**STUDENT PERCEPTION OF MENTAL HEALTH DISORDERS AND ITS EFFECT ON GENDERED RELATIONS, AT THE UNIVERSITY OF NAIROBI.**

**VINCENT ANYONYI MISIGO**

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**A PROJECT REPORT SUBMITTED TO THE DEPARTMENT OF ANTHROPOLOGY, GENDER AND AFRICAN STUDIES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF BACHELOR OF ARTS IN ANTHROPOLOGY OF THE UNIVERSITY OF NAIROBI**

# DECLARATION

This proposal is my original work and has not been submitted to any other university for examination.

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| --- | --- | --- |
| Name: Vincent Misigo |  |  |
| Signature: |  | Date:  16/06/2025 |

This project report has been submitted for examination with my approval as the University supervisor

|  |  |  |
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| Name: Dr. Eudias Machera |  |  |
| Signature: |  | Date: |

# DEDICATION

I humbly and respectful dedicate this project to my ancestors who were not able to obtain a high level of education but through their hard work and unwavering spirit I was able to obtain a high level of education.

# ACKNOWLEDGEMENT

I would like to express my deepest gratitude to my supervisor, Dr. Eudias Machera, for her unwavering support, guidance, and encouragement throughout the course of this research project. Her expertise and insightful feedback were instrumental in shaping the direction and quality of this study. Special thanks also go to the Institute of Anthropology, Gender and African Studies at the University of Nairobi for providing an intellectually enriching environment and the academic resources necessary for the successful completion of this research. I am also sincerely grateful to the National Commission for Science, Technology and Innovation (NACOSTI) for granting the research permit that made this study possible. Their endorsement was vital in facilitating the data collection process and ensuring that the research adhered to national ethical standards. Finally, I extend my appreciation to all the students who participated in the study. Their willingness to share their experiences and perspectives played a critical role in the development of this work.

# ACRONYMS

**WHO World health organization**

**NACOSTI National commission for Science, Technology and Innovation**

Table of Contents

[DECLARATION i](#_Toc200994983)

[DEDICATION ii](#_Toc200994984)

[ACKNOWLEDGEMENT iii](#_Toc200994985)

[ACRONYMS iv](#_Toc200994986)

[ABSTRACT viii](#_Toc200994987)

[CHAPTER ONE 1](#_Toc200994988)

[1.0 BACKGROUND OF THE STUDY 1](#_Toc200994989)

[1.1 Introduction 1](#_Toc200994990)

[1.2 Statement of the problem 2](#_Toc200994991)

[1.3 Study objectives 3](#_Toc200994992)

[1.3.1 General objectives 3](#_Toc200994993)

[1.3.2 Specific objectives 3](#_Toc200994994)

[1.4 Assumptions 3](#_Toc200994995)

[1.5 Justification of the study 4](#_Toc200994996)

[1.6 Scope of the study 5](#_Toc200994997)

[1.6.1 Limitation 5](#_Toc200994998)

[1.7 Definition of terms 5](#_Toc200994999)

[CHAPTER TWO 6](#_Toc200995000)

[2.0 LITERATURE REVIEW 6](#_Toc200995001)

[2.1 Introduction 6](#_Toc200995002)

[2.2 Gender Differences in Mental Health Perceptions 6](#_Toc200995003)

[2.3 Mental Health Literacy 7](#_Toc200995004)

[2.4 Cultural and Institutional Influences 7](#_Toc200995005)

[2.5 Gaps in Existing Research 8](#_Toc200995006)

[2.6 Theoretical framework 8](#_Toc200995007)

[2.6.1 Social Constructionism 8](#_Toc200995008)

[2.6.2 Gender Schema Theory 9](#_Toc200995009)

[2.6.3 Minority Stress Model 9](#_Toc200995010)

[2.6.4 Relationship and relevance of the theoretical frameworks 10](#_Toc200995011)

[CHAPTER THREE 11](#_Toc200995012)

[3.0 RESEARCH METHODOLOGY 11](#_Toc200995013)

[3.1 Introduction 11](#_Toc200995014)

[3.2 Study area 11](#_Toc200995015)

[3.3 Research design 12](#_Toc200995016)

[3.4 Study Population and unit of analysis 12](#_Toc200995017)

[3.5 Sample and sampling procedure 12](#_Toc200995018)

[3.6 Data collection tools and methods 12](#_Toc200995019)

[3.7 Data processing and analysis 13](#_Toc200995020)

[3.8 Ethical Considerations 13](#_Toc200995021)

[CHAPTER FOUR 14](#_Toc200995022)

[4.0 STUDENTS PERCEPTIONS ON MENTAL HEALTH DISORDER 14](#_Toc200995023)

[4.1 Introduction 14](#_Toc200995024)

[4.2 Awareness and Understanding of Mental Health 14](#_Toc200995025)

[4.3 Attitudes Towards Mental Health Support 15](#_Toc200995026)

[4.4 Perceived Causes of Mental Health Issues 16](#_Toc200995027)

[4.5 EFFECTS OF MENTAL HEALTH ON GENDERED RELATIONS 17](#_Toc200995028)

[4.5.1 Communication and Emotional Expression 17](#_Toc200995029)

[4.5.2 Coping Mechanisms and Gendered Expectations 17](#_Toc200995030)

[4.5.3 Impact on Romantic and Social Relationships 18](#_Toc200995031)

[4.5.4 Gender Stereotypes and Barriers to Support 18](#_Toc200995032)

[CHAPTER FIVE: DISCUSSION OF FINDINGS 20](#_Toc200995033)

[5.1 Objective 1: Assessing Gender Differences in Mental Health Perceptions 20](#_Toc200995034)

[5.2 Objective 2: Exploring the Impact on Interpersonal Relationships 20](#_Toc200995035)

[5.3 Objective 3: Identifying Effective Support Mechanisms 21](#_Toc200995036)

[CHAPTER SIX 22](#_Toc200995037)

[6.0 CONCLUSIONS AND RECOMMENDATIONS 22](#_Toc200995038)

[6.1 Introduction 22](#_Toc200995039)

[6.2 Summary of the Study 22](#_Toc200995040)

[6.3 Conclusion 22](#_Toc200995041)

[6.4 Recommendations 24](#_Toc200995042)

[6.4.1 Strengthen Mental Health Awareness Campaigns 24](#_Toc200995043)

[6.4.2 Gender-Sensitive Counseling Services 24](#_Toc200995044)

[6.4.3 Integration of Mental Health in the Curriculum 25](#_Toc200995045)

[6.4.4 Promote Peer Support Systems 25](#_Toc200995046)

[6.4.5 Encourage Male Participation in Mental Health Conversations 25](#_Toc200995047)

[6.4.6 Improve Access to Counseling Services 25](#_Toc200995048)

[6.4.7 Collaboration with National Stakeholders 26](#_Toc200995049)

[6.5 Areas for Further Research 26](#_Toc200995050)

[6.6 Final Reflection 26](#_Toc200995051)

[REFERENCES 27](#_Toc200995052)

[APPENDICES 29](#_Toc200995053)

[APPENDIX I: SELF ADMINISSTERED QUESTIONNAIERE GUIDE 29](#_Toc200995054)

[Introduction 29](#_Toc200995055)

[SECTION A: Background Information 29](#_Toc200995056)

[SECTION B: Perceptions and Understanding of Mental Health 29](#_Toc200995057)

[SECTION C: Awareness, Access, and Support 30](#_Toc200995058)

[SECTION D: Gendered Implications and Social Relations 30](#_Toc200995059)

[SECTION E: Institutional Response and Recommendations 30](#_Toc200995060)

[Closing Statement 30](#_Toc200995061)

[APPENDIX II: WORK PLAN 31](#_Toc200995062)

# ABSTRACT

This study investigates university students’ perceptions of mental health and examines the influence of mental health challenges on gendered relations among students enrolled in Bachelor programs at the University of Nairobi, Main Campus. The research was guided by the objectives of assessing students’ understanding and awareness of mental health, exploring their attitudes toward mental health support systems, and analyzing the gender-based differences in coping mechanisms and relational dynamics. A qualitative methodology was employed, incorporating self-administered fill in questionnaire. The sample consisted of 37 students (17 male and 20 female) drawn from various education specializations.

The findings reveal that although general awareness of mental health is increasing, considerable disparities exist between male and female students in terms of knowledge, openness, and help-seeking behaviors. Female students demonstrated greater awareness and a higher tendency to communicate their mental health experiences and seek support from peers and professionals. In contrast, male students were more reluctant to express vulnerability, largely due to prevailing societal expectations and stigma associated with mental health. These gendered perceptions and behaviors significantly impacted both platonic and romantic relationships, with female students frequently expressing emotional dissatisfaction due to communication barriers.

The study concludes that gender norms deeply influence students’ mental health experiences and their interactions with others. It recommends the adoption of gender-sensitive mental health policies, the strengthening of counseling services, and the implementation of targeted mental health education and outreach programs to foster a more supportive and inclusive academic environment.

# CHAPTER ONE

# 1.0 BACKGROUND OF THE STUDY

# 1.1 Introduction

According to the World Health Organization (WHO), mental health is defined as a state of well-being in which individuals realize their own abilities, can cope with the normal stresses of life, work productively, and contribute to their communities. In higher education settings mental health has become an increasingly prominent topic with significant implications for student well-being and academic performance. Gender differences in mental health perceptions are particularly notable, as studies indicate that female students often report higher levels of stress, anxiety, and depressive symptoms compared to their male counterparts (Brougham et al., 2021). This disparity may influence how each gender approaches mental health issues, both personally and socially. For instance, female students are more likely to express their mental health struggles and seek help, while male students may adopt a more stoic approach due to societal expectations surrounding masculinity (Heine & Maddox, 2009). With the COVID-19 pandemic it exacerbated these gendered patterns, as restrictions on social interaction and increased academic pressures have disproportionately affected female students (Schmaus et al., 2023). The stressors associated with remote learning and reduced support systems have led to heightened feelings of isolation and distress among women (Ng & Jeffrey, 2021). This research focuses on the perceptions of mental health disorder among students and particularly how it affects the gender relations among themselves. Understanding these dynamics is essential for developing targeted interventions that foster a supportive environment for all students.

# 1.2 Statement of the problem

The perception of mental health among students is a critical area of research, particularly in understanding its implications for gendered relations within academic settings. Despite increasing awareness and dialogue surrounding mental health, significant disparities exist in how male and female students perceive and respond to mental health issues. Research indicates that male students often exhibit higher levels of self-stigma and negative attitudes toward seeking mental health services compared to their female counterparts (Huang et al., 2023). This discrepancy not only affects individual help-seeking behaviors but also shapes interpersonal dynamics between genders, potentially leading to misunderstandings and strained relationships.

Moreover, existing literature reveals that female students report higher levels of stress and mental health impairment, particularly in response to academic pressures (Ng & Jeffrey, 2021). These gender differences in stress perception and coping mechanisms can create a divide in how students relate to one another, with female students possibly feeling overwhelmed and unsupported, while male students may struggle with societal expectations that discourage emotional vulnerability (Corrigan et al., 2016). This situation illustrates a grey area in the research: while there is substantial evidence regarding gender differences in mental health perceptions, there is limited understanding of how these perceptions directly impact gendered relationships among students.

Additionally, the COVID-19 pandemic has intensified these issues, revealing that academic stressors disproportionately affect female students, further complicating gender dynamics within educational environments (Schmaus et al., 2023). As such, there is a pressing need to investigate how these perceptions influence interactions between male and female students, as well as the implications for support systems within educational institutions.

This research aims to fill this gap by examining the interplay between student perceptions of mental health and its effects on gendered relations. By doing so, it seeks to provide valuable insights that can inform interventions aimed at fostering healthier communication and support among students.

# 1.3 Study objectives

# 1.3.1 General objectives

The general objective of the study is to examine students' perceptions on mental health disorder and its effect on gender relations among students at the University of Nairobi.

# 1.3.2 Specific objectives

1. Assessing Gender Differences: To evaluate how male and female students perceive mental health issues differently.
2. Impact on Relationships: To explore how these perceptions affect interpersonal relationships and communication between genders in academic settings.
3. Identifying Support Mechanisms: To identify effective support mechanisms that can address the unique needs of each gender in relation to mental health.

# 1.4 Assumptions

1. Male and female students perceive mental health issues differently, influenced by societal norms and gender roles
2. Traditional gender socialization affects help-seeking behaviors among students.

# 1.5 Justification of the study

This research study is justified by the imperative to address the complex relationship between students' perceptions of mental health and its impact on gendered relations, an area that requires deeper scholarly attention. Existing research suggests gender significantly influences how individuals perceive and respond to mental health challenges. For example, females have higher stress levels than their male counterparts. However, men are likely to avoid conflict with their gender role identification and rate themselves as having lower stress levels. These differences extend beyond individual experiences, shaping interpersonal dynamics and potentially straining relationships between genders.

It is further justified by the need to understand how these gendered perceptions affect communication, support-seeking behaviors, and overall well-being among students. While studies have documented gender differences in mental health perceptions, there remains a gap in understanding how these perceptions directly influence gendered relationships within academic settings. This research seeks to fill this gap by examining the relational aspects of mental health, focusing on how gendered attitudes and beliefs impact interactions between male and female students, and by identifying effective support mechanisms tailored to their specific needs. This relational approach to gender considers the everyday social practices in which gender is constructed. This research is particularly timely due to several converging factors. Mental health issues among students are on the rise, necessitating a deeper understanding of the factors contributing to this trend. It is important to understand what young people may keep secret. Recent studies show gender differences in mental health well-being among students. Exploring these differences at higher education institutions is very timely. Moreover, this study aligns with broader efforts to promote mental health awareness and reduce stigma within academic settings, contributing to a more inclusive and supportive campus culture.

# 1.6 Scope of the study

The scope of this research project is designed to comprehensively investigate the interplay between students' perceptions of mental health and their impact on gendered relations within higher education settings. This study will focus primarily on undergraduate students enrolled in The University of Nairobi, aiming to capture a diverse range of experiences and perspectives. By addressing these key areas within the specified boundaries, this research project aims to provide valuable insights into the complex relationship between students' perceptions of mental health and gendered relations. The findings can inform targeted interventions and policies to promote a more inclusive and supportive campus culture.

# 1.6.1 Limitation

Findings may not be generalized to other student population mainly because it was only carried out in one university which is the University of Nairobi. The study relies on self-reported data, which may be subject to bias. The study faced limitations in terms of resources, including funding as some students required compensation, time and research personnel, which could impact the scope, sample size, and data collection methods. The availability and awareness of mental health services within the university may not reflect the situation in other universities, affecting the applicability of the findings.

# 1.7 Definition of terms

**Perceptions:** the way in which something is regarded, understood, or interpreted.

**Mental Health:** state of well-being in which individuals realize their own abilities, can cope with the normal stresses of life, work productively, and contribute to their communities.

**Gender Relations:** the social relationships and power distribution between men and women in both private (personal) and public spheres.

# CHAPTER TWO

# 2.0 LITERATURE REVIEW

# 2.1 Introduction

This literature review synthesizes existing studies to highlight key findings, identify gaps, and contextualize the current research within the broader framework of gender studies and mental health.

# 2.2 Gender Differences in Mental Health Perceptions

Research consistently demonstrates that gender significantly influences mental health perceptions and help-seeking behaviors among students. A study by Eisenberg et al. (2019) found that female students were 2.32 times more likely to seek mental health treatment compared to their male counterparts, even after controlling for symptom severity. This disparity is often attributed to societal norms surrounding masculinity, which discourage men from expressing vulnerability and seeking help for mental health issues (Wong et al., 2020). Male students tend to prefer informal support from peers over professional services, a trend that exacerbates the stigma surrounding mental health treatment (Wong, 2020).

Additionally, a systematic review by Auerbach et al. (2018) highlighted that female students are more likely to report higher levels of anxiety and depression than males. This finding aligns with the minority stress model, which posits that marginalized groups, including women and sexual minorities, experience heightened stress due to societal discrimination and stigma (Meyer, 2003). The implications of these gendered differences extend beyond individual experiences, influencing interpersonal dynamics and relationships among students.

# 2.3 Mental Health Literacy

Mental health literacy—the knowledge and beliefs about mental disorders that aid their recognition, management, or prevention—also varies by gender. Wong (2020) noted that while university students generally possess some knowledge of mental health disorders, males consistently demonstrate lower awareness compared to females. This gap in mental health literacy can hinder effective help-seeking behaviors among male students, perpetuating cycles of untreated mental health issues (Cotton et al., 2006).

Moreover, research indicates that gender socialization plays a crucial role in shaping mental health literacy. Traditional notions of masculinity often lead to a reluctance among men to acknowledge emotional distress or seek help, further complicating their relationships with peers (Holzinger et al., 2012). Understanding these dynamics is essential for developing targeted interventions that promote mental health awareness across genders.

# 2.4 Cultural and Institutional Influences

Cultural factors significantly impact the access and utilization of mental health resources among university students. A study conducted in Kenya identified stigma and cultural expectations as major barriers to seeking help for mental health issues (Ochieng et al., 2023). Gendered expectations also play a role; conventional ideas about masculinity may deter male students from accessing available services due to fears of being perceived as weak (Ochieng et al., 2023).

Furthermore, institutional factors such as the availability of mental health services and financial constraints can exacerbate these challenges. Despite free access to campus mental health resources, many students remain untreated due to personal stigma or lack of awareness about available services (Eisenberg et al., 2019). This highlights the need for universities to enhance outreach efforts and create supportive environments that encourage all students to seek help.

# 2.5 Gaps in Existing Research

While substantial literature exists on gender differences in mental health perceptions, there remains a notable gap in understanding how these perceptions specifically affect gendered relations among students. Most studies focus on individual experiences without exploring the relational dynamics between male and female students concerning mental health issues. Additionally, there is a lack of intersectional analyses that consider how other identity markers—such as race, sexual orientation, and socioeconomic status—intersect with gender to shape mental health perceptions.

# 2.6 Theoretical framework

To comprehensively investigate the interplay between student perceptions of mental health and its effect on gendered relations, a multi-faceted theoretical framework integrating social constructionism, gender schema theory, and the minority stress model will be employed.

# 2.6.1 Social Constructionism

Social constructionism posits that our understanding of the world, including mental health and gender, is socially constructed through interactions, language, and cultural contexts [McLemore, 2015]. This framework suggests that perceptions of mental health and gender roles are not inherent but are shaped by societal norms, values, and beliefs. Applying social constructionism to this research allows us to examine how cultural discourses influence students' attitudes toward mental health and how these attitudes differ based on gender. This perspective emphasizes that the meanings associated with mental health and gender are fluid and context-dependent, influencing how students perceive themselves and others. By understanding how these constructs are socially created, we can better address stigma and promote more inclusive attitudes toward mental health.

# 2.6.2 Gender Schema Theory

Gender schema theory, developed by Sandra Bem, explains how individuals develop gender-linked associations and cognitive structures that influence their perceptions, attitudes, and behaviors [Bem, 1981]. According to this theory, children learn about gender roles from their surrounding culture, internalizing these norms to form schemas that guide their understanding of themselves and others. In the context of this research, gender schema theory helps explain how students develop expectations about mental health expression and help-seeking behaviors based on their gender. For example, traditional masculine schemas may discourage male students from acknowledging mental health issues or seeking support, aligning with findings that men are less likely to receive treatment.

# 2.6.3 Minority Stress Model

The minority stress model posits that individuals from marginalized groups experience chronic stress due to societal prejudice, discrimination, and stigma [Meyer, 2003]. This model is particularly relevant for understanding the mental health challenges faced by students who identify as women, LGBTQ+, or members of racial/ethnic minority groups. The model suggests that the unique stressors associated with minority status, such as internalized stigma and discrimination, can lead to increased rates of mental health problems. For instance, women may experience higher levels of stress related to gender inequality and sexism, which can contribute to mental health impairments. This can also affect students who do not conform to societal expectations of gender, as societal acceptance of social gender norms can influence mental health well-being. By integrating the minority stress model, this research acknowledges the intersecting identities and unique challenges faced by diverse student populations, providing a more nuanced understanding of mental health disparities.

By employing these theoretical frameworks, this research aims to provide a comprehensive understanding of how students' perceptions of mental health influence gendered relations within academic settings.

# 2.6.4 Relationship and relevance of the theoretical frameworks

The theories—social constructionism, gender schema theory, and the minority stress model—are essential for understanding the relationship between students' perceptions of mental health and gendered relations. Social constructionism highlights how societal norms and cultural contexts shape attitudes toward mental health and gender roles, emphasizing that these concepts are not fixed but socially created. Gender schema theory explains how individuals internalize gender norms, influencing their behaviors and perceptions, such as men avoiding emotional vulnerability due to traditional masculinity expectations. Meanwhile, the minority stress model acknowledges the unique challenges faced by marginalized groups, such as women or LGBTQ+ individuals, who experience additional stressors like stigma and discrimination that impact their mental health. Together, these theories provide a comprehensive framework for analyzing how societal structures and individual identities intersect to shape mental health perceptions and interpersonal dynamics among students.

# CHAPTER THREE

# 3.0 RESEARCH METHODOLOGY

# 3.1 Introduction

This chapter outlines the methodology that was employed when doing this research. It will first identify the study site and provide a brief description of the site. Following that, the chapter will then describe the research design, study population, sample population, sampling procedure, data collecting, processing and analysis method that were used and conclude with the ethical considerations that guided the research.

# 3.2 Study area

The study was carried out at the University of Nairobi main campus, strategically situated in Nairobi's Central Business District (CBD) on University Way, an ideal location for this study due to its accessibility and diverse student population drawn from various socio-economic backgrounds and geographical locations. As the university's administrative hub, the Main Campus centralizes key administrative and academic functions, facilitating easier coordination with university officials and providing access to necessary resources. Its central location, accessible via several bus routes, ensured ease of access for students, faculty, and research participants. Given the research focus on student perceptions of mental health and gendered relations, selecting the Main Campus, as a central hub of university life, ensured that the findings are highly relevant and applicable to the broader student population within the University of Nairobi. This setting allowed for a comprehensive exploration of the research questions within a diverse and representative student community.

# 3.3 Research design

Based on the research project focusing on students' perceptions of mental health and its effect on gendered relations, the study design employed an explorative qualitative research design. This method allowed for a deeper exploration of students' personal experiences and perceptions regarding mental health and gender relations. Qualitative data provided rich insights into the social constructs surrounding mental health, such as stigma and cultural expectations, which are often not captured through quantitative measures alone.

# 3.4 Study Population and unit of analysis

The study population for this research comprised undergraduate and graduate students currently enrolled at the University of Nairobi's Main Campus, encompassing a diverse array of faculties and academic disciplines which ensured broad representation. The primary unit of analysis was the individual student, with data collected and analyzed at this level to understand their unique perceptions, attitudes, and experiences related to mental health and gendered relations.

# 3.5 Sample and sampling procedure

A purposive sampling strategy was employed. From the survey respondents, 20 students were selected based on their gender (10 males, 10 females) and expressed willingness to participate in follow-up interviews. These participants were chosen because the researcher assessed that their responses and willingness to share, would fit the study’s objectives. The selected participants provided a diverse range of perspectives and experiences related to mental health and gendered relations, as indicated in their survey responses.

# 3.6 Data collection tools and methods

A self-administered, structured questionnaire was developed and distributed through Google Forms. The tool consisted of both closed- and open-ended questions designed to explore students' awareness of mental health, attitudes toward support systems, and the perceived impact on gendered relationships.

This method was chosen for its ability to reach a broad demographic quickly and confidentially. It ensured privacy for respondents and allowed them to respond thoughtfully at their convenience. Data was collected over a two-week period, and participation was voluntary.

# 3.7 Data processing and analysis

The objectives of this study acted as guiding principle in the analysis of data that was collected. Data collected from self-administered questionnaire was thematically, and manually summarized in an excel spreadsheet in order to identify the relationship and patterns among the observations. Additionally, emerging themes relating to the objectives were identified too.

# 3.8 Ethical Considerations

This research was submitted to the University Review Board upon approval by the School Institute which then permitted its conduction. Before fieldwork, the researcher obtained a research permit from the National Commission for science, Technology and Innovation (Ref: NACOSTI/P/25/418062). Participants were free to withdraw from the study at any time without consequences. There were no violations of privacy and the Informants were assured of their security. Pseudonyms were used instead of real names for anonymity.

# CHAPTER FOUR

# 4.0 STUDENTS PERCEPTIONS ON MENTAL HEALTH DISORDER

# 4.1 Introduction

This chapter explores students' perceptions of mental health at the University of Nairobi, based on responses from the self-administered Google Forms questionnaire. The study involved 37 students (17 males and 20 females) enrolled in various Bachelor programs. The findings reveal key differences in awareness, attitudes, and cultural perceptions of mental health, highlighting the role of stigma and gender norms in shaping students’ perspectives.

# 4.2 Awareness and Understanding of Mental Health

Mental health awareness varied among students, with significant differences based on gender. Findings from the self-administered questionnaire indicated that while 78% (29) of students expressed some level of familiarity with mental health concepts, female students (85%) (17) were more knowledgeable than male students (65%) (12). Most students associated mental health with stress, anxiety, and depression, while conditions such as bipolar disorder and PTSD remained less understood.

One female student from the Bachelor of Education (Arts) program remarked:

*"I know mental health is about emotional and psychological well-being, but we rarely talk about it openly because some people still think it’s not serious."* **(Female, 23 years)**

In contrast, some male students displayed a limited understanding of mental health and admitted that they had not previously considered it an important issue. A male student from the Bachelor of Education (Science)program stated:

*"Honestly, I never thought about mental health until recently. It’s something we are now beginning to hear more about, but still, I wouldn’t say I fully understand it."* **(Male, 19 years)**

Beyond personal knowledge, cultural norms also played a role in shaping students’ perceptions. Interviews with student leaders revealed that mental health was more openly discussed among female students. Approximately 65% (24) of students noted that societal expectations often discouraged men from acknowledging mental health struggles. One second year male anthropology student candidly shared:

*"As a man, you are expected to be strong. If you start saying you are stressed, people think you are weak."* **(Male, 21 years)**

# 4.3 Attitudes Towards Mental Health Support

Despite a growing awareness of mental health, attitudes towards seeking support remained a significant challenge. The study found that while 60% (22) of students recognized the importance of seeking mental health support, only 35% (13) had actually sought help. Male students were particularly reluctant, with only 20% (3) having ever sought mental health support, compared to 50% (9) of female students.

A female student reflected on this hesitation, saying:

*"I have considered seeing a counselor, but sometimes I fear people will think I am unstable."* **(Female, 23 years)**

Similarly, a male student noted:

*. "I would rather deal with my issues alone. I don’t think a counselor can understand my problems better than I do "* **(Male, 26 years)**

Observations indicated that many students preferred turning to friends for emotional support rather than seeking professional help. Peer support networks were especially prevalent among female students, while male students were more likely to rely on distractions such as sports or video games to manage stress. Additionally, some students expressed dissatisfaction with the university’s mental health services, with 50% (19) believing that the institution did not offer adequate resources.

One student from the Bachelor of Education (Physical Education & Sport) program commented:

*"We have a counselor at the university, but no one really knows how to access them. It’s not like they do awareness campaigns."* **(Male, 24 years)**

# 4.4 Perceived Causes of Mental Health Issues

Through the self-administered questionnaire interviews, students identified several stressors contributing to their mental health struggles. Academic pressure was the most commonly cited factor, affecting 90% (33) of students. Financial stress followed closely, with 75% (28) of students struggling to balance tuition fees and living expenses. Social relationships, including peer pressure, family expectations, and romantic conflicts, were also significant sources of distress.

A male student reflected on the academic challenges, saying:

*"Sometimes, the pressure to perform well in academics is too much, and we don’t even have time to relax."* **(Male, 23 years)**

A female student emphasized financial concerns, stating:

*"The financial burden is real. Sometimes, I can’t even focus on studies because I’m thinking about how to raise my tuition fees."* **(Female, 24 years)**

Additionally, substance use was highlighted as a coping mechanism by 35% (13) of students. Some participants noted that alcohol and drug use provided a temporary escape from academic and social pressures, though they recognized the long-term negative consequences.

# 4.5 EFFECTS OF MENTAL HEALTH ON GENDERED RELATIONS

# 4.5.1 Communication and Emotional Expression

Findings indicated that female students were significantly more likely to discuss their mental health struggles compared to their male counterparts. While 75% (15) of female students reported openly talking about their emotions with friends, only 40% (7) of male students said they did the same. Many male students viewed emotional expression as unnecessary or even undesirable, leading to difficulties in communication within friendships and romantic relationships.

One female student shared her frustration, stating:

*"When I talk to my male friends about mental health, some change the topic or make jokes about it."* **(Female, 22 years)**

A male student from the Bachelor of Education Science program acknowledged the communication gap, saying:

*"I find it difficult to express emotions. Maybe that’s why we prefer keeping things to ourselves."* **(Male, 24 years)**

# 4.5.2 Coping Mechanisms and Gendered Expectations

The study found clear gendered differences in coping strategies. Female students were more likely to seek social support, while male students preferred individual coping mechanisms such as sports, video games, or substance use. Observations on the self-administered questionnaire revealed that male students often dismissed emotional discussions and instead relied on distractions to manage stress.

One male student admitted:

*"I don’t like talking about my problems. I’d rather go to the gym or play FIFA and forget about it."* **(Male 21 years)**

In contrast, a female student stated:

*"If I’m struggling, I call my close friends and talk about it. That helps a lot."* **(Female, 20 years)**

# 4.5.3 Impact on Romantic and Social Relationships

Mental health struggles also affected students’ romantic relationships. Approximately 55% (11) of female students reported that their mental health challenges had negatively impacted their relationships. Meanwhile, 40% (7) of male students admitted that they avoided discussing emotions in relationships, which often led to misunderstandings or breakups.

A female student expressed frustration, saying:

*"Sometimes, I feel like I have to drag emotions out of my boyfriend. He never wants to talk about feelings, and it makes things harder."* **(Female, 21 years)**

A male student explained his perspective:

*"We are just not raised to be emotionally expressive. If I have issues, I prefer handling them alone."* **(Male, 22 years)**

# 4.5.4 Gender Stereotypes and Barriers to Support

The study also highlighted how gender stereotypes influenced help-seeking behaviors. While female students were twice as likely to seek professional counseling, male students often refrained from doing so due to societal stigma.

A male student noted:

*"If you go for counseling as a guy, people start looking at you differently. Like, are you weak or something?"* **(Male, 20 years)**

A female student countered:

*"That’s the problem—we need to change that mindset. Mental health is for everyone, not just women."* **(Female, 19 years)**

# CHAPTER FIVE: DISCUSSION OF FINDINGS

**5.0 Introduction**

This chapter discusses the study’s findings in relation to the specific research objectives. The analysis draws on relevant literature and theoretical frameworks to interpret the implications of students’ mental health perceptions on gendered relations.

# 5.1 Objective 1: Assessing Gender Differences in Mental Health Perceptions

The study revealed notable gender-based discrepancies in the way students conceptualize and engage with mental health. Female respondents generally exhibited a higher level of awareness and more open attitudes towards mental health discussions, suggesting a deeper emotional literacy and willingness to confront psychological issues. This contrasts with many male respondents who, despite experiencing similar challenges, often hesitated to acknowledge or disclose them, reinforcing the cultural narrative that emotional restraint is a marker of masculinity.

These findings are well-aligned with the gender schema theory, which explains how societal norms and early socialization shape gender-specific behaviors. Boys are often taught to associate strength with emotional suppression, whereas girls are socialized to value expression and connection. This developmental divergence influences their later attitudes towards mental health. The reluctance of male students to seek help not only stems from personal choice but is deeply embedded in the cultural expectations of how men should behave under stress.

Moreover, the study’s findings reinforce the social constructionist perspective, where mental health is not merely a personal issue but a product of social interactions and shared understandings. In this case, the prevailing belief that mental health struggles reflect personal weakness disproportionately affects male students. It becomes essential, therefore, to address these entrenched perceptions through culturally sensitive interventions that challenge harmful stereotypes and promote emotional intelligence across genders.

# 5.2 Objective 2: Exploring the Impact on Interpersonal Relationships

Gendered mental health perceptions were found to have a profound influence on interpersonal dynamics among students. Communication breakdowns were particularly evident in romantic and peer relationships, where the emotional transparency typically offered by female students was not always reciprocated by their male counterparts. This imbalance often led to dissatisfaction, misinterpretation, and emotional strain, especially among female respondents who felt emotionally unsupported.

The reluctance among male students to engage in conversations about mental well-being contributed to a culture of emotional inaccessibility. While some male participants did express awareness of this gap, they often felt unequipped or uncomfortable navigating emotional dialogue. This emotional distance can erode trust and intimacy in relationships and reinforces traditional gender roles, where women bear the emotional labor of relationships while men assume a detached, stoic role.

Applying the minority stress model, the cumulative effects of societal expectations and internalized norms create additional psychological burdens for both genders. Female students often feel overwhelmed and under-supported, while male students silently grapple with mental health challenges in isolation. These dynamics highlight the need for intentional relationship education programs that promote emotional literacy, empathy, and mutual support among students of all genders.

# 5.3 Objective 3: Identifying Effective Support Mechanisms

Based on the findings, effective mental health support mechanisms must be both accessible and sensitive to the diverse needs of male and female students. Peer-led support systems emerged as particularly valuable, as they offered a more relatable and less intimidating entry point for discussing mental health concerns. Female students were more inclined to participate in such groups, while male students indicated they would be more receptive if these spaces were framed in ways that respect their privacy and masculinity.

Institutional support, though present, was underutilized due to a combination of poor visibility and limited trust in counseling services. Many students indicated they were unaware of how to access university mental health services, and some questioned whether these services could truly understand or address their specific needs. This calls for a restructuring of mental health promotion strategies on campus, emphasizing visibility, inclusivity, and confidentiality.

Ultimately, addressing these gaps requires a multifaceted approach. Institutions must ensure that counseling services are not only available but actively destigmatized through targeted outreach and education. Workshops on gender-sensitive mental health awareness, student-led initiatives, and inclusive policies that validate diverse emotional experiences will foster a more supportive university environment where all students feel seen, heard, and valued.

# CHAPTER SIX

# 6.0 CONCLUSIONS AND RECOMMENDATIONS

# 6.1 Introduction

This chapter presents the overall conclusion of the study and offers practical and policy-oriented recommendations based on the findings discussed in previous chapters. The chapter also reflects on the implications of mental health perceptions and the effects on gendered relationships among university students, specifically within the context of education students at the University of Nairobi's main campus.

# 6.2 Summary of the Study

The research aimed to investigate the perceptions of mental health among university students and to examine how mental health challenges affect gendered relations. Data were collected from a purposive sample of 37 students (17 male and 20 female) enrolled in Bachelor programs across various disciplines including Arts, Science, Physical Education and Sport, and Early Years Education.

Utilizing qualitative method, the study revealed that mental health issues are prevalent but often misunderstood. A significant gender gap was observed in the awareness, expression, and management of mental health challenges. Female students were generally more open and expressive about their mental health experiences, while male students displayed greater hesitation, often influenced by traditional gender norms and fear of societal judgment.

# 6.3 Conclusion

From the research findings, several key conclusions can be drawn:

**1. Growing Awareness but Inconsistent Understanding:**

Most students demonstrated a basic awareness of mental health and could identify common conditions such as stress, anxiety, and depression. However, there was inconsistency in how mental health was defined and perceived, with some students attributing it solely to emotional instability or weakness.

**2. Persistent Stigma and Cultural Barriers:**

Despite rising awareness, stigma surrounding mental health persists. A number of students, particularly males, felt that seeking help would be perceived as a sign of weakness. This was supported by observations and direct quotations such as *"As a man, you are expected to deal with your problems silently; talking about them is seen as being soft.”*

**3. Gendered Patterns in Help-Seeking and Expression:**

The data showed clear gender-based differences in how students responded to mental health challenges. Female students were more likely to reach out to peers or counselors, while male students often resorted to isolation or unhealthy coping mechanisms. One female participant noted: *“I talk to my friend when I feel overwhelmed, but I’ve never seen any of the guys in our class do the same.”*

**4. Impact on Interpersonal and Romantic Relationships:**

Mental health issues, when unaddressed, were found to have a substantial impact on relationships. Emotional withdrawal, miscommunication, and misunderstandings were common themes in discussions about romantic and peer interactions. Some participants described difficulties in understanding or supporting a partner’s mental health challenges due to poor communication or fear of judgment.

**5.Institutional Gaps in Mental Health Support:**

Although students acknowledged the presence of counseling services at the university, many were unaware of how to access them, or expressed doubts about their effectiveness. One participant stated: *“I know there’s a counselor, but I wouldn’t go. I don’t think they understand what we go through.”*

Overall, the findings suggest that while mental health awareness is gradually improving, systemic, cultural, and gender-related barriers continue to hinder open engagement and effective support.

# 6.4 Recommendations

Based on the conclusions drawn from this study, the following recommendations are proposed:

# 6.4.1 Strengthen Mental Health Awareness Campaigns

Universities should regularly conduct mental health awareness initiatives that not only define mental health but also address the myths and stigma associated with it. These campaigns should be student-led where possible and include testimonials, workshops, and creative arts to make the subject approachable.

# 6.4.2 Gender-Sensitive Counseling Services

Mental health services should be tailored to recognize and respond to gender-specific challenges. Training counselors to understand gendered experiences of mental health and ensuring confidentiality can help build trust among male students who may otherwise be reluctant to seek help.

# 6.4.3 Integration of Mental Health in the Curriculum

Courses, especially in teacher education programs, should include modules on mental health literacy. This will not only empower students to manage their own well-being but also prepare them to support their future learners effectively.

# 6.4.4 Promote Peer Support Systems

Encouraging peer support groups can offer a non-judgmental platform for students to share their experiences. These groups can be especially effective in bridging the gap between formal counseling and the informal support students are more likely to seek.

# 6.4.5 Encourage Male Participation in Mental Health Conversations

Targeted campaigns aimed at male students should challenge toxic masculinity and promote emotional expression. These could include male-focused discussion forums, mentorship programs, and the involvement of male role models.

# 6.4.6 Improve Access to Counseling Services

The university should ensure that counseling services are well-publicized, accessible, and responsive. Consideration should be given to offering virtual consultations, increasing staffing levels, and ensuring culturally competent care.

# 6.4.7 Collaboration with National Stakeholders

Institutions of higher learning should work closely with national organizations such as the National Commission for Science, Technology and Innovation (NACOSTI) and the Ministry of Health to ensure alignment with national mental health strategies and access to funding and training.

# 6.5 Areas for Further Research

The study focused primarily on students within education programs at a single campus. Future research should consider a comparative study across different universities and academic disciplines. Quantitative studies could also help to statistically validate gender disparities and provide broader generalizability.

# 6.6 Final Reflection

Mental health remains a deeply personal yet socially constructed issue that affects students’ academic, emotional, and social development. By addressing mental health through a gendered lens, institutions can foster a more empathetic, inclusive, and supportive learning environment. Creating safe spaces for dialogue, improving access to services, and breaking down cultural and gender-based barriers will be key steps in ensuring the mental well-being of all students.

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# APPENDICES

# APPENDIX I: SELF ADMINISSTERED QUESTIONNAIERE GUIDE

## Introduction

Hi, I am Vincent Misigo, a fourth-year student pursuing a Bachelor's Degree in Anthropology conducting a study on students' perception of mental health disorder and its effect on Gendered relations at the University of Nairobi. The purpose of this research is to investigate mental disorders perceptions among students and how it affects the gendered relations. Thank you for agreeing to participate in this interview, your insights are valuable and will contribute significantly to this research. All information you provide will be treated confidentially and used solely for academic purposes. You may choose not to answer any question and can stop the interview at any time.

## SECTION A: Background Information

1. 1. Name (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 2. Position/Role at the University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. 3. Years of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. 4. Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## SECTION B: Perceptions and Understanding of Mental Health

1. In your opinion, how do students in this university generally perceive mental health?
2. Have you observed any gender differences in how male and female students talk about or respond to mental health issues?
3. What are the common mental health challenges facing students here?
4. What myths or misconceptions about mental health have you encountered among students?
5. To what extent do cultural beliefs influence student attitudes toward mental health?

## SECTION C: Awareness, Access, and Support

1. Are students aware of the mental health services available to them?
2. How accessible are these services (counseling, peer support, etc.) to male and female students?
3. What challenges exist in providing mental health support within the institution?
4. Are there any student-led or peer-based mental health initiatives?

## SECTION D: Gendered Implications and Social Relations

1. How do mental health issues affect students' interpersonal relationships, especially between genders?
2. Do mental health issues contribute to gender-based violence or discrimination on campus?
3. Are male students less likely to seek help than female students? If so, why?
4. How do societal expectations of masculinity or femininity influence help-seeking behavior among students?
5. Have you observed how mental health struggles influence academic performance or social participation differently for male and female students?

## SECTION E: Institutional Response and Recommendations

1. What strategies has the institution implemented to address student mental health?
2. What improvements would you recommend to promote mental well-being among students?
3. How can gender-sensitive approaches be incorporated into mental health interventions?
4. Any other comments or suggestions?

## Closing Statement

Thank you for your time and for sharing your experiences and insights. Your input is greatly appreciated.

# APPENDIX II: WORK PLAN

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **March** | **April** | **May** |
| Proposal writing, literature review and approval |  |  |  |
| Data collection, processing and analysis |  |  |  |
| Project correction and publication |  |  |  |

