

Original Research Article

Inclusive Peer Communication Coping Methods for Promoting Free Peer-To-Peer Counseling in Selected Universities in Kenya

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Abstract: The mental health of university students in Kenya is a pressing concern, with a rising prevalence of stress, anxiety, depression, and other psychological challenges impacting their academic performance, personal development, and overall well-being. This study aims to establish inclusive peer communication coping methods for promoting free peer-to-peer counseling in selected universities in Kenya. The objective of the study was to establish inclusive peer communication coping methods for promoting free peer-to-peer counseling in selected universities in Kenya. Cognitive-Behavioral Theory (CBT) was initially proposed and developed by Aaron T. Beck, an American psychiatrist, in the 1960s. Beck's work in psychotherapy and mental health led to the formulation of CBT as an effective approach for understanding and treating various psychological disorders. Cognitive-Behavioral Theory offers a comprehensive framework to understand the link between thoughts, emotions, and behaviors. Anchoring self-destructive habits within this Theory allows for developing effective peer support interventions to challenge negative thought patterns and promote adaptive behaviors. The target population for this study is 8945 individuals. Descriptive statistics including means, percentages, frequencies, and standard deviation were used to analyze the quantitative data. Data was presented using tables. Qualitative data that was generated from open-ended questions, was categorized into themes and patterns of content analysis to determine the adequacy of usefulness, consistencies, and credibility of the information examined. The analyzed data was presented in narratives and direct quotes. Several coping methods were used to provide mental health solutions. Peer-to-peer student counseling adopted approaches such as problem-solving, emotional expression and validation, relaxation techniques, cognitive framing, social support, and creative self-expression. Other coping methods included journaling, exercising, sleeping, and meditation, sleeping was mentioned as counterproductive. The study recommended that the importance of peer-to-peer counseling in driving the successful implementation of mental health solutions through technology. Acknowledging peer counselors' readiness to manage mental health solutions underscores the need for targeted professional development programs. These initiatives should focus on enhancing peer counselors' expertise in utilizing smart phones there by bridging the gap in the provision of mental solutions. Ongoing training and support can empower peer counselors to harness effective coping methods for students being affected mentally.

Keywords: Inclusive, Peer, Communication, Coping, Promoting, Peer-To-Peer Counseling.

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1.0 INTRODUCTION

Peer-to-peer communication is based on a simple network of computers that first came into existence in the late 1970s (Rogers, 2013). It is a

decentralized communications model in which each party has the same capabilities, and either party can initiate a communication session (Kamel *et al.*, 2022). In social settings, peer-to-peer communication involves

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exchanging information, ideas, emotions, and support between individuals with similar characteristics, experiences, or social roles within a particular context. It involves interactions among peers, typically within the same age group, social group, or community, where there is a sense of equality and shared understanding (Naslund *et al.*, 2016).

Research shows that in peer-to-peer communication, individuals engage in reciprocal dialogue, actively listening to one another, expressing empathy, and offering mutual support (Simmonds & Dicks, 2018). This form of communication is characterized by its informal nature, non-hierarchical structure, and the absence of significant power differentials. It relies on shared experiences, common interests, and a sense of belonging to foster open and honest conversations.

Within academia or educational settings, peer-to-peer communication often occurs among students learning and collaborating. It involves various forms, such as group discussions, study sessions, project work, and peer feedback. In this context, peer-to-peer communication allows students to share knowledge, exchange perspectives, and collectively construct meaning from their academic experiences (Asterhan & Bouton, 2017). In mental health and counselling, peer-to-peer communication supports and fosters well-being. It creates a safe and empathetic environment for individuals with shared experiences or challenges to connect, share their thoughts and emotions, and offer guidance and understanding (Sørvold *et al.*, 2021). Peer-to-peer communication occurs in various settings, including support groups, mentoring programs, or informal interactions, where individuals provide emotional support, validation, and practical advice to their peers. Peer communication is particularly relevant and important for university students due to the shared experiences, challenges, and transitions they face during their academic journey. As young adults navigating the complexities of higher education, university students often encounter various stressors, including academic pressures, social adjustments, and personal development issues (Ambayo, 2018; Barker *et al.*, 2018). Therefore, engaging in peer communication allows them to connect with peers undergoing similar experiences, creating a supportive network within the university community.

Previous research emphasizes the significance of peer-to-peer communication in supporting mental health. For example, Biagianti *et al.*, (2018) conducted a systematic review. They found that incorporating peer-to-peer communication in digital interventions led to compliance with other evidence-based therapies and reduced social isolation.

Shah *et al.*, (2022) utilized techniques such as affirmation and reflection to show client satisfaction as a measure of peer-to-peer satisfaction. Bartone *et al.*,

(2019) systematically reviewed support services for bereaved survivors. They demonstrated that peer-to-peer communication was critical in reducing grief symptoms and increasing bereaved survivors' personal growth and well-being. Meanwhile, research has identified the frequency and quality of communication, the development of empathy and active listening skills among peers, the establishment of a non-judgmental and inclusive communication climate, and participants' satisfaction and perceived effectiveness of peer support among the measurement indicators for peer-to-peer communication in counseling sessions (Freedman & Jin, 2017; Gamlath & Wilson, 2022). Despite acknowledging the importance of peer-to-peer communication, there is a gap in the literature regarding developing and examining culturally-responsive peer communication coping methods within the context of free peer-to-peer counseling in universities in Kenya. While existing research emphasizes the importance of inclusive peer communication, there is a lack of specific strategies and interventions tailored to the cultural context of Kenyan universities.

1.1 Statement of the Problem

The mental health of university students in Kenya is a pressing concern, with a rising prevalence of stress, anxiety, depression, and other psychological challenges impacting their academic performance, personal development, and overall well-being. Despite the growing recognition of mental health issues among students, there remains a notable gap in the research literature concerning the effectiveness and impact of free peer-to-peer counseling programs specifically tailored to address mental health in the university context.

Existing studies provide insights into the importance of peer-to-peer counseling and its potential benefits. Still, it lacks specific information on coping methods, inclusivity, and the use of technology within such counseling sessions. To address this gap, there is a need to establish inclusive peer communication coping methods for promoting free peer-to-peer counseling in selected universities in Kenya. Additionally, existing studies do not explore self-destructive habits and their potential link to mental health challenges in the university setting, nor does it assess the use of technology to manage anxiety and depression within peer-to-peer counseling.

1.2 Objective of the Study

To establish inclusive peer communication coping methods for promoting free peer-to-peer counseling in selected universities in Kenya.

1.3 Research Question

What are the current peer communication coping methods employed within free peer-to-peer counseling programs in the selected universities?

1.4 Justification of the Study

The justification for conducting a study on a mental health-focused solution through free peer-to-peer counseling in selected universities in Kenya is rooted in the escalating prevalence of mental health challenges among university students. These challenges have far-reaching consequences, affecting academic performance, the student population’s personal development, and overall quality of life. As such, there is an urgent need to explore effective mental health interventions to address this pressing public health concern.

Peer-to-peer counseling emerges as a promising approach in this context, offering a unique and powerful support form. By matching individuals seeking help with trained peer counselors who have experienced similar struggles, this approach fosters a sense of empathy, understanding, and relationship. Such a compassionate and relatable environment encourages students to openly share their mental health concerns without fear of judgment or stigma, promoting emotional well-being and reducing feelings of isolation.

The context-specific nature of the study is essential in the Kenyan setting, given its cultural diversity. Mental health interventions must be tailored to be culturally relevant to cater effectively to the unique challenges faced by students. By conducting research within selected universities, the study can identify and address the socio-cultural factors influencing how mental health issues are perceived, experienced, and treated within different communities. This inclusivity ensures

that mental health-focused solutions resonate with the diverse student population.

In summary, this study can potentially contribute valuable insights to the mental health field and guide evidence-based interventions in universities in Kenya. By promoting inclusivity, understanding self-destructive habits, and leveraging technology, the research aims to enhance mental health support systems in higher education institutions, positively impacting student well-being, academic success, and the overall campus atmosphere. Through advocating for the integration of peer-to-peer counseling and technology-driven interventions, the study seeks to influence institutional policies and practices to address the growing mental health challenges among university students in Kenya.

2.0 RESEARCH DESIGN

A concurrent mixed methods approach ensures capturing quantitative trends and qualitative nuances to offer a comprehensive understanding of the complex issues at hand. Therefore, quantitative and qualitative data were collected and analyzed separately and then merged for interpretation. The combination of quantitative data from surveys and qualitative insights from focus groups and interviews allows verification of findings across multiple data sources, thereby enhancing the validity and credibility of the research.

2.2 Study Population: The target population for this study is 8945 individuals as distributed in Table 1.

Table 1: Target Population

University	3 rd Year Students	4 th Year Students	Peer Counselors	University staff	Total
University of Eldoret	1209	1172	244	2	2627
Baraton	553	315	20	2	890
Kibabii University	1107	842	96	2	2047
Daystar University	226	198	15	2	441
Moi University	1410	1228	210	2	2850
Catholic University of Eastern Africa	38	45	5	2	90
Total	4543	3800	590	12	8945

2.3 Sampling Procedure and Sample Size

Given the diverse target population of students, peer counselors, faculty members, and university staff, a combination of purposive and stratified sampling techniques will be suitable to ensure a representative and comprehensive sample. A total of 6 universities were sampled. From the University of Eldoret, University of Baraton, and Moi University, one Dean of students and one student counselor were selected from each institution. For student selection, based on this a sample size of 1109 (13%) was selected from a population of 8343. 69 peer counselors were selected for the study.

2.4 Instruments of Data Collection

Three research instruments guided data collection for this research, including questionnaires, interview schedules, and a focus group discussion guide. The first instrument is the questionnaire for students. This questionnaire comprises five sections. This questionnaire was administered through the “drop and pick” approach. In this method, the questionnaires were physically provided to the participating peer counselors and students, allowing them to complete it at their convenience. The second research instrument was the FGD for peer counselors. The sessions were moderated and recorded by the research team. For each session, the moderator first introduced themselves, explained the

discussion’s purpose, set ground rules, and ensured participants understood the format.

The last research instrument for this research was the interview schedule administered to faculty members and university staff. The interviews focused on among other concerns, the overall state of student mental health in the universities, policies and guidelines for peer-to-peer counselling, common challenges encounter with mental health support, patterns or trends of students with specific mental health challenges, triggers for self-destructive habits, and technology-driven interventions.

2.5 Validity Test

The quantitative data collection questionnaire underwent face, content and construct validity tests. Face validity refers to the extent to which a questionnaire appears to measure what it intends to measure (Johnson, 2021). It’s essentially a superficial assessment of whether the items “make sense” and seem relevant to the measured construct. To assess face validity, a group of potential participants (university staff, students, counsellors) reviewed the questionnaire.

The content validity of the questionnaire was assessed by involving experts in the field of mental health, counseling, and survey design. The research team shared the questionnaire with them for their input on whether the questions capture the breadth of coping methods, self-destructive habits, perceptions of technology, and related aspects. Construct validity involves more complex analyses that involve various methods, including factor analysis, convergent validity, and divergent validity. Since the questionnaire covers multiple constructs (coping, self-destructive habits, perceptions of technology), factor analysis confirmed that items within each construct group together as expected.

Three vital aspects of validation were incorporated: conformability, dependability, and transferability. Conformability, the initial validation consideration, refers to the degree to which the research findings align with participants’ experiences and perspectives (Hadi & José Closs, 2016). The focus group discussion guide and interview schedules are developed based on in-depth literature reviews and theoretical frameworks to enhance conformability.

Dependability, the second facet of validation, involves ensuring consistency and stability in the data collection process. The focus group discussion guide and interview schedules were pilot-tested with a small sample of participants not part of the main study. This

pilot testing identified potential ambiguities or inconsistencies in the questions, enabling refinement for improved clarity and coherence. Transferability, the final validation aspect, addresses the applicability and generalizability of research findings to other contexts. The instruments were designed to capture diverse perspectives by including questions that explore various aspects of the research topic to enhance transferability.

2.6 Reliability Test

Reliability is the consistency of a set of measurement items (Peterson & Kim, 2013). It means a questionnaire’s repeatability, stability, or internal consistency (Wagman & Håkansson, 2014). Internal consistency will determine the reliability of the peer counselor and student questionnaire by assessing the degree to which items in the coping, self-destructive habits, and perceptions of technology scales consistently measure them. The statistical method used to assess internal consistency is Cronbach’s alpha coefficient. This coefficient ranges from 0 to 1, where higher values indicate greater internal consistency. The Statistical Package for Social Sciences (SPSS) was used to calculate Cronbach’s alpha reliability coefficients for each of the three scales. A coefficient below 0.6 will indicate poor internal consistency, requiring the items to be revised or eliminated. For Cronbach’s alpha between 0.6 and 0.7, the internal consistency of items will be moderate, allowing the use of the items as they are. If Cronbach’s alpha is above 0.7, it will indicate good internal consistency, implying that the items within the section consistently measure the intended construct

2.7 Data Analysis

Data analysis creates mass-collected information’s order, structure, and meaning (Ahmed, 2010). This phase began with pre-processing of collected data through editing to detect errors and omissions and make corrections where possible. This process involves carefully analyzing the completed questionnaires to ensure that collected data is accurate and consistent with other information gathered. The researcher then coded the collected data for efficiency to reduce the replies given by the respondents to a small number of classes. After the coding was completed, the data was classified based on common characteristics and attributes.

3.0 RESULTS AND DISCUSSIONS

A total of 1109 questionnaires were issued to third and fourth-year students in private and public universities. Out of these 1005 questionnaires were filled and returned. This represents a 90.6% return rate.

Table 1: Return Rate

Total Number of questionnaires	Filled questionnaires	Return Rate
1109	1005	90.6%

3.1 Inclusive Peer Communication Coping Methods for Promoting Free Peer-To-Peer Counseling in Selected Universities in Kenya

The objective of this study focused on establishing inclusive peer communication coping methods for promoting free peer-to-peer counseling in selected universities in Kenya. Examining the inclusive peer communication coping strategy is pivotal for enhancing the peer –to – peer counseling in universities.

3.2 Descriptive Statistics of Peer Communication Coping Methods

Students’ peer communication coping methods were analyzed using descriptive statistics (frequencies, proportions, means, and standard deviation). Descriptive statistics involving frequencies and proportions are essential for providing a clear, quantitative, and easily interpretable snapshot of peer communication coping methods. They enable researchers, educators, policymakers, and the broader educational community to understand the distribution of peer communication coping methods, identify areas for improvement, make informed decisions, and ultimately enhance the effectiveness of educational practices and interventions related to mental health-focused solutions.

Eight practices measured peer communication coping methods. Students were asked to give the extent of agreement on their knowledge of aspects related to peer communication coping methods. Their responses were elicited on a 5-point Likert scale ranging from strong agreement to strong disagreement. Results presented in Table 4.3 indicated the following. Most students (50.9%) strongly agreed that problem-solving

strategies are employed in peer-to-peer counseling (Mean 1.617; SD 0.789). On the contrary, 1.5% strongly disagreed.

Regarding emotional expression and validation being effective in peer-to-peer counselling most students (51%) strongly agreed (Mean 1.687; SD 0.889), while 36.5% agreed, and 3.7% disagreed. On relaxation techniques aiding in peer-to-peer counselling most of the students 41.2% strongly agreed (Mean 1.834; SD 0.896) while 41 % agreed, 3.2% disagreed and 1.8% strongly disagreed. On the cognitive reframing influencing the peer-to-peer counselling majority of the students 42.9% agreed (Mean 1.916; SD 0.873) while 35.6% strongly agreed, 3.4% disagreed and 1.2% strongly disagreed. As similar trend on the agreement was reflected in the coping method of seeking social support where by the majority of the students 52.3% strongly agreed (Mean 1.684; SD 0.917) while 35.1% agreed, 3.6% disagreed while 2.3% strongly disagreed. In addition, majority of the students 47.6% strongly agreed that creative self-expression aids peer-to-peer counselling (Mean 1.747; SD 0.922) while 38.6% agreed, 7.7% disagreed and 2.3% strongly disagreed. The study demonstrated further that majority of the students 48% strongly agreed that mindfulness and mediation is effective in peer-to-peer counselling (Mean 1.744; SD 0.907), while 36.8% agreed, 3.2% disagreed and 2 % strongly disagreed.

Lastly, it demonstrated that the majority of the students 50.9% strongly agreed that physical activity/exercise is employed in peer-to-peer counseling (Mean 1.752; SD 0.975), while 3.8% agreed, 4.4% disagreed and 3% strongly disagreed.

Table 2: Mental Health–Focused Solution through Free Peer–To–Peer Counselling Using Smart Phone in Kenya

	SA	A	U	D	SD	Mean	Std Dev
Problem solving strategies are employed in peer-to-peer counseling	512 (50.9%)	418 (41.6%)	38 (3.8%)	22 (2.2%)	15 (1.5%)	1.617	0.789
Emotional expression and validation is effective in peer - to - peer counselling	513 (51%)	367 (36.5%)	70 (7%)	37 (3.7%)	18 (1.8%)	1.687	0.889
Relaxation techniques aids in peer-to-peer counselling	414 (41.2%)	412 (41%)	129 (12.8%)	32 (3.2%)	18 (1.8%)	1.834	0.896
Cognitive reframing influences peer-to-peer counseling	358 (35.6%)	431(42.9%)	170 (16.9%)	34 (3.4%)	12 (1.2%)	1.916	0.873
seeking social support is effective in peer-to-peer counseling	526 (52.3%)	353 (35.1%)	67 (6.7%)	36 (3.6%)	23 (2.3%)	1.684	0.917
Creative self-expression aids peer-to-peer counselling	478 (47.6%)	388 (38.6%)	77 (7.7%)	39 (3.9%)	23 (2.3%)	1.747	0.922
Mindfulness and mediation is effective in peer-to-peer counseling	482 (48%)	370 (36.8%)	101 (10%)	32 (3.2%)	20 (2%)	1.744	0.907
Physical activity/exercise is employed in peer-to-peer counseling	499 (49.7%)	360 (35.8%)	72 (7.2%)	44 (4.4%)	30 (3%)	1.752	0.975

The analysis indicated that problem-solving strategies were being employed in peer-to-peer counseling to provide solution for a mental health. An additional coping strategy that was used in the selected universities was through emotional expression and

validation. Majority of the students felt that by validating and expressing emotions they were not totally agreeing with the other person, but rather they were only demonstrating that they understand what they are feeling without trying to talk them out of or shame them for it.

Prior research shows that in peer-to-peer communication, individuals engage in reciprocal dialogue, actively listening to one another, expressing empathy, and offering mutual support (Simmonds & Dicks, 2018).

The study revealed that relaxation techniques were a critical coping strategic component in the peer-to-peer counselling. Literature indicates that relaxation techniques such as taking slow deep breaths and mediation are very important in realizing a mental health focus among individuals. Cognitive reframing which Dryden, Campbell, Perry, Hamm, Chipperfield, Parker and Leboe-McGowan (2023) described as a psychological technique that consists of identifying and then changing the way situations, experiences, events, ideas, and/or emotions are viewed was perceived by majority of the student to be pivotal component in mental focus solutions. Through the peer-to-peer counselling a number of experiences such as drug addiction, culture shock, poor academic performances could be identified and solved amongst the students.

The study indicated that seeking social support was widely favored by majority of the students. Through such a coping strategy the students can identify particular peer counselling within the university and share their tribulations which can in the long run aid providing mental solutions. Related literature by Søvold *et al.*, (2021) indicates that peer-to-peer communication occurs in various settings, including support groups, mentoring programs, or informal interactions, where individuals provide emotional support, validation, and practical advice to their peers. The study further revealed that majority of the students felt that creative self-expression enables students to cope up with the issues they encounter in universities. It can be seen that when students express their thoughts, feelings and emotions they can easily be assisted by their peers through the peer – to – peer counselling.

The study established that by observing the moment-by-moment situation without judgment of their fellow students can easily through peer-to-peer counselling choose strategies that can facilitate problem solving solutions towards mental health. Lastly, the study demonstrates that majority of the students' perceived physical activity/exercise as a coping strategy that ought to be integrated in the peer-to-peer counselling. This as literature suggests can be very instrumental in ensuring that students are not affected mentally.

3.2 Thematic Analysis of Peer Communication Coping Methods

The thematic analysis of peer communication coping methods was conducted to gain a deeper understanding of the inclusive peer communication coping methods aimed at mental health solutions in universities. This qualitative approach allowed for the

exploration of nuanced aspects that quantitative data alone could not capture. It involved analyzing the narratives and responses provided by peer counselors and Dean of Students.

During the analysis, recurring themes and patterns emerged from the narratives, offering insights into their perceptions, challenges, and aspirations regarding coping methods. These diverse perspectives contributed to a more comprehensive understanding of the mental health landscape. Several themes emerged on the common coping methods among students. On the theme of coping methods, the typical narratives included:

Journaling in which the participants noted that;
The peers write down their "bads" and "goods" of the day or week

The second recurrent theme among the peer counsellors was exercising. This theme was manifested in the following narrative.

Exercise helps to break the monotony of discussion and slight deviation from real environment.

The third recurrent theme was meditation as manifested in the following narrative;

It helps to set priorities and activities right. It calms negative thoughts by thinking positively.

The fourth recurrent theme among the peer counsellors was sleeping. Though not popular in offering viable coping mechanism, the peer counsellors noted that a number of students were using it especially ladies. This is explained in the following narrative.

Sleeping is being used as a coping method. Sleeping is the most prevalent among the female which doesn't help much as the problem is always still there. However, it helps someone become calm and reasonable when they will be facing a particular problem.

Other themes were just mentioned. These included

Engaging in a distractive activity away from what is disturbing you, going to the gym. You can also listen to music. Going for a walk. Talking with a friend about the problem. You can also cry.

A further thematic analysis regarding the effectiveness and impact of the coping methods was looked into. Several themes were elicited from the narratives. These included establishment of a positive change. This was expressed in the following narratives.

There has been a positive change that has been gotten. I have once seen someone who used to get aggressive and abusive bit through the coping methods the person is now acting rationally.

They have positively impacted the participants. The ones who overthink have said journaling

helps them process their thoughts and ease the burden in their mind.

The second recurring theme on effectiveness related to improvement of anxiety. This is indicated in the following narrative.

It has helped them in time of anxiety, it has also helped them track their thoughts, emotions and feelings. Some changes include better ways of handling anxiety, improvement in social settings.

Challenges that peer counsellors were facing during the peer- to – peer counselling were also looked into. Several themes were highlighted in the narratives. The first recurrent theme was about a lack of human face. This was manifested in the following narrative.

I would like to advice people not to rely on smartphone when dealing with mental health focused solution through peer to peer counselling because it does not give more details as it is person to person conversation (A fourth year female student aged 21- 25 years undertaking Social Science in A private university).

Challenges include when using smartphones in counselling the counsellor is unable to study body language skills like empathy and active listening are not assured (A third year female student aged 21- 25 years undertaking Education Arts in A public university).

Free peer to –peer counselling using smart phone may not be effective in ensuring emotional issues are addressed proper (A fourth year student undertaking special education)

It may not be effective to curb some internal issues such as behavior disorders which need face to face counselling (Special education student who was male and above 26 years of age).

The second recurrent theme was about many distractions. This was manifested in the following narrative.

Challenge is that on smart phone students have very many platforms so concentration on the solution of mental health will be a challenge to them (A male student aged 21- 25 years undertaking Education Science in a public university).

The third recurrent theme was poor communication skills. This was manifested in the following narrative. *A male student aged 21- 25 years undertaking Education Arts in a public university*

There is poor communication

The fourth recurrent theme was lack of privacy. This was manifested in the following narrative.

There may be lack of privacy as the counsellor lack proper skills and ethics to conduct research (A fourth year male student aged 21- 25 years undertaking Technology Education in a public university).

This was further emphasized by

Keeping secrets (confidentiality) within the peers becomes a challenge thus making one to fear giving out his or details affecting them (A fourth year male student aged 26 years and above undertaking special Education in a public university).

Fear of some peers to share the problems they face due to lack of confidentiality was a major challenge. (A third year female student aged between 21 – 25 years undertaking Education Science in a public university)

They fear exposing their issues to counsellors because of publicity. (A student undertaking CTE/Education Science in a public university)

The fifth recurrent theme was more depression. This was manifested in the following narrative.

Use of phones may lead to depression due to loneliness and individual being less social. (A fourth year male student aged 21- 25 years undertaking Technology Education in A public university).

The sixth recurrent theme was on stigmatization. This was manifested in the following narrative.

Fear of stigmatization (A third year male student aged below 20 years undertaking Education Arts in A public university)

The sixth recurrent theme was on non-participation. This was manifested in the following narratives.

Students are not ready to be called peer counsellors. (A fourth year male student aged below 20 years undertaking Education Science A public university)

Students are not aware of the offered counselling by the peer counselling department. A fourth year male student aged below 20 years undertaking Education Science in a public university

Related to non-participation is the idea of not having a smart phone as highlighted by a *Not everyone has ability to purchase a smart phone thus becoming a problem. (PER CTE student)*

The use of smart phone is not very convenient to everyone. Some people are not accessible to smart phone. This may be further compounded by poor internet connectivity. (A fourth year male student aged 26 years and above undertaking Physical Education in a private University)

The seventh recurrent theme was on non-identification. This was manifested in the following narrative.

There are no badges that are given to substantive peer counsellors. (A fourth year male student aged below 20 years undertaking Education Science A public university).

The eighth recurrent theme was on group counselling challenges. This was manifested in the following narrative.

It might be challenging to have a common free peer – to – peer counselling session as people have different free time. (A third year male student aged 21 – 25 years in the CTE department).

Solutions to the above challenges were indicated in the participant's narratives as indicated in the following. In relation to the lack of human face that was mentioned A fourth year female student aged 21- 25 years undertaking Social Science in A private university mentioned that

I would like to advice people not to rely on smartphone when dealing with mental health focused solution through peer to peer counselling because it does not give more details as it is person to person conversation.

As for the many distractions that are experienced a male student aged 21- 25 years undertaking Education Science in a public university mentioned that

The institution should create online compulsory classes that will assist the learner.

The challenge associated with privacy was to be solved through selective identification of peer counsellors. A male student aged 21- 25 years undertaking Education Arts in A public university mentioned the following;

Encourage the youths who engage in peer to peer counselling to choose when they disclose their information

On stigmatization A third year male student aged below 20 years undertaking Education Arts in A public university stated that students need to link with others regularly as indicted in the narrative

Associate with people and seek their view on a certain issue

The thematic analysis on inclusive peer communication coping methods for promoting free peer-to-peer counseling in selected universities in Kenya revealed several key themes that provide insights.

Firstly, the theme of journaling emerged, with students emphasizing that writing down the lows and highs they experience in college aids them to cope. Secondly the theme on exercising was prevalent with students insisting that exercising is critical in ensuring that students manage issues affecting them. Another recurrent theme was meditation that was seen as having a calming impact. It was evident that students were undergoing through a lot thus needed to meditate on how to cope with the varied situations affecting them. Sleeping was also mention as another coping method. Though it had its own weaknesses such as procrastinating the problem, it was mentioned to provide a calming effect amongst students more specifically ladies. The last coping method that was mentioned was engaging in an activity that distracts your mind. For instance, if a student had an issue to do with drugs then the student should engage in a distractive activity such as playing or watching a movie.

The focus group discussion indicated that these coping mechanism were effective owing to the impact that they had on the students. Establishment of positive change among students was highly mentioned. In addition, students were able to improve on how they managed anxiety.

The study established that in carrying out the peer-to –peer counseling the peer counsellors and the clients encountered myriad of challenges that included a lack of human face. The participants felt that some of the issues that affected them required a physical interaction between the client and the counsellors for any tangible output to be achieved. Therefore, the students felt that as part of counselling the aspect of empathy had to feature somewhere. Another challenge was associated with distractions. Students noted that smartphones comprise many apps that can distract the peer counselors and the students seeking mental solutions.

Poor communication and lack of privacy were also mentioned. Participants were of the view that not all their issues can be kept confidential. This according to the participants was exacerbated by the fact that these were students of the same age group. The respondents also felt that likelihood of more depression being experienced was high. This was linked to the fact that the phone doesn't have feelings thus making one to be less social.

Stigmatization was a challenge with students opting out for fear of being stigmatized. Non participation was cited as a challenge also. This manifested where students were not ready to be called peer counsellors. Besides students lacked smart phones thus could not participate.

Failure of the university to provide badges to the peer counsellors construed to non-identification. Students found it difficult to identify the peer counsellor

owing to lack of identification equipment such as badges and unique attire. Lastly, students felt that, group counselling could not be done using peer-to-peer counselling using smart phone technology.

Solutions to the above challenges were given. Among the most recurrent solution included a blend of both smart phone and physical sessions to be adopted. Students requested for online classes to be initiated. It was thought that the online classes will aid the students to fully understand the dynamism in use of technology. The challenge associated with privacy was to be solved through selective identification of peer counsellors.

4.0 CONCLUSIONS

Several coping methods were used to provide mental health solutions. Peer – to – peer student counselling adopted approaches such as problem solving, emotional expression and validation, relaxation techniques, cognitive framing, social support and creative self-expression. Other coping methods included journaling, exercising, sleeping and meditation, sleeping was mentioned it was seen as counterproductive. These coping methods effectively elicited positive mentality amongst students. In their pursuit for achieving mental health solution through peer-to-peer counselling the students encountered challenges such as lack of human face, distractions, poor communication, lack of privacy, post-depression syndrome, stigmatization non participation, non-identification and group counselling. These challenges were to be solved by blending of both smart phone and physical sessions, online classes to be initiated to aid students fully understand the dynamism in use of technology and selective identification of peer counsellors.

5.0 POLICY RECOMMENDATIONS

The findings highlight the paramount importance of peer-to-peer counselling in driving the successful implementation of mental health solutions through technology. Acknowledging peer counselors' readiness to manage mental health solutions underscores the need for targeted professional development programs. These initiatives should focus on enhancing peer counselors' expertise in utilizing smart phones thereby bridging the gap in the provision of mental solutions. Ongoing training and support can empower peer counselors to harness effective coping methods for students being affected mentally.

6.0 DECLARATION

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