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Educational Experiences and the Mental Health of Youth in Gongolamboto Ward, Ilala Municipality, Tanzania

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ABSTRACT **Original Research Article**

This study explored the influence of educational experiences on the mental health of young people aged 15–24 years in Gongolamboto Ward, Ilala Municipality, Tanzania. The study was guided by Stress Process Theory, with additional support from the Social Determinants of Health Framework and Ecological Systems Theory. An interpretivist philosophical approach and an exploratory qualitative research design were employed. Participants were recruited through purposive and snowball sampling techniques. Data were collected in July and August 2026 through 20 in-depth interviews with young people, four focus group discussions involving 32 young people, and 11 key informant interviews with teachers, social workers, healthcare workers, and community leaders. The collected data were analyzed thematically. The findings revealed that education was perceived as both a source of hope and a source of psychological pressure. Examination-related stress and fear of failure were associated, in participants' experiences, with sleeplessness, anxiety, shame, and discouragement, particularly when family expectations and comparisons with other students' academic results intensified examination pressure. Young people who had discontinued their education reported feelings of worthlessness and exclusion when comparing themselves with peers who remained in school, while some also experienced negative judgments from members of their communities. Students and teachers further reported inadequate psychosocial support within schools, where emotional difficulties were sometimes interpreted as laziness or indiscipline or remained unrecognized. The study concluded that the mental health consequences of educational experiences were influenced not only by schooling itself but also by the significance attached to examination results, the pressure of family expectations, and the limited availability of alternative educational pathways for school leavers. Accordingly, recommendations were made for schools, local government authorities, the national government, health and social welfare practitioners, families, and community organizations to strengthen school-based psychosocial support systems and referral services, establish alternative educational and vocational skills-development opportunities for school leavers, and reduce examination-related pressure among young people.

Keywords: Educational Experiences, Youth Mental Health, Gongolamboto Ward.

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Introduction

Mental health problems are a leading cause of ill-health and disability among young people worldwide. Globally, about one in seven adolescents aged 10–19 years lives with a mental health condition, with depression, anxiety and behavioural disorders being the most common (World Health Organization [WHO], 2025). Analysis of the Global Burden of Disease data shows that the prevalence of mental disorders rises with age through adolescence and reaches 13.6 per cent among young people aged 20–24 years, and that mental

disorders account for about one fifth of all years lived with disability among those aged 5–24 years (Kieling et al., 2024). Youth mental health is therefore increasingly treated as a development issue as well as a health issue, since problems that emerge during this period affect education, employment and adult life (United Nations [UN], 2025).

Education occupies a particular place among the social conditions that shape mental health. The Social Determinants of Health perspective holds that health is influenced by the conditions in which people are born, grow, live, learn, work and age, and that a person's position in the social hierarchy, shaped by education, occupation and income, influences health through material and psychosocial circumstances (Solar & Irwin, 2010; WHO, 2014a). Education is therefore expected to protect well-being by widening access to employment and other resources. International evidence, however, shows that educational experiences can also be a source of distress. A systematic review found that academic pressure was associated with adverse mental health outcomes such as anxiety, depression and self-harm in most of the studies reviewed (Steare et al., 2023), while mental health problems in childhood and adolescence have been associated with lower educational attainment later in life (Wickersham et al., 2021) and with leaving school early (Esch et al., 2014). Education is thus both a determinant of mental health and something that mental health can affect.

In sub-Saharan Africa, these concerns are intensified by the youngest population in the world and by high levels of youth poverty and underemployment. A systematic review of studies from 16 sub-Saharan countries found that depression and anxiety are common among adolescents in the region (Jörns-Presentati et al., 2021), and a study of high school students in Nairobi, Kenya, reported high levels of depression and anxiety symptoms (Osborn et al., 2020). At the same time, mental health services for young people remain scarce and underfunded, there are few specialists, and stigma discourages help-seeking (Hart & Norris, 2024).

In Tanzania, young people form a large share of the population. The 2022 Population and Housing Census enumerated 11,848,365 persons aged 15–24 years, or 19.2 per cent of the national population (National Bureau of Statistics [NBS], 2024). Many of them face difficult transitions from school to work, and the 2020/21 Integrated Labour Force Survey reported an unemployment rate of 15.2 per cent among youth aged 15–24 years (NBS, 2023). Tanzanian studies show that adolescents' mental well-being is associated with household and social conditions (Mshiu et al., 2025) and identify fear of examination failure as an important school-related stressor (León-Himmelstine et al., 2021). The same study found that 68 per cent of adolescents viewed mental illness as a sign of personal weakness, which may discourage young people from speaking about their difficulties. The Government has taken steps to respond. The Mental Health Act of 2008 provides the legal framework for mental health care (United Republic of Tanzania [URT], 2008), the National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing 2021/22–2024/25 identifies adolescent mental health as a priority area (Ministry of Health, Community Development, Gender, Elderly and Children [MoHCDGEC], 2021), and the National Youth Development Policy promotes youth employment and participation (URT, 2007). These efforts, however, are largely organised by sector, and evidence on how young people experience schooling within their everyday settings remains limited.

Gongolamboto Ward provides an appropriate setting for examining these issues. It is a densely populated peri-urban ward situated on the eastern outskirts of Ilala Municipality in Dar es Salaam, with a recorded population of 63,043 in 2022 (NBS, 2022). Based on the national proportion of individuals aged 15–24 years, it is estimated that approximately 12,000 young people within this age group reside in the ward. The area is characterized by the presence of public and private primary and secondary schools, healthcare facilities, and numerous neighbourhoods where young people engage in schooling, informal trading, and unemployment. Consequently, young people in the ward experience educational participation, school discontinuation, and the transition into employment within the same community environment.

Despite this, existing Tanzanian evidence has three shortcomings for informing local action. Most studies are quantitative surveys that show whether schooling and other factors are statistically associated with mental health scores but do not explain how young people experience them (Nyundo et al., 2020; Mshiu et al., 2025). The qualitative evidence that does exist comes mainly from school-based samples in other regions (León-Himmelstine et al., 2021) or from the COVID-19 period (Zuilkowski et al., 2024), so young people who have left school are rarely heard. Finally, no published qualitative study of youth mental health in Gongolamboto Ward could be identified. Without locally grounded evidence, ward and municipal actors must plan on the basis of national or international data, and interventions may concentrate on individual counselling while overlooking the conditions, including those in schools, that young people themselves identify as sources of distress (Hart & Norris, 2024). Therefore, this study sought to explore how educational experiences shape the mental health of youth in Gongolamboto Ward.

Study Objective

To explore how educational experiences shape the mental health of youth in Gongolamboto Ward, Ilala Municipality, Tanzania.

This article reports the findings on the first of three specific objectives of a wider study on the social determinants of youth mental health in the ward. Findings on household

income and family support systems are reported separately and are referred to here only where participants themselves linked them to schooling.

Literature Review

In this section, theoretical and empirical reviews are presented. The theoretical review provides the sociological foundation and perspectives for this study. The empirical review examines relevant research to identify the gaps which the present study addressed.

Stress Process Theory

Stress Process Theory is a sociological theory that explains how social conditions become psychological experiences (Pearlin et al., 1981; Pearlin, 1989). It is composed of three parts. Stressors: negative situations and events that people experience, such as economic difficulties, role tension or life events. Mediating resources, like social support, coping and sense of mastery, determine the degree to which stresses affect well-being. Outcomes are emotional and psychological effects (e.g., distress). Pearlin (1989) emphasised that stressors are socially patterned: people in disadvantaged positions are exposed to more stressors and often have fewer resources. He also described stress proliferation, whereby a primary stressor generates secondary stressors in other areas of life (Pearlin et al., 2005). Thoits (2010) summarises decades of research showing that chronic strains are more damaging than single events and that social support is among the most important protective resources. A major strength of the theory is therefore that it explains how structural conditions reach individuals through everyday strains and the resources available to meet them.

However, the hypothesis has certain limitations. It was established mostly in high-income settings and in the use of standardized assessments of stresses and symptoms. It tends to treat social support as a resource, but the same relations (e.g., in families) may also constitute stressors. It also tells us less about the cultural connotations of the occurrences that make them a challenge in one context but not another. Stress Process Theory is especially relevant to this study because examinations, fear of failure, school dropout and the absence of support within schools can be understood as stressors that young people encounter in the educational setting, while teachers, counselling arrangements, family encouragement and alternative opportunities can be understood as resources that may or may not be available. The theory therefore directs attention both to what young people face in and around school and to what they can draw on in response.

Supporting Perspectives

Two other theoretical frameworks provided guidance for analysis of the study results. In the Social Determinants of Health (SDH) framework, health is shaped by the circumstances surrounding people's birth, growth, living, learning, working and ageing, and by the distribution of power, wealth and resources which creates those circumstances (Solar & Irwin, 2010; WHO, 2014a). The structural determinants are those that affect an individual's social position (as reflected in their education, occupation and income) and the intermediary determinants are material and psychosocial context and access to essential services. This view has led to the inclusion of education as a structural determinant and implies that not only is there a link between which groups of students are experiencing poor mental health and which groups are being disadvantaged in education, but that this disadvantage may also be related to the experience of poor mental health. (WHO, 2014b; Lund et al., 2018). Its drawback is the fact that it was designed to be used to guide policy and population level assessment and may not be sufficient to explain how individual experiences are interpreted or how specific meanings, such as perceived importance of examination failure, become psychological distress. According to Ecological Systems Theory, human development is the result of interactions among the individual and the various systems of the environment, including the microsystem (immediate environment, including family, school, peer group, etc), the mesosystem (relationships among the microsystems), the exosystem, and the macrosystem (cultural setting, including values, socioeconomic context, etc. Bronfenbrenner, 1979). The theory can be helpful in understanding how factors in one setting (school) can be affected by factors in another setting (family). However, it has been charged with failing to take seriously the role of power relations and inequalities in various social and institutional contexts.

Three sociological concepts were also used as sensitising concepts to interpret participants' accounts. Social comparison holds that people evaluate their abilities and progress by comparing themselves with similar others (Festinger, 1954). Waithood describes the prolonged period during which many young Africans are unable to obtain the jobs, income and independence that mark social adulthood (Honwana, 2012), and strain theory suggests that distress can arise when people are blocked from culturally valued goals such as educational success (Agnew, 1992). Stigma, an attribute that discredits a person (Goffman, 1963), helps to explain why young people may conceal difficulties and avoid seeking help.

Empirical Review

Educational Experiences and Youth Mental Health

Educational experiences constitute a central social condition in young people's lives, and the literature shows that they can both protect and harm mental health. Empirical studies across global, continental, regional and national contexts demonstrate that academic pressure, school leaving and the availability of support in schools shape young people's emotional well-being.

At the global level, Steare et al. (2023), in a systematic review of the association between academic pressure and

adolescent mental health problems, examined 52 studies and found that 48 of them reported an association between academic pressure and at least one adverse mental health outcome, such as anxiety, depression or self-harm. However, most of the studies were cross-sectional and could not establish causality. The relationship also runs in the opposite direction. Wickersham et al. (2021), in a systematic review and meta-analysis, found that depression in childhood and adolescence was associated with lower later educational attainment. Similarly, Esch et al. (2014), in their systematic review of early school leaving, concluded that mental health problems and leaving school early reinforce each other in a 'downward spiral'. This worldwide evidence is generally quantitatively based and mainly originates from high-income countries. It reveals that school leaving and academic pressure do matter but does not do much to explain why they are important in contexts in which education is the most important route to work.

Jörns-Presentati et al. (2021) in a systematic review of various studies performed in different parts of sub-Saharan Africa reported that depression and anxiety is highly prevalent among school-going adolescents at the continent and region levels, with most of the studies reviewed using screening instruments developed outside the African context. Osborn et al. (2020) conducted a study in Kenya where they analyzed a sample of 658 secondary school students in Nairobi and discovered high levels of depressive and anxiety symptoms. They also found that perceived social support from friends and family members was correlated with fewer psychological symptoms, with the support of family showing a stronger relationship with fewer depression symptoms. These findings highlight the importance of schools as settings for promoting and understanding youth mental health. The research, however, focused largely on the school experiences of teens who continued to attend school, and paid less attention to the experiences of teens who had dropped out of school.

In a mixed methods baseline study of adolescents in Morogoro and Mwanza, at the national level León-Himmelstine et al. (2021) found that examinations failure and corporal punishment were major school-related stressors. The study also identified that primary school children were more likely to be identified as 'at risk' children using a standardised screening instrument than secondary school children. Likewise, in a cross-sectional survey in selected regions of Tanzania, Mshiu et al., (2025) determined that mental health of adolescents was linked to the household, family and overall social conditions. The evidence from Tanzania thus bolsters the value of learning experiences to gain understanding of adolescent mental health, albeit these studies are predominantly those of adolescents in school and about statistical associations between relevant factors.

Another area of literature that has been explored looks at the psychosocial support and help-seeking among young people. The care of adolescent mental health issues in sub-Saharan Africa is underfunded, understaffed, and stigma and lack of access to care are a barrier to effective care provisioning, according to Hart and Norris (2024). They therefore highlight the importance of community-based and school-based interventions and adequate referral mechanisms. Stigma, embarrassment, lack of mental health literacy and the wish to self-reliance have also been highlighted as significant barriers to help-seeking among the youth in a systematic review carried out by Gulliver et al. (2010). In contrast, positive past experiences and supportive encouragement were identified to help facilitate help-seeking behaviour. León-Himmelstine et al., 2021 found in Tanzania that most of adolescents had a personal view of mental illness as a weakness. The amount and quality of help that is offered in school and how help is offered when a child is having emotional problems might have a significant effect on the willingness of children to seek help.

The reviewed studies demonstrate that educational experiences are closely linked to young people's mental health. However, important gaps remain. Using the taxonomy of research gaps proposed by Miles (2017), three gaps can be identified. First, there is a methodological gap: the Tanzanian and East African evidence is dominated by cross-sectional surveys (Nyundo et al., 2020; Osborn et al., 2020; Mshiu et al., 2025) that estimate associations between schooling and mental health scores but do not show how young people experience examination pressure, school leaving or the support available in school. Second, there is a population gap: qualitative and mixed-methods studies in Tanzania have focused mainly on in-school adolescents in Morogoro and Mwanza (León-Himmelstine et al., 2021) or on youth during the COVID-19 period (Zuilkowski et al., 2024), while youth aged 15–24 years who have dropped out of school or completed school without finding work in urban wards are rarely studied. Third, there is an empirical (contextual) gap: no study of the social determinants of youth mental health was found for Gongolamboto Ward or comparable peri-urban wards of Ilala Municipality. The present study addresses these gaps by providing an in-depth qualitative understanding of how educational experiences shape the mental health of youth in Gongolamboto Ward.

Methodology

Research Design: The study adopted an interpretivist philosophy and employed an exploratory qualitative research design. Interpretivism holds that social reality is constructed through the meanings that people give to their experiences (Bryman, 2016; Creswell & Poth, 2018), which suited a study that sought to understand how young people interpret their experiences of schooling and connect them to their emotional well-being. An exploratory design was chosen because there was no previous research on the topic in Gongolamboto Ward, and the design allowed unexpected issues to emerge during data collection (Bryman, 2016). The study explored

participants' experiences, perceptions and meanings; it did not screen for, measure or diagnose mental disorders.

Study Area

The study was done in Gongolamboto Ward, Ilala Municipality, Dar es Salaam, Tanzania. The ward borders Kinyerezi, Ukonga, Majohe and Pugu wards and the population of the ward was reported as 63,043 persons during the 2022 Population and Housing Census (NBS, 2022). The ward is now under the administration of the Ilala Municipal Council which was promoted to Dar es Salaam City Council in 2021. But the Municipality name Ilala is kept in this article. Gongolamboto Ward was chosen due to its large youth population and its peri-urban nature with high population density and varying socio-economic conditions for youth. These involve going to public/private secondary schools, dropping out of school and involvement in informal trading and other livelihoods. In addition, no qualitative research was found that was specific to the ward and the subject of youth mental health. Data was collected in 7 streets (mitaa) – Swai, Victor, Madiba, Mkurugenzi, Gongolamboto, Ulongoni B and Msikitini. It also included institutions that were able to reach eligible participants such as Ulongoni Secondary School, Kitonka Hospital, Ward Social Welfare Office and Ward Executive Office.

Target Population

The target population included young people (15-24 years) who lived in Gongolamboto Ward (with an estimated population of 12,000) and key informants involved in working with young people in the area. The four groups of youth who were pertinent to the study's goals were: in-school youth, out-of-school youth, post-secondary educated but not working, and youth engaged in informal income-generating activities. Key informants were teachers, health workers, social workers, and community leaders. Young people aged 15-17 years were also covered, with parental/guardian consent, as this age group is considered a critical transition time for many when they are preparing for or taking on secondary school exams, dropping out of school, or moving into the labour market.

Sampling Technique

Purposive sampling was used with the aid of snowball sampling in the study. To select the participants of the study, purposive sampling was used to identify the participants who had information and experiences about the subject of the study (Patton, 2015). A maximum variation approach was used to guarantee representation of young women and young men, minors and young adults and representation across the four youth categories identified. Street chairpersons, the Ward Executive Office and the school administrations were used to identify initial participants. Key informants included people who had professional and community roles that were related to educational institutions, health care, social welfare services and community leadership. The inclusion of snowball sampling methods was only used when the number of young people gathered using purposive recruitment was not sufficient to reach some categories, particularly out-of-school and out-of-work young people, who may not be listed in school registers or other formal documentation. The process was guided by four safeguards: participants were allowed to provide information on the study but not asked to refer others directly; those referred were contacted specifically when they expressed an interest in participating in the study; minors referred were contacted only with the consent of their parents/guardians; and referrer participants were not told whether the person they refer did participate in the study. The final sample was n = 63 as shown in Table 1.

Table 1: Target Population and Sampling

Category of Participants	**Method**	**Sampling Technique**	**Sample Size**
Youth aged 15–24 years	In-depth interviews	Purposive (snowball where needed)	20
Youth aged 15–24 years	Focus group discussions	Purposive (snowball where needed)	32 (4 groups of 8)
Teachers	Key informant interviews	Purposive	2
Social workers	Key informant interviews	Purposive	4
Health workers	Key informant interviews	Purposive	2
Community leaders	Key informant interviews	Purposive	3
Total			**63**

Source: Researcher (2026)

Data collection continued until the interviews and discussions produced little new information relevant to the research questions (Malterud et al., 2016; Hennink & Kaiser, 2022). Saturation was judged from the coding records: no new relevant codes emerged after the 17th in-depth interview and the third focus group discussion, and the later interviews and the final discussion repeated codes already identified, such as fear of failure and peer comparison.

Data Collection Methods: Three qualitative data collection methods were employed in this study. First, 20 in-depth interviews were conducted with young people using a semi-structured interview guide developed in line with the study objectives. The interviews began with background questions and progressed to open-ended discussions about participants' experiences of stress, education, household finances, family relationships, and coping strategies. Follow-up probing questions were used where necessary to obtain further clarification and explore participants' responses in greater depth. Second, four focus group discussions, each involving eight young people, were conducted at Madiba Street and Victor Street in July 2026 to explore shared experiences and perspectives (Krueger & Casey, 2015). The discussions included two mixed-sex groups, one group comprising young men, and another comprising young women. In terms of age distribution, two groups consisted of participants aged 15–17 years, while the other two comprised young people aged 18–24 years. Third, 11 key informant interviews were conducted with teachers, healthcare workers, social workers, and community leaders. These participants provided insights into the challenges affecting young people and the influence of educational experiences on their well-being. Fieldwork was carried out in July and August 2026. All interviews and group discussions took place in locations selected to ensure participants' privacy and prevent conversations from being overheard. Most sessions were conducted in Kiswahili, while two key informant interviews were conducted in English. All interviews and discussions were audio-recorded with the participants' consent. The in-depth and key informant interviews lasted approximately 30–45 minutes, whereas the focus group discussions lasted between 60 and 75 minutes.

Data Analysis: The data were analysed thematically following the six phases described by Braun and Clarke (2006, 2021). Recordings were transcribed in Kiswahili and translated into English by the researcher, who checked each translated transcript against the audio recording; phrases with no direct English equivalent were kept in Kiswahili with an explanatory note (Temple & Young, 2004), and a second bilingual sociologist checked a random 10 per cent sample of the translated transcripts against the original recordings. Initial codes were generated manually from meaningful segments of the data using a coding table in Microsoft Word, grouped into categories and candidate themes, reviewed against the whole data set, and then defined and named. For example, codes such as sleeplessness before examinations, lost hope after failing a subject and 'failing exams equals failing in life' were grouped under examination pressure and fear of failure and developed into the theme of academic pressure and psychological stress. Accounts that did not fit the main pattern were noted and are reported in the findings.

Trustworthiness and Ethical Considerations

Four criteria for establishing the trustworthiness of the study were used: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985; Nowell et al., 2017). The accounts from young participants were corroborated with the information gathered from the key informants and triangulated to strengthen the credibility of the information presented and to clarify some of the respondents' answers during the interview. It was also noted that the views of the young respondents were also considered against the backdrop of other views that were contrary to the main trend. Detailed description of the study area, characteristics of the participants, and research procedures provided a form of transferability. An audit trail of dated field notes, audio tape recordings, interview transcripts and coding tables were used to ensure dependability. Supporting interpretation with the use of direct quotations (identified by participant codes) and reflexive approach throughout the research process added to the confirmability of the interpretations. As a young Tanzanian post-graduate student who did not live in the study ward, the researcher kept a reflexive journal and admitted that this might have led some participants to give more positive opinions about the education field. Participants were not, however, provided with transcripts or research findings to verify and/or provide feedback on, and this was noted as a limitation in the study (Birt et al., 2016). Research clearance was sought at St. Augustine University of Tanzania, Office of the Regional Administrative Secretary (RAS) in Dar es Salaam, Dar es Salaam City Council, and in Gongolamboto Ward Executive Office. All adult participants and key informants voluntarily signed a consent form. Written consent was obtained from a parent/guardian and the assent of the minor for participants ages 15-17 years. Any objections on the part of a minor were respected, even if parental and/or guardian consent had been given. Participants' identities were safeguarded by using identification codes and no personally identifying data were provided in the research report. What was decided was that they would make a distress management protocol that would help when they spoke about mental health because that might make the person feel bad. If the participants needed extra support, they would have been referred with their agreement to the Ward Social Welfare Office or Kitonka Hospital. But none of the participants needed a referral.

Characteristics of Participants

The study involved 20 young people who participated in individual interviews, comprising nine females and 11 males aged between 16 and 24 years. Of these participants, five were aged 15–17 years, while 15 were within the 18–24-year age category. Regarding their educational and employment status, five were currently attending school, four had discontinued their education, five were unemployed, four were engaged in small-scale business activities, and two had completed their studies but had not secured employment. In addition, 32 young people participated in four focus group discussions, while 11 key informants were interviewed. The key informants comprised two teachers, two healthcare workers, four social workers, and three community leaders.

This article specifically draws on the accounts of seven individual interview participants (IDI-01 to IDI-06 and IDI-15), three focus group discussants (FGD-01 to FGD-03), and three key informants (KII-01 to KII-03), whose contributions were directly relevant to educational experiences. The focus group identification codes refer to individual discussants rather than separate discussion sessions. The participants' characteristics are presented in Table 2.

Table 2: Participants Whose Accounts Are Reported in the Findings

Code	Sex	Age (years)	Schooling Status or Role	Location
IDI-01	Male	16	In school	Swai Street
IDI-02	Female	17	In school	Victor Street
IDI-03	Female	18	Left school	Mkurugenzi Street
IDI-04	Male	19	Left school	Gongolamboto Street
IDI-05	Female	16	In school	Gongolamboto Street
IDI-06	Male	17	In school	Madiba Street
IDI-15	Male	18	Left school	Swai Street
FGD-01	–	–	Focus group discussant	Madiba Street
FGD-02	–	–	Focus group discussant	Victor Street
FGD-03	–	–	Focus group discussant	Victor Street
KII-01	Male	–	Teacher	Ulongoni Secondary School
KII-02	Female	–	Social worker	Ward Social Welfare Office
KII-03	Female	–	Teacher	Ulongoni Secondary School

Source: Field data (2026). A dash (–) means the information was not recorded for individual discussants or key informants.

Study Findings

Educational Experiences and Youth Mental Health

The study aimed to explore how educational experiences influence the mental health of young people in Gongolamboto Ward. Participants explained that education represented more than the acquisition of knowledge and academic skills. It was closely associated with future employment opportunities, family expectations, and aspirations for an improved quality of life. Consequently, educational experiences could serve as a source of psychological well-being or contribute to emotional distress. Three interrelated themes emerged from participants' accounts: academic pressure and psychological stress; school dropout and emotional well-being; and limited psychosocial support within schools. The findings reflect participants' personal experiences, perspectives, and perceptions. Expressions such as 'useless', 'worthless', and 'lose hope' represent participants' own descriptions of their emotional experiences and should not be interpreted as evidence of clinically diagnosed mental health conditions, since no clinical screening or diagnostic assessment was conducted. All interviews were conducted in Kiswahili, and the quotations presented in this article are the researcher's English translations of participants' original statements.

Academic Pressure and Psychological Stress

Students described examinations, fear of failure and concern about their future as sources of pressure. The pressure was described as continuous, extending beyond school hours into the home. IDI-01, a male student, described how examination worry affected his sleep:

> *"Whenever national or mock examination periods approach, my entire routine is disrupted. Sometimes I cannot sleep at all during examination periods because I keep thinking about failing my exams. My heart beats fast when I think of how my parents made sacrifices to pay fees, and if I fail, everyone will view me as a complete disappointment. That thought keeps waking me up at night." (IDI-01, 2026)*

For IDI-01, academic pressure continued outside the classroom as persistent worry, disrupted sleep and a racing heart. His concern was less about the examination itself than about the possibility of failure and of disappointing parents who had made sacrifices to pay his fees. Another student described the effect of a failure that had already happened:

> *"Failing a science subject in Form Three made me lose hope completely. I used to sit in class feeling like my mind was totally blank, and eventually I decided to stop studying that subject entirely. When the teacher returned test scripts, I would hide mine under the desk so nobody could see my marks because I felt so ashamed." (IDI-02, 2026)*

Whereas IDI-01 described worry before examinations, IDI-02 described discouragement and shame after failure, which led to withdrawal from the subject. A participant in the focus group discussion at Madiba Street explained why results carried such weight:

> *"Sometimes we experience a lot of pressure from studies because we know our results can determine our future. In our society, if you do not pass Form Four examinations,*

people talk as if your life is completely over. You carry that worry into the exam room, and when you sit down at the desk, your hands tremble because you know one single test paper decides whether you build a future or become a burden to your family." (FGD-01, 2026)

For FGD-01, examination results were part of a pathway to the future, which is why poor performance was a source of pressure; the community view that failing Form Four meant that 'your life is completely over' added to this weight. A Form Four student described how the pressure continued at home after results were released:

"It is not just the exam questions that worry us; it is the environment after the exam. If your neighbour's child gets Division One or Two and you get Division Four, home becomes unbearable. My father constantly reminds me of how much money he spent on tuition, asking me why I cannot perform like others. It makes you feel like you are worthless inside your own home." (IDI-05, 2026)

For IDI-05, distress arose less from the examination questions than from comparison with neighbours' children and her father's reminders of what he had spent on tuition. A teacher also placed this pressure within the family:

"Many young people come to us with severe stress related to school performance. Some feel that failing exams means they have failed in life, especially when there is strong pressure from families. During national examination cycles, we record an increase in students visiting the dispensary or reporting head pains, stomach upsets, and panic because the pressure from both home and school is overwhelming." (KII-01, Teacher, 2026)

Participants' accounts varied in terms of the aspects of academic pressure they emphasized. IDI-02 and FGD-01 primarily associated pressure with examinations and concerns about their future, whereas IDI-01 and IDI-05 additionally highlighted their parents' sacrifices and comparisons with others. The teacher, in contrast, emphasized family expectations and the physical symptoms associated with academic pressure, including headaches, stomach disturbances, and panic. According to these participants, academic pressure arose from examination demands, uncertainty about future prospects, and expectations from family members. Nevertheless, participants continued to value education because they regarded it as essential for achieving their future aspirations. Thus, their experiences presented education as both a source of hope and an important source of psychological pressure.

School Dropout and Emotional Well-being

Participants who had left school described this as more than the end of formal education: it was a painful turning point that separated them from their peers and changed how they saw themselves. IDI-03, a young woman who had left school because of financial constraints, said:

"After leaving school I felt useless because my friends continued with their studies. Every morning when I saw them walking past our house in their clean school uniforms while I was sitting at home washing dishes, I would go behind the house and cry. I felt left behind, stripped of my dignity, and completely uncertain about my future." (IDI-03, 2026)

IDI-04, a young man who had dropped out, gave a similar account:

"After dropping out of school, I started feeling bad because I saw my peers continuing with their studies while I remained at home doing nothing. I started losing hope of achieving my dreams of becoming an electrician. When my former classmates pass by, I try to hide because I feel ashamed that my life has stagnated while theirs is moving forward." (IDI-04, 2026)

Both participants measured their situation against peers who were still in school. IDI-03 described feeling 'useless' and 'left behind', and IDI-04 described 'losing hope' of achieving his dreams and hiding from former classmates. In these two accounts, one from a young woman and one from a young man, peer comparison was central and was described in similar terms. IDI-15, a young man who had to leave school after the loss of fee support following the death of his primary caregiver, described isolation and negative judgement from the community:

"Leaving school was not my choice; when my uncle stopped paying my school fees, my life turned upside down. I spent months isolated in my room because I could not face my friends. When you leave school, people in the community start looking at you differently – they treat you as if you are a failure or someone destined for crime, even when you did nothing wrong." (IDI-15, 2026)

IDI-15 added a further dimension: leaving school was not his choice, and it was followed by withdrawal from friends and by a sense that the community saw him 'as if you are a failure'. A participant in the Victor Street discussion expressed a similar idea:

"Dropping out of school makes a young person feel like they have failed in life, especially when they see their friends progressing to higher education or getting formal jobs. You suddenly become invisible in community developmental activities, and older people talk down to you because you do not have a school certificate." (FGD-02, 2026)

A social worker pointed to the absence of alternatives:

"When young people leave school without alternative opportunities, many lose hope because they feel they cannot compete with those who continued their education. They are trapped in a state of idle waiting, which leads directly to depression, substance abuse, and intense

hostility towards their environment." (KII-02, Social Worker, 2026)

The young participants' accounts primarily emphasized comparisons with their peers, while IDI-15 additionally highlighted experiences of judgement from members of the community. In contrast, KII-02 drew attention to the limited availability of alternative educational, vocational, and employment opportunities. Taken together, these accounts suggest that leaving school was emotionally challenging for some participants because it disrupted a socially expected pathway towards adulthood. Furthermore, according to KII-02, the difficulties associated with school discontinuation were more pronounced when alternative opportunities for education, skills development, or employment were unavailable.

Limited Psychosocial Support in Schools

Participants felt that schools gave more attention to examinations and discipline than to students' emotional difficulties. IDI-05 said:

"Teachers focus more on examination results and discipline than understanding the personal challenges students are experiencing. Sometimes a student may have severe emotional problems at home, like domestic violence or lack of food, but nobody asks about them. If your performance drops, you are simply punished or scolded in front of the whole assembly." (IDI-05, 2026)

IDI-06 described the absence of a place to seek help:

"Sometimes a student experiences stress due to family problems or heavy academic pressure, but there is no specific place to go and talk or receive guidance. If you try to tell a teacher that you are feeling depressed or overwhelmed, they tell you to stop being lazy and go back to reading your books. So everyone learns to keep quiet and suffer alone." (IDI-06, 2026)

IDI-06's account links the school and the family: stress from family problems or academic pressure was brought into school, where there was no place to talk about it and where, in his experience, students who spoke up were told to stop being lazy. A participant in the Victor Street discussion contrasted academic and emotional preparation:

"At school we are taught how to pass examinations, memorize formulas, and follow strict rules, but nobody teaches us how to manage our emotions or deal with psychological challenges. When a student goes through mental health issues, the school treats it as a disciplinary case rather than a health issue." (FGD-03, 2026)

A teacher agreed that support was limited but explained it differently:

"Schools urgently need dedicated counselling services because many students carry heavy emotional problems from their families that directly destroy their learning capacity. However, as teachers, our workload is huge – we manage classes of over 80 students – so these deep emotional issues are not easily identified unless a child collapses or exhibits extreme behavioral disruption." (KII-03, Teacher, 2026)

Here the accounts differed. IDI-05 felt that 'nobody asks', implying a lack of attention, while KII-03 described the problem as one of identification, suggesting that teachers may not recognise emotional difficulties without counselling services. KII-03 also pointed to heavy workloads and classes of over 80 students as reasons why such problems were missed. Both accounts point to the absence of counselling and referral arrangements in the schools that participants attended.

Variation across Participants

The available data permit only a limited comparison across participant groups, as each youth participant is quoted in relation to a single theme. Both young women and young men reported similar experiences associated with school dropout, while the observed differences appeared to be more closely related to educational status and age than to gender. Participants who were still attending school (IDI-01 and IDI-02) described anticipatory anxiety and pressure following academic failure, whereas those who had discontinued their education (IDI-03 and IDI-04) emphasized comparisons with their peers. Younger participants mainly discussed emotional distress associated with academic performance, examination anxiety, and parental expectations, while young adults who had left school focused more on feelings of being left behind. Reasons for school discontinuation were documented for only two participants: financial difficulties were reported by IDI-03, while IDI-15 attributed the loss of educational fee support to the death of a primary caregiver.

Discussion of the Findings

The findings showed that, for the participants, education was a source of both hope and pressure. Students linked examinations to sleeplessness, discouragement and fear about the future, young people who had left school described feeling useless and left behind, and students and teachers described limited psychosocial support within schools. This dual character supports the argument in the empirical literature that education is not automatically protective of mental health (Steare et al., 2023; Wickersham et al., 2021). It also suggests that how education is experienced, and not only the level of education attained, shapes what it means for young people's well-being.

The relationship between examination-related pressure and psychological distress is consistent with the systematic review conducted by Steare et al. (2023), which established that academic pressure was associated with adverse mental health outcomes in most of the studies examined. It also corresponds with Tanzanian research that identified fear of

examination failure as a significant source of stress among adolescents (León-Himmelstine et al., 2021). The present study extends these findings by explaining why examination-related pressure is experienced so intensely by young people. Participants regarded examination results as determinants of their 'future' (FGD-01), while the teacher's account indicated that academic failure was sometimes interpreted as having 'failed in life' (KII-01). In an educational system where national examinations determine progression to subsequent levels of education and formal employment opportunities are limited, the perceived consequences of academic performance can be substantial. From the perspective of Stress Process Theory, examinations and the fear of failure function as potential stressors (Pearlin et al., 1981). Although the theory recognizes that resources such as social support can reduce the effects of stressors, neither IDI-01 nor IDI-02 identified any such protective resources in their accounts. This suggests that the support resources emphasized by the theory were not readily apparent to these students within their school experiences. The findings also highlight a limitation in the explanatory application of the theory: the distress experienced by participants appeared to arise not simply from examinations themselves but, more importantly, from the meanings and consequences they associated with examination outcomes.

A sociological perspective is therefore important for understanding these experiences. For families with limited economic resources, education is frequently regarded as a major pathway towards social mobility. Consequently, generational expectations that children should achieve academic success can place considerable pressure on examination performance. Ecological Systems Theory helps explain how such pressure develops within the mesosystem through the interaction between schools' emphasis on academic results and families' expectations of educational achievement (Bronfenbrenner, 1979). IDI-01 described his parents' financial sacrifices in paying school fees, while IDI-05 recalled her father's reminders about tuition expenses and comparisons with the academic performance of neighbours' children. Similarly, the teacher described the influence of family expectations on students in general terms (KII-01). These accounts indicate that both students and the teacher recognized family expectations as an additional source of examination-related pressure. However, their perspectives differed regarding how this pressure manifested. Students primarily associated it with the home environment following the release of examination results, whereas the teacher observed its physical and emotional manifestations within the school setting, including headaches, stomach disturbances, and panic. This difference demonstrates that individuals observing young people's experiences in different environments may perceive distinct aspects of the same underlying process.

Participants who had left school described feeling 'useless', 'left behind' and losing hope because peers continued with their studies (IDI-03, IDI-04, FGD-02). This is consistent with the 'downward spiral' described by Esch et al. (2014), in which leaving school and poor mental health reinforce each other, although the present study does not establish the direction of the relationship. It would be an overstatement to say that these findings extend the literature, because social comparison theory already predicts that people evaluate their progress against similar others (Festinger, 1954) and the literature on waithood already describes young Africans' sense of being stalled on the way to adulthood (Honwana, 2012). What the findings add is evidence of how the two mechanisms combine for school leavers in an urban Tanzanian ward: in IDI-03's and IDI-04's accounts, the daily visibility of peers who were still in school made the interruption of their own path more painful. Strain theory similarly suggests that distress can arise when people are blocked from culturally valued goals such as educational success (Agnew, 1992).

The account of the social worker adds a structural point: dropout was most distressing where there were no alternative opportunities (KII-02). This supports the SDH view that education matters because it shapes access to later resources (Solar & Irwin, 2010). Because both a young woman (IDI-03) and a young man (IDI-04) described dropout in very similar terms, the data do not show gender differences on this theme, although reasons for leaving school may differ for young women and young men and should be examined in further research. IDI-15's account suggests that stigma, as well as comparison with peers, contributed to distress. When community members treat school leavers as failures, the young person risks what Goffman (1963) described as a spoiled identity, which may help to explain why some school leavers withdrew from friends and felt invisible in community activities (IDI-15, FGD-02).

The limited psychosocial support that students described is consistent with Hart and Norris (2024), who describe adolescent mental health services in sub-Saharan Africa as scarce and understaffed and who argue for school-based approaches with clear referral routes. The difference between IDI-05's 'nobody asks' and KII-03's 'not easily identified' suggests that the gap is institutional as well as personal: teachers may care about students but lack training, time and counselling personnel. The experience of IDI-06, who was told to stop being lazy, is also consistent with Gulliver et al. (2010), who identified stigma and embarrassment as major barriers to help-seeking among young people; when expressions of distress are met with scolding or punishment, students learn to keep quiet. From an ecological perspective, the school is an important microsystem (Bronfenbrenner, 1979), and IDI-06's account shows that difficulties arising in the family are carried into it, which is an example of the stress proliferation described by Pearlin et al. (2005), whereby a stressor in one domain generates stress in another. The implication is that school support should include basic training of teachers to recognise distress and a clear path for

referral, rather than only the establishment of a counselling office.

Combined, the results lend support to some elements of the theoretical models as well as raise questions about some assumptions. The Social Determinants of Health (SDH) framework was helpful to identify the importance of education as a structural determinant of health. It was, however, only limited in its ability to provide understanding of the personal and social significance of the worry associated with examination failure and school drop-out for the participants. In order to gain better insights into these experiences, sociological constructs like social comparison, waithood and stigma were needed. Stress Process Theory was used to identify examinations and school dropout as possible sources of stress; however, the assumption of the theory was that resources were available to buffer the impact of the stressors, which was not the case as participants reported that resources were not available to them to buffer the stress of the examinations and school dropout. Ecological Systems Theory proved to be a valuable framework to understand the complex interplay between family and school contexts, but less was said about inequalities and power dynamics that impact these contexts. The results should be treated with some caution. A one-to-one clinical mental health screening of participants was not conducted and the study took place within a purposive sample of one ward. So, the results are based on the personal experience and perceptions of psychological distress among the participants rather than on diagnoses of mental health disorders. In addition, some interpretations, especially those relating to family-related pressure, were partly based on the information from key informants.

Conclusion

Overall, the results show that education was a source of hope and psychological distress for the youth who were part of this study. While education was highly esteemed as a means to future opportunities, anxiety, sleeplessness, shame and reduced hope were linked to examination-related pressure, academic failure, school discontinuation, comparisons with peers and the lack of social and emotional support in school. The mental health consequences of educational experiences were then influenced not just by involvement in education, but by the significance of examination results, the pressure from family expectations, and other opportunities available to young people who drop out of school. Therefore, access to education alone may not be enough and there is a need to address the emotional and socio-social climate of schools and the alternative pathways for young people who drop out of school. The findings are based on the accounts of the participants in a single ward and therefore cannot be generalized as conclusions. Further research should be carried out in larger mixed methods samples, in a longitudinal study to track young people from school to work, in a comparison of the experiences of young people in other wards and rural areas and in further research on gender differences in examination pressure and school leaving.

Recommendations

After carrying out this study, the following recommendations were drawn for various stakeholders' intervention.

Institutional-Level Recommendations: Schools in Gongolamboto Ward, working with the Education Department of Dar es Salaam City Council, should train teachers to recognise signs of distress among students and provide safe spaces where students can talk. Schools should also introduce regular sessions on managing stress and emotions, including examination stress, so that students are prepared emotionally as well as academically. These recommendations respond to students' accounts that nobody asked about their problems and that they had nowhere to go.

Policy-Level Recommendations: The Government, through the Ministry of Education's guidance and counselling units and the Ministry of Health, together with Dar es Salaam City Council and the Gongolamboto Ward authorities, should establish a referral route linking schools, the Ward Social Welfare Office and health facilities such as Kitonka Hospital, and should treat youth mental health as a concern of the education sector as well as the health sector. Policy frameworks should also strengthen second-chance education, vocational training and skills programmes for young people who leave school, because participants who had left school described losing hope where no alternatives existed.

Professional Practice Recommendations: Teachers, school counsellors, health workers and social workers should take account of young people's educational and family circumstances when assessing and supporting them. Teachers should respond to expressions of distress with listening and referral rather than scolding or public punishment, and health and social welfare practitioners should support the school referral route so that students whose difficulties are identified in school can be linked to professional help.

Community and Stakeholder Recommendations: Parents and caregivers should be supported to communicate expectations about schooling through encouragement rather than criticism and comparison with other children's results, since students linked reminders of fees and comparison with neighbours' children to feeling worthless inside their own homes. Community leaders and youth organisations should lead education that challenges the view that school leavers are failures and should create opportunities for school leavers to take part in community activities, since some described becoming invisible in them.

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