

**THE RELATIONSHIP BETWEEN PARENTAL MARITAL STATUS AND  
ANXIETY LEVELS AMONG UNIVERSITY STUDENTS: A CASE OF KCA  
UNIVERSITY**

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**MASTER'S OF ARTS IN COUNSELING PSYCHOLOGY**

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IN COUNSELING PSYCHOLOGY IN THE SCHOOL OF SOCIAL SCIENCES OF  
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## DECLARATION

I declare that this dissertation is my original work and has not been previously published or submitted elsewhere for award of a degree. I also declare that this contains no material written or published by other people except where due reference is made and author duly acknowledged.

Emily Adhiambo Okoth

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Sign:.....Date:.....

I do hereby confirm that I have examined the master's dissertation of Emily Adhiambo Okoth And have certified that all revisions that the dissertation panel and examiners recommended have been adequately addressed.

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## ABSTRACT

High prevalence of anxiety continues to be reported among university students. For this reason, this research aimed to investigate the potential impact of parental marital status on anxiety among students of KCA University, Nairobi, Kenya. Specifically, the study sought to determine the prevalence of anxiety among university students at KCA University, to analyze the causes of anxiety among University Students at KCA University, to investigate the impact of parental marital status on anxiety among university students at KCA University and to assess coping strategies for anxiety among university students at KCA University. The theories adopted were the attachment theory and family systems theory. The study adopted the mixed method research design. The study targeted 1230 undergraduate students at KCA university. The systematic random sampling was used to select 123 second-year students. Primary data was collected using a questionnaire. Data was analyzed using both the Microsoft excel and the Statistical Package for Social Sciences (SPSS version 27). The analysis followed the objectives of the study where data on prevalence rates was presented using descriptive statistics of means, frequencies and percentages. For the objective involving finding relationships, inferential statistics was utilized. Correlational analysis was used to determine the association between the variables. Multiple regression analysis was used to determine the impact of parental marital status on anxiety in university students. The findings from this research had the potential to inform interventions and support services for university students, particularly those affected by parental marital disruption. The study revealed that the students at KCA University experience low levels of anxiety by a score of 0-21. This implied that parental marital status had a significant influence on anxiety among university students at KCA University. The study also found that variables were strongly correlated as shown by correlation coefficient value of 0.619. It was also noted that avoidance is a way of coping with anxiety. The study concluded that parental marital status significantly influences anxiety among students. It was concluded that a change in the parental marital status would result to a change in anxiety among university students at KCA University. The study recommends that the university should create a counselling office that would help to deal with mental health issues among the students. Further, the students should be made aware that they can seek help from the university in case they feel they have a meant problem. Students should be assured that their shared problems would be kept confidential, this would help students to feel more confident. The study recommends that the university should provide education about mental health to the students. The subject about mental health should be common to all students. This would help students to understand what mental health is.

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## **ACRONYMS AND ABBREVIATIONS**

ADHD	Attention Deficit Hyperactivity Disorder
API	Awaritefe Psychological Index
CBCL	Child Behavior Checklist
MDD	Major Depressive Disorder
SPSS	Statistical Package for Social Sciences

## TERMS AND DEFINITIONS

- Anxiety** It is an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure
- Coping strategies** they are cognitive and conductible efforts in order to manage stress and specific individual demands.
- Marital status** it is the state of being married or nor married
- Mental health** it includes emotional, psychological, and social well-being. It affects how individuals think, feel, act, make choices, and relate to others



# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of Study

Anxiety is a natural and common human emotion that can manifest as feelings of worry, fear, unease, or nervousness. It's often triggered by a perceived threat or stressor, and it can serve as a helpful response in certain situations. However, when anxiety becomes excessive, chronic, or uncontrollable, it can interfere with daily life and well-being, leading to an anxiety disorder (Yesilot, Demirci & Eskimez, 2022). There are several types of anxiety disorders, including: Generalized anxiety disorder (GAD) which causes people to experience excessive and persistent worry and anxiety about various aspects of life, such as work, family, or health, often with no specific trigger. Panic disorder which causes people to have recurrent and unexpected panic attacks, which are intense episodes of extreme fear and physical symptoms like heart palpitations, sweating, and trembling (Mutinta, 2022).

Another type of anxiety is social anxiety disorder which involves an intense fear of social situations and a strong desire to avoid them due to the fear of judgment or embarrassment. Specific phobias are extreme and irrational fears of specific objects or situations, such as heights, spiders, or flying (Shawahna, Hattab, Al-Shafei & Tab'ouni, 2020). Obsessive-compulsive disorder (OCD) involves intrusive, distressing thoughts (obsessions) and repetitive behaviors or mental acts (compulsions) aimed at reducing the anxiety associated with these thoughts. Post-Traumatic Stress Disorder (PTSD) occur after a person experiences or witnesses a traumatic event, leading to symptoms like flashbacks, nightmares, and severe anxiety (Pascoe, Hetrick & Parker, 2019). Separation anxiety disorder mainly seen in children, involves an excessive fear of being separated from caregivers. Agoraphobia is characterized

by a fear of situations where escape might be difficult, such as crowded places or open spaces, leading to avoidance of those situations (Mohebbi, Setoodeh, Torabizadeh & Rambod, 2019).

Anxiety may occur when a melancholy mood lasts for an extended period of time and interferes with normal, everyday functioning. Anxiety symptoms include, among other things, feeling unhappy or nervous frequently or all of the time, not wanting to undertake activities that used to be enjoyable, and feeling angry, easily frustrated, or restless (Belmaker & Agam, 2018). Anxiety's actual etiology is unknown. A mix of genetic, biochemical, environmental, and psychological variables may contribute to it (American Psychiatric Association, 2013). According to Belmaker and Agam (2018), persistent feelings of sadness, anxiety, or emptiness, feelings of hopelessness or pessimism, irritability, frustration, or restlessness, feelings of guilt, worthlessness, or helplessness, loss of interest or enjoyment in hobbies and activities, decreased energy, fatigue, or feeling slowed down are all indications of anxiety. Sometimes the signs of mental illness masquerade as physical ailments. For instance, a pounding heart, constricted chest, persistent headaches, or intestinal problems (Shun et al., 2021).

University years coincide with a critical period in the lives of youth when emotional and mental disorders commonly occur as youth transition from late adolescence into adulthood. A key risky behavior that the youth could exhibit is suicide, which is the second highest cause of mortality for college students after heavy alcohol and cannabis use (Yi et al., 2018). Being in the University requires rigorous academic input and in addition, for some students, there are additional stressors such as dealing with separation from the family of origin as well as numerous work and family responsibilities. A combination of these issues can be overwhelming, leading to exacerbation or commencement of mental health problems and substance use as a way to cope (Pedrelli, 2015). Given the uniqueness of university students,

there is a need to investigate critical issues related to parental marital status, which may contribute to anxiety.

Research done globally among university students finds high prevalence rates for mental disorders. Research done among undergraduate university students in the United States (2009 to 2019) on the prevalence of mental health disorders, found high prevalence rates for various mental disorders such as eating disorders (19%-48%), compulsive disorders (2%-12.27%), anxiety (22%), post-traumatic stress disorder (8%) and sleep disorders (9.4%-36%) (Kaur et al., 2021). According to Pittelli (2019), graduates in households where parents divorced are less likely to earn graduate degrees and are more likely to experience depressive symptoms than kids from parents who have been married their entire lives. According to Li, Jiang, and Zhang's (2018) research in China, students with divorced parents often struggle with anxiety. Olson and Defrain (202) found that marital instability may have an impact on youngsters by exposing them to potentially intense stress, and that this stress is linearly correlated with the amount of conflict that children are exposed to. Children in two biological parent homes had better health than those in single mother and grandparent-only households, according to research by Bramlett and Blumberg (2017).

Studies done elsewhere among universities students also find high prevalence rates for both mental disorders, alcohol and substance abuse. For example, a study among youth from Jimma University in Ethiopia found high rates of anxiety at 28.2% where being anxious predisposed the youth to risky sexual behaviors and violence (Ahmed et al., 2020). In Nigeria, an evaluation by Mustapha and Odediran (2019) on parental separation on youth self-esteem showed that parental separation results to anxiety among the youth. According to Elegbeleye, AKola-Taiwo, Igbokwe, and Olowookere (2018), the marital status of the parents did not

significantly influence the mental health of undergraduates. According to Uphold-Carrier and Utz (2018)'s research in South Africa, those who experienced parental divorce as children or adults are more likely to experience anxiety than people whose parents are still married. The findings of Strohschein's (2020) study revealed that children of divorced parents had noticeably poorer mental health issues.

Masese (2021) study among students sampled from Kikuyu campus, a branch of Nairobi University in Kenya found that students abused drugs to reduce stress or as a way to cope with academic, peer and family pressures among other individual factors. The abuse led to increased problems related to injuries, violence, road accidents, sexually transmitted diseases, unwanted pregnancies and academic problems. These heightened rates of mental disorders and risky behaviors warrant an investigation to find out the propagating and protective factors. Wambua (2021) discovered that adolescents with severe substance abuse disorders and co-morbid anxiety came from broken households.

Further, the COVID-19 pandemic led to increased mental health issues. The pandemic led to closure of businesses hence many households lost their source of income further resulting to broken families (Bear, 2020). The COVID pandemic enforced massive and rapid changes in the people lives. For university students, campuses closed down, courses shifted online, exams were cancelled and socialization was restricted. This led to increased psychological distress and anxiety among students (Mahdy, 2020). According to Parrish (2020), the era of COVID had of course made all students' lives more stressful. In 2020, more than half of students globally suffered from mental health.

According to a mental health survey carried out by the KCA university counseling department (Doc 2,2021) it was evident that about 70% of students who presented with anxiety

disorders indicated that they had family related problems which had an impact on their mental health status. This led to their acquisition of maladaptive behavior as a result of which impacted their emotional status leading to anxiety and depressive status.

The association between family disruptions caused by domestic abuse, separation or divorce are posited to negatively impact the mental wellness of youth causing mental disorders such as anxiety, attention deficit hyperactivity disorder (ADHD) and risky behaviors such as suicidality (Behere et al., 2017; Obeid et al., 2021). Parental involvement has been singularly pointed out as crucial towards lowering the occurrence of mental disorders and risky behaviors among youth (Baig et al., 2021). However, it is not clear cut to what extent the parental marital status can compromise parental involvement which inadvertently has an impact on mental wellness of youth. However, this needs further investigation and this study seeks to find out the relationship between parental marital statuses and its impact on the anxiety levels of the students.

## **1.2 Statement of the Problem**

Marital breakdowns have been associated with poor mental health outcomes and multiple risky behaviors. However, the association is not clear-cut as other personal factors may have a bearing in mitigating the adverse impacts of marital breakdowns on the mental well-being and risky behaviors among youth. A survey carried out by the counseling department (Doc 2,2021) at KCA University has reports on increased cases of anxiety among second-year students which has resulted to poor academic performance and high churn rates. Though anxiety is prevalent among university students in Kenya, KCA will be used as a case study. Studies have shown that parental divorce and separation negatively impact on the psychosocial wellbeing of the children. This study will fill the contextual and conceptual gaps.

It is against this background that the current study aimed at investigating the impact of parental marital status on anxiety levels among KCA university students in Nairobi, Kenya. This would hopefully lead to devising suitable and effective interventions for this particular group.

### **1.3 Purpose of the Study**

The study aimed at examining the relationship of parental marital status on anxiety among university students at KCA University, Kenya.

### **1.4 Objective of the Study**

The study was guided by the following specific objectives;

- i. To establish the prevalence of anxiety among university students at KCA University.
- ii. To analyze the causes of anxiety among University Students at KCA University.
- iii. To establish the relationship between parental marital status and anxiety among university students at KCA University
- iv. To assess coping strategies for anxiety among university students at KCA University.

### **1.5 Research Questions**

The study answered the following research Questions;

- i. What is the prevalence of anxiety among university students at KCA University?
- ii. What are the causes of anxiety among University Students at KCA University?
- iii. What is the relationship between parental marital status on anxiety among university students at KCA University?
- iv. What are the coping strategies for anxiety among university students at KCA University?

## **1.6 Assumptions of the Study**

The study assumptions were as follows:

- i. There is prevalence of anxiety among university students at KCA University.
- ii. There are numerous causes of anxiety among University Students at KCA University.
- iii. There is a relationship between parental marital status on anxiety among university students at KCA University.
- iv. There exist coping strategies for anxiety among university students at KCA University.

## **1.7 Significance of the Study**

This study may benefit the KCA University's counseling department by enlightening them on the impact of parental marital status on anxiety in university students. This would inform the interventions that they would put in place while providing counselling services to reduce the cases of anxiety among students.

In addition, it would add onto the dearth of knowledge regarding the mental disorders and risky behaviors observed among youth. Furthermore, it may create awareness among the youth to help them understand the problems they experience which may prompt them to seek better coping mechanisms.

The study may also benefit the stakeholders by helping them to develop programs to empower communities and help them focus on how to help youth undergoing mental health problems and risky behaviors as a result of parental marital breakdowns. Further, mental health practitioners can use the information in the development of relevant policies to help cope with anxiety. These therefore are the reasons why the study was found imperative.

## **1.8 Scope and Limitation of the Study**

This study limited itself to impact of parental marital status and its impact on anxiety in university students. Only university students from KCA University which is a private university, was sampled for the current study and hence the results may not be generalized to other youth attending tertiary colleges and other universities worldwide.

There were possible delimitations that helped define the scope and boundaries of the study, guiding both the researchers and the readers in understanding the context within which the findings can be applied and interpreted. The study was specifically focused on examining the impact of parental marital status on anxiety in university students. It did not aim to explore other factors that might contribute to anxiety. The study's scope was also limited to the influence of parental marital status on anxiety. It did not consider other familial or external factors that might also play a role in these mental health outcomes. Therefore, the findings might not be applicable to students from other universities or colleges, whether public or private.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter covers empirical review, conceptual and theoretical framework on variables under study.

#### **2.2 Literature Review**

The empirical review presented a detailed discussion of the key variables that related to the study. This was guided by the specific objectives of the study which were: to determine the prevalence of anxiety among university students at KCA University, to investigate the impact of parental marital status on anxiety among university students at KCA University and to assess coping strategies for anxiety among university students at KCA University.

##### **2.2.1 Prevalence of Anxiety**

According to Snyder and Lopez (2020), anxiety frequently occurs during or just before college age and can be triggered by a number of developmental and psychological factors. The psychosocial development theory states that the adolescent stage and the developmental stage of young adult college students (18–24 years old) are intertwined. Isolation, hesitation, and intimacy-isolation crisis might ensue from the identity confusion of this earlier stage, which can lead to poor and surface-level intimate relationships (Shapiro, Carlson, Astin, & Freedman, 2016). The young person may struggle to meet their aspirations for their performance in school, the workplace, and their relationships with reality as they enter adulthood. Conversely, the identity establishment work may not be a typical aspect of their growth, but rather a confusing and challenging experience for them (Arnett, 2017).

In general, 1 in 6 persons will experience anxiety at some point in their lives. According to the American Psychiatric Association (2013), around 16 million American individuals experience anxiety each year. Anyone can experience anxiety, and it can strike at any age and in any kind of person. Many people who occasionally suffer anxiety often struggle with other mental health issues. Extreme and uncontrollable sensations of fear, concern, discomfort, and/or panic plague those with anxiety disorders (Kessler et al., 2015). These emotions may persist for a long period and can interfere with their regular routines. Anxiety disorders are among the most prevalent mental illnesses; they are commonly associated with other disorders and are classified as internalizing disorders as a whole.

According to figures from around the world, 13.3% of teenagers and 7.1% of adults were predicted to have anxiety disorders in 2017 (WHO, 2020). According to the National Institute of Mental Health (NIMH) (2021), about 19.1% of U.S. adults had an anxiety disorder in the past year. Specific disorders like GAD, panic disorder, and social anxiety disorder have varying prevalence rates. The prevalence of anxiety disorders in European countries also varies, but they are generally common. Estimates range from around 6% to 10% of the population.

Studies from throughout the world show that young people attending universities have very high incidence rates for several mental diseases. In a study by Kaur et al. (2021) conducted in the United States, it was shown that college students had a variety of mental problems, with prevalence rates ranging from 2% to 48%, with anxiety and eating disorders having the highest prevalence rates. In a different study, (Shun et al., 2021) among 167,484 young people from low-income and middle-income countries, (boys, 47.3%; girls, 52.7%), varying prevalence rates for psychological distress were discovered. These rates included loneliness, anxiety-

related insomnia, suicidal ideation, and lack of close friends at rates of 10.7%, 9.1%, 13.6%, and 6.4%, respectively.

According to a study on the prevalence of anxiety, specific phobias account for the majority of reported anxiety in the general population (13.2%), with social anxiety disorder (5.6%) and generalized anxiety disorder (5.1%) coming in second and third, respectively (January, Madhombiro, Chipamaunga, Ray, Chingono, & Abas, 2018). But social phobia was the most common type of anxiety among students, accounting for 11.9% of cases. It began at a young age, whereas panic disorder and generalized anxiety disorder (GAD) started at a slightly later age (Baldwin, Anderson & Nutt, 2016; Blanco, Okuda & Wright, 2018). According to Kessler et al. (2015), another comprehensive analysis that assessed the prevalence of anxiety and depression found that 35% of college students had anxiety.

Research conducted on overseas students at a US university found that 24% of them experienced anxiety symptoms and 45% of them had depression symptoms (Shadowen, Williamson, Guerra, Ammigan, & Drexler, 2019). According to Tam, Lo, and Pacheco's (2019) findings, 41% of students in a sample survey conducted in northern Japan had signs of anxiousness. According to a study conducted in Japan, the percentage of students experiencing anxiety symptoms was 37.1%, greater than the percentage of domestic students (29%). (Nguyen, Le, & Meirmanov, 2019).

Chi, Cheng, and Zhang's (2023) systematic review and meta-analysis examined the prevalence and trend of anxiety among graduate students worldwide. to assess the overall frequency of anxiety among postgraduate students and calculate any variations in it using a meta-analysis. Quantitative studies on the prevalence of anxiety among graduate students published before 2022 were systematically retrieved to the SAGE, ERIC, EBSCO, Wiley,

ScienceDirect, ProQuest, PubMed, EMBASE, and Web of Science databases. The random-effects model was used to synthesis the prevalence of anxiety, and subgroup analysis was carried out based on the features of the study and the subjects (gender, region, and educational level). According to the results, 34.8% of graduates experienced anxiety. Particularly, 10.3% experienced severe anxiety, 15.1% experienced moderate anxiety, and 19.1% experienced mild anxiety. Additionally, since 2005, its prevalence has been trending rising. Additionally, anxiety levels were comparable for male and female students (26.4% vs. 24.9%), with master's students suffering slightly less than doctorate students (29.2% vs. 34.3%).

Samreen, Siddiqui, and Mothana (2020) investigated the prevalence of anxiety and related factors among Saudi Arabian pharmacy students. The purpose of this study was to evaluate the prevalence and related variables among Saudi Arabian university pharmacy students. The study employed a cross-sectional design, and self-administered questionnaires on paper were utilized to collect data over the course of two months 8. The study participants' anxiety was measured and categorized using the General Anxiety Disorder-7 (GAD-7) scale. Pharmacy students reported a 49% anxiety prevalence, of which 25.9% had mild anxiety, 14.1% had moderate anxiety, and 8.8% had severe anxiety. The anxiety scores varied statistically significantly based on the type of faculty and nutritional status. The results showed that anxiousness was a common study problem for half of the pharmacy students at the university. Most of them, nevertheless, are only having mild to moderate symptoms.

Mahihu (2020) conducted research at Southern Medical University, P. R. China, on the prevalence of anxiety and depression among overseas students pursuing health-related careers. The purpose of this study was to ascertain the prevalence of anxiety, depression, and related conditions among international health professions students. A descriptive cross-sectional

research design was used for this investigation. Using the Hospital Anxiety and Depressive Scale (HADS), 114 international students at Southern Medical University (SMU) were selected, and during the 2019–2020 academic year, their mental health was assessed. To ascertain the prevalence of anxiety and depression, descriptive statistics were used, such as percentages and frequencies. The study employed multiple linear regression analysis to investigate the relationships between anxiety and depression and socio-demographic variables. Anxiety and depression were shown to be prevalent in 36% and 52.63% of people, respectively. Ph.D. students had the highest level of despair, while undergraduate students studying medicine and postgraduates seeking master's degrees in laboratory science and plastic surgery had the highest levels of anxiety (60%) of any group.

In the Gauteng Province of South Africa, Manana, Ntuli, Mokwena, and Maaga (2020) investigated the prevalence and risk factors for anxiety symptoms among student nurses. The purpose of the study was to determine the sociodemographic risk factors associated with anxiety symptoms and their prevalence among nursing students in the South African province of Gauteng. Methods: In the first week of June 2022, SG Lourens and Chris Hani Baragwanath nursing colleges hosted this cross-sectional descriptive study. The third- and fourth-year nursing students enrolled in the two nursing colleges who were at least eighteen years old were chosen using a deliberate sample technique. To measure anxiety symptoms, a seven-item Generalized Anxiety Disorder scale was employed. 74.7% of people reported having anxious symptoms. The fourth academic year of study, attending Nursing College B, and substance use were found to be significant predictors of anxiety symptoms in these nursing students. The study found that anxiety symptoms were rather common. Among the factors that predicted the

development of anxiety were being a student at nursing college B, being in the fourth year of school, and currently using psychoactive substances.

Marlow, Skeen, Grieve, Carvajal, and Åhs (2023) conducted study on the identification of anxiety and depression in South African teenagers. The study looked at the criterion validity of the PHQ-9 and GAD-7 isiXhosa versions in identifying anxiety and depression in South African adolescents aged 10 to 19. The study looked at the criterion validity of the PHQ-9 and GAD-7 isiXhosa versions in identifying anxiety and depression in South African adolescents aged 10 to 19. Teenagers in need of mental health assistance were gathered from both the general public and nongovernmental organizations. After being translated into isiXhosa and culturally adjusted, the PHQ-9 and GAD-7 were given to 302 teenagers, 56.9% of whom were female. Trained doctors used the Kiddie Schedule for Affective Disorders and Schizophrenia as the gold standard diagnosis tool for anxiety and depression. The area under the curve for the PHQ-9 was 0.88 for the entire sample of teenagers (10–19 years old). Teenage depression was detected with 76% specificity and 91% sensitivity when a score of 10 was obtained. The area under the curve for the GAD-7 was 0.78, and low cutoff scores were associated with an ideal sensitivity-specificity balance (6). a specificity score for identifying anxious teenagers.

Anosike, Anene-Okeke, Ayogu, and Oshigbo (2020) investigated the prevalence of anxiety and depression as well as first-year medical, nursing, and pharmacy students' attitudes toward asking for help. This study sought to determine how common anxiety and depression were among first-year medical, pharmacy, and nursing students at a Nigerian university as well as how they felt about getting help from professionals. A cross-sectional descriptive survey of all first-year medical, nursing, and pharmacy students was conducted for this study. The Patient Health Questionnaire, Generalized Anxiety Disorder Scale, and Attitudes Toward Seeking

Professional Psychological Help Scale were among the self-administered, paper-based instruments utilized. For data analysis, descriptive statistics, Pearson correlation, and the Chi-square test were employed. Among the individuals, anxiety was more common at 61.7% and depression at 71.8%. Merely 24.9% of the respondents indicated that they would be open to seeking out expert psychiatric assistance. The incidence of anxiety and depression was adversely correlated with attitudes toward seeking professional help. Depression and anxiety were linked to age, alcohol consumption, smoking, and food choices. There was no correlation between any demographic variable and the participants' opinions on obtaining professional treatment.

The frequency and correlates of stress, anxiety, and depression among Nigerian undergraduate pharmacy students were investigated by Aluh, Abba, and Afosi (2020). This study looked at the prevalence of stress, anxiety, and depression among Nigerian undergraduate pharmacy students as well as the sociodemographic variables that are related to these conditions. Techniques: An online cross-sectional descriptive survey was used for the study, and students from seven Nigerian pharmacy schools participated. A Google Form was made available to people who consented to take part in the research. IBM Statistical Product and Services Solution for Windows version 21.0 was used to analyze the data. There were 44.6%, 63.5%, and 35% prevalence rates of stress, anxiety, and depression, respectively. Stress and anxiety were discovered to have a substantial correlation with depression. Stress and anxiety were discovered to have a substantial correlation with depression. The year of study and perceived academic success were substantially connected with depression, anxiety, and stress ratings. Gender, cigarette smoking, type of accommodation, and stress, anxiety, and depression levels did not significantly correlate.

The incidence of anxiety symptoms and related characteristics among Nigerians just deployed to the National Youth Service Corps program in North-Western Nigeria were studied by Amoko, Ayodapo, Dele, and Abitare (2021). This study was conducted in North-Western Nigeria to ascertain the incidence of anxiety symptoms and evaluate the risk variables among recently enrolled national youth service corps (NYSC) participants. During the course of three weeks, 157 corps members from the 2018 Batch-C were recruited for a clinic-based descriptive cross-sectional study using a convenient sample approach and self-administered questionnaires at the Dakingari orientation camp in Kebbi State. The Hospital Anxiety and Depression Scale's anxiety subset was used to calculate the prevalence of anxiety symptoms. Chi-square was used to evaluate the strength of the relationship between anxiety symptoms and certain factors after data were analyzed using SPSS-16. Anything below a 0.05 P-value was deemed statistically significant. The responders had a 50.0% prevalence of anxiety symptoms. The age of the respondents and the occurrence of anxiety symptoms were significantly correlated.

In Africa, a study on the prevalence of anxiety in Uganda was conducted by Kaggwa, Najjuka, Bongomin, Mamun, and Griffiths (2022). To ascertain the combined prevalence of anxiety and the prevalence of anxiety across various study populations in the nation, a thorough review and meta-analysis were conducted. The PubMed, Scopus, PsycINFO, African Journal Online, and Google Scholar databases were used to find the papers for the review. Anxiety was present in a total of 30.2% of people. Compared to the pre-pandemic period, anxiety was more common during the COVID-19 pandemic. The prevalence of anxiety was highest among refugees, then among war victims, HIV-positive people, postpartum or pregnant women, college students, kids and teenagers, and healthcare providers.

Musyoka et al. (2020) conducted a study in Kenya on university students' mental health. The study's target audience was university of Nairobi students. The data was gathered through interviews. The prevalence of lifetime and present alcohol and drug usage among 406 (507% male) students from Nairobi University was quite high, at 25% and 20% for male and female students, respectively. Additionally, the pupils misused tobacco and other drugs, with 7% and 8% abuse respectively. At 13%, polysubstance usage was also widespread. The largest risk for drug and alcohol abuse, which resulted in poor mental health, was among students living in dorms. Therefore, university students need urgent treatments that concentrate on the predisposing factors.

### **2.2.2 Impact of Parental Marital Status on Student's Mental Health**

The biological, social, and psychological demands of the family, which serves as the cornerstone of the human community, best define this social unit. Through the ages, families have endured as enduring social relationships. The marital status of the parents has a big impact on how the family functions. Apart from other factors, the quality and features of the family environment have a significant impact on the outcomes of children since they serve as the fundamental building blocks for learning and socializing (Jeynes, 2010). Numerous studies on parental marital status and mental health have been conducted.

Globally, an analysis of the association between parental marriage quality and adolescent psychological well-being was conducted in Indonesia by Wahyuningsih, Kusumaningrum, and Novitasari (2020). The Ministry of Research and Technology in Indonesia subscribes to EBSCOHOST and PROQUEST, which were used to conduct research on marriage quality and psychological well-being. 23 pertinent studies were examined in a meta-analysis for the study. The findings suggested that good parental marriages are associated

with high psychological well-being, good parental marriages are associated with low psychological well-being, bad parental marriages are associated with high psychological well-being, and bad parental marriages are associated with low psychological well-being.

In United States, Waithka (2021) investigated the possibility that a student's mindset is influenced by their relationship with their parents. This study looked at how college students' fixed and growth mindsets were affected by their parents' nurturing. A total of 167 adult college students—137 female and 30 male participants—were involved in the data collection process. The subjects finished a demographic questionnaire, twenty items on the Mindset Scale, twenty items on the Parental (Mother) Nurturance Scale, and twenty items on the Parental (Father) Nurturance Scale. A One-Way ANOVA revealed a substantial difference between conventional and non-traditional students' growth mindsets, which demonstrated high levels of social support and life satisfaction.

Lui (2020) researched on parents' impact on children's school performance: marital satisfaction, parental involvement, and mental health. Using a sample of Chinese parents and kids from Hong Kong, the study sought to develop a conceptual model of the mediating variables between parents' marital satisfaction and kids' academic achievement. Parental participation, psychopathological symptoms in parents, internalizing conduct in children, and school engagement were the mediators. Through two pathways—parents' psychopathological symptoms, children's internalizing behaviors, and school engagement as mediators—parents' marital satisfaction had a significant indirect effect on children's academic performance, according to structural equation modeling.

Li, Jiang, and Zhang (2018) conducted research in China on how marriage affects children's mental health. The purpose of the study was to investigate the effects of parent-child

and marital interactions on children's mental health. 19,487 students from the 2013–2014 baseline China Education Panel Survey were among the participants. The data was analyzed using structural equation modeling, and the findings showed that parent-child and marital connections had a good impact on children's mental health. The interaction between parents and children served as a mediator between marital relationships and the mental health of children.

In China, When Yan, Yu, and Lin (2013) studied how parents assessed social support and the mental health of their kids, they discovered that parent-child relationships and parental marriage quality served as a chain of mediation. This study aimed to explore the mediating roles of parents' marital status and parent-child relationships, as well as the relationship between parents' views of social support and their children's mental health. Using the Multidimensional Scale of Perceived Social Support, the Parental Marital Quality Scale, the Child-Parent Relationship Scale, and the Strengths and Difficulties Questionnaire, 822 parents of young children (with 50% of them being fathers) in Changchun, Jilin Province, China were polled. It was discovered that there was a simple mediating function, as well as a chain mediating role, between parents' perceptions of social support and their children's mental health, and that parental marital quality and parent-child interactions. This suggests that providing parents with a strong network of social support enhances marriages, parent-child interactions, and the mental health of children.

Pittelli (2019) investigated the relationship between parental divorce and higher educational attainment as well as the mental health of African children. Using data from the National Longitudinal Survey of Youth 1997 (NLSY97), a nationally representative sample of over 9,000 people, the study outlined hypotheses that relate parental divorce, mental health,

and graduate level academic success among children. The results show that, compared to children whose parents have been married their entire lives, children whose parents divorce are less likely to finish a graduate degree and are slightly more likely to exhibit signs of worry and despair.

Elegbeleye, AKola-Taiwo, Igbokwe, and Olowookere (2018) conducted research on the relationship between parents' marital status and undergraduates' mental health condition in Nigeria. This cross-sectional study looked at how undergraduates' mental health varied depending on their parents' marital status. The Awaritefe Psychological Index (API), which assesses mental health state, was completed by 156 undergraduates chosen from three higher education institutions. At the 0.05 level of significance, two hypotheses were evaluated, and the results showed that while the type of higher institution strongly influenced undergraduates' mental health status, the marital status of the parents did not. It was suggested that educational institutions get more active in assuring the students' mental health and wellbeing because this study showed that the place of study is an effective predictor of undergraduates' mental health condition.

Wambua (2021) conducted research in Kenya on the impact of parental divorce and separation on teenagers' psychological wellness. The study looked at how parental separation and divorce affected the psychosocial wellness of teenagers in a few secondary schools in Kenya's Kajiado North Sub-County. A descriptive survey research design was used for the investigation. All of the school counselors and Form Two students in day secondary schools in the five wards/zones of Kajiado North Sub-County were the study's target population. In order to choose the study region and the participating schools, purposeful sampling was used. The questionnaire given to the students and the counselors' scheduled interviews were used to

gather the data. Statistical Package for Social (SPSS, version 23) was used to examine quantitative data using descriptive statistics. It was discovered that the children's psychosocial wellbeing had been harmed by parental divorce and separation. Uninvolved parents criticize the behaviors and interests that their children engage in; this is the opposite of approbation, and it is because of this that the child is not protected from acquiring psychiatric disorders. Anxiety problems, bipolar mood disorders, and substance addiction disorders later in life are all linked to untreated mental health issues in youth. Youths with significant substance abuse problems and co-morbid anxiety have also been demonstrated to come from broken families. It has been demonstrated that anxiety is linked to youth suicide behavior, which is a serious issue in many nations given that it is the third greatest cause of death among adolescents.

### **2.2.3 Relationships through Which Parental Marital Status May Influence Anxiety**

There are many mental health risks associated with each stage of life's growth. Comparatively to other populations, college students who are in the emerging adulthood developmental stage are more likely to experience anxiety (Curtis, 2010). These include the transition from high school to college and the transition from adolescence to early adulthood (Sugiarti, Geshica, Prabowo, Rachmawati, Alkarisya, & Mulyaningrum, 2018; Arnett, 2013). This is because they experience a number of transformations. According to Curtis (2010), these shifts may result in psychological issues such as identity loss, loneliness, and isolation. Family dysfunctions, psychological features (high neuroticism and low extraversion), low optimism, low resilience, and a lack of social support, according to Sugiarti et al. (2018), could all be factors in anxiety.

College students' psychological suffering and their parents' marital status were the subjects of research by Geshicaa and Musabiq (2020). The primary aim of the study was

investigating the relationship between the marital status of parents and psychological distress among Indonesian college students. The Hopkins Symptom Checklist-25 in Bahasa Indonesia was used to measure psychological distress (HSCL-25). Descriptive statistics revealed that a significant proportion of the individuals experienced high levels of psychological discomfort. Compared to those raised by widowed or divorced parent(s), participants raised by married parents typically experience less psychological suffering. Each aspect's study revealed that participants raised by widowed parents experienced higher levels of anxiety compared to those raised by married parents. In the meantime, compared to those raised by married parents, those raised by divorced parents experienced higher levels of despair.

Wallenborn (2019) conducted research on children's internalizing disorders and marital status disruptions internationally in the United States of America. The purpose of the study was to examine the association between marital problems and childhood internalizing disorders in a prospective cohort. The study's data on fragile families and children's wellbeing were used. There was a significant difference in the Child Behavior Checklist (CBCL) score between children in married and unmarried families at the age of three (95% CI: 0.09-0.12; p.0001), according to comparisons between marital status groups at each time point. After controlling for covariates, differences in CBCL score according to marital status were not significant at 5 and 9 years. When children are 3 years old, parent marital status was linked to a higher CBCL internalizing behavior score, but as they become older, the link diminishes.

Peterson and Zill (2016) studied child behavior problems, parent-child relationships, and marital discord. This study examined the impacts of marriage disruption on children's behavior, taking into consideration variations in post-disruption living arrangements, the influence of parent-child ties, and the impact of marital conflict. The study used 1,400 12- to

16-year-olds from a national sample that was gathered in 1981. The detrimental effects of disruption were particularly noticeable and linked to a higher frequency of various behavioral problems with repeated marital transfers. The negative effects are mitigated if the child continues to live with the same-sex parent or maintains close contact with one or both parents following the divorce. Moreover, connected to behavioral problems in intact households. Additionally linked to behavior issues in intact families is high, ongoing conflict.

In Indonesia, Geshicaa and Musabiq (2018) studied the psychological unease of college students and the marital status of their parents. The primary objective of the study was to look into the connection between the psychological discomfort of college students and the marital status of their parents. Students 1024—297 males and 727 women—from various Indonesian colleges made up the sample. The Hopkins Symptom Checklist-25 (HSCL-25), translated into Bahasa Indonesia, was used to gauge psychological discomfort. The findings of the descriptive statistics demonstrated that the majority of individuals had significant psychological suffering. Participants raised by married parents typically experience less psychological suffering than those raised by parent(s) who are widowed or divorced. Those who were raised by widowed parents exhibited higher levels of anxiety than those who were raised by married parents, according to the study of each factor. Those who were reared by divorced parents experienced more anxiety than those who were raised by married parents. This demonstrates how a parent's marital status impacts a child's mental health.

During COVID-19 in Oman, Al Shekaili (2022) conducted study on variables linked to anxiety-related diseases in children and adolescents. The purpose of the study was to look at the frequency of anxiety-related disorders and the factors that influence them in kids and teenagers in Oman, a nation in the Arabian Gulf. This cross-sectional analytical investigation

was conducted in Oman during the COVID-19 epidemic over a two-week period. The online survey, which asked questions about basic sociodemographic information and included the parent version of the Screen for Child Anxiety Related Disorders (SCARED-41) scale, was given to parents to complete. Utilizing logistic regression, the contributing factors linked to disorders connected to anxiety were found. Three demographic characteristics were shown to be strongly correlated with anxiety-related problems in children, according to a logistic regression study. According to the model, children of separated or divorced parents had a 1.9-fold increased risk of anxiety-related disorders compared to children of married couples. Compared to households earning USD 4,000 per month, children from lower-income families were 1.8 times more likely to suffer from anxiety-related problems. Compared to students in grades 1-2, children in grades 3-6 had a 1.8-fold higher likelihood of anxiety-related disorders.

Luijkx (2020) investigated the moderating effect of perceived parenting style on the relationship between anxiety in teenagers and family status. The study looked into whether parenting practices could mitigate the negative relationship between anxiety in adolescence and family status. Using the SCARED and LAPPS measures, respondents provided answers to questions on anxiety and how they regarded different parenting philosophies. In terms of family status, divorced households made up 32.8% of the participants. The findings showed that perceived parenting styles did not significantly modify the association between family status and adolescents' anxiety, and that family status was not significantly correlated with adolescents' anxiety. Adolescents who thought their parents were parenting them well showed less signs of anxiousness than those who thought their parents were parenting them poorly.

According to a study by Størksen (2016), children in Norway, aged 13 to 19, who have divorced parents exhibit more symptoms of anxiety than children from intact households. It

was discovered that these effects persisted for eight years following the divorce. Peleg-Popko and Dar (2020) conducted studies on family dynamics, children's anxieties and social anxiety, and marriage quality. This study looked at the connections between social anxiety, children's anxieties, family dynamics, and marital quality. The study focused on two different family patterns: cohesiveness and adaptation. Mothers in northern Israel finished the FACES-III (adaptability and cohesiveness), the FSSC-R (fears), the SASC-R (social anxiety), and the ENRICH (abridged, for marital quality) in Hebrew. Social anxiety in children was positively connected with family cohesion and adversely correlated with marital quality. The degree of family flexibility and marital quality was adversely correlated with the anxieties of particular kids. Specific phobias showed a strong correlation with children's social anxiety. The study came to the conclusion that children from tight, blended homes or from poor marriages might be more likely to have severe anxiety and social anxiety

Lubby (2015) conducted study on preschool major depressive disorder in South Africa, providing early support for the developmentally adjusted DSM-IV criteria. Subjects between the ages of 3.0 and 5.6 years were obtained from community and clinical venues for a comprehensive assessment that included an age-appropriate psychiatric interview with the parent discussing the child. The formal DSM-IV MDD criteria were evaluated with a few minor developmental adjustments, such as translating symptoms to represent manifestations at the right age and removing the length requirement. Modified criterion preschoolers were contrasted with psychiatric and typical control groups. Children of separated, divorced, or single parents were more likely to fulfill the preschool diagnostic criteria for MDD, according to the study. Additionally, children with separated or divorced parents were more likely to experience conduct issues, mood disorders, and drug abuse in the future.

According to estimates from Kenya, 43% and 13%, respectively, of school-age Kenyan children had clinically heightened anxiety and anxiety symptoms (The Lancet, 2017). Osborn, Wasanga, and Ndeti (2002) calculated that 26% of Kenyan youths reported having clinically high anxiety symptoms. This demonstrates how common youth anxiety is among young people in Kenya. The shift from childhood to adulthood may be the cause of anxiety in young people. The familial environment can also have an impact on children's mental health. Children's poor mental health is related to marital strife.

#### **2.2.4 Coping Strategies for Anxiety**

Coping methods describe the various ways people deal with challenging emotions, problems, and stressful situations. Individual coping preferences can differ from one individual to the next and be impacted by a variety of factors, including personality, upbringing, culture, and personal experiences. Active coping and passive coping are the two categories of coping techniques. While the latter involves avoidance, withdrawal, and denial, the former refers to tackling a situation immediately and logically. Active coping strategies work better at facilitating emotional adjustment to ongoing stressful situations than avoidant coping strategies (Lin, Probst & Hsu, 2010). Similarly, according to Nwaogu, Chan, and Tetteh's (2022) explanation, problem-focused coping behaviors include planned problem solutions, positive reappraisal, seeking social support, and confrontive coping while emotion-focused coping behaviors include accepting responsibility, avoiding, self-controlling, and distance.

Globally, the effects of stress on anxiety and suicidal ideation are mitigated by protective factors. In order to lessen the risk of additional episodes occurring when anxiety is present, it seems vital to restore protection. An intriguing strategy to use when trying to get

nervous adolescent students to think more positively and less dysfunctional is to emphasize the positive (Mukhtar, 2020). According to Wang and Xia (2021), a positive coping style is successful for psychological discomfort whereas a negative coping style fails. According to Li (2019), utilizing only problem-focused coping is linked to a high level of post-traumatic stress disorder, but combining both emotion- and problem-focused coping is better for mental status. While Guo and Feng (2020) suggested that problem-focused coping is linked to less mental health issues, emotion-focused coping may result in more issues with mental health.

Genc (2016) found that coping mechanisms acted as mediators in the connection between exam anxiety. The purpose of this study was to ascertain whether there were any correlations at all between test anxiety level, coping mechanisms, and success attained. A sample of 263 students from the University of Novi Sad's Faculty of Philosophy's German Studies and Psychology departments participated in the study. The findings showed that the association between test anxiety level and success was only significantly mediated by emotion-focused coping techniques. The findings showed that on a pre-exam knowledge test, students with high test anxiety who primarily use emotion-focused coping mechanisms perform worse.

During the COVID-19 Pandemic, Malaysian medical students' psychological resilience and coping mechanisms for anxiety were identified by Ang, Koh, and Pang (2023). A postsecondary education center provided the respondents. Anxiety prevalence was 37%, with moderate anxiety being 21.6% and severe anxiety being 15.4%, respectively. Anxiety was substantially correlated with sociodemographic parameters like age group and academic year, however people who had higher levels of self-efficacy, self-competence, self-liking, and self-esteem also had lower levels of anxiety. On the other hand, anxiety levels were higher in individuals who utilized dysfunctional and emotion-focused coping strategies. As a risk factor

and a protective factor, dysfunctional coping and self-liking were the main predictors of anxiety. Thus, developing resilience and fostering healthy coping mechanisms are essential to preparing our future generation of healthcare professionals to endure unforeseen calamities.

Neville (2022) conducted study on how college students view anxiety and coping. The study concentrated on the anxiety that college students felt and how they dealt with it by using the coping techniques discussed before. Nearly 50% of the participants stated that they occasionally use alcohol as a coping mechanism for their worry. Turner et al. (2018) state that people may turn to drugs like alcohol as a coping mechanism for stressful situations. People who engage in this kind of negative coping have a higher risk of acquiring drug use problems. For this reason, treating anxiety and disorders associated to it requires proactive and timely measures. On the other hand, it was found that half of the sample used physical activity or exercise as a constructive coping mechanism. This result was noteworthy since, according to Pontifex et al. (2021), a study on the relationship between exercise and anxiety showed that physical activity can have a favorable effect and lessen symptoms associated with anxiety.

Research on students' perceptions of stress, anxiety, and coping mechanisms was conducted by Shpakou et al. (2023). According to the survey, students were proactive in their coping strategies but preferred to put off making crucial decisions. Although respondents with COVID-19 exhibited higher levels of concern for their personal feelings, a tendency to vent emotions through alcohol or other substances (male), and a stronger reliance on religion (female), seeking social support was a common coping method).

Morales-Rodríguez and Pérez-Mármol (2019) investigated the relationship between anxiety and coping mechanisms in college students. The primary goal of this study is to examine how anxiety, coping mechanisms, and emotional intelligence relate to self-efficacy

levels in Spanish university students. The design of this study is cross-sectional. Regression analyses that were descriptive, bivariate, and multivariate were carried out. Self-efficacy was found to be positively correlated with the emotional intelligence characteristics of emotional clarity and repair mood as well as the coping methods of problem, emotional expression, cognitive restructuring, social retreat, and coping with a scenario. According to Denovan and Macaskill (2019), university students use a variety of coping mechanisms in stressful circumstances, including self-control, optimism, and hope. These mechanisms help the body change and adapt.

Freire (2020) assessed university students' self-efficacy and coping mechanisms. Four approach coping profiles were found: high generalized use of approach coping techniques, low generalized use of approach coping methods, social approach coping approaches predominating, and cognitive approach coping approaches predominating. The profile revealed a stronger mix of the three anxiety-reduction techniques. These findings imply that promoting adaptability in coping mechanisms could lessen anxiety in college students. Approach methods, according to Zimmer-Gembeck and Skinner (2016), contain behavioral and cognitive mechanisms intended to make an active response to the stressor, modifying the issue directly (primary control) or the unpleasant emotions connected to it (secondary control). These tactics fall under the following categories: preparation, targeted action, emotional and instrumental support seeking, positive situational assessment, and acceptance. Evasive techniques include behavioral and cognitive coping mechanisms including denial, wishful thinking, and distraction that are employed to get away from a stressful circumstance (Tran and Lumley, 2019).

Mahmoud (2021) investigated the associations between a few key demographics, life satisfaction, coping mechanisms, anxiety, and cognitive styles in young adult college students. A sample of young adult college students was used to assess the psychometric qualities of the Depression Anxiety and Stress Scale (DASS-21), a 21-item reduced version of the original instrument. The DASS-21 is a relevant and trustworthy tool for differentiating between anxiety and depression in this population, according to the results. Second, an assessment was conducted to determine the respective contributions of students' coping style, life satisfaction, and demographics to their anxiety levels. Students' anxiety was found to be mostly predicted by their maladaptive coping technique. In particular, anxiety was significantly predicted by coping mechanisms associated with negative beliefs, such self-blame, and cognitive avoidance, like denial. Substance abuse and other behavioral coping mechanisms like venting did not significantly predict anxiety.

Anxiety was strongly connected with avoidant coping mechanisms (e.g., blaming others, wishful thinking, resignation, negative emotion regulation, and diversion) (Smith et al., 2013). According to Wolgast and Lundh (2017), adaptive coping techniques like problem-solving, social support seeking, emotional regulation, and cognitive restructuring are significant indicators of positive psychological adjustment and reduced anxiety. According to Jaser and White (2018), the counsel and comfort that significant others offer as social support can improve an individual's ability to adjust to stressful conditions.

According to Algorani and Gupta (2023), there are four main types into which coping is typically divided: problem-focused coping, emotion-focused coping, meaning-focused coping, and social coping. Problem-focused coping entails tackling the source of suffering head-on by applying strategies like planning and problem-solving techniques to successfully

handle the issue. Through the use of techniques like positive reframing, turning to religion, or employing humor as a form of emotional control, emotion-focused coping seeks to lessen the unpleasant emotions associated with the situation. Furthermore, meaning-focused coping entails people using cognitive coping methods to construct and regulate the meaning of the circumstances they are encountering. Social coping is asking for help from people to help you cope with stress. To get support, one can turn to their community or social network for emotional or practical assistance (Algorani & Gupta, 2023).

In Kenya, Chesire and Adeli (2018) conducted research on coping mechanisms for anxiety among Kenyan university medical students. The purpose of this study was to determine how Kenyan university medical students coped with anxiety and used counseling and medical services. This mixed-method research study used a biographical form and a structured interview schedule to collect data in a descriptive cross-sectional survey design. The analysis of lifetime prevalence, use of counseling, and use of medical services was done using descriptive statistics. Examining anxiety coping mechanisms involved both descriptive and qualitative investigation. According to the findings, a small percentage of medical students used medical (40.8%) and counseling (8.9%) treatments to control their anxiety. Most people (90%) admitted to asking their friends for advice, using alcohol (80%), and participating in sports (50%).

### **2.3 Theoretical Framework**

The theoretical framework to explore the relationship between parental marital status and anxiety among KCA University students can be constructed based on several relevant theories and concepts from psychology and sociology. The theories adopted are the attachment theory and family systems theory.

### **2.3.1 Attachment Theory**

The theory was advanced by Bowlby in 1950. The idea focuses on how interpersonal ties are created and maintained, as well as how these bonds relate to mental health and wellbeing. It places a focus on the connections made throughout infancy and childhood and how they affect a person's interpersonal behaviors, reactions, and cognitive assessments over the course of their lifetime (Walborn, 2014). Early interactions with caregivers are thought to influence the development of "working models" that operate as a blueprint for future relationships and help people cope with discomfort when interpersonal attachments are endangered in actual or imagined ways throughout life (Berant, 2009).

Further, according to the hypothesis, a child's physical bond with a parent or caretaker—typically the mother—leads to a sense of both physical and emotional stability. Due to interactions with the caregiver that are unresponsive or rejecting, the child grows up with feelings of fear, uncertainty, and low self-esteem. The young person's mental anxieties prevent them from forging satisfying connections with others, eventually even with their own children. According to Wallin (2007), this leads to the perpetuation of abusive and neglectful practices across the generations. The attachment theory's emphasis on psychological security and interpersonal relationships is very helpful in understanding the psychodynamics of abuse. Attachment theory, too, has been criticized for neglecting to take into account socioeconomic and cultural factors like unemployment and poverty, as well as family dynamics outside of the mother-child dyad (Walborn, 2014).

In relation to the study, attachment theory suggests that early relationships with caregivers, especially parents, influence individuals' emotional development and their ability to manage stress and anxiety. Secure attachment relationships provide a sense of safety and

support, while insecure attachments can lead to emotional difficulties. In the context of parental marital status, students with married parents might experience more stable and supportive attachment relationships, potentially leading to lower anxiety levels compared to students from divorced or single-parent households. Attachment theory posits that early attachment experiences shape an individual's internal working models or expectations for future relationships. For university students, the attachment they formed with their parents during childhood can influence how they approach and experience relationships, including romantic relationships, friendships, and social connections during their college years. It is suggested that anxious attachment styles, characterized by fear of abandonment, insecurity, and high emotional reactivity, may develop in response to inconsistent or unreliable caregiving during childhood. University students with anxious attachment styles may experience heightened anxiety in response to parental marital stress or instability. The theory was used to support the study findings.

### **2.3.2 Family Systems Theory**

Dr. Murray Bowenian first presented the family systems theory in 1950. The theory contends that as families are emotional groups, it is impossible to understand an individual without also understanding them as a member of their family. No one can be fully understood outside of the framework of the system since families are networks of interconnected, dependent individuals (Bowenian, 1950). According to the notion, the family as a social structure takes precedence over the parent-child bond. A family is viewed as a social system with its own characteristics, rules, roles, modes of communication, and power structure that exist independently of the individual. Within this social system design, a family also includes of subsystems including the parent-child, sibling, marriage, and co-parenting subsystems.

Family members are said to be interconnected, influencing one another and other subsystems both directly and indirectly. According to Kuczynki (2003), family interactions are frequently seen as transactional. In other words, ties between parents and children are bidirectional rather than unidirectional, and causation is circular rather than linear. The family's microsystem is also seen as a component of larger systems, with interactions occurring both within and across these many levels (Cox & Paley, 1997).

The family members' responses to one another's behavior can either encourage change (positive feedback) or sustain the status quo (negative feedback), according to the Bowenian hypothesis, which contends that abnormal communication exacerbates relationship problems. Interpersonal interactions that are unclear and contradictory are referred to as pathological communication (Smith et al., 2009). The theory also explains how a family system has a tendency to preserve the status quo and resist change as opposed to how a family system tends to seek a balance between stability and change by enforcing family rules and behavior regulations. Family cohesion refers to the level of emotional intimacy or attachment that family members feel for one another, whereas family flexibility refers to a family's ability to adapt to difficult or unexpected conditions (Olson, 2000). The hypothesis is used in healthcare to describe how the social structure of the family affects the mental health of its members.

The family systems theory provides valuable insights into understanding the relationship between parental marital status and anxiety among university students. This theory views the family as an interconnected system in which the actions and dynamics of individual family members influence and are influenced by the entire family unit. When applying the family systems theory to examine this relationship, several key factors and mechanisms can be considered. This theory is applied in the context of the study by examining the family structure

and functioning which does impact individuals within the family. In the study, the researcher assesses how the parental marital status affects family dynamics, support systems, and communication patterns. The theory explores the role of family in anxiety episodes and how it may contribute to or alleviate anxiety in university students. For example, conflict, instability, or strained relationships within the family can be potential stressors that increase anxiety levels. Changes in parental marital status can disrupt the family system's equilibrium, potentially leading to emotional distress among students. This theory could help explain how shifts in family dynamics due to divorce or single parenting might contribute to higher levels of anxiety in some cases. The theory was used to support the study findings.

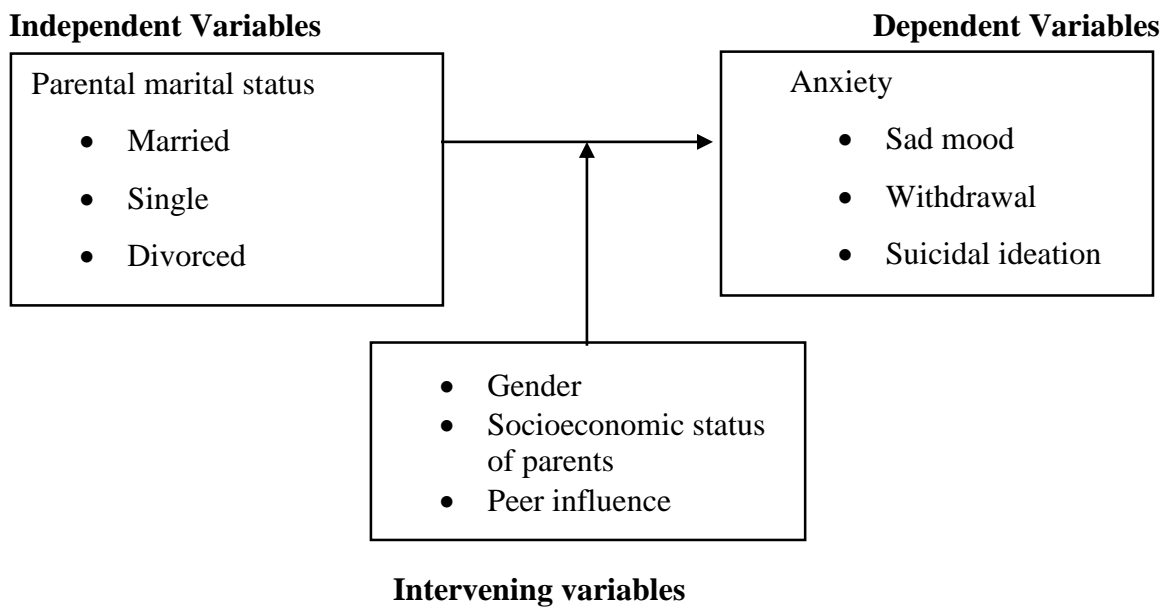
#### **2.4 Summary of Literature Review**

The literature review reveals that parental marital status contributes to anxiety among the youth. This is because the parental marital status affects how children relate to their parents hence affecting their mental health. Further, marital disruptions, results to children behavior challenges leading to anxiety. Results showed that signs of anxiety include loneliness, anxiety-related insomnia, suicidal ideation, and lack of close friends at rates. Also, compared to the pre-pandemic period, anxiety was more common during the COVID-19 pandemic. Also, parent-child and marital connections had a good impact on children's mental health. Parental marital quality and parent-child relationships were found to play a simple mediating role between parents' perceptions of social support and their children's mental health, as well as a chain mediating role between parents' perceptions of social support and their children's mental health. Children whose parents' divorce are less likely to complete a graduate degree and are slightly more likely to experience anxiety and depression symptoms than children whose parents have been married their entire lives. Another discovery was that the children's

psychosocial wellbeing had been harmed by parental divorce and separation. There are numerous coping strategies for anxiety which include accepting responsibility, avoidance and self-controlling. Other coping methods are protective factors, positive coping style, emotion and problem-focused coping.

## 2.5 Conceptual Framework

The conceptual framework shows the connection between the independent and dependent variables. This is as shown in figure 2.1.



**FIGURE 1**

### **Conceptual framework**

The independent variables, married, single, and divorced, are depicted in the conceptual framework. Married people are those who are lawfully married and live with their spouse. Divorced people are those who have obtained a formal divorce but have not remarried. Single people are those who have never married. Anxiety is the dependent variable. Anxiety is a type of mental health disorder characterized by extreme anxiety, fear, trepidation, and worry.

Anxiety is influenced by parental marital status, which is moderated by gender. The association between parental marital status anxiety and coping techniques is influenced by coping strategies. Anxiety prevalence among KCA University students.

The intervening variables (gender, socioeconomic status of parents, and peer influence) mediate relationships between parental marital status and anxiety among university students. Gender will mediate the relationship between parental marital status and anxiety among university students. For instance, gender differences in coping strategies, emotional expression, or perceptions of parental divorce do affect how male and female students experience anxiety differently in the context of parental marital status. There is also the mediating effect of the socioeconomic status of parents on the relationship between parental marital status and anxiety. Lower socioeconomic status introduces additional stressors and challenges for students, which mediate the relationship by exacerbating the impact of parental marital status on anxiety. Peer influence mediates the relationship is also very key. Peer support systems or social dynamics mediate how university students experience anxiety in the context of parental marital status. This involves how peers provide emotional support, influence coping strategies, or affect students' perceptions of family stability.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

This chapter discusses the research design, the study site, target population, study sample, sampling techniques, the data collection instruments, the data collection methods, data analysis techniques and the ethical considerations for the study.

#### **3.2 Research design**

Research design is a method of integrating different study components to address the research problem. It comprises ways for the collection, measurement, and analysis of data (Creswell, 2013). The study adopted the mixed method research design. Mixed design combines elements of quantitative and qualitative research so that to answer the research question. The fundamental tenet of this design was that integration, as opposed to separate quantitative and qualitative data collection and analysis, allows for a more thorough and synergistic application of data. Hence, this method helped to investigate the impact of parental marital status on anxiety in university students at KCA University in Nairobi County, Kenya.

#### **3.3 Study Location**

The study was done at the KCA university in Nairobi County. KCA University is a private, non-profit institution of higher learning located in Nairobi, Kenya. Kenya's capital and largest city is Nairobi. Nairobi County is made up of the city and its environs. Nairobi's latitude and longitude are: 1°16'59.99"S, 36°49'0.01"E. The university was founded in 1989 as Kenya College of Accountancy (KCA) by the Institute of Certified Public Accountants of Kenya (ICPAK) as a training institution for accountants in the country. The KCA University offers

undergraduate and postgraduate programs in various fields such as accounting, business, information technology, law, and social sciences. The university has established partnerships with international universities and organizations to enhance the quality of its academic programs.

KCA University is accredited by the Commission for University Education (CUE) and is a member of the Association of Commonwealth Universities (ACU). The university has also been recognized for its academic excellence, research, and community service. It has received numerous awards and accolades over the years, including the Best Private University in Kenya award by the Federation of Kenya Employers in 2018. Today, KCA University is one of the leading private universities in Kenya, with 19,000 student population as at 2022 and a commitment to providing quality education and training to its students.

### **3.4 Target Population**

Target population is a group of items that the research intends to study and draw conclusions from. The study was conducted at KCA University in Nairobi County. The study targeted undergraduate students in second year at KCA university. The second-year population was targeted because they are in the bracket of youth and from historical records, they are more willing to participate in surveys. Further, the second year have transitioned from secondary schools to tertiary level and hence may experience anxiety. KCA university was used as a case study to generalize the findings to other universities. According to KCA university, there are 1230 second years students. Therefore, the target population was 1230 respondents.

**TABLE 1****Target Population**

<b>Category</b>	<b>Population</b>
Male	678
Female	552
<b>Total</b>	<b>1230</b>

**3.5 Sampling Procedure****3.5.1 Sample Size**

According to Mugenda, a sample of 10% and above is appropriate for a study. Systematic random sampling was used to select the students. The researcher first selected the students had had anxiety episodes. The researcher, further, narrowed down to select the students suffering from anxiety because of marital status. To ensure inclusivity for both genders, the researcher systematically selected 68 male and 55 female. In systematic random sampling units are selected because they have characteristics needed in the sample. Students from all courses were systematically selected. Therefore, in this study the sample was 10% of the Population. The sample size was 123 respondents as shown in Table 2.

**TABLE 2****Sample Size**

<b>Category</b>	<b>Derivation of sample</b>	<b>Sample Size</b>
Male	678*10%	68
Female	552*10%	55
<b>Total</b>	<b>1230*10%</b>	<b>123</b>

### **3.5.2 Sampling Technique**

The sample frame was the list of second year students at the KCA university. Sampling is the method of choosing a representative sample from a larger population. The study sample was derived from second-year undergraduate students willing to participate. Systematic random sampling was used to choose the students who have had anxiety episodes in their life. Finding and choosing individuals or groups of individuals who are particularly educated about or experienced with a topic of interest is known as systematic sampling (Kothari, 2014). The researcher systematically selected the respondents. If the selected respondents are at 50%, the researcher further selected every  $n$ th respondent to get a 10% sample. Approximately 15% of the students had had anxiety episodes and so the researcher narrowed down to 10% which was the 123.

## **3.6 Data Collection Procedure**

### **3.6.1 Data Collection Tools**

A structured questionnaire was used in the study to gather primary data and elicit quantifiable responses that can be analyzed quantitatively. Quantitative data was gathered using the questionnaire. The questionnaire was used to gather information on parental marital status, Beck's anxiety Inventory (BAI) for anxiety. The study used BAI and interview for students. The questionnaire was adopted to suit the current study because large amount of data can be collected. The questionnaire had three sections. Section one covered the demographic information of the respondents, section two covered questions on parental marital status while section three covered questions on anxiety. Interviews were also conducted on counseling team, student leaders and the dean of students at KCA university.

### **3.6.2 Data collection Techniques**

Piloting was done to determine the validity and reliability of the questionnaire. A letter of introduction was obtained from KCA university. Permission was sought from KCA university management to conduct the study in the university. A letter of introduction was obtained from the university. A permit was sought from NACOSTI to allow for data collection. The questionnaires were self-administered by the researcher with the help of research assistants. Data collection took a period of two weeks.

### **3.6.3 Logistical and Ethical considerations**

All the ethical procedures of informed consent, confidentiality, non-maleficence and beneficence were ensured. The questionnaires were coded rather than use of the real names to assure participants of confidentiality. Permissions to conduct the research was sought from the relevant organizations.

## **3.7 Reliability and Validity of the Research Instruments**

### **3.7.1 Pilot Study**

The pre-testing of the research instrument was done with the pilot survey. The researcher was able to determine through this method whether respondents comprehend the instructions and questions, as well as whether the questions have the same meaning for each responder. Third-year students at KCA University participated in the pilot project. Pre-testing as done on every component of the questionnaire, including the content, language, order, structure, level of difficulty, and instructions. Before distributing the questionnaire to the study participants, the feedback gathered was used to make necessary revisions.

### **3.7.2 Validity of the Research Instrument**

Validity is a measure's correctness or the degree to which a score accurately conveys a notion, whereas reliability is a measure of a measure's consistency, or the extent to which various attempts to assess the same item led to the same result (Creswell, 2013). The study used content validity to judge the questionnaire's reliability. A construct's content validity refers to how well the items created to operationalize it give a sufficient and representative sample of all the items that could be used to measure it. The researcher asked the supervisor for advice. This assisted in determining which questions need to be modified to fit the study.

### **3.7.3 Reliability of the Research Instrument**

The level of consistency that research tools produce after numerous trials is known as their reliability. Reliability, according to Oluwatayo (2012), is the consistency of the measure used to analyze the relationships between variables. The test-retest administration was carried out through the administration of a questionnaire to a sample of university students at KCA University to gather data on their parental marital status, anxiety levels after ensuring that the survey questions are well designed, clear and reliable. The demographic information including age, gender, and any other relevant factors that might impact the results were also collected. After a certain interval (a period of weeks), the same questionnaire was administered again to the same group of university students. This step aimed to measure the consistency of their responses over time. Responses were then collected from both the initial test and the retest while maintaining the confidentiality and anonymity of the participants' data.

To determine the internal consistency reliability, instrument the Cronbach Coefficient alpha ( $\alpha$ ) was used. The SPSS was used to determine the Cronbach alpha. Quality reliability

and internal consistency, according to Kombo and Tromp (2006), show an alpha value of 0.7 or above.

### **3.8 Data Analysis Techniques**

Data was analyzed using both the Microsoft excel and the Statistical Package for Social Sciences (SPSS version 27). The analysis followed the objectives of the study where data on prevalence rates was presented using descriptive statistics of means, frequencies and percentages. For the objective involving finding relationships, inferential statistics was utilized. Multiple regression analysis was used to determine the impact of parental marital status on anxiety in university students.

## CHAPTER FOUR

### PRESENTATION AND ANALYSIS OF DATA

#### 4.1 Introduction

This chapter covers the analysis and presentation of data. It comprises the analysis of demographic information, descriptive analysis and Beck's anxiety Inventory. The study targeted 123 students who were all issued with questionnaires. The returned questionnaires were 123, this formed a response rate of 100% which is adequate for this study.

#### 4.2 Reliability Results

The questionnaire's reliability was determined using the internal consistency method using Cronbach Coefficient alpha ( $\alpha$ ). The SPSS was used to determine the Cronbach alpha. According to Kombo and Tromp (2006), an alpha value of 0.7 or above shows reliability. The results were shown in Table 3.

**TABLE 3**

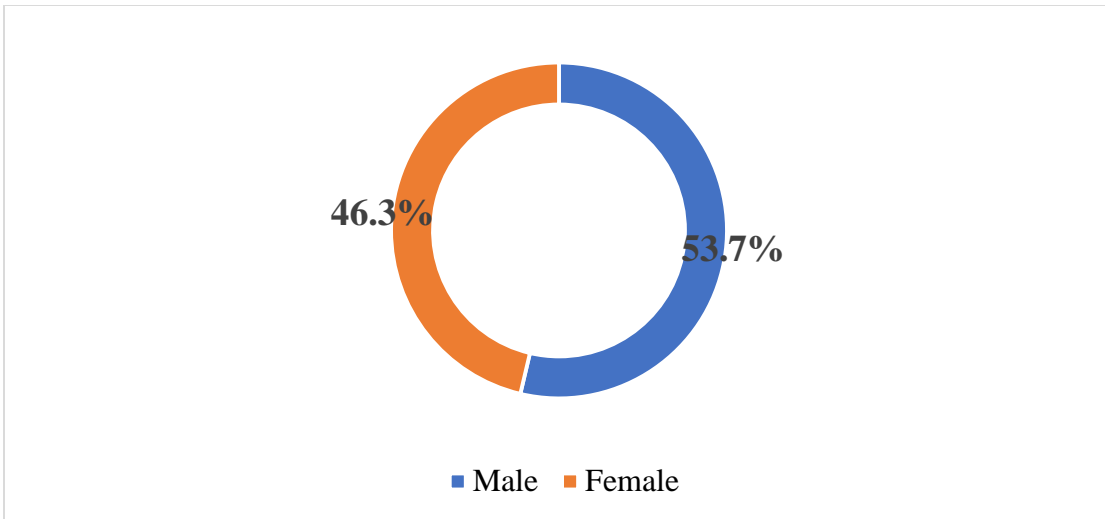
#### **Reliability Results**

<b>Variable</b>	<b>Cronbach Alpha</b>	<b>Verdict</b>
Parental marital status	0.794	Reliable
Anxiety	0.811	Reliable

The results showed that parental marital status had an alpha of 0.794 while anxiety had an alpha of 0.811. This implies that the variables were reliable and were used for data analysis.

#### 4.3 Demographic Information

The respondents were required to indicate their gender. The results were as shown in in Figure 2.

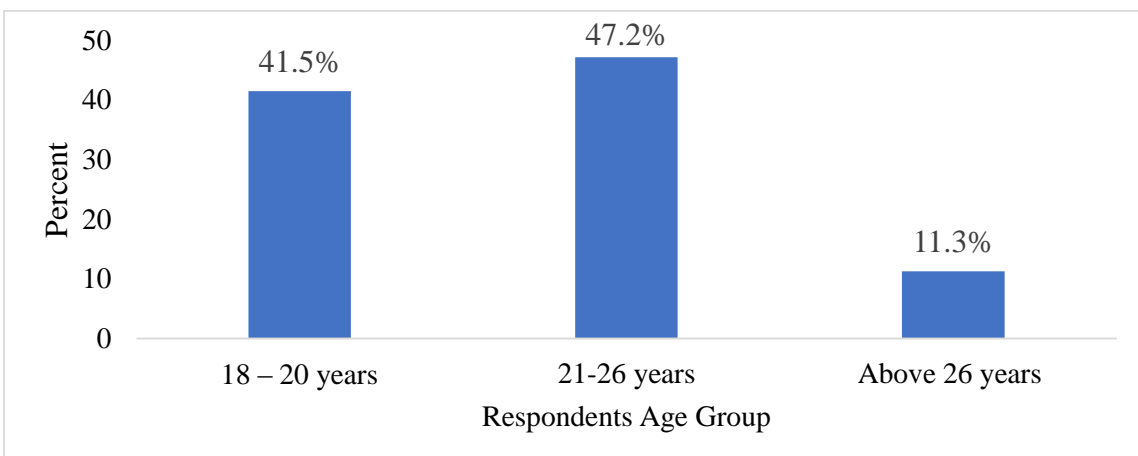


**FIGURE 2**

**Gender of Respondents**

The findings showed that 53.7% of the respondents were male while 46.3% were female. This implies that majority of the respondents who participated in the study were male. Hence, both the male and female provided information needed in this study.

The study sought to determine the age group of the respondents. The results were as shown in Figure 3.



**FIGURE 3**

**Respondents Age Group**

The results showed that 47.2% of the respondents were aged between 21-26 years, 41.5% were aged between 18-20 years and 11.3% were over 26 years old. This implies that majority of the respondents were between 21-26 years.

The respondents were required to indicate who they live with. The results were shown in Table 4.

**TABLE 4**  
**Respondents Guardian**

<b>Category</b>	<b>Frequency</b>	<b>Percent</b>
Friend	2	1.6
Mother	14	11.4
Father	1	0.8
Parents	56	45.5
Grandparents	2	1.6
Folks	2	1.6
Aunt	2	1.6
Sisters	7	5.7
Brothers	6	4.9
Uncle	2	1.6
Boyfriend	1	0.8
<b>Total</b>	<b>123</b>	<b>100</b>

The results depicted that majority 45.5% of the respondents live with their parents, 11.6% live with their mothers, 5.7% live with their sisters, 4.9% live with their brothers, 1.6% of the respondents live with their friends, grandparents, folks, aunts and uncles respectively while 0.8% of the respondents live with their father and boyfriend respectively. This shows that majority of the students live with their parents.

The study sought to determine where the respondents grew up. The results show that the respondents grew up in different locations including Migori, Kajwang, Kiambu, Nairobi, Kiambu, Rongai, Rangwe, Kirinyaga, Kakamega, Kericho, Eldoret, Thika, Ruiru, Chemase, Kisumu, Kasarani, Eldoret, Runda, Buruburu, Membreley, Kiambu, Makindu, Meru, Makueni, Utawala, Kipkaren, Suna East, Machakos, Nyamira, Embakasi, Vihiga, Kitale, Trans-Zoia, Westlands, Astleigh, Juja, Laikipia, Kitengela, Mathare, Kirinyaga, Starehe, Zimmerman, Juja, Thika, Nyamira, Limuru, Githunguri, Asego, Ngorika, Kithumula, Langata, Rongai, Ruai, Kitengela, Migori, Buruburu, Kendu- Bay, Suba, Kericho, Nakuru, Siaya, Limuru, Narok, Asego, Siaya, Migori, Rapogi, Mombasa, Oloitoktok, Homa- Bay, Lamu, Nanyuki. This implies that the respondents grew up in different locations in Kenya. This helped to show if place of growth impact on anxiety.

The respondents were required to indicate whether they grew up at a farm/town estate /apartments/other (explain). The results were as shown in Table 5.

**TABLE 5**  
**Respondents Place of growth**

<b>Category</b>	<b>Frequency</b>	<b>Percent</b>
Estate	38	30.9
Farm	38	30.9
Town	33	26.8
Apartment	14	11.4
<b>Total</b>	<b>123</b>	<b>100.0</b>

The results showed that 30.9% of the respondents lived in an estate and farm respectively, 26.8% lived in town and 11.4% lived in an apartment. This implies that majority of the respondents lived in farms and estates.

The study sought to determine the size of the houses the respondents lived in. The results were as shown in Table 6.

**TABLE 6**  
**Respondents House Size**

<b>Category</b>	<b>Frequency</b>	<b>Percent</b>
Bedsitter	11	8.9
1 bedroom	0	0.0
2 bedrooms	0	0.0
3 bedrooms	0	0.0
4 bedrooms and above	25	20.3
<b>Total</b>	<b>123</b>	<b>100.0</b>

The results show that 20.3% of the respondents lived in a four-bedroom house while 8.9% lived in a bedsitter.

The study sought to determine whom the respondent lived with in their early years. Early years is from birth to 18 years. The results were as summarized in Table 7.

**TABLE 7**  
**Respondents Guardian**

<b>Category</b>	<b>Frequency</b>	<b>Percent</b>
Grandmother	5	4.1
Both	100	81.3
Mother	13	10.6
Father	5	4.1
<b>Total</b>	<b>123</b>	<b>100.0</b>

The results show that 81.3% lived with both their parents, 10.6% lived with their mothers while 4% lived with their grandmother and father respectively. This implies that majority of the respondents lived with both their parents with in their early years.

The study sought to determine what the respondents' parents or guardian do for a living.

The results were as shown in Table 8.

**TABLE 8**

**Parents Source of living**

	<b>Frequency</b>	<b>Percent</b>
Business	37	28.0
Farmer	13	9.8
Employed	9	6.8
Teacher	11	8.3
Engineer	4	3.0
Doctor	4	3.0
Civil Servant	3	2.3
Accountant	2	1.5
Security Officer	2	1.5
Banker	2	1.5
Manager	1	0.8
Auditor	1	0.8
Clerk	2	1.5
Driver	1	0.8
Pastor	1	0.8
Carpenter	1	0.8

The study found that the parents of the respondents do varied things for a living. With majority (28%) of the parent/guardian being business people, 9.8% of the parents are farmers, 8.3% are teachers, 6.8% of the parents are employed, 3% are engineers and doctors, 1.5% are accountant, security, banker and clerk while 0.8% are manager, auditor, driver, pastor and carpenter. This implies that parents of the respondents do varied things for a living with majority doing business.

The respondents were required to indicate their parents' average monthly income that is the joint family income. Results were as shown in Table 9.

**TABLE 9**  
**Average Joint Monthly Income**

<b>Category</b>	<b>Frequency</b>	<b>Percent</b>
Below ksh. 10, 000	2	1.6
10,001 – 30,000	14	11.4
30,001 – 60,000	10	8.1
Above 60,000	14	11.4
n/a	83	67.5
<b>Total</b>	<b>123</b>	<b>100.0</b>

The results showed that 11.4% of the parent's month income was between ksh. 10,000-30,000 and above ksh. 60,000 respectively, 8.1% of the parents had an income of between ksh. 40,000-60,000 while 1.6% earn less than ksh.10,000.

#### **4.4 Parents' Marital Status**

The respondents were required to indicate their parents' marital status. Table 4.8 is a summary of the results.

**TABLE 10**  
**: Marital status**

<b>Category</b>	<b>Frequency</b>	<b>Percent</b>
Married	90	73.2
Single parent	33	26.8
<b>Total</b>	<b>123</b>	<b>100.0</b>

The findings showed that 73.2% of the respondents' parents were married while 26.8% indicated that they have a single parent. This implies that majority of the respondents' homes have a father and mother.

Those whose parents were single were required to state the reason for the single status. The results were as shown in Table 11.

**TABLE 11**  
**Reason for Single Status**

<b>Category</b>	<b>Frequency</b>	<b>Percent</b>
Divorce	10	30.3
Separated mutually	6	18.2
Never married	6	18.2
Widow /Widower	7	21.2
Widower	4	12.1
<b>Total</b>	<b>33</b>	<b>100.0</b>

The results show that 30.3% of the parents were single due to divorce, 21.2% were widows, 18.2% were separated and never married respectively while 12.1% were widowers. This implies that parent’s single status is majorly due to divorce.

The study sought to determine if parental marital status gives the student anxiety. The results were as shown in Table 12.

**TABLE 12**  
**Relationship Between Parental Marital Status and Anxiety**

<b>Category</b>	<b>Frequency</b>	<b>Percent</b>
Yes	23	18.7
No	100	81.3
<b>Total</b>	<b>123</b>	<b>100.0</b>

The results showed that 81.3% of the respondents disagreed that parental marital status does not give them anxiety while 18.7% indicated that parental marital status gives them

anxiety. This implies that to a large extent parental marital status does not give anxiety to the students.

The respondents were required to indicate how they cope with anxiety. The results were as shown in Table 13.

**TABLE 13**  
**Anxiety Coping Mechanism**

<b>Category</b>	<b>Frequency</b>	<b>Percent</b>
Counselling	21	17.1
Exercising	23	18.7
Using drugs	2	1.6
Avoidance	45	36.6
listening to music	11	8.9
Sports	3	2.4
Hobby	2	1.6
n/a	16	13.0
<b>Total</b>	<b>123</b>	<b>100.0</b>

The results showed that majority 36.6% cope with anxiety through avoidance, 18.7% cope with anxiety through exercising, 17.1% cope through counselling, 8.9% through listening to music, 2.4% through sports while 1.6% through drug use and doing hobby. This implies that majority of the students cope with anxiety though avoidance.

The respondents were asked to indicate the extent to which they agree with the following statements on parental marital status and anxiety. The results were shown in table 14.

**TABLE 14****Relationship Between Parental Marital Status and Anxiety**

	1	2	3	4	5	M	SD
I do not want my friend's sympathy about my family situation	30	12	21	15	45	3.268	0.672
Though I come from a complete family I hardly clearly understand myself and my feelings	11	21	13	54	24	3.480	0.678
Happiness has become elusive for me since am from a single parent	2	2	5	16	8	3.788	0.804
It has become harder for me to admit my feelings whether good or bad since am from a single parent	1	5	6	14	7	3.636	0.661
Nowadays, I get angry quicker than I used to when my parents were still married	2	7	8	13	3	3.242	0.570
I do not want to emotionally get involved to anyone since my parents are separated	1	6	7	12	7	3.545	0.562
It is now harder for me to believe what anyone says since my parents are no longer together	1	5	5	18	4	3.576	0.847

The respondents agreed that happiness has become elusive for them since they are from a single parent as shown by a mean of 3.788 and standard deviation of 0.804. They also agreed that it has become harder for them to admit their feelings whether good or bad since they come from a single parent family as shown by a mean of 3.636 and standard deviation of 0.661. The respondents agreed that nowadays, it is now harder for them to believe what anyone says since their parents are no longer together as shown by a mean of 3.576 and standard deviation of 0.847 and the students do not want to emotionally get involved to anyone since their parents are separated as shown by a mean of 3.545 and standard deviation of 0.562. However, the respondents were neutral that they do not want their friend's sympathy about their family situation as shown by a mean of 3.268 and standard deviation of 0.672. They students also

noted that though they come from a complete family they hardly clearly understand their feelings as shown by a mean of 3.480 and standard deviation of 0.678 and they get angry quicker than they used to when their parents were still married as shown by a mean of 3.242 and standard deviation of 0.570.

#### 4.5 Anxiety

Using the Beck Anxiety Inventory (BAI). The respondents were required to indicate how much they have been bothered by that symptom during the past month, including the day of the study, by circling the number in the corresponding space in the column next to each symptom. Score of 0-21 = low anxiety, Score of 22-35 = moderate anxiety, Score of 36 and above = potentially concerning levels of anxiety. The results were as shown in Table 15.

**TABLE 15**

#### **Anxiety**

<b>Scores</b>	<b>Frequency</b>	<b>Percent</b>
Score of 0-21	90	73.2
Score of 22-35	25	20.3
Score of 36 and above	8	6.5
<b>Total</b>	<b>123</b>	<b>100.0</b>

The results show that 73.2% of the respondents indicated a score of 0-21 which is low anxiety, 20.3% of the respondents indicated a score of 22-35 which is moderate anxiety while 6.5% indicated score of 36% and above which is potentially concerning levels of anxiety. This implies that majority of the student have low anxiety.

The respondents were required to give additional comments or observations about their experience with anxiety in relation to their parents' marital status. They indicated that they are

enjoying life since they started avoiding anxiety, that anxiety at times make them feel like they don't deserve their parents because of neglecting them and anxiety has a very big influence on the life of young people today. The respondents also indicated that there is no anxiety about their parents' marital status, that someone should seek a therapist to talk to and open up in case they are affected by anxiety. They also indicated that students should open up whenever they face anxiety, and that most parents sometimes have no room for discussion.

The respondents also agreed that their view on love is highly influenced by what they see at home. They stated that girls raised by single mothers end up with bitterness towards men, others indicated that they are comfortable with their parents and parental marital status affected how a child projected themselves in front of others and this in turn affects their confidence level. The respondents further indicated that they were coping well with anxiety, they think that it is a way to compose oneself and deal with struggles without referring to others.

The respondents also indicated that they hardly notice when their parents disagree and this helps them experience lower levels of anxiety and that the level of anxiety decreases due to acceptance. Respondents also indicated that they rarely face anxiety. However, students should open up for assistance, when need be, also students can overlook their parental marital status, and the university should offer guidance and counselling to help students overcome anxiety. The respondents also indicated that they could have had a good life if they were from a complete family. Further, parents should communicate with their children always to reduce the chances of them suffering anxiety. The respondents also indicated that persons above 18 years should handle the challenges that come their way, anxiety included and parents should always engage their children to reduce anxiety.

## 4.6 Multiple Regression Analysis

Regression analysis was applied in examining the relationship of parental marital status on anxiety among university students at KCA University, Kenya. This comprised of the model summary, ANOVA and beta coefficients.

### 4.6.1 Model Summary

Model summary was used in analysing changes of the dependent variable because of changes in independent variables. In this study, variation of anxiety due to parental marital status was examined. The results were summarized in Table 16.

**TABLE 16**

#### Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.619 <sup>a</sup>	0.383	0.378	0.21047

The value of adjusted R<sup>2</sup> (0.378) suggest that 37.8% variation in employee anxiety among students can be attributed to changes in parental marital status. The remaining 62.2% suggest that there are other factors that result to anxiety that were not part of this model. R is correlation coefficient showing relationship strength between variables used in the study. The study variables were strongly correlated as shown by R value is 0.619.

### 4.6.2 Analysis of Variance

ANOVA was used in determining whether the model obtained was significant. The level of significance used in this study was 0.05. The results were as shown in Table 17.

**TABLE 17****Analysis of Variance**

<b>Model</b>		<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
1	Regression	11.411	1	11.411	37.413	.001 <sup>b</sup>
	Residual	36.936	121	0.305		
	<b>Total</b>	<b>89.424</b>	<b>122</b>			

The results show that the f-calculated (37.413) was greater than the f-critical (3.919) from the f-distribution tables. This was an indication that there was a relationship between parental marital status and anxiety among university students at KCA University, Kenya. Further, the p-value 0.001 was the than the selected significance level (0.05) implying the model was significant.

**4.6.3 Beta Coefficients of the Study Variable**

The beta coefficients were computed and then fitted to the regression model. The regression model was:  $Y = 0.841 + 0.236X_1 + e$

**TABLE 18****Coefficients**

<b>Model</b>		<b>Unstandardized Coefficients</b>		<b>Standardized Coefficients</b>	<b>t</b>	<b>Sig.</b>
		<b>B</b>	<b>Std. Error</b>	<b>Beta</b>		
1	(Constant)	0.841	0.130		6.469	0.001
	Parental marital status	0.236	0.0.97	0.199	2.433	0.001

From the findings, parental marital status had a weak positive influence on anxiety among university students at KCA University ( $\beta=0.236$ ). Parental marital status had a significant influence on anxiety among university students at KCA University since the p-value (0.001) was less than 0.05 which was the selected significance level. Therefore, a unit increase

in parental marital status will lead to an increase in anxiety among university students at KCA University by 0.236units.

#### **4.7 Discussion of Study Findings**

The first objective was to establish the prevalence of anxiety among university students at KCA University. The study found that 73.2% of the of the students had a score of 0-21 which is low anxiety, 20.3% of the students had a score of 22-35 which is moderate anxiety while 6.5% had a score of 36% and above which is potentially concerning levels of anxiety. It is evident that students at KCA university are at different levels of anxiety. The study also found that some students have no anxiety about their parents' marital status.

The second objective was to analyze the causes of anxiety among University Students at KCA University. The study found that in most student's happiness has become elusive since they are from a single parent. It was also noted that it has become harder for students to admit their feelings whether good or bad since they are from a single parent. Also, the students get angry quicker than they used to when their parents were still married. The findings concur with those of Geshicaa and Musabiq (2020) discovered that children raised by married parents typically experience less psychological anguish than children raised by parent(s) who are widowed or divorced. Compared to those raised by married parents, those raised by widowed parents experienced higher levels of anxiety. In the meantime, those who were raised by divorced parents experienced higher levels of depression than those who were reared by married parents. Children in married and single homes scored significantly differently on the Child Behavior Checklist (CBCL), according to Wallenborn's (2019) research. Lubby (2015) noted that children of separated, divorced, or single parents are more likely to fulfill the preschool diagnostic criteria for MDD. Additionally, children with separated or divorced

parents were more likely to experience conduct issues, mood disorders, and drug abuse in the future.

The findings also indicated that the students do not want to emotionally get involved to anyone since the divorce of their parents. It was indicated that it is harder for the students to believe what anyone says since their parents divorced. The results also showed that the students do not want their friend's sympathy about their family situation and though the students come from a complete family they hardly clearly understand themselves and there. The findings relate to those Peterson and Zill (2016), that the negative effects are mitigated if the child continues to live with the same-sex parent or maintains close contact with one or both parents following the divorce. High levels of continuous conflict are also associated with behavioral problems in intact households. Geshicaa and Musabiq (2018) found that participants raised by married parents typically experience less psychological suffering than those raised by parent(s) who are widowed or divorced. Those who were raised by widowed parents exhibited higher levels of anxiety than those who were raised by married parents, according to the study of each factor. Those who were reared by divorced parents experienced more anxiety than those who were raised by married parents.

The third objective was to establish the relationship between parental marital status and anxiety among university students at KCA University. The study found that majority (73.2%) of the students' parents were married meaning many homes have a father and mother. It was noted that parent's single status was majorly due to divorce represented. The study also revealed that for majority (81.3%) of the students, parental marital status does not give them anxiety to the students. The results are consistent with those of Lui (2020), who discovered that there were two paths through which the marital satisfaction of parents had a significant

indirect effect on their children's academic performance: internalizing behaviors in children, psychopathological symptoms in parents, and school engagement as mediators. The results of Li, Jiang, and Zhang's (2018) study demonstrated that marriage and parent-child relationships positively impacted children's mental health. Parental marriage quality and parent-child relationships were found to have a minor mediation effect on parents' views of social support by Yan, Yu, and Lin (2013). Wambua (2021) discovered that the children's psychosocial wellbeing had been harmed by parental divorce and separation.

The study found that parental marital status had a weak positive influence on anxiety among university students at KCA University. The study also found that variables were strongly correlated as shown by correlation coefficient value of 0.619. Parental marital status had a significant influence on anxiety among university students at KCA University. Therefore, a unit increase in parental marital status will lead to an increase in anxiety among university students at KCA University. Wambua (2021) discovered that the children's psychosocial wellbeing had been harmed by parental divorce and separation. Lubby (2015) noted that children of separated, divorced, or single parents are more likely to fulfill the preschool diagnostic criteria for MDD.

The study found that anxiety make students feel that they do not deserve their parents since they are neglected. It was also revealed that some students do not have anxiety about their parents' marital status. The study revealed that students view on love is highly influenced by what they see at home. It was established that girls raised by single mothers end up with bitterness towards men. Also, parental marital status affected how a child projected themselves in front of others and this in turn affects their confidence level. The study revealed that students could have had a good life if they were from a complete family.

The fourth objective was to assess the coping strategies for anxiety among university students at KCA University. The study revealed that student enjoy life to avoid anxiety and also some students talk to their friends when they feel anxious. Further, some students seek the help of therapists.

*“I enjoy my life by going to parties, this helps me to avoid anxiety”*

*‘I share with my best friend whenever I have a problem’*

Cheshire and Adeli (2018) found that a small percentage of medical students used medical and counseling treatments to control their anxiety. Most people admitted to asking their friends for advice, using alcohol and participating in sports.

The study also found that that students cope with anxiety through avoidance by ignoring some of the problems they experience in their homes. According to Li (2019), utilizing only problem-focused coping is linked to a high level of post-traumatic stress disorder, but combining both emotion- and problem-focused coping is better for mental status. While Guo and Feng (2020) suggested that problem-focused coping is linked to less mental health issues, emotion-focused coping may result in more issues with mental health.

The study also found that the students cope with anxiety by finding their own ways to deal with struggles without referring to others. Further, students cope with anxiety by giving a blind eye on parent’s disagreements. Also, the level of anxiety decreases due to acceptance.

*‘I hardly notice my parent’s disagreements and hence I have lower levels of anxiety’*

*“I have learnt to accept the challenges I experience at home”*

The study also found that to cope with anxiety students should open up for assistance, also students can overlook their parental marital status, and the university offers guidance and

counselling to help students overcome anxiety. The study revealed that communication between parents and their children helps to reduce the chances of them suffering anxiety and parents should always engage their children to reduce anxiety.

## **CHAPTER FIVE**

### **SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

This chapter covers the summary, conclusions and recommendations. The study objective was to determine the relationship of parental marital status on anxiety among university students at KCA University, Kenya. The study targeted undergraduate students in second year at KCA university.

#### **5.2 Summary of Findings**

The first objective was to establish the prevalence of anxiety among university students at KCA University. The study found that have low anxiety, moderate anxiety and potentially concerning levels of anxiety. The study revealed that students at KCA university are at different levels of anxiety. The study also found that some students have no anxiety about their parents' marital status. The study also revealed that for majority of the students, parental marital status does not give them anxiety to the students.

The second objective was to determine the causes of anxiety among university students. The study found that the students do not want to emotionally get involved to anyone since the divorce of their parents. It was indicated that it is harder for the students to believe what anyone says since their parents divorced. The results also showed that the students do not want their friend's sympathy about their family situation and though the students come from a complete family they hardly clearly understand themselves and there. The study also found that in most student's happiness has become elusive since they are from a single parent. It was also noted

that it has become harder for students to admit their feelings whether good or bad since they are from a single parent.

The third objective was to establish the relationship between parental marital status and anxiety among university students at KCA University. The study found that parental marital status had a weak positive influence on anxiety among university students at KCA University. Also, parental marital status had a significant influence on anxiety among university students at KCA University. A unit increase in parental marital status will lead to an increase in anxiety among university students at KCA University.

The fourth objective was to assess the coping strategies for anxiety among university students at KCA University. The study found that to cope with anxiety students should open up for assistance, also students can overlook their parental marital status, and the university offers guidance and counselling to help students overcome anxiety. The study revealed that communication between parents and their children helps to reduce the chances of them suffering anxiety and parents should always engage their children to reduce anxiety.

### **5.3 Conclusions of the Study**

The study revealed that the students at KCA University experience low level of anxiety. This implied that parental marital status had a significant influence on anxiety among university students at KCA University. It was also noted that avoidance is the main mechanism has been used in coping with anxiety. The study concluded that parental marital status significantly influences anxiety among students. That is parental marital status contributes to the anxiety among students. It was concluded that a change in the parental marital status would result to a change in anxiety among university students at KCA University.

#### **5.4 Recommendations of the Study**

The study recommends that the university should create a counselling office that would help to deal with mental health issues among the students. Further, the students should be made aware that they can seek help from the university in case they feel they have a meant problem. Students should be assured that their shared problems would be kept confidential, this would help students to feel more confident.

The study recommends that the university should provide education about mental health to the students. The subject about mental health should be common to all students. This would help students to understand what mental health is. Further, the university should partner with health institutions to help in providing the coping mechanism of anxiety. This would provide a broad are of helping student to cope with anxiety since they can get help from the university and as well as the university. The university should develop crisis response plans and resources for students in distress, regardless of the cause. Ensure that these resources are widely publicized and easily accessible.

KCA university should provide comprehensive counseling and mental health support services for all students, regardless of their parental marital status. These services should be readily accessible, affordable, and stigma-free. There is need to implement awareness campaigns and educational programs that address the potential challenges faced by students from various family backgrounds. This can help reduce stereotypes and prejudices related to parental marital status. Develop programs for identifying and assisting students at risk of anxiety or related mental health issues. Early intervention can prevent the exacerbation of problems. There is need to regularly collect and analyze data regarding the mental health and

well-being of students, paying attention to factors like parental marital status. This data can inform policies and practices.

### **5.5 Recommendations for further studies**

The study recommends that a study should be conducted about determinants of anxiety among university students in Kenya. A study should also be conducted to determine the effect of anxiety on student's well-being. Further, another study should focus on effect of mental health on university students in Kenya.

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## Appendix I: Questionnaire

### Section A: Demographic Information

1. Kindly indicate your gender

Male

Female

2. What is your age group?

18 – 20 years

21-26 years

Above 26 years

3. Whom do you live with .....

4. Where did you grow up (location).....

5. Was it a farm/town estate /apartments/other (explain)

---

6. What was the size of the house you lived in (put choices in terms of bedrooms)

- Bedsitter
- 1bedroom
- 2 bedrooms
- 3 bedrooms
- More than 4 bedrooms

7. Who did you live with in your early years, father/mother/both/other (explain other)

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8. What do your parents or guardian do for a living

Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

9. What is their average monthly income?

Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

### Section B: Parental Marital Status

1. What is your parents' marital status?

• Married

• Single

**2. If single, kindly state the reason for the single status.**

- Divorce
- Separated mutually
- Never married
- Widow /Widower
- Any other, please specify -----

**3. Is your parental marital status giving you anxiety?**

- Yes
- No

**4. How do you cope with anxiety?**

- Counselling
- Exercising
- Using drugs
- Avoidance
- Any other, please specify -----

**5.To what extent do you agree with the following statements on parental marital status and anxiety.**

**Use the scale 1-strongly disagree, 2-disagree, 3-moderate, 4-agree, 5-strongly agree**

	1	2	3	4	5
I do not want my friend's sympathy about my family situation					
Though I come from a complete family I hardly clearly understand myself and my feelings					
Happiness has become elusive for me since am from a single parent					
It has become harder for me to admit my feelings whether good or bad since am from a single parent					
Nowadays, I get angry quicker than I used to when my parents were still married					
I do not want to emotionally get involved to anyone since the divorce of my parents					
It is now harder for me to believe what anyone says since my parents divorced					

### Section C: Anxiety

#### Beck Anxiety Inventory (BAI)

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not at all	Mildly, but it didn't bother me much	Moderately – it wasn't pleasant at times	Severely – it bothered me a lot
Felling hot	0	1	2	3
Numbness or tingling	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Hands trembling	0	1	2	3
Shaky/unsteady	0	1	2	3
Hot/cold sweats	0	1	2	3
Feeling of choking	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Face flushed	0	1	2	3

Total:

The total score is calculated by finding the sum of the 21 items.

Score of 0-21 = low anxiety, Score of 22-35 = moderate anxiety, Score of 36 and above = potentially concerning levels of anxiety.

#### **Section D: Conclusion.**

Do you have any additional comments or observations about your experience with anxiety in relation to your parents' marital status?

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Thank you for participating in this survey. Your input is valuable for our research. If you have any further questions or concerns, please feel free to contact [Emily Okoth 0721631658].