

# The Anthropological Contribution of How University of KwaZulu-Natal (Pietermaritzburg Campus) Students Express Their State of Being Depressed

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## Abstract

The paper presents how students from the University of KwaZulu-Natal (Pietermaritzburg campus) (UKZN-PMB) express their state of being depressed. Through theoretical frameworks such as the cognitive theory of depression, narrative theory and social constructivism theory, this interpretive/phenomenological qualitative anthropological study purposively sampled twenty-five UKZN-PMB students to record how they express their state of being depressed. This study revealed that students from different socio-economic backgrounds experience depression, but they use a concealed dialect (slang language) to express their state of being depressed. This study shows social constructs as an expression that university students use as their language to express depression. Depression expressions that were revealed and explored in this study revealed that depression cannot only be understood from the lens of the Diagnostic and Statistical Manual of Mental Disorders (DSMV), but also through emic/explanatory models that convey the impact or the extent of depression on university students. This paper recommends that universities should pay attention to culturally specific/uncommon foreign languages in order to implement programmes that respond to depression.

## Keywords

Depression, Student(s), University, Language, Interventions

## 1. Introduction

Many scholars have studied depression in different contexts. Beard et al. (2016)

explain that depression is a mental illness involving the body, mood, and thoughts that affect how people eat and sleep, how they feel about themselves, and how they think about things. In short, it is marked by a constant state of hopelessness and worthlessness spanning time. Similarly, the [World Health Organization \(WHO\) \(2011, 2021\)](#) report declared depression as a global burden. Depression is a common mental disorder. It is a leading cause of disability worldwide and is a major contributor to the overall global burden of diseases. [Shafi and Shafi \(2014\)](#) assert that more women are affected by depression than men. [Albert \(2015\)](#) summarizes that women are more depressed than men because women present internalized symptoms while men present externalized symptoms. Women display more sensitivity to interpersonal relationships, whereas men display more sensitivity to external career and goal-oriented factors. Women also experience specific forms of depression-related illness, including premenstrual dysphoric disorder, postpartum depression and postmenopausal depression and anxiety that are associated with changes in ovarian hormones and could contribute to the increased prevalence in women. Women also experience specific forms of depression-related illness, including premenstrual dysphoric disorder, postpartum depression and postmenopausal depression and anxiety that are associated with changes in ovarian hormones and could contribute to the increased prevalence in women. When it is recurrent and with moderate or severe intensity, depression may become a serious health condition. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family. At its worst, depression can lead to suicide. Over 700 000 people die due to suicide every year. Suicide is the fourth leading cause of death in 15 - 29-year-olds. The [WHO \(2021\)](#) report confirms that five women and twelve men have depression. This includes 2% of school children and 5% of teenagers suffering from depression—these mostly go unidentified. The report confirmed depression is a leading factor of suicide amongst university students. It revealed that suicide cases among university students were recorded from as early as the 1950s.

Similarly, [Rungreangkulkij et al. \(2019\)](#) study revealed that gender and patriarchy add to more depression in women in most countries, villages and families. Women are prone to depression because they can't exercise their power and agency. Gender identities have led women's identities to be shaped by culture, history, social structures and political dynamics that do not favour the agency of women and girls. Patriarchy often results in women being in a subordinate role, at a material disadvantage, living in poverty, facing domestic violence, and the undervaluation of women's work. Women are expected to sacrifice their lives for the needs of their family members, resulting in a "silencing of the self". Women live their lives under the shadow of a loss of control over their lives; they carry a sense of powerlessness, a lack of confidence, distress from the feeling of entrapment in gender roles, attempting to be a good mother or woman, a lack of access to financial independence, marital disharmony, marital sexual violence, widow-

hood, and low of autonomy in making and taking decisions and support from their families.

Drawing back to the prevalence of depression on university students, The WHO (2021) report mentions that suicide cases have historically been mainly recorded amongst white male university students, as most African cultures did not believe in this type of mental illness, but there are new dimensions where many cultures are starting to express their state of being depressed. The report further mentions that recent trends show that female students of all races have also committed suicide, which is linked to depression. Disorders such as depression and anxiety affect more than one in six citizens, and have emerged as a societal burden. By the year 2030, it is estimated that major depression will become the main contributor to the burden of global health. Depression does not only contribute to the burden on the health of a country, but also affects people at the individual level. The report concludes by noting that depression will become the second-largest illness in the world. This warrants more contextual research that will create contextual interventions. Mackenzie et al. (2011) also state that depression and other mental health disorders including suicide, are significant public health problems on college campuses. Many students experience their first psychiatric episode while at college, and 12 to 18% of students have a diagnosable mental illness.

Singh et al. (2017) expand this by stating that about 10% of students in many academic institutions of higher learning are likely to face psychological and emotional problems at some point in their educational journey. This seriously interferes with their work and academic achievements. Depression, anxiety, stress and substance abuse are mere symptoms of the hidden, unresolved and ignored emotional issues which cumulatively [and insidiously] grow inside (Singh et al., 2017). Many students conceal their depression by abusing substances. Correspondingly, Ndaba (2022) and Sarokhani et al. (2013) conferred that depression among university students is an increasing public health problem globally and locally. Osler (2022) agrees that depression is indeed a mental illness. It is a mental illness experienced by many university students with stress and anxiety symptoms. Reynolds (2015) further states that such students are most likely to be medically diagnosed with depression hence most who have consulted with medical professionals are on antidepressants. In general, university students are prone to develop depressive symptoms. South African students seem to have a higher than average rate of suicidal ideations predicted most by depressive symptoms compared to the national and international student populations. Depression and suicide rates in universities are rising significantly.

Kessler and Bromet (2013) avow that exploring of social constructs such as depression is not new. Depression and related factors have been studied in the interdisciplinary subjects of medical and social anthropology. Likewise, Jenkins (2018) alludes that medical anthropologists are among those early writers who took interest in understanding the phenomenology and the qualitative dimension of human experiences, and the conditions that made people depressed.

Buckton (2015) argues that anthropologists have contributed to the detailed understanding of cross-cultural interpretations of mental illness. They have elucidated ethnomedical (or Western medical-based) interventions that families and societies have explored to alleviate their situation. Congruently, Chang (2017) maintains that it is essential to study depression outside the norm of Western perspectives, because different cultures have experienced and interpreted depression from the perspective of their socialisation and cultural reasoning. Studies that integrate the cultural and social identities of the studied population should be given recognition, as the current literature holds a limited view in this regard. Moreover, the link between cultural knowledge and understanding of depression should be acknowledged so that reliable information is elicited to confirm when and how culture influences depression and/or expressions of this form of trauma. Lu and Bond (2010) opine that a significant literature review on culture and depression reveals that different cultures socially construct their experiences from the viewpoint of their cultures. This implies that other societies, groups, cultures, and institutions have diverse ways of conceptualising their nature and causes, and determining what is mentally healthy and unhealthy. Different cultures further decide on the ritualization of interventions as they deem relevant to them. The integration of culture when studying depression offers a worldview which recognises the interpretation of depression from the socialisation of other non-western cultures. Furthermore, Joan et al., (2021) study reveals that students in universities are a special group of people that are going through a critical transitional period—adolescence to adulthood. They argue that this transition can be one of the most nerve-racking times in a person's life. Other students find it difficult to adapt because of their cultural backgrounds; some have never lived without their parents/guardians, others have challenged cognitive abilities which need parental support, and even others face socio-economic challenges daily at their universities. All these primary or prolonged experiences can amount to a state of being depressed. Some university students know that they have depression but they are afraid of being seen as failures in life, hence most of them think they can cope without seeking professional help (Pedrelli et al., 2015). Fook and Gurnam (2015) establish that most students find it initially difficult to fit in the first time, and others find it difficult to reconnect when they come for the second time; other students fail to keep up with set academic requirements or get good grades. Others are stressed by teaching and learning patterns with which they are not familiar. Most students do not cope by seeking medical help; they cope by finding friends who are experiencing the same ordeal. Other students skip academic classes and lock themselves in their rooms. This happens without them knowing that they are depressed and should seeking medical help; they cope by finding friends who are going through the same ordeal. Others skip academic classes, and lock themselves in their rooms. This happens without them knowing that they are depressed should seek professional help. Kim and Kihl (2021) findings revealed that suicidal ideation was positively associated with depression, stressful life events and two-dimension of personali-

ty: extraversion and psychoticism. Furthermore, [Chokshi et al. \(2021\)](#) study demonstrated that depression, anxiety, and stress are common issues among students nowadays. Female students are found to be more depressed in most universities ([Chowdhury et al., 2022](#); [Gao et al., 2020](#)). On the contrary, [Ndaba's \(2022\)](#) study showed that male students are four times more prone to having depression than female students. In my view, this disjuncture in the literature should not start a debate, because most scholars agree that university students are susceptible to depression. We will not find solutions if we create gender strata as we attempt to develop responsive interventions to mitigate depression among university students.

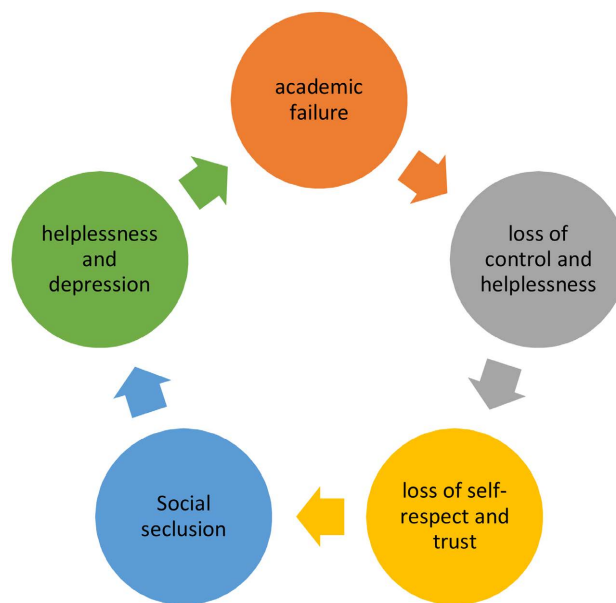
Studies have shown that the common and devastating outcome of untreated depression is suicide. [Maistry \(2016\)](#) states that a study done by the medical research council of South Africa using the post-mortem report found that there were 6471 suicide in the year 2009. This translated to 18 suicides every day and a suicide rate of 13.4 per 100,000 people. About 16% of the population in South Africa is already diagnosed with mood disorders. Lifetime incidence of depressive disorders have been reported to be 10% of the population. Since this prevalence is lower than that of the most developed country like the United State of America, it still has a significant impact on the burden of mental health in South Africa. [Tomlison et al. \(2009\)](#) maintain that mental disorders are a substantial contributor to the burden of diseases in all regions of the world. There are limited data on the epidemiology of depressive disorders in South Africa. According to [Lépine and Briley \(2011\)](#), the increased burden of being depressed includes occupational and social dysfunction, increased risk of suicide, increased morbidity and mortality rates.

## 2. Brief Literature Review

[Makhubela \(2011\)](#) define depression as a disabling disorder that can disrupt an individual's occupational, social, and physiological functioning. Every living person is susceptible to depression, as symptoms of depression can persist for years often without remission. In the university context, students are not immune at all, as they constitute a group that is particularly at risk for developing depression and emotional disorders. [Bantjes et al. \(2019\)](#) conceptualise depression as a psychiatric psychological disorder, prevalent amongst both undergraduate and post-graduate students with no distinction among gender, age, and race. [Marcus \(2012\)](#) acknowledges that South African university students are not immune to depression and are consequently suicidal. He argues that depression has become a leading cause of suicide and suicidal cases and together with substance abuse amongst university and college students, depression has detrimentally led to academic exclusion. [Wanyoike \(2014\)](#) published data on mental illness showing that there is still an urgent need to look into methods to prevent suicide and treat depression, particularly at universities and in societies where individuals are prone to depression. Depression has been diagnosed in university students because of its symptoms that lower academic performance, and, in severe cases, it leads to sui-

cide. Dodd et al. (2021) posit that being a university student is a huge transition, and a new life for new students hence first-time university students mostly experience it. This does not negate its prevalence among other students. Remote learning during the COVID-19 lockdown period exposed more students to a state of being depressed. Many students committed suicide as they could not cope with changing patterns of their tertiary education and the pressure that came with such change. Visser and Law-van Wyk (2021) agree that students confirmed mental health issues as they felt that their social, academic, spiritual and physical well-being and positive coping mechanisms were threatened by COVID-1. Najjuka et al. (2021) expound that globally COVID-19 led to the prolonged closure of schools and universities which resulted in documented social and psychological effects including the loss of hope, uncertainty about the future of education, loneliness and social isolation among university students.

This paper confirms that the COVID-19 pandemic immensely had a toll on students emotionally and on their mental health. The academic future of many university students remained uncertain because of the fatal effects of the pandemic and changes that had to be explored by many universities such as online universities, which meant distant education to many institutions that were never designed for this type of teaching; hence the psychological state of university students was under immense pressure. Vulic-Prtoric (2012) published the following depression cycle to guide the episodes a depressed student goes through (see Figure 1).



**Figure 1.** The vicious cycle of depression Source: Vulic-Prtoric (2012: p. 73).

People who fall victim to depression come from all backgrounds and are of all ages and cultures, although expressions and manifestations of mental and emotional difficulties vary. The National Institute of Mental Health (2021) states that life is generally full of emotional alternations, and everyone experiences these from time to time. But when the ‘down’ times are long-lasting or in-

terfere with an individual's ability to function at home, work, or school, that person may suffer from severe illness and depression. If it goes unrecognised, depression continues to cause unnecessary suffering. Genetic, biological, environmental, and psychological factors play a role in depression. Contributory factors for depression amongst students include being new at university, social demographic changes, and changed behavioural and educational aspects. Other factors include staying in residences without parental or guardianship care and the low socioeconomic status of many, which makes them depressed as they cannot afford the material things they see on social media and other students on campus.

Students are mostly overwhelmed by the need for academic self-efficacy, acculturation difficulties, language inabilities, and procrastination behaviour regarding their academic tasks (Lowering et al., 2014; Sullivan & Kashubeck-West, 2015). Furthermore, Cheung (2020) agrees that mental illness, or depression, is a public health issue that does not exclude university students. The latter are vulnerable to mental health problems because they are experiencing a double transition: the developmental transition from adolescence to adulthood and a life-changing transition from one institution (such as a high school or community college) to another that is very different, such as a university with high academic standards and expectations. Makhubela (2021) asserts that the mental health of university students is considered among the public health areas in South Africa with unprecedented incidents of suicide acts attempts. Chidzonga (2014) studies on university students discovered that the transition from secondary school to a university and its academic challenges are traumatic for many students. Helbich (2018) asserts that there is scientific evidence of the correlation between the environment, people's mental health and well-being. It is widely documented that human health and well-being emerge from a complex interplay among genetic, psychological, social, and lifestyle factors, environmental exposures, and the ability or the inability to adapt. Seymour (2016) indicates that human health and well-being are intimately linked to the environment and how a person is able to adapt. Mental health, and many common mental disorders, are commonly contributed by the social, economic, physical, and cultural environments under which people live. The climate is one of the determinants of mental health outcomes, which needs to be researched in the context of mental health and well-being. Rathakrishnan et al. (2021) state that "adaptation is a critical variable to focus on when studying [and thus] university students [should discover] the roots of their state of being depressed" in order to find help to deal with it. Adaptation is associated with four problems: language adaptation, cultural adaptation, interpersonal adaption, and social adaptation. Another factor is sociocultural differences which include gender and socioeconomic challenges. McMillan (2013) and Mofatteh (2020) argue that moving away from the family and starting a new life of independence can pose challenges for first-year students like feelings of isolation and loneliness. These feelings last until the students have adjusted to university life and expanded their social network. Some find it difficult to reconnect when they return after a recess or holi-

day. Many university students struggle to make friends, and some have already suffered from mental illness/depression prior to arriving at university. This condition sometimes worsens as they transition into the new environment, while some students struggle to keep up with academic requirements and they fail to get good grades. Financial constraint is a major source of stress among university students. Zondi (2018) and Eisenberg et al. (2009) assert that most students from disadvantaged backgrounds experience more stress than those who come from affluent families. It is logical to argue that students from underprivileged backgrounds experience depression because at university they often struggle to meet their financial obligations and satisfy their needs as they are mostly dependent on financial aid (such as NSFAS<sup>1</sup>). Zondi (2018) further explains that financial distress causes students to struggle to pay their rent and buy food and clothes. Universities do provide assistance such as student support services, but many students do not access these facilities until it is too late.

### 3. Theoretical Orientation

This study was embedded in two theories: the cognitive theory of depression and the narrative theory. These theoretical lenses were deemed relevant because the study intended to record social constructs/cultural epistemic/narratives that university students attach to depression. The cognitive theory of depression allows researchers to understand that human beings are susceptible to developing an amount of negativity or a dysfunctional belief(s) which could lead to being depressed. Human beings go through many life transitions that make them vulnerable and overwhelmed if they do not seek professional help. The theory establishes that a depressed person has the habit of believing they are inadequate and born failures. Their world becomes gloomy, and has no hope for the future. Prospects of this theory encouraged me as the researcher to pose a question that encouraged the sampled population to narrate what depression is from their point of view and probe for factors that may have contributed to their state of being depressed. The narrative theory is mainly used in anthropological research to record people's experiences about a particular subject. The narrative theory is appropriate in the qualitative research design as it allows daily recording of experiences. It accommodates the collection of emic perspectives, which is what a person is experiencing. It typically focuses on lived experiences and recognises their cultural relativism through which the subject is able to construct his or her world.

### 4. Research Methods, Analysis and Ethics

This study was anchored on the qualitative research design. Aspers and Corte (2019) opine that qualitative research is multimethod in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or

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<sup>1</sup>National Student Financial Aid Scheme.

interpret phenomena in terms of the meanings people bring to them. Qualitative research involves the studied use and collection of a variety of empirical materials—case studies, personal experiences, introspective, life stories, interviews, observational, historical, interactional, and visual texts that describe challenging moments and meanings in the lives of individuals.

The study triangulated in-depth interviews and focus group discussions as primary means of data collection. These data collection methods were deemed pertinent in anthropological research as they permit the researcher to collect people's experiences through open-ended interviews. Through these methods, we were able to probe for an in-depth understanding of the mental illness—depression among students. Reeves et al. (2013) assert that these methods enable people to talk about their personal experiences, feelings, and opinions on the subject. Sutton and Austin (2015) note that in-depth interviews are ideal for gathering data on individuals' histories, perspectives, and experiences, mainly when sensitive topics are being explored. de Oliveira (2011) maintains that focus group discussions provide participants with a space to discuss an issue that is a common experience among people. Focus group discussions allowed us to explore how students give expression to depression and the social constructs that they attach to it in terms of the meanings people bring to them.

Critical discursive analysis was used to analyse the data. McGregor (2010) explains that the critical discourse analysis motivates researchers to move from seeing language as abstract to seeing our words as having meaning in a particular historical, social, and political condition. Critical discourse analysis engages with actual and often extended instances of social interaction, specifically in linguistic for Blommaert & Bulcaen (2000). The study was ethically cleared by the University of KwaZulu-Natal Research Council.

## 5. Data Analysis

This section presents the following chart (Table 1) as the language that the university of KwaZulu-Natal students used to express their state of being depressed.

**Table 1.** Depression chart.

Depression expression/ social constructs	Explanation	State of being depressed
<i>Siyagowa</i>	We are not copying.	State of being discouraged.
<i>The module is chowing me</i>	I'm not doing well.	State of being emotionally derailed.
<i>Siyemumva siyaphambili</i>	There is no significant progress in our academics.	State of being a failure.
<i>Ngifile</i>	This whole thing is a nightmare.	State of being anxious.
<i>Azikhiphi</i>	I can't do this.	State of giving up.
<i>Angikhoni</i>	I'm not copying.	State of giving up/frustrated.
<i>Akuhambi kahle</i>	Things are not going according to plan.	State of feeling delayed.

**Continued**

<i>Ngishayiswe ibhasi</i>	I'm heavily burdened.	State of being hackneyed.
<i>Sipetukile</i>	We are not copying.	State of being disorientated.
<i>Akukholula</i>	It's not easy at all.	State of experiencing learning difficulties.
<i>Sithwele idombolo</i> <i>elimanzi/sithwele uthayela emoyeni</i>	We are academically sinking, and it gets worse each and every day.	State of lacking academic resilience.

The above depression chat indicates that students at the University of KwaZulu-Natal on the Pietermaritzburg campus are expressive of their state of being depressed and this is done through their indigenous language which is isiZulu. These expressions should not be overlooked. They communicate a unique language that the University of KwaZulu-Natal Pietermaritzburg students use to express their state of being depressed. Although expressions reveal that participants were Zulu-speaking students, this does not mean that this study mainly targeted them. Participants were voluntarily recruited to participate based on their lived experiences of the state of being depressed and how they expressed it. This paper also reveals that the use of this particular language to express and describe the state of being depressed is not gendered. Both female and male students used these expressions as a language that is common among them which means that the state of being depressed does not choose a gender, but affects everyone. These expressions further indicate that the English language cannot only be the language that can be used to express the state of being depressed. The isiZulu-speaking students used their mother tongue to express their status of being depressed. Universities are encouraged to pay attention to the use of foreign languages and unique phrases that students use to express their state of being depressed because these presented findings confirm that students can express their state of being depressed by using the language that they understand and through their mother tongue. Paying attention to the use of language will position universities to be responsive in their response as they plan their interventions to attend to patterns of depression among students. Understanding the use of expressive language will allow universities to respond to depression effects such as academic failure and exclusion, student suicide, and high consumption of alcohol and substances. Universities will then be able to design awareness campaigns, and depression advocacy interventions using this particular language to attract students that might need mental health assistance.

## 6. Conclusion and Recommendation

Depression among university students should continue to be a topical subject until students are less, if not non-depressed while pursuing their academic future. This paper recommends that universities employ psychologists and therapists that are multi-lingual so that students will be comfortable in expressing their states of depression in their mother tongues. The use of the mother tongue is powerful in so many ways. It is a source of hope. It boosts one's confidence

and leads to relevant interventions. When students feel that therapists recognise their language, they will be keen to advance for any therapeutic or counselling help that is made available by institutions of higher learning.

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## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

## References

- Albert, P. R. (2015). Why Is Depression More Prevalent in Women? *Journal of Psychiatry & Neuroscience*, 40, 219-221. <https://doi.org/10.1503/jpn.150205>
- Aspers, P., & Corte, U. (2019). What Is Qualitative in Qualitative Research. *Qualitative Sociology*, 42, 139-160. <https://doi.org/10.1007/s11133-019-9413-7>
- Beard, C., Millner, A. J., Forgeard, M. J., Fried, E. I., Hsu, K. J., Treadway, M. T., Leonard, C. V., Kertz, S. J., & Björgvinsson, T. (2016). Network Analysis of Depression and Anxiety Symptom Relationships in a Psychiatric Sample. *Psychological Medicine*, 46, 3359-3369. <https://doi.org/10.1017/S0033291716002300>
- Blommaert, J., & Bulcaen, C. (2000). Critical Discourse Analysis. *Annual Review of Anthropology*, 29, 447-466. <https://doi.org/10.1146/annurev.anthro.29.1.447>
- Buckton, A. R. (2015). Conversations between Anthropology and Psychiatry: Drawing out the Best from Interdisciplinarity in Global Mental Health. *Australasian Psychiatry*, 23, 3-5. <https://doi.org/10.1177/1039856215608291>
- Chang, X. L. M. (2017). *Understanding Depression across Cultures: A Social Identity Perspective*. Ph.D. Thesis, the University of Queensland.
- Cheung, K., Tam, K. Y., Tsang, H. Zhang, L. W. & Lit, S. W. (2020). Depression, Anxiety and Stress in Different Subgroups of First-Year University Students from 4-Year Cohort Data. *Journal of Affective Disorders*, 274, 305-314. <https://doi.org/10.1016/j.jad.2020.05.041>
- Chidzonga, M. M. (2014). Transition from High School to University: Perspectives of First Year Students at the University of Zimbabwe College of Health Sciences. MSc. Thesis, the Stellenbosch University.
- Chokshi, A. S., Rangwala, P. P., Dumra, G. H., Thakrar, M. R., Singh, A. J., & Lakdawala, B. M. (2021). Depression, Anxiety and Stress amongst Students in Science Verses Non-Science Stream: A Comparative Study. *International Journal of Community Medicine and Public Health*, 8, 3461-3467. <http://www.ijcmph.com> <https://doi.org/10.18203/2394-6040.ijcmph20212602>
- Chowdhury, U., Suvro, M. A. H., Farha, S. M. D., & Uddin, M. J. (2022). Depression and Stress Regarding Future Career among University Students during COVID-19 Pan-

- demic. *PLOS ONE*, 17, e0266686. <https://doi.org/10.1371/journal.pone.0266686>
- Dodd, R. H., Dadaczynski, K., Okan, O., McCaffery, K. J., & Pickles, K. (2021). Psychological Wellbeing and Academic Experience of University Students in Australia during COVID-19. *International Journal of Environmental Research and Public Health*, 18, Article No. 866. <https://doi.org/10.3390/ijerph18030866>
- Eisenberg, D., Golberstein, E., & Hunt, J. B. (2009). Mental Health and Academic Success in College. *The B.E. Journal of Economic Analysis & Policy*, 9. <https://doi.org/10.2202/1935-1682.2191>
- Fook, C. Y., & Gurnam, K. S. (2015). Investigating Learning Challenges Faced by Students in Higher Education. *Procedia-Social and Behavioral Sciences*, 186, 604-612. <https://doi.org/10.1016/j.sbspro.2015.04.001>
- Gao, W., Ping, S., & Liu, X. (2020). Gender Differences in Depression, Anxiety, and Stress among College Students: A Longitudinal Study from China. *Journal of Affective Disorders*, 263, 292-300. <https://doi.org/10.1016/j.jad.2019.11.121>
- Helbich, M. (2018). Mental Health and Environmental Exposures: An Editorial. *International Journal of Environmental Research and Public Health*, 15, Article No. 2207. <https://doi.org/10.3390/ijerph15102207>
- Jenkins, J. H. (2018). Anthropology and Psychiatry: A Contemporary Convergence for Global Mental Health. In D. Bhugra, & K. Bhui (Eds.), *Textbook of Cultural Psychiatry*. Cambridge University Press.
- Joan, C., Finson, B., & Wilson, K. (2021). Challenges That Students Face at the University That May Require Counselling. *International Journal of Academic Research in Business and Social Sciences*, 11, 18-34. <https://doi.org/10.6007/IJARBS/v11-i9/10968>
- Kessler, R. C., & Bromet, E. J. (2013). The Epidemiology of Depression across Cultures. *Annual Review of Public Health*, 34, 119-138. <https://doi.org/10.1146/annurev-publhealth-031912-114409>
- Kim, B. J., & Kihl, T. (2021). Suicidal Ideation Associated with Depression and Social Support: A Survey-Based Analysis of Older Adults in South Korea. *BMC Psychiatry*, 21, Article No. 409. <https://doi.org/10.1186/s12888-021-03423-8>
- Lépine, J.-P., & Briley, M. (2011). The Increasing Burden of Depression. *Neuropsychiatric Disease and Treatment*, 7, 3-7. <https://doi.org/10.2147/NDT.S19617>
- Lowering, R., He, Z., Lin, M., & Chang, M. (2014). The Impact of Academic Self-Efficacy, Acculturation Difficulties, and Language Abilities on Procrastination Behaviour in Chinese International Students. *College Student Journal*, 48, 141-152.
- Lu, A., & Bond, M. H. (2010). Understanding Cultural Influences on Depression by Analysis a Measure of Its Constituent Symptoms. *International Journal of Psychological Studies*, 2, 55-70. <https://doi.org/10.5539/ijps.v2n1p55>
- Mackenzie, S., Wiegel, J. R., et al. (2011). Depression and Suicide Ideation among Students Accessing Campus Healthcare. *American Journal of Orthopsychiatry*, 81, 101-107. <https://doi.org/10.1111/j.1939-0025.2010.01077.x>
- Maistry, C. (2016). *The Cognitive Vulnerability-Stress Model in Predicting Depressive Symptoms amongst University Students*. Ph.D. Thesis, University of Pretoria.
- Makhubela, M. (2021). Suicide and Depression in University Students: A Possible Epidemic. *South African Journal of Psychology*, 51, 3-5. <https://doi.org/10.1177/0081246321992179>
- McGregor, S. L. T. (2010). Critical Discourse Analysis: A Primer. Mount Saint Vincent University.
- McMillan, W. (2013). Transition to University: The Role Played by Emotion. *European*

- Journal of Dental Education*, 7, 169-176. <https://doi.org/10.1111/eje.12026>
- Mofatteh, M. (2020). Risk Factors Associated with Stress, Anxiety, and Depression among University Undergraduate Students. *AIMS Public Health*, 8, 36-65. <https://doi.org/10.3934/publichealth.2021004>
- Najjuka, S. M., Checkwech, G., Olum, R., Ashaba, S., & Kaggwa, M. M. (2021) Depression, Anxiety, and Stress among Ugandan University Students during the COVID-19 Lockdown: An Online Survey. *African Health Sciences*, 21, 1533-1543. <https://doi.org/10.4314/ahs.v21i4.6>
- National Institute of Mental Health (2021). *Depression*. <https://www.nimh.nih.gov/health/publications/depression>
- Ndaba, N. (2022). *Exploring First Year Male Students' Lived Experiences of Depressive Symptoms at the North-West University*. MSc. Thesis, the North-West University.
- Oliveira, D. L. (2011). The Use of Focus Groups to Investigate Sensitive Topics: An Example Taken from Research on Adolescent Girls' Perceptions about Sexual Risks. *Ciência & Saúde Coletiva*, 16, 3093-3102. <https://doi.org/10.1590/S1413-81232011000800009>
- Osler, L. (2022). "An Illness of Isolation, a Disease of Disconnection": Depression and the Erosion of We-Experiences. *Frontiers in Psychology*, 13, 928186. <https://doi.org/10.3389/fpsyg.2022.928186>
- Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C. & Wilens, T. (2015). College Students: Mental Health Problems and Treatment Considerations. *Acad Psychiatry*, 39, 503-511. <https://doi.org/10.1007/s40596-014-0205-9>
- Rathakrishnan, B., Bikar, S. S. S., Kamaluddin, M. R., Ghazali, M. F., Yahaya, A., Mohamed, N. H., & Krishnan, A. R. (2021). Homesickness and Socio-Cultural Adaptation towards Perceived Stress among International Students of a Public University in Sabah: An Exploration Study for Social Sustainability. *Sustainability*, 13, Article No. 4924. <https://doi.org/10.3390/su13094924>
- Rungreangkulkij, S., Kotnara, I., Rujiraprasert, N., & Khuandee, N. (2019). Gender Inequality Identified as an Underlying Cause of Depression in Thai Women. *Journal of International Women's Studies*, 20, 395-408. <https://vc.bridgew.edu/jiws/vol20/iss7/25>
- Reeves, S., Peller, J., Goldman, J., & Kitto, S. (2013). Ethnography in Qualitative Educational Research: AMEE Guide No. 80. *Medical Teacher*, 35, e1365-e1379. <https://doi.org/10.3109/0142159X.2013.804977>
- Reynolds, E. H. (2015). *Perceived Stress and Suicidal Behaviors in College Students: Conditional Indirect Effects of Depressive Symptoms and Mental Health Stigma*. Undergraduate Honors Theses, East Tennessee State University. <https://dc.etsu.edu/honors/284>
- Sarokhani, D., Delpisheh, A., Veisani, Y., Sarokhani, M. T., Manesh, R. E., & Sayehmiri, K. (2013). Prevalence of Depression among University Students: A Systematic Review and Meta-Analysis Study. *Depression Research and Treatment*, 2013, Article ID: 373857. <https://doi.org/10.1155/2013/373857>
- Seymour, V. (2016). The Human-Nature Relationship and Its Impact on Health: A Critical Review. *Frontiers in Public Health*, 4, Article 260. <https://doi.org/10.3389/fpubh.2016.00260>
- Shafi, A. M. A., & Shafi, R. M. A. (2014). Cultural Influences on the Presentation of Depression. *Open Journal of Psychiatry*, 4, 390-395. <http://www.scirp.org/journal/ojpsych> <https://doi.org/10.4236/ojpsych.2014.44045>
- Singh, M., Goel, N. K., Sharma, M. K., & Bakshi, R. K. (2017). Prevalence of Depression,

- Anxiety and Stress among Students of Punjab University, Chandigarh. *National Journal of Community Medicine*, 8, 666-671.
- Sullivan, C., & Kashubeck-West, S. (2015). The Interplay of International Students' Acculturative Stress, Social Support, and Acculturation Modes. *Journal of International Students*, 5, 1-11. <https://doi.org/10.32674/jis.v5i1.438>
- Sutton, J., & Austin, Z. (2015). Qualitative Research: Data Collection, Analysis, and Management. *The Canadian Journal of Hospital Pharmacy*, 68, 226-231. <https://doi.org/10.4212/cjhp.v68i3.1456>
- Tomlison, M. T., Stein, D. J., Williams, D. R., & Myer, L. (2009). The Epidemiology of Major Depression in South Africa: Results from the South African Stress and Health Study. *South African Medical Journal*, 99, 367-373.
- Visser, M., & Law-van Wyk, E. (2021). University Students' Mental Health and Emotional Wellbeing during the COVID-19 Pandemic and Ensuing Lockdown. *South African Journal of Psychology*, 51, 229-243. <https://doi.org/10.1177/00812463211012219>
- Vulic-Prtoric, A. (2012). *Depression in University Students*. <https://www.researchgate.net/publication/262313859>
- Wanyoike, B. W. (2014). Depression as a Cause of Suicide. *Journal of Language, Technology & Entrepreneurship in Africa*, 5, 58-68.
- World Health Organization (2011). *Global Burden of Mental Disorders and the Need for a Comprehensive, Coordinated Response from Health and Social Sectors at the Country Level*. [https://apps.who.int/gb/ebwha/pdf\\_files/EB130/B130\\_9-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB130/B130_9-en.pdf)
- World Health Organization (2021). *Depression*. <https://www.who.int/news-room/fact-sheets/detail/depression>
- Zondi, Z. P. (2018). *Factors Contributing to Stress among Students at a Selected University, South Africa*. MSc. Thesis, the University of Venda.
- Bantjes, J., Lochner, C., Saal, W., et al. (2019). Prevalence and Sociodemographic Correlates of Common Mental Disorders among First-Year University Students in Post-Apartheid South Africa: Implications for a Public Mental Health Approach to Student Wellness. *BMC Public Health*, 19, Article No. 922. <https://doi.org/10.1186/s12889-019-7218-y>
- Marcus, M. M., Yasamy, T., van Ommeren, M., Chisholm, D., & Saxena, S. (2012). *Depression. A Global Public Health Concern*. WHO Department of Mental Health and Substance Abuse.