

**INFLUENCE OF COVID-19 PANDEMIC PSYCHOECONOMIC AFTERMATH
AND FAMILIES CHARACTERISTICS ON FAMILY FUNCTIONING
IN KASARANI SUB-COUNTY, NAIROBI COUNTY, KENYA**

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A THESIS SUBMITTED TO THE GRADUATE SCHOOL IN PARTIAL
FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF
MASTER OF ARTS IN MARRIAGE AND FAMILY THERAPY

PAN AFRICA CHRISTIAN UNIVERSITY

JULY 2024

DECLARATION

This thesis is my original work and has not been presented for the award of a degree in any other university.

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DEDICATION

I dedicate this thesis to my family members, including my husband, Paul Kamati, and my children: Kevin Mwai, Eric Kising'u, Simon Maina, and John Kioko. Their unwavering support, love, understanding, and encouragement sustained me throughout my entire academic journey.

ACKNOWLEDGEMENT

I acknowledge, with deep gratitude, my research supervisor, Dr Janet Obiero in lieu of her dedication, direction, encouragement, and backing as well as providing reference material and counsel. I thank PAC University Administration for giving me this opportunity to partake in the research. I also thank all the members of faculty for their good mentorship and shaping my career life as a Marriage and Family Therapist. I cannot also forget to most sincerely, thank my beloved husband, Engineer Paul Mwai for both his moral, social, and financial support. May our good Lord, Jesus Christ, bless you. Last but not least, I am grateful to all the respondents without whose cooperation, this thesis journey would have stalled.

ABSTRACT

The purpose of the study was to investigate the influence of COVID-19 pandemic psych economic aftermaths and families' characteristics on family functioning in Kasarani Sub-county, Nairobi County, Kenya. Specifically, the study aimed to establish how social isolation due to Covid-19 pandemic aftermaths influenced family functioning in Kasarani Sub County in Nairobi County, to assess how lost income due to the Covid-19 pandemic aftermaths influenced the families' functioning in Kasarani-Sub County in Nairobi County, to examine the extent to which poor mental health due to Covid-19 pandemic aftermaths influenced family functioning in Kasarani Sub County in Nairobi County, and to determine the extent to which family characteristics moderated psycho-economic Covid-19 pandemic aftermaths on family functioning in Kasarani Sub-County in Nairobi County. The overarching research question was: what COVID-19 pandemic psych economic aftermaths, and families' characteristics affect family functioning in Kasarani Sub-county, Nairobi County, Kenya? The study was anchored on the theory of Cognitive Behavioral Family Therapy. The study adopted a cross-sectional research design. The target population was 2000 families in Kasarani Sub County, Nairobi. The sample size was 334 participants selected through snowball sampling technique. Structured questionnaires were used to gather data. Reliability analysis of the pilot test confirmed that the questionnaire was highly reliable ($\alpha > .07$). Subsequently, percentage frequencies, mean and standard deviation scores as well as correlation and regression analysis was carried out using SPSS version 23. The results indicated a significant negative correlation between social isolation and family functioning, suggesting that increased social isolation was associated with poorer family functioning ($r = -.136, p < .05$). A negative but statistically insignificant correlation was found between lost income and family functioning ($r = -.109, p > .05$). A negative but statistically insignificant correlation was also found between Covid-19 related poor mental health and family functioning ($r = -.064, p > .05$). The relationship between psycho-economic COVID-19 aftermath and family functioning was not moderated by family characteristics, $\beta = -.098, t(2) = -.935, p = > .05$. The study concluded that social isolation, lost income, and poor mental health from the pandemic had significant effects on families, necessitating interventions. However, no clear moderating role of family characteristics was observed between these factors and family functioning, highlighting the complexity of family dynamics amid pandemic challenges. The study recommended that marriage and family therapists should provide comprehensive support tailored to the unique needs of families affected by the COVID-19 pandemic aftermaths. Religious organizations should also play a vital role in supporting families facing economic and mental health challenges by prioritizing family-centred approaches and fostering collaboration with healthcare providers, social services, and local organizations. A similar study can be replicated within a rural setting for comparison purposes.

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ABBREVIATIONS AND ACRONYMS

CBFT	Cognitive Behavioural Family Theory
CBT	Cognitive Behaviour Therapy
COVID-19	Coronavirus Disease 2019
KNBS	Kenya National Bureau of Statistics
NACOSTI	National Commission for Science, Technology, and Innovation
NCC	Nairobi City County
OECD	Organizational Economic Cooperation and Development
PAC	Pan African Christian University
PTSD	Post Traumatic Stress Disorder
USA	United States of America
WHO	World Health Organization

DEFINITION OF OPERATIONAL TERMS

- COVID-19:** A worldwide pandemic of coronavirus infection that began in 2019 which causes critical respirational effects instigated by SARS-COV-2 virus. In this study COVID-19 is a virus which causes contagious respiratory illness. It implies the effects brought about by ill-health due to COVID-19 disease on families' psycho economic life in Kasarani Sub County, Nairobi County, Kenya.
- Covid 19 psych economic aftermath:** This is a multidimensional construct that forms the umbrella term for social isolation, lost income and poor mental health which has continued to negatively impact the families functioning and overall wellbeing.
- Economic life:** This is the extent to which the participants will feel unable to fend for their need compared to the period before COVID-19 Pandemic.
- Family:** A group of people who have a close relationship to one another. In this study family refers to people related by blood or marriage who are within the nuclear family set up, living within Kasarani Sub County, Nairobi City County, Kenya.
- Family characteristics:** This refer to the specific attributes and conditions of families that influence their functioning and ability to cope with external stressors (Kalil et al., 2020). In this chapter, the term was used as a multi-dimensional variable denoting: family

structure, family size, socioeconomic status, and cultural background.

Family functioning: Family functioning encompasses several key elements, including the regularity of typical family routines, the proficiency of family communication and conflict resolution, the unity within the family unit, and the quality of relationships among family members (Zhang, T. & Wang, Z., 2020). This was operationalised as the extent to which the family routines, family communication, conflict resolution and unity was maintained during COVID-19 period.

Isolation Is separation of sick people with a contagious disease from an otherwise healthy population. In this study isolation refers to separation of COVID-19 infected members of families within Kasarani from the rest of the un-infected people to avoid contracting the disease.

Loss of income: Situation where an individual's source of money for lifestyle and daily utility is terminated or rendered obsolete such as from a retrenchment, relocation of job or loss of work for any reason rendering the person incapable of drawing a regular income.

Poor Health:	This can be illness or a deformity which can be categorised by inability to perform both physically, mentally, or socially as a result of COVID-19 virus. It can manifest as physical symptoms, such as difficulty breathing or extreme fatigue, as well as mental or emotional distress, like anxiety or depression.
Poor mental health:	This is the extent to which respondents feel exposed to mental sickness due to COVID-19 pandemic.
Poverty:	Is the quality or state of being poor, or lack of money. In this study poverty refers to inability to afford basic needs and social discrimination.
Psycho economic life:	This refers to alterations in mental health states in families in order to make decisions in the prevailing economic situation. The crossroad between prioritising mental health or economic outcomes.
Social isolation:	This refers to the extent to which family members feel they have been isolated due to the COVID-19 containment measures.

CHAPTER ONE: INTRODUCTION

Introduction

The chapter provides elements that lay out the foundation for this thesis. These comprises the background to the study, statement of the problem, objectives of the study, research questions and hypotheses as well as the assumptions made together with the limitations and how they shall be addressed via delimitations. Significance of the study and its justification are made here. The chapter closes in a summary highlighting the realization of these.

Background to the Study

The COVID-19 pandemic resulted in an unexpected disruption to the global psycho economic life of families globally. Empirical literature points to a huge burden of psycho economic COVID 19 aftermaths among families in which there were many instances of fear, anxiety, and the signs of depression (Samji et al., 2021). Results from a study in the United Kingdom revealed an increase in psycho economic health distress, depression, and anxiety among family members from pre-pandemic level of 19% to 27% into after COVID-19 pandemic (Pierce et al., 2020; Killgore et al., 2021; Fitzpatrick, Harris & Drawve, 2020; Jewell et al., 2020). The effects of isolation and the pervasive fear of contracting the virus have emerged as two significant factors contributing to the surge in anxiety and depression among individuals worldwide (Jordan & Fancourt, 2019; Bilal et al., 2020; Ekoh, 2021; Bilal et al., 2020). Furthermore, loss and a decrease in income were

strongly associated with an elevated risk of developing psychopathological issues (Miquel et al., 2022).

In contrast to Europe, the Americas, and Asia, Africa has been experiencing lower rates of SARS-CoV-2 infections and fatalities. In South Africa the Covid-19 pandemic aftermaths revealed an upsurge of psych economic risk among families characterised by a serial collective trauma (Naidu, 2020). The same was felt in Ghana, Nigeria, and Kenya where lack of job security, sustained poverty leading to spiralled malnutrition, disease and hopelessness (Tsai & Tsai, 2020). In Kenya aftermaths of COVID 19 left a glaring level of depressive symptoms in households (Mutiso et al., 2018; Lawal et al., 2022). Psycho economic influences were exacerbated by a 1% contracted economy and loss of more than 1.7 million employment opportunities, increased food insecurity and hunger among the low-income earners (Barasa et al., 2021).

Containment measures enforced by governments to curb the spread of COVID-19 were effective in their primary goal but have had enduring social and psychological consequences for individuals and families (Tam et al., 2021). Human existence is inherently interwoven with the fabric of society. This interdependence underscores the fundamental reality that human survival and prosperity are intrinsically tied to the support and cooperation of others (Filho et al., 2021; Angwenyi et al., 2021). Therefore, the restrictions placed on human movement and social interactions within households during the pandemic significantly disrupted family functioning on a global scale. This study aims to investigate the extent to which social isolation resulting from the aftermath of the COVID-19 pandemic influenced family functioning. The study was guided by specific

constructs, including social network size, frequency of social interaction, social loneliness, and social engagement. These constructs provided valuable insights into how social isolation has impacted family dynamics and relationships.

The global COVID-19 pandemic had a profound impact, with developed nations being significantly affected as they implemented widespread economic lockdowns to mitigate the spread of the virus and protect public health (Wang et al., 2021). While these measures were essential for saving lives, they had far-reaching consequences, particularly on household incomes, business prospects, and people's overall purchasing power (Trógolo et al., 2022; Wang et al., 2021; Kunyanga et al., 2023). To stay afloat, many companies were forced to implement layoffs. A comprehensive review of independent studies conducted in different countries (Trógolo et al., 2022; Wang et al., 2021; Kunyanga et al., 2023) indicates that developed nations were better equipped to weather the economic impact. However, the pandemic's economic repercussions were felt globally, with developing countries like Kenya (Kunyanga et al., 2023) facing particularly severe challenges. In this context, the present study aimed to investigate the extent to which social isolation resulting from the Covid-19 pandemic aftermaths influenced family functioning in Kenya. The study employed constructs such as financial strain, economic resilience, financial stress, and budgetary adjustments to explore this impact within the Kenyan context.

Within the family context, the COVID-19 pandemic had a profound impact on the mental health of family members (Angwenyi et al., 2021). The pandemic forced children out of schools and compelled parents to transform their homes into workplaces, creating a

sense of isolation from the outside world (Mbithi et al., 2023). In cases where marital relationships were strained, the presence of parents under stress posed risks not only to their own mental well-being but also to the psychological health of their children (Wolf & Schmitz, 2023). This backdrop set the stage for the current study which will attempt to investigate the impact of poor mental health resulting from the COVID-19 pandemic aftermaths on family functioning, without discriminating. To achieve this, the study utilized several constructs, including psychological distress, emotional well-being, family communication, and conflict resolution.

The impact of the COVID-19 pandemic had far-reaching consequences on the dynamics of family structures (Gayatri & Puspitasari, 2022). In a typically functioning society like the socially interconnected African families, those not in crisis often provide support to those experiencing difficulties (Ahmed et al., 2020). However, during the COVID-19 pandemic, an unprecedented situation arose where nearly everyone was grappling with various forms of crisis (Shumba et al., 2020). The challenges experienced by families during the COVID-19 pandemic were exceptionally severe, given the limited availability of external support (Shumba et al. 2020). Therefore, this study sought to investigate the moderating effect of family characteristics on the psycho-economic aftermaths of the COVID-19 pandemic and their impact on family functioning within the Kenyan context. The study focused on key constructs, including family structure, family size, socioeconomic status, and cultural background.

Family functioning plays a crucial role in the well-being of family members, especially during crisis periods like the one brought about by COVID-19 (Tam et al., 2021).

Negative life events, such as the pandemic, often result in increased stress and disruption within families. This, in turn, leads to reduced family satisfaction, as reported by individual family members, and a decline in open and effective family communication, as indicated by research (Hussong et al., 2021). For instance, the pandemic placed significant financial strain on many families, affecting family dynamics worldwide (Andrade et al., 2022). Families in lower income brackets were particularly vulnerable to the impact of COVID-19. This study examined family routines, family communication and conflict resolution, as well as the cohesiveness within the family unit as dimensions of family functioning. Understanding these dimensions is essential in addressing the challenges families face during crises like the COVID-19 pandemic.

Psycho-economic COVID-19 aftermath coupled with families' characteristics have posed threats to families through social isolation, financial and employment insecurity, housing instability and mental illness (Barasa et al., 2021; Jain et al., 2020). These shifts in Kenya have profoundly interrupted family systems and structures that previously operated to both support the mental health and well-being of its members. Families that were faced with severe external shocks due to COVID-19, are now less able to cope with the health and financial impacts as posited by Horowitz et al. (2022). As a result, many families have experienced increased pressure and losses to social supports, with insinuations for their mental health as supported by Pickoff et al. (2021). These pressures excessively distress families who experience health and social disproportions, including scarcer financial, social resources and crowded homes.

The global spread of the COVID-19 pandemic led to restrictions on routine family outings, with individuals being mandated to quarantine within their homes as a preventive measure against the virus's transmission, as noted by Bates et al. (2021). Consequently, families were unable to access usual social amenities, including schools, churches, and recreational areas, as highlighted by Vanderhout et al. (2020). These restrictions also meant that extended families were unable to gather (Vanderhout, 2020). Studies conducted outside Kenya, particularly in the Western world, have established that COVID-19 had a significant adverse impact on family routines. However, there has been no research conducted in Kenya to understand how COVID-19 specifically affected family routines in the local context.

The extended duration of the COVID-19 pandemic has underscored the critical importance of understanding its impact on family dynamics, a focal point of the study conducted in Kasarani Sub-County, Nairobi County, Kenya. Mikucki-Enyart and Maguire (2021) emphasize that the pandemic has significantly influenced relationships within families across various life stages. Sinko et al. (2022) argue that maintaining family cohesion is crucial in mitigating marital and familial conflicts exacerbated by challenging circumstances such as the COVID-19 pandemic. They further suggest that during times of strained family unity, extended family networks play a vital role in fostering and preserving cohesion, echoing findings from Puffer et al. (2022) that highlight the positive correlation between satisfaction with social support and family harmony. However, the pandemic has also heightened risks, as noted by Sinko et al. (2022), including increased rates of intimate partner violence due to factors like prolonged isolation and disruptions in daily routines.

These factors contribute significantly to family discord, escalating risks of child maltreatment and domestic violence. Consequently, the disruptions caused by COVID-19 on family structures, as observed both in the United States of America and Kenya by Puffer et al. (2022), underscore the urgency of studying its impacts, as undertaken in this research in Kasarani Sub-County. The impact of these stressors, combined with drought and inflation, have contributed to increases in domestic violence, divorce, poverty, and mental illness as noted by Nyadera and Onditi (2020). Despite the numerous studies conducted on the impact of COVID-19 in Kenya, it is notable that few of these studies have specifically focused on psycho economic aftermaths of the COVID-19 pandemic on family functioning, particularly within the context of Kasarani Sub County in Nairobi. It is against this background that this study sought to determine the psycho-economic COVID 19 aftermath in conjunction with families' characteristics in relation to family functioning in Kasarani sub county Nairobi.

Statement of the Problem

The COVID-19 pandemic has led to significant psycho-economic challenges for families, causing social isolation, financial and employment insecurity, housing instability, and mental illness. In Kenya, these disruptions have severely impacted family systems and structures, diminishing their ability to support members' mental health and well-being. Families experiencing severe external shocks from COVID-19 now struggle to cope with health and financial impacts, resulting in increased pressure and loss of social supports, which adversely affect their mental health. The combination of these stressors, along with drought and inflation, has escalated issues like domestic violence, divorce, poverty, and

mental illness. Despite extensive research on COVID-19's impact in Kenya, there is a lack of focus on the psycho-economic aftermath on family functioning, particularly in Kasarani Sub County, Nairobi. Addressing impaired family functioning post-pandemic is crucial for the well-being of all family members, necessitating effective support and interventions to restore and enhance family dynamics. This study aims to explore these aspects in Kasarani Sub County.

Purpose of the Study

The purpose of the study was to investigate how COVID-19 pandemic psych economic aftermaths and families' characteristics interact to influence family functioning in Kasarani Sub-county, Nairobi County, Kenya.

Objectives of Study

The study was guided by the following objectives:

- 1 To establish how social isolation due to COVID-19 pandemic aftermaths influenced family functioning in Kasarani Sub County, Nairobi County, Kenya.
- 2 To assess how lost income due to the COVID-19 pandemic aftermaths influenced the families functioning in Kasarani-Sub County, Nairobi County.
- 3 To examine the extent to which poor mental health due to COVID-19 pandemic aftermaths influenced the family functioning in Kasarani Sub County, Nairobi County.

- 4 To determine the extent to which family characteristics moderated psycho-economic COVID-19 pandemic aftermaths on family functioning in Kasarani Sub-County, Nairobi County.

Research Questions

The study sought to answer the following research questions:

1. How did social isolation due to COVID-19 pandemic aftermaths influence families functioning in Kasarani Sub County, Nairobi County, Kenya?
2. How has lost income due to the COVID-19 pandemic aftermath influenced the family functioning in Kasarani-Sub County, Nairobi County?
3. How does poor mental health due to COVID-19 pandemic influence family functioning in Kasarani Sub County, Nairobi County?
4. How do family characteristics moderate the impact of psycho-economic COVID-19 pandemic aftermaths on family functioning in Kasarani Sub-County, Nairobi County?

Assumptions of the Study

The study was based on the following underlying assumptions:

- 1 The study operated on the assumption that the aftermath of the COVID-19 pandemic, specifically social isolation, played a significant role in shaping the functioning of families in Kasarani Sub County, Nairobi County, Kenya.

- 2 The study was premised on the assumption that the COVID-19 pandemic's aftermath had an adverse impact on the financial well-being of families residing in Kasarani Sub County, Nairobi County.
- 3 The study was grounded in the assumption that the adverse effects of the COVID-19 pandemic's aftermath on mental health had detrimental consequences for family functioning in Kasarani Sub County, Nairobi County.
- 4 The study was founded on the notion that family characteristics played a moderating role in influencing the socio-economic consequences of the COVID-19 pandemic's aftermath on family functioning within Kasarani Sub-County, Nairobi County.
- 5 The study was anchored on the assumption that since study was based on self-reported data, the data collected is reflects the true position of the respondents.

Justification of the Study

The psycho-economic aftermath of COVID-19 has caused financial stress, exacerbated mental health challenges, strained parenting responsibilities, increased the risk of domestic violence, and highlighted existing inequalities. Families have also grappled with grief and loss. This study is timely in respect to these psycho-economic COVID-19 pandemic aftermaths. There is an existing knowledge gap in measuring COVID-19 psycho economic aftermath especially in Kenya in relation to family functioning. This is the gap left by researchers in their broad scoped surveys of wider covid-19 impact on psych economic lives of families (Barasa et al., 2021).

Significance of the Study

The study has significance to several stakeholders. For Nairobi County government, this study has significance as it sought to provide localized data and insights into the impact of the COVID -19 pandemic's psycho-economic aftermath on families in the Kasarani sub-county. The findings can inform decision-making processes, guide the allocation of resources, and support the development of targeted interventions aimed at improving family well-being and overall community resilience. To the Kenyan public health officials, the findings can inform the development of targeted public health policies and interventions, resource allocation strategies, and mental health support programs. Understanding how family characteristics interact with pandemic aftermath can help prioritize resource allocation. The data generated by this study can also be used to design effective health education campaigns and proactive measures to prevent or mitigate negative consequences in similar crises, ultimately contributing to better community health outcomes.

For Christian counsellors, this study offers insights into the challenges faced by families in the aftermath of the COVID-19 pandemic in the Kasarani Sub- County of Nairobi County. Christian counsellors often play a vital role in providing support and guidance to members of their faith during times of crisis.

The findings of this study can also inform church leaders and clergy about the specific needs and struggles of families in their community, allowing them to tailor their pastoral care and support services accordingly. It can also prompt discussions within the

church community about how to address issues related to mental health, economic hardship, and family dynamics, fostering a more compassionate and responsive environment. Additionally, the study can inspire churches to collaborate with local organizations and authorities to implement outreach programs that assist families facing challenges identified in the research, thereby extending their mission of community care and support.

This study is of significance to both the research and academic community. It has contributed valuable empirical data and insights to the field of public health and social sciences. Researchers can use the study's findings as a basis for further investigations and as a reference point for comparative studies in different contexts. Academic institutions can incorporate this research into their curriculum, allowing students to engage with real-world case studies and promoting a deeper understanding of the intersection between psychology, public health, socio-economic factors, and family dynamics. Moreover, the study enhances the scholarly discourse surrounding the long-term effects of pandemics on family well-being, providing a foundation for academic discussions and debates on related topics.

Limitation and Delimitation of the Study

One limitation of the study was the reliance on self-reported data, which potentially introduced bias as participants might not have accurately recalled or might have misrepresented their experiences and family functioning. This was mitigated by implementing strict confidentiality and anonymity measures, assuring respondents that

their identity would not be disclosed to anyone whatsoever. The generalizability of the findings was another limitation, as the study focused on a specific sub-county (Kasarani) in Nairobi County, Kenya. The unique socio-economic and cultural context of this area might not have reflected the experiences of families in other regions, even within Kenya. This was acknowledged as window for future empirical enquiries.

The study was delimited to families residing in Kasarani Sub-County, ensuring a focused analysis on this specific population. By doing so, the researcher aimed to provide detailed insights into the local context and how the pandemic has impacted family functioning within this location. This meant that other Sub-Counties in the region, and other counties in Kenya were excluded from the research. The study specifically examined the psychoeconomic aftermath of the COVID-19 pandemic, excluding other potential influencing factors, to maintain a clear focus. Adoption of a purely quantitative approach meant that qualitative methodologies were not utilized to achieve the study objectives.

Chapter Summary

The introductory chapter of this study has served as the foundational framework for the research. In its first section, the chapter provided a thorough exploration of the study background. The subsequent section meticulously outlined the research problem, offering a clear definition of the specific issue to be investigated. Moving forward, the chapter delineated research objectives, followed by a list of research questions and the formulation of a research hypothesis. Additionally, the chapter elaborated on the assumptions of the study, underscoring its importance and potential impact. Furthermore, it emphasized the

study's significance by elucidating how it contributes to the existing body of knowledge and its relevance to various stakeholders. Lastly, the chapter acknowledged and articulated the study's inherent limitations and delimitations. In the next chapter, pertinent literature is critically reviewed to identify the knowledge gap.

CHAPTER TWO: LITERATURE REVIEW

Introduction

The chapter discusses existing empirical literature about COVID-19 and the associated psychological, economic and health outcomes. Further material is laid out to demonstrate the theories and conceptual structure of the study based on the literature and goals of the research. The chapter discusses these in the light of social isolation, low income, poor mental health and characteristics of families to the families' lives.

Empirical Literature Review

Social Isolation and Family Functioning

Social isolation, a consequence of the COVID-19 pandemic, has had profound effects on families' lives, influencing various aspects of their well-being and functioning (Boakye, et al. 2021). Studies have highlighted the challenges faced by families due to restricted social interactions and physical distancing measures, leading to increased psychological distress, disrupted family dynamics, and adverse economic outcomes.

In the context of low- and middle-income countries, the detrimental effects of social isolation on the quality of life for families have been unmistakable. Vulnerable economic conditions have rendered families particularly susceptible, as the loss of income has precipitated a rise in poverty rates and heightened food insecurity, particularly among children. The economic repercussions of the pandemic extend well beyond the immediate health crisis, as families grapple with challenges related to accessing healthcare services and coping with the enduring consequences of income loss (Azmand, 2022). This study

involved a comprehensive analysis of interventions implemented by various agencies to mitigate the impact of the COVID-19 pandemic. The articles selected for review were restricted to those focusing on COVID-19 interventions, and the chosen journals were limited to publications in the period 2019 and 2020. However, it is worth noting that this study relied on literature review rather than original research, thereby creating a methodological gap. Drawing conclusions on original data enhances currency of the research to the current realities, hence more reliable. The present study closed the gap by undertaking primary research in the post-COVID period.

Research conducted in diverse regions, including Chicago, USA and Nairobi, Kenya, has illuminated the intricate relationship between social isolation and the mental health of families. The mandated distancing measures have brought about heightened stress levels, increased parental depressive symptoms, and strained parent-child relationships. Furthermore, these measures have induced significant shifts in parent-child interactions, impacting the mental health and overall well-being of children (Gadermann et al., 2021; Kalil et al., 2020; Pinchoff et al., 2021). Notably, the study conducted by Gadermann et al. (2021) in Canada focused specifically on nuclear families, introducing a contextual gap in the broader understanding of family dynamics during social isolation. Conversely, the study by Pinchoff et al. (2021), conducted in Kenya, emphasized socio-economic aspects and the COVID-19 mitigation efforts within the Kenyan population, thus raising a conceptual gap in relation to mental health and family dynamics during times of social isolation. The present study closed this gap by examining COVID-19 induced social isolation, mental illness, and family characteristics' influence on mental wellbeing.

The social consequences of prolonged isolation and lockdown measures are undeniably significant. These measures can give rise to collective frustration and discontent, potentially leading to social unrest (Jain et al., 2020). Furthermore, the enforcement of lockdowns and the resulting socioeconomic disparities have, in some instances, resulted in stigmatization and discrimination, particularly concerning the distribution of essential resources such as emergency food aid. These inequalities place added strain on the psycho-economic well-being of families, burdening vulnerable individuals and exacerbating pre-existing disparities. It is important to note, however, that this observation is based on expert insights regarding the effectiveness of government-imposed containment measures to mitigate the impact of the COVID-19 pandemic, potentially introducing conceptual, contextual, and methodological gaps.

The impact of isolation and lockdown measures on gender dynamics is a crucial concern. Research has illuminated a distressing increase in gender-based violence during periods of isolation, with victims often finding themselves confined with their abusers and facing obstacles when seeking help (Bukuluki et al., 2020). Notably, the study highlighted the plight of refugees in Uganda, who were particularly vulnerable during the pandemic. This distressing trend contributes to the psychological trauma experienced by individuals and families, further eroding their psycho-economic well-being. It's worth noting that this in-depth report relied heavily on qualitative data, which introduces a methodological gap. Additionally, the study's focus on refugees adds a layer of contextual gap, as their experiences may differ significantly from the broader population. Furthermore, by concentrating primarily on the socioeconomic and psychological effects of COVID-19, the

study raises a conceptual gap, potentially leaving other important aspects unexplored. The identified methodological gap was closed by conducting a quantitative study, thereby quantifying effect sizes.

The synthesis of findings from Ekoh (2021) and Pereira et al. (2021) enhances our understanding of how isolation during the COVID-19 pandemic profoundly influences the psychoeconomic well-being of families. These studies collectively emphasize the widespread negative consequences that individuals and families face, encompassing various aspects such as career prospects, financial stability, and mental well-being, particularly among teenagers. These repercussions not only directly affect individuals but also have far-reaching impacts on the overall psycho-economic stability of families. It is important to note, however, that the study by Ekoh (2021) centered on care homes in Nigeria, which introduces both methodological and contextual gaps. Conversely, Pereira et al.'s (2021) study was conducted in Europe, resulting in a contextual gap, and it involved children and their caregivers as respondents, raising methodological considerations. There was need to undertake research within the socio-cultural context of Kenya due to disparity in cultural orientation.

Azmand's (2022) work in Iran underscores the potential benefits of counseling services in assisting individuals affected by COVID-19. These services can provide a vital safe space for individuals to share their experiences and receive valuable support in coping with the challenges arising from social isolation. Notably, this study, conducted through the review of academic journals, meticulously delineated the non-medical remedial measures implemented by governments to mitigate the spread of COVID-19. However, it

is important to acknowledge that this study primarily focused on addressing the reduction of psychosocial and economic impacts of COVID-19, thereby introducing a conceptual gap. Furthermore, the reliance on secondary data from journals raises methodological considerations, which should be considered when interpreting the findings. The present study closed the methodological gap by carrying out primary research to enhance credibility and currency of research findings.

Likewise, in Organization for Economic Cooperation and Development (OECD) countries, Hewlett (2021) highlighted the crucial role of mental health education and awareness in mitigating the mental health issues stemming from the pandemic. Through technology-enabled support, this approach equips individuals with effective coping strategies for anxiety, stress, and other mental health challenges, potentially alleviating the psychoeconomic impacts of COVID-19 on families. However, it is essential to recognize that this study was designed to examine how OECD countries addressed mental health issues, thereby introducing a conceptual gap. Additionally, the study focused on mental health workers in OECD countries, which raises both methodological and contextual considerations, given that the experiences and perspectives of these professionals may differ from those of the general population.

In addition, Boakye's (2020) survey conducted in Sub-Saharan Africa, with a focus on Ghana, proposed a range of financial and budgetary policy interventions aimed at addressing the socio-economic impacts of the pandemic. Recommendations included measures such as safeguarding financially distressed businesses, preventing income loss and unemployment, expanding mobile health services, providing training in psychological

first aid to primary health workforces and volunteers, and ensuring accessible support for individuals in need. It is important to note, however, that this study relied on academic journals and other relevant research data as sources, which introduces a methodological gap. Moreover, while the study concentrated on Sub-Saharan Africa, it specifically used Ghana as a case study, potentially raising a conceptual gap as the findings may not be universally applicable to all countries in the region.

Low Income and Family Functioning

Research by Madhi et al. (2020) delved into the impact of COVID-19 lockdowns on low- and middle-income countries, particularly in the USA and Europe. The study highlighted the economic implications of the pandemic on families and communities. Vulnerable families, in particular, experienced loss of income, leading to increased poverty levels, food insecurity among children, and reduced access to healthcare services. These hardships extend beyond the immediate context of COVID-19, shaping family lives and well-being in profound ways. Nonetheless, it is essential to highlight that this study specifically centered on middle-income countries, with South Africa serving as the representative case. This approach may introduce a conceptual gap, as the findings might not be universally applicable. Furthermore, the study's methodology relied on data obtained from the South African government to assess the economic impact, rather than collecting primary data directly from individuals or households, thereby presenting a methodological gap.

In Chicago, USA, Kalil et al. (2020) conducted research focusing on the effects of COVID-19 on poor households. The study revealed a correlation between loss of income

and various negative outcomes in families, including heightened stress levels, increased parental depressive symptoms, diminished feelings of hope, and strained parent-child relationships. Interestingly, the study established that job losses without accompanying income losses were associated with more positive parent-child interactions. This suggests that the financial strain caused by low income can have a cascading impact on various aspects of family dynamics. The study focused on low-income families with kindergarten-aged children, a particular demographic that introduces both conceptual and methodological gaps in the research.

Furthermore, the World Health Organization (WHO) conducted a global survey in 2021 to examine the impacts of COVID-19 on people's livelihoods. The survey projected that nearly 10 million individuals could be pushed into extreme poverty due to the pandemic's economic consequences. Informal economy workers are particularly vulnerable, lacking social safety nets and adequate healthcare access. Such economic hardships can exacerbate existing challenges faced by low-income families, affecting their overall well-being. The WHO study has a broader geographical scope, encompassing a wider region, and its survey spanned an entire year. Additionally, the study primarily concentrated on assessing the economic impact, giving rise to a conceptual gap as it may not comprehensively address other aspects of the situation. The present study sought to fill the gap by examining social isolation and COVID-19 induced mental health as well as family characteristics as potential predictors of mental wellbeing.

Addressing the implications of low income on family lives requires targeted interventions and policy measures. Boakye (2020) suggested financial and budgetary

policy interventions, protection of financially distressed businesses, and prevention of income loss and unemployment as potential strategies to mitigate the socio-economic effects of the pandemic. Implementing economic interventions, such as tax deferral, loan payment extensions, and rental reduction coverage, as proposed by Azmand (2022), can also provide relief to families facing financial hardships. Boakye's (2020) study employed a methodology primarily based on the analysis of journal articles, introducing a notable methodological gap. Additionally, the assessment of the economic impact relied on the Ghanaian government's economic policy rather than examining individual households, thus presenting another methodological gap.

Poor Mental Health and Family Functioning

The interplay between poor mental health and family lives has been the subject of extensive research, with studies highlighting the significant impact that mental well-being can have on overall family functioning and prosperity. The COVID-19 pandemic has brought mental health to the forefront, with numerous studies examining the psychological effects of the crisis on individuals and families.

In Canada, Gadermann et al. (2021) conducted a cross-sectional survey to explore the impacts of the COVID-19 pandemic on family mental health. The study found that the pandemic has brought about significant changes in individuals' mental well-being, including increased stressors, emotional reactions, changes in drug use habits, and thoughts of self-harm or harm towards others. Moreover, parents reported modifications in their interactions with their children, impacts on their children's mental health, and the utilization of resources for support. The pandemic has heightened the importance of addressing mental

health concerns within the family context. However, the study concentrated on the mental health of the participants thus raising a conceptual gap. This study extended research enquiry by exploring the nexus between COVID-19 induced psychoeconomic aftermath and mental wellbeing of respondents.

Ding et al. (2022) carried out a longitudinal research study in China focusing on the mental health effects of the COVID-19 crisis on parents and preschoolers aged 3-6 years. The study revealed a significant correlation between the pandemic's influences on family life and adverse mental health outcomes among children, including elevated sleep issues, poor dietary habits, anxiety symptoms, and problematic behaviors. The findings underscore the importance of addressing mental health challenges in children within the family context, especially during times of crisis. The study was designed with the aim of investigating the impact of COVID-19 on the emotional and physical well-being of preschool children. This focus raises a conceptual gap, as it may not encompass all potential aspects of the impact. Furthermore, the study was conducted in China specifically among young preschoolers, which introduces a methodological gap as the findings may not be universally applicable to preschool children in different geographical and cultural contexts.

The impact of poor mental health on family lives extends beyond the immediate crisis. Research by Diop and Asongu (2021) in West Africa examined the pandemic's impact on poverty rates, revealing a significant increase in loss of income-induced extreme poverty rates in the region. The rise in poverty has contributed to conflicts related to food security in various regions, affecting family stability and well-being. The study was

conceptualized to investigate the economic impact of COVID-19 in 50 countries in Africa but relied on secondary data from the World Bank. The current study examined poor mental health by gathering primary data from the households themselves.

Addressing poor mental health within the family context requires comprehensive interventions and support systems. In Iran, Azmand (2022) explored measures aimed at minimizing the psychosocial and economic effects of COVID-19. The study highlighted the potential benefits of counseling services in providing individuals affected by COVID-19 with an opportunity to share their experiences and receive assistance in coping with their current situation. Additionally, mental health education, as demonstrated by Hewlett (2021) in Ukraine, can equip individuals with effective coping strategies for anxiety, stress, and other mental health challenges. The utilization of mental health apps and ongoing support from therapists can significantly reduce the psycho-economic effects of COVID-19 on family lives.

Family Characteristics in Relations to Family Functioning

Understanding the characteristics of families is essential for comprehending how they are affected by the COVID-19 pandemic and its associated challenges. Various studies have shed light on the diverse aspects that define families and influence their ability to cope with the ongoing crisis (Madhi et al., 2020). Family characteristics encompass cultural and ethnic diversity, as families come from various backgrounds and traditions. Cultural values and practices influence family dynamics, parenting styles, and decision-making processes. Understanding and respecting cultural differences are essential for promoting a harmonious and inclusive family environment (Saladino, 2020). Family characteristics also encompass

the levels of support and cohesion present within the family unit. Strong emotional bonds and a sense of belonging foster a supportive and nurturing environment, promoting the well-being of all family members. Supportive family networks have been linked to better mental health outcomes and resilience during times of crisis (Campion, 2020). The study conducted in South Africa, serving as a representative of middle-income countries, introduces a conceptual gap, as the findings might not be fully generalizable to all nations. Moreover, families' socioeconomic status plays a significant role in shaping their experiences and opportunities. Low-income families often face additional challenges in accessing education, healthcare, and other essential resources, impacting their overall well-being (Madhi et al., 2020).

Pinchoff et al. (2021) conducted a prospective longitudinal cohort study in Nairobi, Kenya, to examine the effects of the COVID-19 pandemic on the economic, health, and social aspects of individuals' lives, with a particular focus on informal settlements. The findings revealed that poverty resulting from the pandemic has led to food insecurity, an increase in domestic violence incidents, and limited access to healthcare services. These characteristics are indicative of the vulnerabilities faced by families residing in informal settlements during the pandemic. The study involved interactions between parents or caregivers and their adolescent dyads, which raises a methodological gap, as this specific approach may not capture the perspectives and experiences of other family members or individuals outside these dyads. The present study sought perceptual data, thereby representing the voices and lived experiences of the affected families.

In addressing the effects of the pandemic on family characteristics, Boakye (2020) conducted a survey in Sub-Saharan Africa, which highlighted the importance of financial and budgetary policy interventions, protection of financially distressed businesses, and prevention of income loss and unemployment. These measures play a crucial role in supporting families and mitigating the socioeconomic effects of the pandemic on their lives. This study delved into the policy intervention measures implemented in Sub-Saharan Africa to control COVID-19 pandemic with a specific focus on Ghana as a case study. However, this concentration in Ghana introduces a contextual gap, as the findings may not be universally applicable to the entire Sub-Saharan African region. Additionally, the study relied on government-provided information rather than collecting primary data from individuals directly affected by these policies. This reliance on official data raises a methodological gap, potentially missing out on the individual perspectives and experiences of those impacted by the policies.

Theoretical Framework

The theory of Cognitive Behavioral Family Therapy (CBFT) stood as a robust foundational framework for comprehending and mitigating the multifaceted impacts of the COVID-19 pandemic's psychoeconomic aftermaths within families in Kasarani Sub-County. The theory was developed and advanced by Aaron T. Beck in the 1960s (Beck, 2019). CBFT offers several key elements that make it particularly relevant to this study. Firstly, CBFT theory places a strong emphasis on understanding the interplay between cognitive processes and behaviour within the family context. This is especially pertinent given the circumstances of the pandemic. Families, in response to the pandemic, may find

themselves entangled in negative thought patterns, driven by economic hardship, uncertainty, and fear. These patterns can exert a profound influence on their behaviours and interactions. CBFT equips individuals and families with practical techniques to recognize and challenge these unhelpful cognitions and behaviours. By doing so, it facilitates the development of adaptive responses to the complex psych economic challenges posed by the pandemic.

Furthermore, the ongoing COVID-19 pandemic has inflicted heightened emotional distress upon families, encompassing a spectrum of emotions such as anxiety, depression, and stress. In response to this emotional upheaval, Cognitive Behavioural Family Therapy (CBFT) theory emerges as a pertinent and evidence-based approach (Murphy et al., 2020). CBFT offers a repertoire of strategies designed to address emotional distress within the family unit. It equips both individuals and family members with the necessary skills to effectively recognize and manage their emotions (Pinciotti et al., 2022). This facet of CBFT is particularly relevant within the study's context, where emotional well-being assumes a pivotal role in the functioning of families contending with the far-reaching psych economic challenges precipitated by the pandemic.

The COVID-19 pandemic has exerted significant strain on communication and problem-solving dynamics within families as they grapple with economic hardships and uncertainties. In this context, Cognitive Behavioural Family Therapy (CBFT) theory emerges as a relevant and effective approach (Huth et al., 2024). CBFT theory places a strong emphasis on enhancing family communication patterns and problem-solving skills to cultivate healthier interactions within the family unit (Song et al., 2021). This emphasis

aligns seamlessly with the challenges posed by the pandemic. Families in Kasarani Sub-County, confronted with economic adversity and uncertainties, can benefit greatly from CBFT's focus on these areas.

The period encompassing both the COVID-19 pandemic and its subsequent aftermath has placed a substantial demand on families and individuals to cultivate resilience against the pervasive impacts of this global crisis. Within this context, the theory of Cognitive Behavioural Family Therapy (CBFT) takes centre stage by recognizing the paramount significance of resilience and effective coping skills - qualities that assume heightened relevance during times of crisis, such as the COVID-19 pandemic (Kuut et al., 2023). CBFT theory places a deliberate emphasis on the development and fortification of resilience, alongside the cultivation of adaptive coping mechanisms (Samantaray et al., 2022). These fundamental aspects of CBFT theory dovetail seamlessly with the distinctive challenges confronted by families in Kasarani Sub-County in the wake of the pandemic's psychoeconomic repercussions. In light of this, the study at hand endeavours to elucidate the concept of resilience in the context of the COVID-19 pandemic. It seeks to assess how families and individuals in Kasarani Sub-County have harnessed the principles and strategies of CBFT to build resilience against the multifaceted impacts of the pandemic. By delving into this inquiry, the study aimed to contribute to a deeper understanding of the mechanisms and factors that enable individuals and families to withstand and overcome the challenges posed by the COVID-19 pandemic.

Lastly, the CBFT theory inherently adopts a family-entered approach. It acknowledges that the family unit constitutes a complex system in which the well-being of

one member is intricately interconnected with that of others (Laranjeira et al., 2022). This inherent family-centric perspective aligns seamlessly with the study's central emphasis on family characteristics and family functioning in the face of the COVID-19 pandemic's psycho-economic challenges (Khurana & Kumar, 2021). CBFT theory recognizes that the family unit operates as an interdependent ecosystem where the experiences and well-being of individual family members are inextricably linked (Moses & Wootton, 2021). The study's focus on family characteristics and functioning is congruent with CBFT's core principles, which encompass these very dynamics.

Psychoeducation will put emphasis on effective use of preventive and protective measures put in place by the health ministry to stop further spread of the pandemic and reduce its impacts on families. Teaching new coping skills will improve on both individual and family's adaptation and adoption of the learned behaviours. This will enhance resilience, increase survival and consequently lead to reduced mortality (Hao, 2022; Dattilio & Epstein, 2015).

The framework highlights the importance of conducting cognitive-behavioural assessments, including functional analysis, to understand individuals' automatic thoughts, perceptions, and beliefs and how these contribute to their health conditions (Collins, 2018). By implementing cognitive restructuring and behaviour modification techniques, maladaptive behaviours and distorted cognitions can be addressed, leading to a reduction in emotional distress and the adoption of healthier coping strategies (Dattilio, 2010).

The COVID-19 pandemic has resulted in job loss and psycho economic crises, leading to feelings of hopelessness, desperation, and mental health conditions such as post-traumatic stress disorder (PTSD) (Mahoney et al., 2018). To address these challenges, the framework incorporates behavioural principles to identify and confront problem behaviours that contribute to emotional pain and psychological distress. Additionally, reinforcing positive behaviours and providing psycho education empowers families to seek alternative sources of income, build resilience, and cultivate hope for a productive future (Hao, 2022; Dattilio & Epstein, 2015).

Table 2.1 provides a concise overview of the framework's components, their descriptions, supporting evidence, and the relevance to the study's context in Kenya. As revealed in Table 2.1, CBT integrates concepts from both CBT and Family Therapies (Dattilio, 2010; Collins, 2018), forming a comprehensive approach known as Cognitive Behavioral Family Therapy (CBFT). This integration has proven effective in addressing various challenges (Dattilio, 2010; Collins, 2018).

Table 2.1: *Overview of Cognitive behavioural theory*

Aspect of Framework	Description and Key Point	Supporting Evidence
Theory	Cognitive Behavioural Family Therapy (CBFT)	Integrates concepts from CBT and Family Therapies (Dattilio, 2010; Collins, 2018)
Focus	Investigating emotional and behavioural challenges during COVID-19 pandemic on psycho economic wellbeing of residents in	CBFT is effective in addressing various challenges (Dattilio, 2010; Collins, 2018)

Aspect of Framework	Description and Key Point	Supporting Evidence
	Kasarani Sub County in Nairobi.	
Cognitions	Influence on family dynamics and stress interpretation	Restructuring cognitions improves the situation (Gehart, 2013).
Schemas	Identification of negative family/societal schemas and how their fuel the problem.	Modification of negative schemas and adaption of the learned believes alleviates pain and promotes healing (Mahoney et al., 2018; Dattilio & Epstein, 2015)
Psychoeducation	Identify exiting behaviours and the coping effectiveness of the applied coping mechanism.	Teach new coping skills and assertiveness and promote adoption of the new learned behaviour to enhance resilience and promote productivity (Collins, 2018).
Functional Analysis	Understanding automatic thoughts, perceptions, and beliefs	Identifying maladaptive behaviours and cognitions (Collins, 2018)
Behavioural Principles	Identification and confrontation of problem behaviours	Reinforcing positive behaviours and promoting healing (Hao, 2022)
Psycho economic Impact	Addressing income loss and psycho economic crises	Empowering families to seek alternative income sources (Mahoney et al., 2018; Dattilio & Epstein, 2015)
Cultural Sensitivity	Adaptation to the Kenyan context and consideration of values and practices of residents in Kasarani Sub County in Nairobi	Ensuring interventions align with local beliefs and practices
Empirical Evidence	Supporting the relationship between income loss, isolation distress, and poor mental health conditions during the pandemic	Income loss is linked to psychological distress and mental health conditions during the pandemic (Mahoney et al., 2018)

A key component of CBFT is the restructuring of cognitions, which significantly improves situations by modifying negative schemas and adapting learned beliefs to alleviate pain and promote healing (Mahoney et al., 2018; Dattilio & Epstein, 2015; Gehart, 2013). This therapeutic approach also emphasizes teaching new coping skills and assertiveness, encouraging the adoption of newly learned behaviors to enhance resilience and productivity (Collins, 2018). By identifying maladaptive behaviors and cognitions (Collins, 2018) and reinforcing positive behaviors, CBFT promotes healing (Hao, 2022). Additionally, it empowers families to seek alternative income sources, addressing the link between income loss, psychological distress, and mental health conditions, particularly highlighted during the pandemic (Mahoney et al., 2018; Dattilio & Epstein, 2015).

Cognitive Behavioral Therapy was well-suited for exploring how the aftermath of the COVID-19 pandemic and various family characteristics affected family dynamics in Kasarani Sub-County, Nairobi County, Kenya. By integrating principles from CBT and Family Therapies, CBFT offered a comprehensive approach to addressing pandemic-related challenges as found in (Gehart, 2013). Factors such as social isolation, social network size, frequency of social interaction, social loneliness, and social engagement played crucial roles in influencing family well-being and coping strategies. This is in line with (Epstein, 2015; Gehart, 2013). CBFT focused on restructuring thought patterns and adjusting negative schemas to alleviate psychological distress and promote healing.

Additionally, economic factors such as lost income, financial constraints, economic resilience, financial stress, and budget adjustments significantly impacted family stability and mental health. CBFT potentially empowered families to explore alternative income sources and develop new coping skills, enhancing their resilience and productivity during economic hardships. Furthermore, CBFT addressed issues of poor mental health, including psychological distress, mental illnesses, and substance abuse, by identifying maladaptive behaviors and reinforcing positive coping mechanisms.

Family characteristics such as structure, size, socioeconomic status, and cultural background further shaped how families navigated these challenges. CBFT provided a robust framework for understanding and improving family functioning amidst the psychoeconomic impacts of the pandemic in Kasarani Sub-County, this is in line with (Gehart, 2013).

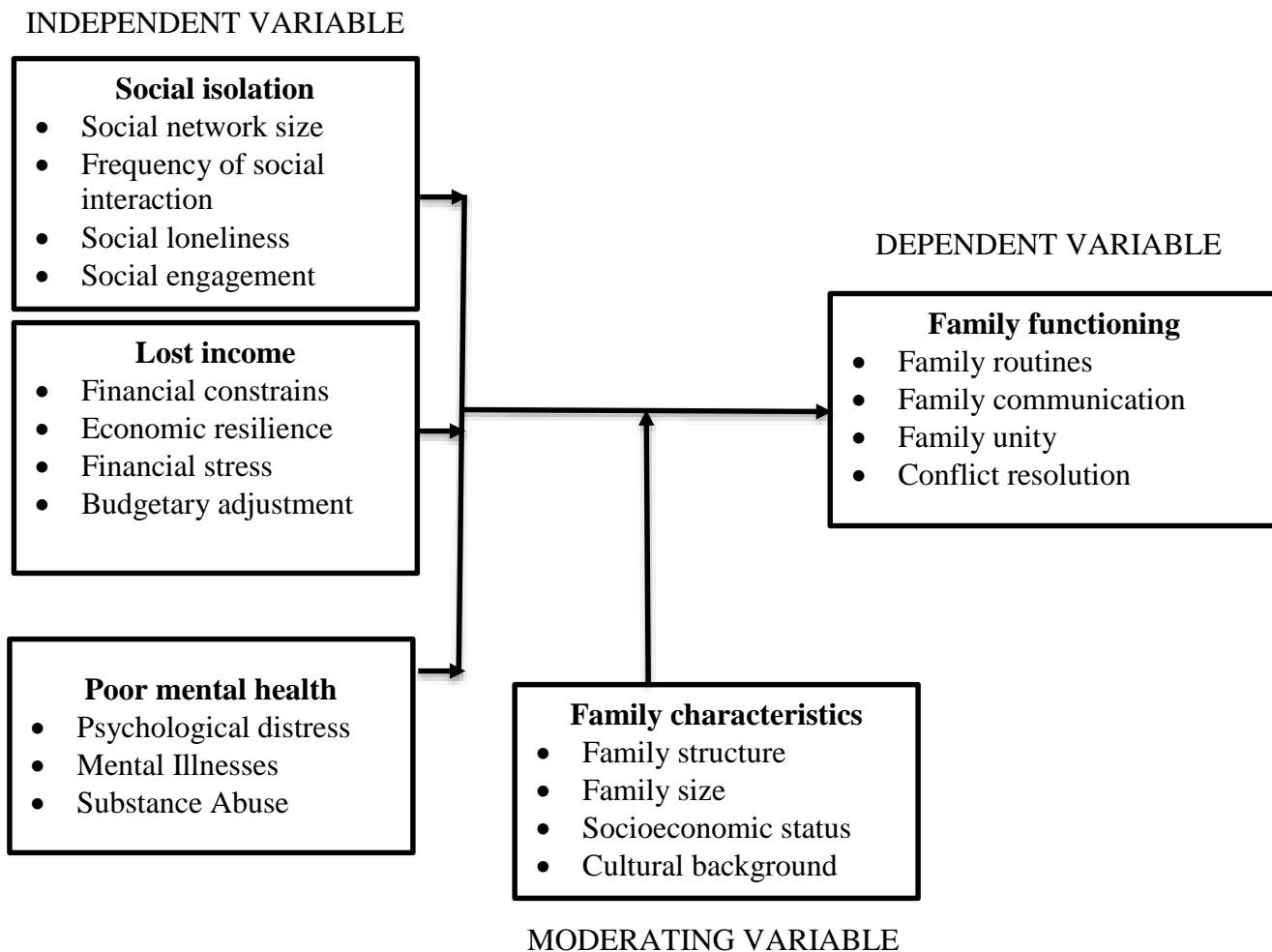
In terms of family functioning, CBFT helped explain how families maintain and adapt routines, enhance communication skills, foster unity, and improve conflict resolution strategies amidst the challenges posed by the pandemic. By addressing these aspects, CBFT aimed to strengthen overall understanding of family cohesion and resilience in Kasarani Sub-County. This agrees with (Hao, 2022).

Conceptual Framework

The research was guided by the conceptual framework depicted in Figure 2.1.

Figure 2.1:

The Conceptual framework



Source: Author (2024).

This framework illustrates the relationships between COVID-19 pandemic, and the family psycho economic life. In this study, the COVID-19 pandemic aftermaths served as the independent variable, encompassing multiple dimensions that exert negative impacts on

family psychoeconomic well-being. These dimensions include social isolation, diminished income, and deteriorating mental health. Each of these independent variables can be further delineated into specific facets and sub-components, allowing for a comprehensive analysis of their individual effects. The three primary independent variables - social isolation, lost income, and poor mental health - represent distinct aspects of the pandemic's influence on family life. Social isolation reflects the restrictions on social interactions and connections, lost income pertains to the economic hardships stemming from the pandemic, and poor mental health encompasses the emotional and psychological toll experienced by individuals and families.

Independent Variable: The COVID-19 Aftermath

Collectively, these independent variables are depicted as exerting pressure and invoking change on the dependent variable, which, in this study, is family functioning. By examining how each of these dimensions of the pandemic independently and collectively affects family functioning, the study aimed to uncover the intricate relationships and dynamics at play. This comprehensive approach allowed for a nuanced understanding of the multifaceted impacts of the COVID-19 pandemic on families in Kasarani Sub-County, Nairobi County, Kenya.

Dependent Variable: Family functioning

In this study, the dependent variable under investigation was family functioning, which is a complex construct encompassing various dimensions. Family functioning, as the central focus, is further disaggregated into key components, including family routines,

family communication, family unity, and conflict resolution. These specific dimensions offer a more detailed and nuanced perspective on family functioning. As illustrated in the conceptual framework or figure, the study envisioned family functioning as a dynamic outcome that can be influenced by the combined pressures exerted by the independent variables.

The relationship between the dependent variable, which is family functioning, and the independent variables, represented by the dimensions of the COVID-19 pandemic was subject to moderation by family characteristics. Family characteristics serve as moderating factors that can influence the strength or direction of the relationship between the independent and dependent variables. These characteristics may encompass various aspects, including family size, structure, socioeconomic status, cultural background, and coping strategies, among others. By introducing family characteristics as moderating variables, the study aims to understand how specific attributes or traits within families may either amplify or mitigate the impact of the pandemic's psychoeconomic consequences on family functioning. This nuanced examination acknowledges that families vary in their inherent characteristics, and these differences can shape how they respond to and navigate the challenges posed by the pandemic.

Summary of Literature Review and Identification of Research Gaps

The reviewed studies provided valuable insights into the impact of social isolation on family well-being during the COVID-19 pandemic; however, there were several gaps that needed further exploration. While existing research highlighted broad trends, there was

a critical need for more studies focusing on specific cultural contexts and diverse family settings to understand how social isolation affects families differently. The present study sought to fill this gap by undertaking the investigation in Kenya. Additionally, the long-term effects of prolonged social isolation on family dynamics and relationships warranted deeper investigation. Understanding the mechanisms through which social isolation influenced family well-being, including factors like family routines, communication patterns, and conflict resolution strategies, can inform the development of targeted interventions to support families during times of crisis. The present study addressed these gaps, thus providing a more nuanced understanding of how to effectively mitigate the negative impacts of social isolation on diverse families.

The studies on the characteristics of families during the pandemic highlighted vulnerable populations and their unique challenges (Boakye, 2020; Madhi et al., 2020; Pinchoff et al., 2021). However, there was a significant need for more research on the specific vulnerabilities and strengths of different family types. Understanding how characteristics such as income level, living conditions, and access to resources interact to shape family well-being can guide targeted interventions that are responsive to diverse family needs. Investigating how family characteristics influence the effectiveness of support systems and policy measures can further inform the design of equitable and inclusive interventions that effectively reach vulnerable families. Addressing these gaps contributed to a more comprehensive approach in supporting families during and beyond crisis periods.

The reviews on the impact of low income on family well-being during the pandemic shed light on the challenges faced by vulnerable families (Azmand, 2022; Asongu, 2021; Ding et al., 2022). However, there was a pressing need for more research that delves deeper into the specific factors contributing to the adverse effects of low income on families. Exploring the role of social support networks, access to resources, and community interventions were gaps that the present study filled to offer a more holistic understanding of how to alleviate economic burdens on families in crisis. Additionally, investigating the long-term consequences of reduced income on family outcomes beyond the pandemic period was crucial for designing sustainable policies and support systems that address persistent economic disparities. Addressing these gaps can contribute to more effective strategies in mitigating the impacts of economic instability on family well-being.

Further research was needed to explore the specific mechanisms through which mental health impacts economic well-being within family systems during crises like the COVID-19 pandemic. Investigating factors such as individual resilience, social support networks, and access to mental health resources provided valuable insights into effective interventions. Additionally, more research was needed to examine the differential impacts of the pandemic on mental health and economic outcomes across diverse family contexts, taking into account cultural and socio-economic differences.

Chapter Summary

In this chapter, a comprehensive examination of relevant empirical literature related to the study's subject matter was conducted. The literature review was structured to align with the study's specific objectives. Within this review, the study effectively identified critical gaps in the current literature. Furthermore, the chapter delved into the theoretical foundation that serves as the underpinning of the study. Additionally, a conceptual framework was introduced to visually represent the intricate relationships among the key variables in the study.

CHAPTER THREE: RESEARCH METHODOLOGY

Introduction

This chapter presents the methodology executed in the study. It comprises research design adopted in the study, population to be studied, sample to be selected, sampling method, types of data, data collection methods and procedures, instrument pre-testing, data analysis and ethical consideration.

Study Design

The study employed a cross sectional descriptive survey design to plan as well as to build the content of the research. The research design was adopted because it can be used to explore the link between the variables and report the way it is or was (Mukherjee, 2017). It also allows for standardization and uniformity in queries asked as well as techniques of approaching participants (Patel & Patel, 2019). Descriptive design was considered appropriate since it provided categorical outputs, based on information that was gathered, incidences, distribution, and interrelations of variables; reflecting psycho economic COVID-19 aftermaths on life of families in Kasarani Sub County, more accurately and consistently across the demographic, with little to no modifications in methods and structure of tools, this in is in with (Mukherjee, 2017). Descriptive design was also more appropriate in this study due to its emphasis on frequency and number of answers to the same questions by different people as supported by (Patel & Patel, 2019).

Study Area

Kasarani Sub County is one of 10 sub counties in the County of Nairobi City. It covers a total area of 86km² with a population density of 9063 people/km² (State Department of Devolution, 2023) This area was selected because of varied family background. It has equally faced the ravages of COVID-19 more astutely. It is home to 780656 people accommodated in 271 290 households according to KNBS data from 2019 with a household having at least three occupants. The male to female ratio is 0.95 (KNBS, 2020). Kasarani Sub County has four (4) administrative units called wards which shall come in handy in sampling.

Study Population

The residents of Nairobi County residing within Kasarani Sub County were qualified as this research project's study population. Kasarani presents as a centrally positioned locality of Nairobi County being neither too far off the beaten path nor too far in the mainstream. Quality of life in Kasarani is moderately dignified and untainted by excess or scarcity, as such this sub county promises to provide a balanced and stable feedback required to inform this study. Kasarani Sub County equally presents familiar terrain and is cost accessible for the purposes of this study.

Target Population

The target population denotes the total number of subjects of interest to researcher (Asenahabi, 2019). The target population was about 2000 families in the four wards in Kasarani Sub-County presented in Table 3.1 (KNBS, 2021). This selection of wards was a

pre-emptory clustering occasioned by the existing geo-political boundaries which facilitate ease of tracking and assessing whether sample size has been filled.

Table: 3.1

Target population of families in 4 wards in Kasarani Sub County

Name of Ward	Ward Population	Number of Families
Kasarani	55 417	500
Clay city	82 718	900
Mutirithia	28 511	250
Mwiki	32 272	350
Total	198 918	2,000

Source: KNBS (2020)

Sample

The criteria for inclusion and exclusion were applied to determine qualification for the sample, which ultimately consisted of respondents for the study. An individual had to meet all the specified criteria to be either included or excluded, as appropriate.

Inclusion Criteria

In order to be included in the sample, families were required to have been residents of Kasarani Sub County before the onset of the COVID-19 pandemic and throughout its duration.

Exclusion Criteria

Residents who left Kasarani when the pandemic begun or moved in after the pandemic and were generally not in Kasarani for the pandemic period were disqualified from constituting the sample population. Upon qualification, the individual was considered fit to fill the sample size required by the study.

Sample Size Determination

The families populating Kasarani Sub County according to the latest statistics from Kenya National Bureau of Statistics sum to 2000 families (KNBS, 2020). The Yamane formula is commonly used when the population size is known and assumes a simple random sampling technique. It provides a relatively simple way to calculate the sample size that meshes well with this study. According to Yamane (1967), the sample size was determined using the formula:

$$n = \frac{N}{1 + N \times e^2}$$

Where:

- n is the required sample size
- N is the population size
- e is the desired margin of error

$$n = \frac{2000}{1 + 2000 \times 0.05^2}$$

The sample size, based on the Yamane formula, was approximately 334.

Sampling Size

As Kasarani Sub County is composed of families from the four (4) wards which go on to form the primary clusters populating the sample population, the figure arrived at in sample size determination was proportionately distributed as shown in Table 3.2.

Table 3.2

Sampling Frame showing Proportionate Distribution within Kasarani Sub County Wards

Name of Ward	Number of families	Number of Respondents	Percent
Kasarani	500	84	25.1
Clay city	900	150.	44.9
Mutirithia	250	42	12.6
Mwiki	350	58	17.4
Total	2000	334	100.0

To increase the likelihood of study participation and due to their often-central role in family care, the researcher primarily engaged with women.

Sampling Technique

In conducting the sampling for this study, a stratified sampling method was employed based on the distinct wards within the area. Each ward - Kasarani, Clay city, Mutirithia, and Mwiki - was treated as a separate stratum. This approach involved dividing the total population into these specific groups, where the number of families in each ward determined its size within the overall population. For instance, Kasarani had 500 families, Clay city had 900, Mutirithia had 250, and Mwiki had 350. To ensure a representative sample, the number of respondents selected from each ward was proportional to its population size. This meant that larger wards contributed more respondents to the study

compared to smaller ones, reflecting their relative importance in the total population. For example, 84 respondents were chosen from Kasarani, 150 from Clay city, 42 from Mutirithia, and 58 from Mwiki. By using stratified sampling, the study aimed to capture the diversity and characteristics of each ward's population accurately. This methodological approach enhances the study's ability to draw meaningful conclusions about the entire population of interest, accounting for variations between different wards within the area of study.

Within each stratum, participants were recruited through snowball sampling as presented in Table 3.3. As indicated in the table, the researcher started by identifying a few households within each ward who meet the criteria for participation in the study. These initial participants were identified through community leaders and local organizations. After identifying these initial participants, the researcher then asked them to refer other families or individuals within their respective wards who also meet the study criteria. This referral process continued iteratively, with each new participant referring additional participants. This continued for each stratum till the optimum number was attained.

Table 3.3

Sampling Technique for sample size filling.

Cluster	Random Selection	Pre-Qualified	Filled Sample
Kasarani	First Participant	Snowball sampling till the optimum level is attained.	Yes/No
Clay	First Participant	Snowball sampling till the optimum number is attained	Yes/No
Mutirithia	First Participant	Snowball sampling till the optimum is attained	Yes/No
Mwiki	First Participant	Snowball sampling till the optimum level is attained	Yes/No

Source Author (2024)

Research Instrument

The study used self-developed structured questionnaires for the independent variable to collect primary data. The standardised instrument for dependent was from Puffer et al. (2021). The structured questionnaires consisted of both open ended and closed ended questions which provided the study an opportunity to collect both quantitative and qualitative data in a single fell swoop. The questionnaire content was informed by the objectives of this study through breaking down the research questions into queries and feasible data points. Such elements featured in these questionnaires include the independent variables of social isolation, low-income, poor mental health, and dependent

variables of families' lives. The data scoring was guided by the developed tool. The questionnaires was formed based on Likert scales. Section A contained biographic family characteristics, Section B featured questions on social isolation and family functioning. Section C contain questions on low income and family functioning, Section D had questions on poor mental health and family functioning, Section D had questions on family characteristic and Section E interrogated family functioning after COVID 19.

Scores for each respondent were calculated based on their responses to the Likert scale items. Typically, responses are assigned numerical values (e.g., 1 to 5), and the mean score for each section (or overall questionnaire) was computed. This mean score provided a quantitative representation of respondents' views or experiences regarding each variable (social isolation, low income, poor mental health) in relation to family functioning. Mean scores were interpreted to understand the average perception or impact of each variable on family functioning. Higher mean scores indicated a more significant perceived impact, while lower scores suggested less impact.

Piloting Testing of Instrument

Pilot study was conducted within households on their respective properties, deliberately avoiding interviews with individuals in transit or on the move. This methodological choice was designed to uphold the integrity and purity of the collected data. Pilot testing was performed on the questionnaire by administering the questionnaire to a small sample of respondents whose data were excluded from the final analysis. This was implemented by collecting data from head of households within their own residence.

This way, the study minimized the risk of data contamination that could have occurred when engaging with individuals in transit. This approach ensured a stable and conducive environment for data collection, enabling respondents to provide accurate and well-considered responses.

Validity and Reliability of Research Instrument

Validity of Research Instrument

According to Taherdoost (2016), validity is described as the degree to which an instrument accurately measures its intended target. Similarly, Sürücü and Maslakçı (2020) provide a concise definition of validity, stating that it involves obtaining data suitable for the intended purpose of measuring instruments. To enhance content validity, the study involved seeking input and feedback from the researcher's supervisors. Additionally, content validity was bolstered through the thorough analysis of the data collected during fieldwork. This approach strengthened the overall validity of the research instrument, ensuring that it effectively measures the intended constructs and accurately represents the study's objectives.

Reliability of Research Instrument

To ensure the questionnaire's internal consistency, a main factor of reliability, piloting process was conducted. A sample of participants, whose size and characteristics reflect those needed from Kasarani, was asked to complete the questionnaire, and their feedback collected and analysed. This statistical technique allows for identifying underlying factors or components within the questionnaire and examining their relationships. By analysing the questionnaire's internal consistency and factor structure, the

study ensured that the instrument consistently and accurately measures the intended constructs. Through the combined efforts of triangulation, piloting, and principal component analysis, the research instrument used in this study achieved a high level of reliability, providing valid and meaningful data for the study's objectives and research questions. The reliability of the research instrument was further tested using Cronbach's alpha as per the output in table 3.4. As emphasized by Kennedy (2022), a Cronbach's alpha score of at least 0.7, out of a maximum score of 1, is considered sufficient for a study.

Table 3.4

Reliability Statistics

Variable	N of items	Cronbach's alpha
Social isolation due to Covid-19	8	.897
Loss of income due to Covid-19	7	.835
Covid 19-induced poor mental health	6	.826
Family characteristics	5	.812
Family functioning	12	.854

As shown in table 3.4, the values provided for various constructs related to Covid-19 impacts suggest good to excellent reliability. Specifically, social isolation due to Covid-19 has an alpha of .897, loss of income due to Covid-19 is .835, Covid-19-induced poor mental health is .826, family characteristics is .812, and family functioning is .854. These values indicate that the items measuring these constructs are highly consistent and reliable.

Data Collection Procedure

The questionnaire was self-administered. However, it also came with an option for assisted administration to respondents who encountered difficulty in grasping its tenets. Based on the privacy and confidentiality required, the respondent was allowed to resolve the questionnaire fully before referring the researcher to someone else who may be qualified as respondent in the study. Consequently, the filled questionnaire was collected immediately after completion to offset the possibility of respondents communicating with each other and tipping the study off balance.

Data Analysis Techniques

The data analysis process was twofold: the first fold was coding and creation of tables, preparation of variables by combining several codes and converting codes into variables. In this way the collected questionnaires was prepared for analysis. This was done to ensure that the categorized variables were properly translated and tabulated in the excel sheet as they were in the principal researchers' rubric. This was the second aspect of analysis; the organized findings were analyzed by the principal researcher under guidance of psychologist manuals and global standards and descriptive analysis to assess whether the variables and the study in general have unearthed psychologically significant implications. This was aided by the use of the Statistical Package for the Social Sciences (SPSS version 23). The data was analyzed using regression, which has the following equation (Sarstedt et al., 2019):

$$FF = \beta_0 + \beta_1 \cdot SI + \beta_2 \cdot LI + \beta_3 \cdot MH + \beta_4 \cdot FC + \epsilon$$

In this equation:

FF represents family functioning, which is the dependent variable.

SI stands for social isolation, one of the independent variables.

LI represents lost income, another independent variable.

MH represents mental health, the third independent variable.

FC represents family characteristics, the fourth independent variable.

β_0 is the intercept, representing the expected family functioning when all independent variables are zero.

β_1 , β_2 , β_3 , and β_4 are the coefficients that indicate the strength and direction of the relationship between each independent variable and family functioning.

ϵ (epsilon) represents the error term (.05), accounting for unexplained variance in family functioning. To conduct the regression analysis, SPSS, was used. The coefficients (β_1 , β_2 , β_3 , and β_4) and the intercept (β_0) were estimated through the analysis and their significance, the overall model fit, and the variance explained in family functioning by the independent variables. The findings of the analysis were visually presented through the use of tables and figures, enhancing the clarity and accessibility of the results.

Ethical Considerations

The researcher first sought ethical clearance and research authorization from PAC University. The researcher then applied for permission to conduct the study from the National Commission for Science, Technology, and Innovation (NACOSTI). This formal request aligns with ethical standards and regulatory requirements. Once the NACOSTI

permission was secured, the researcher visited the Assistant County Commissioner's office. During this visit, the researcher sought official consent for the study and engaged in a dialogue to understand any potential security concerns that needed to be addressed before commencing the research (Broesch et al., 2020). This proactive approach ensured that the study respected local regulations and considers security matters, thereby upholding ethical principles and the safety of all involved parties.

The study, although designed to be non-invasive and unlikely to pose harm to participants, placed paramount importance on ethical considerations to ensure the well-being of respondents (Newman et al., 2021). To achieve this, the study first provided a clear and comprehensive explanation of its objectives to all participants, using a language they fully understand, securing their verbal permission to proceed. Additionally, participants had a say in determining the how, when, and where of data collection, respecting their comfort and preferences. Any potential discomfort that participants encountered during the data collection process was openly discussed and addressed. Importantly, participants were informed of their right to discontinue their participation at any point, emphasizing their autonomy throughout the study.

In upholding ethical research standards, informed consent was availed to all participants. This document provided a thorough and comprehensive overview of the study's objectives, procedures, and the rights granted to participants throughout the entire research process. The consent form encompassed the researcher's commitment to upholding confidentiality (Newman et al., 2021). Within the same document, the researcher also incorporated a non-disclosure clause to safeguard sensitive information. Furthermore, the consent form outlined the benefits that participants may expect to derive from their

participation in the study. Prospective participants were encouraged to engage in a review of the consent form, and upon their satisfaction with its contents, they were invited to affix their signature. The act of signing the consent form served as a clear indication of their voluntary willingness to participate in the study while also acknowledging and asserting the rights outlined in the consent letter.

After the data collection phase was completed, the researcher implemented a comprehensive data security protocol to safeguard the data instruments. In particular, the data instruments were securely stored in a locked locker within a designated and controlled-access room (Åkerfeldt & Boistrup, 2021). Furthermore, it is important to note that the research documents were retained until the researcher met the requirements and received approval from the examiners. Once the necessary criteria were met, the documents were appropriately destroyed. These meticulous measures were designed to uphold the confidentiality and integrity of the collected data, ensuring that the highest standards of data security was consistently maintained throughout the research process. Likewise, during the data analysis phase utilizing SPSS, the researcher implemented stringent security measures to safeguard the integrity and confidentiality of the data. Access to the laptop used for analysis was restricted to authorized personnel only. Additionally, in the event that an authorized individual had accessed the laptop, the research documents were encrypted to provide an additional layer of security, further ensuring that the data remained confidential and protected from unauthorized access or breaches.

Chapter Summary

This chapter has presented the comprehensive methodology employed in the study. It encompassed the research design that guided the investigation and methodological approach. The population under study was carefully defined, ensuring it accurately represented the target demographic within the study area. A stratified sampling method was utilized to select a representative sample, with snowball sampling applied for each stratum. Data was gathered using a structured questionnaire that included Likert scales and open-ended questions. Rigorous procedures were undertaken to pre-test the research instruments, ensuring their validity and reliability. Data analysis involved applying appropriate statistical techniques to interpret the findings effectively. Ethical considerations were paramount throughout the research process, with measures taken to protect participants' confidentiality, obtain informed consent, and uphold ethical standards in data handling and reporting.

CHAPTER FOUR: RESULTS AND DISCUSSIONS

Introduction

This chapter analyses and discusses the results of the study. The chapter begins by presenting the response rate and demographic characteristics of the respondents. This section also presents descriptive analysis of family functioning. The remainder of the chapter then proceeds according to the specific objectives which were: to establish how social isolation due to COVID-19 pandemic aftermaths influenced family functioning in Kasarani Sub County, Nairobi County; to assess how lost income due to the COVID-19 pandemic aftermaths influenced the families functioning in Kasarani-Sub County, Nairobi County; to examine the extent to which poor mental health due to COVID-19 pandemic aftermaths influenced the family functioning in Kasarani Sub County, Nairobi County; and, to determine to what extent family characteristics moderated psych economic COVID-19 pandemic aftermaths on family functioning in Kasarani Sub-County, Nairobi County.

Response Rate and Demographic Analysis

Response Rate

Out of a sample size of 334, a total of 243 respondents successfully participated in the study. Table 4.1 presents the response rate.

Table 4.1

Response Rate

Category	Frequency	Percent
Successful responses	243	73%
Non-responses	91	27%
Total	334	100%

Table 4.1 shows that a response rate of 73% was realized. This response rate was regarded as adequate since it aligns with literature which suggests that response rates above 70% is excellent (Creswell & Creswell, 2018). It means that most of the respondents were cooperative, indicating their positive reception of the study.

Gender Distribution

Table 4.2 presents the distribution of respondents according to gender.

Table 4.2

Gender of Respondents

Gender	Frequency	Percent
Male	75	30.9%
Female	168	69.1%
Total	243	100.0%

The distribution of participants was skewed towards females, with 69.1% of the participants being female. Conversely, males made up 30.9% of the participants. The disparity in gender representation suggests that females were more willing or accessible to

participate in the study compared to males. This potentially reflect societal norms where women may have more flexible schedules that allow participation.

Respondents' Marital Status

The study sought to establish the marital status of respondents. Table 4.3 shows how respondents were distributed.

Table 4.3

Distribution of Respondents by Marital Status

Marital status	Frequency	Percent
Single	98	40.3%
Married	119	49.0%
Widow/widower	13	5.3%
Divorced/Separated	13	5.3%
Total	243	100.0%

A significant proportion of participants were single (40.3%) and married (49.0%). Smaller percentages were widows/widowers (5.3%) or divorced/separated (5.3%). The presence of widows/widowers and divorced/separated individuals highlights the additional complexities faced by those who have experienced loss or relationship dissolution amidst the pandemic's psychosocial and economic aftermath.

Respondents' Number of Children

Respondents were asked to indicate their number of children. Table 4.4 shows the results.

Table 4.4

Distribution of Respondents by Number of Children

Number of children	Frequency	Percent
None	64	26.3%
1-2 children	81	33.3%
3-4 children	77	31.7%
5-6 children	16	6.6%
7 and above	5	2.1%
Total	243	100.0%

The largest proportion of participants reported having 1-2 children (33.3%), followed closely by those with 3-4 children (31.7%). A significant percentage reported having no children (26.3%), indicating a notable segment of the population without dependent children. Smaller percentages were represented by families with larger numbers of children, including 5-6 children (6.6%) and 7 or more children (2.1%). This distribution reflects the diversity of family structures and sizes within the community, with implications for understanding the pandemic's impact on households of varying compositions and caregiving responsibilities.

Age of Respondents

The age distribution of respondents is presented in Table 4.5.

Table 4.5

Distribution of Respondents by Age Bracket

Age bracket	Frequency	Percent
Between 18-25 years	38	15.7%
26-35 years	86	35.1%
36-45 years	69	28.5%
46 and above	50	20.7%
Total	243	100.0%

The largest proportion of participants fell within the 26-35 age range (35.1%), followed by those in the 36-45 age range (28.5%). Significant percentages were also represented by individuals aged 46 and above (20.7%) and those between 18-25 years old (15.7%). This distribution indicates a spread across various life stages, with implications for understanding how different age cohorts within the community experienced and responded to the psychosocial and economic impacts of the COVID-19 pandemic. These different age cohorts potentially bring unique generational perspectives that influence their coping mechanisms and resilience. For instance, younger generations may be more adaptable to technological solutions and remote work, while older generations may prioritize traditional social structures and in-person interactions.

Level of Education

Table 4.6 displays how respondents were distributed by level of education.

Table 4.6

Distribution of Respondents by Level of Education

Level of education	Frequency	Percent
None	5	2.1%
Primary	21	8.7%
Secondary	52	21.5%
College	94	38.4%
University	71	29.3%
Total	243	100.0%

The highest proportion of respondents reported having education at the college level (38.4%), followed closely by those with university degrees (29.3%). A notable percentage had completed secondary education (21.5%), indicating a significant level of formal schooling. A smaller yet substantial portion had primary education (8.7%), suggesting foundational educational experiences. Interestingly, a minority reported having no formal education (2.1%), highlighting the diversity in educational access and opportunities within the community. This broad range of educational levels underscores the importance of considering varying degrees of educational attainment in understanding the implications of the COVID-19 pandemic's psychosocial and economic aftermath on individuals and families in Kasarani Sub-County.

Years Lived in Kasarani

Respondents were asked how long they had lived in Kasarani. Table 4.7 displays the results.

Table 4.7

Years lived in Kasarani

Years	Frequency	Percent
Less than 2 years	41	17.4%
Between 2-5 years	90	38.2%
Between 6-10 years	27	11.5%
Between 11-20 years	64	27.3%
21 Years and above	21	8.9%
Total	243	100.0%

The largest proportion reported residing in Kasarani for 2-5 years (38.2%), indicating a substantial turnover or migration within the community. Following this, a notable percentage had lived in Kasarani between 11-20 years (27.3%), suggesting a more established presence within the area. Additionally, a significant proportion reported residing for less than two (2) years (17.4%), possibly indicating recent arrivals or transient residency. Smaller yet still noteworthy percentages were represented by individuals living in Kasarani for 6-10 years (11.5%) or 21 years and above (8.9%). This distribution reflects the dynamic nature of community composition and residency patterns within Kasarani, highlighting the varying degrees of familiarity and attachment to the locality among study participants.

Respondents' Form of Employment

The study sought to establish the form of employment respondent was engaged in. Table 4.8 shows the distribution.

Table 4.8

Distribution of Respondents by Form of Employment

Form of employment	Frequency	Percent
Self-employment	118	48.6%
Permanently employed	50	20.6%
Casual laborer	29	11.9%
Unemployed	46	18.9%
Total	243	100.0%

The largest proportion reported being self-employed (48.6%), indicating a significant entrepreneurial presence within the community. Following this, a notable percentage were permanently employed (20.6%), suggesting a stable source of income for a portion of the population. Additionally, a considerable proportion identified as unemployed (18.9%), highlighting potential economic challenges within the area. A smaller yet still significant percentage reported engaging in casual labour (11.9%), reflecting a segment of the population reliant on irregular work opportunities. This distribution underscores the varied employment landscape within the community, with implications for understanding psycosocial dynamics and vulnerabilities amidst the COVID-19 pandemic's aftermath in Nairobi County.

Family Functioning

Family functioning was assessed using a 5-point scale ranging from 1=strongly disagree to 5=strongly agree, with mean and standard deviation scores computed for each item as shown in Table 4.9.

Table 4.9

Mean and Standard Deviation scores for Family Functioning Items

Family functioning items	Mean	Std. Deviation
In times of crisis, we can turn to each other for support	3.76	1.292
We can express feelings to each other	3.62	1.295
We confide in each other	3.60	1.382
We feel accepted for what we are	3.56	1.355
We are able to make decisions about how to solve problems	3.56	1.375
Individuals are accepted for what they are	3.36	1.417

The results revealed that, on average, respondents somewhat agreed ($M = 3.76$, $SD = 1.292$) that they could turn to each other for support during crises. Similarly, participants moderately agreed ($M = 3.62$, $SD = 1.295$) that they could express their feelings within the family and confide in each other ($M = 3.60$, $SD = 1.382$). Feeling accepted for who they are within the family garnered a somewhat agreeable response ($M = 3.56$, $SD = 1.355$), as did the belief in their ability to collectively make decisions about problem-solving ($M = 3.56$, $SD = 1.375$). However, acceptance of individuals for who they are received a lower mean score ($M = 3.36$, $SD = 1.417$), indicating greater variability in responses among participants. These findings underscore the nuanced nature of family dynamics in the

context of post-pandemic challenges, suggesting varying levels of cohesion, communication, and acceptance within different family units.

How Social Isolation influenced Family Functioning

The first objective of the study was to establish how social isolation due to COVID-19 pandemic aftermaths influenced family functioning. Descriptive analysis of social isolation items is first presented, followed by inferential statistics.

Descriptive Analysis of Social Isolation Items

Social isolation was assessed using a 5-point scale ranging from 1=strongly disagree to 5=strongly agree, with mean and standard deviation scores computed for each item as shown in Table 4.10.

Table 4.10

Mean and Standard Deviation Scores for Social Isolation Items

Social isolation items	Mean	Std. Deviation
Social isolation led to emotional stress and disruption of daily routines	4.23	1.028
Isolation due to Covid-19 pandemic led to family's anxiety in families	4.18	1.056
Social isolation resulted to resource scarcity and poor wellbeing	4.17	1.050
Isolation led to depressive symptoms in the occurrence of poor family functioning	4.10	1.121
Isolation increases irritability, destruction and fear in early times	4.08	1.019
Isolation bring withdrawal in families	4.03	1.218
Isolation let to sedentary behavior during COVID19 pandemic	3.96	1.128
Social isolation reduced access to mental healthcare	3.89	1.217

The mean score for the statement regarding social isolation's impact on emotional stress and disruption of daily routines was 4.23, with a standard deviation of 1.028. This indicates that, on average, respondents concurred that social isolation during the COVID-19 pandemic aftermaths contributed to emotional stress and daily routine disruptions, with responses showing relatively low variability. This suggests a strong consensus among respondents about the effects of social isolation on emotional well-being and daily functioning. This finding aligns with Azmand (2022) who emphasized the detrimental effects of social isolation on families' quality of life in low- and middle-income countries, particularly in vulnerable economic conditions.

In terms of the isolation's effect on family anxiety due to the COVID-19 pandemic, the mean score was 4.18, with a standard deviation of 1.056. This suggests a general agreement among respondents that pandemic-induced isolation led to anxiety within families, with relatively low variability observed. This underscores the widespread acknowledgment of increased anxiety levels within families due to social isolation. This finding resonates with existing research (Gadermann et al., 2021; Kalil et al., 2020) that highlights the heightened stress levels and increased parental depressive symptoms resulting from mandated distancing measures, particularly in diverse regions like Chicago and Nairobi, Kenya.

Similarly, the mean score for the statement indicating social isolation's result in resource scarcity and poor wellbeing was 4.17, with a standard deviation of 1.050. This indicates a general consensus among respondents regarding the negative effects of social isolation on resource availability and overall wellbeing, with relatively low variability in

responses. This highlights the shared perception of the adverse consequences of social isolation on material resources and wellbeing. This finding corroborates literature by Azmand (2022) suggesting that the economic repercussions of the pandemic, including income loss and poverty rates, have significantly impacted families' access to essential resources.

Regarding the impact of isolation on depressive symptoms in families with poor functioning, the mean score was 4.10, with a standard deviation of 1.121. This suggests respondents tended to agree that isolation contributed to depressive symptoms within such families, with slightly higher variability in responses compared to earlier statements. This indicates a somewhat less uniform perception of the relationship between isolation and depressive symptoms. This finding aligns with research by Pinchoff et al. (2021) highlighting the intricate relationship between social isolation and mental health.

The mean score for the statement describing isolation's effects on irritability, destruction, and fear during the early pandemic times was 4.08, with a standard deviation of 1.019. This indicates general agreement among respondents that isolation heightened these negative emotions during the early stages of the pandemic aftermaths, with relatively low variability in responses. This reflects a widely held belief in the exacerbation of negative emotions during the initial period of isolation. This finding corresponds with literature by Jain et al. (2020) which suggested that prolonged isolation and lockdown measures can lead to collective frustration and discontent, potentially resulting in social unrest.

For the statement concerning isolation's tendency to cause withdrawal within families, the mean score was 4.03, with a standard deviation of 1.218. This suggests respondents generally agreed that isolation led to withdrawal within families. This indicates a shared perception of withdrawal behaviour's but with some diversity in the extent to which it was experienced. This finding resonates with research by Gadermann et al. (2021) which demonstrated the significant shifts in parent-child interactions and strained relationships induced by mandated distancing measures.

Regarding the increase in sedentary behaviour during the COVID-19 pandemic due to isolation, the mean score was 3.96, with a standard deviation of 1.128. This suggests respondents somewhat agreed that isolation contributed to sedentary behaviour during the pandemic, and the responses displayed moderate variability around this agreement. This suggests a general acknowledgment of increased sedentary behaviour during isolation, with some variation in the degree of agreement. This finding corresponds with the perspectives of Jain et al. (2020) who suggested that prolonged isolation can lead to changes in lifestyle behaviour's, including increased sedentary activities.

Finally, for the statement on social isolation reducing access to mental healthcare, the mean score was 3.89, with a standard deviation of 1.217. This suggests respondents somewhat agreed that social isolation hindered access to mental healthcare. This indicates a perception of reduced accessibility to mental healthcare services during the pandemic, though with more diversity in viewpoints. This finding corresponds with literature emphasizing the importance of mental health services in mitigating the psycho-economic

impacts of the pandemic, particularly in low- and middle-income countries (Azmand, 2022).

Inferential Analysis of Social Isolation

A Pearson correlation analysis was performed to assess the relationship between social isolation and family functioning. The output is presented in Table 4.11.

Table 4.11

Correlation Analysis between Social Isolation and Family Functioning

		1	2
1	Family functioning	Pearson Correlation Sig. (2-tailed) N	1 1 243
2	Social isolation	Pearson Correlation Sig. (2-tailed) N	-.136* .039 243
			1 243

*. Correlation is significant at the 0.05 level (2-tailed).

The results revealed a significant negative correlation between social isolation and family functioning, indicating that increased social isolation was associated with poorer family functioning ($r = -.136$, $p < .05$). This means that people who experience more social isolation tend to report that their families are not functioning as well. The findings affirm the relevance of CBFT in addressing emotional distress within families during the pandemic as articulated by Collins (2018). Poor family functioning could be both a cause and a consequence of heightened emotional distress among family members.

In a nutshell, findings indicated a general consensus among respondents regarding the impact of social isolation during the COVID-19 pandemic aftermaths on various aspects of emotional well-being, daily routines, family anxiety, resource availability, and mental healthcare accessibility. The mean scores for statements assessing these impacts

ranged from 3.89 to 4.23, with standard deviations indicating relatively low variability in responses. This suggests a strong consensus among respondents about the detrimental effects of isolation on emotional stress, disruption of routines, heightened family anxiety, resource scarcity, depressive symptoms, irritability, withdrawal behaviours, increased sedentary behaviour, and reduced access to mental healthcare services. These findings align with existing research literature (Azmand, 2022; Gadermann et al., 2021; Jain et al., 2020; Kalil et al., 2020; Pinchoff et al., 2021), emphasizing the widespread acknowledgment of these challenges and highlighting the need for interventions to address the psycho-social-economic impacts of isolation, particularly in vulnerable populations and low- and middle-income countries. Additionally, the results indicated a significant negative correlation between social isolation and family functioning, suggesting that increased social isolation was associated with poorer family functioning ($r = -.136, p < .05$).

How Lost Income due to the Covid-19 Pandemic influenced Family Functioning

The second objective of the study was to assess how lost income due to the COVID-19 pandemic aftermaths influenced the families functioning. This section presents and discusses the research results.

Descriptive Analysis of Items on Lost Income

Items related to lost income due to the COVID-19 pandemic was assessed using a 5-point scale ranging from 1=strongly disagree to 5=strongly agree, with mean and standard deviation scores computed for each item as shown in Table 4.12.

Table 4.12

Mean and Standard Deviation scores for Items on Lost Income

Item	Mean	Std. Deviation
Poverty due to COVID-19 results to anxiety and stress	4.23	1.028
Poverty leads to vulnerability among children in COVID-19	4.22	.993
Job losses have contributed to disproportionate socioeconomic	4.17	.990
Elderly adults from a lower household income have higher risk of death due to COVID-19	4.10	1.177
Loss of unemployment leads to family violence	4.07	1.155
Reduced working hours resulted to physical and mental health	4.00	1.100
Low-income people have higher risk of falling ill with Covid-19 virus	3.58	1.402

The study findings indicate that poverty resulting from the aftermath of the COVID-19 pandemic significantly contributes to heightened levels of anxiety and stress among affected families in Kasarani-Sub County, Nairobi County. On average, respondents expressed a strong agreement with this notion, as evidenced by a mean score of 4.23 on a 5-point scale. This suggests that the majority of participants perceived a notable impact of financial strain on mental well-being. While there was some variability in responses, indicated by a standard deviation of 1.028, the overall consensus leans towards acknowledging the detrimental effects of poverty-induced stress and anxiety in the wake of the pandemic. This finding aligns with Madhi et al. (2020), who highlighted the economic implications of the pandemic on families, particularly in low- and middle-

income countries, emphasizing increased stress levels due to income loss. Further, the findings align with CBFT principles, which in the viewpoint of Dattilio and Epstein (2015) emphasize the importance of addressing negative cognitions and stressors, such as financial strain, to improve mental well-being and family functioning. CBFT also highlights the link between income loss, psychological distress, and mental health conditions, further validating the study's results.

A prevailing sentiment among respondents in the study is the recognition of increased vulnerability among children stemming from poverty exacerbated by the COVID-19 crisis. With a mean score of 4.22, respondents expressed a strong consensus on this issue, signifying a widespread acknowledgment of the risks faced by children in households affected by economic hardship. The relatively low standard deviation of 0.993 suggests a high level of agreement among participants, indicating a shared concern for the well-being of children amidst the pandemic's economic fallout. This finding resonates with Kalil et al. (2020), who also observed heightened stress levels and strained parent-child relationships in low-income families due to income loss. The findings re resonate with CBFT viewpoint, which, according to Mahoney et al. (2018), emphasize the importance of addressing the negative impact of financial stress on family functioning.

The study findings suggest a widespread acknowledgment of the disproportionate socioeconomic impact resulting from job losses during the COVID-19 pandemic. With a mean score of 4.17, respondents largely agreed that the loss of employment has contributed to unequal economic consequences. This sentiment was reflected across participants, as indicated by the relatively low standard deviation of 0.990, suggesting a consensus

regarding the adverse effects of unemployment on socioeconomic stability within the community. This observation aligns with Madhi et al. (2020), who emphasized the economic hardships faced by vulnerable families, including loss of income and increased poverty levels.

Among the concerns raised in the study is the heightened risk of mortality faced by elderly adults from lower-income households due to COVID-19. With a mean score of 4.10, respondents generally recognized the increased vulnerability of this demographic to the virus. Although there was some variability in responses, as indicated by a standard deviation of 1.177, the overall consensus leans towards acknowledging the heightened risk faced by elderly individuals in economically disadvantaged households during the pandemic. This finding is consistent with Madhi et al. (2020), who highlighted the vulnerability of elderly individuals in low- and middle-income countries to adverse health outcomes due to the economic impact of the pandemic.

A notable finding from the study is the perceived link between loss of employment and increased incidences of family violence in the aftermath of the COVID-19 pandemic. With a mean score of 4.07, respondents expressed agreement with this notion, albeit with some variability in responses, as indicated by a standard deviation of 1.155. This suggests a shared recognition among participants of the potential correlation between economic strain resulting from unemployment and heightened tensions within family dynamics leading to violence. While this observation aligns with Kalil et al. (2020), who also noted negative outcomes such as increased stress levels in families experiencing income loss, the

specific link to family violence warrants further investigation beyond the scope of the current study.

Inferential Analysis of Lost Income influence on Family Functioning

The composite score for lost income was correlated to family functioning composite score to determine whether the two variables were associated. Pearson correlation was applied and the output presented in Table 4.13.

Table 4.13

Correlation Analysis between Lost Income and Family Functioning

		1	2
1	Family functioning	Pearson Correlation Sig. (2-tailed) N	1 243
2	Lost income	Pearson Correlation Sig. (2-tailed) N	-.109 .100 243
			1 243

*. Correlation is significant at the 0.05 level (2-tailed).

A negative but statistically insignificant correlation was found between lost income and family functioning ($r=-.109$, $p>.05$), meaning that as lost income increased, family functioning tended to decrease. This finding mirrors research by Kalil et al. (2020) in Chicago which highlighted a correlation between loss of income and negative outcomes in families, such as increased stress levels and strained parent-child relationships. However,

while there seems to be a slight tendency for family functioning to decrease as lost income increases, this relationship is not strong enough to confidently conclude that there is a true association between the two variables. This may be explained by the possibility that some families might have better resilience or coping mechanisms that mitigate the negative effects of income loss. Availability of community support and resources might also buffer the impact of lost income on family functioning.

In summary, descriptive analysis indicated that the mean scores of 4.23, 4.22, and 4.17, along with low standard deviations, signalled strong agreement among respondents regarding the impact of poverty-induced stress, heightened vulnerability of children, and unequal economic consequences of job losses. Additionally, respondents recognized the heightened mortality risk faced by elderly individuals from lower-income households (mean score: 4.10). There was also acknowledgment of a perceived correlation between unemployment and increased family violence (mean score: 4.07). These findings align with previous studies by Madhi et al. (2020) and Kalil et al. (2020), emphasizing the economic implications of the pandemic on mental well-being, familial dynamics, and health outcomes, particularly in low- and middle-income countries. A negative but statistically insignificant correlation was found between lost income and family functioning ($r=-.109$, $p>.05$), meaning that as lost income increased, family functioning tended to decrease.

Influence of Poor Mental Health on Family Functioning

The third objective of the study was to examine the extent to which poor mental health due to Covid-19 pandemic aftermaths influenced the family functioning. Descriptive analysis of poor mental health is first presented, followed by inferential analysis.

Descriptive Analysis of Items on Lost Income

Items related to poor mental health due to the covid-19 pandemic was assessed using a 5-point scale ranging from 1=strongly disagree to 5=strongly agree, with mean and standard deviation scores computed for each item as shown in Table 4.14.

Table 4.14

Mean and Standard Deviation Scores for Poor Mental Health Items

	Mean	Std. Deviation
Illness and mental health were experienced in some families during COVID-19 pandemic	4.15	1.045
Family caregivers are at high risk for poor mental health due to Covid-19 crisis	4.01	1.127
The Covid-19 pandemic results to poor physical, psychological, and social health	3.98	1.169
Young people and children feel the COVID-19 impact on their mental health	3.94	1.109
Covid-19 pandemic results to young people use of drug abuse	3.70	1.286
My health conditions were impacted by COVID-19 pandemic	3.49	1.465

The study established that within some families in Kasarani Sub County, Nairobi County, there was a notable experience of illness and mental health challenges during the COVID-19 pandemic. Participants tended to agree with this observation, suggesting a

widespread acknowledgment of these issues among the community. On average, respondents rated their agreement with this statement at 4.15 on a 5-point scale, indicating a strong level of agreement with relatively low variability in responses (Standard Deviation = 1.045). This finding resonates with the study by Gadermann et al. (2021) in Canada, which highlighted significant changes in individuals' mental well-being during the pandemic, thus emphasizing the pervasive impact of COVID-19 on family mental health.

A significant finding of the study was the heightened vulnerability of family caregivers to poor mental health as a consequence of the COVID-19 crisis. Despite some variability in responses, there was a prevailing sentiment among respondents that caregivers faced significant risks in this regard. On average, respondents rated their agreement with this statement at 4.01 on the 5-point scale, indicating a strong level of agreement with moderate variability in responses (Standard Deviation = 1.127). This aligns with the emphasis on the importance of addressing mental health concerns within the family context, as highlighted by both Gadermann et al. (2021) in Canada and Azmand (2022) in Iran, suggesting a global recognition of the challenges faced by family caregivers during the pandemic.

The study highlighted a shared perception among participants regarding the adverse effects of the COVID-19 pandemic on physical, psychological, and social health. While opinions varied to some extent, there was generally consistent recognition of the multifaceted impact of COVID-19 on overall well-being. On average, respondents rated their agreement with this statement at 3.98 on the 5-point scale, indicating a strong level of agreement with relatively moderate variability in responses (Standard Deviation = 1.169).

This finding resonates with Ding et al. (2022) in China, which revealed a significant correlation between the pandemic's influences on family life and adverse mental health outcomes among children, underscoring the interconnectedness of family dynamics and mental health during times of crisis.

Findings revealed a collective acknowledgment among participants of the significant impact of the COVID-19 pandemic on the mental health of young people and children. This was supported by a generally consistent viewpoint across respondents, reflecting a collective concern for the younger members of the community. On average, respondents rated their agreement with this statement at 3.94 on the 5-point scale, indicating a strong level of agreement with relatively moderate variability in responses (Standard Deviation = 1.109). This finding aligns with the emphasis on addressing mental health challenges in children within the family context, as highlighted by Ding et al. (2022) in China, suggesting a shared recognition of the importance of supporting children's mental well-being during the pandemic.

Concerns were raised about the potential increase in drug abuse among young people as a consequence of the COVID-19 pandemic. Although responses exhibited greater variability on this point, there was an underlying acknowledgment of the associated risks. On average, respondents rated their agreement with this statement at 3.70 on the 5-point scale, indicating a moderate level of agreement with relatively high variability in responses (Standard Deviation = 1.286). While this finding aligns with the study by Gadermann et al. (2021) in Canada, which reported changes in drug use habits during the pandemic, the

variability in responses suggests potential differences in the extent of this issue across different communities.

Lastly, the study revealed that respondents tended to agree that their individual health conditions were influenced by the COVID-19 pandemic. However, responses showed relatively higher variability across the sample, indicating diverse experiences within the community. On average, respondents rated their agreement with this statement at 3.49 on the 5-point scale, indicating a moderate level of agreement with relatively high variability in responses (Standard Deviation = 1.465). While this finding underscores the widespread impact of the pandemic on individual health, it also highlights the need for tailored interventions to address the diverse needs of communities, as emphasized by Diop and Asongu (2021) in West Africa, who highlighted the differential impact of the pandemic on poverty rates across regions.

Inferential Analysis of Poor Mental Health Influence on Family Functioning

Correlation analysis was performed to examine the extent to which poor mental health due to Covid-19 pandemic aftermaths influenced the family functioning. Table 4.15 shows the output.

Table 4.15

Correlation Analysis between Poor Mental Health and Family Functioning

			1	2
1	Family functioning	Pearson Correlation	1	
		Sig. (2-tailed)		
		N	243	
2	Poor mental health	Pearson Correlation	-.064	1
		Sig. (2-tailed)	.334	
		N	243	243

A negative but statistically insignificant correlation was found between COVID-19 related poor mental health and family functioning ($r=-.064$, $p>.05$). The negative but insignificant correlation disagrees with the broader socio-economic consequences of the pandemic that according to Diop and Asongu (2021), can affect family well-being. It suggests that there are many interrelated factors influencing family well-being beyond just mental health and family functioning. Other variables such as economic stress, social isolation, and healthcare access could also play significant roles.

In summary, the findings showed widespread acknowledgment of illness and mental health challenges within families during the COVID-19 pandemic, with respondents rating their agreement at an average of 4.15 (SD = 1.045). This finding aligns with Gadermann et al. (2021). Furthermore, respondents expressed concerns about the heightened vulnerability of family caregivers, rating their agreement at an average of 4.01 (SD = 1.127), consistent with Gadermann et al. (2021) and Azmand (2022). The study also highlighted a shared perception of the pandemic's adverse effects on physical,

psychological, and social health, with an average rating of 3.98 (SD = 1.169), resonating with Ding et al. (2022). Additionally, respondents acknowledged the significant impact on young people's mental health (mean = 3.94, SD = 1.109), aligning with Ding et al. (2022). Concerns regarding potential increases in drug abuse (mean = 3.70, SD = 1.286) were also noted, consistent with Gadermann et al. (2021). Respondents recognized the influence of the pandemic on individual health conditions (mean = 3.49, SD = 1.465), underscoring the need for tailored interventions, as emphasized by Diop and Asongu (2021). A negative but statistically insignificant correlation was found between COVID-19 related poor mental health and family functioning ($r = -.064$, $p > .05$).

Moderating Effect of Family Characteristics

The fourth objective of the study was to determine to what extent family characteristics moderated psycho-economic COVID-19 pandemic aftermaths on family functioning in Kasarani Sub-County, Nairobi County. This section commences by analysing family characteristics items before subsequently presenting inferential analysis.

4.6.1 Descriptive Analysis of Family Characteristics Items

Family characteristics was assessed using a 5-point scale ranging from 1=strongly disagree to 5=strongly agree, with mean and standard deviation scores computed for each item as shown in Table 4.16.

Table 4.16

Mean and Standard Deviation Scores for Family Characteristics Items

Items	Mean	Std. Deviation
Illness and mental health were experienced in some families during COVID-19 pandemic	4.15	1.045
Family caregivers are at high risk for poor mental health due to COVID-19 crisis	4.01	1.127
The COVID-19 pandemic results to poor physical, psychological, and social health	3.98	1.169
Young people and children feel the COVID-19 impact on their mental health	3.94	1.109
COVID-19 pandemic results to young people use of drug abuse	3.70	1.286
My health conditions were impacted by COVID-19 pandemic	3.49	1.465

The data revealed that families in Kasarani Sub-County, Nairobi County, found themselves grappling not only with physical ailments but also with significant mental health challenges. Analysis of the data underscored a prevailing acknowledgment among respondents of the profound impact of the pandemic on family well-being. With a mean score of 4.15 and a standard deviation of 1.045, this suggests a deep-seated recognition of the intricate interplay between illness, mental health, and the pandemic's aftermath within familial contexts. This finding aligns with the literature by Madhi et al. (2020) who emphasized the crucial role of family characteristics in shaping how families are affected by the COVID-19 pandemic, particularly concerning mental health challenges and illness experiences.

Insights gleaned from data analysis, with a mean score of 4.01 and a standard deviation of 1.127, painted a distressing picture of the heightened vulnerability of family caregivers to mental health struggles amidst the pandemic's upheaval. This underscores the critical need for tailored support mechanisms to alleviate the burdens placed upon these essential pillars of family stability. This finding resonates with the literature, which highlights the significance of understanding family characteristics, such as the levels of support and cohesion within the family unit, in addressing the mental health challenges faced by caregivers during the pandemic (Campion, 2020).

The COVID-19 pandemic results in poor physical, psychological, and social health: As the relentless march of the COVID-19 pandemic unfolded, its far-reaching consequences permeated every facet of familial well-being. Findings from data analysis, revealing a mean score of 3.98 and a standard deviation of 1.169, illuminated a collective acknowledgment of the pandemic's profound impact on physical, psychological, and social health dynamics. This underscores the pressing imperative for comprehensive interventions to address the multifaceted challenges faced by families in the wake of the crisis. This finding aligns with the argument advanced by Saladino (2020) who highlighted the importance of considering family characteristics, such as cultural values and practices, in promoting a harmonious and inclusive family environment conducive to better health outcomes.

The results indicated that the youth and children bore a disproportionate burden of the COVID-19 pandemic's mental health toll. With a mean score of 3.94 and a standard deviation of 1.109, the results underscored a recognition of the pandemic's profound impact

on the mental well-being of these individuals. This highlights the urgent need for targeted interventions to safeguard the mental health of the younger members within families. This finding resonates with the perspectives of Madhi et al. (2020) who emphasized the significance of understanding family characteristics, such as parenting styles and emotional bonds, in addressing the mental health challenges faced by young people and children during the pandemic.

Inferential Analysis of Family Characteristics as Moderating Factor

Pearson correlation was performed to establish the relationship between family characteristics and family functioning. Table 4.17 presents the output.

Table 4.17

Correlation Analysis between Family Characteristics and Family Functioning

		1	2
1	Family functioning	Pearson Correlation Sig. (2-tailed) N	1 243
2	Family characteristics	Pearson Correlation Sig. (2-tailed) N	-.101 .125 243
			1 243

A negative but statistically insignificant correlation was obtained between family characteristics and family functioning ($r = -.101$, $p > .05$). This suggests that increase in adverse family characteristics contributed to reduced family functioning. This finding agrees with studies in South Africa and Nairobi highlight how poverty resulting from the pandemic exacerbates vulnerabilities faced by families, particularly those in informal settlements, leading for instance to food insecurity, domestic violence, and limited access to healthcare (Madhi et al., 2020; Pinchoff et al., 2021).

Multiple linear regression analysis was also performed to determine the contribution of each COVID-19 pandemic aftermath factor to family functioning while holding all other factors constant. Table 4.18 shows the output.

Table 4.18

Regression of Family Functioning on COVID-19 Psycho-economic Aftermath and Family Characteristics

Model Summary						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.174 ^a	.030	.013	.58150		
a. Predictors: (Constant), Family characteristics, Social isolation, Lost income, Poor mental health						
ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.313	4	.578	1.710	.149 ^b
	Residual	74.053	239	.338		
	Total	76.366	243			
a. Dependent Variable: Family functioning						
b. Predictors: (Constant), Family characteristics, Social isolation, Lost income, Poor mental health						
Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients		Sig.
		B	Std. Error	Beta	t	
1	(Constant)	3.606	.228		15.811	.000
	Social isolation	-.110	.065	-.152	-1.687	.093
	Lost income	-.041	.072	-.058	-.571	.569
	Poor mental health	.070	.068	.105	1.021	.308
	Family characteristics	-.045	.048	-.071	-.926	.356
a. Dependent Variable: Family functioning						

Table 4.18 indicates that COVID-19 pandemic psychoeconomic aftermath did not have a statistically explanatory power on family functioning ($R^2=0.013$, $p>.05$). This means that the model explained an insignificant amount of variance in family functioning. An examination of the coefficients revealed that social isolation ($\beta=-.152$, $p>.05$), lost income ($\beta=-.058$, $p>.05$), poor mental health ($\beta=.105$, $p>.05$), and family characteristics ($\beta=-.071$, $p>.05$) were not significant predictors of family functioning although they were

negatively correlated to family functioning. The results may be explained by the fact that family functioning is a multifaceted construct potentially influenced by a wide array of factors, including communication patterns, coping mechanisms, support networks, and individual personalities. The lack of statistically significant relationships between pandemic-related factors and family functioning underscores the complexity of family dynamics. It suggests that while external stressors like those associated with the pandemic may play a role, they interact with numerous internal and external factors in ways that are not easily captured by statistical models.

A moderated regression analysis was conducted to examine the relationship between psycho-economic aftermaths and family functioning, moderated by family characteristics. Table 4.19 shows the output.

Table 4.19

Moderated Regression Analysis

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.132 ^a	.017	.009	.58343

a. Predictors: (Constant), Interaction Term, Psycho-economic Covid-19 aftermaths

ANOVA ^a						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	1.355	2	.678	1.991	.139 ^b
	Residual	76.928	226	.340		
	Total	78.283	228			

a. Dependent Variable: Family functioning

b. Predictors: (Constant), Interaction Term, Psycho-economic Covid-19 aftermaths

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.365	.226		14.917	.000
	Psycho-economic Covid-19 aftermaths	-.031	.081	-.040	-.379	.705
	Interaction Term	-.010	.011	-.098	-.935	.351

a. Dependent Variable: Family functioning

The results did not reveal a significant main effect of psycho-economic COVID-19 aftermaths on family functioning, $\beta = -.040$, $t(2) = -.379$, $p = >.05$. Additionally, the interaction between psycho-economic COVID-19 aftermaths and family characteristics was found to be statistically insignificant, $\beta = -.098$, $t(2) = -.935$, $p = >.05$. This suggests that the relationship between psych economic COVID-19 aftermath and family functioning was not moderated by family characteristics. The finding is contrary to previous studies (Madhi et al., 2020; Saladino, 2020; Campion, 2020) that have highlighted the importance of considering family characteristics, such as cultural diversity, levels of support and cohesion, and socio-economic status, in understanding how families are impacted by the pandemic. This may be explained by the fact that the COVID-19 pandemic has unfolded over an extended period, with varying levels of impact across different phases. The psychoeconomic aftermaths of the pandemic, such as job losses, economic downturns, and changes in public health measures, may have evolved over time. Consequently, the relationship between these factors and family functioning may also change. For instance, families may adapt and adjust to the challenges posed by the pandemic and its aftermaths over time. Initially disruptive effects may attenuate as families develop coping strategies, seek support, and find ways to navigate the new normal.

In summary, descriptive analysis revealed a significant impact of the COVID-19 pandemic on family well-being, with a mean score of 4.15 ($SD = 1.045$), aligning with findings by Madhi et al. (2020). There was a distressing picture of heightened vulnerability among family caregivers, with a mean score of 4.01 ($SD = 1.127$), resonating with Campion (2020). The pandemic had pervasive effects on physical, psychological, and

social health, reflected in a mean score of 3.98 (SD = 1.169), consistent with Saladino (2020). Furthermore, there was a recognition of the disproportionate burden on youth and children, with a mean score of 3.94 (SD = 1.109), echoing Madhi et al. (2020). However, while there was an implied negative correlation between adverse family characteristics and family functioning, the pandemic's psychoeconomic aftermath did not adequately explain family functioning ($R^2=0.013$, $p>.05$), indicating the complexity of family dynamics, contrary to previous findings (Madhi et al., 2020; Saladino, 2020; Campion, 2020). Additionally, the relationship between psychoeconomic COVID-19 aftermath and family functioning was not moderated by family characteristics, challenging prior research by Madhi et al. (2020), Saladino (2020) and Campion (2020). This could be explained by the fact that the evolving nature of the COVID-19 pandemic and its psycho-economic aftermaths, including job losses and economic downturns, suggests that the relationship between these factors and family functioning may shift over time as families adapt and develop coping mechanisms to navigate the challenges posed by the pandemic and its aftermaths.

Chapter Summary

This chapter has presented and analysed both descriptive results and inferential findings of the study. This comprised generation of percentage frequencies, mean and standard deviation scores as well as undertaking inferential analysis such as correlation and regression analysis for each objective. The findings have been discussed in light of existing literature. In the next chapter, the key findings are summarized, and implications discussed as a basis for drawing conclusions and making recommendations of the study.

CHAPTER 5: SUMMARY, IMPLICATIONS, RECOMMENDATIONS AND CONCLUSIONS

Introduction

This concluding chapter begins by summarizing the major research findings for each specific objective. This is then followed by a discussion of the practical and theoretical implications of the findings. Subsequently, conclusions and recommendations are made based on the findings. The chapter concludes by suggesting future research directions.

Summary of Key Findings

Findings indicated a general consensus among respondents regarding the impact of social isolation during the COVID-19 pandemic aftermaths on various aspects of emotional well-being, daily routines, family anxiety, resource availability, and mental healthcare accessibility. The mean scores for statements assessing these impacts ranged from 3.89 to 4.23, with standard deviations indicating relatively low variability in responses. This suggests a strong consensus among respondents about the detrimental effects of isolation on emotional stress, disruption of routines, heightened family anxiety, resource scarcity, depressive symptoms, irritability, withdrawal behaviours, increased sedentary behaviour, and reduced access to mental healthcare services. Additionally, the results indicated a significant negative correlation between social isolation and family functioning, suggesting that increased social isolation was associated with poorer family functioning ($r = -.136, p < .05$).

Descriptive analysis indicated that the mean scores of 4.23, 4.22, and 4.17, along with low standard deviations, signalled strong agreement among respondents regarding the

impact of poverty-induced stress, heightened vulnerability of children, and unequal economic consequences of job losses. Additionally, respondents recognized the heightened mortality risk faced by elderly individuals from lower-income households (mean score: 4.10). There was also acknowledgment of a perceived correlation between unemployment and increased family violence (mean score: 4.07). A negative but statistically insignificant correlation was found between lost income and family functioning ($r = -.109$, $p > .05$), meaning that as lost income increased, family functioning tended to decrease.

The findings showed widespread acknowledgment of illness and mental health challenges within families during the COVID-19 pandemic, with respondents rating their agreement at an average of 4.15 (SD = 1.045). Furthermore, respondents expressed concerns about the heightened vulnerability of family caregivers, rating their agreement at an average of 4.01 (SD = 1.127). The study also highlighted a shared perception of the pandemic's adverse effects on physical, psychological, and social health, with an average rating of 3.98 (SD = 1.169). Additionally, respondents acknowledged the significant impact on young people's mental health (mean = 3.94, SD = 1.109). Concerns regarding potential increases in drug abuse (mean = 3.70, SD = 1.286) were also noted. Respondents recognized the influence of the pandemic on individual health conditions (mean = 3.49, SD = 1.465). A negative but statistically insignificant correlation was found between COVID-19 related poor mental health and family functioning ($r = -.064$, $p > .05$).

Descriptive analysis revealed a significant impact of the COVID-19 pandemic on family well-being, with a mean score of 4.15 (SD = 1.045). There was a distressing picture of heightened vulnerability among family caregivers, with a mean score of 4.01 (SD =

1.127). The pandemic had pervasive effects on physical, psychological, and social health, reflected in a mean score of 3.98 (SD = 1.169). Furthermore, there was a recognition of the disproportionate burden on youth and children, with a mean score of 3.94 (SD = 1.109). However, while there was an implied negative correlation between adverse family characteristics and family functioning, the pandemic's psychoeconomic aftermath did not adequately explain family functioning ($R^2=0.013$, $p>.05$), indicating the complexity of family dynamics. Additionally, the relationship between psychoeconomic COVID-19 aftermath and family functioning was not moderated by family characteristics. This could be explained by the fact that the evolving nature of the COVID-19 pandemic and its psycho-economic aftermaths, including job losses and economic downturns, suggests that the relationship between these factors and family functioning may shift over time as families adapt and develop coping mechanisms to navigate the challenges posed by the pandemic and its aftermaths.

Implications

The theoretical implications emphasize the interconnectedness of thoughts, emotions, and behaviours within the family system in line with Dattilio (2010) and Collins (2018). CBT posits that individuals' perceptions and interpretations of events influence their emotional and behavioural responses (Gehart, 2013). In this context, the findings suggest that prolonged social isolation contributes to negative cognitive appraisals and emotional distress within families. For example, heightened family anxiety and depressive symptoms may stem from maladaptive thinking patterns fuelled by feelings of loneliness and uncertainty. Disrupted routines and reduced access to resources may further exacerbate

these negative cognitive and emotional states, leading to dysfunctional coping strategies such as withdrawal behaviors or increased sedentary behaviour. Accordingly, interventions aimed at mitigating the impact of social isolation on family functioning would involve targeting and restructuring maladaptive thought patterns and behaviors. Techniques such as cognitive restructuring could help family members challenge negative interpretations of their situation and develop more adaptive coping strategies (Gehart, 2013). Behavioral activation techniques may also be beneficial in restoring disrupted routines and increasing engagement in rewarding activities, thus counteracting the negative effects of isolation on emotional well-being. Additionally, psychoeducation about the importance of social support networks and practical skills training in communication and problem-solving could enhance family resilience and cohesion in the face of isolation-related stressors.

Individuals experiencing economic strain may engage in catastrophic thinking patterns, perceiving financial difficulties as insurmountable and viewing themselves as incompetent or powerless. These negative cognitive appraisals can contribute to increased stress, family conflict, and maladaptive coping behaviors such as substance abuse or aggression (Mahoney et al., 2018). CBT interventions targeting families affected by income loss would aim to identify and challenge maladaptive beliefs related to financial strain. Through cognitive restructuring techniques, family members can learn to adopt more adaptive and realistic perspectives about their financial situation, fostering a sense of empowerment and agency. Stress management strategies, such as relaxation techniques or problem-solving skills training, may help families cope more effectively with economic stressors and reduce the risk of conflict or violence. Additionally, fostering social support

networks and promoting community resources for financial assistance can provide practical and emotional support to families facing economic hardship.

As demonstrated in the study, dysfunctional family environments characterized by conflict or lack of support can exacerbate individuals' mental health symptoms, creating a cycle of mutual influence. This has theoretical implications in that CBT interventions targeting families affected by poor mental health would focus on addressing both individual and systemic factors contributing to psychological distress. Individual therapy for family members experiencing mental health issues can help them develop coping strategies and improve emotion regulation skills. Concurrently, family therapy approaches can facilitate open communication, conflict resolution, and boundary setting within the family system, fostering a supportive and nurturing environment conducive to mental health recovery in line with Dattilio and Epstein (2015).

The non-moderation of psychoeconomic COVID-19 aftermaths on family functioning by family characteristics underscores the complexity of familial dynamics and individual differences in coping and adaptation. While certain family characteristics may predispose families to greater vulnerability or resilience in the face of stressors, the interplay between these factors and the broader socio-economic context is potentially multifaceted and dynamic. Viewed through the lens of CBT theory, interventions aimed at supporting families during times of crisis would emphasize the importance of flexibility and tailored approaches to address the unique needs and strengths of each family unit. Rather than applying a one-size-fits-all intervention, therapists would collaborate with families to identify their specific challenges, resources, and goals, adapting techniques and

strategies accordingly. Strength-based approaches focusing on building upon existing family strengths and resilience factors can empower families to navigate adversity and promote positive adaptation. Additionally, fostering a sense of agency and self-efficacy within the family can enhance their ability to cope with ongoing stressors and promote well-being amidst uncertainty and change.

Conclusions

Conclusions were drawn in response to each specific objective as follows;

Objective #1: Establish how social isolation due to COVID-19 pandemic aftermaths influenced family functioning in Kasarani Sub County, Nairobi County, Kenya.

Social isolation resulting from the COVID-19 pandemic aftermath significantly impacts various aspects of family functioning in Kasarani Sub County, Nairobi County. The strong consensus among respondents regarding its detrimental effects on emotional well-being, daily routines, anxiety levels, resource availability, and mental healthcare accessibility underscores the urgent need for interventions to address these psycho-social-economic impacts, particularly among vulnerable populations and in low- and middle-income countries. Thus, the COVID-19 pandemic's aftermath, particularly social isolation, profoundly affects family functioning in the Sub County. This impact is evidenced by widespread consensus among respondents on its detrimental effects on emotional well-being. These findings highlight the critical necessity for interventions aimed at mitigating these psycho-social-economic impacts, especially among vulnerable populations and within the context of low- and middle-income countries like Kenya.

Objective #2: Assess how lost income due to the COVID-19 pandemic aftermaths influenced the families functioning in Kasarani-Sub County, Nairobi County, Kenya.

The economic ramifications of the COVID-19 pandemic aftermath, particularly lost income, have multifaceted effects on family dynamics and well-being in Kasarani Sub County, Nairobi County. While respondents acknowledged correlations with poverty-induced stress, vulnerability of children, mortality risks among the elderly, and increased family violence, the study did not find a statistically significant correlation between lost income and family functioning. However, it highlights the complexity and challenges faced by families in navigating these economic hardships. This suggests a nuanced interplay between economic challenges and family dynamics, emphasizing the need for targeted interventions that address not only financial stability but also the broader psycho-social impacts on families in low- and middle-income settings.

Objective #3: Examine to what extent poor mental health due to COVID-19 pandemic aftermaths influenced the family functioning in Kasarani Sub County, Nairobi County, Kenya.

Poor mental health stemming from the COVID-19 pandemic significantly influences family functioning in Kasarani Sub County, Nairobi County. While respondents expressed widespread acknowledgment of mental health challenges within families and concerns about caregivers' vulnerability, the study did not find a statistically significant correlation between COVID-19 related poor mental health and family functioning.

Nonetheless, it underscores the need for tailored interventions to support family well-being in light of these challenges.

Objective #4: Determine the extent to which family characteristics moderated psychoeconomic COVID-19 pandemic aftermaths on family functioning in Kasarani Sub-County, Nairobi County, Kenya.

Despite recognizing the significant impact of the COVID-19 pandemic on family well-being and mental health, the study did not find a clear relationship between psychoeconomic aftermaths of the pandemic and family functioning in Kasarani Sub County, Nairobi County. Moreover, family characteristics did not moderate this relationship, highlighting the complexity of family dynamics and the need for continued inquiry to understand how families adapt and cope with the challenges posed by the pandemic and its aftermaths over time. In essence, the complexity lies in the interaction of various factors influencing family dynamics during and after the pandemic. For example, disparities in access to resources such as healthcare and employment stability further contribute to varying experiences of hardship among families. Community support networks and individual coping strategies also play critical roles in mitigating or exacerbating the pandemic's effects on family well-being. Understanding these complex interactions is crucial for developing targeted interventions that effectively support families in navigating ongoing challenges.

Recommendations

In light of the conclusions, the following recommendations have been made:

- i) Marriage and family therapists should provide comprehensive support tailored to the unique needs of families in Kasarani Sub County, Nairobi County, Kenya affected by the COVID-19 pandemic aftermaths. This involves implementing family-based interventions that prioritize communication skills, emotional resilience, and coping strategies.
- ii) Therapists should offer virtual counselling sessions to address the multifaceted impacts of social isolation, lost income, and poor mental health on family functioning. Additionally, they should facilitate discussions around financial management, stress reduction, and mental health awareness within families to promote mutual support and adaptation. By fostering a supportive therapeutic environment and leveraging community resources, therapists can empower families to navigate the challenges posed by the pandemic aftermaths more effectively.
- iii) Policymakers in the health sector should consider allocating resources to community-based mental health programs and social protection initiatives targeted at vulnerable populations. They should advocate for policies that enhance access to mental healthcare services, financial assistance, and employment opportunities for families in Kasarani Sub County.
- iv) Religious organizations, such as churches, can play a vital role in supporting families facing economic and mental health challenges by prioritizing family-

centered approaches and fostering collaboration with healthcare providers, social services, and local organizations. By establishing partnerships with these entities, churches can create a more resilient support system that addresses the multifaceted needs of families in their communities. This collaboration can involve offering space for mental health support groups, organizing financial literacy workshops, providing access to healthcare resources, and coordinating community outreach programs to assist families in crisis.

Suggestions for Further Research

The present study has revealed insights that provide ground for further research as follows:

- i) Future research extension can focus on assessing the effectiveness of interventions aimed at promoting resilience and strengthening family relationships in the face of prolonged social distancing measures. This could involve longitudinal studies to track the outcomes of various intervention strategies over time, allowing researchers to evaluate their long-term impact on family well-being. A mixed methods study that includes interviews and focus groups can provide deeper insights into the experiences of families participating in these interventions, helping to identify key factors that contribute to their effectiveness.
- ii) While the present study was largely quantitative in nature, there is a pressing need to conduct qualitative studies to explore the interplay between socioeconomic factors, family dynamics, and mental health outcomes in the context of the COVID-19 pandemic aftermaths. Qualitative research methods

can capture the nuanced experiences and perspectives of individuals and families affected by the pandemic, shedding light on the underlying mechanisms driving mental health disparities and resilience within different socio-economic contexts.

- iii) A similar study can be replicated within a rural setting. Such research should consider the diversity within rural communities, including differences in socio-economic status, cultural backgrounds, and geographic isolation. By incorporating intersectional perspectives, the study can better capture the nuanced ways in which various socio-economic and cultural factors intersect to influence family dynamics and mental health outcomes in rural settings in the aftermath of the COVIDd-19 pandemic.

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APPENDICES

APPENDIX I: CONSENT FORM

I am writing to request your participation in my research study as part of my postgraduate studies at Pan Africa Christian University. I am Redempta Kaluki Kamati, a student undertaking a Master's in Marriage and Family Therapy degree program. The purpose of the study is to investigate COVID-19 pandemic psycho-economic aftermaths, families' characteristics and functioning in Kasarani sub-county in Nairobi County

Your participation in this research is crucial and greatly appreciated. I want to assure you that your involvement is entirely voluntary, and you have the right to decline participation or withdraw from the study at any time without any negative consequences. Your decision regarding participation will not affect your relationship with Pan Africa Christian University or any associated parties.

Study Procedures:

If you agree to participate, you will be asked to answer questions as accurately as possible as will be shown in the questionnaire. The estimated time required for your participation is approximately 45 minutes.

Risks and Benefits:

There are minimal risks associated with your participation in this study, which are like those encountered in daily life. However, the information collected will contribute to a better understanding of how COVID-19 the aftermath impacted functioning in Kasarani Sub-county in Nairobi County, Kenya.

Confidentiality:

Your responses and personal information will be treated with the utmost confidentiality. I will take all necessary steps to ensure that your data remains secure and is accessible only to authorized individuals. Your personal information will be anonymized and stored securely.

Voluntary Participation:

Your participation in this study is entirely voluntary. You may refuse to participate or withdraw your consent at any time without any consequences. Your decision will be respected, and it will not impact any future interactions with Pan Africa Christian University, or the researchers involved.

Contact Information:

If you have any questions, concerns, or require further information about the study, please feel free to contact me at redempta.kamati@students.pacuniversity.ac.ke

By signing this letter, you indicate your informed consent to participate in the study. Please sign and date the enclosed copy of this letter to signify your agreement.

Direct enquiries to;

Redempta Kaluki Kamati.

Postgraduate, Pan African Christian University (PAC)

Phone: 0715711804

Email: redempta.kamati@students.pacuniversity.ac.ke

MMFT/16774/0/20

Your cooperation is highly valued, and your input are highly appreciated.

Respondent Ward.

Sign.

Date.

APPENDIX II: QUESTIONNAIRE FOR PARTICIPANTS

SECTION A: BIOGRAPHY OF PARTICIPANTS CHARACTERISTICS

Select your appropriate response:

1. Sex of Respondent
- | | | |
|---|---|--|
| 1 | M | |
| 2 | F | |
2. Marital Status
- | | | |
|---|--------------------|--|
| 1 | Single | |
| 2 | Married | |
| 3 | Widow/Widower | |
| 4 | Divorced/Separated | |
3. No. of Children
- | | | |
|---|-------------|--|
| 1 | Nil | |
| 2 | 1-2 | |
| 3 | 3-4 | |
| 4 | 5-6 | |
| 5 | 7 and above | |
4. Age of Respondent
- | | | |
|---|---------------|--|
| 1 | Between 18-25 | |
| 2 | 26-35 | |
| 3 | 36-45 | |
| 4 | 46 and above | |
5. Level of Education of Respondent
- | | | |
|---|-----------|--|
| 1 | None | |
| 2 | Primary | |
| 3 | Secondary | |
| 4 | College | |

		5	University	
6.	How long have you living in Kasarani	1	Less than 2 years	
		2	Between 2-5 years	
		3	Between 6-10 years	
		4	Between 11-20 years	
7.	Indicate your form of employment	5	21 years and above	
	Self-employed	{ }		
	Permanently employed	{ }		
	Casual worker	{ }		

SECTION B: Social Isolation and Family Functioning

8. Please, indicate the extent to which isolation affected the psycho-economic life using 5-likert scale where 5= strongly agree 4= Agree 3=Neutral 2= Disagree 1= Strongly Disagree

Statements	1	2	3	4	5
Isolation led to sedentary behaviour during Covid-19 pandemic					
Social isolation reduced access to mental healthcare					
Isolation increases irritability, distraction and fear in early times					
The social isolation resulted to resource scarcity and poor well-being					
Social isolation led to emotional stress and disruption of daily routines					
Isolation led to depressive symptoms in the occurrence of poor family functioning					
Isolation bring withdrawal in families					
Isolation due to Covid-19 pandemic led to family's anxiety in families					

9. Based on your experience during Covid-19 pandemic, were your family members isolated?

a) Yes ()

b) No ()

SECTION C: Loss of Income and Family Functioning

10. Please, indicate the extent to which loss of income affected the psycho-economic life using 5-likert scale where 5= strongly agree 4= Agree 3=Neutral 2= Disagree 1= Strongly Disagree

Statements	1	2	3	4	5
Low-income people have higher risk of falling ill with Covid-19 virus					
Reduced working hours resulted to physical and mental health					
Loss of unemployment leads to family violence					
Elderly adults from a lower household income have higher risk of death due to Covid-19					
Job losses have contributed to disproportionate socioeconomic					
Poverty due to Covid-19 results to anxiety and stress					
Poverty leads to vulnerability among children in Covid-19 crisis.					

11. Based on your experience during Covid-19 pandemic, were you impacted economically?

a) Yes ()

b) No ()

SECTION D: Poor Mental Health and Family Functioning

12. Please, indicate the extent to which poor health affected the psycho-economic life using 5-likert scale where 5= strongly agree 4= Agree 3=Neutral 2= Disagree 1= Strongly Disagree

Statements	1	2	3	4	5
Covid-19 pandemic results to young people use of drug abuse					
The Covid-19 pandemic results to poor physical, psychological, and social health					
Illness and mental health were experienced in some families during the Covid-19 crisis.					
Young people and children feel the COVID-19 impact on their mental health					
Family caregivers are at high risk for poor mental health due to Covid-19 crisis					
My health conditions were impacted by COVID-19 pandemic					

13. Was the health of you or your family members impacted by COVID-19 pandemic?

a) Yes ()

b) No ()

SECTION E: Families Characteristic and psycho economic COVID 19 Aftermaths

14. According to your experience during COVID 19 pandemic, what family characteristics of psycho economic wellbeing was most affected.

15. Below is a list of family's characteristic assessment. Please indicate strongly disagree 1, disagree 2, Neutral 3, Agree 3 and Strongly Agree 5


Family Characteristic	1	2	3	4	5
Family cohesion					
Family size					
Family support and understanding					
Family roles and responsibilities					
Roles and responsibilities					

SECTION F: FAMILY FUNCTIONING

How much do you agree with following where 1=Strongly disagree; 2=Disagree; 3=Agree; 4=Strongly agree

	Strongly disagree	Disagree	Agree	Strongly agree
Planning family activities is difficult because we misunderstand each other				
In times of crisis, we can turn to each other for support				
We cannot talk to each other about the sadness we feel				
Individuals are accepted for what they are				
We avoid discussing our fears and concerns				
We can express feelings to each other				
There are lots of bad feelings in the family				
We feel accepted for what we are				
Making decisions is a problem for our family				
We are able to make decisions about how to solve problems				
We don't get along well together				
We confide in each other				

APPENDIX III: PAC UNIVERSITY RESEARCH AUTHORIZATION



**Pan Africa
Christian University**

Thika Road Campus Valley Road Campus
 P.O. BOX 56875 - 00200 +254 730955000 +254 730955501/2
 enquiries@pacuniversity.ac.ke www.pacuniversity.ac.ke

27th February 2024

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

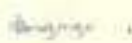
RE: RESEARCH AUTHORIZATION LETTER FOR REDEMPTA KALUKI
KAMATI REG. NO: MMPT/16774/0/20

Greetings! This is an introduction letter for the above named person a final year student at Pan Africa Christian University (PAC University), pursuing a Master of Arts in Marriage and Family Therapy.

She is at the final stage of the programme and she is preparing to collect data to enable her finalize on the thesis. The thesis title is ***“Covid-19 Pandemic Psycho-economic Aftermath, Families Characteristics and Family Functioning in Kasarani.”***

We kindly request that you allow her obtain a research permit so as to proceed and collect data from selected families within Kasarani, Kenya.

Warm Regards,



PAN AFRICA CHRISTIAN UNIVERSITY
REGISTRAR
 P.O. Box 56875 - 00200
 TEL: 0721 932050 0734 400694
 NAIROBI, KENYA

Dr. Lilian Vikiru
 Registrar Academic Affairs
 Pan Africa Christian University
 Lumumba Drive, Roysambu, off Kamiti Rd, off Thika Rd
 P.O Box 56875-00200, Nairobi, Kenya
 Tel: +254 721-932050/726-595863/734-400694
 Email: registrar.aa@pacuniversity.ac.ke
 Website: www.pacuniversity.ac.ke

APPENDIX IV: NACOSTI PERMIT


REPUBLIC OF KENYA
Ministry of Science, Technology and Innovation


NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY & INNOVATION

Ref No: **435998** Date of Issue: **12/March/2024**

RESEARCH LICENSE



This is to Certify that Ms. REDEMPTA KALI KI KAMATI of Pan African-Christian University College, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: COVID-19 PANDEMIC PSYCHO-ECONOMIC AFTERMATH, FAMILIES CHARACTERISTICS AND FAMILY FUNCTIONING IN KASARANI SUB-COUNTY, NAIROBI COUNTY for the period ending : 12/March/2025.

License No: **NACOSTI/P/24/23731**

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See overleaf for conditions

APPENDIX V: KASARANI SUB-COUNTY MAP

