Exploring first year male students` lived experiences of depressive symptoms at the North-West University

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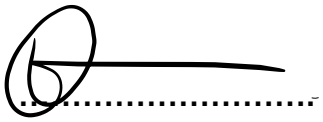
Declaration

I, the undersigned, Nozipho Ndaba, declare that this study entitled “Exploring first-year black male students’ lived experiences of depressive symptoms at the North-West University” is my original work and has not been submitted to this or any other university to obtain a degree.



01/03/2022

Nozipho Ndaba Date

List of Abbreviations

APA	American Psychological Association
BDI-II	Beck Depression Inventory II
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
HREC	Health Research Ethics Committee
MDD	Major Depressive Disorder
NWU	North-West University
YLL	Years of Life Los

Abstract

Depression among university students is an increasing public health problem globally and locally. In general, university students are prone to develop depressive symptoms. South African students seem to have a higher than average rate of suicidal ideations predicted most by depressive symptoms compared to the national population and international student populations. Depression and suicide rates in universities are significantly rising. Depressive symptoms may be due to university years, which can be a stressful period, especially among black male students, as they transition from home to university. In South Africa, there has been less research conducted on first-year black male students. Literature highlights that males are four times likely to commit suicide compared to females, and there are several risk factors to which black students are more likely to have exposure to, compared to other students. Furthermore, depressive symptoms and suicidal behaviour among black male South African students is on the rise, and it was with this background in mind that this study aimed to qualitatively explore first-year black male students' lived experiences of depressive symptoms at North-West University (Potchefstroom, Mahikeng and Vanderbijlpark campuses).The study utilised a qualitative descriptive design. Purposive sampling selected participants, and semi-structured interviews collected the data. Determining the sample size was by data saturation after interviewing 10 participants. The data was analysed using thematic data analysis. The findings alluded that participants not only understood the meaning of depressive symptoms, but also experienced them. There was in-depth exploring of the factors contributing to depressive symptoms. Of note were factors such as poor social support that contributes to depressive symptoms, loss of a loved one, academic

challenges that contribute to depressive symptoms, financial constraints, challenges related to accommodation, COVID 19 pandemic, and language barriers. Lastly, the coping strategies that participants employed when experiencing the depressive symptoms were noted. These coping strategies included listening to music and watching movies, physical activities, externalising behaviour, sleep and being alone, accepting the depressive symptoms, and connecting with a higher power. The study will contribute to the limited literature on depression in black male students, in South Africa.

Keywords: Depression; depressive symptoms; lived experiences; black male students

Chapter 1

Introduction to the Research Study

Introduction

This chapter gives an outline of the research study, and discusses the context, research problem, the aim and the objectives of the study, the definition of concepts, and an overview of the methodology and ethical implications.

Context and Rationale

Depression is the most common mental illness worldwide and considered the leading cause of disability if untreated (Haroz et al., 2017). On an individual level, depression causes significant psychological and physical harm, and proven to be a significant economic burden on society as a whole (Tjia et al., 2010). Furthermore, Reddy (2012) stated the expectation is for depression to affect more individuals than any other health concern by 2030, and 60% to 90% of people will commit suicide after suffering from depression. Although depression is not directly linked to Years of Life Lost (YLLs), it is a significant contributor to suicide, accounting for 1.5% of all fatalities in 2015, and was the second leading cause of death among 15 to 29-year olds worldwide (World Health Organization, 2017). Brody et al. (2018) indicate that from 2013 to 2016 in America, there were 7.7% of individuals aged 20 to 39 diagnosed with depression; this is from the 8.1% of people of all ages surveyed in their study, with 5.5% being males diagnosed with depression.

Puthran et al. (2016) explained that depressive symptoms are risk factors for suicidal thoughts and behaviours. Nyer (2013) further added that individuals who are having depressive symptoms end up committing suicide based on experiences they

are going through and failing to cope with their everyday life tasks. Korevaar (2019) and Kootbodien et al. (2020) indicated that suicide rates vary by country and area, as well as by gender and age group. Suicide mortality is higher in males than in females; this because women have more suicidal thoughts but men are more likely to commit suicide (Korevaar, 2019). The estimate is that suicide rates are at least three times higher in Africa for males than for females, and about five times higher in South Africa for black men than for women, although the distribution varies by population group and city (Kootbodien et al., 2020).

As seen from the above discussion, mental illness affects both men and women even though gender experiences differ. A study by Martin et al. (2013) explained two views on how men experience and express depressive symptoms compared to females. Martin et al. (2013) explained that men's depressive symptoms and experiences differ from the traditional view of depression according to the DSM 5 criteria of Major Depressive Disorder (MDD). Men are more likely to report symptoms of withdrawal from friends, sleep problems, aggression, irritability, substance misuse, and emotions of complaintive, some of which are on the DSM 5, compared to females (Martin et al., 2013). Men have a lower overall prevalence of mental illness (Substance Abuse and Mental Health Services Administration, 2017). Men are also considerably less likely than women are to seek therapy; hence, their mental health often stays untreated. Men do not seek mental help or talk about their mental health, and tend to use substances or have behavioural problems as a way of coping with the distress (Mental Health America, 2020). According to Mungai and Bayat (2019), the prevalence rate of depression amongst men in 2008 was 36.9% and increased to 44.7% in 2015. The prevalence rate in women decreased from

63.1% to 55.5% in 2015 (Mungai & Bayat, 2019). These statistics illustrate that the prevalence rate of depression amongst men is increasing compared to females.

In the light of the unique experiences of males, this research study focuses on male university students. In general, university students are prone to develop depressive symptoms. According to Bantjes and colleagues (2016) South African students had a higher than average rate of suicidal ideations predicted most by depressive symptoms compared to the national population and international student population. Longmire-Avital and Robinson (2018) and Perre et al. (2016) stated that university students are a distinct group of people passing through a crucial stage in their lives, encountering numerous stressful situations. As students transition from high school to university, they face exposure to more stressful events, such as difficult coursework, difficult assignments and projects, and living in student accommodation. All these contribute adversely to students developing depressive symptoms (Asif et al., 2020; Villatte et al., 2017; WHO, 2017). Ahmed et al. (2020) further indicated that first-year health sciences students demonstrated depressive symptoms due to low socioeconomic status, emotional turmoil, and settling into a new environment.

According to Bert et al. (2020), globally and locally, 20% to 25% of university and college students are stressed, and more than 50% of students may experience anxiety and depressive symptoms. Bert et al. (2020) further stated that students deal with stress differently, which makes it difficult to estimate the prevalence rate of depression among university students. In South Africa, there is less research done on men and depression than on women, including their lived experiences of depressive symptoms (Mungai & Bayat, 2019). Therefore, the study explored the lived experiences of depressive symptoms on first-year black male students from the

NWU. North-West University is an institution situated in two different provinces in South Africa (North-West and Gauteng Province). The university consists of three campuses, namely Potchefstroom, Mahikeng, and Vanderbijlpark. The study, however, did not aim to compare participants of different campuses, but viewed the university as a whole.

Problem Statement

Globally, and in South Africa, over a period of 10 years depressive symptoms and suicide rates are higher among black males than any other race (Butchart et al., 2000; Naidoo & Schlebusch, 2014). Burrows et al. (2007) indicated higher rates of suicide in black males, caused by depressive symptoms. Mthethwa (2018) further reported that suicidal behaviour among black male South African students is on the rise and black males are experiencing depressive symptoms. Rousseau et al. (2020) demonstrated that the prevalence of depression ranges between 16% and 67% in African universities, and the prevalence is on the rise among black students in South African universities. The clinical problem in this case is depression that affect black male students. Literature indicates that depressive symptoms contribute to suicide and have a negative impact on their social life and academic activities. A study conducted by Tomlinson et al. (2009) and a more recent study conducted by Nglazi et al. (2016), indicated there is less research done on men and depression, including their lived experiences of depressive symptoms, in South Africa. This lack of information motivated the researcher to conduct research of depression amongst male students.

The research question formulated was:

What are first-year black male students` lived experiences of depressive symptoms at the North-West University?

Aim and Objectives of the Study

The aim of this study was to qualitatively explore, through a descriptive design, first-year black male students' lived experiences of depressive symptoms at the North-West University.

The identified objectives were:

- To explore and describe black male students' general experiences and understanding of depressive symptoms
- To gain an understanding of factors that have contributed to the depressive symptoms.
- To gain an understanding of the coping mechanisms black male students use regarding depressive symptoms.

Concepts Clarification

Undergraduate Student

An undergraduate student is an individual studying at a university or other place of higher education. According to the study, a student is an individual who studies at a tertiary institute and is an undergraduate.

Depressive Symptoms

Concerning the study, depressive symptoms refer to the negative emotions that male students experience in response to their lived experiences. These emotions could include feelings of sadness, hopelessness, demotivation, guilt,

helplessness, and lack of concentration (Sadock et al., 2015). The South African cut-offs for Beck`s Depression Inventory-II (BDI-II), a score between 20 and 29, illustrate moderate depressive symptoms. Therefore, with the current study, a cut-off score between 20 and 29 was considered as indicative of depressive symptoms.

Lived Experiences

A lived experience refers to the way of understanding issues related to everyday life and remains connected to the lived moments of the now (Gellweiler et al., 2017). In the study, it refers to how male students experience depression in their daily lives.

An Overview of the Research Methodology

A qualitative research approach, based on a naturalistic approach, seeks to understand the phenomenon in context (Creswell & Creswell, 2017). This approach therefore seemed relevant to the purpose of this study. In exploring and describing the lived experiences of participants, a qualitative descriptive design was employed. This design seemed appropriate, because the study focuses on discovering the who, what, and where of experiences. The researcher also gained insights from participants regarding a poorly understood phenomenon (depression). Data saturation determined the sample size. In order to recruit participants, there was an advert (Addendum B) placed on the NWU student Facebook pages after obtaining the necessary permission. Inclusion criteria indicated black male students in their first year of study at the NWU. The selection of participants was through purposive sampling, with the sourcing of information via online semi-structured interviews. There were 10 participants selected to be part of the research study. Participants were selected based on the following inclusion criteria: gender, year of study, race,

and having experienced depressive symptoms according to BDI-II. After 10 individuals were interviewed, data saturation occurred, as no new information was forthcoming from the participants during the interviews. Participants were representative of all three campuses. The data was analysed using thematic data analysis. The process of thematic analysis consists of a step-by-step guide as outlined by Braun et al. (2015). Chapter 3 presents a detailed discussion of the research methodology.

Ethical Implications and Recruitment

Permission to conduct the study was requested from the Psychology Department Research Committee of the Mahikeng campus, the research entity for psychology students in the Faculty of Health Sciences (COMPRES), as well as the Health Research Ethics Committee of the Faculty of Health Sciences (HREC). After approval of the application by HREC, permission was obtained from the Research Data Gatekeeper Committee (RDGC).

Informed Consent

Due to the COVID 19 Pandemic, an independent person could not assist with the research, but there was direct electronic communication with the researcher. There was no need for students to go to campus to sign consent forms. There was a link provided on the poster to access the informed consent as well as contact details for interested individuals. The prospective participants signed the informed consent forms via the link in the advertisement. The participants volunteered to partake in the research and had the right to withdraw from the study at any time, for any reason that might apply to them, without consequences.

Anonymity

Anonymity refers to the collection of data from respondents who are unknown to anyone associated with the questionnaire (Hammersley & Traianou, 2012). Anonymity ensured participants their names would not be disclosed or shared with anyone; pseudonyms (participant 1 to 10) were used from the start of data collection and analysis to mask participants` real identity. The researcher requested participants to sign an agreement form to prevent the revealing of any part of the information that might expose the participant's identity.

Confidentiality

Confidentiality refers to private information about the participants that may not be shared with anyone. However, the co-coder and supervisor have access to the information and the results obtained (Foxcroft & Roodt, 2013). There was confidentiality maintained, and the privacy of participants respected. The transcriber, who also acted as the co-coder, signed the confidential agreement before data collection. There was respect and equal treatment given to all the participants. In order to ensure privacy, the recordings were stored on the researcher's laptop in a secure folder, with a password created, and inside a compact disc. The original recordings were deleted from the recorder after data analysis. The transcribed findings (hard copies) and compact disc that contained the recordings remained in a locked cupboard at Ipelegeng (Psychology Department), and only the researcher and supervisor had access to the data stored. The data will be stored for five years. In some way, there was a breach of privacy, as participants were home and there were interruptions during the interviews; family members would disturb or look for

participants during the interview process. However, participants could share information without family members listening in on the conversation.

Risks and Benefits

Interviews might have evoked some emotions or secondary trauma due to self-disclosure that may cause the participant to be depressed or anxious to share their personal lived experiences. However, those individuals who required debriefing received a referral to the relevant counselling services on the three different campuses. Follow-up after the interviews were made.

Students, in general, are a vulnerable group, and therefore permission to do research with this group was obtained from the HREC, as well as the RDGC. The supervisors and researcher were not involved with the participants in any other way than the research.

There was no risk with regard to physiological harm, except when students reported having suicidal ideations. In that case, they received referral to the counselling centres.

The benefits are in two categories, which include the direct and indirect benefits. A direct benefit was that students received feedback about depressive symptoms, as indicated on the BDI-II. The indirect benefit is that the current study will close the gap in terms of the lack of literature regarding male students' experiences of depression, and their symptoms in the South African context and at the North-West University, specifically with regard to black male students. Secondly, it also give other researchers a platform to conduct research on male students and depression. Other students and the broader community may also benefit from the

results of this study. Males will understand that depressive symptoms can be experienced by males too, and learn about other people's ways of coping with the symptoms. The aim is to normalise the symptoms. The study will contribute to the limited knowledge about depression and males.

Dissemination

After completion of the study, there will be a poster illustrating the aims, objectives, results, and recommendations. This poster will appear on the NWU student Facebook pages.

Chapter Revision

Chapter 1 provides the introduction and context of the research study. It includes the research problem, the aim and the objectives of the study, the definition of concepts, and an overview of the methodology, and ethical implications.

Chapter 2 takes a comprehensive look at the literature regarding depression and depressive symptoms in the general population. The chapter also covers literature about cultural views of depression, as well as gender and depression, both international and in South Africa. The researcher will also discuss stigma, as well as the developmental phase of students.

Chapter 3 provides an in-depth discussion of the research methodology that supported the study. Aspects discussed include the research approach and design, the sampling method, data collection, and data analysis.

Chapter 4 presents the findings of the data analysis. The researcher reports on the subthemes and themes that emerged during data analysis.

Chapter 5 of this chapter includes the discussion of results in relation to literature.

Chapter 6 presents a critical reflection on the research process and personal experience of the researcher. There is a discussion of the limitations and recommendations, and conclusions made.

Conclusion

This chapter provided the context for the current study, contextualised the research within the current literature, and addressed the research problem's relevance to South Africa. The chapter defined and explained the important definitions, and provided the aims and objectives of the study and the structure of the research chapters. The next chapter provides in-depth information on literature regarding this topic.

CHAPTER 2: Literature Overview

Introduction

Depression among university students is an increasing public health problem globally and locally (Bantjes et al., 2020). Globally, and in South Africa, it has been reported, over a period of 10 years, that depressive symptoms and suicide rates are higher among black males than any other race (Naidoo & Schlebusch, 2014). Literature has shown this is due to many factors, which this chapter will explore further.

University years can be a stressful period, especially among black male students compared to other races (Mthethwa, 2018; Perre et al., 2016). According to Mthethwa (2018), the majority of black male students are from traditional families, disadvantaged backgrounds, and need to work hard to provide for their families, as their upbringing, men should be a breadwinner. In addition, depressive symptoms are highly prevalent among black male university students and are on the rise globally, with countless going untreated. In this chapter, the literature review will be in relation to depressive symptoms, cultural views of depression, as well as gender and depression. The researcher will also discuss stigma, as well as the developmental phase of students.

Depression

Depression is the most common mental illness that causes disability if untreated (Haroz et al., 2017). Approximately 300 million people worldwide are living with depression of which some may have it, but may not be aware of the mental illness (World Health Organization, 2017). According to the Diagnostic and Statistical

Manual of Mental Disorder (DSM-5), the term depression is interchangeable with major depressive disorder (MDD) or clinical depression (APA, 2013). Individuals with depression experience continuous feelings of sadness and hopelessness, with a loss of interest in activities they once enjoyed. Sue et al. (2016) defined depression as a low mood state characterised by sadness or despair, feelings of worthlessness, and withdrawal from others. Sue et al. (2017) further defined depression as a loss of interest in activities previously enjoyed, low mood, feeling demotivated to do something, and social withdrawal. Depression is a state during which an individual feels sad or irritable and has trouble sleeping, but these feelings and troubles should have been present for at least two weeks or more (Burke, 2014).

Concerning the current study, depression is a psychological condition, that have a negative impact on students, especially on academic activities and their social life. Additionally, in the context of the study, depressive mood is defined as a psychological state characterised by ongoing feelings of sadness, tearfulness, hopelessness, anxiousness, misery, loss of appetite, insomnia or oversleeping, somatic complaints, and suicidal ideations (APA, 2013; Burke, 2014). These depressive symptoms give a clinician a guideline to diagnose an individual who meets all or some of the symptoms listed in the DSM-5. When individuals experience depressive symptoms in general, these symptoms explain what these individuals have been going through during their lives. In relation to the current study, the statement above is also applicable to students and the depressive symptoms they experience in their lives. These symptoms can either refer to students being reluctant to attend lectures at university or become demotivated to do their academic work, such as assignments (Cassady et al., 2019). A study conducted by Makhubela (2021) further suggests that anhedonia, hopelessness, worthlessness, self-blame,

and loneliness are more prevalent and have a greater effect on other symptoms in depressed South African university students, irrespective of their gender. The next section will explain these depressive symptoms in-depth.

Depressive Symptoms

Depressive symptoms refer to a psychological state that is characterised by ongoing feelings of sadness, tearfulness, hopelessness, insomnia, loss of appetite, and suicidal ideations (APA, 2013). These negative emotions could include feelings of sadness, hopelessness, demotivation, guilt, helplessness, and lack of concentration (Sadock et al., 2015). Furthermore, Hetolang and Amone-P'Olak (2018) explain that depressive symptoms in students can have an impact on learning and memory processes, mostly affecting academic performance and associated with drinking problems and suicidal ideation. According to Beck et al. (1996), depressive symptoms consist of disturbed mood (sadness, loneliness, and apathy), negative self-concept, and self-punitive wishes. Furthermore, the Beck Depression Inventory II (BDI-II) also includes somatic and vegetative symptoms, such as anorexia, insomnia, and loss of libido as depressive symptoms (Beck, 1967). In order to understand depressive symptoms among students better, it is important to understand the developmental phase of students.

Students and Development

Arnett (2007) proposed a new conception of development that takes place between late adolescence and early 20s (18-25). This phase is characterised by change and exploration for most people; they explore life options open to them and eventually reach a stage where they make choices regarding love, work, studies, and worldviews. However, not all young individuals experience their late

adolescence and early 20s as years of change and exploration, as some may lack the platform to use these opportunities to explore. Nevertheless, scholars characterise emerging adulthood as a period when change and exploration are common, regardless of the circumstances encountered.

Arnett (2004) suggests that emerging adulthood is characterised by five significant features, which include identity exploration, instability, self-focus, feeling in-between, and possibilities. During the age of identity exploration, people are less reliant on their families and relatives. Most of them stay alone or have left home (university students), though they are not fully committed to adult roles, e.g. parenthood or marriage. This gives individuals between the ages of 18 to 25 years a suitable time to explore different roles within love and their own identity.

Secondly, during the age of instability, emerging adults are cognisant that they should have plans and goals about their lives to move from the adolescent stage to young adulthood (Baron, 2014). However, students may be confused about what careers to follow. Many may realise they wanted to be a doctor in grade 12, but due to circumstances and experiences, they now want to study something different (Baron, 2014). Another challenge may also be that emerging individuals cannot maintain romantic relationships (Arnett, 2007).

Age of self-focus is the third feature of emerging adulthood. In this feature, the creation of decisions is from a self-focused perspective. It also includes daily decisions, such as to study fulltime or study and work part-time, and what exactly to study.

Fourthly, during the age of ‘feeling in-between’ individuals develop slowly from adolescence to young adulthood. Students leave their families and go to university, but at the university, they do not yet establish and commit to new families.

Consequently, they do not feel like adults yet, and they certainly do not feel like teenagers. Lastly, during the age of possibilities, individuals tend to have high hopes and expectations; they have goals they want to achieve to secure their future (Arnett, 2004).

Literature states that there is a possibility of students developing depressive symptoms as they emerge through adulthood (Akyeampong et al., 2015). As students transition from home to university, they set goals and have hopes about their future and that they will attain their goals on time. If they do not attain these expectations, goals and hopes, students may experience depressive symptoms.

Depressive Symptoms and Students

According to Longmire-Avital and Robinson (2018) and Perre et al. (2016), depressive symptoms and anxiety are common problems at universities or colleges globally, as the university is both the most stressful and exciting period in an individual`s life. Throughout university years, students experience a new lifestyle, friends, roommates, and exposure to new, different cultures and experiences (Perre et al., 2016). Moving to university can be a stressful time, as students may face exposure to many risk factors that could lead to the onset of depressive symptoms (Bayram & Bilgel, 2008). Assisting students with this transition, institutions should make detailed efforts to improve students' awareness of mental disorders, educate black male students about mental health, and normalise the mental health in males in our communities (Matlala et al., 2018)

Othieno et al. (2014) noted other factors related to higher levels of depressive symptoms, which included study year, academic performance, and religion. Results further indicated those students who used tobacco, engaged in binge drinking, and

were older, were more prone to have experienced depressive symptoms (Othieno et al., 2014).

According to Zartaloudi (2011), suicide is more common in men during the late adolescent phase (20s). Patton et al. (2009) further state that suicide is two to four times likely in young men. Similarly, the APA (2013) found that students' experiences of depressive symptoms, according to DSM-5, are the highest in the 20s age range. Research conducted at Cambodia University explains depressive symptoms as one of the most predominant mental health problems that university students face. The mean prevalence of depressive symptoms in Cambodia University students was 30.6% in 2015 (Ngin et al., 2018).

In another study, Longmire-Avital and Robinson (2018) explained that depression and anxiety are common problems in universities. During these years, students experience different situations and challenges that affect their wellbeing, and academically. Students experience challenges as they go through a stressful phase in emerging adulthood and during their first year of university. Students may struggle if they are not prepared for the new adjustment from school to university and can become easily prone to depressive symptoms (WHO, 2017). Moving away from home and staying at campus or student accommodation can have a negative impact on the individual (Villatte et al., 2017). These experiences may result in an individual having depressive symptoms and other related behaviours (Arnett, 2004; 2007). Furthermore, the depressive symptoms experienced by the student may result in suicidality, problematic drinking, and use of other drugs (Islam et al., 2018).

Suicidal ideation and other depressive symptoms are more common among university students in South Africa compared to student populations in other countries (Bantjes et al., 2016). Male first-year South African students face more risk

factors during this transition compared to developed countries. Financial constraints, disadvantaged backgrounds, and stigma are the risk factors that exacerbate depressive symptoms when transitioning to university (Rathbone, 2014).

According to Bowman and Payne (2011) and Mungai and Bayat (2019), there is very little research about student mental health in South Africa. Research conducted on the mental health of students commenced in countries such as Nigeria, Namibia, Uganda, and India. However, all these studies were prior to 1980. Bantjes et al. (2016) conducted a study in 2013, results of which indicated that students at South African universities had a prevalence rate of 63.4% relating to minimal depressive symptoms. According to Bantjes et al. (2016), South African students had a higher than average rate of suicidal ideations, predicted mostly by depressive symptoms compared to the national population and to the international student population.

Mall et al. (2018) support Young and Campbell (2014) that one-sixth of first-year students from Stellenbosch University reported experiencing depressive symptoms during the previous year. However, in a study conducted by Perre et al., (2016) young people may not report depression due to stigma. Stigma, according to the authors, is a key factor known in preventing young people from seeking help in relation to their mental health or their depressive symptoms that are affecting them in their daily lives. Therefore, stigma frequently leads to prejudice, stereotypes, and discrimination. Furthermore, most students are afraid to seek help, because they are scared of being labelled, stereotyped, and discriminated against. Literature in the South African context is limited, and there have been calls for more research on the topic with a specific focus on depression in male university students (Naidoo, 1999; Sennett et al., 2003).

Depression Among Students During SARS-CoV-2 (COVID-19) Pandemic

The COVID-19 epidemic has had a significant impact on societies and citizens' daily lives worldwide (Johansson et al., 2021). When the COVID-19 pandemic struck and most countries entered lockdown, universities in South Africa and other parts of the world immediately transitioned to complete online learning (Strydom, 2020)

Nevertheless, the most evident and pressing issue encountered was student connectivity and coverage (Visser & Law-van Wyk, 2021). Many of the students, even those in urban areas, battled with data access, making it difficult for them to engage fully in their online learning. Students also battled with the issue of load shedding (electricity), and electronic devices to connect to the internet. These challenges created anxiety and depression in most students (Lone & Ahmad, 2020; Simegn et al., 2021)

South Africa's education system, like other aspects of society, is unequal. Some schools receive funding, while others do not. Too many schools are unable to move their courses online due to a lack of, or insufficient, infrastructure. Even if schools can transfer courses online, many students will be unable to access them on a long-term basis due to a lack of laptops or excessive data charges. The current need for a move to online learning serves as a reminder that, although living in the same country, individuals do not share the same resources. (Reiersgord, 2020)

Furthermore, some of the students were worried about their future, how they would pass their examination and how to protect themselves from COVID-19, as it is something new and unfamiliar (Basheti et al., 2021). South Africa, is a developing country and the living arrangements at home are not conducive for one to study, as

they may reside in a one-bedroom house and they are a family of seven (Simegn et al., 2021). Simegn et al. (2021) mentioned that these are the factors contributing to depressive symptoms and other mental illnesses in university students.

A study conducted by Johansson et al. (2021) shows an increase in anxiety and depression among university students during COVID-19. During the pandemic, the influence of physical separation and loneliness on mental health was identified as a major covariate (Johansson et al., 2021). Basheti et al. (2021) also stated that Jordanian healthcare students from a variety of specialities reported anxiety and depressive symptoms; students were profoundly emotional, with many displaying depressive symptoms.

Depressive Symptoms and Black Students

According to a study conducted in Africa in 2018, African universities demonstrated the prevalence of depression ranged between 16% and 67% (Rousseau et al., 2020). Similar to international studies, South African literature indicates there are risk factors that black male students experience when changing from high school to university. Sennett et al. (2003) support a statement made by WHO, that there are several risk factors to which black students are more likely to be susceptible as compared to other students. Sennett et al. (2003) explain that the risk factors more likely to contribute to a more challenging transition to university include low levels of education among parents or guardians, and difficulty to adapt from a traditional African culture to a modern western culture. Other contributions to risk factors may be difficulty to adapt from a rural to an urban environment, as well as difficult to transform from being a high achiever in a small community to being only one of many such students at university.

Burrows et al. (2007) conducted a study in six cities in South Africa and the results indicated higher rates of suicide in black males, caused by depressive symptoms. The majority of suicide victims are black males, according to a research study conducted in 2006 and 2007 on individuals in Durban, South Africa (Burrows et al., 2007). In addition, men committed suicide at a higher rate than women due to depression, according to the report (Naidoo & Schlebusch, 2014). According to Mthethwa (2018), suicide in South Africa, thought to be especially high among the White population, is now on the decline. Other demographic groups, especially the Black population, are increasingly growing (79.2%). There are reports that suicidal behaviour among Black male South African students is on the rise (Mthethwa, 2018).

Jordaan and Njilo (2018) indicated that students at the University of the Witwatersrand in South Africa have recently expressed their concern about multiple suicides and suicidal behaviour among their classmates, and have called for more mental health services. It was revealed that a black male student in Witwatersrand University committed suicide in 2018 (Jordaan & Njilo, 2018), and Etheridge (2018) further reported a black male student (University of Western Cape) committed suicide due to relational problems. Nonetheless, many, if not all, tertiary education institutions tend to be affected by the issue of depression, and suicide in males. In order to understand the impact of depression in black male students, it is also significant to explore the traditional views of depression.

Traditional Views of Depression

Foxcroft and Roodt (2013) state that South Africa is a diverse country with a highly heterogeneous population. It is a country with differences in racial, ethnic, and

cultural groups, according to the Constitutional Law. According to the Population Registration Act of 1950, which is amended continuously, every South African belongs to one ethnic group, such as Black, Coloured, Indian, and White. South Africa is also a multilingual country, and South Africa's constitution recognises 11 official languages: Sepedi, Sesotho, Setswana, siSwati, Tshivenda, Xitsonga, Afrikaans, English, isiNdebele, isiXhosa, and isiZulu.

Laher (2014) states that in most African countries, a person consists of four interacting layers, which include the body, physiological functioning, psychological functioning, as well as the inner layer, which is referred to as spirituality. Laher (2014) also explains that one can view mental illnesses as spiritual illnesses linked to the supernatural powers in the environment.

According to Strümpher et al. (2016), 80% of individuals in South Africa consult with traditional healers before going medical doctors. Most people in South Africa believe the cause of mental illnesses is because ancestors are angry (punishment) or being bewitched (Campbell et al., 2017). Strümpher et al. (2016) further report that many people who belong to the Black African culture associate symptoms of mental illness with spirits. These cultures prefer to seek help from family and friends, as well as traditional healers, such as a traditional doctor (inyanga) or a divine healer (isangoma). Campbell et al. (2016) and Strümpher et al. (2016) further state that individuals with mental illness tend to only seek help from a Western medical setting, such as clinics and hospitals, if the culturally preferred treatment failed.

In African culture, there is no word such as depression; the people do not see it as a real illness and people do not believe that individuals who are sad may have depression. As a result, sufferers are scared of discrimination, disownment by their families, or even dismissal from work, if they admit to have a problem (Andersson et

al., 2013). An individual with a mental illness is still perceived as crazy, dangerous, or weak. Society is uninformed about mental illness and constantly label an individual as crazy or insane, and because there is often an absence of physical symptoms, people view it as ‘not real’ or a figment of the imagination (Starkowitz, 2013). According to Fisha (2001) culture plays a huge role when it comes to depression in men. For example, in Zulu culture specifically, a man is supposed to be strong and never cry, regardless of the challenges, such as failing your examinations. The expectation is for them to be strong and maintain the idea that they are men. Therefore, they use avoidance strategies to live their lives and those strategies affect them regardless of how they try to hide feelings leading to suicidal ideations (Zartaloudi, 2011).

According to Ellis (2003), who conducted a study among the Zulu culture, three domains demonstrate depression; Ellis explained these domains from the perspective of a general practitioner and the patients. These three domains include *somatic complaints* (such as headache (ikhanda in isiZulu or go opiwa ke tlhogo in setswana), whole-body pain (wonke umzimba), *fatigue* (e.g (ukukhathala), loss of energy (ukuphela Amandla) or tiredness (ukukhandleka), *and messages of distress* (such as dizziness (isiyezi), loss of appetite (inhliziyo imnyama) and sleeplessness (ukuqwasha).

These three main domains indicate how people from Northern KZN explained depressive symptoms. The expressing of depressive symptoms is more likely to be metaphorical or symbolical idioms of distress. However, our African families and communities are not knowledgeable and informed about mental illness (Ellis, 2003).

Based on few articles reviewed and critical reading, it is also important to note that stigmatisation makes it difficult for certain people to discuss depression or

depressive symptoms. Individuals who do not have a mental illness may demonstrate fear and avoid those who are mentally ill. According to Sweeney et al. (2015), people who do not have mental illness label those with mental illness as violent and may believe that mental illness is contagious. All cultures in South Africa have a rigid definition of what forms an appropriate behaviour and there is a social stigma linked to depression or any other mental health problem. Often, the translation of social stigma relating to depression is as inaccurate stereotypes, such as lack of will power, danger to others, as well as antisocial behaviour, especially in males (Stangl et al., 2019)

Gender and Depression

Rousseau et al. (2020) indicate that the suicide rate is five times higher in males compared to females. Males do not seek mental healthcare or talk about their mental health, and tend to use substances or have behavioural problems as a way of coping with the distress. According to the DSM-5, there are fewer men diagnosed with depression compared to women (APA, 2013). Afifi (2007) found that women receive mental healthcare treatment more often compared to males; however, this could be because fewer men report their depressive symptoms and some continue to live with these symptoms without seeking help. Researchers try to understand the reasons behind men hiding or not seeking help. Brownhill et al. (2005) explain that the insensitivity of MDD criteria among men, and illustrate that men are more unwilling to express their depressive symptoms and seek help regarding their mental health.

Gender plays an important role in the presentation of depression. Branney and White (2008) explain that women`s experience of depressive symptoms is similar to

the symptoms found in DSM-5 for Major Depressive Disorder. The symptoms that women experience include excessive worry, sadness, feelings of loneliness and helplessness, suicidal ideations, an increase in appetite, and weight gain. Conversely, men are more motivated to express problems about physiological complaints, such as cardiovascular conditions, but not looking for help for their emotional and psychological problems. Oliffe et al. (2011) explain that masculinity relates to being a breadwinner, independency, being strong, assertiveness, authority, and self-assurance. However, Danielsson and Johasson (2005) state that when males encounter psychological problems, those who follow masculine norms might complain of body pains, and substance abuse; males do not pay much attention to their psychological distress.

Danielsson and Johansson (2005) established that women demonstrate readiness to express and communicate their feelings and emotional difficulties encountered. He further explained that women are gentler, fragile, and understanding. These behaviours expressed by women are more socially accepted. Nonetheless, para-suicides are more prominent in females than males (Fisha, 2001; Moscicki, 1997; Oquendo et al., 2001). When relating to depression in females and males, for example, one needs to be aware of the exposure to certain stressful life events, and how they respond to that particular stressor. It is evident that women, when faced with a certain stressor, tend to be more vulnerable to cope with everyday activities than males; nonetheless, women, when having depressive symptoms, show various coping mechanisms compared to men. These coping mechanisms include religious activities, such as going to church, seeking professional help, and talking about their challenges to people.

Brownhill et al. (2005) explain that individuals who follow masculine roles are more likely to employ coping strategies such as avoidance, resisting help, and escaping. They further found that men try to avoid their experiences of depressive symptoms by focusing on schoolwork or engaging in physical activities, such as swimming or running. They focus on those activities as a way of distracting themselves from depressive symptoms as well as a coping strategy. Men believe that being alone can solve problems and some believe that alcohol and drugs can help them escape from their emotional distress. However, Brownhill et al. (2005) added that all the unhealthy activities men do, do not allow them to realise their actual problem, but exacerbate problems that already exist.

When males are unable to cope with their depressive symptoms, destructive and unpleasant results follow, as those individuals partake in behaviours that can be risky, and dangerous. Men, for example, who experience depressive symptoms, can engage in the destruction of property, substance abuse, and suicide. However, these behaviours symbolise a physical release of bottled up emotions and pain. Men experiencing depressive symptoms show challenges with controlling their impulses, substance abuse, risk-taking behaviours, emotional numbness and lack of emotional expression (Cochran & Rabinowitz, 2003).

Based on few articles reviewed and critical reading, women are more likely to experience depression than men do, but men are more likely than women are to commit suicide (Fisha, 2001; Oquendo et al., 2001). In most instances, men commit suicide without warning or sharing how they feel with people around them compared to how women share their feelings. Zartaloudi (2011) further indicates that men are four times likely to commit suicide than women in all different age categories. Therefore, women, in most instances, are admitted for attempted suicide. In Finland,

for example, the male-female ratio of suicide is 10:1, which demonstrates that men are more likely to commit suicide. Men are more likely to experience depression more violently or in an aggressive way compared to women. Males diagnosed with depression are less likely to exhibit feelings of sadness, anger, hopelessness, losing interested in things he admires the most, insomnia, and inability to meet daily activities compared to women, who, for example, cry as a way of expressing distressing emotions. As a result, they engage in activities that are negative, trying to overcome the feelings they are going through in their lives. The negative activities include substance abuse, gambling, absenteeism at school, and violence (Zartaloudi, 2011).

A study conducted by Chuick et al. (2009) aimed at analysing men's descriptions of their experiences of depression. The sample included 15 men and the interviews took 45 to 90 minutes. The results obtained illustrated that the men's experiences with depression included normal symptoms of a major depressive episode as described by the DSM IV-TR. Results also indicated that these men had different atypical symptoms of depression, which are excluded from the traditional diagnostic criteria, for example alcohol or substance abuse, escalating interpersonal conflict, and challenges with anger management (Chuick et al., 2009). Participants' experiences with these atypical symptoms were recurring and increasing in nature, often representing ineffective strategies for coping with their depressive symptoms. In conclusion, the men in the study consistently expressed the influence of traditional masculine socialisation on their reluctance to talk about or seek help for their depression. These men felt their experiences correlated with how most men would deal with depression. They urged other men to avoid delay seeking help for depression.

Dognin and Chen (2018) and the WHO (2017) found that men try to avoid their experiences of depressive symptoms and tend to focus on dangerous activities as a way of distracting themselves from depressive symptoms, as well as to clear their minds. Men believe that being alone can solve problems and some believe that alcohol and drugs can help them escape from their depressive symptoms. However, Hudson et al. (2018) added that in all the unhealthy activities men do, they do not allow themselves to realise the actual problem encountered, but rather build on problems that already exist.

A study conducted by Danielsson et al. (2011) explored depression among young people between the ages of 17 to 25. The results obtained from the study indicated that this age group conformed to the gender-based norm. However, conformity was associated with self-esteem, feelings of acceptance, and security. The results indicated that depression was seen as a mental illness suffered by women, and the expectation was that men are strong and self-sufficient. Dependence on others was a sign of weakness in the male participants. The men were discouraged to share their experiences of depressive symptoms even when these symptoms become more severe.

Depression in male students can be linked to several factors. There is a connection between depression and moving away from home (social support), by going to university, financial problems, and pressure to perform academically (Rousseau, 2020). Courtenay et al. (2002), demonstrate the use of alcohol as an important factor among male university students. Excessive use of alcohol raises the risk of developing depressive symptoms. Male students regard alcohol use as a method to self-medicate their depressive symptoms. Furthermore, too much alcohol

use increases the chances for men to be aggressive, become a victim, or act as a perpetrator in violence and rape (Rousseau, 2020).

A study conducted by Othieno et al. (2014) with university students in Kenya, indicated the prevalence rate of moderate depressive symptoms at 35.7% - in males it was 33.5% and 39% in female students. Results also indicated a 5.6% prevalence rate for severe depressive symptoms, 5.3% for males and 5.1% for females (Othieno et al., 2014). Statistics indicated that males were severely depressed compared to females and that depressive symptoms were significantly more common among the first-year students, those who were economically disadvantaged, and those living off campus (Othieno et al., 2014).

Lwamoto et al. (2018) and Bantjes et al. (2019) indicate that male students engage in substances such as alcohol and drugs as a way of coping with problems encountered, resulting in losing themselves in the process of “effective coping.” These externalising behaviours are not part of the DSM-5 diagnostic criteria, and consequently men’s depression may go undiagnosed and unnoticed.

Due to the above information, literature indicated that males are more prone to developing depressive symptoms and may go unnoticed. Males are less likely to express their feelings and emotions compared to females. Korevaar (2019) indicated that suicide rate is five times higher in males compared to females. Moreover, males do not seek mental help or talk about their mental health and tend to use substances or have behavioural problems as a way of coping with the distress.

Conclusion

Thousands of students suffer from mental illness in universities, both internationally and in Africa. This chapter concluded that male students suffer from

depressive symptoms but do not seek help from anyone, as they are scared of being labelled, and discriminated against. It was also evident that cultural beliefs, background, economic social status, and being away from home contribute to first-year black male students having depressive symptoms. One can view these depressive symptoms through externalising behaviour such as excessive use of substances, i.e. alcohol and drugs. Males also become aggressive towards other individuals and engage in dangerous activities. The above literature also revealed that depression in men might go unnoticed and undiagnosed.

Literature in the South African context is limited, leaving room for more research on the topic that specifically focuses on depression in male university students. This study hopes to address this call for more research and provide useful detailed information for further research on the topic.

Chapter 3

Methodology

Introduction

This chapter of the dissertation focuses on the methodology that governed this study. The researcher will discuss the research approach and research design used in this study, including the sampling method used in selecting participants, the data collection method, and the system used to analyse the raw data.

Research Approach and Design

This study used a qualitative research approach. According to Creswell and Creswell (2017), the basis for qualitative research is a naturalistic approach that seeks to understand the phenomenon in context. Such an approach seemed relevant to the current study which explored and described the lived experiences of first-year black male students in North-West University (NWU) with regard to depressive symptoms. Furthermore, Willig (2013) explained that qualitative research focuses on meaning and interaction with people to make sense of their world and experiences. This research approach was applicable in the context of this study, because the study focused on finding the meaning behind the experiences of first-year black male students regarding depressive symptoms.

To explore and describe the lived experiences of the participants, a qualitative descriptive design was employed. The significant aim of the research involved first-year black male students describing and explaining their lived experiences of depressive symptoms in their own terms and way. According to Maxwell (2012), a

qualitative descriptive design is appropriate for research questions focusing on experiences and gaining insights regarding a poorly understood phenomenon.

Research Context, Population, and Sampling Procedures

Research Context

The study was conducted at the North-West University. The recruitment of participants was from all three campuses; however, the aim of the study was not to compare the data of the three campuses, but to look at the data holistically. Due to the COVID-19 pandemic, data collection was via Zoom Video calls (online method).

Population

The definition of population is a group of people, documents, and events that the researcher is interested in collecting information or data from (Moule & Goodman, 2009). North-West University black male first-year students were the population for this study. The researcher chose first year students to set boundaries for the study, and because of the challenges during transitioning from their home to the university context. According to Young and Campbell (2014), first-year undergraduates tend to show more depression and suicidal ideation than students in subsequent years, as they are transitioning to a new environment, leaving their families, and coping with financial distress. Mall et al. (2018) state that one-sixth of first-year students from Stellenbosch University reported having experienced depression during the previous year. Bantjes et al. (2016) reported that South African students had a higher than average rate of suicidal ideations predicted mostly by depressive symptoms compared to the national population and to the international student population.

Sampling

The researcher made use of purposive sampling. Purposive sampling refers to the intentional choice of participants due to their specific qualities (Etikan et al., 2016). The researcher chose purposive sampling, because the basis for participant selection was on the following inclusion criteria: gender, year of study, race, and having experienced depressive symptoms. The criteria helped to achieve the aim of the study and answer the research question.

Sample Size

Data saturation determined the sample size. After 10 individuals, data saturation occurred, as no new information was forthcoming from the participants during the interviews.

Recruitment process

The researcher requested permission to conduct the study from the Psychology Department Research Committee of the Mahikeng campus, the Research Entity for psychology students in the Faculty of Health Sciences (COMPRES), as well as the Health Research Ethics Committee of the Faculty of Health Sciences (HREC). After approval of the application by HREC, the Research Data Gatekeeper Committee (RDGC) granted permission.

Participants were approached online through the NWU Facebook page. Firstly, the researcher contacted the relevant administrators via email and asked for permission to post an advertisement on the pages. The advertisement included information on depression and depressive symptoms, inclusion criteria, and a link to access the informed consent and contact details for interested individuals. The

prospective participants signed informed consent forms (Addendum C) via the link provided in the advertisement. The recruitment process commenced from the 26 July 2021 to 30 August 2021.

Instruments

Beck`s Depression Inventory-II (BDI II) consent was obtained in the informed consent form and again verbally via a zoom session. A few days before the interviews, the BDI II was administered by the researcher via zoom. The protocols were scored and interpreted by the researcher and the independent person (registered Clinical Psychologist - community service).

The Beck`s Depression Inventory-II was used as a screening tool. The researcher chose the Beck`s Depression Inventory-II because it is a standardised screening tool that measures the presence and degree of depression in adulthood (Makhubela & Mashegoane, 2016). Based on the scores obtained on the BDI-II participants were chosen; following this they were contacted and informed of the results. Since the research focused on depressive symptoms, a score between 20 and 29 was considered, as indicated by Beck et al. (1997) and Johnston (2013). Participants who had a score below 20 and above 30 were excluded from the study. The main aim of the study was not to diagnose, but to focus on the depressive symptoms individuals encounter during their university days.

Data Collection

The researcher chose Zoom Video Communication to interview the participants because of the current COVID-19 pandemic. Once informed consent forms had been received, a zoom meeting with each participant was scheduled via electronic invitation. The advantage of Zoom Video Communication was that the researcher also noted the non-verbal cues during the interviews. Semi-structured interviews

were the tool for the collection of information. This type of interview provides an opportunity for the researcher to listen while participants talk of their own experiences about certain aspects relating to the topic (Willig, 2013). An interview schedule with questions guided the interview process followed by further probing and clarification. The interview schedule (Addendum A) contained of the following questions:

1. Tell me about your understanding of depressive symptoms

2. Which depressive symptoms have you experienced or are you experiencing?

3. What factors contributed to your depressive symptoms

4. Tell me about your general experiences of depressive symptoms (how other people look at it)

5. How do you address and cope with these symptoms?

Nieuwenhuis (2016) explained that during interviewing the researcher should attend to the responses of the participants in order to identify new themes that link directly to the phenomenon under research. The researcher followed up on participants responses and probed further to get detailed information. The questions were open-ended because these are important in semi-structured interviews. Such questions allowed the researcher to probe and get a clear understanding on lived experiences of depressive symptoms. Open-ended questions allowed participants to express themselves and there was no wrong or right answer in understanding the individual context. The interviews lasted about 40 to 50 minutes. Participants received a 2GB data voucher before for the Zoom meeting interviews. The

researcher audio-recorded and transcribed verbatim all the interviews, and consulted a translator to assist with the Setswana transcriptions.

Data Analysis

Thematic data analysis was used. Thematic analysis focuses on the recognisable themes and patterns in behaviour (Cooper & Schindler, 2006). Prior to data analysis, the interviews underwent transcription. Digitally voice recorded data were transcribed by the researcher. The co-coder received the transcripts without identifying information of the participants. The emails were deleted immediately after sending and receiving the documents. The transcriptions provided the researcher with textual data, which contained their actual experiences. Thematic analysis focuses on identifiable behavioural themes and patterns is highly inductive (Cooper & Schindler, 2006). Thematic analysis identifies, analyses, and reports patterns (themes) within data, describing the data set in rich detail.

The process of thematic analysis followed, consisted of phases or a step-by-step guide as outlined by Braun et al. (2015).

Phase One: Familiarising with the Data

The researcher reads the data repeatedly in order to identify themes (Braun, Clark & Hayfield, 2015). The researcher read the transcribed documents repeatedly and continuously to get a better understanding of what the data included; this was done while keeping a close eye on patterns of the data and taking notes.

Phase Two: Generating of Initial Codes

Once the researcher is familiar with the data, a list of ideas is noted and the researcher finds out what is intriguing in the data. At this stage, there will be formal

coding of the data, which can occur by hand or using computerised methods (Braun et al., 2015). To facilitate data analysis, data were collapsed into labels to form categories; the codes began to have meaning. Formal coding of the data commenced, by hand, by highlighting the codes. Refer to addendum G for coding template.

Phase Three: Searching for Themes

According to Braun et al. (2015), this stage follows the coding process. The researcher focuses on the bigger picture and develops individual themes. In this study, the researcher organised the data into themes based on the initial codes highlighted. Codes were re-evaluated to ensure that all were relevant, leading up to the themes. The researcher brainstormed with the co-coder about the codes and concluded with a list of prospective themes that needed further exploration.

Phase Four: Reviewing Themes

Once themes have been developed, they are improved and the researcher decides which themes to discard and which to combine or breakdown (Braun et al., 2015). At the end of this phase, the researcher acknowledges the different themes, and the way in which they link to one another in the study (Braun & Clark, 2006). In this study, the researcher looked at how themes supported the data and if they were relevant to the study's aim and objectives. The researcher re-worked the themes and gathered all potential themes.

Phase Five: Defining and Naming Themes

At the end of this phase, the themes need to tell a story about the data (Braun & Clark, 2006). In this study, the researcher evaluated the themes again for

consideration. The researcher, in consultation with her supervisors, was satisfied with the initial identified themes. The researcher explained each one, providing a thorough analysis of how the themes contribute to comprehending the data.

Phase Six: Producing the Report

The report must be written and include the extracts that tell a story about the data and link to the research question, aim, and objectives of the study (Braun & Clark, 2006). In this stage, the researcher started writing the final report after reviewing the final themes. The presentation of the themes were re-worked after consultation with the supervisors in order to present a scientific, qualitative description of the data in the form of themes, and at the same time answer the research question.

Validity and Reliability of Instruments

The Beck's Depression Inventory-II screened for depressive symptoms. It is a widely used instrument, accepted in South Africa for screening possible depressive symptoms. Research conducted by Dozois et al. (1998) illustrated that the BDI II is reliable with a high internal consistency of .93 among college students. The internal consistency of BDI II ranges from 0.75 to 0.88 across different studies (Ahmed et al, 2020). Furthermore, Makhubela and Mashegoane (2016) validated the use of the BDI-II with South African university students. The researcher administered and scored the profiles and the independent person scored and interpreted them for accuracy.

Trustworthiness

Trustworthiness is composed of the following criteria that need considering for the quality of the research, credibility (reflexivity), transferability, dependability, and confirmability. In this study, the use of confirmability, reflexivity, dependability, and transferability was to ensure trustworthiness.

Confirmability

Confirmability refers to how objective the researcher can be, so as not to influence the results obtained. It is the ability of the researcher to indicate that the basis for the responses is on the participants' descriptions and not any personal motivations by the researcher (Cope, 2014). Confirmability helps to prove that the data obtained is not the researcher`s point of view; it also involves ensuring that the researcher's bias does not affect the interpretation of what the participants describe (Korstjens & Moser, 2018). The researcher ensured confirmability by bracketing her own experiences, thoughts, and pre-suppositions to a point that she could enter into the participant's world. Direct quotes from participants supported the interpretations of data. Furthermore, supervision assisted to achieve confirmability. Supervision created a space whereby the researcher avoided being biased. The researcher underwent supervision regarding the interpretation of the data. Interpretations were grounded on the data collected, not on the researcher's point of view and preferences.

Reflexivity

The use of reflexivity was to ensure quality and credibility. Reflexivity acknowledges that the researcher's previous experience with the research topic and

the researcher's values may affect the process of research (Anney, 2014). However, through reflexivity, the researcher's bias is kept to a minimum (Cope, 2014). Based on the research, achieving reflexivity was by having individual supervision with the supervisors (constant feedback), whereby there was a discussion of the researcher's feelings, perceptions, and thoughts, and ideas raised to avoid being biased. Since the researcher has knowledge about depression, her views about depression in males and every information about depressive symptoms and thoughts that might had an impact on the research process, were put aside.

Dependability

Dependability refers to the constancy of the data over similar conditions (Nieuwenhuis, 2016), attained when another researcher or co-coder follows each stage of the research process and agrees with the decisions or conclusions obtained in your study. However, the study would be dependable if there was replication of the findings with similar participants in similar conditions (Creswell & Creswell, 2017). In the current study, dependability checking was by documenting the data precisely, accurately, and comprehensively. The co-coder checked the recordings and transcripts for correctness to ensure there was no drift in the definition of code during data analysis and every detail was included in the research findings. The co-coder analysed the data independently of the researcher. There was a comparison and discussion of the codes in terms of discrepancies and similarities between the two analysed data sets. Lastly, to ensure dependability, this chapter provides the steps followed during data collection and data analysis.

Transferability

Although the aim of qualitative research is not to generalise the data, ensuring transferability was by providing a thick description of the research process, as described by Lincoln and Guba (1985). There was an in-depth explanation of the detailed research processes. The study was conducted among a group of black males of a similar year of study, who were also members of the North-West University. Therefore, the interpretation of this study's findings was with caution, and the results will not appear as a true reflection of a broader student community.

Conclusion

In summary, the current study utilised a qualitative approach. In order to understand the lived experiences of first-year black male students at the North-West University, a qualitative research study was conducted using a qualitative descriptive design to gain a deeper understanding of the participants' lived experiences of depressive symptoms and to search for common meaning and interpretations across their experiences. There were open-ended questions and an interview guideline used in the interviews, which were then recorded. The researcher experienced this method to be supportive of her aim, as she obtained detailed descriptions of the participant's understanding of depressive symptoms, as well as their experiences thereof. The recordings were then thoroughly transcribed and analysed using thematic analysis. This type of analysis allowed the researcher to emerge herself in the data and, together with the co-coder, present detailed data based on the verbatim feedback of the participants. Throughout the research procedure, the researcher followed ethical guidelines to ensure the protection of herself, as well as that of the participants. The following chapter will discuss the findings.

Chapter 4

Research Results

Introduction

In this chapter, the researcher discusses the findings of the data collected. Semi-structured interviews were analysed thematically. In addition, the presentation of the participants' responses is verbatim to ensure trustworthiness of the findings. There were four themes, with accompanied subthemes, identified. Table 1 provides a presentation of the themes and subthemes.

Table 1

Overview of themes and subthemes

Themes	Subthemes
Understanding of Depressive Symptoms	Loss of Interest
	Sadness
	Social Withdrawal
	Loss of Appetite
	Suicidal Ideations

Experiences of depressive Symptoms	Loss of Interest in Previously Enjoyable Activities
	Feelings of Loneliness and Withdrawal
	Sleeping Problems
	Altered Eating Patterns
	Suicidal Ideation
	Hopelessness
Factors Contributing to Depressive Symptoms	Poor Social Support Contribute to Depressive Symptoms.
	Loss of Loved Ones
	Academic Challenges Contribute to Depressive Symptoms
	Challenges Related to Accommodation
	Financial Constraints
	Language Barriers
	COVID-19 Pandemic
Coping Strategies	Listening to Music and Movies

	Physical Activities Externalising Behaviour Sleep and Being Alone Accepting Depressive Symptoms and Moving on Connecting with a Higher Power

Theme One: Understanding of Depressive Symptoms

The data indicated a general similarity regarding the comprehension of the participants' understanding of depressive symptoms, although certain participants had interesting descriptions of their specific understanding. Participant 3, for example, indicated that others might see depressive symptoms in a way that everything becomes black or white, but for him there is a grey area, a place in between. However, some responses from participants were similar and the following five subthemes emerged regarding participants' understanding of what depressive symptoms are:

Subtheme One: Loss of Interest

Participants mentioned that in their understanding of depressive symptoms there is a definite loss of interest. According to Participant 2, part of depressive symptoms is "*Losing interest in a lot of things. Not enjoying things you used to enjoy before."* Another participant agreed that depressive symptoms include a loss of

interest in activities that were enjoyed before and stated that, *"You also lose interest in the things you enjoyed doing the most, e.g. if you loved alcohol and be around people you end up stopping* (P10). Two other participants also understood that depressive symptoms include the loss of interest:

- *"What I understand by depression is that people lose interest in many things they used to enjoy."* (P7)
- *"Not being interested in anything."* (P4)

Subtheme Two: Sadness

Participants mentioned they understood that sadness is part of depressive symptoms. The participants explained that you feel sad all the time; it is not one episode of sadness but recurring sadness. This was evident when Participant 2 stated, "*Depression is something that makes you sad all the time."* Participant 10 agreed with Participant 2 that sadness is a depressive symptom and stated that, *"Depressed individuals feel sad most of the time."*

Subtheme Three: Social Withdrawal

In this subtheme, social withdrawal was explored as part of understanding depressive symptoms. Participants explained that when individuals are depressed they want to be alone, because of certain reasons. Participants 7 and 8 indicated that a prominent symptom of depression is a need to be alone and stated individuals with depressive symptoms do not want to see people and they will avoid interactions with the people they love. Participant 10 voiced, "*At times you want to be alone because people bore you,"* and Participant 6 mentioned, *"You want to be alone in your own space and feel like when people talk to you they are irritating you."*

Participant 9 had a slightly different view on loneliness. He explained that sometimes you feel like you want to be with people, but you feel rejected without having a reason and you start experiencing self-pity. He further mentioned that, at times, you want to be alone and be away from people whom you love, such as family and friends, emphasising that it is not only general relationships that are affected by depressive symptoms, but also close, personal ones.

Subtheme Four: Loss of Appetite

Another symptom of depression that surfaced during the interviews was loss of appetite. Participants understood depressive symptoms to include either loss of appetite or an increased appetite. Individuals may feel like eating, but they do not have an appetite. Loss of appetite had a strong impact on body weight of an individual. Participant 7 communicated, *"Depressed people avoid eating or maybe they do not feel like eating and you also lose weight because you do not eat."* Participant 9 narrated that *"Loss of appetite might be one of the symptoms of depression.*" Conversely, Participant10 understood depressive symptoms as increased appetite; he reported*, "Sometimes you eat a lot or you don't have an appetite at all.*"

Subtheme Five: Suicidal Ideations

Participants communicated that depressed people experience suicidal ideations, and some stated that depressed individuals do not seek help for what they are experiencing. Participant 8 described depressive symptoms as a dark place without strategies to solve problems effectively, that can eventually lead to suicide. The possibility of such a devastating consequence was evident when Participant 8 stated, "*Depressive symptoms can also kill you when you do not ask for help. Being*

in a dark place, you feel like things aren't going your way. You get to the point where you feel like you wanna end it all because you cannot talk about it to people." Participant 1 also raised the issue of suicide, stating that, *"It is when a person wants to commit suicide."*

Theme Two: Experiences of Depressive Symptoms

The first-year black male students shared their lived experiences of depressive symptoms. In the context of the study, depressive symptoms refer to the negative emotions that first-year black male students experience in response to their lived experiences. It was evident that the participants not only understood depressive symptoms in general, all of them had experienced them. They experienced depressive symptoms in different ways compared to each other. There were six subthemes identified: loss of interest in previously enjoyable activities, feelings of loneliness and withdrawal, sleep problems, altered eating patterns, suicidal ideation, and hopelessness. Below is what emerged during the interviews.

Subtheme One: Loss of Interest in Previously Enjoyable Activities

Participants did not only understood depressive symptoms to include a loss of interest, but they also experienced this loss of interest themselves. Participants described activities they used to enjoy before experiencing depressive symptoms. It was evident from the data that the participants had lost interest in different kinds of activities due to their experiences of depressive symptoms. Participant 2 mentioned that he used to enjoy clubbing and partying, but not anymore. He stated, "*I used to enjoy going out, but not anymore.*" A similar experience was voiced by Participant 6 when he stated that he experienced *". . . lose of interest in things I used to enjoy the most.*"

Participant 9 also highlighted the fact that he no longer participated in activities that he enjoyed before. He mentioned that, "*I lost interest in many things. I used to play chess. A freak when it comes to chess. But I no longer play it. I had the chessboard and I gave it away. Also used to play sports and I no longer play."* Participant 1 elaborated on the fact that he loss interest by stating that he now prefers to be alone, "*I prefer being indoors alone than with people . . .*" Another participant highlighted the fact that he prefers to be alone due to his loss of interest in certain activities, "*I was in a deep hole whereby no one could access me. I was in my world; alone, blaming myself and heartbroken. I was lonely and lost interest in things I used to enjoy such as partying*" (P3). Interestingly, one participant indicated that, although he lost interest in certain activities, he still desired to be among people, "*I also lost interest in activities, but not people."*

Subtheme Two: Feelings of Loneliness and Withdrawal

Feelings of loneliness emerged in this subtheme. Of note was that not only did the participants understand depressive symptoms as including loneliness, but also experienced loneliness themselves. Participants stated they lost interest in things they used to enjoy the most and they ended up withdrawing from people and the environment, evidenced when Participant 2 reported, "*When I arrive at home, I just want to be alone."* Most participants preferred being alone when experiencing depressive symptoms. Participants 3 and 4 agreed with the above statement that when they are depressed they sometimes feel as though they are in their own world. This was evident when Participant 3 stated, *"I was in a deep hole whereby no one could access me. I was in my world, alone."* However, participants also felt isolated from the environment. Participant 4 revealed that he was lonely and the people around him were not emotionally and socially supportive. Lack of support from the

world contributed to Participant 4 feeling withdrawn from the environment. He stated that, *"I was lonely; I felt like the world was shutting me out.*" Boredom was as a contributing factor leading to withdrawal. This was evident when Participant 10 noted that, "*At times you want to be alone, because people bore you."* Participant 2 also withdrew when becoming bored. He explained that he would leave early at parties because "*. . . I am bored and I want to go back home, I just want to be alone."*

Subtheme Three: Sleeping Problems

In this subtheme, most participants mentioned they experience challenges with sleeping, due to hypersomnia or insomnia. Participants explained they experience sleeping problems due to depressive symptoms. They mentioned that if they were distressed, this significantly affected their sleeping patterns. This disturbance in sleeping patterns was evident when Participant 6 mentioned that, *"I no longer sleep like I used to before."* Some participants stated they tended to overthink, which contributed to their sleeping problems. While overthinking, they do not fall asleep. This was evident when Participant 2 stated that "*Well at the moment sometimes I do sleep, but find challenges at night. I wake up at night and I overthink about my issues so I don't sleep that much at night."* Participants 5, 6, and 7 also mentioned that overthinking had an impact on their sleeping patterns:

- "*I do not sleep at night. I am always thinking."* (P7)
- "*I cannot sleep well at night. The problem is that I overthink."* (P5)
- *"I am always overthinking and cannot sleep."* (P6)

Conversely, participants indicated they would sleep more than usual. Participant 8 stated*, "I always feel like sleeping.*" Even though Participant 2 indicated

that he found it difficult to sleep at night, and there were times when he ". . . *was always in my room sleeping.*"

Subtheme Four: Altered Eating Patterns

Participants mentioned altered eating patterns and narrated that they either experience loss of appetite or increased appetite. They also explained they do not feel hungry, because their mind is always preoccupied with thoughts. Participant 2 stated that, "*Sometimes I go the whole day without eating. When that girlfriend checks up on me, she asks whether I ate and that is when I remember that I need to eat."* Participant 10 also described a loss of appetite by stating, "*I hardly eat, I don't even feel like I am hungry."* Participant 7 echoed the loss of appetite, *"I cannot eat as well."* Conversely, Participant 1 revealed that he had increased appetite whereby he ate more than usual. He stated that, *"I eat a lot than usual, we can say my appetite increased by 50%, I used to eat two slices of bread now I consume four."*

Subtheme Five: Suicidal Ideation

There were a range of wishes and urges to commit suicide mentioned. Suicidal ideations were noted, and some participants struggled with those thoughts. Participant 9 expressed suicidal thoughts, but stated that he does not want to cause pain to his mother, hence, he has not acted on those thoughts.

Participants explained that pressure from home to perform well in their academics, issues of bursaries, and previous romantic relationships contributed to their depressive symptoms. Participant 9 reflected on continuous thoughts surrounding suicidal ideations, *"Suicidal thought was the main idea. I thought killing myself was going to be a better idea than going through what I was feeling. mmh*

suicidal thoughts have been the main symptom I have experienced." Participant 9 revealed the reason behind his experience of suicidal ideations being, *"Mmh pressure from home and my past relationship. It is one of the reasons why I feel this way."*

Participants also shared what they experienced from their neighbours and people in their communities regarding depressive symptoms. The main factor was stress that contributed to these suicidal ideations. Participant 1 stated that, *"I have seen students attempting suicide and others committing suicide due to stress."* Participant 2 also added that, *"When one individual is depressed they do not think straight and others commit suicide to let the pain go."* Most people have their own stigma around mental illness, which creates distress when an individual starts to demonstrate certain symptoms or when they need to seek help. Participant 3 also explained how society views men as weak after they accept they are suffering from depression. Participant 3 mentioned that, "*People commit suicide especially males instead of seeking help cause they are scared of being seen as weak. We have seen on the TV how many die because of depression and still, no one takes it seriously. Sometimes I think of dying as it will be better."*

There were follow-ups during and after the interviews with the participants who expressed suicidal thoughts, and participants received a referral to counselling centres on each campus.

Subtheme Six: Hopelessness

Participants explained they feel hopeless about their future. Participants experienced feelings of hopelessness after noticing that their plans and goals were not going the way they planned. The challenges that participants encounter in their

daily lives and academia contributed immensely to them experiencing depressive symptoms. Participant 6 explained how feelings of hopelessness demotivate him to continue working hard. This was noted when he reported, *"I am hopeless, I feel like everything I do or try to do, does not go the way I want it. Eish! I no longer have that thing for life."* Participant 9 expressed how the break-up of his romantic relationship of more than 14 years contributed to him experiencing feelings of hopelessness. He stated, *"I have lost hope in love and life. Life sometimes can be meaningless. The reason behind that is the situation from the home of finances and also thinking about the memories and the plans we had with my ex-girlfriend."* Participant 10 was worried about being unemployed after completing his degree, "*I have lost hope. my life. I think about my future and I feel like I won't be able to find a job due to the current unemployment rate."* Participant 2 had similar concerns regarding careers and obtaining jobs after completing their studies. It was evident that participants were worried about their future, and what demotivated these two participants was the fact that in their communities there are only few people educated and employed. Participant 2 mentioned, "*My future is hopeless, considering my background and growing up in an environment where a lot of people have not made it in life. Maybe we have only one individual who is successful in our community. There is also this thing that as soon as I complete my studies, will I be able to get a job and help my family or I will fall under that situation whereby I will be an unemployed graduate. It does get to me sometimes. I also wonder if the course I am doing will it help me to be a better person or I work hard and there are no job opportunities."*

Theme Three: Factors Contributing to Depressive Symptoms

Participants described different factors that contributed to their depressive symptoms. In this theme, there were seven subthemes identified: poor social support contributes to depressive symptoms, loss of loved one, academic challenges contribute to depressive symptoms, challenges related to accommodation, financial constraints, language barrier, and COVID-19 pandemic.

Subtheme One: Poor Social Support Contribute to Depression

It was evident from the data that a lack of support contributed to depressive symptoms. Participants stated they did not get support from their families and friends and poor social support contributed to them having depressive symptoms. This was evident when Participant 4 stated that his foster parents were not supportive. Participant 5 also indicated a lack of support by stating that, *"I don't have a support."* Participant 7 mentioned that *"I receive less support from home and I did not have anyone whom I can talk to or communicate to regarding my modules.*" Participant 8 revealed that, *"I never got any emotional support from anyone; at times I break down mentally and there is no one I can tell."*

Subtheme Two: Loss of Loved Ones

Participants communicated that losing their loved ones affected them adversely. Loss also contributed to their depressive symptoms, as they felt lonely and not provided the space to grieve**.** Participant 2 stated that ***"****On the 17 of January 2021, my mother died, and I did not cry at her funeral. I was shocked and withdrawn. I cried when I moved to university later on. I also felt overwhelmed and never talked*

to anyone about it I didn't want to see anyone. I also felt like I wanted to deregister from the programme and go stay at home."

Losing a parent also had an impact on Participant 4. He reported he had no support after the death of his mother and no one showed him love or provided a safe space for him to grieve and mourn his mother. He expressed that, ***"****From 2014, the time I lost my mother and then I went to stay with my grandparents. They are the ones who raised me. And to be honest they were just like foster care parents. They didn't give me that love a child might need after losing a parent."*

Participant 8 explained the impact of losing parents at an early age and how his grandmother had to look after many kids. He felt like he did not get full attention or build the secure attachment. He had to be there for himself and grow to love himself. He stated, *"My parents died when I was three years old. I was raised by my mother's mother, my grandmother. She raised other kids such as my cousins, grandmother and she could not give us attention individually as we were many. Things are never easy for me. I have to work extra hard alone and I can say that I raised myself. I never got any emotional support from anyone at times I break down mentally and there is no one I can tell."*

Subtheme Three: Academic Challenges Contribute to Depressive Symptoms

The participants revealed that academic challenges contributed to students developing depressive symptoms. Challenges included aspects such as going to university at an older age and making wrong career choices. In this regard, Participant 2 stated that, *"I also find challenges academically.*" Within the academic environment, age and wrong career or subject choices also had a great impact on Participant 3, as he expressed that, "*Now my age (29) and still doing the first year. I*

did financial management, economics and nature conservation. Yeah... I dropped out three times but the second was due to finances at home. The first time I just dropped out. I did not feel the course at all." Participant 7 expressed he was struggling academically because he enrolled in a course he did not enjoy or felt passionate about. He started missing assignments and tests because he was demotivated to go study. He stated, *"Academics I am struggling as well. I am struggling and I even feel like I want to deregister and enrol in something new. Maybe something I will enjoy. I have also failed some modules first semester. . . I missed a lot of tests which affected my participation mark to qualify to write examinations."*

Another academic challenge was regarding poor academic performance. One participant communicated that he was experiencing poor academic performance due to registering late at the university, *"I registered late and even now I am still struggling with annual modules. Likely in the second semester, there are new modules that are introduced to us. So now I know what is expected from those certain modules which reduce stress compared to the past modules this stress from modules" (P1).* Participant 1 also performed poorly, stating that, ". . . *been going through a lot. The first semester, I failed modules and I was stressed about my life. I wrote the second opportunity and I did not do well."*

Some students had difficulties with their modules due to the current pandemic (COVID-19) challenges, as they had to enrol for online classes. Most students have not met each other due to online lectures. Participant 5 reported that, *"I registered late and due to COVID-19, we don't go to classes we only do online classes which is I never met them.*"

Subtheme Four: Challenges Related to Accommodation

Participants expressed that as they moved to university, they had challenges with accommodation, and this contributed to depressive symptoms. These challenges had an impact on students, which affected them in adjusting to the environment. Participant 1 stated that, *"When I moved in here from home, I did not find good accommodation. The situation here in this city is too bad and difficult to survive."* Participant 7 further added that he also found challenges finding accommodation as he registered late, which had an impact on his studies as he could not concentrate during lessons. He mentioned, *"Ahh remember I registered late and I did not have accommodation. There are times I will sleep at a certain lecture hall and I was always stressed and did not have a place to sleep and I could not even concentrate on my studies.*"

Subtheme Five: Financial Constraints

Participants reported that financial difficulties contributed to their depressive symptoms. Participant 3 explained that he did not drop out of university because he was not coping well at school, but because of finances. He stated, "*I am good with what I do. Even the courses I dropped out, it was not because I was failing. It was finances and losing interest."* Other students experienced challenges with bursary applications, whereby they had to wait for admission. Participant 7 reported that, *"It was because of finances. I remember I applied for a bursary but I was still on a waiting list. My family did not have money to pay for my registration fee. They did not even have the money for transport."* Participant 5 also experienced, *". . . financial issues and bursary stuff."* Other participants expressed that the money received from bursaries was not enough to afford basic needs, such as clothes. Participant 10

stated that, *"My parents cannot afford to buy me clothes and the NSFAS money is not enough as I also have to send them some money for bread. Both my parents are unemployed."* Participant 10 further reported that, *'This is university and I don't have money to buy clothes and be like other students.'* Participant 9 agreed that "*Sometimes, eh as am an NSFAS beneficiary, sometimes at or end of the month you will want to buy clothes but my mother cannot assist or help me."* Participants also noted that they had to provide for their families. Participant 8 voiced that, *"The money I receive from bursary I support myself and also help my grandmother as my other cousins are having kids as well and unemployed."*

Subtheme Six: Language Barriers

As students move to a new environment, language may become a concern. Participants explained that being in a new environment caused them distress as they could not comprehend and articulate the language. Participant 5 reported that he struggled with the language, as he is a Zulu speaking individual. He also highlighted that the issue of language hinders him from socialising and express himself with his peers, "*The experience I have experienced since I have been in Gauteng is that I am unable to interact due to the language barrier."* Participant 5 further reported that, *"at the end of the day, I need to speak English. There are times I wish to express something in my home language but it is difficult. When it comes to socialising it is difficult because I am not myself."*

Participant 7 also reported the inability to communicate with his peers due to the language barrier. He stated, *"I am so lonely and I don't even have friends here because of language difficulties. Some individuals do not want to use English for communication; they all assume that we are all Setswana speaking individuals."*

Subtheme Seven: COVID-19 Pandemic

The spread of COVID-19 has had a significant distress on students, as they could not attend their lectures physically. Some students were not familiar with technology and others in remote areas had no network coverage. Participants stated that they had difficulties with adjusting to online lessons as they could not engage with their peers, share knowledge, or form a study group, because they had never met. Participant 7 stated, *"You know, the sad part was everything was online and I did not have anyone whom I can talk to or communicate to regarding my modules."* Participant 5 supported Participant 7, as he stated that, *"Due to COVID-19, we don't go to classes we only do online classes which is I never met them."* Participant 1 revealed that the impact of COVID-19 was not only academically, it also had a negative impact on his health and fitness. He stated that, "*The global pandemic also plays a huge role because I cannot go to the gym or do other activities because I need to be safe.*"

Theme Four: Coping Strategies

This theme explored different coping strategies that participants employed when experiencing depressive symptoms. These coping strategies had an impact on how participants dealt with the depressive symptoms. It was evident they used various coping strategies and each person was different and how they solved problems was unique from one participant to the other. There were six subthemes identified: *listening to music and watching movies, physical activities, externalising behaviour, sleep and being alone, accepting the depressive symptoms, and connecting with a higher power.*

Subtheme One: Listening to Music and Watching Movies

Participants referred to music and watching movies as coping strategies and expressed they felt relaxed and in a good state after doing so. There was evidence of these coping strategies when Participant 7 stated, "*Music makes me feel relaxed and takes my mind away from overthinking and always in my head."* Participant 5 stated that, *"Youtube videos take my mind away from overthinking and stressing and listening to music too."* Participant 9 also revealed that he listened to music, *"I listen to music, specifically gospel music. The music makes me happy. I just get to bed and listen to gospel music"*. Participant 10 also agreed with the above participants that music makes one calm and relaxed, "*I listen to music; music makes me calm and relaxed.".*

Participant 3 communicated that he prefers watching movies with happy endings. He also explained that he watches movies that are more resilient and optimistic. He reported, *"You know when I am stressed I am a person who loves movies. I will search for those movies that have a happy ending and stuff. I will imagine myself and going through the character in the movie and end up having a happy ending. This is how I cope most of the time."*

Subtheme Two: Physical Activities

Participants communicated that sports, games, and walking outside were ways for them deal with depressive symptoms. Participants noted that these activities helped to improve their mental health, mood and reduce stress and depressive symptoms. Participant 6 stated, "*Playing rugby helps. Keeps my mind busy and refreshed."* Participant 7 reported, "*I like playing soccer, it takes my mind away from all the stressful situations. I remember when growing up my grandmother*

said that we should learn to walk and get fresh air rather than thinking about the same situation again and again."

Participant 4 plays games and takes a walk outside when he feels distressed, *"I will just rather go play a game of snooker pool or take a shower. But on a normal day, I will take myself out of a situation that makes me feel bad."* Participant 6 revealed that he also takes a walk and gets some fresh air. He mentioned that, "*I also go outside to get fresh air and I come back feeling better."*

Subtheme Three: Externalising Behaviour

In this subtheme, it was evident that participants used substances and self-mutilation as a way of coping with the distress. This was apparent when Participant 4 explained that he uses substances when he is distressed***;*** *"When I am stressed I just smoke weed. It makes me feel……mh….. it makes me feel like actually but not I don't care but it makes me get over the stressors."* Participant 9 also explained that he cuts himself to let go of the pain, he stated, *"Just hit the wall with my hands and I used to take the blade and cut myself to take the pain away. I believed that when I felt pain in my skin and the pain in my heart will go away."*

In addition, people in families and communities are not aware about depression and if they are depressed, they use alcohol and abuse other people as a way of coping with the distress. Participant 10 stated, "*People pay less attention to it and end up abusing people and drinking so much beer. Most people prefer drinking alcohol to solve problems but are not aware that it will not solve any problem."*

Subtheme Four: Sleep and Being Alone

Sleeping and being alone was a coping mechanism that most participants employed in the study. Participants explained that they are unable to speak to anyone when encountering a stressful situation. It was notable when Participant 1 stated, "*I also do not talk too much so I keep everything to myself."* Participants further mentioned that they opt to be alone, ruminate, and sleep, as evidenced in the following quotes:

- *"I lock myself, thinking about the situation over and over again and as well."* (P2)
- *"I sleeping a lot, I prefer being alone and when I wake up I feel better."* (P1)
- "*I sleep. As I said as well I prefer being alone."* (P10)

There were two additional subthemes identified, although only two participants mentioned it:

Subtheme Five: Accepting Depressive Symptoms and Moving on

Participant 1 explained that accepting the situation and moving on is a significant step to cope with depressive symptoms. He stated, *"The key motto: move on, if I come across a situation that is difficult or challenging I find a solution and move on*."

Subtheme Six: Connecting with a Higher Power

Participant 8 explained that when he is experiencing depressive symptoms, he communicates with God through prayer. He stated*, "I pray, prayer helps me as I communicate with God and also listen to music. Gospel music allows me to be together and feel good about myself."*

Conclusion

In summary, the analysis provided an understanding of depressive symptoms and the lived experiences of first-year black male students with such symptoms. The chapter explored the factors contributing to depressive symptoms and coping strategies. The results highlighted the similarities in how black male undergraduate students understood depressive symptoms and how they experienced the symptoms. Participants also demonstrated fair knowledge of depressive symptoms and effective ways of coping with these symptoms. The next chapter will discuss these results in comparison to current literature.

Chapter 5

Discussion

Introduction

This chapter discusses the research results of the previous chapter according to the themes identified. The discussion also includes literature to integrate the results with previous research and to discover any similarities or discrepancies between this study and other similar literature.

Theme One: Understanding of Depressive Symptoms

According to the data collected, the participants in this study had a comprehensive understanding of depressive symptoms. The findings illustrate that in terms of understanding depressive symptoms, the participants' regarded them as loss of interest in activities previously enjoyed, sadness, loneliness, loss of appetite, or increased appetite, and suicidal ideations. Similarly, APA (2013) refers to depressive symptoms as persistent feelings of sadness, tearfulness, hopelessness, suicidal ideations, insomnia, and loss of appetite. Furthermore, Sue et al. (2017) understood depression as a loss of interest in activities previously enjoyed, low mood, feeling demotivated to do something, and social withdrawal. The results therefore indicate that the understanding of depressive symptoms by participants did not deviate from general descriptions in literature.

However, certain aspects not mentioned by the participants were prominent in literature. The researcher found it noteworthy to mention that literature indicates that black males understand depression as ancestral communication or weakness of an individual (Williams, 2019). Williams (2019) explained that when an individual is showing depressive symptoms, it is because ancestors are trying to communicate

with them, being bewitched, or punishment for wrong doings. Furthermore, Ezeugwu and Ojedokun (2020) and SADAG (2018) mentioned that "Boys don't cry, and men don't cry," which is an African proverb that refers to what society expects of males in stressful situations. Men are not supposed to cry or talk about their depressive symptoms, because of culture; a man is supposed to be strong and never demonstrate symptoms of weakness (Zwart, 2020). Hannor-Walker et al. (2020), understood depressive symptoms as a way of life among black males and noted that everyone experiences depression at some point in their lives. Researchers have discovered that some black males hide or mask their depressive symptoms, because they are afraid of how others may react (Shetty et al., 2018).

In the current study, the participants did not display the views as indicated above. They acknowledged depressive symptoms as a reality and comfortably talked about their understanding thereof. It was, however, evident that the way they understood depression differed from their own experiences. Although they could easily describe depressive symptoms, they personally had difficulty at times in expressing their emotions (as described under Theme two).

Theme Two: Experiences of Depressive Symptoms

Findings suggested that male students experienced a loss of interest in previously enjoyable activities, feelings of loneliness and withdrawal, sleep problems, altered eating patterns, suicidal ideation, and hopelessness. These experiences are in line with literature, indicating that males are most likely to report symptoms of Major Depressive Disorder (MDD), such as fatigue, irritability, loss of interest in work and hobbies, and sleep disturbances (Haroz et al., 2020). Furthermore, SADAG (2018) explained that when men have depressive symptoms they demonstrate symptoms such as persistent sadness or anxious mood, feeling restless and irritable,

sleeping and eating too little or too much, and have difficulty concentrating. Depressive symptoms are also characterised by constant fatigue, feelings of guilt, a loss of interest in activities formerly enjoyed, and suicidal ideations. The findings from the current study confirmed that male students experienced typical symptoms of depression as listed in the DSM-5 criteria for MDD.

Furthermore, findings from the current study illustrated that black males experience stigma around mental illness, and they cannot express their emotions when distressed. Cole and Davidson (2019) and Barlow et al. (2018) explained internalising behaviours such as emotional numbness and inability to express emotions when referring to experiences of depressive symptoms. When black males start to experience certain symptoms, they do not talk about them or seek help, because of the traditional saying that a man should not cry or be weak (Akyeampong et al., 2015). Discussed below are the identified subthemes.

Loss of Interest in Previous Enjoyable Activities

Findings from the study demonstrated that black male students lost interest in things they previously enjoyed, such as sports, clubbing, going out with friends, drinking alcohol and playing chess. They tended to withdraw from the activities that they loved the most, preferring to be alone and withdrawn from their families and friends. Makhubela (2021) explained that male university students, who are experiencing depressive symptoms, are more likely to rely on themselves, and withdraw socially. According to APA (2013), loss of interest in previously enjoyed activities is referred to as anhedonia, a core symptom of MDD. Individuals

experiencing depression tend to lose interest in the activities they previously enjoyed the most.

Sleeping Problems

Findings from the study, participants experienced sleeping problems; either hypersomnia or insomnia when distressed. Barlow et al. (2016) noted that depressed individuals experience sleeping problems. Some experience excessive sleep, which could be due to an individual always feeling tired and demotivated; others ruminate about the distress contributing to insomnia (Sue et al., 2016). Literature indicates there is a strong link between sleeping patterns and depressive symptoms (Dağ & Kutlu, 2017). Dağ and Kutlu (2017) noted that depressed individuals experience sleeping challenges and sleep problems, which are a key symptom of MDD.

Altered Eating Patterns

Findings revealed that participants experienced altered eating patterns as depressive symptoms. Du Plessis et al. (2017) state that when individuals are experiencing depressive symptoms, their eating patterns change. Similar to findings in this study, literature also indicates that individuals with depressive symptoms experience loss in appetite or increased appetite (APA, 2013; Sadock et al., 2016). The literature further suggests that some individuals with depressive symptoms have increased appetite as a way of coping with their distress (Burke et al., 2014).

Simmons et al. (2016) supported the findings of the study by noting that individuals with depressive symptoms commonly experience appetite and weight changes. Simmons et al. (2016) further noted that approximately 48% of individuals with depression experience decreased appetite and 35% experience increased appetite.

Hopelessness and Suicidal Ideation

Findings from the study demonstrated that participants experienced feelings of hopelessness. Participants experienced these feelings because of their future, whether they would be employed after completing their studies or be successful in order to provide for their families, as they observed the rise in unemployment rate in their communities. Achdut and Refaeli (2020) reported that fear and worry of unemployment contribute adversely to students developing depressive symptoms. Findings also noted that participants experienced feelings of hopelessness after noticing their plans and goals were not going the way they envisaged. Hassel and Ridout (2018) stated that as students transit to university, they set goals and work hard to achieve those goals; if not achieved they contribute to depressive symptoms.

Findings further illustrated that participants experienced suicidal ideations. The findings were congruent with APA literature (APA, 2013), which state that depressed individuals may experience suicidal ideations. Beutel et al. (2017) specifically noted the link between loneliness and depressive symptoms and

suicidality in men. Literature also states that students experience academic pressure, which may contribute to suicidal ideations (Bantjes et al., 2016; Isometsä, 2014). Depressive symptoms and suicidal ideation are more common among first-year undergraduate students than among their peers in subsequent years of study (Rousseau et al., 2021). Makhubela (2021) added that South African students have a higher than average rate of suicidal ideation when compared to the national population and international student populations, with depressive symptoms being the most reliable predictor.

Conversely, findings from the study highlighted the experiences of depressive symptoms by neighbours and people in their communities, as perceived by the participants. Participants noted that, in general, family members and members of communities are not aware of depression and if they are depressed, they use alcohol and abuse other people. Cole and Davidson (2019) indicated strong evidence that explains that men with depressive symptoms experience externalising behaviours, such as anger, impulse control problems, aggressive behaviour, substance abuse, risk-taking (drunk driving and binge drinking), avoidant behaviours (being workaholic and overly involved in sports) and suicide. Kunst et al. (2017) stated that males show atypical symptoms of MDD, such as anger, irritability, risk-taking behaviours and use of substances.

The depressive symptoms experienced by communities, as perceived by participants, were different from what participants experienced. The participants expressed that they experience internalising behaviours such as typical symptoms of MDD, for example, loss of appetite and sleep problems according to DSM-5 criteria (APA, 2013). Participants also shared what they have witnessed and experienced in their communities with individuals with depression. Externalising behaviours were evident when a male is experiencing depressive symptoms. Depressive symptoms in males may manifest in anger, irritability, excessive substance use or abusive behaviours (SADAG, 2018).

Theme Three: Factors Contributing to Depressive Symptoms

Depressive symptoms were commonly the outcome of stressful life events in this study. The aetiology of depressive symptoms was not comprehensive, since the perception of depressive symptoms was as the result of external stressors, disregarding the biological aetiology of depressive symptoms. Participants stated that their depressive symptoms were results of poor social support, loss of loved ones, academic challenges, challenges related to accommodation, financial constraints, language barriers, and the COVID-19 pandemic. Similar to the findings, Mall et al. (2018) and Young and Campbell (2014) proposed that South African university students demonstrate a pattern of early undergraduate vulnerability. They experience adjustment challenges to university and are less equipped to cope with certain stressors. Additionally, stressors accompanying the transition from high school to tertiary education also contribute to the risk of developing depressive

symptoms (Ibrahim et al., 2013; Sivertsen et al., 2019; Young & Campbell, 2014). The following are the identified subthemes:

Challenges Related to Accommodation

The participants in this study especially experienced challenges regarding accommodation. Mudau (2017) stated that student accommodation at public universities is viewed as a crisis that causes distress to students. Getting safe, affordable accommodation close to campus can be a challenge on its own that can have an impact on the wellbeing of an individual. Sikhwari et al. (2020) found that students who reside off-campus and far away from the university campus experience challenges with costs of transportation to and from the campus, noting the socioeconomic status of those students.

Academic Challenges contribute to depressive symptoms

Findings revealed that academic stress contributed to the depressive symptoms of the male students. In line with the findings, Mall et al. (2018) highlighted academic challenges facing first-year students. In addition, university students are more susceptible to depressive symptoms due to high levels of academic stressors (Ngin et al., 2018).

In the light of academic challenges and adjusting to a new environment, similar to the findings of this study, Bantjes et al. (2019) found that in South Africa, 25% to 30% of students drop out in their first year of study; this is due to failing modules, difficulties adjusting to a new environment, and stress. Participants in the current study were also cognisant that online learning contributed to their depressive symptoms. Pretorius (2021) stated that the South African government issued a

nationwide lockdown on March 26, 2020. Universities and schools quickly switched from face-to-face teaching and learning to an online mode of delivering education due to the lockdown (Mahapatra & Sharma, 2020). Due to the pandemic (COVID-19) it was revealed that students had difficulties with their modules. The findings of the current study also confirmed the findings of Mahapatra and Sharma (2020), which indicate that online classes contributed to students' depressive symptoms. Working from home was difficult due to infrastructure constraints. Load shedding (power cuts by the national electricity supplier in South Africa), regular power cuts (in addition to load shedding), and internet connectivity issues were mentioned. Similar to findings by Laher et al. (2021), participants noted that they experienced depressive symptoms, as they were unable to connect to the internet, leading to them being behind with their studies.

Impact of COVID-19 on Students

Findings from the study highlighted that COVID 19 did not only have an impact academically, but it also had a negative impact on participants' health and fitness. Due to global pandemic (COVID-19), the country went to national shut down and certain facilities were closed, such as gyms (Galea et al., 2020); people could not go to gyms, which contributed to depressive symptoms (Khan et al., 2020). Furthermore, Archer et al. (2014) state that physical activities are factors that reduce depressive symptoms and improve the wellbeing of an individual. Pretorius (2021) noted that individuals had to stay at home and not engage in activities that elevate their mood, or outdoor activities they used to enjoy before national lockdown. Individuals became isolated, not being able to visit their own families or friends (Müller et al., 2021). Literature further revealed that lockdown contributed to isolation, leading to depressive symptoms (Padmanabhanunni & Pretorius, 2021).

Loss of Loved Ones

Findings of the current study showed that losing a loved one affected the participants adversely. The loss contributed to the depressive symptoms as participants felt lonely and not having the space to grieve. Also noted from the findings was that in other circumstances, the remaining parent or carers were dealing with their loss and tended to neglect the children or did not provide a grieving space for them. According to Bergman et al. (2017), there is a link between parental death during childhood and long-term risk of depressive symptoms and suicide. Hetolang and Amone-P'Olak (2018) and Pillay (2021) stated that the death of a parent or caregiver causes significant distress in an individual, as they feel sad and long for the deceased. It is important to provide a grieving space to children in order to heal.

Poor Social Support Contribute to Depressive Symptoms

Findings revealed that poor social support contributed to the depressive symptoms of the male students. According to Mall et al. (2018), first-year students may experience a lack of familiar social support as a challenge. University students may be more susceptible to depressive symptoms due to a lack of resources (e.g., social support) (Ngin et al., 2018).

Gariepy et al. (2016) explained that family support is a protective factor for students. If they do not receive social support from their families or friends, it may lead to an individual having depressive symptoms. Gariepy et al. (2016) noted that the longer the individual does not receive social support from the family or friends, the more it affects the recovery process. Awang et al. (2016) also noted that students who receive support from their families are not easily prone to developing

depressive symptoms and succeeding in their academics. Furthermore, Stroud (2017), stated that parental support is important in assisting students' transition to university, and expressed that lack of support can make it difficult for students to adjust.

Financial Constraints

Findings from the current study revealed that financial constraints had a significant impact on black male students. Bursaries issues and no financial support from home contributed to depressive symptoms in black males, and university students can be more susceptible to depressive symptoms due to financial stressors (Ngin et al., 2018). In line with literature, Mthethwa (2018) noted that financial troubles are a key stressor in black male students, considering that the majority come from socio-economically deprived homes. Richardson et al. (2017) and Assari (2018) added that low socio-economic status increases susceptibility to financial stress.

Language Barriers

Lastly, the findings suggested that language barriers play a role in contributing to depressive symptoms. Male students reported they are unable to express themselves and communicate effectively because of language. Similarly, Shadowen et al. (2019) indicated that poor English language fluency has a significant negative impact on students. Some students may experience difficulty in understanding lectures, keeping up with class reading and notes, and interacting with other students in English. Students may discover that their insufficient English prevents them from having enjoyable social interactions and inhibit the development of the relationship with their peers (Hurst et al., 2013).

Theme Four: Coping Strategies

Depressive symptoms can drain one's energy, leaving an individual feeling empty, fatigued, and stressed. Coping skills for stressful situations may assist in maintaining a positive self-image. There were six coping strategies identified.

Listening to Music and Watching Movies

Findings of the current study indicated that the participants experienced that listening to music and watching movies calmed them and helped them cope. They further stated they felt relaxed and in a good state after participating in these activities. Silverman (2015) stated that the first step to cope with depressive symptoms could be taking a walk and listening to your favourite music. Conner and Yeh (2018) highlighted that black males use spirituality and creativity, such as listening to music, as a coping strategy. Music is a crucial element of our lives since it allows us to express our emotions and feelings (Silverman, 2015). Some people regard music as a means of escaping from life's challenges. Music provides you with relief and allows you to de-stress. Music is a strong therapy that can help you relax and brighten you up (Yeh, 2018). Furthermore, literature revealed that watching a movie provides a space whereby an individual can detach from stressful situations, learn effective coping skills and apply the skills provided in the movie to solve a particular problem (Morais et al., 2020). Singer (2018) noted that watching movies allows for the release of emotions. Even those individuals who have difficulty expressing their feelings may find themselves laughing or crying during a movie. This emotional release can be therapeutic in nature, as well as making it easier for individuals to feel more comfortable expressing their feelings and reducing the depressive symptoms (Goodwin et al., 2021).

Physical Activities

The current study revealed that black male students engage in physical activities when experiencing depressive symptoms. These physical activities included walking, playing rugby, and soccer. They noted that these activities help them cope with depressive symptoms. Students resort to these physical activities because they are passionate about these activities and love activities. These activities assist the students to feel relaxed. The National Institute of Mental Health (2017) supports the findings by stating that regular exercise, such as running or walking outside, produces hormones called endorphins, which reportedly elevate an individual's mood. Furthermore, de Mello et al. (2013) supported the above by stating that people who do not engage in physical activity are twice as likely to have depression symptoms.

Connecting with a Higher Power

Another coping skill mentioned by the participants was the connection to a higher power. Participants mentioned that communicating with God through prayer helped to reduce depressive symptoms. Anderson and Nunnelley (2016) stated there is a link between frequent private prayer and a reduction of depressive symptoms. According to Boelens et al. (2012), prayer allows one to let it go and it feels like someone is watching you, and that someone will lift your burdens. Religion plays a significant role in helping people make meaning of their experiences, particularly in difficult situations, and it enhances mental health (Klausli & Caudill, 2021). Religion supposedly has an impact on people's mental health by giving them a feeling of meaning and purpose in life, as well as a sense of optimism that the sickness would be resolved in the person's favour (Greenstein, 2016).

Externalising Behaviour

The findings indicated that participants used substances such as cannabis and demonstrated self-mutilating behaviour as a way of coping with the distress. Similarly, Cole and Davidson (2019) stated that substance abuse and self-harm are used by males to let go of the pain. Dognin and Chen (2018) mentioned that men try to avoid their experiences of depressive symptoms and tend to focus on dangerous activities, such as cutting themselves or use of substances as a way of distracting themselves from depressive symptoms. Findings from the study confirmed that depressed people in families and communities use alcohol and abuse other people as a way of coping with the distress. Men believe that alcohol and drugs can help them escape from their depressive symptoms (Breet et al., 2018).

Sleep and Being Alone

Findings eluded to participants' preferring to be alone and sleeping as a way of coping with depressive symptoms. Mthethwa (2018) and Zwart (2019) expressed that black males prefer keeping what bothers them to themselves and solving them alone. Being alone provides males with a space to critically think about the issue and find solutions and alternatives. Williams (2020) further added that males avoid expressing their emotions to other people hence they sleep and wake up being able to think critically, without distraction or opinions of other people. They also avoid being labelled, and seen as weak.

Accepting Depressive Symptoms and Moving on

Lastly, findings revealed that black males use acceptance as a coping strategy when experiencing depressive symptoms. The study conducted by

Orzechowska et al. (2013) stated that accepting the circumstance as irreversible and attempting to adapt and learn to live with it reduces the depressive symptoms. Furthermore, Popa et al. (2020) noted acceptance as a coping mechanism, which is defined by the fact that students acknowledge the situation as static and do not try to control it in any way.

It is interesting to note that, although research states that consulting with a therapist also helps when experiencing depressive symptoms (National Institute of Mental Health, 2017), and that it is significant to see a counsellor or therapist when having depressive symptoms (Sue et al., 2016), participants in the current study did not raise that point. Further exploration is necessary to understand why black male students did not mention the aspect of attending psychotherapy when distressed.

Conclusion

In conclusion, the use of literature was to support the findings reported in the chapter. The findings emphasised the understanding of depressive symptoms and it was evident that participants had a general comprehensive understanding of depressive symptoms. There was an exploration into the experiences of depressive symptoms, which revealed that participants experienced symptoms such as loss of interest, hopelessness, altered appetite and sleeping problems. Thirdly, there was identification of factors such as academic stress, COVID-19 pandemic, loss of a loved one, financial difficulties, accommodation, language barriers and poor social support as contributing to the depressive symptoms. Lastly, participants identified various coping strategies, which literature supported.

Chapter 6

Recommendations, Limitations, and Conclusion

Introduction

In this chapter, the researcher reflects on the research process and her personal experience thereof. The chapter also highlights the limitations of the study and recommendations for future research. Lastly, the researcher mentions the contribution of the study and arrives at a conclusion.

Personal Reflection of the Researcher

I am a person who is curious in nature. l developed an interest in this research topic because of my upbringing. During my upbringing, I observed that male children do not receive a shoulder to cry on when encountering difficult situations and at an early age, parents train them according to their tradition. Some societies, such as the Nguni tribe, expect men to work extra hard for their families and never show any emotions. A study conducted by Ellis (2003) highlighted that there is no word such as depression in Zulu. Williams (2019) similarly stated that Xhosa men are expected to be strong and that they do not have a word such as depression. As l am from a traditional family that still follows traditional norms and rules, mental health is not important, unlike other physical illnesses. The stigma around mental health is growing and the idea affects many men. Secondly, the igniting of my concerns was through exposure to a couple of suicide incidents in black males in South Africa, including university students. There are few plans to support Black males and there

is a lack of safe spaces for them to voice their challenges (Mthethwa, 2018; McKenzie et al., 2018).

The question that I faced countless times from my peers and interested female participants was why only black males were included in the study, and not black females as well. I am aware that females are also a vulnerable group, but there are several articles conducted on them and females are more likely to share their experiences compared to men. Studies conducted by Williams (2019), Mungai and Bayat (2017), and Nglazi et al. (2016) noted there is less research conducted on males in South Africa. As I was reading and reflecting on myself as a female student, I realised that it is easy for me to talk to my friends about my challenges and I can get help without facing judgement.

Before conducting the study, I had some basic knowledge of research and the way to conduct it. During my BA Honours, I had the opportunity to conduct a quantitative study and got to understand the research approach. During this research process, I acquired and applied research skills. However, I was not fully equipped with skills to conduct a qualitative research approach. Reading about qualitative research methods, and receiving training and supervision, guided me to gain the knowledge needed and be equipped with necessary skills. The process of being an intern Clinical Psychologist played a huge role in asking open-ended questions and probing without sounding rude or investigating the participants' life.

The aim of the study was to qualitative explore the lived experiences of first-year black male students at North-West University. The use of a qualitative descriptive design was utilised and found to be appropriate, as this design allowed for the obtaining of detailed information about the experiences of male students. The

data collection process was adapted electronically, due to COVID-19 pandemic, by using ZOOM Video communication. There were network challenges encountered as students were at home during that period. The informed consent was also signed electronically, which was not the initial plan, but due to the global pandemic certain things had to change and everything went well.

Thematic analysis transcribed and analysed the collected data. The co-coder transcribed and analysed the transcribed documents independently after receiving them via email. During data analysis, there were no challenges experienced and l used a coding template to capture all the information provided by the participants. This template made the analysis simple. The analysed data from the co-coder and myself were almost similar, but there were some differences. We collaborated and discussed the different themes and subthemes and why we needed to include or exclude them from the data. We finally agreed on the final identified themes and subthemes. Overall, the process was successful and informative.

There was consideration of ethics, however, due to COVID-19, privacy was not followed as participants were at home during interviews, and some family members' invaded the privacy as they would enter the rooms during interviews.

I also discovered during the interviews that the male participants did not talk much about their challenges to friends, as they were scared of being seen as weak and being judged. Some participants reported they prefer keeping things to themselves.

I also encountered challenges in recruiting participants. l posted the advert on the NWU Facebook page twice a week to get as many participants as possible. The process of data collection lasted for five weeks. Nevertheless, most participants felt

comfortable sharing their lived experiences of depressive symptoms in detail and appreciated the space provided to vent.

The research process went well overall, and achieved the aim and objectives, answered the research question, and addressed problems raised during the research process.

I believe that this study opened a platform for other researchers to explore mental health in males. This was an informative and interesting journey. I had the opportunity to understand the other side of black male students and experience them expressing the most sensitive and secretive information that they never shared with anyone.

Limitations of the Study

The basis for the conclusions of the study is on the lived experiences of first-year black male students at North-West University and may not be representative of all black male students at the university. The study's sample included only first-year black male students and the findings may therefore not be an accurate reflection of depressive symptoms of other subsequent years of black male students' lived experiences.

Finally, because of Covid-19 regulations, the data collection method had to be changed from face-to-face interviews to Zoom Conference interviews, which may have resulted in the loss of certain data due to network connection challenges and disturbances (e.g. parents looking for the participant or siblings), as the participants were at home during the data collection process.

Recommendations

Firstly, based on the reviewed literature, articles and studies, there is scarcity of literature that explores lived experiences of depressive symptoms in males of South Africa. Although this study will contribute to the already limited knowledge, more research is necessary; this may bring more awareness specifically in this field. This study was qualitative, thus it may be beneficial for future studies to be either quantitative or mixed methods to give an overall view on obtained results. Furthermore, quantitative studies may also allow for generalisation where necessary due to the larger numbers of participants unlike in qualitative were fewer participants are used.

Secondly, to conduct similar studies on first-year black males enrolling in other universities in South Africa for comparison purposes, because there is little available research on lived experiences of depressive symptoms in black male students in the South African context.

Thirdly, South Africa is a diverse country, as evidenced by the literature review, and it may be valuable to conduct studies on depressive symptoms with men from other ethnic groups.

Lastly, when selecting participants, inclusion criteria must also include severely depressed participants according to the BDI-II cut off score. This will capture their experiences of and what contributed to the depressive symptoms. We could also understand different strategies they use to cope with depressive symptoms.

Contribution of the Study

The study gave meaningful and in-depth information about first-year black male students' lived experiences of depressive symptoms. The findings illustrated how participants experienced depressive symptoms. These findings contribute to existing literature, which indicate that males experience depressive symptoms differently (externalising behaviour, such as anger, substance use, or physical abuse) and black males experiencing depressive symptoms go undiagnosed or unnoticed (Kootbodien et al., 2020); Korevaar, 2019). Literature indicates that black males do not consult or go for counselling when experiencing these symptoms (National Institute of Mental Health, 2017). The study therefore highlights the unique experiences of black male students. Lastly, the study created awareness about depression and will be beneficial to other individuals who read it. Furthermore, coping strategies that participants used in this study will help another individual experiencing these symptoms.

The current study contributed to the limited literature in South Africa on lack male students in NWU.

Conclusion

The basis for this conclusion is the findings of this study, which indicate that the understanding of first-year black male students of depressive symptoms is in line with existing literature. Participants shared their experiences of depressive symptoms and expressed the following.

Participants stated they had lost interest in things previously enjoyed, they experienced altered appetite patterns and sleeping problems, and experienced

feelings of hopelessness and suicidal thoughts. These experiences were in line with literature, indicating that males are most likely to report symptoms of Major Depressive Disorder (MDD) such as fatigue, irritability, loss of interest in work and hobbies, and sleep disturbances. Interestingly, even though participants experience these symptoms, they do not seek medical attention or help. Literature highlighted that the prevalence of depressive symptoms in black males is low, possibly because most males do not consult when experiencing depressive symptoms, therefore it goes undiagnosed and unnoticed.

There were factors noted that contribute to the depressive symptoms and how participants cope with such symptoms was explored. The aim of the study was to explore the first-year black male students' lived experiences of depressive symptoms at North-West University. The study answered the research questions and met the aims of the study.

In conclusion, no new data emerged that existing literature had not already addressed. However, it was interesting that participants did not focus on the biological aspects of depression. They also did not mention therapeutic intervention as a strategy to address depressive symptoms. As the researcher is an intern psychologist, this aspect was of special interest to her and is something to investigate in a follow-up study.

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Addendum A: Semi-structured Interview Schedule

Demographical information

Age:

Ethnic group:

Questions used in the interview

1. Tell me about your understanding of depressive symptoms?

2. Which depressive symptoms have you experienced or are you experiencing?

3. What factors contributed to your depressive symptoms?

4. Tell me about your general experiences of depressive symptoms

5. How do you address and cope with these symptoms?

Tshupatlotlo A

Tshedimosetso ya dipalopalo tsa baagi

Dijara:

Setlhopha sa morafe:

Dipotso tse di botsiwang ko potsolotong

1. Mpolelele ka kitso ya gago ya ditshupo tsa kwelotlase?

2. Ke ditshupo difeng tsa kwelotlase tse o sa le wa di gakologelwa kgotsa tse o di gakologelwang?

3. Ke di kelotlhoko kgotsa di tshupo difeng tse di bileng le se abe mo kelotlaseng tsa gago?

4. Mpolelele ka tsebo phatlatsa ya gago ya ditshupo tsa dikwelotlase

5. O kgona gape o dira jang go tshela ka ditshupo tse?

Addendum B: Poster

Are you a first-year male student experiencing one or more of the following?

- *Feeling sad most of the time*
- *Feeling hopeless about your future*
- *Losing interest in things you enjoyed the most*
- *Losing confidence in yourself*
- *Feeling guilt most of the time*
- *Wishing to die*
- *Feeling worthless*
- *Loss of energy*
- *Changes in sleeping pattern*
- *Changes in appetite*
- *Concentration problems and feeling fatigued*
- *Loss of interest in sex*

- ***You are being invited to take part in a research study that forms part of Masters in Clinical Psychology.***
- ***To be part of this research you should be: a first-year black male student at the NWU.***
- ***You will be expected to follow the student Facebook pages link provided, which will also be on the NWU website and Efundi pages. Follow the link provided or contact the researcher if you are experiencing any of the symptoms listed on the poster and are willing to participate in zoom interviews.***
- ***You will receive 2GB voucher before the interviews and you will immediately receive feedback on the information about depression, depressive symptoms and the services available when an individual is depressed.***

Contact: Nozipho (083 229 2579) or Noziphondaba66@yahoo.com Follow link below (English):
https://forms.gle/Kjj8WKWt5jT3U6ji7

Setswana: https://forms.gle/GBkAzmK3HbAmwZA38

Addendum C: English Informed Consent Form

Private Bag X1290, Potchefstroom
South Africa 2520
Tel: +2718 299-1111/2222
Fax: +2718 299-4910
Web: http://www.nwu.ac.za

NWU-HREC Approval Date: 2021.07.21 11:26:42 +02'00'

NWU-HREC Stamp

INFORMED CONSENT DOCUMENTATION FOR First-Year Black Male Students at North-West University

TITLE OF THE RESEARCH STUDY: Exploring first-year black male students` lived experiences of depressive symptoms at North-West University.

ETHICS REFERENCE NUMBERS: NWU-00459-20-S1

PRINCIPAL INVESTIGATOR: Prof HB Grobler
POST GRADUATE STUDENT: Nozipho Ndaba

ADDRESS: 06 Arras street Delville

CONTACT NUMBER: 083 229 2579

You are being invited to take part in a **research study** that forms part of Masters in Clinical Psychology. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary,** and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the **NWU-Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00459-20-S1)** and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

- We plan to gain an understanding of first-year black male students' lived experiences of depressive symptoms and to gain an understanding of factors that have contributed to the depressive symptoms.
- This study will be conducted through Zoom Communication Video due to COVID 19 Pandemic. The interviews will be done by an experienced health researcher trained in research.

Why have you been invited to participate?

- You have been invited to be part of this research because you are a first-year black male student at Mafikeng campus doing Psychology and have experienced depressive symptoms based on BDI-II score (14-29).
- You will unfortunately not be able to take part in this research if you are a postgraduate student, students from other Faculties (Economic and Management Sciences, Education, Law, Natural and Agricultural Sciences. Students who obtained a score of 29 and below on BDI-II. Lastly, students that are unable to communicate verbally.

What will be expected of you?

You will be expected to like the poster on the first-year Psychology Facebook page. Follow the link provided if you are experiencing any of the symptoms listed on the poster. You will then need to follow the link provided on the advertisement to sign the informed consent. Zoom interviews will be between 50 to 60 minutes.

Will you gain anything from taking part in this research?

- The gains for you if you take part in this study, you will immediately receive feedback on the BDI II outcome and to know more information about depression and the services available when an individual is depressed.
- The indirect benefits for the broader community are that the current study will close the gap in terms of lack of literature regarding black male students' who are experiencing depression and the symptoms in the South African context and at the North-West University (Mafikeng Campus). Secondly, it will also give other researchers a platform to conduct research on male students and depression.
-

Are there risks involved in you taking part in this research and what will be done to prevent them?

- The risks in you taking part in this study include psychological harm- Zoom Video Conference Interview may evoke some emotions or secondary trauma due to self-disclosure that may cause the participant to be depressed or anxious to share their personal lived experiences. However, those individuals who require debriefing will be referred to Ipelegeng Child and Family Centre for counselling sessions after interviews free of charge. The center is part of the university.
- All interviews will be conducted during working hours at Ipelegeng Child and Family Centre to coincide with potential referrals.
- There are more gains for you in joining this study than there are risks.

How will we protect your confidentiality and who will see your findings?

- Anonymity of your findings will be protected by the researcher. Anonymity will be used by ensuring participants that their names will not be disclosed or shared with anyone. The participant will follow a link to sign the informed consent. The participants only have one chance to do BDI II via zoom meeting. In addition, participants will have a right to withdraw at any stage. In order to ensure privacy, the recordings will be stored in my laptop in a secure folder with a password created and inside a compact disc. The original recordings will be deleted from the recorder after data analysis. The transcribed findings (hard copies) and compact disc that contain the recordings will be kept in a locked cupboard at Ipelegeng (Psychology Department) and only the researcher, co-coder and supervisor will have access to the data stored. The data will be stored for 5 years.

What will happen with the findings or samples?

- The findings of this study will only be used for this study and will be destroyed by the supervisor after 5years.

How will you know about the results of this research?

- The results will be posted on Fist-Year Psychology Facebook page. The Poster will be created to give the results obtained and the recommendations.

Will you be paid to take part in this study and are there any costs for you?

- Participants will be given 2GB voucher prior the interviews.

Is there anything else that you should know or do?

- You can contact Nozipho Ndaba at 061 287 2909/083 229 2579 if you have any further questions or have any problems.
- You can also contact the NW U-Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.

- You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

By signing below, I ……..…….. agree to take part in the research study titled "Exploring first-year male students` lived experiences of depressive symptoms at North-West University".

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) ....…….. on (*date*) ……...…….. 20....

.....	.....
Signature of participant	**Signature of witness**

Declaration by person obtaining consent

I *(name)* ……..…… declare that:

- I clearly and in detail explained the information in this document to

  ……

- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above

Addendum D: SeStwana Informed Consent Form

Private Bag X1290,
Potchefstroom
South Africa 2520
Tel: +2718 299-1111/2222
Fax: +2718 299-4910
Web: http://www.nwu.ac.za

NWU-HREC Approval Date: 2021.07.21 11:27:39 +02'00'

NWU-HREC Stamp

TOKUMENTE YA TSHEDIMOSO LE TUMELELANO YA Baethuti Ba Ba Ntsho Ba Ba Nna Ba Jara-Ya Pele kwa Yunivesithing ya Bokone-Bophirima

SETLHOGO SA THUTO YA PATLISISO: Patlisiso ya baethuti ba ba nna ba jara- ya pele ba ba batho ba ba ntsho ba ba tshetseng ka kgakologelo ya ditshupo tsa kwelotlase kwa Unibesithing ya Bokone-Bophirima.

DIMORO TSA DITSHIAMISO KGOKAGANO: NWU-0045920-S1

TLHOGO TUNA YA DIPATLISISO: Porofesara HB Grobler
MOETHUTI WA DITHUTO TSA MORAGO: Nozipho Ndaba

Aterese: 06 Arras Street Delville

NOMORO YA KGOLAGANYO: 061 287 2909/ 083 229 2579

O laleditswe go tsaya karolo mo **thutong patlisiso** eo e na leng karolo ya Thuto Tlhwatlhwa go tsa di Tliniki tsa Thlaloganyo. O kopiwa go tsaya nako ya bala tshedimoso e e fanwing fa, e e tla tlhalosang ditlha ka botlalo ka ga thuto e. O kopiwa go re o botsise mobatlisisi kgotsa motho yo a tlhalosang patlisiso go wena, potso engwe le e engwe ka ntlha engwe le engwe eo o sa e tlhaloganyeng ka botlalo. Go botlhokwa thata gore o utlwisisa gore na patlisiso e e mabipili eng le gore o amega jang. Gape, go tsaya karolo ga gago ke ka boethaopi, le gone o na le tokelo ya go gana go tsaya karolo. Fa o ka gana, se se ka se be le seabe se se maswe mo go wena ka tsela efe kapa efe. Gape o na le tokelo ya go e kgogela morago nako efe kapa efe mothutong e, le fa o dumela go tsaya karolo ga janong.

Thuto e e amogeltswe ke **NWU-Komiti ya Tshiamiso ya Dipatlisiso tsa Botshelo ya Bokgone ba go Dirisa Saense ya Botshelo gotswa Unibesithi ya Bokone-Bophirima (NWU-00459-20-S1)** gape e tla tsamaesiwa go ya le ka melao tshiamiso le botlhokwathlokwa ja Tshiameso mo Botshelong

Patlisiso: Botlhokwatlhokwa, Tsamaeso le Mafapha (DoH, 2015) le tsamaeso ya tshiamiso ya bo ditšhabašhaba tse di dirisiwang dithutong tse. Go ka tlhokagala gore maloko a komiti le ditshiamiso tsa patlisiso kgotsa batho ba bangwe ba ba nepagetseng go tlhola direkoto tsa patlisiso.

Thuto patlisiso e mapele eng?

- Re e pankanyetsa go tlhaloganya moethuti wa jara-ya mathomo ya baethuti ba batho ba ntsho, matshelo a ba a tshetseng le kgakologelo ya ditshupo tsa kwelotlase le go tlhaloganya seabe se se oketsang ditshupo tsa kwelotlase.

- Thuto e e tlile go tshwarelwa ka tiriso ya puisano ya se teginiki ya ZOOM ka ga nltha ya kokwana tlhoko ya COVID 19. Dipotsolotso ditla diriwa ke mobatlissi wa maitemogelo yo a thapisitsweng go batlisisa.

Go reng o laleditswe go tsaya karolo?

- O laleditswe ko tsaya karolo mo patlisison e ka gonne o mithuthi wa jara- ya mathomo wa motho o motsho wa monna ko sekolong sa ko Mafikeng yo a e thutang ka ga tlhsaloganyo gape a tsogole a e temogela ditshupo tsa kwelotlase go ya ka ga BDI- dintlha (14-29)
- Ka bo madimabe o ka se tseye karolo mo patlisisong e fa ele gore o moithuthi yo o tsweletsingbaithuti gotswa di dirisiweng tse dingwe (Moalodi wa Ekonomi ya Saense, Thuto, Molao, Tlhago le Saense ya Timo. Baithuti b aba tshotseng ditlha tse di ka fa gatlase ga 29 go BDI-II. Samafelelo, baithuti bas a kgoneg go bua.

Ke eng se se lebeletswing gotswa go wena?

- O lebeletswe go o rate kitsiso ya rona mo letlakaleng la baithuti bajara-ya pili mo Fabebook. Latelela kgokagano e go fanweng ka yon emo kitsisong fa e le gore o kagologelwa ditshupo tse di leng mo kitsisong. O Tshwanetse go tlatsa le go busa foromo ya tumelelano. Dipotsolotso mo go ZOOM di tla nna magareng ga mitsutsu e 50 goya go e 60.

Otlile goe thuta sengwe ka go tsaya karolo mo patlisisong e?

- Se o tlileng go e thuta sone fa o tsaya karolo mo patlisisong e, o tlile go kereya phetolo ka Bonakomo go BDI-II le go tseba tshedimosetsoka ga kotlwelo tlase le tiriso tse di leng gone tse motho a ka di dirisang fa a le tlase ka maikutlo. Tshedimoso gotswa go South African Depression and Anxiety Group, Ipelegeng Child and Family Center le motato wa lefapha la ba ba batlang go e polaya di fanwe.
- Disolegelwe molemo tsa setšhaba kakaretso ke tsa gore go tla thibega phatla ya tlhokego ya tsebo mo baithuting ba batho ba bantsho ba banna ba ba itemogelang kwelotlase le ditshupo ka se Afrika Borwa gape kwa Unibesithing ya Bokone Bophirima (Lefelong la Mafikeng). Sa bobedi, e tla fana ka tšhono go ba batlisisi ba bangwe gore ba dire dipatlisiso ka baithuti ba banna le kwelotlase.

A gonale dikotsi mo go tseyeng karolo ya patlisiso e, fa gole jalo ke eng se se ka diriwang go dithibela?

- Dikotsi tsa gore o tseye karolo mo thutong e, diakaretsa botlhoko ba tlhaloganyo-therisano ya Vidio ya ZOOM eka nna ya tsosa maikutlo kgotsa botlhoko ka ntlha ya kitsiso e e ka bakelang motseya karolo gore a nne le kwelotlase kgotsa tlhobaelo ya go bua ka di temogelo tsa gagwe. Le fa go le jalo, batswa setlhabelo ba ba batlang tshedimoso ba romelwa ko Ipelegeng Child and Family Center go ya go eletswa le go botsolotswa, mahala. Lefapha ke karolo ya unibesithi.
- Dipotsolotso kaofela di tla tshwarelwa ko Ipelegeng Child and Community Center ka di-awara tsa tiro gore di lebane le ba romelwa.
- Go dipoelo di le dintsi tse o ka di kereyang ka go tsaya karolo mot hutong e go gaisa dikotsi tsa teng.

Re tshiriletsa jang siphiri sa gago gape ke mang yo o tlo bonang ditswelela tsa gago?

- Sephiri sa ditswelelo tsa gago se tshireleditwe ke mobatlisisi. Siphiri se tla dirisiwa go netefatsa gore maina a batseya karolo ga a nkitla a bolellwa ope. Motseya karolo o tla saena tshedimosetso tumelelo le tumelelo ya imeile mothing yo a e kemeng ka nosi. Batseya karolo ba na le tšhono ya go dira BDI-II mo moweng. Go feta foo, batseya karolo ba na le tokelo ya go e kgogela morago nako engwe le engwe. Go netefatsa tshireletsego, dikgatiso di dtla bolokiwa lepothopong yame kagare ga setsholadifaele se se bolokegileng se se naleng nomoro ya siphiri le mo teng ga papetlapolokego. Dikgatiso tsa maleba ditla ntshiwa moteng ga sekgatiso morago ga tlholo. Diphitlhelo tse di kwetswing (mo matlhareng) gape le moteng ga papetlapolokego e e tshwering dikgatiso e tla bolokiwa mo khabotong ko Ipelegeng (Lefapheng la Tliliniki ya Tlhaloganyo) gape mobatlisisi, mogatisi le mookamedi kebone fela ba tla bang le tokelo ya go fitlhela tshedimosetso fa e beilweng teng. Tshedimosetso e tla bolokiwa dijara tse 5 tlhano.

Gotlile go diragala eng ka diphitlhelo kgotsa dipontsho?

- Diphitlhelelo tsa patlisiso e ditlile go dirisiwa fela mo patlisisong e, mme ditla senywa kamorago ga dijara tse 5 tlhano.

Otlile go itse jang ka dipholo tsa patlisiso e?

- Dipholo ditla phatlalatsuwa mo lethlareng la Facebook la baithuthi ba Tlhaloganyo ba jara-ya pele. Kitsiso etlabo e diretswe go fana ka dipholo tse fitlhetswing gape le.

A otlile go duelwa ka go tsaya karolo mo patlisisong kgotsa gonale se o se duelang jaaka mouthuti?

- Batsaya karolo batlile go newa 2GB ya boutšhara pele ga di potsoloso.

A gosengwe se o tshwanetsing go se tsiba kgotsa go se dira?

- O ka e kgolaganya le Nozipho Ndaba mo go: 061 287 2909/083 229 2579 fa o nale diputso kgotsa o tlhakana le mathata.
- Gape o ka e kgolaganya le NWU-Komiti ya Ditshiamiso tsa Dipatlisiso tsa Botshelo go buisana le Mrs Carolien Van Zyl mo go: 018 299 1206 kgotsa carolien.vanzyl@nwu.ac.za fa o nale ditlitlibo tse di sa arabiwang ka ga patlisiso kgotsa ngunanguno ka ga patlisiso.
- Otlile go newa kopololelo ya tshedimosetso le tumelelo go nna le tsone.

Puophatlalatsa ya motsayakarolo

Ka go saena motlase, nna…….. ke dumela go tsaya karolo mothutong patlisiso e e bidiwang "Gobatlisisa ka baithuti ba jara-ya pele ba banna ka kgakologelo e batshetseng ka yone ya kwelotlase le ditshupo tsa yone ko Unibething ya Bokone Bophirima.

Ke bua phatlalatsa gore:

- Ke badile tshedimosetso e, ke e tlhloseditswe ke motho yo tshepegileng la puo eo ke e gakologelwang mme gape ke e bua sentle.
- Ke tlhaloseditswe ka botlalo ka ga patlisiso.
- Ke bile le tšono ya go botsa dipotso mo mothong yo a tshotseng tumelelo yame gape le mobatlisisi, mme dipotso tsame di arabilwe kabotlalo.
- Ke tlhaloganya gore go tsaya karolo game ke ka **boithaupi** gape gake a susumeletswa go tsaya karolo.
- Nka tlhopha go e kgogela morago nako engwe le engwe gape ga nkitla ke tsholwa makgwakgwa le ge nka dira jalo.
- Nka kopiwa go tlogela patlisiso pele e fela, fa mobtlisisi a bona go tshwanetse, kgotsa, kgotsa fa ke sa latele tsamaiso ya patlisiso jaaka tumelelano.

Esaenilwe ko (Lefelo)…… ka di (letsatsi) …… 20…….

…….. ……

Tshaeno ya motseyakarolo **Tshaeno ya paki**

Puophatlalatsa ya motho yo a tshotseng tumelelo

Nna (leina) …….. ke bua phatlalatsa gore:

- Ke tlhalositse ka botlalo tshedimosetso e e leng mogare ga tokumente e go

  ……

- Ga ka/ke dirisitse motlhalosi
- Ke mo tlhotlhoeditse gore a botse di potso mme a tsaye nako go di araba.
- Ke kgotsofetse gore o tlhalogantse tsamaiso ya patlisiso ka botlalo, go ya ka tlhalosetso e e fanweng ko tshimologong.
- Ke mo neyile nako ya go e sika sika le bangwe fa a batla go dira jalo.

Esaenilwe ko (Lefelo)…… ka di (letsatsi) …… 20…….

……

Tshaeno ya motho yo o tshotseng tumelelo
Puophatlalatsa ya mobatlisisi

Addendum E: Permission from RDGC

NORTH-WEST UNIVERSITY
NOORDWES-UNIVERSITEIT
YUNIBESITI YA BOKONE-BOPHIRIMA

Private Bag X6001, Potchefstroom
South Africa 2520
Tel: +2718 299-1111/2222
Web: http://www.nwu.ac.za

Research Data Gatekeeper Committee

NWU RDGC PERMISSION GRANTED / DENIED LETTER

Based on the documentation provided by the researcher specified below, on 14/06/2021 the NWU Research Data Gatekeeper Committee (NWU-RDGC) hereby grants permission for the specific project (as indicated below) to be conducted at the North-West University (NWU):

Project title: Exploring first year male students' lived experiences of depressive symptoms at North-West University.

Project leader: Prof H Grobler
Researcher/Project Team: N Ndaba

Ethics reference no: NWU-00459-20-A1
NWU RDGC reference no: NWU-GK-21-015

Specific Conditions:

- Due the COVID-19 pandemics the Committee would like to advice the researcher to practice the necessary caution and adhere to the National Covid-19 Guidelines when conducting research with participants.

Approval date: 14/06/2021 **Expiry date: 13/06/2022**

General Conditions of Approval:

- The NWU-RDGC will not take the responsibility to recruit research participants or to gather data on behalf of the researcher. This committee can therefore not guarantee the participation of our relevant stakeholders.
- Any changes to the research protocol within the permission period (for a maximum of 1 year) must be communicated to the NWU-RDGC. Failure to do so will lead to withdrawal of the permission.
- The NWU-RDGC should be provided with a report or document in which the results of said project are disseminated.

Please note that under no circumstances will any personal information of possible research subjects be provided to the researcher by the NWU RDGC. The NWU complies with the Promotion of Access to Information Act 2 of 2000 (PAIA) as well as the Protection of Personal Information Act 4 of 2013 (POPI). For an application to access such information please contact Ms Annamarie De Kock (018 285 2771) for the relevant enquiry form or more information on how the NWU complies with PAIA and POPI.

The NWU RDGC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the NWU RDGC for any further enquiries or requests for assistance

Yours sincerely

Prof Marlene Verhoef
Chairperson NWU Research Data Gatekeeper Committee

Original details: (22351930) C:\Users\22351930\Desktop\test 2.docm
13 November 2018

Current details: (22351930) M:\DSS1\8533\Monitoring and Reporting Cluster\Ethics\Applications RDGC\Updated RDGC Permission Letter.docm
15 November 2018

1

Addendum F: Ethical Approval

Private Bag X1290, Potchefstroom
South Africa 2520

Tel: 086 016 9698
Web: http://www.nwu.ac.za/

North-West University Health Research Ethics Committee (NWU-HREC)

Tel: 018 299-1206
Email: Ethics-HRECApply@nwu.ac.za (for human studies)

20 July 2021

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North-West University Health Research Ethics Committee (NWU-HREC) on 20/07/2021, the NWU-HREC hereby approves your study as indicated below. This implies that the NWU-HREC grants its permission that, provided the general and specific conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Exploring fist year male students' lived experiences of depressive symptoms at North-West University
Principal Investigator/Study Supervisor/Researcher: Prof HB Grobler
Student: N Ndaba - 26069237

Ethics number:

N	W	U	-	0	0	4	5	9	-	2	0	-	A	1
Institution				Study Number						Year			Status	

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation

Application Type: Single study
Commencement date: 20/07/2021
Expiry date: 31/07/2022

Risk: **Medium**

Approval of the study is provided for a year, after which continuation of the study is dependent on receipt and review of a six-monthly monitoring report and the concomitant issuing of a letter of continuation. Monitoring reports are due at the end of February and July annually until completion.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:

- *The principal investigator/study supervisor/researcher must report in the prescribed format to the NWU-HREC:*
  - *six-monthly on the monitoring of the study, whereby a letter of continuation will be provided annually, and upon completion of the study; and*
  - *without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.*
- *The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the principal investigator/study supervisor/researcher must apply for approval of these amendments at the NWU-HREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.*
- *Annually a number of studies may be randomly selected for active monitoring.*
- *The date of approval indicates the first date that the study may be started.*
- *In the interest of ethical responsibility, the NWU-HREC reserves the right to:*
  - *request access to any information or data at any time during the course or after completion of the study;*

- *to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process;*
- *withdraw or postpone approval if:*
  - *any unethical principles or practices of the study are revealed or suspected;*
  - *it becomes apparent that any relevant information was withheld from the NWU-HREC or that information has been false or misrepresented;*
  - *submission of the six-monthly monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and/or*
  - *new institutional rules, national legislation or international conventions deem it necessary.*

- *NWU-HREC can be contacted for further information via Ethics-HRECApply@nwu.ac.za or 018 299 1206*

Special conditions of the research approval due to the COVID-19 pandemic:

Please note: Due to the nature of the study i.e. (online collection of qualitative data from undergraduate students), this study will be able to proceed during the current alert level, following receipt of the approval letter. No additional COVID-19 restrictions have been placed on the study except that the researcher must ensure that before proceeding with the study that all research team members have reviewed the North-West University COVID-19 Occupational Health and Safety Standard Operating Procedure.

Special in process conditions of the research for approval (if applicable):

a. Please provide the NWU-HREC with a copy of the goodwill permission letter from the Dean of the Faculty of Health Sciences granting access to the students to be included.
b. Please provide the NWU-HREC with a copy of the goodwill permission letter from the School Director of the School of Psychosocial Health, granting access to the students to be included.

As the study progresses the aforementioned conditions should be submitted to Ethics-HRECProcess@nwu.ac.za with a cover letter with a specific subject title indicating "Outstanding documents for approval: NWU-XXXXX-XX-XX." The letter should include the title of the approved study, the names of the researchers involved, that the documents are being submitted as part of the conditions of the approval set by the NWU-HREC, the nature of the document i.e. which condition is being fulfilled and any further explanation to clarify the submission.

The *e-mail*, to which you attach the documents that you send, should have a *specific subject line* indicating the nature of the submission e.g. "Outstanding documents for approval: NWU-XXXXX-XX-XX". The e-mail should indicate the nature of the document being sent. This submission will be handled via the expedited process.

The NWU-HREC would like to remain at your service and wishes you well with your study. Please do not hesitate to contact the NWU-HREC for any further enquiries or requests for assistance.

Yours sincerely,

Digitally signed by Prof Petra Bester
Date: 2021.07.20 13:53:55 +02'00'

Chairperson NWU-HREC

Current details:(23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.4 Templates\9.1.5.4.2_NWU-HREC_EAL.docm
20 August 2019
File Reference: 9.1.5.4.2

Addendum G: Coding Template

Text	Codes	Subthemes	Main theme
(P6) I am hopeless, loss of interest in things I used to enjoy the most. Even sleeping, I no longer sleep like I used to before. I am always overthinking and cannot sleep. (P7) I feel lonely and sad. I am always moody at some point and I do not sleep at night. I am always thinking. I cannot eat as well. did not concentrate in class, felt demotivated and had sleeping difficulties. I could not even tell my family what I was going through (P1) I feel like I do not want to talk to anyone and if I have a problem, "I eat a lot than usual, we can say my appetite increased by 50%, I used to eat two slices of bread now I	• Hopelessness • Loss of interest • insomnia • Overthinking • loneliness • Increased appetite • No appetite • Blame and guilty • Suicidal ideations • Self-doubt • Sad • Irritable • Demotivation • No concentration • Rejection • Lost hope • Low self esteem	• Loss of Interest in Previously Enjoyable Activities • Feelings of Loneliness and Withdrawal • Sleep Problems • Altered Eating Patterns • Suicidal Ideation • Hopelessness	Experiences of depressive symptoms

consume four. During this pandemic, I walk on eggshells because I am scared of being infected. I also lost interest in activities but not people. At times I feel like crying but I cannot cry". (P2) I used to hang around and do a lot of partying. I used to enjoy going out but not anymore. When we go partying with my friends, 30minutes I am bored and I want to go back home. When I arrive at home, I just want to be alone. I wake up at night and I overthink about my issues so I don't sleep that much at night but during the day I sleep the most to avoid going out and other things. Issue of eating and my future is hopeless (P3) I feel is that I have lost interest in so many things. I			

was in a deep hole whereby no one could access me. I was in my world; alone, blaming myself and heartbroken. sometimes I think of dying as it will be better (P4) the one I am experiencing is self-doubt, sometimes I became snappy and I start feeling sad and I overthink the situation and start being irritable at the same time. I was lonely; I felt like the world was shutting me out. I was sad most of the time. (P5) it breaks my heart and demotivates me to study or continue with the module because I feel lonely. I cannot sleep well. The problem is that I overthink. (P8) I always feel like sleeping and being alone. I think a lot about myself and my			

future, how to help my family improve the living situation. (P9) suicidal thoughts have been the main symptom. Always self-pitying myself. Always wanting to be around people yet I feel rejected. like I have lost hope. I lost interest in many things. I no longer believe in love and that is the main thing and I feel sad always. I would say most of my time I feel sad and I have lost myself esteem I have lost interest like wow in many things. (P10) Yho I overthink and I end up hurt, I have also lost hope in so many things. I hardly eat, I don't even feel like I am hungry and I prefer being indoors alone than with people.			
(p9) People post on social media expressing what they are going through but the	• Death • Lack of attention • Dangerous illness	• Suicide • Inadequate knowledge about depression	

environments do not pay attention to that. People die because of depression and if u get help as soon as possible you can survive. (P10) one of the most dangerous illnesses if not treated. People pay less attention to it and end up abusing people and drinking so much beer. Most people prefer drinking alcohol to solve problems but are not aware that it will not solve any problem (P3) Others see depression as something it does not exist especially in our societies. People commit suicide especially males instead of seeking help cause they are scared of being seen as weak. We have seen in the TV how many die because of depression and	• Use of alcohol as a coping mechanism • Depression does not exist	• Ineffective coping mechanism	

still no one takes it serious. (P4) people do not pay attention to depression and thousands of people die and we keep on saying they are weak. Depression in our society is something from the western countries. (P5) you see most people do not want to communicate about it. you see most people do not want to communicate about it. only to find out that there has this thing of suicidal thought. They wish to just shut down (P6) mental condition and most people especially men do not believe that it exists. (P8) Depression is there just that we are not fully knowledgeable about it.			
(P1) you start being bored and	• Boredom	• Poor Social Support	Factors contributing to

I failed modules. when I moved in here from home, I did not find good accommodation. The situation here in this City is too bad and difficult to survive but I adjusted. The global pandemic also plays a huge role because I cannot go to the gym or do other activities because I need to be safe. I do not have friends here because it is still the beginning of the year and we do not know each other well so I prefer my friends from home, not university friends. (P2) sometimes it is that thing that I feel anxious about, I also feel like people are judging me somehow. the death of my mother, I also find challenges academically; I'm still trying to adjust to the whole environment.	• failing modules & • bursary problems • COVID 19 pandemic (Online classes and inability to meet course mates) • No friends • Anxiety • Judgement • Loss (Death of parents and grandmother) • Challenges adjusting to the environment (accommodation, language)- Transitioning from home to university • Personality • No friends • Medical condition (RVD Reactive) • Age • Lack of nurturance • Low Socio-economic status (Financial difficulties) • Lack of emotional support • Pressure from home • Wrong career choices	• Loss of Loved Ones • Academic Challenges • Challenges Related to Accommodation • Financial Constraints • Language Barriers • COVID-19 Pandemic	depressive symptoms.

It is hard for me to go out and approach people and meet friends due to my personality. not having friends, does get to me (P3) I was diagnosed with RVD reactive in 2018. I was sick and preferred being alone death of my grandmother, living alone at a young age and now my age and still doing the first year. Also all the drop-outs and age (P4) the time I lost my mother and then I went to stay with my grandparents. They are the ones who raised me be honest they were just like foster care parents. They didn't give me that love a child might need after losing a parent. there are financial challenges. their own money but they are not supportive	• Relational problems		

(P5) I registered late and due to COVID 19, we don't go to classes we only do online classes which is I never met them. Language barrier and stress from modules. I don't have a support and issue of registering late causing challenges. mom and daddy passed. loneliness. (P6) they are expecting too much from me because I have two sisters who completed their studies and graduated. I feel like I am expected to perform like them and graduate whilst that is not my passion. My passion is not in school eish. I found out at a later stage that the thing we are having (dating). She is not on the same page as me. it is communication. I have difficulties with speaking English, most of			

the time I use Setswana. Sometimes I just don't befriend people cause I need to speak English (P7) Home and academics. I receive less support from home and my academics I am struggling as well. I am struggling and I even feel like I want to deregister and enrol in something new. Maybe something I will enjoy. I have also failed some modules first semester. I did not have accommodation. I missed a lot of tests which affected my participation mark to qualify to write examinations. the sad part was everything was online and I did not have anyone whom I can talk to or communicate to regarding my modules. I am so lonely and I don't even have friends here because of			

language difficulties (P8) my parents died when I was three years old. I was raised by my mother's mother, my grandmother and she could not give us attention individually as we were many. things are never easy for me. I have to work extra hard alone and I can say that I raised myself. I never got any emotional support from anyone at times I break down mentally and there is no one I can tell. Also coming to university have been a nightmare because I need to have certain clothes and be able to be like other kids but I don't have those because the money I receive from bursary I support myself and also help my grandmother as my other cousins are having kids as			

well and unemployed. (P9) relationship problems and finances at home (P10) moving to a new environment. I am from a disadvantaged family. My parents cannot afford to buy me clothes. financial challenges at home and inability to support myself			
(P1) sleeping a lot, I prefer being alone and when I wake up I feel better. I will come with a plan to solve a particular challenge. I also do not talk too much so I keep everything to myself. The key motto: move on, if I come across a situation that is difficult or challenging I find a solution and move on. (P2) I prefer sitting alone, mmh, in a room, lock myself, thinking about the situation over and over again and as	• Sleep • Loneliness • Solving the problem • Moving on • Ruminate • Listen to music • Cry • Movies • Substance use (weed) • Supportive partner • Reframe from phone • Get fresh air. • Read • Play sports • Cut himself (unhealthy coping mechanism) • Positive thinking	• Listening to Music and Movies • Physical Activities • Externalising Behaviour • Sleep and Being Alone • Accepting Depressive Symptoms and Moving on • Connecting with a Higher Power	Coping strategies

well listen to music. Cry if I feel like crying or try to find an excuse or dodge the situation. (P3) I am a person who loves movies. I will search for those movies that have a happy ending and staff. (P4) deal with those emotions through smoking weed. (P5) my girlfriend and I communicate a lot and she has been supportive so far. put away my phone and then watch videos on YouTube or listen to music,get fresh air. I leave everything behind, my phone and books. (P6) I read a book. Any book related to my studies and play ruby (P7) I listen to music when I feel overwhelmed			

and I also play soccer with the guys from residence. Sometimes I walk and I feel better afterwards. Seeing people helps. (P8) I pray, prayer helps me as I communicate with God and also so listen to music. Gospel music allows me to be together and feel good about myself. (P9) just hit the wall with my hands and I used to take the blade and cut myself to take the pain away. I believed that when I felt pain in my skin and the pain in my heart will go away. I listen to music specifically gospel music. The music makes me happy. I just get to bed and listen to gospel music. (P10) I listen to music and sleep. As I said as well I prefer being alone.			

Addendum H: Proof of Turn-It-In Submission

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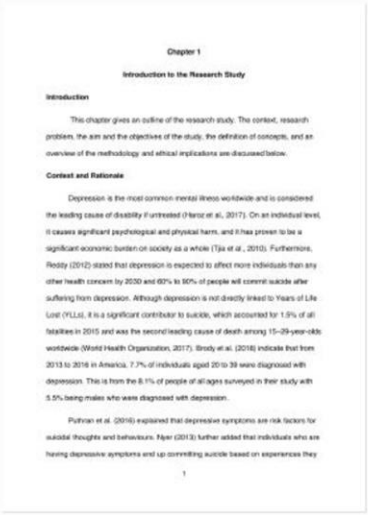

Chapter 1

Introduction to the Research Study

Introduction

This chapter gives an outline of the research study. The context, research problem, the aim and the objectives of the study, the definition of concepts, and an overview of the methodology and ethical implications are discussed below.

Context and Rationale

Depression is the most common mental illness worldwide and is considered the leading cause of disability if untreated (Haroz et al., 2017). On an individual level, it causes significant psychological and physical harm, and it has proven to be a significant economic burden on society as a whole (Tjia et al., 2010). Furthermore, Reddy (2012) stated that depression is expected to affect more individuals than any other health concern by 2030 and 60% to 90% of people will commit suicide after suffering from depression. Although depression is not directly linked to Years of Life Lost (YLLs), it is a significant contributor to suicide, which accounted for 1.9% of all fatalities in 2015 and was the second leading cause of death among 15–29-year-olds worldwide (World Health Organization, 2017). Brody et al. (2018) indicate that from 2013 to 2016 in America, 7.7% of individuals aged 20 to 39 were diagnosed with depression. This is from the 8.1% of people of all ages surveyed in their study with 5.5% being males who were diagnosed with depression.

Puthran et al. (2016) explained that depressive symptoms are risk factors for suicidal thoughts and behaviours. Nyer (2013) further added that individuals who are having depressive symptoms end up committing suicide based on experiences they

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Addendum I: Language Editing Certificate

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