adolescents in secondary schools in Narok County, Kenya.

2.2.2 Client-Centered Theory

Carl Rogers (1951) developed the person-centered or client-centered theory as it is known to many people. Rogers emphasizes on the clients' resources of becoming self-aware and for resolving blocks to personal growth. He puts the Client, not the therapist at the center of therapy. His Philosophy and basic assumptions are grounded on a positive

view of humanity that sees the person as innately striving towards becoming fully functioning. He believes that in the context of a personal relationship with a caring therapist, the client experiences previously denied or distorted feelings and increases self–awareness. The client is empowered by the participation in the therapeutic relationship. The client actualizes his/her potential for growth, wholeness, spontaneity, and inner-directedness. His key concepts are: one can direct his/her own life personally (personalization); an individual has the capacity for resolving life problems effectively without interpretation and direction from an expert; the individual has to focus on the present moment, learn to accept oneself, and decide on ways to change. A person centered care is an empowering form of medical or mental health treatment that allows a client to take control of his/her life through motivation to achieve personal growth.

Congruence: Rogers view mental health as a congruence between what one wants to become and what one is. Being congruent means to be genuine, real, and authentic in life. One should not fake oneself; he/she should speak and act from her/his innermost self. The practice of self- consciousness is key to personal growth and achievement. The coordination of what one speaks and acts must match to attain happiness and wellbeing. Unconditional Positive Regard: A person should not be biased in any way while attending to each other in terms of love and care, we need to hold each other abreast and journey together. One needs to love unconditionally with an open mind and heart. The client needs to be treated with respect, dignity and compassion irrespective of who he/she is.

Empathy: Carl Rogers posits that one should empathize with his/her fellow human being at all times. One should understand and feel for the other person unconditionally. As the axiom goes the wearer of the shoe knows where it pinches most. According to Rogers

(1951), the basic nature of human beings when functioning fully is constructive and trustworthy. When one is freed of defensiveness and is open to experience, his/her reactions are bound to be trusted as positive, forward-moving, and constructive. He argues that one needs to maintain and enhance the self, to become a fully functioning person which is the main goal of all human beings. He adds that a child's self-understanding encompassed the acceptance of self and reality as well as responsibility for the self.

Rogers (1951) posits that each person has a private experiential world, which includes the present experiences and memories of past experiences that actively guide the person's perception of the moment. He suggests that higher levels of development sharpen and define the experiential world and they lead to the formation of the self. Rogers further notes that the development of the "self" emerges as the child interacts with other people and learns to distinguish what is direct and immediate to oneself and what is external to oneself. As the self emerges, the child develops a need for positive regard which includes acceptance, love, and approval from other people notably the mother or caregiver during infancy. If the mother or caregiver does not bestow positive stimulation, an infant's tendency towards actualization and enhancement of self is hampered. This marks the beginning of internalization of the attitudes and behavior of others and the feedback received refines the child's self-esteem.

Strengths of Rogerian Theory: This theory has been pointed out to have several strengths. The theory puts more emphasis on the current issues and how to face them. It also provides an opportunity for an individual to discover their solutions and come up with changes to the problems being faced. As such, individuals are empowered to take personal responsibility and eliminate negative mindsets (Hazler, 2016).

Weaknesses of the Theory: With regards to the limitations, the theory is only beneficial for clients who are well educated, relies on the optimistic view of people, it lacks therapeutic techniques, and it relies heavily on the ability of the counselor not to be judgmental, unconditionally accepting and empathetic with the client. According to Seligman (2015), the person-centered approach is considered to be too simplistic, optimistic, leisurely, and unfocused for an individual in crisis or who needs more structure and direction. Moreover, Thompson and Henderson (2016) pointed out that the theory depends on bright, insightful, hard-working individuals for best results.

Justification of the theory: Despite the criticisms of client-centered theory, person-centered care helps clients to communicate and maximizes quality of care for it improves their independence not only at inter personal level but also encourages one in taking part in person's decision making. Person-centered theory is also beneficial to clients who are struggling with a wide range of mental health disorders such as depression for it informs the study in that an individual student's behavior is patterned by the kind of perceptual experiences they hold towards the environment they interact with both at home and in school. The quality of interaction with others depends on their internal state and how it is perceived in the phenomenal world. The theory also maintains that students struggle to achieve their basic needs accompanied by emotions which consequently facilitate goal-directed behavior. This made the theory to be more relevant in the current study.

2.2.3. Cognitive Behavioral Therapy (CBT)

The Cognitive Behavioral Therapy was pioneered by Aaron T. Beck in the 1960s. The theory is a form of psychotherapy that treats problems and boosts happiness by modifying dysfunctional emotions, behaviors, and thoughts. Unlike traditional Freudian

psychoanalysis, which probes childhood wounds to get at the root causes of conflict, CBT focuses on solutions, encouraging patients to challenge distorted cognitions and change destructive patterns of behavior. CBT rests on the idea that thoughts and perceptions influence behavior. Feeling distressed, in some cases, may distort one's perception of reality. CBT aims to identify harmful thoughts, assess whether they are an accurate depiction of reality, and if they are not, employ strategies to challenge and overcome them. CBT is appropriate for people of all ages, including children, adolescents, and adults. Evidence shows that CBT can benefit numerous conditions, such as major depressive disorder, post-traumatic stress disorder, eating disorders, anxiety disorders and social phobias, obsessive-compulsive disorders, and many others.

Strengths of CBT: There are several strengths of CBT. It can be noted that CBT helps in re-training thoughts and altering behaviors, to make changes to how one feels. Also, the highly structured nature of CBT means it can be provided in different formats, including groups, self-help books as well as computer programs. The skills which are obtained from CBT are useful, practical, and helpful strategies that can be incorporated into everyday life to help an individual cope better with future stresses and difficulties.

Weaknesses of CBT: Some limitations associated with CBT is that the theory may not apply to people who may have severe mental problems, the theory does not fully capture the possible underlying causes of depression, such as an unhappy childhood.

Justification of the theory: This theory found its application in this study whereby the researcher understood that self-esteem, as well as depression and suicidal thoughts are largely influenced by the internal issues within an adolescent. Hence, the researcher was

able to reexamine the personal thoughts and reflections of the students to establish how their thoughts and perceptions of self, contribute to depression.

The three theories (Abraham Maslow Hierarchy of Needs, Person-centered and Cognitive Behavioral Theories) under study complement each other by ensuring the adolescents wellbeing is wholly taken care of in terms human needs that are hierarchical in order (Abraham Maslow), thinking pattern that affect the persons feelings and behavior (Aaron Beck), and the person's innate Powers to overcome challenges in life (Carl Rogers). So, the three theories were very applicable to the study and work together for the goodness and growth of the adolescent.

2.3. Review of Empirical Studies

The review of empirical studies was organized according to the general themes and objectives of the study. These include the levels of depression among adolescents, levels of self-esteem among adolescents, and the relationship between self-esteem and depression among adolescents. Finally, it also looked at the interventions employed to curb depression among adolescents.

2.3.1 Levels of Depression among Adolescents

Several efforts have been done, to not only understand but also, to determine the levels of depression among the adolescents in many parts of the world. However, there are various levels of depression as discussed in Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and Hamilton Depression Rating Scale (PHQ-9) modified for teens. That has been widely used for this purpose. Both the manual and the rating scales outline

the following levels of depression. A study was conducted by Wartberg, Kriston, and Thomasius (2018) to determine the prevalence of depressive symptoms among adolescents in Germany. The study used a sample of 1001 adolescents aged 12 to 17. Data was collected through telephone interviews about depressive symptoms in the two weeks leading up to the interview and about the subjects' psychosocial features. The instrument that was used, DesTeen, includes questions about depressed mood, loss of interest, loss of energy, feelings of worthlessness, guilt feelings, and cognitive symptoms. The estimated point prevalence of depressive symptoms (summated DesTeen score = 14) in adolescents aged 12 to 17 was 8.2% (95% confidence interval [6.5; 9.9]). Girls (11.6% [95% CI 8.8; 14.4]) were more commonly affected than boys (5.0% [95% CI 3.1; 6.9]), and this difference was statistically significant ($p<0.001$). Depressive symptoms were more common with female sex, older age, poorer scholastic performance, lower interpersonal trust, and more negative body image, more problematic use of social media or computer games, and lower family functioning. A multivariable regression model explained approximately one-third of the variation among groups (Nagelkerke's $R^2= 0.35$). The findings to this study clearly show prevalence of depression among adolescents. It used the DesTeen whereas the current study used the Patient Health Questionnaires (PHQ-9) modified for teen's tool as depression. Moreover, having been carried out in German the cultural difference also varied among the teens and adolescents in Kenya.

Mojtabai, Olfson, and Han (2016) conducted a developmental study of 12-month prevalence of major depression diagnoses among US adolescents. The study reported a higher prevalence rates for 2014 (11.3%) compared to 2005 (8.7%). By contrast, a similar study carried out by Wiens et al. (2017) established that there was no increase in the 12-

month prevalence of major depression diagnoses between 2000 and 2014 among Canadian adolescents. However, the prevalence of self-reported mood disorder diagnoses showed an increase from 2003 to 2014. The findings from these studies show that there may be disparities among the adolescents from different countries. Therefore, it was important to assess the depression levels among adolescents in the Kenyan context, particularly in Narok County.

In Africa, a cross-sectional study was carried out by Kim et al. (2015) to identify contributory or protective factors associated with depression in Malawian adolescents 12–18 years old living with HIV. Depression was measured by a validated Chichewa version of the Beck Depression Inventory version-II (BDI-II) and the Children's Depression Rating Scale-Revised (CDRS-R). Data on variables thought to potentially be contributory/protective were collected and included: socio-demographics, post traumatic events/stressors, behavioral factors/social support, and bio-clinical parameters. Additional testing via linear/logistic regression, adjusting for age and sex, identified candidate variables ($p < 0.1$). Final regression models included variables with significant main effects and interactions. Of the 562 participants enrolled (mean age, 14.5 years [SD 2.0]; 56.1 % female), the prevalence of depression was 18.9 %.

In multivariate linear regression, the variables significantly associated with higher BDI-II score were female gender, fewer years of schooling, death in the family/household, failing a school term/class, having a boyfriend/girlfriend, not disclosed or not having shared one's HIV status with someone else, more severe immunosuppressant, and bullied for taking medications. Bullying victimization was reported by 11.6 % of respondents (Kim et al., 2015).

The study above found significant interactions: older participants with lower height-for-age z-scores and dissatisfied with their physical appearance had higher BDI-II scores. In multivariate logistic regression, factors significantly associated with depression were: older age, OR 1.23 (95 % CI 1.07-1.42); fewer years of schooling, OR 3.30 (95 % CI 1.54-7.05); and bullied for taking medications, (OR 4.20 (95 % CI 2.29-7.69). This study was carried out among students who were already diagnosed with HIV which is a traumatizing sickness that may have its own contributions to depression levels. It was therefore important to identify the issues that contributed to depression among students who are healthy and with no infectious sickness such as HIV/AIDS. This gap was addressed in the current study.

Osborn, Venturo-Conerly, and Wasil (2020) conducted a cross-sectional study to assess the prevalence of adolescent depression and anxiety symptoms in a community sample of high school students in Kisumu County in Kenya. They also examined associations between those symptoms and psychosocial and socio-demographic factors. The researchers administered self-report measures of depression and anxiety symptoms, social support, gratitude, growth mindsets, and life satisfaction to 658 students (51.37% female) aged 13–19. Only the measures of depression (Patient Health Questionnaire-9), anxiety (Generalized Anxiety Disorder Screen-7), and social support (Multidimensional Scale for Perceived Social Support Scale) showed adequate internal consistency (Cronbach alpha > 0.70) in the study sample. Findings with these measures among Kenyan youths showed high levels of depression symptoms (45.90% above clinical cutoff) and anxiety symptoms (37.99% above clinical cutoff). Older adolescents reported higher depression and anxiety symptoms, as well as lower social support than younger adolescents. This study

contributed to the current research by showing that the patient Health Questionnaire (PHQ-9) has adequate internal consistency and therefore relevant in assessing depression among the adolescents in Kenya. This study was however limited to the Luo students and their culture and beliefs may be different from the Maasai in Narok County. Hence, a need for this study to be carried out.

A study done in Nairobi Kenya on low cost yet scalable interventions for youth depression and anxiety symptoms in low income regions as a global mental health priority. The intervention, named Shamiri (a Swahili word for 'thrive'), drew upon evidence-based components of brief interventions that involved nonclinical principles rather than treatment of psychopathology (e.g. growth mindset, gratitude and virtues). 400 and 500 high-symptom Kenyan adolescents (ages 13-18) were randomized to either the four-week Shamiri group intervention or a group study-skills control intervention of equal duration and dosage. Participating adolescents met in groups of 8-15, led by a high-school graduate trained to deliver Shamiri as a lay-provider. Adolescents did a self-report primary outcome measures (depression and anxiety symptoms) and secondary outcome measures (e.g., perceived social support, perceived academic control, self-reported optimism, etc.) at the 2-week intervention midpoint, 4-week post-intervention endpoint, and 2-week post-intervention follow-up. It was predicted that adolescents in the Shamiri group, when compared to the study-skills control group, showed greater improvements in primary outcomes and secondary outcomes. Discussion Results suggested brief, lay-provider delivered, school-based intervention reduced internalizing symptoms, improved academic outcomes and other psychosocial outcomes in high-symptom adolescents in Nairobi, Kenya.

From the above literature on levels of depression, it was evident that depression is a condition that cuts across all ages, and both genders. It affects the developed and the developing nations. Even though many scholars conducted their studies on the prevalence and the level of depression in Kenya, particularly in Nyanza and Nairobi regions, a lot of focus is put on the elderly persons as compared to the youths. Because of this backdrop, the research studied the level of depression among the adolescents in Narok secondary schools, how it influenced their learners' academic performance and identified the possible remedies to the situation in the County.

2.3.2 Levels of Self-esteem among Adolescents

Kiwoong and Tse-Chuan (2017) from China used National Longitudinal Surveys of Youth 1979 to examine the roles of alcohol and substance use as mediators in the mechanism between self-esteem and depression. They investigated whether the mechanism works for both men and women. Results demonstrated that alcohol and substance used during young adulthood mediates the effect of self-esteem on depression among men. Furthermore, self-esteem during young adulthood remains a determinant of high depression in middle adulthood. However, there was no evidence to support the same mechanism among women. The findings of the study provided insights into how self-esteem affected depression over the transition from young to middle adulthood, and elucidate potential gendered responsively to low self-esteem. It provided some insight to the current study to assess the socio-demographic characteristics of the respondents in relation to self-esteem and depression as well.

Choi, Yoobin, Jang and Joon (2019) from South Korea did a study on the relationship between levels of self-esteem and the development of depression in young

adults to determine whether self-esteem levels are a risk factor for the development of depression in young adults. This study was conducted with 113 college students aged 19 to 35 (major depressive disorder (MDD) n = 44, Mild Depressive Symptoms (MDS) n = 37, Healthy Control n = 32). The levels of clinical symptoms, self-esteem, resilience, social support, and quality of life, as well as personality traits, were assessed (by Patient Health Questionnaire-9, generalized anxiety disease-7, State-Trait Anxiety Inventory-S, Resilience Appraisal Scale, Rosenberg Self-Esteem Scale, Quality of Life, and NEO-personality inventory (NEO-PI)). The MDS group with high self-esteem reported having the lowest levels of social support, resilience, agreeableness, and extraversion compared to those of the MDD group and control group with high self-esteem. In contrast, the MDS group with low self-esteem showed no differences in social support, resilience, agreeableness and openness according to the NEO-PI scale. Sex and age had no significant impact on the results. Levels of self-esteem are strongly associated with the development of depression. Results suggest that early intervention for depression in young adults needs to focus on improving their levels of social support, resilience, and positive domains of personality. This study was limited to college students. The conditions and situations of these students were different with those in secondary schools in developing countries like Kenya.

Aomo, Aloka, Raburu, and Ogolla (2018) investigated the relationship between students' self-esteem and indulgence in behavior problems in Homabay County Kenya. The Theory of Planned Behavior by Ajzen and Person-Centered Theory by Carl Rogers were employed to guide the study. A concurrent triangulation design was adopted. The Self-Esteem Scale and indulgence in behavioral problems questionnaire were used to

collect data for the study. An interview schedule was used to collect data from the students. A sample size of 378 were students drawn from girls, mixed and boys' schools where boys to be used in the study will be 60% which is (270), and girls 40 % (155). Quantitative data was analyzed by using inferential statistics such as the Pearson product-moment correlation coefficient while qualitative data were analyzed by using thematic framework. The findings indicated a plausible negative (r = -.564) correlation between students' self-esteem and his/her indulgence in behavior problems. Thus students with a high level of self-esteem were associated with a low level of indulgence in behavior problems. This study was conducted in Kisumu County. It, however, provides some great empirical insights on the relationship between self-esteem and engagement in behavioral problems. By utilizing these insights, the current study examined the relationship between self-esteem and depression among adolescents in Narok County.

While examining on Self-esteem, Omweno (2020) linked with academic performance among students in Kisii County. The research used descriptive survey research design that allowed the investigation of the education problem by obtaining facts about the condition of the variables. The study used questionnaires to gather information from the respondents. The results on whether student had high or positive self-esteem showed that the mean was 4.07. This was an indication that majority of the respondents agreed that self-esteem is critical in academic matters. This contributes to the current study by showing that having a high or positive self-esteem can lead to positive results. However, it fails to show how the variation in self-esteem influences the level of depression among adolescents in secondary schools. Moreover, the questionnaires may have not been

standardized or scientifically proven. This study on the other hand used scientifically proven tools to establish the level of depression or self-esteem among the adolescents.

Kariuki, Ogolla and Kimani (2019) assessed the influence of self-esteem on students' academic performance in secondary schools in Tharaka-Nithi County, Kenya. The study adopted the descriptive survey research design. A sample size of 340 respondents was selected. Stratified random sampling and purposive sampling technique were used to select the 301 form three student, 13 heads of curriculum, 13 deputy head-teachers and 13 heads of guidance and counselling. Data was collected using questionnaires and interview schedules. Descriptive statistics (such as frequencies, mean and standard deviation) and inferential statistics (such as Chi-square test) techniques were used to analyse data. The study found that self-esteem has no significant influence on students' academic performance in secondary schools (Chi-square=13.92, df=8, sig (p-value) =0.084). This implies that low or high self-esteem does not influence student's academic performance.

This study (Kariuki et al., 2019) shows that variation in self-esteem may have no effect on the performance of students. It however, does not show whether it can have an effect on other factors besides performance such as depression which may in turn affect the performance. Low self-esteem among the youths may be found to be imposing a lot of effects on their health. As a result, the current study assessed the relationship between self-esteem and depression among the adolescents in secondary schools in Narok County.

2.3.3 The relationship between Self-esteem and Depression among Adolescents

2.3.3.1. The Practice of Self-Acceptance and Depression

"I cannot be truly myself, cannot build self-esteem, if I cannot accept myself", (Nathaniel Branden, 2018 p.4). Branden articulates the need to practice self-acceptance which is best summed up as being in an adversarial relationship with oneself. Self-acceptance does not mean that you like your negative behaviors and actions, it means that you are willing to accept your reactions and search for their roots (Branden, 2021). As a psychotherapist he advised us that nothing does as much for an individual's self-esteem as becoming aware of and accepting disowned parts of the self. He says the first step of healing and growth is the awareness, acceptance consciousness and integration.

A study by Kwok, Gu, Synchaisukwat, et al. (2020) in Hong Kong China investigating the relationship between parent-child triangulation and early adolescent's depressive symptoms and whether such relationship was mediated by early adolescents protective factors, which is self-acceptance, positive relation, and personal growth. A cross-sectional survey employing convenience sampling was conducted, which recruited 618 grade 5 and 8 students from three primary schools and two secondary schools in Hong Kong, China. Parent-child triangulation was positively correlated with adolescents' depressive symptoms while self-acceptance, positive relation, and personal growth were negatively correlated with early adolescents' depressive symptoms. Only positive relation mediated the relationship between parent-child triangulation and adolescents' depressive symptoms, this mediating pathway existed for the female sample only.

The results of this study (Kwok, et al., 2020) implies that although exposure to parent-child triangulation adversely impacts adolescents' interpersonal relationships, even

the decreased level of the positive relation to some extent protects them against the negative consequences of parent-child triangulation. The current study examined self-acceptance and its relation with depression among adolescents in Kenyan secondary schools in Narok County.

Sansinenea, Asla, and Agirrezabal, Fuster-Ruiz-de-Apodaca, Muela and Garaigordobil (2020) examined a prospective model where autonomy and perceived progress in personal goals were positively associated with self-acceptance and positive effect, and these variables, over time, were negatively associated with depressive symptoms. The study was conducted in Spain. Participants (N = 70) responded first to measures of autonomy, progress in personal goals, perceptions of self-acceptance, and positive affect, and 4 months later, they completed measures of depression. Personal goals variables were observed to be differentially associated with well-being variables: whereas personal goals autonomy was directly associated with both well-being variables, progress in personal goals was directly associated with positive affect and indirectly with self-acceptance, through its association with positive affect. Longitudinally, both self-acceptance and positive affect were associated with depression, the former directly, and the latter indirectly, through its association with self-acceptance. Self-acceptance was revealed as an important predictor of depression in People Living with HIV (PLWH). Results were discussed in terms of the contributions of hedonic and eudemonic well-being to the relief of depressive symptoms. This study was carried out in the context of people with HIV/AIDs. The current study was carried out among adolescents in secondary schools in Kenya.

Athiyallah, Kurniawati, Karuniasari, Setyarini, and Purwandari (2020) carried out a quantitative co-relational study to determine the degree to which a relationship exists between self-acceptance, coping strategies and depression on street children in India. A total of 50 street children who are living on and living off street ranging from 10-25 years old were recruited using convenience sampling. The study assessed depression (Beck's Depression Inventory), Self-Acceptance Scale, and Coping Strategies Scale in the participants. Linear regression was administered to examine the associations between self-acceptance, coping strategies and depression on street children. The result of the study showed a depression level mean of 10.28 which was categorized as normal, while the regression coefficient scores showed a negative correlation between self-acceptance, coping strategies and depression among street children. There was no significant correlation between three variables. Their conditions and situations in which the above study was done are not similar to those of children who are in schools in Narok County.

Gittins and Hunt (2020) assessed the relation between two major self-cognitions (self-esteem and self-criticism) and depressive symptoms in early adolescence in Australia. Two-hundred and forty-three Australian adolescents (mean age = 12.08, 52% female) completed measures of self-esteem, self-criticism and depressive symptoms at baseline, then approximately 12- and 24-months later. Growth-curve modeling was used to assess changes in the variables. Cross-lagged analysis assessed whether either of the self-cognition variables predicted depressive symptoms, or if depressive symptoms predicted self-cognitions. Results indicated that self-criticism and depressive symptoms increased over the time period, while self-esteem decreased, and these changes were all related. Self-esteem predicted depressive symptoms from Time 2 to Time 3, while depressive symptoms

predicted self-esteem from Time 1 to Time 2. Self-criticism did not predict depressive symptoms, nor did depressive symptoms predict self-criticism. These links appeared largely independent of gender. Self-esteem and depressive symptoms during the early adolescent period appear to have a somewhat reciprocal relation, while self-criticism does not appear to predict the development of depression. As such, while low self-esteem does appear to have an important role in the development of depression in this age group, it is not strictly predictive, nor is this effect seen across all negative self-cognitions. This helped us in our study to see whether lack of self-esteem predicts depression.

2.3.3.2. The practice of Self Consciousness and Depression

Nathaniel Branden (2017), described self-Consciousness as a tool for accessing and activating 'hidden resources' within the self. This exercise is done by sentence completion that raises self-understanding, self-esteem and personal effectiveness. It rests on the premise that all of us have more knowledge than we normally are aware of; more wisdom than we use, more potentials than typically show up in our behavior. 'Living consciously to me means going for an extra mile in one's endeavor, to add value in what one does and going a notch higher in one's undertaking.' By doing so, it minimizes the level of depression.

A study was carried out by de Timary, Cordovil de Sousa Uva, Denoël, Hebborn, Derely, Desseilles, and Luminet (2013) to assess the associations between self-consciousness, depression state and craving to drink among alcohol dependent patients undergoing protracted withdrawal. Craving (Obsessive and Compulsive Drinking Scale), depressive state (Beck Depression Inventory) and trait SC (Revised Self-Consciousness

Scale) were assessed in alcohol-dependent inpatients (DSM-IV, N=30) both at the beginning (T1: day 1 or 2) and at the end (T2: day 14 to18) of protracted withdrawal during rehabilitation. A significant decrease in craving and depressive symptoms was observed from T1 to T2, while SC scores remained stable. At both times, strong positive correlations were observed between craving and depression. Moreover, regression analyses indicated that trait SC significantly moderated the impact of depression on cravings for alcohol. This study failed to capture a larger sample for it performed on a relatively small sample size. Moreover, the provision of medications during detoxification treatment could be a compounding factor. The current study however used a larger sample and no medication was provided to the respondents during the data collection process.

In a study of self-conscious emotions and depression, Orth, Berking and Burkhardt (2006) hypothesized that shame, in contrast to guilt, elicits rumination, which then leads to depression. Therefore, they investigated event-related shame and guilt, event related rumination, and depression among 149 mothers and fathers following family breakup due to marital separation. Data were analyzed using latent variable modeling. The results confirmed that shame, but not guilt, had a strong unique effect on depression. Moreover, the results showed that the effect of shame was substantially mediated by rumination. This study was however limited to adults. There was need to examine this concept among adolescents and relate it to depression levels.

2.3.3.3 The Practice of Self-Assertiveness and Depression

According to Scott and Susman (2020), self-assertiveness can be natural while at the same time it is skill that can be taught. Assertiveness is the ability of an individual to

express their feelings and indicate their rights freely without disrespecting the feelings and rights of others. Communicating assertively is direct, open, and honest. It also clarifies the needs of an individual to others. According to Branden (2017), the practice of self-assertiveness is to live authentically, to speak and act from the innermost convictions and feelings as a way of life, as a rule. Its essence is to be real.

In an observation made by Ames, Lee and Wazlawek (2017) people who are assertive have less conflicts while dealing with others. They are able to make sure that their needs are met while at the same time ensuring that other people's needs are met. Another study by Unal (2012) also established that assertiveness was positively associated with self-esteem. Hence, assertive persons have higher chances of thinking about themselves positively and constructively.

A study by Eslami, Rabiei, Afzali, Hamidizadeh, and Masoudi (2016) examined the effectiveness of assertiveness training on the levels of stress, anxiety, and depression of high school students. This quasi-experimental study was conducted on high school students of Isfahan in academic year 2012 - 13. A total of 126 second grade high school students were collected according to simple random sampling method and divided into two groups: experimental with 63 participants and control with the same number. Data gathering instruments included a demographic questionnaire, Gambill-Richey assertiveness scale, and depression anxiety stress scales (DASS-21). Assertiveness training was carried out on the experimental group in 8 sessions; after 8 weeks, post-test was carried out on both groups. Statistical tests such as independent t test, repeated measures ANOVA, Chi-square test, and the Mann-Whitney test were used to analyse and interpret the data.

Repeated measures ANOVA showed no significant difference between the mean scores for assertiveness before (100.23 ± 7.37), immediately after (101.57 ± 16.06), and 2 months after (100.77 ± 12.50) the intervention in the control group. However, the same test found a significant difference between the mean score for assertiveness in the experimental group before (101.6 ± 9.1), immediately after (96.47 ± 10.84), and 2 months after (95.41 ± 8.37) implementing the training program (P = 0.002). The independent t test showed no significant difference in the mean score for anxiety and stress between two groups before the assertiveness training program; however, 2 months after the intervention, the mean score for anxiety in the experimental group was found significantly lower than the control group. This study didn't capture two things. First, it was conducted among girls only hence a need to examine the perspective of boys. Two, it was carried out in an urban society; hence, a need to examine assertiveness among adolescents in both rural and urban schools in Narok County.

2.3.3.4 The Practice of Living Purposefully and Depression

According to Dempsey (2020), having a feeling that life is not worth living is one of the major difficulties in depression. This makes an individual lose hope and feel helpless in the society. However, finding a sense of purpose is one step towards addressing depressive symptoms in a person. Living a life of purpose brings hope and helps an individual to make right decisions. It has been noted that having a sense of purpose boosts emotional resilience and enables a person to deal with life stressors. According to Branden (2017), to live purposefully is to use our powers for the attainment of goals we have selected: the goal of studying, of raising a family, of earning a living, of starting a new

business, of bringing a new product into the market place, of solving a scientific problem, of building a vacation home, of sustaining a happy romantic relationship. It is indeed our goals that lead us forward, that call on the exercise of our faculties that energize our existence.

Herdberg, Gustafson, Alex and Brulin (2010) conducted a five years longitudinal study to assess depression in relation to purpose in life among the elderly population. A cross-sectional study included 189 participants (120 women and 69 men) 85-103 years of age living in a county in northern Sweden. Those who had not been diagnosed as depressed at baseline were included in the five-year follow-up study (n = 78). Depression was assessed using the Geriatric Depression Scale (GDS-15), the Organic Brain Syndrome scale (OBSC), the Montgomery-Asberg Depression Rating Scale (MADRS), and Diagnostic and Statistical Manual of Mental Disorders-IV criteria. Purpose in life was assessed with the Purpose in Life (PIL) scale. In the cross-sectional study, 40 participants out of 189 (21.2%) were depressed, and those with depression had significantly lower PIL scores (mean score 107 vs. 99, p = 0.014).

In the follow-up study (Hedberg et al., 2010), 78 persons were available for the assessment of depression. Of those, 21 (26.9%) were diagnosed as depressed and their mean PIL score at baseline was 106 (SD = 17.4) versus 108 (SD = 16.0, p = 0.750) among those not depressed. Using multivariate logistic regression analysis controlling for possible confounders, we found no association between purpose in life and the risk of developing depression after five years (OR = 1.0, 95% CI 0.97-1.03). The results show a significant inverse relationship between purpose in life and depression in the cross-sectional study; however, a high PIL score does not seem to serve very old people as a protection against

the risk of developing depression. This study focused on the elderly people in the community. These groups may not necessarily be affected by having purpose in life compared to these young people who are beginning their experiences in life as adolescents. Therefore, this study looked at this concept (living life purposefully) among adolescents in Narok County and cross examine it with prevalence of depression.

2.3.3.5 The practice of Personal-integrity and Depression

As noted by Cherry and Morin (2021), integrity is the ability of an individual to look back on their life with a sense of accomplishment and fulfillment. People with integrity are considered to have a sense of wholeness, peace, success, lack of regret and acceptance. Integrity plays a fundamental role in shaping the resilience of an individual at any given time of their lives including point of death (Perry, Ruggiano, Shtompel, & Hassevoort, 2015). On the other hand, Westerhof, Bohlmeijer and McAdams (2017) observed that lacking sense of integrity could lead to a person having some sense of despair and therefore ego integrity is fundamental to alleviating despair. Branden (2016), integrity is the integration of ideals, convictions, standards, beliefs, and behavior. When our behavior is congruent with our professed values, when our ideals and practice match up, we have integrity.

Westerhof, Bohlmeijer, and McAdamas (2017) conducted a cross-sectional research study to assess the relation of ego integrity and despair to personality traits and mental health among adults in Dutch. A sample of 218 adults was used in the study. The tools of data collection included the Northwestern Ego Integrity Scale, the subscales for neuroticism, extraversion, and openness to experience of five factor inventory (NEO-FFI), the Mental Health Continuum-Short Form, and the Center for Epidemiological Studies

Depression Scale-Short Form. The findings showed that extraversion and openness to experience have an indirect relation to ego integrity that is mediated by well-being. Neuroticism was related to despair and explained the relationship of depressive symptoms to despair. Chronological age did not moderate these findings. The gap in this study was that it was conducted among the elderly people in the Dutch community. There was a need for adolescents to be looked into in relation to integrity and depressive symptoms in developing nations like Kenya and in particular Narok County.

2.3.3.6 The Practice of Living Responsibly and Depression

Living life responsibly is a requirement for everybody. People are required to take responsibility of their actions and coming up with a lifestyle that best suits their dreams (Gunnel, 2019). However, many people live a life that is determined by others. Therefore, they have given up their responsibility and power to external factors which end up controlling their lives.

Generally living responsible life focuses on students to acquire capability to live effectively in a society. Therefore, schools and counselors have an important role to elaborate skills which guide students' life. Living responsibly involves life skills that are essential to improve the abilities that help promote psychological wellbeing and competence in young people as they face the realities of life. According to WHO (2017), Responsible lives are indeed abilities for adaptive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. UNICEF and WHO agree that responsible life skills is generally applied in various aspects of life, such as in the context of health and social events like human relationships, learning about social influences on behavior and learning about rights and responsibilities, as well as being

taught in the context of health problems. They enable individuals to translate knowledge, attitudes and values into actual abilities of what to do and how to do it (Millia, 2009).

To be intelligent about living responsibility, one must know his/her boundaries. In some cases, one may be really powerless to achieve the results expected. Therefore, it is important to evaluate what aspect of the situation one has control over, to act on that part and let go of the rest. Proper self-responsibility should not be confused with taking inappropriate responsibility for others. Taking on inappropriate burdens is an act of irresponsibility toward oneself. For that reason, parents or managers do not help when they solve problems that should be solved by their children or associates. They merely contribute to a lack of responsibility (Erol & Orth, 2011).

According to Branden (2012), the principles of self-responsibility entails taking responsibility of one's choice and actions. To be 'responsible' in this context means not as the recipient of moral blame or guilt, but responsible as the chief causal agent in my life and behavior. Branden (2016), articulates responsibility and implores us to break it into two little word-segments: response-able. It's simple, we are responsible when we are 'able to respond' to life's challenges as healthy, autonomous human beings. Not as victims but as individuals who own our abilities to manifest our desires as we engage in life.

Depression among adolescents is minimized by the practice of self-responsibility where self-respect, autonomy, achievement and creating boundaries with others takes a center stage in adolescent's life. The more you practice self-responsibility, the less depressed you become and vice-versa. Nathaniel Branden (2016) implores the adolescents to practice self-responsibility in their life to attain peace, confidence and self-satisfaction in their endeavor.

2.3.4. Interventions to Address Depression among Adolescents

Orzechowska, Zajaczkowska, Talarowska, and Galecki (2013) indicated that coping is described as the cognitive and behavioral processes that a person uses to deal with stressful circumstances that are judged to be demanding, challenging, threatening and/or have a potential for harm or loss. Coping styles have been categorized into three dimensions: problem-focused, emotion-focused and dysfunctional or avoidance coping. Problem-focused coping involves dealing with the source of stress, while emotion focused-coping is when the person attempts to handle thoughts and feelings associated with the stressor.

The choice of intervention also depends on the nature of the stressor, the person's perception of the seriousness of the experience and his/her evaluation of the resources available for coping and the likely effectiveness of a given strategy (Orzechowska et al., 2013). The negative cognitive biases and self-concept seen in individuals with depression may weaken their use of adaptive coping strategies and thereby influence outcome. In support of this, associations have been found between coping strategies and the onset, course and outcome of depression in high-income countries. People with depression are more likely to use avoidance coping strategies. Problem solving and emotion-focused coping are associated with less severe symptoms, while venting emotions (a dysfunctional strategy) has been associated with more impairment in functioning (Bjorklof, Engedal, Selbaek, Kouwenhoven, & Helvik, 2013).

Skapinakis, Bellos, Oikonomou, Dimitriadis, Gkikas, Perdikari, and Mavreas (2020) conducted a survey of the Greek population with the aim to investigate the prevalence of anxiety and depression during the lockdown, the emotional impact of the

epidemic, and the effect of coping strategies and illness perceptions in mental health. Adult persons were invited during the peak of the lockdown period through social media. Depressive and anxiety symptoms were assessed with the PHQ-9 and GAD-2 scales, respectively. Coping strategies were assessed with selected items of the Brief COPE questionnaire, while illness beliefs were assessed with items from the revised Illness Perception Questionnaire (IPQ-R). A total of 3379 individuals took part. A strong emotional impact of the epidemic was more often in women and in those with severe financial difficulties. Levels of depressive and anxiety symptoms were high but similar to past assessments. Participants showed high levels of personal control and used more often positive strategies to cope with the stress of the epidemic.

The study by Skapinakis et al. (2020) showed that depressive symptoms were higher in the younger, in students, in those with a stronger emotional impact, in those isolated due to symptoms, and those overexposed to media for COVID-19-related news. Lower levels of depression were seen in those using positive coping strategies and showing high levels of personal and treatment control. The study showed that certain psychological and social determinants were associated with increased depressive symptoms during the lockdown warranting the development of public health guidelines to mitigate the effects of the epidemic to the mental health of the population. This study was carried out among the general public whereas the current study focused only on adolescents in secondary schools. Moreover, the study was done among the Greek and the cultural difference or practices may differ from the Kenyan population.

Azale, Fekadu, and Medhin et al. (2018) sought to identify the coping strategies used by women with Postpartum Depression (PPD) symptoms in rural Ethiopia to inform

the development of socio-culturally appropriate interventions. A population-based, cross-sectional study was conducted in a predominantly rural district in southern Ethiopia. All women with live infants between one and 12 months post-partum (n = 3147) were screened for depression symptoms using the validated Patient Health Questionnaire, 9 item version (PHQ-9). Those scoring five or more, 'high PPD symptoms', (n = 385) were included in this study. The Brief Coping with Problems Experienced (COPE-28) scale was used to assess coping strategies. Construct validity of the brief COPE was evaluated using confirmatory factor analysis. Confirmatory factor analysis of the brief COPE scale supported the previously hypothesized three dimensions of coping (problem-focused, emotion-focused, and dysfunctional). Emotion-focused coping was the most commonly employed coping strategy by women with PPD symptoms. Urban residence was associated positively with all three dimensions of coping. Women who had attended formal education and who attributed their symptoms to a physical cause were more likely to use both problem-focused and emotion-focused coping strategies. Women with better subjective wealth and those who perceived that their husband drank too much alcohol were more likely to use emotion-focused coping.

The findings by Azale et al. (2018) showed that dysfunctional coping strategies were reported by women who had a poor relationship with their husbands. The study concluded that women with PPD symptoms were most likely to use emotion-focused and dysfunctional coping strategies. Poverty and the low level of awareness of depression as an illness may additionally impede problem-solving attempts to cope. The researches carried out by most scholars indicate the different copying mechanisms used by women to address depression, old people and depression caused by poverty levels. However, less

attention is given to the young people who have been trapped into the same scenario of depression due to self-esteem. They need the various interventions that can heal them from the condition. It's therefore this gap that the study sought to fill by investigating the best mechanisms for alleviating depression among the adolescents of Narok County secondary schools.

2.4. Research gaps

Based on the review of the available literature, there are indeed several studies that have been done in the areas of self-esteem and depression among adolescents (Safdar, 2018; Aomo, et al., 2018; Chege et al., 2018; Kiwoong and Tse-Chuan, 2017). However, these studies were not carried out in Narok County, or in Kenya. For instance, most of the studies by Safdar (2018), Kiwoong and Tse-Chuan (2017) were carried out in other countries. Research in Kenya, Aomo, et al., (2018) and Chege et al., (2018) had their scope of coverage limited to counties other than Narok County.

Therefore, owing to these gaps, the current study was carried out to examine self-esteem and depression among the youth in secondary schools in Narok County, Kenya. The study used descriptive Correlational research design whereby qualitative and quantitative data were both used. This helped in building a better understanding of the research problems than using one approach.

2.5 Conceptual Framework

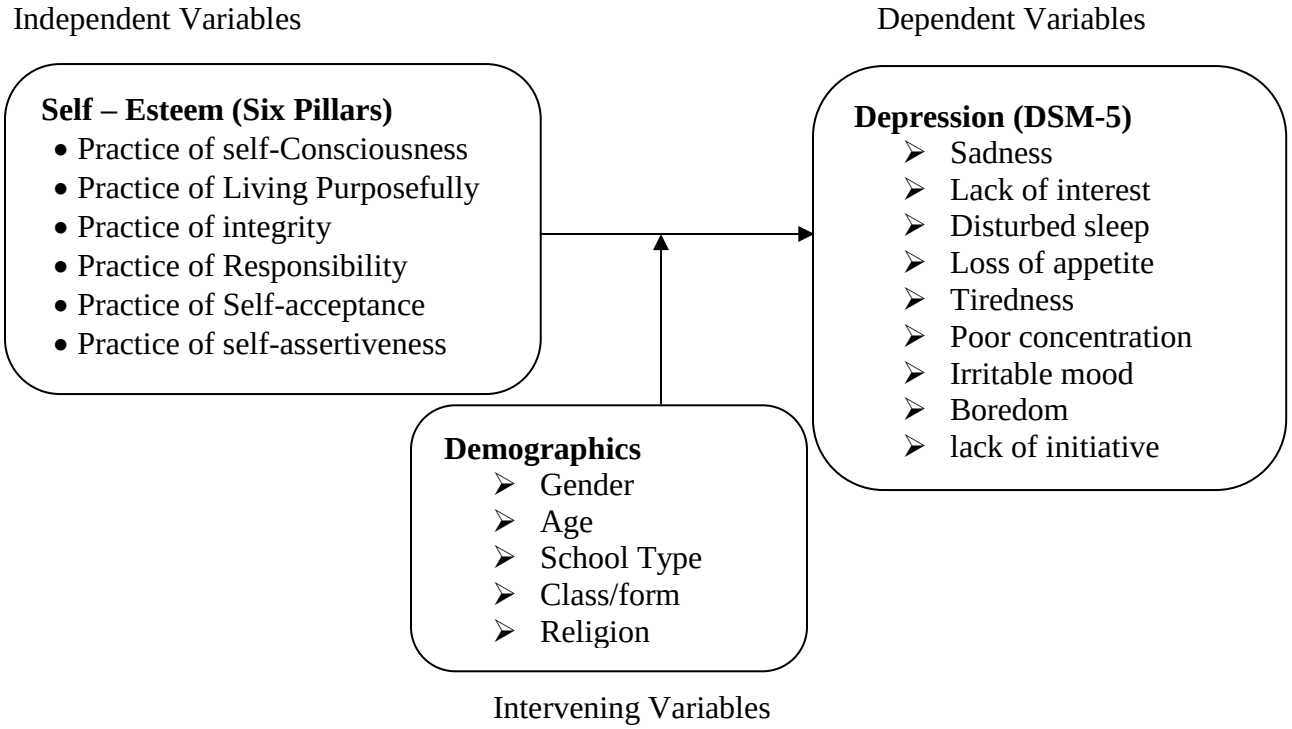

Figure 2.2:

Showing the Relationship between the Variables under Study

Author, (2019)

As conceptualized above, self-esteem is affected by internal and external factors. Internal factors include autonomy, self-respect and achievement that comes from within an individual; this internal boost is achieved by the practice of the six pillars of self-esteem. External factors include status, attention and recognition that comes from without of an individual. These factors are propelled and enhanced by support system from the family, friend, community and well-wishers that will make the individual feel good and appreciated. This will in turn give the individual confidence, trust and the determination to succeed in life; this is arrived by the practice of optimism, being positive, resilience and

self-worth. These external and internal factors make up a formidable force that raises ones' esteem.

The six pillars of self-esteem creates an inverse homeostasis whereby once enforced in an individual, the level of depression automatically reduces, while when left without being practiced, then the level of depression surges. The level of depression will depend on what the individual practices on daily basis which will in turn uplift or bring the person down in terms of mental health and wellbeing. Individuals who have high levels of self-esteem are able to put into practice the six pillars of self-esteem. This is supported by Lyness (2018) who indicated that young people with high levels of self-esteem are confident, have positive thoughts of themselves, believe in themselves and are happy with what they do. However, the opposite may be experienced among individuals who have low levels of self-esteem.

The demographic characteristics of the students formed the intervening variables between self-esteem and depression. As conceptualized in the study, demographics such as age, gender, class, and religion influenced the relationship between self-esteem and depression among the adolescents in secondary schools. The researcher was interested in establishing the levels of self-esteem and depression between boys and girls and the extent of relation. School environment contributes heavily towards the plight and the wellbeing of the individual. The factors looked into for the school environment included the school category, whether the school was purely boys only, and girls only, or mixed? Whether Day or boarding? Whether the students were from form one, two, three or four? By having this information, the researcher was in a better position to tell whether form ones were more

depressed than the rest of the classes and the comments that accompanied it. This informed the researcher which class was mostly depressed and the comments sighted.

Religion also plays a key role in determining the level of depression to the students. Is the student religious? What religion? Christian, Muslim, Hindu, atheist, and any other. These could guide the researcher to asses and determine whether they contribute to depression, and at what level? Are they mild, moderate or severe? The researcher compared and related to self-esteem and depression to see whether it gave a clue as to why some students are depressed.

2.6 Chapter Summary and Conclusion

The literature reviewed in this chapter has provided some empirical evidence on the relationship between the variables under the study. The empirical studies have highlighted areas that may be looked in terms of the self-esteem and depression among students. This was reviewed according to the following objective: the levels of depression among adolescents, levels of self-esteem among adolescents, relationship between self-esteem and depression among adolescents, and interventions put in place to curb depression. The chapter has also reviewed the theories that support the study. The theories have shed some light on the areas of focus while assessing self-esteem and depression among the adolescents. The researcher was therefore well grounded with empirical materials and knowledge to carry out this empirical study to assess the relationship between self-esteem and depression among adolescents in public secondary schools in Narok County.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter presents the research design and methodology of this study on the relationship between self-esteem and depression among adolescents in secondary schools in Narok County, Kenya. This chapter contained an in-depth presentation of the research design, target population, determination of study sample, data collection instruments, validity and reliability of the instruments, data collection procedure, data analysis process, and ethical consideration.

3.2 Research Design

According to Creswell (2014), research design refers to the overall strategy one chooses to integrate different components of the study in a coherent and logical way, thereby ensuring that the researcher effectively addresses the research problem. In this study, a descriptive survey research design was adopted in the study. This research design was considered to be reliable in the study because it is best suitable for large sample size. Additionally, the strength of the design is that it is useful in describing the characteristics of a large population, made use of large samples, thus making the results statistically significant even when analyzing multiple variables, several questions were asked about self-esteem and depression levels giving considerable flexibility to the analysis. The design also allows the use of different tools for collecting data. This design was therefore suitable in the study because it helped the researcher to examine relationship between self-esteem and depression among a large population of students in secondary schools in Narok

County. Moreover, the design also allowed the researcher to utilize various methods of data collection like structured and semi-structured questionnaires. It also made use of standardized questions where reliability of the items were determined (Owen, 2002).

3.3 Locale of the Study

This study was carried out in Narok County, with Maasai as the dominant community in the area. The main economic activities are herding and farming which includes wheat, barley, maize, beans, Irish potatoes, and horticulture. According to a study done by National Council for Population and Development (2017), the region had an increasing number of mental health problems such as depression and suicide. It established that mental health problems among the adolescents and especially those in high school in Narok County was highest in the region and it was attributed to issues such as peer pressure, self-esteem, drugs, and substance abuse, and negative cultural practices. Therefore, there was a need for an empirical study to examine the relationship between self-esteem and depression among adolescents in secondary schools in Narok County.

3.4 Target Population

According to Vonk (2017), a target population refers to a group of people, whose characteristics, the researcher intends to study. The target population of this study comprised of 158 public secondary schools in Narok County, with a total enrolment of 40,638 students and 158 Guidance and Counseling teachers in Narok County (Ministry of Education, 2019). The school guidance and counseling teachers were targeted on the basis that they are concerned with students' psychological wellbeing. They daily handle cases

related to the behavior of students, hence are well versed with the prevalence of depression among students. Students were targeted because they were the main focus of the study. Therefore, they were considered resourceful in proving information that could answer how the relationship between self-esteem and depression.

3.5 Determination of Study Sample

Malhotra (2011) describes the sampling process as the identification of entities of sample selection. Cooper and Schindler (2011) further describe sampling as the process of selecting some elements from a population to represent the population as a whole. Churchill and Brown (2007) defined a sampling frame as a list of geographical areas, institutions, individuals, or other units that the study focused on. The sampling frame was used to help choose the members of the target population that the researcher sought to investigate (Saunders, Lewis & Thornhill, 2007). In this study, the unit of observation was the public secondary schools whereas the unit of analysis was the counseling teachers and the students. A sample is the group of individuals or objects selected from the targeted population of the research study to participate in the research (Ndale, 2015). Mvumbi and Ngumbi (2015) indicated that a sample ought to be large enough to represent the significant features of the target population.

Table 3.1:

Sampling Frame

Population Type	Target Population	Sample Size	Percentage
Schools	158	16	
Counseling teachers	158	16	3.9
Students	40,638	396	96.1
TOTAL	40, 796	412	100

3.5.1 Sampling of Schools

Since there are 158 public secondary schools in Narok County, a sample size of 16 schools was used for this study. According to Mugenda and Mugenda (2013), a sample size of 10-50% is acceptable. The sample size of 16 schools was, therefore, arrived by calculating 10 percent of the total population of the public schools. The researcher employed stratified and simple random sampling technique to sample the schools. This is whereby the schools were organized according to their different types of school which formed the strata. From the strata, the names of the schools were further written down and picked randomly until the desired number was obtained from each category as illustrated in Table 3.2.

Table 3.2:

Schools Sample Size

School Type	Targeted	Sample Size (10%)
Mixed day	50	5
Mixed boarding	60	6
Boys boarding	25	3
Girls boarding	23	2
Total	**158**	**16**

3.5.2. Sampling of Guidance and Counseling teachers

The number of schools sampled was 16. Therefore, from each of the sampled schools one guidance and counseling teacher was purposively selected giving a total of 16 participants. Hence, they know and spent most of the time with the students and classrooms.

3.5.3. Sampling of Students

To arrive at the sample size of the students, Yemen (1967) suggested a simplified formula for calculation of sample size from a population. The sample size for this study was computed using the formula which is stated as follows;

$$n = N \div (1 + Ne^2)$$

Whereby;

n= is the sample size

N= is the size of the population (in this case, 40,638)

e= is the desired level of confidence (at 95% = (0.05)

The sample size shall therefore be computed as follows

$$n = N \div (1 + Ne^2)$$

n = 40,638 ÷ (1 +40,638 × 0.05^2)

n =40,638 ÷ (1 +40,638× 0.0025)

n = 40,638 ÷ (1 + 101.595)

n = 40,638 ÷102.595

n = 396.1

n≈ 396 students

Therefore, the sample size of the students was 396 students. This sample size was distributed as shown in Table 3.3 across all the sampled secondary schools. The sample was calculated as follows:

(Each school sample/total sample size of schools)X Total sample size of students = Sample size per school category

Table 3.3:

Distribution of Students Sample Size across the School Categories

School Type	Sample of Schools	Sample of Students
Mixed day	5	124
Mixed boarding	6	149
Boys boarding	3	74
Girls boarding	2	50
Total	**16**	**396**

To arrive at this sample size, both stratified and simple random sampling techniques were used. The students in each school were first stratified according to their respective classes. The researcher sampled classes from form one to form four. In the sampled classrooms they were then organized according to their gender that is male or female. From these strata, the researcher picked randomly until the desired number of students required was obtained. This is whereby the names of the students were written on small pieces of paper and mixed in a container. It is from the container, that the names were selected randomly until the desired sample size number was achieved. For this to be achieved, the following procedure was done. From each school, the sample size was 25 students. From each class, at least 6 students were selected i.e. 3 boys and 3 girls. This was done across all sampled schools and classrooms.

Table 3.4:

Summary of the Sampling Techniques

Category	Sampling Techniques
Schools	Stratified and Simple random sampling technique
Students	Stratified and simple random sampling technique
Guidance and counselor teachers	Purposive sampling technique

3.6. Data Collection Instruments

3.6.1. Questionnaires

According to Orodho (2018), questionnaire is a suitable method, indeed, the easiest and the cheapest way of data collection. It has both the ability to collect a large amount of information in a reasonable quick span of time. Kothari (2014) observes that questionnaire is free from bias of the respondents who are not approachable and reachable. Therefore, the structured questionnaire for students was used to collect data from secondary schools that were the most relevant in obtaining information concerning self-esteem and depression among adolescents in secondary schools in Narok County, Kenya. The Rosenberg Self-esteem scale was used to collect data on the levels of self-esteem among the students. The scale consists of 10 statements related to overall feelings of self-worth and self-acceptance. Scoring and interpretation of the Rosenberg self-esteem scale shows that higher scores indicate higher self-esteem and vice versa. On the other hand, the PHQ-9 was adopted in the questionnaires for the purpose of testing the levels of depression among the adolescents. This tool was developed by Kroenke and Spitzer (2002). This scale had 9 items. In terms of interpretation, the total scores of 5, 10, 15, and 20 represent cut points for mild, moderate, moderately severe and severe depression, respectively. The sections that were covered in the questionnaire included Section A: Demographic Information, Section B: Levels of Depression among Adolescents, Section C: Levels of Self-esteem among Adolescents.

3.6.2. Self-Administered Structured Questions for Counseling Teachers

Considering that no oral interviews were conducted in this study, the researcher used self-administered structured questions to collect data from the counseling teachers. The researcher opted for this approach due to the strict timelines and availability of the teachers to participate in the study. Hence, the approach was convenient to the respondents as compared to having a sit down and conducting oral interviews. The self-administered structures questions were organized according to the main research questions of the study. The researcher allowed the informants to participate by choice, sign a consent form and was assured of confidentiality for the gathered information (Schober, 2018).

3.7 Data Quality Control

The designed data collection instruments were reviewed with the supervisor and other experts in the department of research. A pilot study was carried out before the actual data collection. The main purpose of the pilot test was to re-examine whether the contents in the questionnaire were reliable for acquiring data for the objectives of the study. The researcher selected a different group with similar characteristics to the sampled participants from the same County who did not take part in the actual study. Forty students were used for piloting which represented 10% of the actual sample size of the study. According to Mugenda (2013), 10% of the sample size is good for piloting. The students were issued with the questionnaires and asked to fill them. The filled questionnaires were then picked on the same day to test for the validity and reliability of the instruments.

3.7.1 Validity of the Research Instruments

Validity refers to the question of whether an instrument is measuring what it claims to measure (Kothari, 2014). The study ensured construct validity by deriving relevant representative questions to cover the study objectives. To test and improve the validity of data collection instruments, content validity was used. This is whereby the researcher consulted research experts to verify whether the instruments are valid. After the construction of the questionnaires, the researcher reviewed items in the questionnaire with the help of the research supervisors. The suggestions given by the supervisors helped to ensure that the content captured in the data collection instruments were fit to answer the key and specific research objectives of the study.

3.7.2 Reliability of Research Instruments

Mugenda and Mugenda (2013) defined reliability as the ability of a research instrument to consistently measure characteristics of interest over time. It is the degree to which a research instrument yields consistent results or data after repeated trials. If a researcher administers a test to a subject twice and gets the same score on the second administration as the first test, then the instrument is reliable. The reliability of this study was tested using Cronbach Alpha method.

Orodho (2018) indicated that reliability of the tools is ensured through test-retest method. It helps in identifying possible problems such as clarification of instruments and appropriateness of the language used during the main study. The pilot test assessed the relevance of the research objectives by the understandability of the research tools. The reliability of the instruments was ascertained by re-administering the questionnaires to the

same sampled respondents in two weeks interval to determine its reliability. The scores obtained from each test was correlated to get the coefficient of reliability. A Cronbach Alpha reliability coefficient (0.6-0.9) of Gupta (2017) is recommended. From the pilot results, the value obtained was 0.732. Hence, the questionnaires were considered to be reliable.

3.8 Data Collection Procedures

The researcher obtained an authorization letter from the Catholic University of Eastern Africa Department of Counselling and Psychology to collect data. Moreover, a research permit was also collected from the National Commission for Science, Technology, and Innovation (NACOSTI). The researcher also sought authorization letters from the County government offices of Narok County. Upon receiving the letters, the researcher proceeded to the respective schools to seek permission to collect data another day. While in the schools, the researcher also sought permission from the administration to collect data from the respondents.

On the day of data collection, the respondents were informed about the purpose of the study. The researcher issued the questionnaires to the respondents. Since it was quite involving, a research assistant was used in the data collection process. The researcher followed up on the respondent and ensured that the questionnaires were filled appropriately and collected. Notably, during the distribution of the questionnaires, the researcher also gave the guidance and counseling teachers the structured open ended questions to fill at their own convenient time. The respondents were given two to three days before the instruments were collect back to be prepared for analysis.

3.8.1. Ethical Considerations

Ethics is a code of conduct which the researcher is supposed to obey when conducting research on an identified problem (Mugenda, 2013). Ethical considerations relate to the moral standards that the researcher should consider in all research methods. Due care was given to strict adherence of research procedures particularly those involving human subjects. Since the study involved human participants, care was taken to ensure that they were not affected negatively in any way and the research was not undertaken for personal gain.

The researcher had a primary obligation to keep confidentiality of the respondents and to take all reasonable precautions to protect the information obtained or stored in any medium, recognizing and being aware that law could regulate the confidentiality. Total confidentiality between the researcher and the respondents was honored. The researcher only collected necessary information which was obtained from the respondents strictly.

Information was acknowledged and its source clearly stated. None of the respondents were put under threat as they filled in the instruments at their own time. All the respondents were given their due respect equally without prejudices and stereotyping. The relationship of the researcher and the respondents was healthy which made them not to feel either superior or inferior. The researcher obtained voluntary and informed consent from the respondents to help in collecting data and be able to disseminate the findings.

The researcher sought all the permissions needed to collect the data. This included the introduction letter provided by CUEA, for data collection. The researcher obtained a research permit from the National Commission for Science, Technology, and Innovation (NACOSTI) to collect information from the secondary schools. Moreover, the permission

from the school administrations was also sought for before the data collection instruments were issued out to the respondents. The researcher also made prior visits to the schools and share with the school principal on the purpose of the study as well as the intention to visit the school for data collection.

Upon the completion of the study, the researcher also ensured that the secondary schools which participated in the study were issued with a copy of the thesis. This was to supply them with information that they could use for addressing the issue of self-esteem and depression among the adolescents. Lastly, the researcher and research assistants ensured that they worked professionally.

3.9. Data Analysis and Presentation

Data analysis involves organizing data in order to derive helpful information. Both quantitative and qualitative data was analyzed in this study. The quantitative data was collated and analyzed using descriptive statistics such as measures of central tendency and dispersion through the use of SPSS (version 25). The analyzed data was presented in form of figures, tabulation, graphs and charts. Prose-form, pie and bar charts and graphs are methods used to display the information. Regression analysis was used to show the relationship between self-esteem and depression levels among adolescents in secondary schools.

The qualitative data obtained from the semi-structured open ended questions was analyzed thematically that is; identifying, analyzing and reporting patterns or themes within the data. The data interpreted the various aspects of the research topic organized and categorized according to the objective themes and were presented in a narrative form.

3.10. Limitations and Constraints

According to Price et al. (2004), the limitations of the study are those characteristics of design or methodology that impact or influence the interpretation of the findings from the research. One of the limitations experienced in the study was on accessing some of the schools which were located in the remote and interiors parts of the county. Some of the roads were not passable using a vehicle. In such situations, the researcher used a motorbike to access some of the schools.

Besides the limitation on road accessibility, another challenge was time factor. This is whereby the schools and especially some of the students were busy preparing for their final year exams. This made some of the administrators to be a bit hesitant in allowing the data collection process to be undertaken in their schools. Some felt that it could be a bit distracting and hence interfering with the schedules of the school. In such circumstances, the researcher opted to leave behind the data collection instruments for the respondents to fill during their free time and the instruments collected a later day.

The issue of openness among the participants was also a constraint. This is whereby some of the participants felt like their personal lives were being intruded through the questions asked. Moreover, they thought that the school administration and especially the teachers wanted to know more about the issues that they face so as to use the information against them. To address this matter, the researcher convinced the students to be as honest as possible and that their identities would not be reflected anywhere in the document and that they would all be anonymous. Additionally, instead of using the teachers to distribute

the questionnaires class representatives were the ones given the documents to share with the selected participants.

3.11. Summary of the Chapter and Conclusion

The chapter discussed the methodology in support of the research problem; self-esteem and depression among the adolescents in Narok secondary schools. The research employed Descriptive Correlational Survey design (qualitative and quantitative methods). In the chapter, the study targeted guidance and counseling teachers as the key informants and students as respondents. It also discussed the methods of data collection procedures that was used including ethical considerations, the research instruments such as the structured questionnaires. The validity and reliability of the research tools were considered. Data analysis and presentation was also discussed in the chapter.

CHAPTER FOUR

RESULTS AND PRESENTATION OF FINDINGS

4.1 Introduction

This chapter covers the results and presentation of findings on self-esteem and depression among adolescents in secondary schools in Narok County, Kenya. The data presented in this section was obtained from the field using student questionnaires and self-administered open-ended questions for guidance and counseling teachers. The chapter covers the response rate, demographic information, levels of depression, levels of self-esteem and the relationship between self-esteem and depression among adolescents in secondary schools.

4.2 Response Rate

During the data collection process, the researcher managed to issue out all the 396 questionnaires to the students and 16 self-administered open ended questions to the guidance and counselor teachers. However, in the process of collecting them back, only 382 questionnaires were found to be dully completed and fit for the analysis on the hand, all the guidance and counseling teachers returned back their question papers which were fully filled. The response rate for the students was 96.5% whereas that of counselor teachers was 100%. This response rate was considered to be good for the analysis.

Table 4.1:

Response Rate

	Issued Instruments	Returned Instruments	Response Rate
Students	396	382	96.5%
Counselor Teachers	16	16	100%
Total	412	398	

4.3 Demographic Information

The researcher collected some demographic information of the respondents. This was for the purpose of allowing the researcher to understand the type of respondents that he was dealing with. The demographic information captured included gender, age bracket, school type, class, and religion.

4.3.1 Gender

The gender of the students was categorized into either male or female. The responses given are as shown in Figure 4.1.

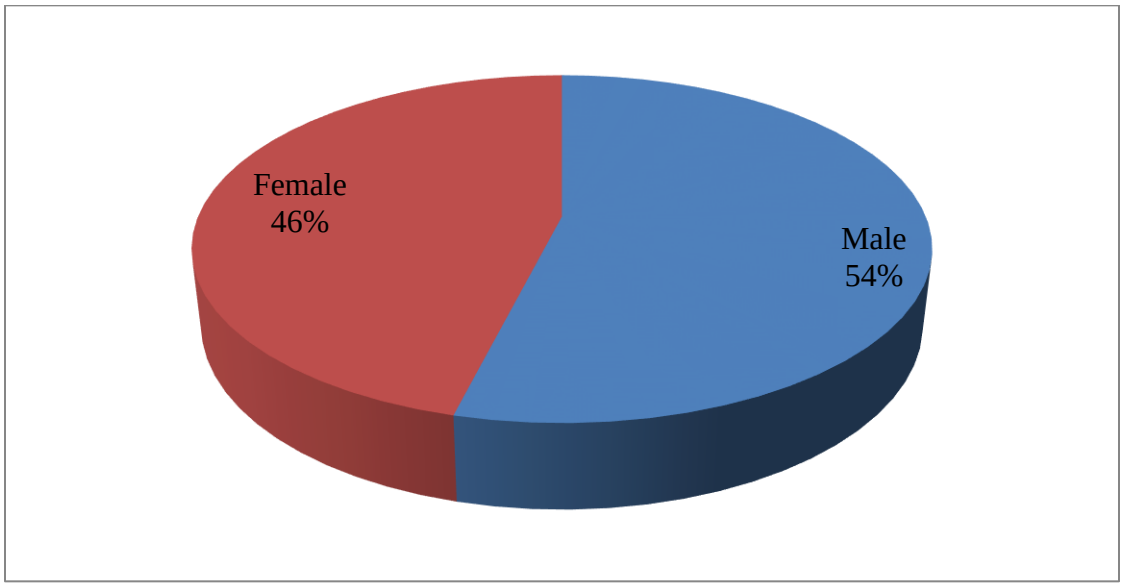

Figure 4.1:

Gender of the Students

As shown in Figure 4.1, slightly more than half of the respondents who participated in the study were males. The remaining 46% were females. This implies that there were more male students who participated in the study as compared to the females. This is occasioned by Masai culture who align themselves more with boys than girls.

4.3.2 Age Bracket

Besides the gender, the researcher also sought to identify the age bracket of the students who were in secondary schools in Narok County. Therefore, the respondents were asked to indicate their age bracket which was categorized into 14-15 years, 16-17 years and 18 years and above that is in accordance to Education guidelines of Kenya (KSSSA, 2019). The responses given are as shown in Figure 4.2.

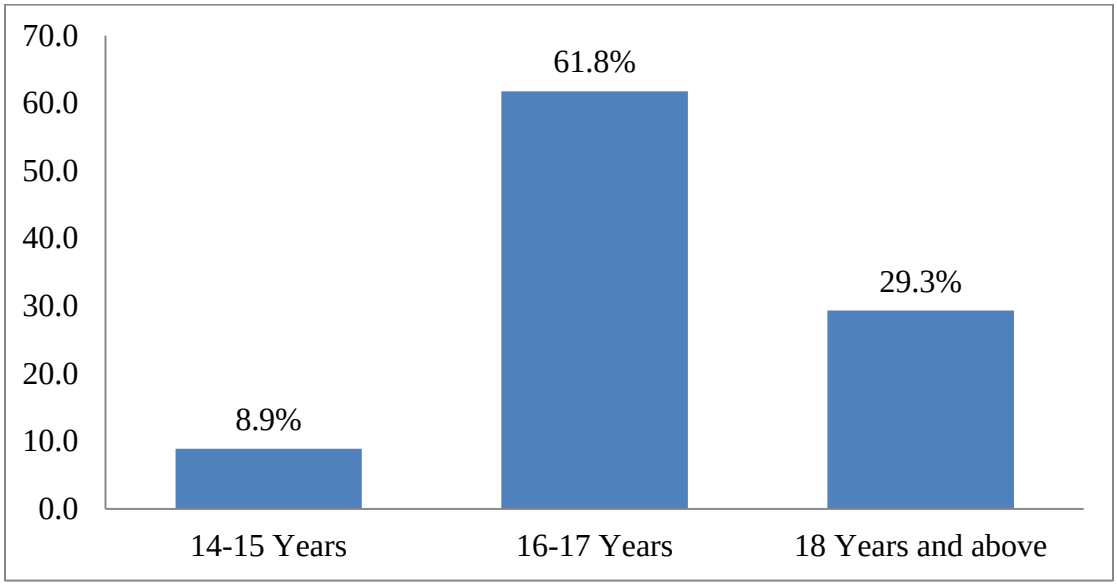

Figure 4.2:

Age Bracket of the Students

With regard to the age bracket, majority (61.8%) of the respondents were between the age of 16 and 17 years. This was followed by 29.3% who were above 18 years of age. The remaining 8.9% were between 14 and 15 years of age. This is based on the education guidelines in Kenya. Those who indicated 18 years and above may be those students in the form four who were already 18 years of age and may have started education late.

4.3.3 School Type

The students were also asked to indicate the type of their school. This included mixed day secondary schools, mixed boarding schools, boys boarding secondary schools, and girls boarding secondary school. The responses are shown in Figure 4.3.

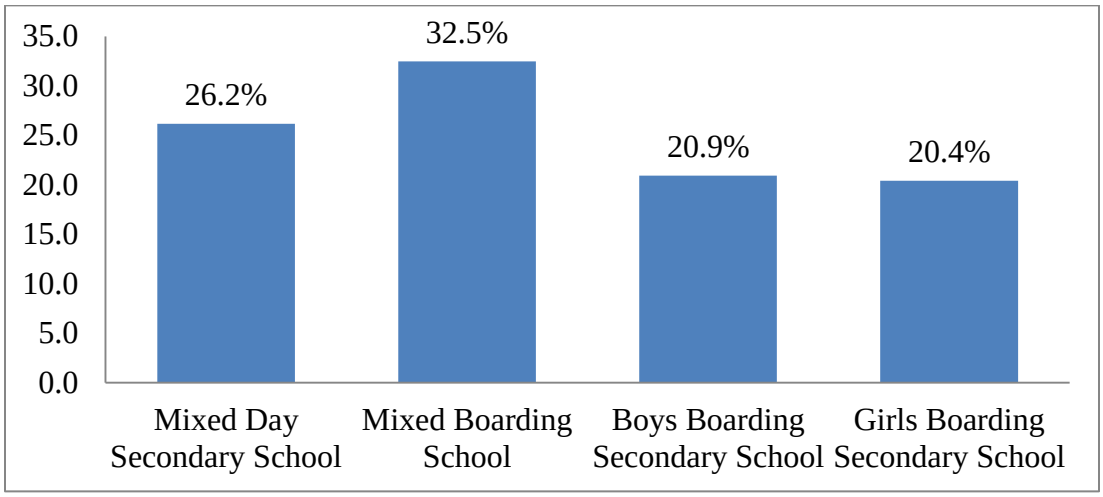

Figure 4.3:

School Type

With regard to the type of school, slightly less than a third (32.5%) of the students was from mixed boarding schools followed by mixed day secondary schools (26.2%). The remaining 20.9% and 20.4% were from boys boarding and girls boarding secondary schools respectively. The observations made in terms of school type may be due to the fact that the area has more mixed schools as compared to single gender (boys or girls) schools. Additionally, a good number of schools offer day learning programs due to facility limitations. In terms of finances also, it's cheaper for day schools than boarding schools.

4.3.4 Class

The students also indicated their class. These were categorized into form one, form two, form three and form four classes. The response given is presented by Figure 4.4.

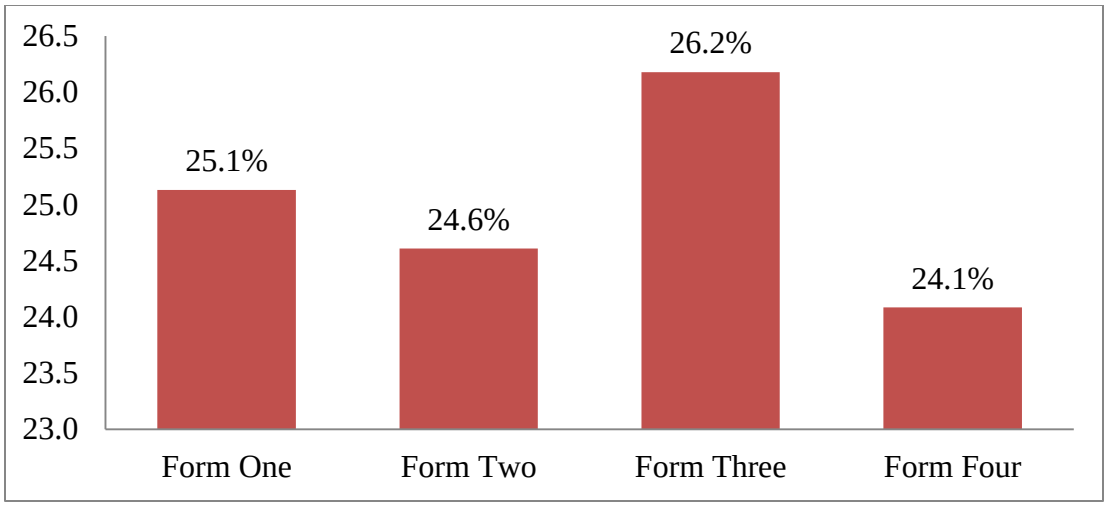

Figure 4.4:

Class

When asked to indicate their class, 26.2% were form three students followed by 25.1% who were form one students. A few (24.6%) were form two students. The remaining 24.1% were form four students. The form four students were the least and this may have been occasioned by the fact that at the time of data collection they were busy preparing for their final exams and thus much of their attention and concentration was focused on their forth coming exams. This implies that the students may be having a lot of pressure to ensure that they are well prepared for their final exams and hence having limited time to participate in other activities. Form threes, twos and one had ample time and felt not so much pressurized.

4.3.5 Religion

Lastly, for the demographic information, the students were asked to indicate the religion in which they belonged to. This included Christian religion, Muslim, atheist and others. Several responses were given and are presented in Figure 4.5.

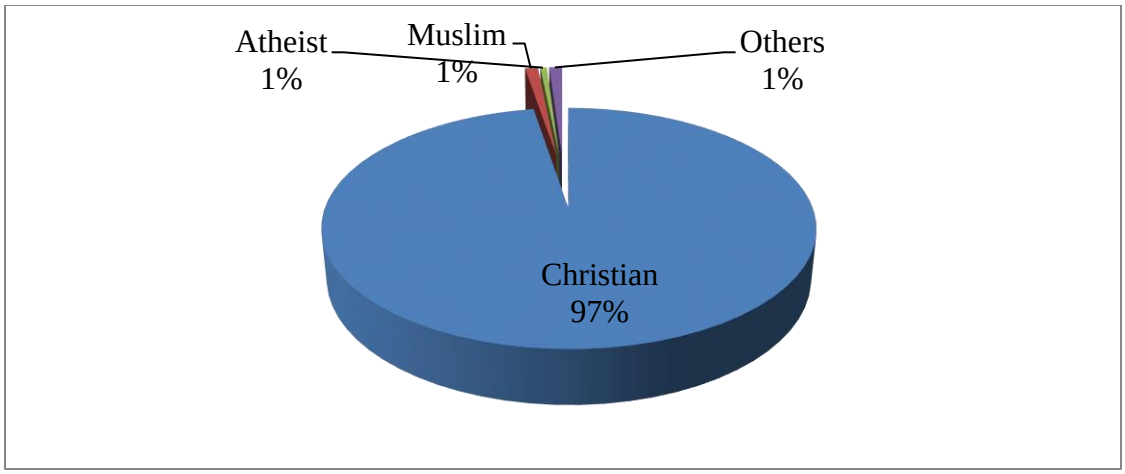

Figure 4.5:

Religion of the Students

With regard to religion, an overwhelming majority of the students were Christians. Only 1% were Muslims while 1% indicated that they were atheists. The remaining 1% indicated that they were part of other religions. The finding shows that majority of the secondary school students in Narok County are Christians. This has been occasioned by the families' upbringing and the Christian practice encountered at home and thus continued with the same practice in their respective schools.

4.4 Level of Depression among Adolescents

This study sought to establish levels of depression among adolescents in secondary schools in Narok County. For this objective, questions from the PHQ-9 standardized tool of measuring depression was used. The interpretations for this tool indicate that a total scores of 5, 10, 15, and 20 represent cut points for mild, moderate, moderately severe and severe depression, respectively. Therefore, the respondents were given several statements which tested the symptoms of depression levels. They were asked to indicate the extent to which

they agreed or disagreed with the statements. The statements were rated from 1 to 5 with 1 being not at all and 5 very great extent. Table 4.2 shows the responses that were given on depression level among adolescents in secondary schools in Narok County.

Table 4.2:

Depression Level Responses among Adolescents in Secondary Schools in Percentages and their Average

Symptoms	1	2	3	4	5	M	Std
Feeling down, depressed, irritable, or hopeless	53.4%	17.8%	18.8%	3.7%	6.3%	1.90	.35
Little interest or pleasure in doing things	40.3%	17.3%	22.5%	11.6%	8.4%	2.29	1.32
Trouble falling asleep, staying asleep, or sleeping too much	43.5%	17.3%	20.4%	7.3%	11.5%	2.25	1.37
Poor appetite, weight loss, or overeating	55.0%	14.6%	15.2%	4.7%	10.5%	2.01	1.36
Feeling tired, or having little energy	48.7%	16.7%	16.8%	8.9%	8.9%	2.13	1.35
Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down	50.8%	11.5%	13.6%	7.9%	16.2%	2.27	1.54
Trouble concentrating on things like school work, reading, or watching TV	48.2%	19.4%	13.6%	5.2%	13.6%	2.16	1.43
Moving or speaking so slowly that other people could have noticed	64.9%	9.9%	12.6%	5.7%	6.8%	1.78	1.25
Thoughts that you would be better off dead, or of hurting yourself in some way	71.2%	7.8%	6.8%	3.7%	10.5%	1.74	1.35

Scale: 1= not at all, 2=Less extent, 3= Moderate extent, 4=great extent, 5=very great extent/ severe, M= Mean, Std= Standard Deviation

The statement on whether the students felt down, depressed, irritable and hopeless had a mean of 1.90 and standard deviation of .35. This implies that majority of the students had a positive feeling and did not feel down, depressed, irritable, or hopeless. The few with

great and very great extent should be helped by the teachers and counselors to cope with their situation.

The statement on whether the students had little interest in doing things had a mean of 2.29 and standard deviation of 1.37. On average, this means that majority of the students disagreed and therefore they were more interested in doing things.

The statement on whether the students don't have trouble falling asleep had a mean of 2.25 and standard deviation of 1.37. This implies that majority of the students did not have much trouble falling asleep, staying asleep, or sleeping too much.

The statement on whether the students had poor appetite, weight loss or overeating had a mean of 2.01 and standard deviation of 1.36. This means that on average the experience of poor appetite, weight loss and overeating was to a less extent among the students who participated in the study.

The statement on whether the students were feeling tired, or having little energy had a mean of 2.13 and standard deviation of 1.35. This means that most of the students who took part in the study did not feel tired or had low energy. Hence, they were energetic and strong.

The statement on whether the students felt bad about themselves or felt that they were failures or had left themselves or their family down had a mean of 2.27 and standard deviation of 1.54. This means that most of the students did not feel bad about themselves. Additionally, they considered themselves not to be failures or disappointing to their families.

The students were asked to indicate whether they had trouble in concentrating on things like school work, reading, or watching TV. This statement had a mean of 2.16 and

standard deviation of 1.43 respectively. This means that majority of the students did not face any trouble or challenge concentrating on things like academic work, reading and watching television.

The statement on whether the students move or speak so slowly that other people could have noticed had a mean of 1.78 and standard deviation of 1.25 respectively. This means that majority of the students were able to speak properly and in a pace that is audible and understandable.

The students were asked whether they had thoughts that they would be better off dead, or hurt themselves in some way. This statement had a mean of 1.74 and standard deviation of 1.35 implying that majority of the students did not have the thoughts of being dead or hurting themselves in some way.

Overall, it is evident from Table 4.2 that most of the statements had an average 3 scores of 1 and 6 scores of 2. This shows that overall, majority of the students who participated in the study had mild levels of depression followed by those who did not have any signs of depression. This observation is slightly different from other previous studies carried out which showed that depression was high among high school students. For instance, the study by Bhattarai, Shrestha and Paudel (2020) carried out in Nepal showed that more than two-fifths (44.2%) of students had depression with almost a quarter (25.3%) of the students having mild depression and 18.9% expressing major depression levels. An earlier study by Ramli et al. (2008) also showed that sizable proportion of children in secondary schools potentially suffered from depression. Similarly, other researchers such as Jha, Singh, and Nirala (2017) pointed out that almost half (49.2%) of the adolescents of 9th–12th standards in Bihar, India had depression. Abdul Latiff, Tajik and Ibrahim, (2016)

likewise noted that the overall prevalence of depression lies at 42.6%, with mild, moderate and severe depression at 21.5%, 18.1% and 3.0%, respectively among secondary and higher secondary students of Malaysia.

In order to further establish the depression levels among the students with regard to their gender, age bracket, school type and class; further cross tabulations were carried out and the responses are as covered below.

Table 4.3:

Cross Tabulation between Gender and Depression Levels

		Depression Levels					Total
		1.00	2.00	3.00	4.00	5.00	
Gender	Male	60	94	48	4	0	206
	Female	45	67	58	3	1	174
Total		105	161	106	7	1	380

Scale: 1= not at all, 2=Less extent, 3= Moderate extent, 4=great extent, 5=very great extent/ severe

As shown in Table 4.3, a good number of both male and females had moderate levels of depression with majority being Males. However, across all the levels of depression the males were high compared to females. On the other hand, a high population of students with moderate depression levels were females. In line with these observations, a previous report by Miller, et al. (2010) showed that young men were prone to committing suicide and having depression as compared to females.

Additionally, another study by Seaman (2013) also affirmed that depression symptoms are quite high among male adolescents as compared to their female counterparts. In further supporting the differences observed, Khesht-Masjedi, Shokrgozar, Abdollahi, Golshahi, and Sharif-Ghaziani (2017) noted that depressed girls felt sadness, guilt, punishment, worthlessness, low energy and fatigue, or more asthenia, whereas depressed

boys have symptoms such as irritability, depression, suicidal thoughts, or desires to reduce their pleasure.

The researcher also sought to establish the levels of depression among the students based on their age bracket. The response obtained is as summarized by Table 4.4.

Table 4.4:

Cross Tabulation between Age Bracket and Depression Levels

		Depression Levels					Total
		1.00	2.00	3.00	4.00	5.00	
Age Bracket	14-15 Years	4	9	21	0	0	34
	16-17 Years	59	112	59	4	0	234
	18 Years and above	42	40	26	3	1	112
Total		**105**	**161**	**106**	**7**	**1**	**380**

Scale: 1= not at all, 2=Less extent, 3= Moderate extent, 4=great extent, 5=very great extent/ severe

With regard to the age bracket, a high number of students between the age of 16 and 17 years had mild and moderate depression levels respectively. This is followed by students who are above 18 years of age. This implies that these teenagers who are above 16 years are at a greater risk of being depressed compared to those below 15 years. In line with this observation, Costello, Erkanli and Angold (2006) indicated that there is a high prevalence of depression among adolescents between the age of 13 and 18 years. This was further confirmed by a report presented by Nepal Health Research Council (2020) which indicated that the prevalence of mental distress among adolescents (age 13–17 years) was 5.2%, with a similar rate of depression between male and female gender.

The findings are also in line with Brent and Birmaher (2002) who pointed out that there are several factors which put the adolescents at the risk of being depressed and they include sexual relationships, family history which includes; having a parent, grandparent

or other blood relative with depression, bipolar disorder or alcohol use problems among others.

The researcher further carried out a cross-tabulation to understand how the distribution of depression levels varied within the different types of schools. The responses are as summarized in Table 4.5.

Table 4.5:

Cross Tabulation between School Type and Depression Levels

		Depression Levels					Total
		1.00	**2.00**	**3.0**	**4.00**	**5.00**	
School Type	Mixed Day Secondary School	15	57	26	2	0	100
	Mixed Boarding School	28	47	43	5	1	124
	Boys Boarding Secondary School	28	36	16	0	0	80
	Girls Boarding Secondary School	34	21	21	0	0	76
Total		105	161	106	7	1	380

Scale: 1= not at all, 2=Less extent, 3= Moderate extent, 4=great extent, 5=very great extent/ severe

As shown in Table 4.5, across all the different types of schools, most of the students had mild depression levels. However, individually, the highest number of students with mild or moderate depression levels were in mixed boarding schools followed by mixed day secondary schools. This clearly shows that students in mixed school were more prone to depression levels compared to those in singular gender schools.

The researcher also intended to establish the levels of depression among students based on their educational class. Hence, Table 4.6 shows the distribution of the responses obtained.

Table 4.6:

Cross Tabulation between Education/Class and Depression Levels

		Depression Levels					Total
		1.00	**2.00**	**3.00**	**4.00**	**5.00**	
Education/Class	Form One	17	30	49	0	0	96
	Form Two	22	47	19	4	0	92
	Form Three	30	56	12	1	1	100
	Form Four	36	28	26	2	0	92
Total		105	161	106	7	1	380

Scale: 1= not at all, 2=Less extent, 3= Moderate extent, 4=great extent, 5=very great extent/ severe

In terms of the education/class, it is evident that most of the students with some level of depressions (mild and moderate respectively) were in form one followed by form three and form two respectively. This may be due to the fact the form ones are still struggling to adjust in secondary schools whereas the form threes may be having some anxiety to joining form four. The form fours had the least number of students with little or moderate extent of depression. Their maturity levels is also advanced and mature.

Lastly, the researcher also intended to establish the levels of depression among students based on their religion. Hence, Table 4.7 shows the distribution of the responses obtained.

Table 4.7:

Cross Tabulation between Religion and Depression Levels

		Depression Levels					Total
		1.00	**2.00**	**3.00**	**4.00**	**5.00**	
Religion	Christian	101	157	104	7	1	370
	Muslim	0	4	0	0	0	4
	Atheist	0	0	2	0	0	2
	Others	4	0	0	0	0	4
Total		105	161	106	7	1	380

Scale: 1= not at all, 2=Less extent, 3= Moderate extent, 4=great extent, 5=very great extent/ severe

In terms of the religion and depression, it is evident that majority of the Christian students have mild, moderate or no depression levels followed by the Muslims. However, a few of the atheists had a moderate level of depression. These results may show that religion differences and teaching may influence the extent to which adolescents get to be depressed.

Responses were also obtained from the guidance and counselling teachers on depression levels among the students in the public secondary schools. When asked to indicate whether there were students in the school who seemed to have depressed mood, all of the guidance and counselling teachers reported that the students existed. They further gave their views regarding the manifestation of depressed mood among the adolescents. Some of the manifestations that were given include loss of hope, feeling overburdened, being absent minded, restlessness, poor concentration, weight loss, and avoiding interactions. In fact one of the teachers reported that:

> *"The manifestations of depressed mood among the students occur in different ways. These include restlessness in class. This is seen when a student wants frequent time off to go to toilet or just wants to be out. Another manifestation is poor concentration span in class. This is when learners try to shift off from class. Change in behavior in regard to previous normalcy of the student. This is a great sign of depressed mood. Additionally, another manifestation occurs in terms of low results or low graphical show in grades especially when learner was previously known to be a performer."* (Guidance Teacher (GT) 3, 2022)

Another respondent reported that:

> "*Some of the students tend to have a feeling of loneliness and they avoid interacting with other students especially when playing in the field. It is also evident that the manifestation of depressed mood among the students includes low self-esteem occurring from poor treatment from home by parents and guardians. Other students manifest depressed mood through the fear of punishment for failing to complete tasks given in class and take away homework*." (GT 6, 2022)

Having established how depressed mood manifested among the students, the guidance and counselling teachers were further asked to state some of the factors which led to the depressed mood. The comments given are as summarized in Table 4.8.

Table 4.8:

Factors Causing Depressed Mood among Students in the Schools

Causes of depressed mood	**Frequency**	**Percentage**
Family issues: - Rejection and negligence - Domestic violence - Too much work - Lack of love and affection, care by parents and family	11	68.7%
Drug and substance abuse	5	31.2%
Too much academic work, CATs and series of exams	5	31.2%
Poor performance	4	25%
Peer pressure	3	18.7%
Lack of pocket money and fee arears	3	18.7%
Bullying	2	12.5%
Sexual abuse	2	12.5%
Low self-esteem	1	6.3%
Early pregnancy	1	6.3%
Over punishment	1	6.3%

As shown in the Table 4.8, the major reason or factor contributing to depressed mood among the adolescents was related to family issues. This included issues such as rejection and negligence, domestic violence, overburdened by domestic chores, lack of parental love, affection and care, and lack of common basic needs. Other major comments included dug and substance abuse, too much academic work, poor performance, peer pressure and lack of pocket money and school fees. Other issues highlighted are sexual abuse, low self-esteem, and early pregnancy among others. In terms of relationships, one of the counselling teachers reported that:

> "*There are several factors that contribute to depressed moods among students in the secondary schools. One of them is early pregnancy. This is whereby the students and especially girls who get to be pregnant are not able to interact freely with their fellow students. Another factor that is common is the involvement of students in unnecessary relationship that is with fellow students or outsiders and ends to some point. Additionally, family problems also are a major factor which leads to depressed moods. This is whereby most students tend to be affected by domestic chores making them depressed especially in case of parent divorcing. Other prevailing factors include drug abuse, sexual abuse, involvement in issues that negatively impact self-esteem and academic challenges.*" (GT 11, 2022)

Another teacher highlighted that:

> "*The factors that cause depressed mood among students include poor performance, rejection by parents and family, lack of pocket money and have fee arrears, low self-esteem, bullying by fellow students, over punishment by some teachers and too much academic work and examination pressure. To some extent these factors have*

also contributed to some students engaging in violent activities such as burning school facilities or even fighting and abusing their teachers." (GT 1, 2022)

With regard to the reason of domestic violence, it was reported that:

"*Domestic violence among parents contributes to the increased depression among the adolescents. This is more prevalent in situations whereby both parents have constant disagreement extending to the children. In addition to the violence, lack of parental care and feeling of neglect leads to children ending up being depressed*." (GT 9, 2022)

Overall, it is notable that depression among the adolescents is caused by factors within and related to the adolescent. This affirms the issues such as depression among adolescents is patterned by the kind of perceptual experiences they hold towards the environment they interact with both at home and in school. Domestic violence, lack of basic needs within the home environment and too much academic work and poor performance all bundled together influence the depression levels among adolescents. Thus, these aspects need to be examined in detail so as to address the depression among adolescents.

4.5 Levels of Self-Esteem among Adolescents

This study sought to determine the levels of self-esteem among adolescents in secondary school students in Narok County. For this objective, questions from the Rosenberg Self-esteem scale were adopted in the questionnaire for the students. The ratings provided ranged from 1 to 5 with 1 being strongly disagree and 5 strongly agree. According to the scale ratings, a higher score indicates a higher self-esteem. Therefore, from the

statements and ratings, the respondents were asked to indicate their extent of agreement or disagreement. The responses in percentages and their averages are as summarized in Table 4.9.

Table 4.9:

Self-Esteem

No.	Statements	1	2	3	4	5	M	Std
1.	On the whole, I am satisfied with myself.	10.5	9.9	9.4	18.3	51.9	3.89	1.39
2.	At times I think I am not good at all	23.5	20.4	28.8	18.3	9.0	2.82	1.97
3.	I feel that I have a number of good qualities.	6.8	3.7	17.3	31.9	40.3	3.95	1.16
4.	I am able to do things as well as most other people.	8.4	8.4	19.3	21.5	42.4	3.98	2.48
5.	I feel I do not have much to be proud of.	21.5	19.8	25.7	18.3	14.7	2.86	1.35
6.	I certainly feel useless at times.	47.6	19.5	14.1	9.4	9.4	2.14	1.36
7.	I feel that I'm a person of worth, at least on an equal plane with others.	9.9	10.9	17.4	25.7	36.1	3.69	1.32
8.	I wish I could have more respect for myself.	15.2	5.8	14.6	23.0	41.4	3.70	1.44
9.	All in all, I am inclined to feel that I am a failure.	59.2	14.6	11.5	7.9	6.8	1.88	1.28
10.	I take a positive attitude toward myself.	8.9	1.6	12.0	16.8	60.7	4.20	1.25

Scale: 0= neutral, 1=strongly disagree 2=Disagree, 3= Agree 4= strongly agree, M= Mean, Std= Standard Deviation

The statement on whether the students are satisfied with themselves had a mean score of 3.89 and standard deviation of 1.39. This implies that majority of the students are self-satisfied. Factors contributing to this is self-confidence, self-trust, self believe and self-assertiveness (Branden, 2021).

The statement on whether the students thought that they are not good at all had a mean score of 2.82 and standard deviation of 1.97. This shows that on average, the respondents disagreed to the thoughts of not being good at all. This means that the students feel that they are good and have a positive image of themselves. Generally they had high

levels of self-esteem. Few need to work on their self-perception and image. This was supported by Dondo (2008) that self-esteem promotes one's state of mental well-being, promotes risk free behavior, helps students to communicate effectively, develops negotiation skills, improves self-perception by building self-confidence, self-image and self-worth that has a long-lasting benefit to the individual.

The students were asked to indicate whether they felt that they had a number of good qualities. This statement had a mean score of 3.95 and standard deviation of 1.16. This shows that on overage the respondents agreed that they had a good number of qualities. This implies that the students believe that they possess good qualities in their lives.

The statement on whether the students are able to do things as well as most other people had a mean score of 3.98 and standard deviation of 2.48. This shows that on average, the respondents were positive and in agreement to the statement. This means that majority of the students who participated in the study believe in themselves that they can handle things just like other people.

The students were asked whether they do not have much to be proud of. This statement had a mean score of 2.86 and standard deviation of 1.35. This implies that most of the respondents were in disagreement with the statement meaning that they have a lot to be proud of.

The statement on whether the students certainly feel useless at times had a mean score of 2.14 and standard deviation of 1.36. This shows that the average response was on disagreement to the statement hence the level of self-esteem among the adolescents is quite high.

The statement on whether the students felt that they are people of worth, had a mean score of 3.69 and standard deviation of 1.32. This shows that majority of the respondents felt that they are people of worth. The students were asked to indicate whether they wished they could have more respect for self. From the observations, this statement had a mean score of 3.70 and standard deviation of 1.44. This shows that on average, the respondents were positive that they wished to have more respect for self.

The statement on whether the students are inclined to feel that they are failures had a mean score of 1.88 and standard deviation of 1.22. This shows that on average, the respondents strongly disagreed that they were inclined to feel as failures. This means that a good percentage of the students that participated in the study do not incline to be failures.

A majority of the students positively agreed that they take a positive attitude toward self. This statement was supported by a mean score of 4.20 and standard deviation of 1.25. This shows that on average, the respondents agreed that they took a positive attitude towards self. Generally, this implies that the students who participated in the study have a positive attitude towards themselves.

Overall, it is notable that majority of the students in public secondary schools in Narok County had a high self-esteem with a total score rate of 33. In supporting the findings of this study, a study by Erenie and Chikweru (2015) showed that both male and female students in secondary schools demonstrated high self-esteem in private schools. However, the findings from public schools were in disagreement with these findings whereby it was noted that public schools students demonstrated low self-esteem. Another study by Olea et al. (2012) concurs with the findings of this study whereby it established that both the male and female students showed positive perception of their self-esteem.

In order to establish the level of self-esteem across the different demographics that were looked into in the study, the researcher carried out some cross-tabulations. The responses on the cross-tabulations between each demographic information and self-esteem variable are as presented in Table(s) 4.10 to 4.14.

Table 4.10:

Cross Tabulation between Gender and Self-esteem Levels

		Self-esteem Levels					Total
		1.00	**2.00**	**3.00**	**4.00**	**5.00**	
Gender	Male	6	4	109	87	0	206
	Female	1	9	110	50	2	172
Total		7	13	219	137	2	378

Scale: 1=strongly disagree 2=Disagree, 3= neutral, 4= Agree 5= strongly agree,

With regard to gender and self-esteem levels, it is evident that across all genders, the students' level of self-esteem was neutral. However, most of the males agreed to most of the statements measuring the self-esteem levels compared to females with a difference of 37 respondents. This finding does not correspond with that of a previous study by Colquhoun and Bourme (2012) which showed that boys had lower self-esteem than their female counterparts. However, the conclusions made by Farid and Akhar (2013) supported the findings of this study whereby it was concluded that boys showed higher self-esteem level than girls.

Table 4.11:

Cross Tabulation between Age Bracket and Self-esteem Levels

		Self-esteem Levels					Total
		1.00	**2.00**	**3.00**	**4.00**	**5.00**	
Age Bracket	14-15 Years	0	4	18	12	0	34
	16-17 Years	7	9	132	86	0	234
	18 Years and above	0	0	69	39	2	110
Total		7	13	219	137	2	378

Scale: 1=strongly disagree 2=Disagree, 3= neutral, 4= Agree 5= strongly agree

On age bracket and self-esteem levels, it is evident that majority of the respondents across all the age brackets gave neutral response on self-esteem statements followed by those who agreed with the students between 16-17 years having the highest number. Notably, adolescents of 16-17 years had high self-esteem compared to those above 18 years and between 14 and 15 years.

Table 4.12:

Cross Tabulation between School Type and Self-esteem Levels

		Self-esteem Levels					Total
		1.00	**2.00**	**3.00**	**4.00**	**5.00**	
School Type	Mixed Day Secondary School	2	0	46	52	0	100
	Mixed Boarding School	1	3	72	48	0	124
	Boys Boarding Secondary School	4	4	49	23	0	80
	Girls Boarding Secondary School	0	6	52	14	2	74
Total		7	13	219	137	2	378

Scale: 1=strongly disagree 2=Disagree, 3= neutral, 4= Agree 5= strongly agree

As shown in Table 4.12, majority of the students in mixed boarding schools had a high self-esteem followed by mixed day secondary schools respectively. It is also evident from table 4.12 that across all the different types of schools investigated, majority of them had average levels of self-esteem.

Table 4.13:

Cross Tabulation between Education/Class and Self-esteem Levels

		Self-esteem Levels					Total
		1.00	**2.00**	**3.00**	**4.00**	**5.00**	
Education/Class	Form One	4	4	52	36	0	96
	Form Two	2	8	46	36	0	92
	Form Three	1	1	61	37	0	100
	Form Four	0	0	60	28	2	90
Total		7	13	219	137	2	378

Scale: 1=strongly disagree 2=Disagree, 3= neutral, 4= Agree 5= strongly agree

With regard to education/class and self-esteem levels, the distributions of responses differed slightly especially among those who showed positive levels of self-esteem. Majority of the Form Three students had a positive self-esteem followed by Form Four and Form One students. Form Two's was the least in terms of self-esteem. This may be due to the fact that it is during this stage that peer pressure is always very high and therefore the students may be easily swayed by their colleagues.

Lastly, the researcher also intended to establish the levels of esteem among students based on their religion. Hence, Table 4.14 shows the distribution of the responses obtained.

Table 4.14:

Cross Tabulation between Religion and Self-esteem Levels

		Self-esteem Levels					Total
		1.00	2.00	3.00	4.00	5.00	
Religion	Christian	7	13	211	135	2	368
	Muslim	0	0	2	2	0	4
	Atheist	0	0	2	0	0	2
	Others	0	0	4	0	0	4
Total		7	13	219	137	2	378

Scale: 1=strongly disagree 2=Disagree, 3= neutral, 4= Agree 5= strongly agree

As shown in the Table 4.14, majority of respondents who were Christians portrayed a variation in the levels of self-esteem from the highest to the lowest with a majority having moderate self-esteem levels. This can be attributed to the fact of believing in a higher being that supports and holds them firmly to an extent of boosting their self-esteem. Those who were Muslims also had moderate levels of self-esteem as well as those who considered themselves as atheists.

4.6 Relationship between Self-Esteem and Depression among Adolescents

This study also sought to establish the relationship between self-esteem and depression among the secondary schools in Narok County. Therefore, in order to establish this relationship, the researcher carried out a multiple regression analysis. This analysis is presented using the Model Summary, Analysis of Variance (ANOVA), and coefficient tables respectively.

Table 4.15:

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.084[a]	.007	.004	.80490

a. Predictors: (Constant), Self-esteem Levels

As indicated in Table 4.15, the R Square is .007 and R is .084 at 0.05 significance level. This means that 0.7% variation of depression among adolescents in secondary schools in Narok County is explained by self-esteem. This means that the issue of depression in secondary schools in Narok County is explained by self-esteem of students but to a very small extent. As such, the residual of 99.3% can be explained by other factors outside the jurisdiction of this study. This implies that there are other critical factors which may need to be investigated that are contributing to the prevalence of depression among the students in secondary schools in Narok County.

Table 4.16:

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.725	1	1.725	2.663	.104[b]
	Residual	243.597	376	.648		
	Total	245.323	377			

a. Dependent Variable: Depression Levels
b. Predictors: (Constant), Self-esteem Levels

From the ANOVA results, it is evident that there is no statistical significant relationship between the dependent and independent variables. This is because the p value obtained (0.104) is greater than 0.05 at 5% level of significance. It can, therefore, be concluded that there is no statistical significant relationship between self-esteem and depression levels among the adolescents in secondary schools in Narok County. This observation affirms the findings in the model summary (Table 4.15) whereby it was noted that self-esteem only addressed 0.7% of depression levels among the adolescents and hence there are other factors which may need to be examined that are affecting the depression levels among the adolescents. In this regard, a previous study by Hutcheson and Epkins (2009) indicated that parents, teachers, classmates, and friends may significantly stress adolescents out and this heightens the risk of the developing depressive symptoms. Additionally, Rueger et al. (2016) in their study concluded that family support followed by school support had a significant influence depression. Compas et al. (2017) also indicated that relationships can also be a common source of stress in adolescence. This is particularly evident from the findings of this study whereby it was reported that "involvement in unnecessary relationship i.e. with fellow students or outsiders and times ends to some point and hence the adolescents may become depressed" (GT 11, 2022).

Table 4.17:

Coefficients Table

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.690	.220		7.691	.000
	Self-esteem Levels	.107	.065	.084	1.632	.104

a. Dependent Variable: Depression Levels

As shown by the Table 4.17, the Beta value for self-esteem is Beta=.107 with a p value of .104>0.05. This shows that there is a weak and insignificant correlation between self-esteem and depression levels among adolescents in secondary schools in Narok County. It can, therefore, be concluded that self-esteem does not have a strong influence on the prevalence of depression among adolescents in secondary schools in Narok County. Hence, depression levels may exist even among those individuals with high levels of self-esteem. This may also imply that an increase in self-esteem can reduce depression but the prevalence of depression cannot be necessarily as a result of low self-esteem. In supporting the findings of this study, a previous study by Athiyallah et al. (2020) showed that there was no significant correlation between self-acceptance, coping strategies and depression. This study was carried out among street children in India.

4.7 Interventions Used in Dealing with Depression among the Adolescents

This study sought to identify the interventions that guidance and counselling teachers were using in dealing with depression among the adolescents in secondary schools in Narok County. Therefore, through the self-administered open ended questions, the counselling teachers were asked to explain how they dealt with or handled students with depressed mood in their respective schools.

From the overall observation of the responses given from the self-administered open ended questions, there were several interventions that were recurring. These interventions area as captured in Table 4.18.

Table 4.18:

Interventions used in Dealing with Depression among Adolescents

	Frequency	**Percentage**
Initiating guidance and counselling sessions	7	44%
Empathy	5	31%
Parental engagement in the welfares of the adolescent	5	31 %
Providing encouragement	4	25%
Involvement in active responsibilities	3	19%
Referral to other consultants	2	12.5%
Avoiding negative techniques such as punishment and sarcasm	1	6%
Teaching and reinforcing positive behaviors and decision making	1	6%
Doing proper follow up to identify the cause of the problem	1	6%
Providing a positive and safe school environment	1	6%

As shown in Table 4.18, in dealing with adolescents with depressed mood, the following interventions were put in place from the highest to the least; initiating guidance and counseling sessions, empathy, parental engagement in the welfares of the adolescent and especially with regards to academic and discipline progress, providing encouragement, involvement in active responsibilities, referral to other consultants, avoiding negative techniques such as punishment and sarcasm, teaching and reinforcing positive behaviors and decision making, doing proper follow up to identify the cause of the problem respectively. As an explanation, one of the guidance and counseling teachers reported that:

> *"Dealing with the adolescents with depressed mood requires several approaches to be implemented. In the school, the interventions that we normally use include guiding and counselling the adolescent based on the problems that they face,*

involving the parents, helping and ensuring that there is a positive safe school environment. We also do our level best to reinforce a positive behavior among the adolescents and in extreme cases we tend to inform the teachers and parents on the prevailing symptoms of the student." (GT 11, 2022)

Another Counselling teacher also reported that:

"Within our school, the counseling teacher always initiates guidance and counseling sessions to aver the depressed mood among the adolescents. Another initiative is the employment of learners' friendly environment. This helps to curb cases of fear amongst the learners. Lastly, the counseling teacher also engaged the parents to discuss pertinent issues that would negatively impact learners' development if not addressed at the right time." (GT 6, 2022)

According to GT 10 (2022):

"The interventions that I use in dealing with depression among the students is by being close to them in terms of guiding and counseling, providing what one can if he/she opens up and claims that the common basic needs are a problem and taking charge where necessary."

It was also reported that;

"Guidance and counseling sessions, engaging their parents in their academic and discipline progress and encouraging them to actively participate in games and sports and also religious functions (societies) are some of the interventions used in dealing with students with depressed mood." (GT 5, 2022)

Additionally, another guidance and counseling teacher reported that: *"the following are some of the methods used in dealing with students with depressed mood: talking to them, involving them in active responsibilities like being group leaders, encouraging them*

to get enough sleep, encouraging them to have high self-esteem, encouraging them that God loves them and praying for them as well". (GT 4, 2022)

According to GT 1 (2022); "*in dealing with students with depressive mood, I tend to bring them closer and help them realize that they are important, I give them tips to avoid depression moods especially by focusing on their strength and encouraging them to perfect thing that they are good at, Increase my contact hours with them for monitoring purposes to make sure that they are on the right track and encouragement to make friends for sharing experiences".*

GT 3 (2022) *also reported that in dealing with adolescents with depressive mood, a guidance and counseling program is conducted immediately after a student has been identified to have depressive syndrome. The guidance and counseling sessions are organized according to the problems that the student has. In situation whereby the case is extreme, the student is referred to other consultants or doctors. The adolescents are also encouraged to make friends so as to reach their level of confidence to us and sharing.*

4.8 Summary of the Chapter

This chapter presented the results and findings that were obtained from the field using the data collection instruments. Frequency tables, pie charts, and bar graphs have also be well used in the chapter. The levels of depression and self-esteem among the respondents were also captured accordingly. The inferential statistics showed that there was a weak and insignificant correlation between self-esteem and depression levels among the adolescents in public secondary schools in Narok County.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary, conclusions and recommendations of this study on self-esteem and depression among adolescents in secondary schools in Narok County. The chapter also includes suggestions for further research studies.

5.2 Summary of Findings

The key findings obtained in this study are summarized according to each of the research objectives.

5.2.1 Depression Levels among Adolescents in Secondary Schools in Narok County

A high number of students between the age of 16 and 17 years had mild and moderate depression levels respectively. This is followed by students who are above 18 years of age. This implies that these teenagers who are above 16 years are at a greater risk of being depressed compared to those below 15 years. Across all the different types of schools, most of the students had mild depression levels. However, individually, the highest number of students with mild or moderate depression levels were in mixed boarding schools followed by mixed day secondary schools.

In terms of the education/class, it is evident that most of the students with some level of depressions (mild and moderate) are in form one followed by form three and form two respectively. The form fours had the least number of students with mild or moderate levels of depression. All of the guidance and counselling teachers reported that the students existed who had some depressed mood. The comments regarding the manifestation of

depressed mood among the adolescents include loss of hope, feeling overburdened, being absent minded, restlessness, poor concentration, weight loss, and avoiding interactions.

The key factors leading to depressed mood among the adolescents include lack of parental care/love, domestic violence, loss of parents, lack of common basic needs, lack of support system, empowerment, positive thinking, early pregnancy, and sexual abuse, involvement in unnecessary relationships, and drug and substance abuse among others.

5.2.2 Self-Esteem Levels among Adolescents in Secondary Schools in Narok County

Majority of the students in public secondary schools in Narok County had a high self-esteem with a total score rate of 33 points. With regard to gender and self-esteem levels, it is evident that across all genders, the students' level of self-esteem was neutral. However, most of the males agreed to most of the statements measuring the self-esteem levels compared to females with a difference of 37 respondents. On age bracket and self-esteem levels, it is evident that majority of the respondents across all the age brackets gave neutral response on self-esteem statements followed by those who agreed with the students between 16-17 years having the highest number. moreover, students between 16 and 17 years had a high levels of self-esteem compared to those between 14 and 15 years and above 18 years.

Majority of the respondents who agreed with the statement on positive self-esteem were those in mixed boarding schools followed by mixed day secondary schools respectively. It is also evident that across all the different types of schools investigated, majority of them had moderate levels of self-esteem. With regard to education/class and self-esteem levels, the distributions of responses differed slightly especially among those

who agreed with the statements on self-esteem by embracing the Six Pillars. Additionally, there were more form three students who had positive self-esteem compared to students from all the other classes.

5.2.3 Relationship between Self Esteem and Depression among Adolescents in Secondary Schools in Narok County

The R Square is .007 and R is .084 at 0.05 significance level. This means that 0.7% variation of depression among adolescents in secondary schools in Narok County is explained by self-esteem. There is no statistical significant relationship between the dependent and independent variables. This is because the p value obtained (0.104) is greater than 0.05 at 5% level of significance (see Table 4.16). It can therefore be concluded that there is no statistical significant relationship between self-esteem and depression levels among the adolescents in secondary schools in Narok County.

There is a weak and insignificant correlation (Beta=.107, p=.104) between self-esteem and depression levels among adolescents in secondary schools in Narok County (see Table 4.16). This implies that the levels of self-esteem have a weak influence on the prevalence of depression among adolescents in secondary schools in Narok County. Hence, depression levels may exist even among those individuals with high or moderate levels of self-esteem. Inverse relationship (negative correlation) to be embraced.

5.2.4 Interventions used in Dealing with Depression among the Adolescents in Secondary Schools in Narok County

The interventions used in dealing with depression among the adolescents in secondary schools in Narok County include initiating guidance and counselling sessions,

providing encouragement, empathy, referral to other consultants, involvement in active responsibilities, parental engagement in the welfares of the adolescent and especially with regards to academic and discipline progress, and providing a positive and safe school environment respectively.

5.3 Conclusions

This study was guided by several objectives which included the levels of depression among adolescents in secondary schools in Narok County, levels of self-esteem among adolescents in secondary schools in Narok County, the relationships between self-esteem and depression among adolescents in secondary schools in Narok County and finally sustainable interventions used in dealing with depression among adolescents in secondary schools in Narok County. Therefore, based on these objectives and findings established in this study, there are several conclusions which are made.

In terms of depression levels among the adolescents in secondary schools in Narok County, it was established that the levels of depression were low, mild and moderate. From the scales provided, most of the responses ranged between 1 and 3 (1= not at all, 2=Less extent, 3= Moderate extent). The causes of depressed mood among adolescents such as feelings of rejection, domestic violence, overburdened by domestic chores, lack of parental love, affection and care, lack of common basic needs, peer pressure and poor academic performance align with the ideology of Abraham Maslow's theory of hierarchy of Needs which asserts that when certain needs are not met, there is a likelihood of individuals becoming depressed. Therefore, efforts need to be made to meet the necessary needs of adolescents so as to help reduce their levels of depression.

With regards to the levels of self-esteem among adolescents in secondary schools in Narok County, it is evident that majority of the students in Narok County have a high self-esteem. Most of the responses were rated positively. However, there are still a few who are struggling with self-esteem and may need help. This conclusion is relevant with the theories discussed in this study such as the Cognitive behavioral theory which asserts that individuals need to change their distorted thought patterns from negative to positive thinking. As such, those few students with low self-esteem ought to change the negative thoughts of self that they have. Additionally, the client centered theory is also applicable in this context whereby individuals are empowered to take personal responsibility by believing in themselves and eliminating negative mindsets.

In terms of the relationship between self-esteem and depression levels among the adolescents in secondary schools in Narok County, this study concludes that there is a weak association between self-esteem and depression levels among adolescents (beta=.107<1.0). This means that depression levels may continue to exist among individuals even when they have high levels of self-esteem. This is further confirmed by the p value (p=.104>0.05) which shows that there is no significant relationship between self-esteem and depression levels among adolescents in Narok County. In addition to this conclusion, the study concludes that the residue of 99.3% of depression levels among the adolescents in secondary schools in Narok County is explained by other factors which are unknown to the researcher.

With regard to the interventions put in place to deal with adolescents with depressive mood, this study concludes that guidance and counseling sessions are the most common interventions undertaken by schools in Narok County. However, in situations

whereby the cases are critical, referrals are also made. The teachers also make efforts to encourage the adolescents to have close friends that they can share with them about how they feel or what they are experiencing.

5.4 Recommendations

This study makes several recommendations. First, considering that there are adolescents in secondary schools with mild and moderate levels of depression, interventions such as guidance and counseling need to be put in place with immediate effect to help them. Moreover, there is a need for more resources to be provided to help strengthen the guidance and counseling departments in schools. These institutions are faced with issues of inadequate facilities and staff specialized in guidance and counseling. Therefore, the effectiveness and full potential of the department in assisting the adolescents is not realized.

Secondly, there is need for strengthening the relationships between parents, learning institutions and adolescents. This relationship is important considering the fact that most of the depression cases were being related to home and family matters. Therefore, strengthening the relationship will help to address the home issues which are affecting the lives of the adolescents and hence ruining their lives.

Community awareness programs may also be conducted to help spread awareness on the prevalence of depressive symptoms among the adolescents as well as adults. Mobilizers can comprise of professional counseling team who can hold group meetings to help the communities realize the different forms or factors that lead to depression that may exist and hence find solutions to addressing them.

The learning environment also needs to be improved in order to make the students feel safe and secure. Issues of harassment, bullying, punishments among others need to be addressed. The administration needs to find the best possible solutions to provide punishment for students who are not following the rules set.

5.5 Suggestions for Further Studies

From the analysis, it was established that 0.7% variation of depression among adolescents in secondary schools in Narok County is explained by self-esteem. This means that 99.3% of depression is explained by other factors. Therefore, there is a need for a study to be carried out to establish the other factors influencing depression among adolescents in secondary schools in Narok County besides self-esteem. Additionally, a similar study may also be conducted among private secondary schools in order to establish whether the results may be the same.

5.6 Summary of the Chapter

In this chapter the findings were summarized according to their main objectives that guided the study. Additionally, the conclusions have also been done based on the major research questions of the study. The recommendations provided the way forward on what needs to be done to address the issues of self-esteem and depression levels among the adolescents. Overall, it has also been recommended that a further study needs to be carried out to uncover the different factors contributing to the prevalence of depression among adolescents in secondary schools.

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APPENDICES

Appendix I: Introductory Letter

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

Faculty of Arts and Social Sciences

Department of Counseling Psychology

Our Ref: CUEA/DVC-ACAD/FASSc/Psychology/NACOSTI/009/September 2021

Date: 22nd September 2021

TO WHOM IT MAY CONCERN.

RE: Antipas Hamisi **REG. NUMBER: 1033144**

I am writing to introduce to you Antipas Hamisi who is a final year Master's Degree student at The Catholic University of Eastern Africa, Nairobi – Kenya, and to request you to assist him to accomplish his academic research requirements.

Antipas' Master's Degree specialization is in Counseling Psychology. He has completed all course work requirements for this programme. However, every student in the programme is required to conduct research and write a report/thesis submitted during the final years of studies.

Accordingly, his research topic has been approved. He will conduct research on the following topic:

"Self Esteem and Depression among Adolescents in Secondary Schools in Narok County, Kenya".

Thanking you in advance for any assistance you give to Antipas.

Sincerely,

21 SEP 2021

Dr. Stephen Asatsa
HOD. COUNSELING PSYCHOLOGY.

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA (CUEA) P.O. BOX 62157 00200 Nairobi – KENYA
Tel: 020-2525811-5, 8890023-4, Fax: 8891084, Email: psychology@cuea.edu, Website: www.cuea.edu
Founded in 1984 by AMECEA (Association of the Member Episcopal Conference in Eastern Africa)

Appendix II: NACOSTI Permit

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **509669**

Date of Issue: **14/October/2021**

RESEARCH LICENSE



This is to Certify that Fr.. ANTIPAS HERMAN HAMISI of Catholic University of Eastern Africa, has been licensed to conduct research in Narok on the topic: SELF ESTEEM AND DEPRESSION AMONG ADOLESCENTS IN SECONDARY SCHOOLS IN NAROK COUNTY KENYA for the period ending : 14/October/2022.

License No: **NACOSTI/P/21/13328**

509669

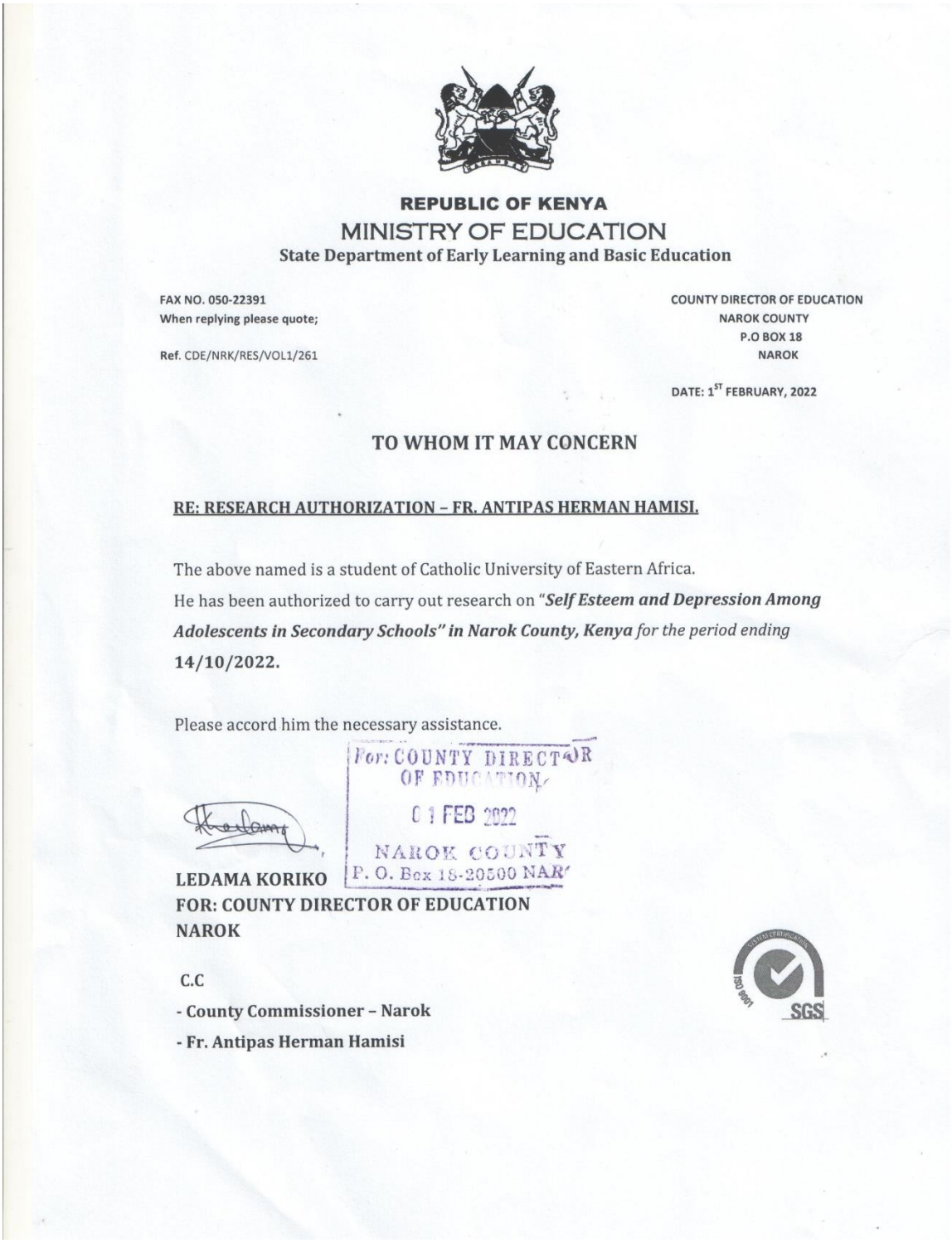
Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

Appendix III: Narok County Government Research Authorization Letter



REPUBLIC OF KENYA

MINISTRY OF EDUCATION

State Department of Early Learning and Basic Education

FAX NO. 050-22391
When replying please quote;

Ref. CDE/NRK/RES/VOL1/261

COUNTY DIRECTOR OF EDUCATION
NAROK COUNTY
P.O BOX 18
NAROK

DATE: 1ST FEBRUARY, 2022

TO WHOM IT MAY CONCERN

RE: RESEARCH AUTHORIZATION – FR. ANTIPAS HERMAN HAMISI.

The above named is a student of Catholic University of Eastern Africa.
He has been authorized to carry out research on *"**Self Esteem and Depression Among Adolescents in Secondary Schools" in Narok County, Kenya** for the period ending* **14/10/2022.**

Please accord him the necessary assistance.

For: COUNTY DIRECTOR OF EDUCATION
01 FEB 2022
NAROK COUNTY
P. O. Box 18-20500 NAR

LEDAMA KORIKO
FOR: COUNTY DIRECTOR OF EDUCATION
NAROK

C.C
- County Commissioner – Narok
- Fr. Antipas Herman Hamisi

ISO 9001 SGS

Appendix IV: Permissions

Dear Dr. Kroenke,

I am Fr. Antipas Hamisi, a catholic priest of the diocese of Ngong currently a student at the Catholic University of Eastern Africa studying Counselling Psychology at the Masters Level. Am currently writing my research on Self Esteem and Depression among adolescents in Secondary schools in Narok County, Kenya.

I am kindly requesting if you could allow me to use your Scale PHQ-9 (Modified for teens) among Adolescents in secondary schools. This is purely for academic purposes.

Thank you.

Sincerely yours, Fr. A. Hamisi

Hello,
The PHQ is now in public domain and freely available for use. Copies of the PHQ family of measures, including the GAD-7 are available at the
website: www.phqscreeners.com. Translations, a bibliography, and other information are also provided on the website. Attached please find an instruction manual with scoring information that you may find helpful.
Kind regards,
Donna
From: Kroenke, Kurt <kkroenke@regenstrief.org>
Sent: Sunday, August 8, 2021 1:26 PM
To: Burgett, Donna F <dfburget@regenstrief.org>
Subject: FW: [External] Permission to use PHQ-9 Modified for Teens
Kurt Kroenke, MD
Professor of Medicine, IUSM
Regenstrief Institute
Assistant: Donna Burgett (dfburget@regenstrief.org)
From: antipas hamisi <frhamisi05@yahoo.com>
Sent: Friday, May 7, 2021 8:39 AM
To: Kroenke, Kurt <kkroenke@regenstrief.org>
Subject: [External] Permission to use PHQ-9 Modified for Teens

Appendix V: Permissions

Dear Sir/ Madam,

I am Fr. Antipas Hamisi, a catholic priest of the Diocese of Ngong, currently a student at the Catholic University of Eastern Africa studying Counselling Psychology at the Masters Level. Am currently writing my research on Self Esteem and Depression among adolescents in Secondary Schools in Narok County, Kenya.

I am kindly requesting if you could allow me to use your Rosenberg Self Esteem Scale to test Self Esteem among Adolescents in secondary schools. This is purely for academic purposes.

Thank you.

Sincerely yours,

Fr. A. Hamisi.

Hello,

I did not develop and do not own any rights to the Rosenberg Self-Esteem Scale. It is free to use to anyone for research purposes.

Christian

_____

Christian Jordan
Professor and Associate Chair
Psychology Department
Wilfrid Laurier University
(519) 884-0170 x2574
cjordan@wlu.ca
Associate Editor, Journal of Personality

Appendix VI: Participants Consent Form

Title of the study

Self-esteem and Depression among Adolescents in Secondary Schools in Narok County, Kenya.

Investigator's Details

Name. Antipas Hamisi

Institution. Catholic University of Eastern Africa.

Faculty Arts and Social Sciences

Department. Counseling Psychology

Course. Psychology

Introduction

You are kindly invited to participate in this research study which will focus on Self-esteem and Depression among Adolescents in Secondary schools in Narok County, Kenya.

Purpose of the Study

To assess the relationship between Self-esteem and depression among adolescents in public secondary Schools in Narok County, Kenya. Focus will be on the six pillars of self-esteem in relation to depression**.**

Description of the study procedures

You will be asked to either fill in a questionnaire or answer some structured questions focused on the purpose of the study.

Risk/ Discomfort of being in the study

The study has no kind of risks to the participants. Total freedom is guaranteed to the participants during the study.

Right to refuse or withdraw

The participant has the right to choose to participate or refute. It is indeed voluntary.

Confidentiality

All information gathered in the study shall be kept confidential and released in the study report in anonymous form. No participant shall be required to write any form of identity in the instruments used for data collection.

Benefits of the Study

The results of the study will be helpful to the school administration and government representatives in policy formulation and in identifying the best possible solutions to addressing depression among the adolescents in and out of the schools.

Right to ask Questions

Participants have the right to ask about the research before, during and after data collection. Should the participant have any questions/ concerns after the investigator has left the field regarding the study, the investigator can be reached via telephone or email contacts; 0721484846, frhamisi05@yahoo.com

Consent

You can freely volunteer to participate in this study.

I have read and understood the information given about this study and therefore, I freely choose to participate.

A copy signed and dated of this form will be given to you to keep.

Subjects Name (print)……. Date ……..

Subjects signature ……..... Date ……..

Investigators signature ……..... Date …….

Appendix VII: Questionnaire for adolescents

Kindly tick (√) where best represents your answer.

Section A: Demographic Information

1. Gender

a) Male [ ]
b) Female[ ]

2. Age Bracket

a) 12- 13Years [ ]
b) 14-15 years [ ]
c) 16- 17years [ ]
d) 18 years and above [ ]

3. School Type

a) Mixed Day Secondary School [ ]
b) Mixed Boarding School [ ]
c) Boys Boarding Secondary School [ ]
d) Girls Boarding Secondary School [ ]

4. Education/ class

a) Form one [ ]
b) Form Two [ ]
c) Form Three [ ]
d) Form Four [ ]

5. Religion

a) Christian [ ]
b) Muslim [ ]
c) Atheist [ ]
d) others [ ]

Section B: Levels of Depression among Adolescents

Please indicate with a tick [√] the extent to which you have been bothered by each of the following symptoms during the past two weeks. On a Likert scale of 1-5 where, 1= not at all, 2=Less extent, 3= Moderate extent, 4=great extent, 5=very great extent/ severe

Symptoms	**1**	**2**	**3**	**4**	**5**
Feeling down, depressed, irritable, or hopeless					
Little interest or pleasure in doing things					
Trouble falling asleep, staying asleep, or sleeping too much					
Poor appetite, weight loss, or overeating					
Feeling tired, or having little energy					
Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down					
Trouble concentrating on things like school work, reading, or watching TV					
Moving or speaking so slowly that other people could have noticed					
Thoughts that you would be better off dead, or of hurting yourself in some way					

Section C: Levels of Self-esteem among Adolescents

Kindly tick (√) where best represents your answer.

Indicate to what extent you agree or disagree with following statements in dealing with your general feelings about yourself. On a Likert scale of 1-5 where, 1=strongly disagree 2=Disagree, 3= neutral, 4= Agree 5= strongly agree. Specify with a tick [√] in the spaces provided.

No.	**Statements**	**1**	**2**	**3**	**4**	**5**
1.	On the whole, I am satisfied with myself.					
2.	At times I think I am not good at all					
3.	I feel that I have a number of good qualities.					
4.	I am able to do things as well as most other people.					
5.	I feel I do not have much to be proud of					
6.	I certainly feel useless at times.					
7.	I feel that I'm a person of worth, at least on an equal plane with others.					
8.	I wish I could have more respect for myself.					
9.	All in all, I am inclined to feel that I am a failure.					
10.	I take a positive attitude toward myself.					

Appendix VIII: Self-administered Structured Questions for Counseling Teachers

1. Are these students in your school having depressed mood?

……

……

……

2. If yes to the above, what are the manifestations or symptom of depressed mood amongst students in your school?

……

……

……

……

3. Kindly explain different comments or factors that might cause depressed mood among students in your school.

……

……

……

……

4. How do you deal or handle students with depressed mood in your school?

……

……

……

……

Appendix IX: Reliability Test Results

Reliability

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	40	100.0
	Excluded[a]	0	.0
	Total	40	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.732	26

Appendix X: Narok County Map

