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LEVELS OF DISTRESS ASSOCIATED WITH INTERNET GAMING DISORDER AMONG ADOLESCENTS IN SELECTED PRIVATE CHRISTIAN UNIVERSITIES IN NAIROBI COUNTY, KENYA

[1*]Margaret W. Kimani, [2]Prof. Niceta Ireri, Ph.D, & [3]Dr Samuel Ojuade Ph.D

[1,2&3]Clinical Psychology, Africa International University, Karen, Kenya

***Corresponding Email: Margaret.Kimani@africainternational.edu**

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ABSTRACT

Purpose: The study sought to establish the levels of psychological distress associated with Internet Gaming Disorder (IGD) among adolescents in selected private Christian universities in Nairobi County, Kenya.

Methodology: The study adopted a quasi-experimental research design and involved 96 students, divided equally into experimental and control groups, drawn from four private Christian universities. Psychological distress was measured using the Kessler Psychological Distress Scale (K10). Data analysis was conducted using Chi-square tests, independent t-tests, and ANOVA to assess group differences at baseline, midline, and endline stages.

Results: The findings revealed that psychological distress among adolescents was moderately elevated across both groups at baseline. However, significant reductions in distress were observed in the experimental group at midline and endline following intervention through Motivational Enhancement Therapy (MET). ANOVA results confirmed statistically significant differences ($p < 0.001$) between the groups post-intervention, validating the effectiveness of MET in alleviating psychological distress among adolescents with IGD.

Unique Contribution to Theory, Policy and Practice: The study contributes to the growing body of mental health research by confirming the effectiveness of MET in reducing distress linked to IGD. Universities are advised to integrate peer-led awareness programs and structured support systems that encourage responsible gaming and early intervention to protect student well-being.

Keywords: *Levels of Distress, Internet Gaming Disorder, Adolescents, Private Christian Universities*

INTRODUCTION

Internet Gaming Disorder (IGD) is acquired through persistent and regular use of video games and leads often to the immersion of academic or professional tasks. IGD is a relatively new and tentative diagnosis of a psychiatric disorder that is on the rise as more academics look at related online video games and addictive behaviours. It can be considered as a relatively recent phenomenon, which has recently attracted much attention mainly because of its detrimental impact on the well-being of teenagers. This condition arises from the development of technology as well as the changing trends in video games, therefore, is a formidable challenge to those in the health fields, those teaching, and policy makers (Darvesh et al., 2020). IGD presents neuroanatomical and neurofunctional abnormalities – particularly in reward, motivation, and executive system areas that lead to compulsive gaming and loss of cognitive self-control (Brand et al., 2019). One reason gamers have a hard time leaving this game is because they are paid.

Gaming communities are in most cases designed on social media platforms, for instance Discord, which acts as a hub for gamers to connect. Thus, esports refer to professional competitive gaming at the uppermost level (Sjöblom & Hamari, 2020). Controls involve interactions and display, or more specifically controls as part of the game elements that define the game mechanics, these are elements which affect the game design and forms the reward system (Khaliledin & Miel, 2011). Psychological characteristics include achievement, social, and immersion incentives, and vices like addiction, social alienation and health complications (Gupta et al., 2024). Recent studies highlight benefits like improved memory and reduced stress, making it vital to understand these aspects to address Internet Gaming Disorder, which impairs daily functioning (Markey et al., 2020; APA, 2013).

Adolescents with IGD present clinical characteristics like those found in other psychiatric disorders, including preoccupation with online video games, an increased need to spend more time in online video games, uncomfortable feelings when playing internet games, and inability to control playing internet games according to Dieris et al. (2021). Almutairi et al. (2023) also pointed out that Internet Gaming Disorder (IGD) is a condition in which patients spend excessive time on internet games, triggering specific brain pathways in a manner equivalent to that of narcotic addiction. IGD has therefore emerged as a significant cross cutting issue among adolescents across world including the Nairobi County, Kenya. The increased use of internet-connected devices has also been found to contribute to the rise of problematic gaming within this group, alongside the availability of online gaming solutions (Nyaga et al., 2020).

Minimizing self-care and self-regulation behaviours in students and adolescents with IGD can lead to several negative social and psychological impacts.

Problem Statement

Independent Christians Universities present unique challenges to adolescents during their stay. Students experience academic stress and social anxiety as well as having newly discovered freedom which lead most of them to exhibit risky behavioural coping styles, which may result to IGD. IGD is experienced by ten percent of university students globally according to Wartberg et al. 2020. Conducted among adolescents, it raises critical academic, social, and mental health issues worldwide and is on the rise (Zajac et al., 2020). Past research has established the rate and antecedents of IGD (Severo et al., 2020; Stevens et al., 2021). Pontez et al. (2021) pointed out that as per WHO, regarding IGD overall prevalence ranged from 1.5% to 35.7% and there is increased difference in male participants.

In East Africa for example, a study by Munyeti and Ojuade found 57.1% of young people with IGD. According to Micheni and Muketha (2019), the adolescents IGD rate in Kenya was at 23.6% among school going individuals. IGD is also correlated with such risk factors as social anxiety disorder and depressive disorders (Pontez et al., 2021). The following are the negative impacts of IGD to young students: poor academic performance due to; absenteeism from class as well as lacking concentration in class, detrimental performance due to excessive preoccupation with internet gaming. Social relations erode when learners become more selfish and ignore friendships by choosing to game instead. In addition, IGD is linked to increasing the risk of having anxiety, depression and sleeping difficulties as mentioned by King et al (2020). This study sought to establish the levels of distress associated with internet gaming disorder among adolescents in selected private Christian universities in Nairobi County, Kenya.

LITERATURE REVIEW

This section reviews existing literature on the psychological distress linked to Internet Gaming Disorder (IGD) among adolescents. It highlights global, regional, and local studies that examine IGD's emotional, social, and academic impacts. The review also identifies gaps and contextual differences relevant to the Kenyan university setting.

Distress Associated with IGD Among Adolescents

Several research have connected IGD with adverse effects such as suffering and unfavorable psychosocial impacts on adolescents globally. Adolescents with IGD reported higher degrees

of stress, anxiety, loneliness, sleeps fewer hours and spend more time on Internet in the survey conducted by Lee et al. (2017) in the South Korea. The survey also established that severe gaming had a negative impact on the well-being and social adjustment of young Koreans. Liu et al. (2019) also in China, examined the psychosocial aspect associated with distress in adolescent IGD. The sources showed that the feelings of discomfort are associated with educational failure, the deteriorated relations with parents and peers, and the lowered self-esteem, thus proving that gaming addiction is not only the problem of different spheres of adolescents' lives in Chinese society but of the society as a whole. Garcia et al. (2020) backed up these findings; they showed that academic performance decline, reduced interactions and poor self-esteem were associated with IGD discomfort among adolescents. Such psychological consequences pointed out that students with IGD-related distress needed early support and help. In particular, the study established that escalating degrees of discomfort were associated with signs of tension and sadness in players and problematic gamers; hence the need for mental health treatment and support among those struggling with gaming difficulties in Spanish societies.

Wang et al., (2021), as well as Ouedraogo et al., (2018) explored differences in the distress level between male and female adolescents with IGD. Both the research confirmed that both the genders were equally a target of gaming addiction; however, the female victims were more often observed to be subjected to more emotional distress and isolation recording the gender-specific risks in IGD. While the acceptance of help and help-seeking behaviour is apparent cross culturally, in the study of Santos et al. (2020) that focused on comparing of distress levels of adolescents with IGD in Brazil and Japan, leads to examine the cultural difference in coping strategies. While the type of coping used by Brazilian adolescents included friends and families, the larger portion of Japanese adolescents resorted to personal ways of coping including isolation. Deng et al. (2024) found out that gaming interest, game consumption frequency, online game activities, duration of game play, daily game time, violent game exposure, and psychological distress are all causally related to the severity of IGD symptoms with the results indicating a slightly higher incidence among males than amongst females.

Li et al. (2023) mentioned that when it comes to establishing the causality and the direction of these relations, for future studies, the need of longitudinal data, a higher number of samples, and objective measures were also stated so as to enhance the stability of the network and the reproducibility of the results in different groups and different cultures. Wong et al. (2020) recommended that more research should be conducted on the interplay between sleep quality,

IGD, and SMA, potential differences in the relationships between men and women should be examined while the stability of these relationships should be adequately determined by using regression analyses. Therefore, the study underscored the need to address online gaming and social media use behaviours among university students especially concerning the coexistence and differences between IGD and SMA, and lack of comprehensive future research on these factors (Wong et al., 2020). Existing research has focused on the link between IGD and other parameters. Verlinden (2021) found a link between IGD and depressive symptoms, specifically among female college students in the UAE.

RESEARCH METHODOLOGY

The study employed a quasi-experimental research design to examine psychological distress among 584 students drawn from four private Christian universities. Participants' levels of psychological distress were assessed using the Kessler Psychological Distress Scale (K10), a validated instrument developed by Kessler et al. (2002). This tool measures symptoms of anxiety and depressive disorders over a specified period. The research aimed to explore group differences based on various demographic or institutional factors. To analyze the data, statistical tests including Chi-square, independent t-test, and ANOVA were applied. These methods enabled the researchers to determine significant differences and relationships within the sample.

RESULTS

This section presents the results of the study examining the levels of psychological distress associated with Internet Gaming Disorder (IGD) among adolescents in selected private Christian universities in Nairobi County. Data were analyzed using descriptive statistics, ANOVA, and t-tests. The findings provide insights into baseline group equivalence and the impact of intervention across time points.

Levels of Distress Associated with Internet Gaming Disorder Among Adolescents

The study sought to establish the levels of psychological distress associated with Internet Gaming Disorder (IGD) among adolescents in selected private Christian universities in Nairobi County, Kenya. To evaluate this, the Kessler Psychological Distress Scale (K10) was administered at baseline to measure the level of psychological distress in both the Experimental and Control groups before any intervention was implemented.

Table 1: Mean K10 Scores for both Experimental and Control Groups at Baseline

	Group	N	Mean	Std. Dev.	Std. Error Mean
Participant's Total Score on K10	Experimental	48	27.50	6.633	.957
	Control	48	27.27	6.639	.958

As shown in Table 1, the Experimental group (n = 48) recorded a mean K10 score of 27.50 ± 6.633, indicating that the average level of psychological distress among participants in this group was moderately high, with a standard deviation suggesting a considerable spread around the mean. Similarly, the Control group (n = 48) had a mean score of 27.27 ± 6.639, reflecting a nearly identical level of psychological distress with comparable variability.

Table 2: ANOVA Results for Participant's Level of Psychological Distress

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.094	1	.094	.074	.786
Within Groups	118.646	94	1.262		
Total	118.740	95			

Table 2 presented the results of a one-way Analysis of Variance (ANOVA) that was conducted to compare the levels of psychological distress measured using the Kessler Psychological Distress Scale (K10) between the Experimental and Control groups at the baseline stage of the study. The "Between Groups" row showed a Sum of Squares of 0.094 with 1 degree of freedom (df = 1), resulting in a Mean Square of 0.094. The calculated F-value was 0.074, and the associated p-value (Sig.) was 0.786. Since the p-value was significantly higher than the conventional alpha level of 0.05, it indicated that there was no statistically significant difference in psychological distress levels between the Experimental and Control groups at baseline. This suggested that any observed difference in the mean K10 scores was likely due to random variation rather than a meaningful or systematic difference between the groups.

The "Within Groups" row reflected the variability in psychological distress scores among all participants, regardless of group, with a Sum of Squares of 118.646 and 94 degrees of freedom,

yielding a Mean Square of 1.262. The Total Sum of Squares was 118.740, accounting for both between-group and within-group variability. The ANOVA results therefore confirmed that participants in the Experimental and Control groups began the study with statistically equivalent levels of psychological distress. This equivalence was important as it validated the comparability of the two groups prior to intervention.

Further an analysis of the participants' level of psychological distress was done and results presented in table 3.

Table 3: Participant's Level of Psychological Distress

		Participant's Group		
		Experimental	**Control**	**Total**
Participant's Level of Psychological Distress	10-19 (Likely to be well)	8	8	16
	20-24 (Mild psychological distress)	6	8	14
	25-29 (Moderate psychological distress)	13	12	25
	30-40 (Severe psychological distress)	21	20	41
Total		**48**	**48**	**96**

Table 3 presents the distribution of participants' levels of psychological distress across the experimental and control groups (N = 96), with each group comprising 48 participants. A total of 16 participants, 8 (16.7%) from the experimental group and 8 (16.7%) from the control group, scored between 10–19, indicating they were likely to be well. For scores between 20–24, which reflect mild psychological distress, 6 (12.5%) participants were from the experimental group and 8 (16.7%) from the control group, making a total of 14 (14.6%) participants in this category. In the moderate psychological distress range (scores 25–29), 13 (27.1%) participants were in the experimental group and 12 (25.0%) in the control group, summing up to 25 (26.0%) participants. Majority of the participants fell within the severe psychological distress category (scores 30–40), with 21 (43.8%) from the experimental group and 20 (41.7%) from the control group, totaling 41 (42.7%) participants. Overall, a greater

proportion of participants (66 out of 96; 68.8%) experienced moderate to severe psychological distress across both groups.

The data in Table 3 indicate that majority of participants in both the experimental and control groups were experiencing notable levels of psychological distress prior to any intervention. Specifically, 66 out of 96 participants (68.8%) fell into the moderate (26.0%) or severe (42.7%) distress categories, suggesting a high prevalence of mental health concerns across the sample.

Table 4: Independent Sample Test Results

		Levene's Test for Equality of Variances		**t-test for Equality of Means**						
									95% CI Difference	
		F	**Sig.**	**t**	**df**	**Sig. (2-tailed)**	**Mean Difference**	**Std. Error Difference**	**Lower**	**Upper**
Participant's Total Score on K10	Equal variances assumed	.025	.875	.169	94	.866	.229	1.355	-2.460	2.919
	Equal variances not assumed			.169	94.000	.866	.229	1.355	-2.460	2.919

Table 4 summarizes the distribution of participants' psychological distress levels (N = 96), equally divided between the experimental group (n = 48) and the control group (n = 48). Majority of participants, 66 (68.8%), fell within the moderate (25; 26.0%) to severe (41; 42.7%) distress categories. Those classified as likely to be well (scores 10–19) comprised 16 (16.7%) of the total sample, 8 (16.7%) in each group, while 14 participants (14.6%) reported mild distress (scores 20–24). The similarity in proportions across groups at all levels suggests a balanced baseline distribution of psychological distress between the experimental and control conditions.

To confirm group equivalence, an independent samples t-test was conducted on participants' total scores on the Kessler Psychological Distress Scale (K10), as shown in Table 4.20.

Levene's test for equality of variances yielded (F = 0.025, p = .875), indicating homogeneity of variances. The t-test result (t (94) = 0.169, p = .866) showed no statistically significant difference between the experimental (M_1) and control (M_2) group means, with a mean difference of 0.229 (SE = 1.355, 95% CI: –2.460 to 2.919). Therefore, both descriptive and inferential statistics confirm that the experimental and control groups were comparable in psychological distress at baseline (p > .05), ensuring the internal validity of any subsequent treatment effects.

Hypothesis

H_o The treatment of IGD using MET did not equally treat psychological distress among adolescents in selected private Christian universities in Nairobi County, Kenya

H_a The treatment of IGD using MET equally treat psychological distress among adolescents in selected private Christian universities in Nairobi County, Kenya

To test the null hypothesis, ANOVA was run and results presented in table 5.

Table 5: One Way ANOVA for the Null Hypothesis

		Sum of Squares	df	Mean Square	F	Sig.
Baseline Participant's Total Score on GADIS-A	Between Groups	26.042	1	26.042	.942	.334
	Within Groups	2597.583	94	27.634		
	Total	2623.625	95			
Baseline Participant's Total Score on K10	Between Groups	1.260	1	1.260	.029	.866
	Within Groups	4139.479	94	44.037		
	Total	4140.740	95			
Midline Participant's Total Score on GADIS-A	Between Groups	11528.167	1	11528.167	1247.304	.000
	Within Groups	868.792	94	9.242		
	Total	12396.958	95			
Midline Participant's Total Score on K10	Between Groups	7722.094	1	7722.094	502.055	.000
	Within Groups	1445.813	94	15.381		
	Total	9167.906	95			
Endline Participant's Total Score on GADIS-A	Between Groups	13896.094	1	13896.094	1892.691	.000
	Within Groups	690.146	94	7.342		
	Total	14586.240	95			
Endline Participant's Total Score on K10	Between Groups	11201.760	1	11201.760	1091.557	.000
	Within Groups	964.646	94	10.262		
	Total	**12166.406**	**95**			

Table 5 presents the results of a series of one-way ANOVAs conducted to compare key psychological variables across two groups at three different time points: baseline, midline, and endline. The variables under consideration are the participants' total scores on the GADIS-A (a scale related to gaming disorder symptoms) and the K10 (a measure of psychological distress).

At baseline, there were no statistically significant differences between the groups for either the GADIS-A or K10 scores. Specifically, for GADIS-A, the between-groups sum of squares was 26.042 with an F-value of 0.942 and a significance (p-value) of .334, which is not statistically significant. Similarly, the K10 scores showed a between-groups sum of squares of 1.260, with an F-value of 0.029 and a p-value of .866, indicating no meaningful difference between groups at this initial point.

However, at midline, significant differences emerged for both measures. For GADIS-A, the between-groups sum of squares rose dramatically to 11,528.167, yielding an F-value of 1247.304 and a p-value of .000, indicating a highly significant difference between the groups. A similar pattern is observed for the K10 scores, where the between-groups sum of squares was 7,722.094, the F-value was 502.055, and again the p-value was .000, suggesting a significant group effect.

These significant differences persisted at endline. The GADIS-A scores had a between-groups sum of squares of 13,896.094, with an F-value of 1892.691 and a p-value of .000, indicating a very strong statistical difference. The K10 scores also reflected a substantial between-groups difference, with a sum of squares of 11,201.760, an F-value of 1091.557, and a p-value of .000.

The ANOVA results suggest that there were no significant group differences in psychological distress or gaming disorder symptoms at baseline. However, by midline and endline, significant differences had developed between the groups, with extremely high F-values and highly significant p-values, indicating that the intervention or group condition had a substantial impact on participants' scores over time.

Data provides robust statistical evidence to reject the null hypothesis, which stated that the treatment of IGD using MET did not equally treat psychological distress among adolescents in the study setting. Instead, the findings strongly support the alternative hypothesis: that the treatment of IGD using MET did significantly and effectively reduce psychological distress among adolescents in selected private Christian universities in Nairobi County. Thus, MET can be considered a highly effective intervention for alleviating psychological distress in adolescents struggling with IGD in this context.

Hypothesis Discussion

The current study tested the null hypothesis that the treatment of IGD using MET did not equally treat psychological distress among adolescents in selected private Christian universities in Nairobi County, Kenya. At baseline, there were no statistically significant differences between the groups for either the GADIS-A or K10 scores. Specifically, for GADIS-A, the between-groups sum of squares was 26.042 with an F-value of 0.942 and a significance (p-value) of .334, which is not statistically significant. Similarly, the K10 scores showed a between-groups sum of squares of 1.260, with an F-value of 0.029 and a p-value of .866, indicating no meaningful difference between groups at this initial point.

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DISCUSSION

The study sought to establish the levels of psychological distress associated with Internet Gaming Disorder (IGD) among adolescents in selected private Christian universities in Nairobi County, Kenya. The study found out that Experimental group (n = 48) recorded a mean K10 score of 27.50 ± 6.633, indicating that the average level of psychological distress among

participants in this group was moderately high, with a standard deviation suggesting a considerable spread around the mean. Similarly, the Control group (n = 48) had a mean score of 27.27 ± 6.639, reflecting a nearly identical level of psychological distress with comparable variability.

The findings of the current study, which revealed moderately high levels of psychological distress among adolescents with IGD in selected private Christian universities in Nairobi County, Kenya, are well-supported by a growing body of international literature. Several studies have demonstrated similar patterns, indicating that IGD is strongly linked with emotional and psychological difficulties across diverse settings. For instance, Lee et al. (2017), in a survey conducted in South Korea, found that adolescents diagnosed with IGD experienced elevated levels of stress, anxiety, and loneliness, while also sleeping fewer hours and spending excessive time online. These findings align closely with those of the current study, indicating that the psychological burden of IGD is not limited by geographic or cultural boundaries.

Building on this, Liu et al. (2019) reported comparable outcomes in China, where adolescents suffering from IGD were found to struggle with educational setbacks, strained relationships with parents and peers, and significantly diminished self-esteem. This reinforces the current study's conclusion that IGD is intricately tied to multifaceted psychological distress. Furthermore, Garcia et al. (2020) provided additional support from Spain, where adolescents exhibiting IGD symptoms showed declines in academic performance, reduced social interaction, and low self-esteem, factors that mirror the emotional and behavioral indicators observed in the Kenyan sample.

In a similar vein, Wartberg (2017, 2018) identified predictors and outcomes of IGD such as hyperactivity, inattention, low self-esteem, and emotional discomfort. His longitudinal work showed how these traits contributed to the emergence and persistence of distress in adolescents with IGD, thus validating the findings of the current study. Similarly, Deng et al. (2024) provided empirical evidence establishing causal links between psychological distress and multiple gaming behaviors, including game duration, frequency, and exposure to violent content, offering strong support for the current study's findings. Deng's work further underscored a slightly higher incidence of IGD-related distress among male adolescents, which echoes gender-related vulnerabilities identified globally.

Complementing these findings, Wang et al. (2021) and Ouedraogo et al. (2018) examined gender differences and reported that while both male and female adolescents are affected by IGD, female adolescents often face higher levels of emotional distress and social isolation.

These observations align with the current study's recognition of psychological distress as a universal consequence of IGD but add a gendered dimension that may require more attention in the Kenyan context. Santos et al. (2020) took this further by comparing Brazilian and Japanese adolescents, discovering cultural differences in coping strategies. Brazilian adolescents relied more on familial and social support, whereas Japanese adolescents exhibited more isolated coping behaviors. While these findings do not contradict the present study, they enrich it by highlighting how cultural context mediates the experience and management of distress among adolescents with IGD.

Regionally, the results of the current study resonate with research conducted in neighboring Uganda. Nalwoga et al. (2024) observed that IGD is emerging as a significant mental health concern in African contexts, with prevalence rates ranging from 22.4% to 51% across several nations. The Ugandan findings confirmed that IGD leads to disrupted sleep, impaired academic performance, and emotional disturbances, all of which support the current study's assertion that IGD contributes to significant psychological distress among adolescents. Nalwoga et al. further noted that gaming often serves as a passive coping mechanism for dealing with negative emotions, a theme that is widely documented in literature from both high- and low-income countries (Banyai, 2021; Melodia et al., 2020; Schneider, 2018).

Wong et al. (2020) also contributed to the growing consensus by demonstrating how IGD predicts a range of psychological issues, including poor sleep quality, depression, and social media addiction. While Wong et al. called for future research to explore the interplay between these factors, their findings lend credence to the psychological distress reported in the Kenyan adolescent sample. Meanwhile, Li et al. (2023) pointed out methodological gaps in existing research, urging the use of longitudinal data and larger, more diverse samples to confirm causality. While their emphasis on improved research design does not contradict the current findings, it suggests a need for cautious interpretation and highlights areas for methodological enhancement in future local studies.

Additional studies further reinforce the current study's findings. Verlinden (2021) found that IGD was linked to depressive symptoms among female college students in the UAE, while Sachan (2021) identified gender, psychiatric comorbidity, and game type as key variables influencing distress levels among adolescents with concurrent mental illnesses. Cross-sectional studies from Europe also consistently reported that IGD correlates with distress, particularly through mechanisms such as inattention, low self-esteem, and family discord (Wartberg, 2018). Fisher (2017) similarly found that IGD aggravated psychological challenges such as body

dissatisfaction and suicidal ideation in adolescents with gender dysphoria, suggesting that IGD may amplify existing mental health vulnerabilities. This insight mirrors the current study's implication that IGD exacerbates already fragile psychological states among adolescents.

Turning to the African context, there remains a relative dearth of research, though the available studies provide valuable insights. As noted by Dessauvagie (2020), psychological distress among adolescents in Sub-Saharan Africa is already high, with contributing factors such as poverty, trauma, and inadequate mental health services. Pengpid (2022) confirmed this, adding that South African adolescents often suffer from loneliness, sleeplessness, and suicidal thoughts—conditions that could easily be worsened by IGD. Tian (2021) also emphasized how alcohol and drug use increase psychological distress among adolescents in low- and middle-income countries (LMICs), raising concerns that IGD may interact with other risk behaviors to compound emotional and psychological suffering. These findings suggest that IGD could pose significant mental health risks to African adolescents, reinforcing the conclusions of the current study.

Locally, evidence remains limited but troubling. Osborn (2019) reported that nearly half of Kenyan adolescents exhibit clinical levels of depression and anxiety, while Mbithi (2023) linked poor mental health to truancy, strained parental relationships, and unsafe living conditions. Although these studies did not focus exclusively on IGD, they underscore a context in which any additional stressor—such as IGD—could have serious consequences. The current study therefore contributes important empirical data to a largely under-researched area, and its findings are echoed in global and regional literature.

CONCLUSION

The study concluded that psychological distress among adolescents was moderately elevated, reflecting the significant emotional burden associated with disordered gaming.

RECOMMENDATION

Develop and Implement Peer-Led Awareness Programs: Since peer influence plays a significant role in the development of IGD, universities should promote peer education and social support initiatives that encourage healthy gaming habits and reduce social reinforcement of excessive gaming.

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