

**RELATIONSHIP BETWEEN FAMILY COHESION AND PSYCHOLOGICAL
DISTRESS AMONG THE YOUTH IN MIDDLE-LEVEL COLLEGES WITHIN
NAIROBI CITY COUNTY, KENYA**

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DECLARATION

This project is my original work and has not been presented for a degree in any other university or for any other award

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DEDICATION

To my incredible husband Ndungi Kyalo, whose immense support and encouragement made this work possible.

To my lovely children, thank you for your understanding, it's been an arduous journey, your Mama is forever grateful

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ABBREVIATIONS AND ACRONYMS

APA:	American Psychological Association
FACES:	Family Adaptability and Cohesion Evaluation Scales
FAD:	Family Assessment Device
FES:	Family Environment Scales
HIV:	Human-Immunodeficiency Syndrome
MOE-K:	Ministry of Education-Kenya
OECD:	Organization for Economic Co-operation and Development
TVETA:	Technical and Vocational Educational and Training Authority
UNICEF:	United Nations Children’s Fund
USA:	United States of America
WHO:	World Health Organization

OPERATIONAL DEFINITION OF TERMS

Balanced Family Cohesion: Emotional closeness that family members have towards each other that is characterized by warmth, mutual support and unity. It is also known as stable cohesion among family members.

Family Cohesion: Emotional closeness that family members have towards each other characterized by unity, warmth and mutual support without compromising on the independence and emotional wellness of the individual.

Middle Level College: A tertiary college offering technical/vocational courses that do not meet university qualification as stipulated by the Technical and Vocational Education and Training Authority of Kenya

Psychological Distress: Unpleasant feelings or emotions associated with symptoms of stress, anxiety and depression represented by a score of above 20 on the Kessler's Psychological Distress Scale.

Unbalanced Family Cohesion: This is when family members fail to emotionally bond and is characterized by disunity, lack of mutual support, excessive autonomy or absence of personal separateness among the individuals, also known as unstable or poor family cohesion.

Youth: An 18-25-year-old attending a middle level college.

ABSTRACT

Globally, research has indicated presence of high levels of psychological distress that is typical among the youth with at least 20% experiencing psychological distress. Worse still, family cohesion has been reported to be declining. Studies on psychological distress and family cohesion have mainly focused on the general youth population and university students leaving out a majority of youth in middle level colleges. That is why this project sought to investigate the relation between family cohesion and psychological distress among the young people in middle-level colleges in Nairobi City County, Kenya. These were the objectives; to evaluate the levels of family cohesion, to investigate the prevalence of psychological distress and to establish the relationship between family cohesion and psychological distress among the youth in middle level colleges. The study was guided by the Olson's Circumplex Model of Marital and Family Systems. On research methodology, a correlation design was employed to explore the occurrence of a relation between psychological distress and family cohesion. The target population were students enrolled in middle-level colleges aged 18-25 years. Multistage sampling was utilized to sample the students from 20 public (6) and private (14) middle level colleges within Nairobi City County, Kenya. Pilot study was conducted from 40 respondents (12 from a public and 28 from a private middle-level college) located in Kiambu County, Kenya. Using the Yamane (1973) formula, a total of 411 students were sampled from the selected middle level colleges in Nairobi County. The Family Adaptability and Cohesion Evaluation (FACES) (Cohesion sub-scale) and the Kessler's Psychological Distress Scale (K10) were adopted in the questionnaire to measure the levels of family cohesion and prevalence of psychological distress respectively. The internal reliability co-efficient for FACES III (cohesion subscale) was 0.86 and the K10 was 0.93. To ensure validity, face, content and construct validities were employed through rigorous literature review and adherence to study topic and objectives respectively. Data was collected through physical distribution of the questionnaires to students found within the colleges regardless of their year of study. Both inferential and descriptive statistics were used to analyse data using SPSS-25 version. The results revealed a considerable number of respondents had unbalanced levels of cohesion (69.1%) and a prevalence of 53.7 % in psychological distress. Pearson's product moment correlation (r) was used to find the association between family cohesion and psychological distress and a strong negative correlation was established (-.747). Chi-square and ANOVA results showed a strong negative association as well between family cohesion and psychological distress. The results were displayed through tables. As a result, it was established that family cohesion is a highly significant factor in managing psychological distress among the young people. Mitigating factors need to be identified to address the high observed psychological distress. The results of the study yielded significant information that will inform guidance and counselling programs in learning institutions and especially middle-level colleges in reference to providing mental health support and youth mental health policy advancement in Kenya.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Mental health is a problem that is facing the youth population in the world today and it has significantly increased over the years. Recent statistics indicate that at least 20% of youth worldwide experience a mental health breakdown every year (United Nations Children's Fund-UNICEF, 2021). Internationally, literature has demonstrated that young people are more susceptible to psychological distress in comparison to any other age group and the risk becomes even greater as they transition from childhood into adulthood. The World Health Organization (2019) reports suicide comes second amid the leading causes of death for the youth aged between 15 to 29 years old while depression is considered a prevalent disorder among the young people with far reaching consequences. In the context of this research, a youth is an individual aged 18 to 25 years and 'young people' and 'youth' will be used interchangeably throughout this study.

As explained by Knight and Miller (2017), the youth phase is considered an emerging adulthood stage compounded by challenges associated with the transition like establishment of relationships, identity formation, search for autonomy, academic pressure, social adjustment and basically a concern for their future life. The proliferation of mental health disorders among the youth has been witnessed over the last three decades and scientists attribute this to the increased disruptions upon family dynamics and the high levels of pressures related to work and life adjustments (UNICEF, 2020). The UNICEF report further indicates that at least one in five young people is currently experiencing a form of mental health distress thus drawing the importance of studying the correlation between psychological distress and family cohesion among the youth. Furthermore, a longitudinal study conducted in Norway between 2010-2018, showed a significantly increase of psychological distress among university and college students

observed overtime across gender and age-groups with females reporting higher scores compared to their male counterparts (Knapstad et.al., 2019).

Psychological distress is described as unpleasant feelings or emotions characterized with symptoms of anxiety or depression that impair normal life functioning (American Psychological Association-APA, 2022). Its symptoms include: depression, anxiety, hopelessness and stress. Mental distress and psychological distress will be used interchangeably in this research. In recent times there has been an unexplained rise of psychological distress among the youth which seems to emerge in the years after adolescence (UNICEF, 2021). Researchers have attributed this phenomenon to various bio-psychosocial risk factors that include: poor social support, relationship dynamics, academic stress, health related issues, socio-economic factors and individual life stressors linked to life adjustments (Nebhinani & Jain, 2019). Sweeting et.al. (2010) in a longitudinal study spanning over a decade, established that the notable increase in young people's psychological distress was attributed to parental relationships, academic pressure, family relationships and social pressure, all the factors that have changed dynamically over the years predisposing the young people to undue mental pressure. More recently, in Uganda, a high prevalence of psychological distress (57%) assessed using the K-10 scale among the youth was identified with researchers noting concern on the aspect predisposing them to substance use and risky sexual behaviour (Anyanwu, 2023). Other researchers have identified loneliness, low social support, family conflict (Ren et.al., 2019) and excessive use of social media (Mougharbel et.al., 2023) as some of the factors that have led to exacerbated levels of psychological distress among young people. Despite various factors attributed, the rise of psychological distress among the youth remains an important cause of concern.

Family is considered an essential agent in aiding youth to interrelate with the world around them. In many cultures, the family unit is considered as the one of the most important social

units (Baer, 2002). A healthy family environment has been advanced as an important social support system for developing youths especially as they transition from adolescence into young adulthood. Family cohesion is an important family factor that has been associated with positive mental health outcomes among the youth (Lin & Yin, 2019). Family cohesion is considered the measure of closeness or the emotional bond amongst family members (Olson, 2000). It is the warmth, unity and mutual support that individuals experience within a family. Theoretical models specifically the Circumplex Model of Marital and Family Systems describe various levels of family cohesion. Accordingly, there are two main levels of family cohesion; balanced and unbalanced. In balanced family cohesion, members experience warmth and mutual support, independence and connection thus promoting optimal family functioning (Olson, 2011). However, the opposite is true for the unbalanced family cohesion. It is characterized by very little or elevated levels of family cohesion where individuals within the family have very limited mutual support, limited attachment or too little independence which culminates to both externalizing and internalizing problems within the family.

Developments and deviations in family cohesion over the years have been influenced by family formation variations with a notable move from traditional households typical of two parents have been on the decline characterized by divorce, an increase in sole parenthood, reconstituted families or cohabiting parents which impacts family cohesion (OECD, 2011). Moreover, scholars note that work-life balance especially upon the increase in maternal education and employment, long working hours, changes in work policies have been shown to impact family cohesion (Kaveri & Pallavi, 2018). Researchers have also established that social economic developments and shifts in cultural practices within the family systems characterised by the shift of families from rural to urban, decline of social connection with extended family members and individually determined lifestyles have affected family cohesion (Furstenberg, 2019). The scholar further notes other notable developments in family functioning is the

changing role of parents, with notable increasing proportions of women joining the labour force, disintegration of normal family set-up with notable changes in separated families, couples living apart together, fewer intergenerational households which has had a negative implication in family cohesion (Furstenberg, 2019).

Evidently, literature proposes progressive family formation changes that have been experienced over the years have focused on three major areas, socio-cultural changes, structural and economic changes which have influenced family cohesion (Studer, Liefbroer & Mooyaart, 2018). Notably, socio-cultural shifts over time have significantly impacted family cohesion by altering traditional family structures, gender roles, mobility and emphasis on individual needs. This has led to less frequent close-knit family interactions and a greater focus on personal pursuits as compared to previous decades where families lived with their extended family members and shared responsibilities were common (Beaujot & Ravanera, 2001). Additionally, socio-economic factors that have been observed across time influences family processes, individuals' characteristics and overall family relationships and is a primary predictor of family cohesion (Conger, Conger & Martin, 2010). The scholars further noted over the two decades' notable disparities on socio-economic status which has rendered many families to experience financial distress, reduced employment opportunities and fewer resources for families which have negatively impacted both adults and children in terms of their health and well-being.

Literature further suggests that unstable family environments characterized by unbalanced family cohesion whose role is to provide safe havens for the young adults and mitigate exposure to factors that are risky have over the years deteriorated resulting to many mental health conditions affecting the young people (Jaggers, Church, Tomek, Hooper, Bolland, & Bolland, 2014). In a meta-analysis conducted across 71 studies with over 90,000 participants revealed that there was a significant negative correlation ($r=-0.34$) between cohesion and depression among the adolescents despite the various cultural differences identified (Bian, Jin, & Zhang,

2024). The scholars, however focused on adolescents and not the specific age-group on focus, though the results indicate a correlation that warrants investigation. Another study conducted in Taiwan, revealed that family factors specifically, low family cohesion predicted negative internalizing outcomes among adolescents which included higher levels of depression and lower levels of self-esteem (Lin & Yi, 2018). This study focused on adolescents and was mediated by life satisfaction but it draws the impetus of carrying out a relationship between the family cohesion and psychological distress among youth in Kenya.

Pengpid and Peltzer (2020) in a study on psychological distress in Bhutan among a sample of youth drawn nationally (7576) found that poor family cohesion was positively correlated with mild to moderate psychological distress. At least, one out of six young people were found to have psychological distress. However, the scholars found other associated factors to psychological distress namely; bullying victimization, early sexual encounters, smoking and alcohol use and having no close friends. Various researches have demonstrated a significant positive association between family cohesion and psychological distress across diverse populations; adults, young people and children (Ren, et al., 2019; Sweeting, West, Young, & Der, 2010). In particular, Ren et.al, (2019) establish that poor family relationships have significant impact in increasing depressive symptoms among young people in China. The scholars establish that at least 30% of the participants in poor or alienated parental-child relationships indicated a high prevalence rate of symptoms that are depressive in comparison to those in stable families. Nonetheless, negative life events mediated the effect of poor family cohesion on depressive symptoms. Moreover, relevant empirical studies demonstrate that stable family environment contribute to mental and emotional stability of its members especially among college students (Berryhill, Harless & Kean, 2018; Pan, Yang, Han & Qi, 2020). For instance, Pan, Yang, Han and Qi (2020) in a recent study during the global outbreak of COVID-19 found that stable family cohesion had a positive predictive effect upon young

people's mental health. Though, the relation between family cohesion and psychological distress were partially moderated by loneliness and levels of hope among the young people. Similarly, Johnson, LaVoie & Mahoney (2001) did a similar study among late adolescents and established family factors like family conflict and family cohesion were strong predictors of social anxiety and social avoidance which are both internal and external distress measures. Nonetheless, the researchers focused on late adolescents and measured both internal and external distress measures of mental wellness but is indicative of the importance of conducting the current research.

Over the past decade, psychological distress among young people has increased, leading to higher levels of suicidal thoughts and related outcomes. This is confirmed by a survey done by Twenge, Joiner, Duffy, Copper and Binar (2019) among 400,000 youths in United States. The results indicated that among the young people, there was over 70% increase in prevalence of psychological distress and at least 40% increase of suicidal thoughts. The researchers attributed this steady rise to changes in the cultural trends associated with digital media, family environment changes and social interaction variations. Whether the cultural trends have had an influence on the mental wellness of youth is still on debate. Twenge et al. (2019) findings are corroborated by McGinty, Presskreischer, Han and Barry (2020), who observed that prevalence of psychological distress was highest among youths aged 18-29 years with a notable increase of symptoms from 24% in 2018 to 34% in the year 2020. The mental distress in this particular study was primarily associated with the Covid-19 pandemic disruptions of education, employment and finances which may have had an impact on the state of family cohesion. Nonetheless, the results of this research underscore the problem of psychological distress among youths that require further scrutiny and investigation.

Chen and Harris (2019) carried out a ten-year national longitudinal survey in the US that examined the role of family relationships upon an individual's mental health. The scholars

establish that adolescents who had positive family relationships across their life course experienced significant low levels of stress than those who had faced negative family relationships ($r=-0.57$). Their research further shows that adolescents that experienced family relations that were poor exhibited depression at very high levels in their late adolescence and transition into adulthood. Similarly, Potrebny, Wiium, Haugstvedt, Sollesnes Wold and Thuen (2021) through a longitudinal survey with a sample size ($n=368,579$) in Europe between the year 2014 to 2018 demonstrate a progressive rise of psychological distress among youths. This was attributed to underutilization of primary mental health care services and socio-cultural changes that have been experienced over the years. These cultural changes that have been observed over the years may have contributed to the current state of family cohesion. Notably, the scholars were investigating the interrelation between psychological distress and primary health care utilization and not necessarily family cohesion. Comparatively, Schmits, Dekeyser, Klein, Luminet, Yzerbyt and Glowacz (2021) found that close family contact ameliorated psychological distress among Belgian university students and was a significant predictor in university adjustment especially after the Covid-19 pandemic. While the study demonstrates that family cohesion is an important indicator of psychological wellness, the findings were mediated by the influence of the pandemic on both family and individual factors.

In China, Zeng, Ye, Zhang and Yang (2021) while establishing a correlation between stress consequences and family cohesion among Chinese college students, found that there were elevated levels of psychological distress prevalent among the participants that were negatively correlated with family cohesion that was poor. This underscores the impact of family cohesion among youths who are college students. Comparative studies have also established similar findings among college students revealing that there is a significant positive relation concerning family communication and psychological distress (Hood, Thomson & Wills, 2019), environment (Pössel, Burton, Cauley, Sawyer, Spence & Sheffield, 2018) and family conflict

(Kim, Park, Ho & Wu, 2017). Though, their studies did not focus on family cohesion, inter-family communication and parent-child relationships are predictors of family cohesion.

A cross-sectional research done amongst university Chinese students established that some of the risk factors associated with psychological distress include poor familial relationships (Li, Zhang, Chen et al., 2020). Comparatively, Tan (2007) establishes that the quality of family relationships and especially when there is perceived satisfaction between youths (15-25) and their parents in Australia seemed to be a buffer towards mental distress. Additionally, another cross-sectional survey conducted in US with 200 participants showed that stable family cohesion was associated with lower depression symptoms among young adults (Rahman, et.al. 2023). This implies that family relationships have an impact on the mental wellness of the youth.

Conversely, other researchers have shown that family cohesion does not have an impact on young people's psychological distress. Instead, they attribute it to other causes like violence, academic pressure and peer rejection (Cummings & Davies, 2002; Mastrotheodoros, Canario, Merkas, Gugliandolo, & Keijsers, 2020; Amato, 2000). Mastrotheodoros et al. (2020) longitudinal study demonstrate that family cohesion has no effect on mental distress rather the youth adaptability to family environment determine their mental wellness. However, the scholars indicate the study's duration was relatively short limiting an accurate detection of variations within family processes. This underscores the need to carry out a research on the relation between psychological distress and family cohesion amid young people.

Closer home, Mboya, John, Kibopile, Mhando, George and Ngocho (2020) conducted an investigative study among Tanzania's undergraduate students. The researchers established that genetics or hereditary factors in the family precipitated mental distress in the students. Prolonged mental illness may lead to unstable family cohesion. On the other hand, unhealthy family cohesion may contribute to mental distress among other family dynamics. Therefore,

focusing on family cohesion would help provide knowledge that provides specific strategies that will stakeholders to understand college student's mental health.

In Ghana, high levels of depression were significantly correlated with absence of social support from friends more than that of the family. Conversely, anxiety and stress was significantly associated with poor family cohesion in comparison to social support from friends among undergraduate students (Kugbey, Osei-Boadi & Atefoe, 2016). These findings suggest social support to young people in tertiary institutions is likely to depend on the level of cohesion among the family members. Seeking to facilitate social support to students in tertiary institutions without working on family cohesion is likely to be counterproductive. The findings by Kugbey et al. (2016) therefore prompt further investigation on family cohesion in the context of psychological distress. In Uganda, Nabayinda et.al., (2023) while establishing a relationship between family cohesion and depression among school-going children found that family cohesion was considered as a protective factor against depression (psychological distress component) having controlled for socio-demographic and household characteristics. While the scholars focused on school-going children it provides a necessity to carry out a similar study among college youth. In a similar cross-sectional study conducted in Nigeria among university students (m=21) established that high prevalence of anxiety (41.5%) and depression (31.9%) were associated with poor family functioning characterised by poor family cohesion which led to poor life choices and coping skills (Ojewale, 2020). Though the scholars focused on university students, they somewhat represent the age-group in the current study further informing on the need for this particular research.

In Ethiopia and Somalia, investigations reveal a steady rise of psychological distress among college and university students in their respective countries which negatively impact academic performance and general quality of life (Hersi, Gesesew, Tesfay, Ereg & Tesfaye, 2017; Tariku, Jini, Bisrat, Adissu & Zerihun, 2017). Furthermore, the researchers point out that

unstable family relationships and family conflict are among the many factors that accentuate mental health distress among the students. Nonetheless, both studies cite poverty, financial difficulties and use of Khat as the leading factors that contribute to mental distress among the students while family cohesion was not considered as a strong factor that impacts mental distress. Economic disempowerment may weaken family cohesion while on the other hand poor family cohesion may result to substance abuse (Khat included). Results from the two studies therefore necessitate further investigation on family cohesion and how it affects young people's mental health.

In Kenya, a WHO (2017) report indicated that Kenya ranked fifth in levels of depression within the African continent. Studies conducted in Kenya demonstrate that there is a moderate prevalence of depression among young people specifically university students and adolescents. This is attributed to various socio-demographic factors including perceived maladaptive parental behavior (Khasakhala, Ndeti, Mutiso, Mbwayo & Mathai, 2012), negative maternal parenting behavior (Khasakhala, Ndeti, Mathai & Harder, 2013), academic pressure and negative peer influence, (Kiarie-Makara & Ndegwa, 2020), year of study and poverty (Othieno, Okoth, Peltzer, Pengpid & Malla, 2014). Mugambi, Munene and Mogute (2020) positively associate 56% of the young people's depression and suicidal behaviour in informal settlements to family problems that include: poor parent-child relationships, childhood sexual abuse, emotional abuse and poor parenting styles. The scholars did not focus on family cohesion as a construct but general family problems hence, the impetus of examining family cohesion in relation to mental health among young people in Kenya.

Maina and Mugenda (2013) while conducting a nationally representative sample survey (N=5179) establish that family factors (sense of belonging, stable relationships, lack of conflict) greatly impact the quality of life Kenyans lead. Quality of life is a broad term describing the degree of well-being experienced by a human being or a group of people. It can

be identified by the wellness of both physical and psychosocial factors. The family factors that were identified in the study may as well impact the level of cohesion among families thus necessitating scrutiny of the association regarding family cohesion and mental health.

Menecha and Muriungi (2020) found that over 50% of the sampled middle-level college students attending Kenya Medical Training Centre experienced moderate to severe anxiety and depression. Notably, indicators of elevated levels of anxiety and depression observed among the college students raises great concern. Nevertheless, the study did not identify why the students were experiencing distress; thus, a gap this study will seek to fill. It is therefore imperative to underpin the key factors contributing to the high prevalence of psychological distress. Puffer, Friis-Healy, Giusto, Stafford and Ayuku (2021) conducted a family therapy intervention on caregivers and children in Kenya who had experienced family dysfunction. The post intervention outcomes were reduced intimate partner violence and harsh discipline meted on children; these were shown to contribute to healthy family functioning and notably they improved mental health. Though the sample of the families was significantly small (N=10), the study findings suggests that family functionality and subsequently family cohesion affects the mental wellbeing of family members.

Considering that the general higher education Kenyan student population seems to exhibit one symptom of psychological distress or the other (Menecha & Muriungi, 2020); it's imperative to find the prevalence among the middle-level college students. Majority of the cited studies have predominantly focused on adolescents, university student's population and the public. The bulk of the studies discussed have paid attention on other family factors and not family cohesion as a concept in relation to psychological distress among young people. Moreover, there is still debate whether other family factors or specifically family cohesion impacts the psychological distress of youth. Given that the literature available on the occurrence of psychological distress among middle-level college students in relation to family cohesion is

limited, this research is compelled in an effort to understand the Kenyan context. This is grounded on the recent shift of the education system in Kenya which is evidenced by a majority of high school students being relegated to middle –level and technical colleges in lieu of universities for further learning (MOE-K, 2018).

1.2 Statement of the Problem

Considerable research has demonstrated psychological distress among the youth has steadily been rising especially over the past three decades. In Kenya, it is estimated that at least one in every ten Kenyans are suffering from mental distress and that number draws to one in every four individuals when assessed among the youth. A study conducted in 2019 established that over half the sampled population of the Kenyan youth exhibited high levels of clinical depression at 45% and anxiety at 38% (Osborn, Venturo-Conerly, Wasil, Schleider & Weisz, 2020). A similar recent study conducted in 2022 established that about 40% of the youths in Kenya had mental distress in the past 12 months. However, of the mentioned studies, the focus was adolescents and not middle-level college students. This also implies, a majority of the youth are mentally stable and not necessarily mentally distressed. Other studies have also demonstrated a significant connection between psychological distress and family cohesion among young people. Reviewed studies identified other correlates of psychological distress and not family cohesion as a construct in the specific demographic.

In the recent past, the Kenyan administration under the Ministry of Health has laid emphasis on mental wellness. This was done through the establishment of Kenya Mental Health policy (2015-2030) to facilitate user-friendly targeted interventions and mitigate risk factors within its populace. In addition, the Ministry of Education-MOE (K) has instituted that all learning institutions establish guidance and counselling departments to manage emerging mental health issues. Despite all the efforts implemented, psychological distress is still evident among young people.

Majority of the Kenyan studies have focused on psychological distress among adolescents, general youth population and youth in universities. However, this is just a fraction of the youths as quite a number are relegated to middle-level colleges due to a modern shift in formal education system where only top performers (about a third) attain university qualification (MOE-K, 2018). This research aims to unearth and understand the levels of psychological distress and family cohesion among youth in middle-level colleges. In an effort to understand, if there the levels of prevalence in psychological distress. The results would therefore contribute to establishing support for students with psychological distress due to family cohesion as a factor.

Whereas extensive research has attempted to evaluate the high levels of psychological distress among young adults, few have endeavoured to explore the correlation between psychological distress and family cohesion among the youth in middle-level colleges in Kenya. Hence, this research wanted to establish this occurrence in the Kenyan situation.

1.3 The Study Objectives

These objectives guided the research:

1. To establish the level of family cohesion among the youth in middle-level colleges in Nairobi City County
2. To identify the prevalence of psychological distress among the youth in middle-level colleges in Nairobi City County
3. To determine the relationship between family cohesion and psychological distress among the youth in middle-level colleges in Nairobi City County

1.4 Hypothesis

Hypothesis for this study is:

H₀₁: There is no statistically significant correlation between family cohesion and psychological distress among the youth in middle-level colleges in Nairobi City County.

1.5 Assumptions

The research assumed that the youth were non-biased in their responses and perspectives as far as family cohesion and psychological distress questions were concerned. Furthermore, an assumption was made that the sample selected would represent the entire population that was studied. Finally, it was assumed that other factors had minimal influence on the relationship between family cohesion and psychological distress.

1.6 Justification and Significance

This research's need rose due to the recent increase of psychological distress among the youth especially after the outbreak of Covid-19 pandemic. Literature indicates that the pandemic disrupted the state of families and exacerbated the population's state of mental health. Research indicates that the youth's mental health is greatly impacted by family cohesion.

The findings provided a broader understanding on psychological distress amid the youth in connection to family cohesion. Outcomes of this research provided valuable insights to the youth in middle-level colleges in cognizance and management of psychological distress. Moreover, the findings would be beneficial to the parents in creating awareness and promotion of mental health wellbeing among youths.

Further, the study's findings are relevant to counsellors and administrators within the middle-level colleges in highlighting the prevalence of psychological distress and designing interventions that encompass family factors. They can also use the information yielded in the research to educate the public and young people on psychological distress among the youth. Furthermore, it sheds light on the uniqueness of mental health wellness on the precise group of young people in middle-level colleges in Kenya of which limited research exists.

The outcome of the research is beneficial to organizations, researchers and policy makers who are interested in family-oriented research in relation to the state of psychological distress

among young people. Lastly, the outcomes add to the existing literature on the correlation between psychological distress and family cohesion among the youth.

1.7 Scope and Limitations

The research was done in 20 tertiary (TVET) colleges (14 private and 6 public) within Nairobi City County. This is because majority of middle level colleges are located in Nairobi which is the capital city and a major economic hub in Kenya. The study population consisted of over 70,000

youth aged 18 to 25 years who were studying in a middle level college while the sample population was 411 students within Nairobi County.

Research was limited by use self –report measures that were utilised to collect data hence the potential for bias, though the respondents were encouraged to be truthful in their responses.

Data was gathered from college students and may therefore not be applicable on the broader youthful population who are not enrolled in a higher learning institution. Furthermore, the research was conducted in one county in Kenya but this was overcome by selecting the most populous county.

Lastly, the study was correlational hence confounding factors may have an effect on the results, though this was controlled with data collection of demographic details and the study was conducted with the knowledge of this limitation.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

The chapter highlighted a comprehensive overview of existing research on the connection between family cohesion and psychological distress among youths. It started with an evaluation of past studies on the levels of family cohesion among the youths. Psychological distress prevalence among the youth as well as its relationship with family cohesion was also discussed. Further, reviewed literature summary was presented. Moreover, a theoretical framework that described family cohesion and its impact on mental wellness of the youth and the conceptual framework that describes how the two variables were related were also discussed.

2.2 Review of Related Literature

A critical evaluation of studies on trends and levels of family cohesion among the youth was discussed. In addition, the levels of psychological distress among the youth and its relationship with family cohesion among youths are highlighted below: -

2.2.1 The Levels of Family Cohesion among the Youth

Olson (2000) defines family cohesion as the level of warmth, responsiveness and assistance among family members. It includes aspects such as: affection, open communication, care and being flexible to each other's needs. Cohesion within a family has been attributed to positive development among individuals within a family system. The youthful phase is characterized by various transitions which may be challenging. A particular factor that can help the young people to adjust well is family support. Goldsmith (2018) suggests that cohesion within a family produces a positive parent-child or sibling relationships and greater family functioning.

Empirically, different studies have demonstrated that balanced family cohesion has positive outcomes towards individuals and the family. For instance, Chen and Harris (2019) conducted

a longitudinal study among adults (N=18185) in United States and concluded that positive family relationships that exude balanced family cohesion during the adolescent leads to an improved quality of life in later adolescence and midlife for both men and women. Interestingly, the scholars found that the positive family relationship among the females was greater than the males during their adolescent and early adult years. A community of youths among African Americans in the USA who reported family cohesion of over 69% developed ability to regulate themselves which helped them to reduce anxiety problems when transitioning to college (Augustine, Koss, Smith & Kogan, 2022). Nevertheless, the instrument adapted to measure family cohesion was tailored specifically for the American population thus questioning its validity. Similarly, Gatlin (2017) in a study conducted in US using the Family Adaptability and Cohesion Evaluation Scales (FACES) establishes a family cohesive value of 66% from the sampled adolescents (5-19 years) (N=877). 41 % of the sampled adolescents scored above 50% in family cohesion and reported better social competence which essentially meant they had good social skills and well-developed interpersonal communication. While there is indication of balanced cohesion among families, the studies focused on adolescents and not the youth in middle level colleges. Besides, the researches mentioned were done in the USA a developed country unlike the present study that focused on Kenya a developing country.

Some sampled youth involved in cultural studies in Poland reported a family cohesion value of (M=43.7) that resulted in better socialization and adaptability when they found themselves in unfamiliar cultures or adjustment during the acculturation process (Gashi, Avdyli, Edipi & Mehmeti, 2018). The scholars further noted that family cohesion was prevalent among males in comparison to females and the family of origin confounded the findings. Furthermore, the sample size of (N=139) may not have adequately represented the study population. While in Romania, Rada (2014) establishes that mid-range and balance type families (43.9% and 32.9%) are more predominant in comparison with the unbalanced family types using the FACES-III

test. At least 50% of the sampled population (N=1215) reported balanced family cohesion. These findings were nonetheless confounded by socio-economic status with researchers suggesting that families in rural areas had strong family cohesion in comparison to the urban dwellers.

Turkdogan, Duru and Balkis (2018) using the Turkish version of FACES-IV among Turkish university students (N=1613) established a 67% score in balanced cohesion. The scholars however noted that the respondents did not perceive enmeshment (very high cohesion) as an unhealthy dimension in relation to family support within the Turkish culture. This demonstrates that culture may also impact the family functioning thus necessitating this research the Kenyan context. In Hungary, a study conducted among adolescents (N=158) regarding family functioning and adolescents well-being established found a balanced cohesion of 28.85 % which was associated with adolescents positive well-being (optimism, emotional regulation, resilience, social skills) and unbalanced family cohesion was associated with negative well-being (poor social skills, low self-Cruz-Ramoz, Heredia-Escorza and Cannon-Diaz (2017) established a family cohesion score of 40.08 among a sample of youth in high school (14-18 years) in Mexico with a less significant variation between male and female at 41.39% and 39.14% respectively. This is considered moderate cohesion. Although the scholars were studying the relationship between family cohesion and academic performance and their sample was adolescents, they definitely provide a glimpse on the state of family cohesion among the youth.

Some research studies in Africa also provide the prevalence of family cohesion among the youth and their families. For instance, Damulira, et al., (2019) reported family cohesion of above 60% (Family Environment Scale) among youth who were HIV-positive and on medication. The authors note the absence of notable gender variations in relation to family cohesion. Similarly, a South African study by Madu and Matla (2004) assessed family

environment factors (Family Environment Scale) among adolescents (15-19 years) with suicidal behaviour and established that 20.9% of the youth sampled scored 69% and above on family cohesion scale. Conversely, those that reported below 50% of family cohesion were 79.1%. This study indicates a low cohesion rate among young people which warrants further investigation. The studies cited also focused on adolescents and not middle-level college students. Furthermore, FES test was used and not FACES as a tool adopted for this study and there were other mediating factors in the study.

In Kenya, Nyaguti, Asatsa and Muthami (2021) using the Family Assessment Device (FAD) on a cross-section of high school students (N=375) aged 14-19 years, found that the male participants experienced low family cohesion which was characterized by minimal parental care and low levels of parenting while the female participants reported balanced family cohesion and increased parental communication. Their findings draw attention on the gender differences that may exist in levels of family cohesion. Nevertheless, the study focused on adolescents and sexual knowledge and not youth through a correlation analysis. Correspondingly, Egunjobi, Gikandi, and Muriithi (2021) in a longitudinal study using the FACES establish that youth (N=172) who had alcohol and substance use disorder came from families that were highly chaotic (disengaged) and highly rigid (enmeshed) both indicating unbalanced family cohesion. The scholars further noted that majority of the participants were dysfunctional in terms of family cohesion with a mean value of (M=25.45). The scholars did not investigate the gender factors. Despite both studies having various mediating factors, the low levels of family cohesion among Kenyan families warrants further investigation.

The reviewed literature suggested that family cohesion has implications on an individual's well-being psychologically, physically and socially. The prevalence of family cohesion among the youth was not explicitly established; various studies described the levels though the data is inconclusive. Moreover, literature suggested that there could be gender difference in the levels

of family cohesion; therefore, there are knowledge gaps on the prevalence. Family cohesion also seems to be confounded by factors including culture disparity, socio-economic factors, and health among others. Due to limited literature on levels of family cohesion among the young people in Kenya, this research aimed to establish this phenomenon.

2.2.2 Prevalence of Psychological Distress among Youth

APA (2022) defines psychological distress as a state of mental health that is typical of anxiety, stress or depression (APA, 2022). A global health report by WHO (2020) asserts that at least 20% of the patients who attend primary health are diagnosed with a mental illness (WHO, 2020). Global burden of disease, estimates that at least one in ten people experience mental distress globally (Dattani, Ritchie & Roser, 2018). Psychological distress among the youth is currently becoming a serious health concern (Morrison & O'Connor, 2005). The research by Sweeting et.al (2010) spanning over two decades demonstrate a steady rise of psychological distress among youths associated with explanatory factors like family, education and socio-economic factors. The youth are at a critical and unique phase of development whereby they witness tremendous physical, social, emotional and cognitive changes. Therefore, this phase encompasses transitioning from school life to career development, from being supervised by parents to taking individual responsibility coupled with transiting from residing with parents to being on one's own as well as family formation (Lau & Neinstein, 2017). Such changes may exacerbate their mental and emotional wellness.

Global statistics indicate the peak of onset of at least 50% of mental health cases begin at age 14 and 75% by age 24 (WHO, 2021). According to recent statistics by National Alliance on Mental Illness (2021), individuals aged 15-30 years are likely to die from suicide, as is the next most common cause of death in that age-group after natural causes. A national survey done in the USA between 2008 and 2017 indicates a notable rise of over 70% surge of serious psychological distress within the decade of youths aged between 18-25 years old (Twenge,

Joiner, Duffy, Copper & Binau, 2019). The researchers further note that depression and suicide ideation had increased within the same age group registering a 60% increase in the symptoms. In a similar study conducted in Norway spanning over a decade, the scholars established that college and university students (18-34) showed significant increase in psychological distress observed overtime across gender and age-groups and females had significantly higher psychological distress in comparison to male (Knapstad et.al., 2019).

McGinty, Presskreischer, Han and Barry (2020) in a comparative survey conducted in the US between 2018 and 2020, established that psychological distress was highest within the 18-29 years age-group with a notable increase of about 10% from year 2018 to 2020. Similarly, Blanco, Okuda, Wright, Grant, Hasin, Olfson and Liu (2008) reported that 50% of students in college and their peers not in college in United States aged between 18-25 years had suffered a psychiatric disorder. These findings were echoed by Knowlden, Hackman and Sharma (2015) who established that at least 70% of the college students sampled in US (m=22) had moderate to severe mental distress. These studies depict high levels of psychological distress prevalent among students in college that needs to be addressed.

In India, a community based study on the extent of psychological distress among youths in relation to various demographic variables established a significant prevalence rate of 20.3% with females exhibiting higher levels of psychological distress when comparing to males (Saheera & Manikanda, 2015). Likewise, Jaisoorya, et al. (2017) establish a 35% prevalence rate among Indian college students using the Kessler's Psychological Distress Scale (K-10) with females' students exhibiting a high levels of psychological distress in contrast to male students. The researchers established that students who were experiencing psychological distress reported suicide ideation, substance abuse and academic failures. Furthermore, in Bhutan, researchers analysed youth (N=7576) and established that students had a prevalence of psychological distress of 15.8% with females exhibiting a significantly higher level than

males (Pengpid and Peltzer, 2020). The researchers identified several correlates influencing psychological distress including poor social relations, bullying and victimization, parental emotional neglect and complicated health issues.

A 12-nation study (N=5572) conducted among university students (m=23.1) established a 51% score on psychological distress which was positively correlated with elevated suicidal attempts and suicidal ideation (Eskin, et al., 2016). The sampled countries were: Iran, Palestine, China, Austria, Italy, Japan, Jordan, Tunisia, Saudi Arabia, USA, United Kingdom and Turkey providing a global representation. These results are collaborated by Zhang, Zhang, Zhang, Zhang and Feng (2018) who report very high levels of psychological distress (91%) using the K-10 Scale with females reporting higher prevalence than their male counterparts among Chinese college students. A similar study conducted in United Arab Emirates in the wake of Covid -19 pandemic establishes that at least 51 % of the sampled university students were experiencing psychological distress compounded by fear and anxiety which inhibited their normal functioning (Saravanan, Mahmoud, Elshami & Taha 2020). This suggests high levels of psychological distress amongst higher education students that require further examination.

In Africa, a sample of Ethiopian university students revealed 53.2% mental distress prevalent among female students in comparison to their male peers (Tsfaye, Bayray & Ahmed, 2019). Comparatively, across the continent Ghanaian scholars investigated anxiety, stress and depression levels among students studying at the university (m=23) and found that 57% had elevated levels of depression, 84% were extremely anxious while 49% were experiencing mild to extreme anxiety (Kugbey, Osei-Boadi & Atefoe, 2016). In a Ugandan sample, Anyanwu (2023) using the K-10 assessment established a prevalence of psychological distress of 57% among older adolescents (high school students) which was associated with a high risk behaviour. Moreover, a cross-sectional study conducted in Ghana sample assessing on prevalence of depression, anxiety and stress (symptoms of psychological distress) among

adults established a prevalence of 25.2%, 53.3% and 9.7 % respectively with over 51% of the sampled population indicating mental distress (Amu et.al. 2021). Closer home, Mboya, et al. (2020) found that at least one in every ten students studying in Tanzanian colleges experience mental distress which was precipitated by limited social support, financial problems, and conflicts with friends, examinations and academic pressure. This indicates that psychological distress is prevalent among students studying in universities and colleges in Africa. However, except for the Tanzanian sample, the other studies (Ethiopia and Ghana) focused on general population & university students and not college students.

In Kenya, not many studies have been done on the youth's mental distress. Othieno et al. (2014) using a random sample of university students (N=923) (m=23) found the overall depression prevalence at 35.7% for moderate symptoms and 5.6 % for severe symptoms. Comparatively, Ogachi (2015) in a correlation study between pathological internet use and depression found a depression rate of 23.6% among university students in both public and private universities. However, both studies focused on depression as a concept and not overall psychological distress. Given that depression is considered one of the components of psychological distress, this research sought to fill this gap.

Correspondingly, Kokonya, Seedat, Ndetei, Nyabola, Khasakhala, Owour, Ongecha, Odhiambo and Mutiso (2008) while assessing anxiety and depression rates among youths in select secondary schools within Nairobi County (N=3775) established that clinical depression symptoms were recorded in 43.7% of the students sampled and 49.3% exhibited moderate to severe anxiety. Furthermore, Khasakhala et al. (2013) sampled some teenagers attending the mental health clinic at the Kenyatta National Hospital and established that majority of the youth aged 16-18 years suffered from a major depressive disorder. Similarly, Mbithi et.al., (2023), conducted a study among adolescents in school and out of school in Kenya (N=797) and established a prevalence rate of depression of 20.6% and 30.6% respectively. However, these

studies did not necessarily capture the population on study as they focused on adolescents. Nonetheless, they are a clear indication of the weight of mental distress among young people. Menecha and Muriungi (2020) in a cross-sectional descriptive study design evaluating comorbidity for anxiety and depression among students in college at 7 Kenya Medical Training College (KMTC) campuses found that at least 49% reported moderate to severe depression while 32% reported moderate to severe anxiety. This further emphasizes the mental health condition of youths in middle-level colleges. Furthermore, Furtado, Gvetadze, Nyagol, Gust, Akelo, Makanga, McLellan-Lenal and Ondenge (2017) sampled young women (N=461) using the Kessler Psychological Distress Scale and established that 58.4% of the screened were having moderate psychological distress while 21% had high psychological distress. This study however, focused on women who were not attending any higher learning institution. In a nationwide survey carried in Kenya focusing on adolescent's mental health, the study revealed that about 44.3% of adolescents (M=13.3) had experienced mental health distress within a year (African Population and Health Research Center (APHRC), University of Queensland & Johns Hopkin Bloomberg School of Public Health, 2022). The report further established there were no significant differences in mental health distress prevalence in gender and age. Notably, anxiety was highest reported prevalence in all the sample in comparison to other mental health problems studied (inattention, hyperactivity depression and post-traumatic stress).

The reviewed literature from other nations reveals that a number of youths whether in university or colleges are prone to psychological distress which limits their academic performance as well as their life quality. Moreover, the Kenyan literature indicated that there is mental distress among young people; nonetheless, the studies do not reveal much on the prevalence of psychological distress of youth attending middle-level Kenyan colleges. The research aimed to contribute to the existing research by examining psychological distress, the trends and levels within this particular group.

2.2.3 The Relationship between Family Cohesion and Psychological Distress among the Youth

Literature advances, that families' states over the past three decades have been undergoing metamorphosis. Of noteworthy are the variations in the formation of families, household structures, partnership patterns and parent-child relationships, increased levels of education and more parents joining the workforce (OECD, 2011). Researchers have proposed that such radical changes have contributed to unstable family environments, poor social support systems characterized by unbalanced levels of cohesion leading to an influx in psychological distress among young people (Droogenbroeck, Spruyt, & Keppens, 2018; Pengpid & Peltzer, 2020). On the contrary, stable family environments characterised by stable family cohesion provide good social support systems that culminate to healthy mental wellness and general well-being of its members (Chen & Harris, 2019)

Berryhill, Harless and Kean (2018) in a survey among college students in United States ($n=19$) found that cohesive-flexible family functioning which translates to a balanced family cohesion correlated with high levels self-compassion, positive communication and minimal levels of anxiety depression. Still in United States, Rodriguez, Donenberg, Emerson, Wilson, Brown and Houck (2014) establish that poor family relations were associated ($r=.17$) with poor coping skills, emotional and conduct problems among young people. The scholars though studied adolescents ($n=15.75$) attending therapeutic school and focused on externalizing problems and not psychological distress. In a recent meta-analysis that reviewed over 71 studies across continents, scholars found a high correlation between family cohesion and depression ($r=-0.31$) indicating that individuals who experienced lower cohesion tended to have higher levels of depression-a psychological distress factor (Bian, Jin & Zhang, 2024). Though the scholars reviewed studies across all age-groups and not specifically youth provides further justification for the current research.

In an additional study, that explored the negative life events and associations of family relationships with depressive symptoms among Chinese youth showed that a high prevalence of depressive symptoms was correlated with poor parental (alienated) relations (unbalanced family cohesion) (Ren, et al., 2019). Comparatively, Pan, Yang, Han and Qi (2020) in a research following the global outbreak of COVID-19, found a positive significant association ($r=.219$, $p < 0.01$) between mental wellbeing and stable family functioning (family cohesion) among students attending college in China. The students who experienced balanced family support and cohesion within the family were shown to have developed better coping skills during the pandemic.

Similarly, in a nationwide Taiwan study Lin and Yi (2018) found that family factors specifically family cohesion had a positive effect on youth's depression and self-esteem. The scholars established that stable family cohesion was associated with lower levels of depression (a factor of psychological distress). Furthermore, Cheng, Cheung and Chung (2024) while examining the impact of family environment on emotional regulation ability among Chinese adolescents found that family cohesion was positively associated ($r=.58$) with emotional regulation ability which is a significant factor in determining mental wellness. However, both studies were focused on adolescents, hence the need to fill this gap among college students. In a recent cross-sectional study in China among college students ($M=19.40$), the scholars established a significant negative relationship ($r=-.67$, $p < 0.001$) between family functioning (cohesion) and suicide ideation mediated by depression (Peng et.al., 2023). A similar cross-sectional study in China conducted among college students ($N=2033$, $M= 19.81$) established that stable family functioning had a negative prediction effect ($r=-0.56$, $p < 0.001$) on depression with male showing higher scores of depression than their female counterparts (Chen, Wang & Yang, 2023). These studies further cement the need to investigate these variables in relation to Kenyan college students.

On the contrary, other researchers showed that family cohesion did not have any impact on psychological distress among the youth. Instead, psychological depression is linked to factors like violence, academic pressure and peer rejection (Cummings & Davies, 2002; Amato, 2000; Tolan, Henry, Strachan and Sheidow, 2014). Sheidow, Henry, Tolan and Strachan (2014) carry out a longitudinal prospective design study among adolescents seeking to establish the role of family functioning on internalizing problems. They found that although poor family functioning (unbalanced cohesion) predicted depression and anxiety among the youth, other moderating factors such as poverty had greater significance. The study was however limited to urban dwellers living in poverty and focused on male youth.

Within the African continent, Rawatlal, Kliewer, Pillay (2015) in a research among South African youth reveal that young people who reported dysfunctional family interaction, poor attachment styles with their parents (poor family cohesion) had significant depressive symptoms and more internalizing problems (psychological distress). Moreover, a study on some young women in high school in Uganda found that at least one out three girls reported moderate depression which was associated with poor family relationships, lack of social support and family conflict (Nabunya, et al., 2020). The scholars also noted that younger adolescents report high levels of family cohesiveness when compared to adolescents who are older. However, the mentioned studies focused on adolescents (15-18 years) and not youth. Nevertheless, they draw the impetus that point at the young people's mental health and family cohesion. Similarly, Nabayinda et.al., (2023) found that family cohesion was identified as a protective factor against depression among school-going children in Uganda. Although the researchers were working with school-going children ($m=10.3$), a significant negative correlation of ($r=-0.81$, $p=.023$) between family cohesion and depression (a factor of psychological distress) warrants further investigation among college students.

An additional study conducted in Uganda (Cavazos-Regh et al., 2020), established that family cohesion was a protective factor against depression (a psychological distress factor) among

adolescents living with HIV with a significant negative correlation ($r=-.963$, $p=0.001$) although these factors were moderated by social economic status, the research findings provide compelling evidence that warrants further investigation of these variables among college students. Opong and Andoh-Arthur (2015) while assessing the rates of occurrence and aspects contributing to depressive symptoms among college students in Ghana ($m=22$) determined that absence support from family was a significant predictor ($r=-.11$, $p < 0.01$) to high prevalence of depression symptoms. Nonetheless, the study was cross-sectional and there were further mediating issues like alcohol consumption and trauma experiences therefore, causation would not be established. Ojewale (2020) conducted a cross-sectional study among Nigerian university students ($m=21$) on the relationship between family functioning and their psychological state and established a strong negative correlation between the two variables with students who reported poor family functioning associated with higher prevalence in anxiety and depression. Nevertheless, the study was focused on university students and other compounding issues like living in a state with high incidence of COVID-19, inability to afford food and having chronic illness influenced their poor mental health.

Broken ties, dysfunctional families and conflictual relationships with caregivers were significantly associated to psychological distress among young people in Kenya (Mbutia, 2016). The author was studying various attributions to mental illness among young people and not family cohesion as a concept. In addition, the study was qualitative and only a small sample ($N=6$) reported the association. Other scholars conducted a family therapy intervention on caregivers and children in Kenya that had experienced poor family cohesion and some post intervention outcomes noted improved mental health (Puffer, Friis-Healy, Giusto, Stafford & Ayuku, 2021). The research sample was significantly small ($N=10$) and the targeted study population was children not youths. Whilst the cited Kenyan studies demonstrate a significant association amid the two variables, there is a knowledge gap especially on the sampling criteria and the generalization of the findings to the study's population.

Mugambi, Mogute and Munene (2020) while investigating suicidal behaviours and depression among young people in informal settlements identified family problems such as abuse, family conflict, poor parenting styles as predicating factors to mental illness in over fifty per-cents of the youth. However, the target population was adolescents (m=18) and the authors investigated overall family problems and not family cohesion. Kenyan literature seems to be limited as far as drawing a relationship between psychological distress and family cohesion among youths in middle-level colleges is concerned. This research focused on filling this gap.

From the cited studies, evidence is drawn on the influence of family cohesion on the mental health of the youths. Although, Mbuthia (2016) opines that family factors needs to be investigated further as it concerns mental wellness of young people, there's inadequate Kenyan literature that correlates family cohesion and psychological distress among youths; hence, necessitating this study.

2.3 Summary of Literature Review

A critical look on related literature demonstrated the proliferation of psychological distress among young people in Kenya. Global literature also reveals that the state of family cohesion has been changing over the years. However, the studies do not reveal the state of family cohesion in Kenya and how that phenomenon impacts the youth's mental health.

The Kenyan literature makes inferences on deterioration of young people's mental health whose main focus is adolescents and university students and does not seem to include the youth in middle-level colleges. Furthermore, there is limited scholarly work that has focused on the psychological wellness of youth in middle-level colleges in Kenya; besides Menecha and Muriungi (2020) who sampled some students in a middle-level college while assessing depression and anxiety. The scholars did not identify why the students were experiencing psychological distress. This suggests that there is need to examine psychological distress

among youth in middle-level colleges to ascertain and design intervention procedures that are relevant to the specific demographic group.

The reviewed studies also demonstrated that family cohesion seems to impact young people's well-being and not just their psychological health. Generally, the studies indicated that family cohesion contributes directly and indirectly to the well-being of young people. However, the levels of family cohesion among the young people especially in Kenya is still not clear and this study seeks to establish this phenomenon.

Most of the studies reviewed that correlated family cohesion and psychological distress among young people were conducted in United States and European Countries. Majority of the studies reviewed have suggested that perceived social support (family cohesion) seem to ameliorate the effects of psychological distress. However, the correlation is yet to be ascertained with regards to the context in Kenya specifically among youths whose psychological distress prevalence is not well established. This research aimed at determining the relationship between the two variables specifically among the youths in middle-level colleges, thereby, filling this empirical gap.

2.4 Theoretical Framework

This section discussed the Circumplex Model of Marital and Family Systems Theory by David Olson (2000). This study aimed to investigate the correlation between family cohesion and psychological distress among youths in Kenya, drawing on this theoretical framework.

2.4.1 Olson's Circumplex Model of Marital and Family Systems Theory

The study based its theoretical framework on the Circumplex Model of Marital and Family Systems Theory as proposed by Olson (2000). This theory posits that family cohesion as the degree of emotional closeness among family members. This theory postulates that cohesion entails how systems within the family strike a balance in their togetherness versus separateness. The model suggests four levels of cohesion which range from disengaged (very low) to

separated (low to moderate), then connected (moderate to high) to enmeshed (very high). The theory proposes that balanced levels of cohesion; connected and separated provide for family effectiveness that is optimum characterized by physical, emotional and social support that impacts on mental wellness.

Conversely, the unbalanced levels; the enmeshed and disengaged are thought to contribute to highly dysfunctional family systems which are symptomatic to mental distress. Therefore, the broad assumption of the theory is that households with balanced cohesions work splendidly than those with unbalanced cohesion throughout their cycle of life. More than 250 studies conducted using this model supports this assumption that balanced cohesiveness is more effective than the unbalanced cohesiveness (Olson, 2000).

The model suggests that very high cohesive (enmeshed) family systems are likely to result to individuals who experience enmeshment trauma which is characterized by lack of self-identity, low self-esteem, fear of conflict, difficulties in forming and sustaining relationship and unhealthy relationship boundaries further compounding psychological distress. Moreover, very low cohesive (disengaged) family results also tend to result to individuals who have unhealthy social skills, have challenges navigating relationships, low self-esteem, and loneliness. They also tend to avoid conflicts and adopt avoidant coping styles which compound to anxiety and depression. Both enmeshed and disengaged family systems display dysfunctional patterns of functioning that may impact negatively the mental wellness of the youths. According to the model, poor family functioning may not in its entirety cause psychological distress but it is a basic element in promoting the condition.

This model is appropriate for this paper as it correlates the influence of family cohesion upon the youth's mental health in Kenya. It may suggest that a youth who grows up in a family cohesion that is either very high (enmeshed) or very low (disengaged) is likely to experience mental distress which is compounded by poor stress coping skills. On the contrary, a youth

who is raised in a family that has balanced family cohesion is likely to have good mental health and better stress coping skills.

2.5 Conceptual Framework

The conceptual framework as illustrated by Fig 2.1 shows that the independent variable is family cohesion while psychological distress is the dependent variable

Family level cohesion i.e. balanced and unbalanced family cohesion acts as a predictor of psychological distress among youths. It was hypothesized that family cohesion was correlated to psychological distress among youth in Kenya based on the literature review. A youth who experiences balanced family cohesion is assumed to manage psychological distress better than the one that experienced unbalanced family cohesion which is characterised by lack of warmth, concern or mutual support.

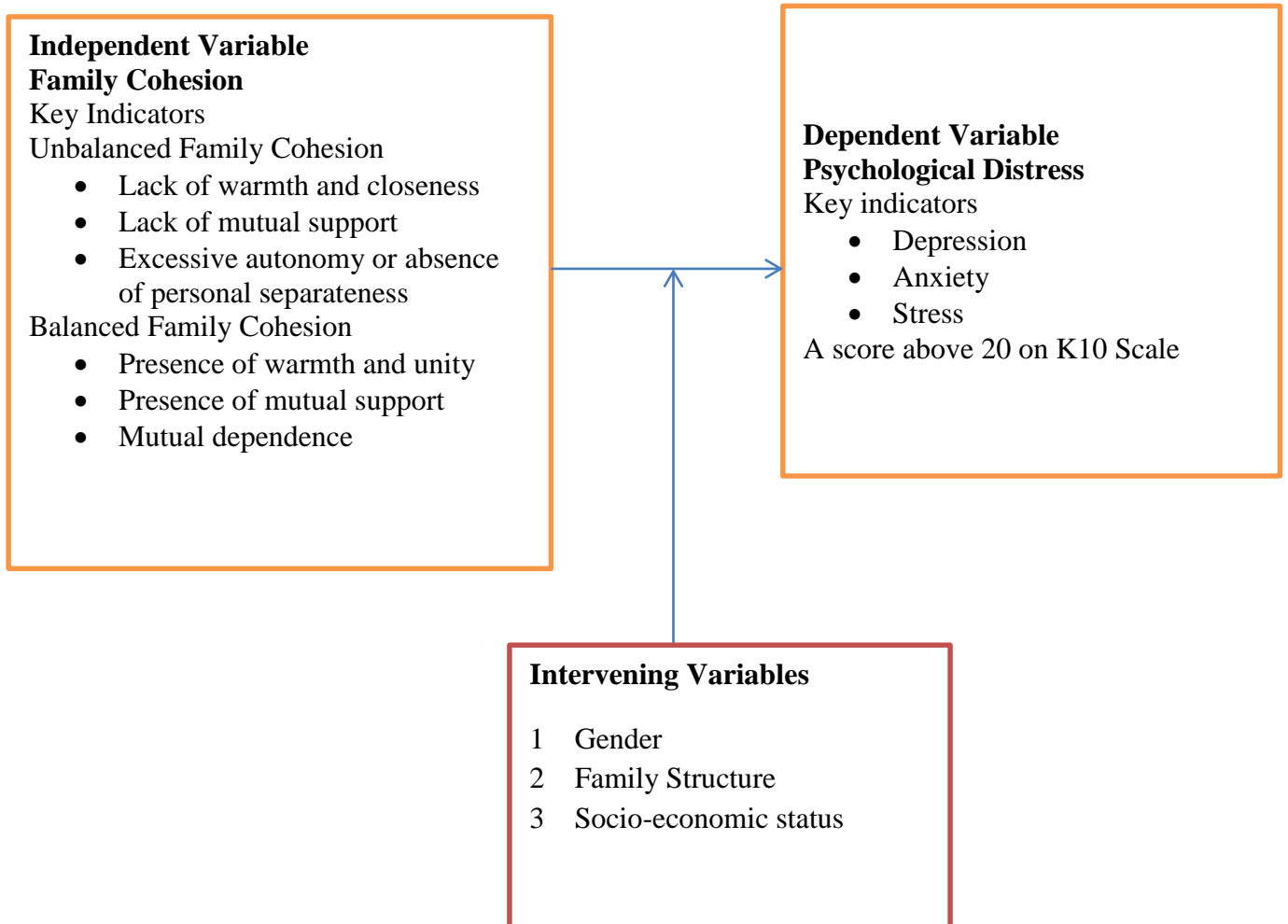


Figure 2.1: Conceptual Framework

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In this section, the research methodology that guided the study in establishing the correlation between psychological distress and family cohesion among the youth was discussed. The research design, study variables, site of study, target population, techniques in sampling and sampling size as well as the research instruments were outlined. The chapter also delved into the pilot study, validity and reliability assessments, data collection methodologies, data analysis and reporting and ethical implications of the research.

3.2 Research Design

This research employed a correlational approach to examine the association between the two variables. Creswell (2012) explains a correlational research design involves using statistical tests to explain the nature of the relationship between two variables without manipulating either variable. It is appropriate when the researcher is interested on the extent to which the change of one variable affects the changes in the other. This design is therefore applicable as the research intended to determine the level of family cohesiveness and how it related with psychological distress among the youth in middle level colleges. Data was collected from students in Kenyan middle-level colleges so as to ascertain the magnitude and nature of the association between the study variables.

3.3 Study Variables

The key variables in this were: psychological distress and family cohesion. The independent variable was family cohesion while the dependent variable was psychological distress. Family cohesion was assessed using self-report questionnaires from the college students regarding closeness, support, independence and attachment they perceived to have with their family

members. Psychological distress was measured using self-report questionnaires from the college students regarding feelings of anxiety, stress and depression symptoms and how that impacted their day to day life. The study considered intervening variables that confounded the relationship between the two main variables, namely; gender, family formation and socio-economic status. The variables were held constant using statistical measures to ensure they were not part of the independent and dependent variables.

3.4 Study Site

This study was done in Nairobi County, Kenya. Nairobi County which hosts the Capital City is very cosmopolitan. It is considered one of the most populous counties with an estimate of about 4.5 million people from various ethnic and racial backgrounds. According to Ministry of Education-MOE (2019), it is estimated that about 15% of the middle-level colleges are found within Nairobi County. Majority of the public and private middle-level colleges are located in Nairobi county thus providing diversity expected among the college student population with regards to their economic, cultural and social contexts. This makes Nairobi County to be more characteristic of the Kenyan college student population.

3.5 Target Population

Middle-level college students in Kenya were the target population for this research. The recent education trends have rendered a huge number of the student population relegated to middle-level colleges in lieu of university education. A recent analysis reported in a local newspaper indicated an increase of 22% of the students joining technical and vocational colleges and a drop of 15% for those joining universities (Mutua, 2020, May 6). Nairobi City County led in numbers with at least 15% of middle –level colleges located at the county; therefore, making it favourable for the target population (TVETA, 2022). The TVETA report (TVETA, 2022) further indicates there were over 70,000 students attending middle- level colleges (public and private) in Nairobi County in the year 2022. This was the accessible population from which the

representative sample was drawn. All students within the colleges at the point of data collection were eligible for the study regardless of the year of study.

3.6 Sampling Techniques and Sample Size

Nairobi county was purposively selected since 15% of the middle-level colleges are located in the county providing for diversity in social and economic contexts. To select the sample in this research, multistage sampling was utilized. In multistage sampling or cluster sampling, the sample is drawn from a population using smaller and smaller units at each stage since the group of people have a geographical spread (Coolican, 2018). This sampling procedure enabled the researcher to target on specific features of the population of interest; hence, appropriate for the study. Multistage sampling was utilized to sample the colleges. Stratified random sampling was utilised to come up with middle-level colleges in each sub-county. 10 sub-counties were identified as they represented the majority of the population characteristics. To select the public or private college, a proportionate sampling was employed based on (TVETA, 2020) data that there are 30% public and 70% private colleges. 20 TVET colleges were then sampled which represented at least 10% of the college population in Nairobi County. Therefore, 6 public and 14 private middle level colleges were sampled in Nairobi City County. To select the participants, simple random sampling was employed where at least 20 students were then randomly selected from each college which constituted a total of 423 respondents. From the registered middle level colleges in Nairobi City County Kenya, the number of students attending was at 71,430 in the year 2022 (TVETA, 2022).

The Yamane formula (1973) was used when generating the sample size out of the accessible population as follows;

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

N=Total number of students in the middle-level colleges in Nairobi county

e=margin of error, 0.0475

n=sample size

The calculation is as follows $n = \frac{71430}{1 + (71430 * 0.0475^2)}$

n= 423 students

This method was appropriate to ensure an equal chance of participation from the respondents.

Below is a flow chart indicating the sampling procedure;

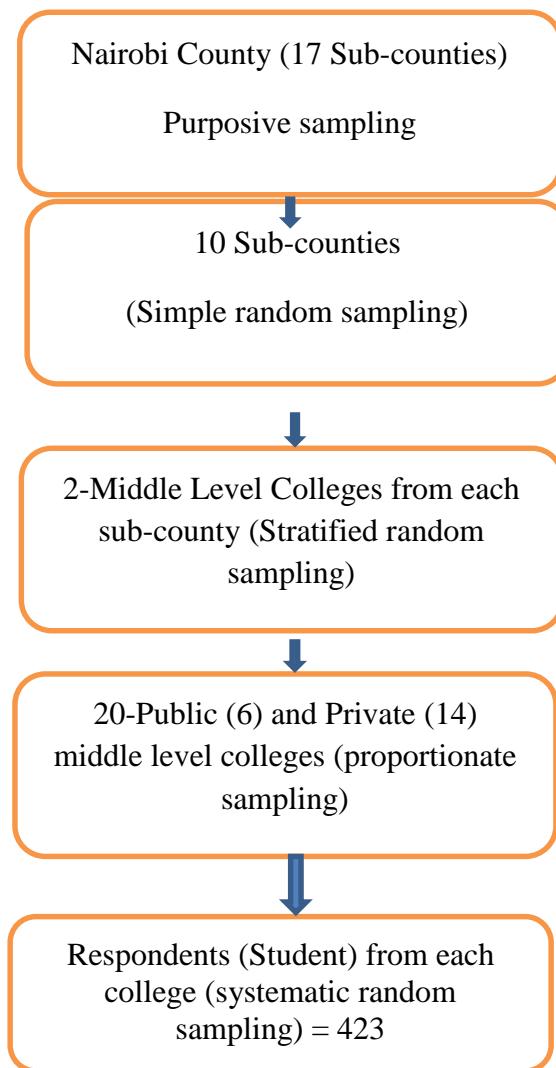


Figure 3.1: Sampling procedure flow chart

3.7 Research Instrument

The research utilised a questionnaire to attain data. The questionnaire comprised of three sections, notably; the demographic data, Family Adaptation and Cohesion Scales (FACES-III) (Cohesion sub-scale) and the Kessler's Psychological Distress Scale (K10).

3.7.1 Demographic Data

The questions gathered demographic information about the respondents like age, gender and socio-household formation.

3.7.2 Family Adaptability and Cohesion Evaluation Scales (FACES –III)

The Family Adaptability and Cohesion Evaluation Scale was developed by David Olson in 1991. It was used to measure family cohesion and adaptability. The FACES is an instrument that is considered straightforward and easy to use and evaluate. The scales items are suitable for all family members, young and old. The overall scale is designed to measure family functioning, family cohesion and family adaptability. The instrument consists of 20 statements on a scale of 1(almost never) to 5 (almost always). To assess family cohesion, the degree of separation or connection ranging from disengaged, separated, connected and enmeshed is examined. To assess cohesion, the cohesion subscale was utilized. The scores of the 10 odd-numbered statements were added together to yield a minimum score of 10 indicating extremely low cohesion and 50 for a maximum score indicative of extremely high cohesion.

3.7.3 Kessler's Psychological Distress Scale (K10)

The Kessler's Psychological Distress Scale was developed by RC Kessler in 1996. It is considered a simple self-report measure of psychological distress. It aims to give a comprehensive assessment on distress levels based on an individual's experience in depression/anxiety/stress related symptoms in the past month. The scale consists of 10 questions about emotional states with each having a likert scale from 1 'none of the time' to 5

‘all of the time’. The scores of the 10 items when added give the lowest score of 10 or a highest score of 50. In this case, low scores are indicative of minimal levels of psychological distress while high scores are indicative of elevated levels of psychological distress. Previous investigations have revealed that the test has good psychometric properties.

3.8 Piloting Study

A pilot study was carried out to pre-test the validity and reliability of the research instruments. The researcher tested the questionnaires on 40 respondents. This fulfils the recommendation of a minimum 10% of the sample population (Connelly, 2008). The researcher tested the instrument on 12 respondents from a public (Kabete Technical College) and 28 from a private middle-level college (NIBS Technical College) in Kiambu County based on the statistical proportion. Nonetheless, the sampled respondents for the pilot as well as their findings were not included in the actual research.

3.9 Validity and Reliability

3.9.1 Validity

Kumar (2019) states that ‘for a research instrument to provide valuable results such as for the questionnaire, the questions must be both reliable and valid’. Validity ensures that the research instrument is measuring the correct concept. FACES-III has also demonstrated good validity in various multicultural settings with over 500 research studies utilized the FACES tests (Olson, 2003). The Kessler Psychological Distress Scale (K-10) has been validated to assess psychological distress in diverse populations (adolescents and adults) and multiple settings (Easton, Safadi, Wang & Hasson III, 2017). The pilot study conducted was utilised to ascertain the consistency of the respondent’s understanding of the items on the questionnaire. Respondents were assessed for uniformity in answering the questions. With the assistance of the supervisors, expert judgement was sought to ensure face validity of the research instrument.

According to Connelly (2008) construct validity accurately reflects the theoretical construct it is intended to measure. To achieve this, conceptualization of variables was done by ensuring the indicators in each variable were within the same construct to guarantee accuracy.

3.9.2 Reliability

Reliability tests the questions' relevance. Researchers recommend a Cronbach Alpha of above 0.6 as extremely reliable and adequate. The FACES-III has demonstrated a fairly high level of internal consistency ($\alpha=0.68$) and high level of test-retest reliability ($\alpha=0.80$) with a sample of mixed adolescents and adults (Olson, 2003). Egunjobi, Gikandi and Muriithi (2021) establish a fairly high reliability (Cronbach alpha of 0.723) among youth in Kenya. In the current study, The FACES-III (Cohesion Scale) yielded a reliability co-efficient (Cronbach alpha) of 0.86. Indicating that it was a reliable instrument for the current study. On the other hand, K-10 internal consistency produces a Cronbach's alpha of 0.74 (Collaborative Health and Well-Being Survey, 2001). Research across various populations on K10 have demonstrated a good internal consistency, $\alpha=.85$ (Kenya), $\alpha=.91$ (Portuguese), $\alpha=.88$, (Arabic) and $\alpha=0.844$ (Brazilian) making it a moderately reliable instrument for measuring psychological distress (Ongeri et al., 2022; Easton, Safadi, Wang & Hasson III, 2017; Lins, Lima, Sousa, Guimarães, Frazão & Perrelli, 2021; Pereira, Oliveira, Bártolo, Monteiro, Vagos & Jardim, 2019). Similarly, the Cronbach's co-efficient of alpha was utilised to measure the internal reliability measure, which ranges from 0 to 1 with 1 depicting a perfect internal reliability. In the current study, the internal consistency for K-10 yielded a Cronbach's alpha score of 0.93 for K10. The overall internal reliability for the instrument was a Cronbach's alpha of 0.86. Hence, considered a reliable instrument for the study.

3.10 Data Collection Techniques

Data collection was deployed from 20 middle-level colleges (6 public and 14 private). Once research was approved by Kenyatta University Graduate School and Kenyatta University

Ethics Review Committee, the researcher embarked on data collection. Upon approval from various school administrators, the researcher issued the questionnaire to the students who were studying in the college at the moment irrespective of the year. The questionnaires were randomly distributed to students within a class session. The answering of the questions was voluntary and no financial compensation was provided. The researcher explained the procedure and expectations to the students prior to answering the questions. The questionnaire took less than 15 minutes to fill up. Upon completion, the questionnaires were collected and respondents appreciated. The questionnaires were collated and data entered on the computer databases in readiness for analysis. The data collection process took four months.

3.11 Data Analysis and Presentation

Data collected in this research was analysed using inferential and descriptive statistics. Specifically, for descriptive statistics, percentages and the central tendency measures were used in the description of the data.

To establish the association between family cohesion and psychological distress among the research participants, Pearson Product Moment Correlation, r , was used. The Statistical Package for Social Sciences (SPSS) 25 was used to generate statistical results. This SPSS is known for its efficacy and capability to manage huge data volumes. The hypothesis testing was done at $p=.05$.

Chi-square was employed to relate the expected and observed results in levels of family cohesion and psychological distress among study respondents. Tables were utilized to display data. Independent T- analysis was also utilised to measure the differences in gender and ANOVA was utilised to determine differences between the variables. The data collected from the intervening variables was also analysed against the demographics to assess their effect on the main variables.

3.12 Ethical Considerations

Prior to conducting research, permission and ethical clearance was secured from Kenyatta University's Graduate School, its ethics review committee and National Council for Science, Technology and Innovation (NACOSTI) and the learning institutions involved in the study.

Coolican (2018) recommends that researchers ought to carefully evaluate the potential risks to participants before commencing any research project. For this reason, the researcher informed the study respondents about the research's nature. Further, she ensured that they signed the consent forms before filling the questionnaire. Moreover, the data that was collected was treated with utmost discretion and it was utilized for the specified research objectives. Finally, the research results as well as the recommendations that were drawn were made available to the learning institutions that took part in the study.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 Introduction

This chapter provides the results of the findings of the study on the relationship between family cohesion and psychological distress among middle-level college students in Kenya. There are five sections. The first segment outlines the demographic features of the sample. The second segment describes the results of the dependent variable (family cohesion) while the third one describes the results of the independent variable (psychological distress). The fourth section describes the results on the association between family cohesion and psychological distress. The fifth section will describe a summary of the results.

4.2 Demographic Characteristics of the Respondents

The projected sample on research was 423 college youth. 423 questionnaires were distributed and collected overall, for the duration of the actual data collection. 12 were however barred from the last days' analysis since they were half-finished or were erroneously filled. The final dataset used for analysis was obtained from 411 middle-level college students representing a 97 % response rate.

The demographic features of the sample were analyzed in terms of: Age of respondents, gender of respondents, types of institution, parent's marital status, and parent's highest level of education, the main income earner and description of the main income earner.

4.2.1 Age and Gender of Respondents

Participants were requested to provide age and gender in categories. This was categorized into three categories 18-21, 22-25 and other (<18 or >25). However, from the data collected, the respondents fell into two categories i.e. (18-21) and (22-25). The frequency and percentages of

the ages of the participants and the frequencies and percentages of gender of the respondents are shown on table 4.1

Table 4.1: Breakdown of Respondents by Age and Gender

			Gender of Respondents		
			Male (%)	Female (%)	Total (%)
Age of Respondents	18-21	Total %	20.0	46.5	66.4
	22-25	Total %	18.7	14.8	33.6
	Total (%)		38.7	61.3	100.0

From the sample of 411 participants, age 18-21 was 273 (66%) and 22-25 were 138 (34%). The students aged 18-21 were the majority at 66%. This corresponds with a recent data analysis by the Kenya Universities and Colleges Central Placement Service (KUCCPS) that revealed a majority of the students admitted in TVET colleges were below 21 years (KUCCPS, 2023)

From the sample, male respondents were 159 (39%) and female respondents were at 252 (62%). Majority of the respondents were female at 62%. This corresponds with a recent KUCCPS report that showed more females (60%) were enrolled in TVET colleges in comparison to their male counterparts (Maichuhie, 2024, May 30).

4.2.2 Socio-Demographic Characteristics

The researcher collected additional demographic characteristics that included the institution type, parent’s marital status, parent’s level of education, the main income and the description of the main income earner. Parents’ marital status, Parents’ level of education and the economic status of the parents’/ guardians (the main income earner and description of the main income earner) have been shown to significantly influence youth’s quality of life and mental wellness. Therefore, the descriptive statistics are as shown on table 4.2

Table 4.2: Additional Socio-demographic Characteristics

Institution Type	n	Percentage
Public	123	29.9
Private	288	70.1
Parent's Marital Status		
Single Parent	67	16.3
Married	226	55.0
Separated	91	22.1
Divorced	13	3.2
Deceased	14	3.4
Parent(s) Level of Education		
Secondary Education	129	31.4
Technical School	153	37.2
University Graduate	106	25.8
Masters Graduate	9	2.2
N/A	14	3.4
Main Income Earner		
Father	151	36.7
Mother	128	31.1
Both	94	22.9
Relative	29	7.1
Self	9	2.2
Description of Main Income Earner		
Works Full-Time	261	63.5
Works Part-Time	101	24.6
Unemployed and Looking for Work	29	7.1
Does not Work and is not looking for Work	9	2.2
Retired	11	2.7
Total	411	100

The results indicate the sample collected constituted 70% from private institution and 30% from public institution constituting of 30% which corresponds with national statistics of Middle Level colleges in Kenya (TVET, 2020). The results further indicate over half of the respondents (55%) parents were married while only 3.2% indicated that their parents were divorced. The majority of the family household being married corresponds with national statistics conducted in 2019 (Kenya National Bureau of Statistics, 2019). In addition, the findings demonstrate a majority (37%) of the students reported that their parent's (guardians) highest level of education was Technical School, followed by Secondary Education with 31.4%, with the least

(9%) indicating Master's graduate. 3.4% who indicated N/A were whose parents were deceased. According to a recent World Bank Report, the highest level of education among Kenyans is primary education, followed by secondary education then technical school (Statista, 2022). Though the research data slightly differs, it's almost representative of the general population.

In regards to income, a majority (36.7%) of the students indicated Fathers, followed by Mothers (31.1%) while the least (9%) indicated 'self' as the main income earner. This corresponds with the general statistics in Kenya that indicate that majority of the household income earners are male (Kenya National Bureau of Statistics, 2019). The results further indicate, 63.5% indicated that their parents worked full time followed by 24.6 % who indicated their parents worked part time. There was a 2.2 % that indicated that their parent 'does not work and is not looking for work'. According to Kenya National Bureau of Statistics, labor statistics of the year 2019, the current labor force stands at 66.7% noting an increase over the years for people age between 20-60 years (KNBS, 2019). Furthermore, DeCarlo Santiago, Wadsworth, & Stump (2011) established that socio-economic status of a family significantly influenced parents and children mental wellness and family functioning. Specifically, lower socio-economic status has been associated with poorer health outcomes, increased risky behaviors and less favorable developmental opportunities.

4.3 Family Cohesion among the Respondents

This segment describes the findings of the study on family cohesion observed. The study first objective purposed to determine the levels of family cohesion among middle level college students. The respondents were required to complete the Family Adaptability and Cohesion Evaluation (Cohesion Sub-scale). The FACES (Cohesion Subscale) has 10 items that measure the level of family cohesion using a Likert-scale from scores of 1 'Almost Never' and 5 at 'Almost Always'. To assess family cohesion, the degree of separation or connection ranging

from disengaged, separated, connected and enmeshed is examined. To assess cohesion, the cohesion subscale was utilized. The scores of the 10 odd-numbered statements were added together to yield a minimum score of 10 indicating extremely low cohesion and 50 for a maximum score indicative of extremely high cohesion. This will be discussed through the following sections. The first section provides descriptive statistics on the levels of family cohesion and the second section provides the categorized levels of family cohesion. Moreover, the third section provides a gender and family cohesion analysis and finally the last section provides the descriptive analysis of the contributing dimensions of family cohesion.

4.3.1 Statistical Description of Family Cohesion among the respondents

The respondents were required to respond to the family cohesion questionnaire in an effort to establish their levels of family cohesion. Table 4.3 show the description of statistics on family cohesion levels.

Table 4.3 : Description Statistics of Family Cohesion

Family Cohesion Statistics		
Statistics	Values	
N	Valid	411
	Missing	0
Mean	30.62	
Std Dev	7.39	
Minimum	12	
Maximum	47	

From the findings, the maximum score was 47 whilst the lowest score was 12. The mean was at 30.62 (SD=7.39) which indicates the values are around the mean, therefore low variability.

4.3.2 Levels of Family Cohesion

To measure the levels of family cohesion, the scores were transformed in two categories Balanced and Unbalanced levels of family cohesion were analyzed. Balanced levels of family

cohesion scores were from 35-45 while unbalanced levels of family cohesion scores were from below 35 and above 45. Data regarding family cohesion levels are shown on table 4.4

Table 4.4: Levels of Family Cohesion among the Youth

Levels of Family Cohesion		
Levels of Family Cohesion	n	Percentage
Unbalanced Cohesion	286	69.6
Balanced Cohesion	125	30.4
Total	411	100.0

The research demonstrated that unbalanced family cohesion was more prevalent among respondents, with 69.6% scoring in this category compared to 30.4% with balanced cohesion. Unbalanced family cohesion is characterized by experiences of absence of warmth and closeness, absence of mutual support characterized with excessive autonomy or absence of personal space. Similarly, some studies conducted in Africa and one Kenyan study reported unbalanced family cohesion among the youth which may be indicative of the prevailing issue (Damulira, et al., 2019, Madu and Matla, 2004; Nyaguti, Asatsa & Muthami, 2021). For instance, Madu and Matla (2004) found unbalanced family cohesion were higher in comparison to balanced family cohesion among adolescents in South Africa which was associated with suicidal behaviors. Furthermore, Nyaguti, Asatsa and Muthami (2021) found that the low cohesion in the family was associated with teenage sexual behavior and the authors hypothesized that some of sexual behavior domains present in teenagers would be regulated by a stable family cohesion. It is therefore emerging that low family cohesion observed in adolescents is barely resolved and may transcend right into young adulthood.

4.3.3 Gender and Levels of Family Cohesion among the Youth

The study also sought to find out whether there was a difference in levels of family cohesion in relation to gender. Research has demonstrated that family cohesion levels may significantly differ in relation to gender. Table 4.5 provides the findings

Table 4.5: Gender and Family Cohesion

	Group	N	Mean	Std. Deviation	S.E. Mean
Family Cohesion Levels	Male	159	30.45	8.03	.64
	Female	252	30.73	6.96	.44

Independent T-Analysis		F	Sig.		df
Family Cohesion Levels	Equal variances assumed	7.453	.007	-.373	409
	Equal variances not assumed			-.362	300.973

The study found that female students reported slightly higher family cohesion with a mean score of 30.73 (SD = 6.96) compared to male students who had a mean score of 30.45 (SD = 8.03). The standard error of the mean was higher for males (0.64) than females (0.44), indicating greater variability in male responses. An independent t-test revealed a significant difference in cohesion levels between genders ($t=-.36$, $df=300.97$, $p\text{-value}=0.007$) at 95% confidence interval, suggesting that gender plays a significant role in how students experience family cohesion. These results, correspond with of Chen and Harris (2009) who found that female youth experienced significantly higher levels of family cohesion as compared to the male youth while conducting a longitudinal study in United States.

4.3.4 Dimensions of Family Cohesion in Family Cohesion levels among Respondents

The research also sought to find out the dimensions of family level cohesion levels. The family cohesion scale, provides two main themes, mutual support and togetherness. Consequently, levels of family cohesion were measured in two main dimensions being mutual support and

togetherness. The items were summarized into 10 themes with five in mutual support dimensions (help seeking, friendships approval, family group think, consulting on personal decisions,) and five in togetherness dimension (isolating from society, reliance on internal warmth, spending free time together, close togetherness and value of togetherness). The means and standard deviations for the themes in dimensions as well as frequency distribution were calculated to determine contribution of each in overall level of family cohesion. Table 4.6 presents the descriptive analysis in levels of family cohesion items.

Table 4. 6: Dimensions in Family Cohesion in Levels of Family Cohesion

Family Cohesion dimensions	Themes in dimensions	Mean	Std Dev	Almost Never %	Once in a While	Sometimes %	Frequently %	Almost Always %
Mutual support	Seeking each other's Help	2.85	.79	4.4	28.5	46.0	20.9	0.2
	Friendships approval	3.07	.87	2.9	25.1	38.4	30.7	2.9
	Consult on personal decisions	3.02	.89	3.4	23.6	42.6	27.7	2.7
	Easily agree	3.15	.92	2.7	21.4	37.7	33.1	5.1
	Availability in family activities	3.22	.92	2.2	19.7	38.7	31.9	7.5
	Total Mean	3.06						
Togetherness	Doing things with just immediate family	3.14	.87	1.9	22.9	38.7	32.6	3.9
	Family warmth	2.96	.89	4.9	23.6	45.3	23.4	2.9
	Spending time together	3.18	.92	3.2	20.7	38.0	32.6	5.6
	Feel very close to each other	3.21	.91	1.9	21.2	38.0	32.8	6.1
	Value togetherness	2.79	.86	8.0	26.5	44.3	20.0	1.2
	Total Mean	3.05						

In reference to the dimensions, the findings showed that on the dimension of mutual support had an overall mean of 3.06 while togetherness had an overall mean of 3.05. In mutual support dimension 'availability in family activities' had the highest mean at 3.22, followed by 'easily

agree' with a mean of 3.15 while 'seeking each other's help' had the least mean at 2.85. In regards to consulting on personal decisions and friendships approval, the youth's response rate had a mean of 3.07 and 3.02 respectively. In togetherness dimension youth who indicated they feel very close to each other had the highest mean of 3.21, followed by 'spending time together' at 3.18 while 'value togetherness' had the least mean at 2.79. Results on doing things with just immediate family members and experiencing family warmth had a mean rate of 3.14 and 2.96 respectively. When respondents were asked about 'seeking help from each other', and 'value togetherness', 'Almost Always' had the least scores at 0.2 and 1.2 indicating both lack of mutual support and togetherness among the family members. It's also worth noting that valuing togetherness, seeking each other's help and feeling warmth were interestingly low considering they are intrinsic experiences while availability in family activities which is an extrinsic experience scored high. This could suggest that although the youth families were meeting together and spending time together, the intrinsic closeness was not felt among the youth implying a lack of emotional bond and sense of belonging felt within the family.

These findings correspond with those of Vilca et.al. (2024) while evaluating the FACES-III psychometric properties among college students in Chile and Colombia, who established that 'family members seek help from each other' and 'family togetherness is very important' had the least mean at 2.91 and 2.80 respectively. Correspondingly, 'family members feel very close to each other' had a mean of 3.33 which was the highest mean recorded. Similarly, in Kenya, a study on alcoholism and family cohesion among families established that 'family members seek help from each other' and 'family togetherness is important' had the least mean at 2.059 and 1.79' demonstrating some aspects of mutual support and togetherness were low in the sample (Mwai, Wamue-Ngare & Mwangi, 2013).

4.4 Prevalence of Psychological Distress among Respondents

This segment provides the results of the research on the prevalence of psychological distress. The second objective aimed to determine the prevalence of psychological distress among respondents. The respondents responded to the Kessler’s Psychological Distress Scale (K-10). The test consists of 10 items for self-assessment regarding the occurrence of symptoms of anxiety, depression or stress. The K-10 is represented on a Likert-scale with a score of 1 indicating “None of the time” to a score of 5 indicating “All of the time”. This will be described through the following sub-sections. The first sections will describe the statistical description of psychological distress and the second sections will discuss the levels of psychological distress. The third section describes the gender differences in psychological distress and the fourth and fifth section will discuss the different dimensions in levels of psychological distress

4.4.1 Statistical Description on Psychological Distress

The respondents were required to respond to the psychological distress questionnaire to ascertain their levels of psychological distress. Table 4.7 provides the data descriptive statistics

Table 4.7: Descriptive Statistics of Psychological Distress

Psychological Distress Statistics	
Statistics	Values
N Valid	411
N Missing	0
Mean	27.32
Std Dev	8.26
Minimum	10
Maximum	48

From the analysis, the mean was 27.32 (StDev 8.26). The least score was 10 while the highest score was 48. This standard deviation indicates a low level of variability or volatility within the data-set which is suggestive of moderate disorder within the sample population. This

corresponds with findings of Furtado et al. (2017) while using the K-10 who found that at least 58% of the sampled youth in Kenya were experiencing moderate psychological distress.

4.4.2 Prevalence of psychological distress among the respondents

To measure psychological distress, the scores were configured into four levels as follows; Severe Disorder (30-50), Likely to have a moderate disorder (25-29), Likely to have mild disorder (20-24), and Likely to be well (10-19). The results of K-10 were provided as shown on table 4.8

Table 4.8: Levels of Psychological Distress

Prevalence of Psychological Distress	n	Percentage
Likely to be Well	62	15.1
Likely to have a Mild Disorder	128	31.1
Moderate Disorder	79	19.2
Severe Disorder	142	34.5
Total	411	100.0

From the data analyzed, a majority of the respondents (34.5%) had a severe disorder followed by 31 % showing to having a mild disorder, 19.2 % had a moderate disorder and the least at 15.1 % likely to be well. The prevalence of psychological distress was 53.7% (scores ≥ 25). These findings collaborate with some similar studies conducted in Africa and Kenya that are indicative of a high prevalence rate in psychological distress characterized by high depression and anxiety rates among the youth (Kugbey et.al., 2016, Menecha & Muriungi, 2020; Othieno et.al., 2014, Tesfaye et.al., 2019). For instance, Kugbey et.al., (2016) established that undergraduate universities in Ghana had extremely high levels of depression, anxiety and stress (57%, 84% and 49% respectively) which was significantly predicted by social support from friends and family. Closer home, Menecha and Muriungi (2020) established that at least 49% of the respondents attending a middle-level college in Kenya reported modest to severe

depression and 32% reported moderate to severe anxiety although they used the Beck's Anxiety and Beck' Depression Inventory. This is indicative of the occurrence of psychological distress among youth in middle-level colleges.

4.4.3 Psychological distress and Gender

The study also sought to find out the differences in psychological distress in relation to gender. Among the 411 participants, 252 were female and 159 were male. Literature has demonstrated that gender difference may occur in psychological distress prevalence. Table 4.9 presents the results on psychological distress and gender.

Table 4.9: Psychological Distress and Gender

	Group	N	Mean	Std. Deviation	S.E. Mean
Psychological Distress	Male	159	28.07	9.34	.74
	Female	252	26.84	7.49	.47

Independent Samples Test

		F	Sig.	t	df
Psychological Distress	Equal variances assumed	12.760	<.001	1.470	409
	Equal variances not assumed			1.399	282.879

The study found that male students experienced slightly higher levels of psychological distress with a mean score of 28.07 (SD=9.34) compared to female students who had a mean score of 26.84(SD=7.49). The standard error of the mean was higher for males (0.74) than females (0.47), suggesting more variability in males' responses. According to the results, females reported lower psychological distress levels in comparison to their male counterparts. An independent t-test analysis was done to compare the mean of the two genders and the findings

established a significant difference between the two means ($t=1.40$, $df=282.88$), $p\text{-value}=.000$) with $CI=0.95$.

Global literature has often demonstrated that females have significantly higher scores in psychological distress in comparison to males. Although, a scholarly study conducted among university students in Pakistan (Siddiqui, Jahangir & Hassan, 2020) established that male psychological distress was significantly higher than the female suggesting that females are likely to receive better social support from the family members than their male counterparts. These findings could suggest a similar pattern on the sampled respondents.

4.4.4 Different Dimensions in levels of Psychological Distress

The research also sought to find out the different dimensions in levels of psychological distress among the respondents. From the K-10 scale, the different dimensions that emerged include intensity and frequency of symptoms. Five of the dimensions describe less intense feelings while five of the dimensions described more intense feelings. The summary is presented on Table 4.10

Table 4.10: Different Dimensions in Levels of Psychological Distress

Severity of Psychological Distress Symptom	The symptom	Mean	Std Dev	None of the Time %	A little of the Time %	Some of the Time %	Most of the Time %	All of the Time %
Less intense	Feeling restless	2.70	0.99	9.2	36.3	34.5	15.3	4.6
	Feeling tired	3.12	0.92	1.5	24.6	42.6	23.4	8.0
	Feeling nervous	2.73	0.94	7.1	37.2	35.3	17.0	3.4
	Feeling sad	2.71	0.99	6.3	43.3	29.2	15.8	5.4
	Feeling hopeless	2.91	1.04	6.8	31.4	33.1	21.4	7.3
	Total Mean		2.83					
High Intense	Feeling intensely restless	2.62	0.93	9.0	40.1	33.3	15.1	2.4
	Feeling that everything was an effort	2.77	0.98	6.1	38.9	31.4	18.7	4.9
	Feeling intensely nervous	2.60	0.94	10.2	38.9	33.6	14.8	2.4
	Feeling intensely sad	2.60	0.97	9.2	43.3	29.0	14.8	3.6
	Feeling worthless	2.57	1.04	13.9	38.9	27.5	15.6	4.1
	Total Mean		2.63					

The findings show the less intense symptoms were more experienced at (M=2.83) in comparison to more intense symptoms at (M=2.63). This may imply that despite the symptoms many respondents were in a position to continue managing their life though with difficulties. In the less intensive symptom category, ‘Feeling tired’ was more experienced (M=3.12) with a frequency of 23.4% and 8% in the most of the time and all of the time respectively. The equivalent ‘Feeling everything is an effort’ was most experienced in high intense symptoms (M=2.77) and a frequency of 18.7% and 4.9% in most of the time and all the time respectively. ‘Feeling restless’ was the least experienced as a less intense symptom with (M=2.70) with a frequency of 15.3% and 4.6 % in most of the time and all of the time respectively. In regards to high intensity symptoms, the least experienced is ‘feeling worthless’ with (M=2.57), this is

an escalation of hopelessness (a less intense symptom) with $M=2.91$ and a frequency of 21.4 % and 7.3 % most of the time and all of the time respectively. Overall the results show that ‘feeling tired’ was registered with a highest mean in more and less intensive symptoms suggesting that psychologically distressed youth in TVET institutions are more likely to experience tiredness (fatigue) as both intensive and a less intensive symptom

These findings correspond with Silva (2021) while assessing psychological distress using the K-10 scale among adults in Brazil and found that item 1 ‘About how often did you feel tired for no good reason’ scored the highest mean at 2.4, followed by item ‘About how often did you feel nervous’ with a mean of 2.3 and then followed by ‘About how often did you feel everything was an effort at 2.2. Interestingly, ‘About how often did you feel worthless’ had the least mean at 1.5. Across the continent, Larzabal-Fernandez et.al., (2023) while assessing the psychometric properties of the Spanish version of K-10 on sample of adolescents (5123) in Ecuador, established that item 8 ‘About how often do you feel tired?’ had the highest mean at 3.01 and 3.25 for male and female respectively. The researchers, further established that item 3 ‘About how often did you feel so nervous that nothing could calm you down’ had the least mean at 1.81 and 1.95 for male and women respectively. This implies that fatigue or tiredness is a more prevalent symptom among the youth and worthlessness is considered a less prevalent symptom among the youth.

4.4.5 Different psychological themes in psychological distress among the Youth

The study also sought to find out the various psychological themes in psychological distress among the respondents. Generally, the K10 test has two main psychological themes that it assesses; depression and anxiety. The test further has four sub-scales from the two main scales namely; nervousness, agitation, fatigue(tiredness) and negative affect. Nervousness and agitation scores are computed as anxiety symptoms whilst fatigue and negative affect scores are computed as depression symptoms. Table 4.11 provides the summary

Table 4.11: Different psychological themes in Psychological Distress

Psychological Themes in Psychological Distress	The symptom	Mean	Std Dev	None of the Time %	A little of the Time %	Some of the Time %	Most of the Time %	All of the Time %
Anxiety	Feeling restless	2.70	0.99	9.2	36.3	34.5	15.3	4.6
	Feeling intensely restless	2.62	0.93	9.0	40.1	33.3	15.1	2.4
	Feeling nervous	2.73	0.94	7.1	37.2	35.3	17.0	3.4
	Feeling intensely nervous	2.60	0.94	10.2	38.9	33.6	14.8	2.4
	Total Mean		2.66					
Depression	Feeling sad	2.71	0.99	6.3	43.3	29.2	15.8	5.4
	Feeling hopeless	2.91	1.04	6.8	31.4	33.1	21.4	7.3
	Feeling that everything was an effort	2.77	0.98	6.1	38.9	31.4	18.7	4.9
	Feeling tired	3.12	0.92	1.5	24.6	42.6	23.4	8.0
	Feeling intensely sad	2.60	0.97	9.2	43.3	29.0	14.8	3.6
	Feeling worthless	2.57	1.04	13.9	38.9	27.5	15.6	4.1
	Total Mean		2.78					

The findings indicate that depression scores were higher (M=2.78) than anxiety scores with (M=2.66) among the respondents. In anxiety scores, ‘feeling nervous’ had a highest mean score of 2.73 with a frequency of 35.3 % and 17.0 % some of the time and most of the time respectively while ‘feeling intensely nervous’ had the least mean score (M=2.60). This suggests that although the respondents may have been experiencing nervousness, the feelings were less intense. In regards to depression scores, feeling tired (fatigue) had the highest mean score at M=3.12, followed by ‘feeling hopeless’ with a M=2.91 and ‘feeling worthless’ had the least scores at M=2.57.

Although global literature has shown that young adults (18-25) are more prevalent to anxiety than depression these findings concur with those of Anyanwu (2023) who established a

prevalence rate of 57% in psychological distress among youth in rural Uganda with notable higher levels of depression than anxiety among the youth. Furthermore, in Kenya Menecha and Muriungi (2020) established that the depression rates were slightly higher than anxiety rates among youth in a middle-level college at 49% and 32 % respectively.

4.5 Correlation between Family Cohesion and Psychological Distress among respondents

The study sought to find out whether there exists a relationship between family cohesion and psychological distress. The null hypothesis to be tested was:

H₀: There is no relationship between family cohesion and psychological distress among the respondents.

To test the null hypothesis, the following inferential statistics were done, The Pearson's Product Moment Correlation co-efficient (r), the Chi-square and the One-way ANOVA were utilized.

This is discussed sequentially below: -

4.5.1 Pearson Moment Correlation between family cohesion and psychological distress

In order to establish whether there is a relationship between family cohesion and psychological distress the Pearson Moment Correlation (r) was used. It helps measure the strength of association between two variables. The correlation co-efficient value ranges from +1 to -1. This implies that a value less than 0 is a negative association and a value greater than 0 indicates a positive association. Therefore, as one variable increases the other variable decreases and as one variable decreases the other variable decreases. The strength of the variable can either be small ($r = .1$ to $.3$), medium ($r = .3$ to $.5$) or large ($r = .5$ to 1.0). The p-value of $<.05$ was utilized to determine statistical significance. Table 4.12 provides the details on the Pearson correlation co-efficient results.

Table 4.11: Correlation between Family Cohesion and Psychological Distress

		Family Cohesion Levels	Psychological Distress
Family Cohesion Levels	Pearson Correlation	1.000	-.747
	Sig. (2-tailed)		.000
	N	411	411

**p<.0.05

Table 4.12 shows a strong negative correlation was found ($r=-.747$, $p\text{-value}=0.000$) indicating a strong negative relationship between the family cohesion and psychological distress at the $p\text{-value} >.05$. Thus, the null hypothesis (H_0) is rejected and the alternative hypothesis (H_1) accepted. This indicates that as family cohesion decreases, psychological distress among young adults tends to increase, and vice-versa. These results correspond with those of Berryhill, Harless and Kean (2018) who established that college students in United States who had positive communication mediated by a cohesive family relationship had lower levels of anxiety, depression and stress. Furthermore, Rodriguez et.al.(2014) established a strong negative correlation concerning family cohesion and psychological distress among adolescents in United States with poor family environment characterized by unbalanced family cohesion leading to poor emotional problems psychological distress). This is suggestive of the fact that unresolved psychological distress at adolescence that is biased on unhealthy family cohesion is more likely to be transferred to young adults complicating their development. In Kenya, Mbuthia (2016) while assessing for attributions associated with psychological distress among youth, established that unstable family cohesion was a significant factor. The findings are consistent with the current study confirming the association between family cohesion and psychological distress among the youth.

4.5.2 Cross-tabulation analysis on family cohesion and psychological distress among respondents

A cross-tabulation was also done to find the co-occurrence of family cohesion and psychological distress among the youth in middle-level colleges. The observed frequencies for each cross-classification category are displayed on Table 4.13

Table 4. 12: Cross-tabulation co-occurrence of family cohesion and psychological distress

		Unbalanced Cohesion	Balanced Cohesion	Total
Likely to be Well	Count	18	44	62
	Expected	43.14	18.86	.15
	Total %	4.4%	10.7%	15.1%
Likely to have a Mild Disorder	Count	73	55	128
	Expected	89.07	38.93	.31
	Total %	17.8%	13.4%	31.1%
Moderate Disorder	Count	60	19	79
	Expected	54.97	24.03	.19
	Total %	14.6%	4.6%	19.2%
Severe Disorder	Count	135	7	142
	Expected	98.81	43.19	.35
	Total %	32.8%	1.7%	34.5%
Total	Count	286	125	411
	Expected	.70	.30	1.00
	Total %	69.6%	30.4%	100.0%

The results indicate that a majority of youth who had severe disorder in psychological distress (32.8%) had experienced unbalanced cohesion. From Table 4.13, the results indicate there is a significant difference between the actual count and expected count indicating association between family cohesion and psychological distress and therefore we reject the null hypothesis and accept the alternative hypothesis.

4.5.3 Chi square Analysis on the relationship between Family cohesion and Psychological Distress

Chi square analysis was also done. This is a test used for detecting association between two categorical variables. It is used to establish whether the difference between expected and observed values were statistically significant between family cohesion and psychological distress. The more different the expected and the observed frequencies in the output table are, the larger the Chi square. The size of the Chi-square and p-value associated with the Chi-square statistic provides an opportunity to reject or accept the null hypothesis. Table 4.14 below provides the results.

Table 4. 13: Chi-square Tests

Chi-Square Tests			
	Value	df	Asymptotic Sig. (2-tailed)
Pearson Chi-Square	102.80	3	.000
Likelihood Ratio	112.42	3	.000
Linear-by-Linear Association	101.45	1	.000
N of Valid Cases	411		

Table 4.14 :Symmetric Measure

Symmetric Measures		
		Value
Nominal by Nominal	Phi	.50
	Cramer's V	.50
N of Valid Cases		411

The results from Chi square (Table 4.14) indicate a large Chi-square, therefore a strong significant relationship ($\chi^2=102.80$, $df=3$, $\alpha=.000$) between family cohesion and psychological distress was established. Thus we can adopt the alternative H_1 and reject the H_0 as the p-value observed is less than 0.05. Furthermore, the symmetric measures of Phi and Cramers' V (Table

4.15) which describe the degree of association are significantly large (.50) to indicate a strong significant relationship between levels of cohesion and psychological distress among young adults among middle-level college students in Nairobi, Kenya. These present results correspond with findings of Garcia-Mendoza et.al. (2023) who through a longitudinal study found that family social support characterized by healthy family cohesion was a significant factor in reducing psychological distress among emerging adults in college (M=20.31) ($\chi^2=64.64, df=1, \alpha=.001$)

4.5.4 ANOVA analysis on Family cohesion and Psychological distress

A one-way ANOVA was calculated to evaluate the relationship between family cohesion and psychological distress. The one-way ANOVA was used to test the effect of different levels of cohesion on psychological distress. The means and standard deviations are presented on Table 4.16

Table 4.15: ANOVA Results

		ANOVA				
Psychological Distress		Sum of Squares	df	Mean Square	F	Sig.
Between Groups	(Combined)	17387.399	33	526.891	19.114	<.001
	Linear	15436.967	1	15436.967	560.013	<.001
	Term	1950.433	32	60.951	2.211	<.001
Within Groups		10337.016	375	27.565		
Total		27724.416	408			

Model Summary (Psychological Distress)				
R	R Square	Adjusted R Square	Std. Error of the Estimate	
.75	.56	.56	5.49	

The results from table 4.16 indicate there was a significant effect of family cohesion on psychological distress at the $p < .05$ level for the two conditions (balanced and unbalanced cohesion) [$R^2 = .56$, $F(1,32) = 19.1$, $p < .001$]. Specifically, the results indicate that stable family cohesion reduces psychological distress among youth and vice-versa.

4.5.6 Partial Correlations while controlling for variables

The null hypothesis tested was, H_{01} -There is no relationship between family cohesion and psychological distress while controlling for variables like; parent(s) marital status, parent's level of education and main income earner. The partial correlation co-efficient was controlled using the Pearson's correlation co-efficient. The results are shown on Table 4.17

Table 4.16 :Partial correlation co-efficient while controlling for socio-demographic

Control Variables		Correlations		
			Psychological Distress	Family Cohesion
Parent(s) Marital Status	Correlation		.152	-.157
	Significance (2-tailed)		.002	.001
	df		409	409
Description of Main Income Earner	Correlation		.048	.046
	Significance (2-tailed)		.336	.348
	df		409	409
Parents Level of Education	Correlation		-.012	.047
	Significance (2-tailed)		.814	.339
	df		409	409
Main Income Earner	Correlation		.083	-.023
	Significance (2-tailed)		.093	.641
	df		409	409

The findings indicate that level of education and the type of income earner had insignificant correlation to the main variables. Parent's marital status had a moderate correlation on psychological distress ($r=.152$) and family cohesion ($r=-.157$). These findings collaborate those of Bierman (2012) who established that marital status was considered a significant moderator between family cohesion and psychological distress despite the focus of population being married adults.

4.6 Discussion of Findings

This segment is a discussion of the findings in reference to the research questions.

In research question # 1, the scholar aimed to determine 'what is the level of family cohesion among the youth in middle-level colleges in Nairobi City County?' The findings on levels of cohesion revealed that nearly two thirds of the respondents' experienced unbalanced family cohesion which is characterized with disengagement and enmeshment with a third reporting balanced cohesion characterized by connection and separateness. The Olson's Circumplex model suggest that individuals in unbalanced cohesion may experience little to extreme closeness, little loyalty to extreme loyalty and high independence to extreme dependence in their familial relationships. The model further informs that extreme high(enmeshment) or extreme low cohesion (disengagement) will tend to be problematic for members of the family and their relationship development while the balanced cohesion families tend to have a more functional life through the life cycle.

The mean value for family cohesion was 30.62 suggesting unbalanced family cohesion among the youth in middle level colleges in Nairobi. This implies that a majority of the youth may be experiencing disengagement and enmeshment which is predictive of the psychological distress among the youth. Research studies conducted among the youth specifically within the selected age group have used different tools and methodologies to assess this factor. Notably, some studies have provided consistent results with the current research especially those that have

used the Olson's FACES test of family cohesion and adaptation. Gaitlin (2017) conducted a study among African-American youths in the US using the FACES-IV tool and established over 66% of the youth were experiencing unbalanced cohesion which resulted into poor social competence. In Romania, Rada (2014) established that over 50% of the youthful population assessed reported unbalanced cohesion. Similar studies were conducted among the Turkish university students and found that they scored 67% in unbalanced cohesion (Turkdogan, Duru & Balkis, 2018).

It's worth noting that mutual support scores had a slightly higher mean than togetherness scores suggesting that the youth value both mutual support and togetherness. Furthermore, intrinsic experiences of cohesion scored low in comparison to extrinsic experiences which had higher scores. For instance, 'family togetherness is important' which is an intrinsic experience had the least score ($M=2.79$) in comparison to its equivalent extrinsic experience 'availability in family meetings/events' which had the highest score ($M=3.22$). This incongruence may be influenced by cultural or social norms within the African setting that may require individuals to participate in family meetings, or just get along with family members as a duty or habit although they don't derive any meaning from it and internally they may be experiencing emotional detachment with other family members. This in essence may cause emotional distress as the individuals try to maintain a façade yet internally they are feeling conflicted. This corresponds with research conducted in Kenya by Egunjobi, Gikandi and Muriithi (2021) using a longitudinal study using the FACES tool among the youth in alcoholic rehabilitation that established low family cohesion among youth and found a mean value of ($M=25.45$) suggesting unbalanced cohesion characterized by dysfunction and chaos within the family.

Gender differences were also observed among the respondents with the females ($M=30.73$) exhibiting slightly higher levels of family cohesion than their male ($M=30.45$) counterparts. General literature demonstrates that females tend to report higher levels of family cohesion

than males which may imply that females may perceive their families as more unified and supportive in comparison to the male. Traditionally, females engage more in emotional sharing and relational maintenance and are more likely to seek and value emotional closeness more than their male counterparts. In addition, the men at this age may be experiencing a greater pressure to assert autonomy which may lead them to distance themselves emotionally to prove maturity even as their male social identity shifts towards peer groups which could explain the findings.

The relatively high levels of unbalanced cohesion noted among the youth in middle-level colleges may be attributed to dynamic changes within the family structure that have been observed over the years. A 2019 national bureau of statistics report on Kenyan population reports that the state of family has changed over the decade with single-parent and blended families notably rising with changes in family structure contributing to levels of cohesion (togetherness) (National Policy on Family Promotion and Protection, 2019). To illustrate this, over 30% of the respondents reported that their parent's marital status was either single, separated or divorced which signifies a huge disconnect from the traditional family setting. The questionnaire first and last question 'Family members seek help from each other' and 'family togetherness is very important' had the least scores (Almost Never/Once in a while) in over 80% of the respondents

In research question #2, the study aimed to find out 'what is the prevalence of psychological distress among the youth in middle-level colleges in Nairobi City County? The outcomes indicate that a significant proportion (over 50%) of over 70,000 young people in middle level colleges in Nairobi County was suffering from elevated psychological distress, with an average score of 27.32. Though recent research in Kenya has noted an increasing prevalence in psychological distress among the youth, the high scores of psychological distress were not expected. This means that the students may be experiencing psychological distress without even being aware of it. The high prevalence may be attributed to many other factors identified

in other researches including unbalanced family cohesion. Research data available globally also demonstrates an increase of youth psychological distress over the years.

The findings also indicate the less intense symptoms in psychological distress had a higher mean ($M=2.83$) in comparison to high intense symptoms at ($M=2.63$). This may imply besides the youth experiencing high prevalence in psychological distress, they were still managing their symptoms. Specifically, 'feeling tired/fatigue' scored highly in both less intensive and high intensive symptoms which could be related to many aspects of their transitions into adulthood leading to a mental overload associated to family, academic pressure or biological changes. The results also established that depression scores ($M=2.78$) were slightly higher in comparison to anxiety scores ($M=2.66$). Generally, global studies have shown that young adults are more vulnerable to anxiety than depression. Depression manifests as disconnection, fatigue, lack of focus and internalized pressure while anxiety is more high energy and future focused, therefore with their present life challenges and lack of real-life associations amplified by technology and social media may contribute more to depression than anxiety. This corresponds with similar studies conducted within Nairobi County among university students and college students and found to have high scores in depression than anxiety (Kokonya et.al, 2008; Menecha & Muriungi, 2020). These results echo the findings of Menecha and Muriungi (2020) who conducted a cross-sectional descriptive study among students in a middle-level college (KMTC) and established that at least 49% of the respondents reported modest to severe depression and 32% reported moderate to severe anxiety, despite using a different scale the Beck's Anxiety Inventory (BAI) and Beck's Depression Inventory (BDI) respectively and yielding similar results. Similarly, Vázquez, Otero and Diaz (2012) established that Spanish college students experienced more symptoms of depression in comparison to anxiety.

Prevalence on psychological distress among the youth in Africa was found to be at 53.2% in Ethiopia (Tesfaye et.al, 2019) and 49% in Ghana (Kugbey, Osei-Boadi & Atefoe, 2016) despite

the studies being conducted among university students and over five years ago, they inform the prevailing situation of students elevated levels of psychological distress. Moreover, a 12-nation study across USA, Europe and Asian countries among university students revealed a 51% score on psychological distress with the K-10 test. Similarly, Zhang et.al (2018) established extremely high levels of psychological distress with a prevalence of 91% using the K-10 scale among university students. Although these studies were conducted among university students, the parallel results indicate elevated levels of psychological distress among young people in higher institutions of education.

Gender differences were also observed in relation to psychological distress among the youth. The females reported slightly lower scores ($M=26.84$) of psychological distress in comparison to male scores ($M=28.07$). Generally, scholarly studies have often demonstrated females are more susceptible to psychological distress in comparison to males. In the African continent, the social norms and support tend to favor females more than male which may serve as a protective factor for mental distress among young women as compared to young men. These findings are similar to those of Manasi et.al (2024) while researching on the burden of mental health disorders among adolescents and young adults and established higher scores of psychological distress among young men in Kenya in comparison to their peer females which was associated with skewed social support in regards to gender. This may be attributed to societal norms or cultural influences especially within the African context that determine how men and women are differently socialised in regards to emotional wellness and relational maintenance with females commonly known to seek emotional support from their families unlike their male counterparts.

In research question #3, the study aimed to evaluate, is there a relationship between family cohesion and psychological distress among the young adults in middle-level colleges in Nairobi City County? The results found a strong negative correlation between family cohesion and

psychological distress ($r=-.747$, p value=.000). Moreover, investigation from Chi Square analysis ($\chi^2=102.80$, $df=3$, $\alpha=.000$) established a strong association between levels of cohesion and psychological distress. The Pearson Correlation Coefficient (r) was used to examine the null hypothesis which stated ‘there exists no relationship between psychological distress and family cohesion among the youth in middle-level colleges in Nairobi City County’. The outcomes indicate that there is a significant relationship between psychological distress and family cohesion.

The robust negative correlation co-efficient indicates that as family cohesion increases there is a corresponding psychological distress decrease among young people in middle-level colleges. This correlation is statistically significant, indicating that the association observed is not due to chance but reflects a genuine phenomenon identified in the study. The findings underscore the substantial impact that poor cohesion has on youth who may experience feelings of isolation which heightens emotional distress increasing their vulnerability to anxiety, depression and stress related disorders. On the contrary, youth in stable cohesive families have a stronger support system and receive emotional support which helps ameliorate psychological distress which may arise from academic stress, work related stress, family or peer conflicts. The Olson’s Circumplex model demonstrates that young adults in stable family cohesion develop healthy self-esteem which can help them navigate life challenges more resiliently whilst unstable family cohesion may lead to feelings of unworthiness, difficulty forming healthy relationships and modelling of ineffective coping strategies which may lead to mental health distress. This may therefore explain the results of this study. These findings corroborate those of Nabayinda et al., (2023) who found a strong negative correlation between family cohesion and stress-related conditions among young people in Uganda.

These findings are similar with those of Berryhill, Harless and Kean (2018) and Rodriguez et.al., (2014) that established a strong negative correlation between balanced family cohesive

and low levels of mental distress among students in United States. A similar study conducted in South Africa established that poor family cohesion characterised with dysfunction and poor attachment styles with parents contributed to significant high depressive symptoms among youth suggesting psychological distress (Rawatal, Kliwever, Pillay, 2015). These results further therefore imply that family cohesion is of paramount importance in enabling the young people navigate psychological issues. This means that the mental wellness of young people is dependent on how connected they feel towards their family members. The Kenya National Policy on Family Promotion and Protection observes the notable decline in family cohesion may be attributed to the rise in social, economic and cultural upheavals manifested within the family like child headed families, skip generation families, divorces and separation, drugs and substance abuse among many others (Ministry of Labour and Social Protection, 2019). The policy was therefore established to realise the vision of happy and stable families for a strong society whose expected positive outcomes were increased levels of self-esteem, lower levels of antisocial behaviour, reduced levels of psychological distress and earning self-efficacy to deal with social-economic hardships. The Olson's Circumplex model of marital and Family systems theory was utilised to conceptualise this study (Olson, 2000). A key tenet of this model is that balanced cohesion provides an optimum environment for emotional, physical and social support of the family which consequently impacts on the mental wellness of the young adults. Theoretically, this implies that unbalanced cohesion may inadvertently increase psychological distress and the results of this study validate this model.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter describes the summary of findings, conclusion and recommendation drawn from the research on the association between family cohesion and psychological distress among middle-level college students. To begin with, is the summary of the findings, moving on to the conclusions and lastly the recommendations based on the research.

5.2 Summary of the findings

This section provides summary of findings in four subsections. Subsection one will discuss the demographics of the respondents. The second section will provide a summary on the levels of family cohesion. Section three will discuss prevalence of psychological distress among the youth. Lastly, the fourth section will discuss the correlation between family cohesion and psychological distress amongst youth in middle-level colleges.

5.2.1 Socio-demographics details among youth in Middle-level Colleges in Kenya

The respondent's demographics provided important information in the current study. The respondents aged 18-21 were 273 (66%) and those aged 22-25 were 138 (34%). Students aged 18-21 were the majority at 66%. In regards to gender, male respondents were 159 (39%) and female respondents were at 252 (62%). Female respondents were the majority at 62%. The results further indicate the sample respondents constituted 70% from private institution and 30% from public institution constituting of 30%. In regards to marital status of their parents(guardians), the results further indicate over half of the respondents (55%) parents were married while only 3.2% indicated that their parents were divorced. In addition, the findings demonstrate a majority (37%) of the students reported that their parent's (guardians) highest level of education was Technical School, followed by Secondary Education with 31.4%, with

the least (9%) indicating Master's graduate. 3.4% who indicated N/A were whose parents were deceased. In regards to source of income, a majority (36.7%) of the students indicated Fathers, followed by Mothers (31.1%) while the least (9%) indicated 'self' as the main income earner. The results further indicate, 63.5% indicated that their parents worked full time followed by 24.6 % who indicated their parents worked part time. There was a 2.2 % that indicated that their parent 'does not work and is not looking for work'. The results therefore show that majority of their parents(guardians) have opportunities for making income.

5.2.2 Levels of Family Cohesion among youth in Middle-Level Colleges in Kenya

Analysis of the data showed that most of the respondents (69.6%) were experiencing unbalanced cohesion while 31.4 % were experiencing balanced cohesion. This means that a quite a number of young people in middle-level colleges in Nairobi County were experiencing lack of warmth, closeness, lack of mutual support and togetherness which is also characterized by excessive autonomy or absence of independence within the family. The mean score was 30.62 which is indicative that a significant number of respondents were experiencing unbalanced levels of family cohesion. However, it's worth noting that there were no observed major differences in levels of family cohesion between the two age groups (18-21 and 22-25) identified. Notably, gender differences that were observed showed that females had higher cohesion levels than males which agrees to other global studies in Kenya and around the world. Female respondents had a higher mean (M=30.76) than male respondents mean (M=30.45) implying female experience better family cohesion in comparison to their male counterparts. On the other hand, mutual support dimensions' scores (M=3.06) were slightly higher than togetherness scores (M=3.05). Under mutual support, 'availability in family activities' had the highest mean at 3.22 with 'seeking each other's help' having the least mean at 2.85. In togetherness dimension, 'feeling close to each other' had the highest mean at 3.21 while 'value togetherness had the least mean at 2.79. In addition, the results showed that intrinsic

experiences (M=3.05) of family cohesion scored lower than extrinsic experiences (M=3.06) of family cohesion suggesting levels of incongruence in how the youth's perceive cohesion. This may be explained by the that fact that although youth value being together with their families they may be associating with them to meet societal obligations but internally they may be alienated or emotionally distant.

5.2.2 Prevalence of Psychological distress among youth in Middle-Level colleges

The findings revealed a prevalence of 53.7% (>25) in psychological distress among the respondents. Severe disorder had the highest scores at 34.5%, followed by mild disorder at 31.1%, moderate disorder at 19.2% and likely to be well at 15.1%. This means that students in middle-level colleges may be experiencing some form of psychological distress, with a mean score of 27.32 indicating a moderate level of psychological distress in the population. Notably, psychological distress was more prevalent in youth aged 22-25 (M=28.20) while those aged 18-21 (M=26.87). These findings may be attributed to diverse adulthood transitions that lead to increased responsibilities and emotional distress which may explain the results. The findings further sought to establish high intense symptoms and less intensive symptoms in psychological distress. Less intense symptoms had slightly higher scores (M=2.83) in comparison to high intense symptoms (M=2.63). This implies that the youth were managing the intensity of symptoms. Notably, 'feeling tired' was observed to have the highest score in both high intense and low intense symptoms at M=3.12 and M=2.77 respectively. Interestingly, 'how often you feel worthless' had the least mean (M=2.57). Depression (negative affect and fatigue) scores (M=2.78) were also notably higher than anxiety (nervous and agitation) scores (M=2.66) among the respondents. Generally, global statistics have always indicated anxiety scores to be higher among youth in comparison to depression scores.

Gender disparities were also observed with the male (M=28.07) showing higher scores than female (M=26.84) respondents. These results indicate male youth have higher prevalence in psychological distress in comparison to female youth in middle-level colleges.

5.2.3 Relationship between family cohesion and psychological distress among Middle-Level college students

The Pearson correlation co-efficient reveal there was a strong negative correlation ($r=-.747$, p value=.000) between family cohesion and psychological distress. This implies that as the levels of family cohesion decrease the levels of psychological distress increase. In essence, the results suggest that those students who experienced balanced cohesion (warmth, mutual support and connection) had reduced levels of psychological distress. The Chi-square results showed that a significant relationship exists between family cohesion and psychological distress ($\chi^2=102.80$, $df=3$, $\alpha=.000$) as p -value is less than 0.05 with the symmetric measures of Phi and Cramers' V which describe the degree of association being significantly large (.50) to indicate a strong significant relationship between family cohesion and psychological distress. Furthermore, the one-way ANOVA results also indicate a strong significant relationship between family cohesion and psychological distress.

5.3 Conclusion of the Study

Subsequently, it can be concluded that;

Nearly two-thirds of the youth aged 18-25 years are experiencing unbalanced levels of family cohesion. They may be experiencing poor connection with their family members; physically, emotionally and socially which is characterised by lack of warmth and togetherness. Age was not a factor in family cohesion. In reference to gender, females experienced higher levels of family cohesion in comparison to males, which could be attributed to either developmental or socialisation differences between the genders. Furthermore, there was incongruence between intrinsic experiences (perceived) in comparison to extrinsic experiences (expressed)

dimensions of family cohesion. Students in TVET colleges also experienced better mutual support than togetherness within their families.

As regards to psychological distress, over half of the young adults in TVET colleges were experiencing psychological distress. Psychological distress was more prevalent in older youths aged between 22-25 as compared to the younger ones 18-21 year olds. Gender-wise, the male students were more likely to have higher levels of psychological distress in comparison to their female counterparts. This was unexpected since global statistics have always indicated females' youths to have higher levels of psychological distress in comparison to male. Majority of the students experienced low intensive symptoms in comparison to high intensive symptoms suggesting youth's may continue with their daily activities unaware of the distress. Furthermore, majority of the youth in TVET colleges are likely to suffer from depression than anxiety. This concludes that a significant portion of the youth may be dealing with symptoms of depression than anxiety which could adversely impact their overall well-being.

Unbalanced family cohesion is likely to compromise on the mental health of young people thus causing psychological distress. Youth in TVET who experience unbalanced family cohesion were more likely to experience high levels of psychological distress. Youths who experienced lack of warmth, mutual support, connectedness and some form of individuality within the family setting were likely to exhibit elevated levels of psychological distress. Conversely, a youth who has experienced balanced family cohesion was likely to have reduced psychological distress and healthier coping mechanisms.

5.4 Recommendations of the Study

From this conclusion, these suggestions are recommended

5.41 Recommendations to the Youth, Parents/Guardians

- i. It is recommended for the youth to take time and have self-reflection in identifying the quality of family cohesion in their families. A self-reflection may help them to take deliberate efforts to manage family cohesion at healthy levels and any experienced psychological distress.
- ii. It is advisable to seek professional help to avert psychological distress that may emerge from unbalanced family cohesion. This is especially for the males and older TVET students who showed higher levels of psychological distress
- iii. It is recommended for parents/guardians to be cognizant of the relationship between family cohesion and psychological distress among youth in TVET institutions and stay informed through related seminars and workshops that will help in promoting balanced family cohesion
- iv. It is recommended to the youth to identify ways of managing stress effectively through developing self-compassion, promoting resilience and relaxation techniques
- v. It is recommended for the youth to focus on open communication and prioritizing quality time with their families in order to address the incongruence on perceived and expressed aspects of family cohesion.

5.4.2 Recommendations to College Administrators and Counsellors

- i. There is need for college administrators to organise seminar and psycho-educative training on family cohesion and psychological distress and how they relate to promote students' reflection, awareness and deliberate actions in managing family cohesion and psychological distress aimed at helping the students manage their psychological distress in relation to family cohesion
- ii. The college administration to ensure there are qualified college counsellors to assist students cope with issues on unbalanced family cohesion and related psychological distress.
- iii. College counsellors to include working with parents (guardians) or families when TVET students present psychological distress as a result of unbalanced family cohesion
- iv. It is recommended for the administrators to include gender-based mental health services within the institutions tailor-made to address gender differences in relation to family cohesion and psychological distress
- v. Incorporate routine psychological screening in the middle-level colleges in order to address psychological distress among the students

5.4.3 Recommendations for Policy Makers

- i. Policy makers especially in Ministry of Education(Kenya) and Ministry of Labour and Social protection (K) to be cognizant of the impact family cohesion have on psychological distress and welfare of the youth and draft policies that promote family cohesion
- ii. They also need to create awareness of the upsurge of youth's psychological distress by Ministry of Education (Kenya) in collaboration with Ministry of Health (Kenya) and develop mitigation factors that involve family intervention.

- iii. Policy makers need to come up with protective policies for male students on family cohesion and psychological distress

5.4.4 Recommendations for Further Research

This study focused on the relationship between family cohesion and psychological distress among college students in Kenya. The findings were therefore not wide-ranging and causation could not be established. However, the following recommendations are made for further research.

- i. Studies exploring causality either through longitudinal or experimental studies to assess the impact of family cohesion on psychological distress of youth especially that take into perspective of both youth and their parents
- ii. Action research in search of effective family-based interventions that would be aimed at strengthening cohesion and also tracking the effect on young adults' psychological distress
- iii. Researchers could also consider including research studies that would provide further insight in gender differences on the relationship between family cohesion and psychological distress.

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APPENDICES

KENYATTA UNIVERSITY

OFFICE OF THE CHAIRMAN ETHICS REVIEW COMMITTEE

A1: INFORMED CONSENT FORM

My name is Elizabeth Wambui Ndungi. Currently pursuing Master's in Counseling Psychology in Kenyatta University). I am conducting a study titled " Relationship between family cohesion and psychological distress among youth in middle-level colleges in Kenya" The information the researcher collects will be utilized for the purpose of the study only.

Procedures to be followed

Your Participation in this study involves completion of questionnaire that the researcher will make available. The questions may take approximately 15 minutes of your time.

Voluntarism

Your participation in this study is entirely optional. You have the rights to ask questions, decline to answer questions or terminate the interview anytime. Additionally, there will be no negative consequences from withdrawing from the study.

Discomforts and Risks

Please note that some of the questions may be personal and sensitive and you may feel uncomfortable answering them. If this happens, you have the right to refuse to respond and you have no obligation and can stop at any time.

Benefits

Your voluntary participation will help the researcher to identify the trends in family cohesion and psychological distress among middle-level college students that will inform on the relevant intervention measures

Reward

Since participation is voluntary, there will be no rewards given for taking part in this study..

Confidentiality

The questionnaires will be administered in a private setting within your institution and you will not be required to provide your name. Your anonymity will be protected and questionnaires securely protected. Only the research team will have access to your information

Contact Information

If you have questions about the study call the Dr. Simon Ndirangu Tel No. 0722 895820 or Researcher Tel No: 0721475172

However, if you have questions about your rights as a study participant: You may contact Kenyatta University Ethical Review Committee Secretariat on chairman.kuerc@ku.ac.ke,

Investigators statement

I, the undersigned, have explained to the volunteer in a language s/he understands, the procedures to be followed in the study and the risks and benefits involved

Name of Interviewer

Signature

Date

A2: STUDY QUESTIONNAIRE FOR THE RESPONDENTS

SECTION ONE: DEMOGRAPHIC INFORMATION OF THE YOUTH IN MIDDLE-LEVEL COLLEGES

Please answer the following questions by ticking appropriately

1. Age

18-21 Years 22-25 Years Other _____

2. Gender: Male Female

3. Please indicate your parent(s) marital status

Single Parent

Married

Separated

Divorced

Other _____

4. Please indicate your parent(s) highest level of education

Secondary Education

Technical School

University Graduate

Masters Graduate

Other _____

5. Please indicate who earns income to support your family

6. What is the best work description about this person (s) indicated above?

Works full time

Works part time

Does not Work and is not looking for work

Unemployed and looking for work

Retired

SECTION TWO: FAMILY COHESION QUESTIONNAIRE

Please read the statements and tick appropriately. Do not spend too much time on one statement

Describe your family	Almost Never	Once in a While	Sometimes	Frequently	Almost Always
Family members seek help from each					
We approve of each other's friends					
We like to do things with just our immediate family					
Family members feel closer to each other than to people outside the family					
Family members like to spend free time with each other					
Family members feel very close to each other					
When our family gets together for activities, everybody avails themselves					
We can easily think of things to do together as a family					
Family members consult other family members before making their decisions					
Family togetherness is very important					






SECTION THREE: PSYCHOLOGICAL DISTRESS QUESTIONNAIRE

For all questions, please tick the appropriate response

There is no right or wrong answer. Do not spend too much time on any statement.

In the past four weeks:	All of the time	Most of the time	Some of the time	A little of the time	None of the time
About how often did you feel tired out for no good reason?					
About how often did you feel nervous?					
About how often did you feel so nervous that nothing could calm you down?					
About how often did you feel hopeless?					
About how often did you feel so restless?					
About how often did you feel restless you could not sit still?					
About how often did you feel that everything was an effort?					
About how often did you feel sad?					
About how often did you feel sad that nothing could cheer you up?					
About how often did you feel worthless?					

A3: NACOSTI RESEARCH LICENCE APPROVAL

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
RefNo: 990165	Date of Issue: 24/August/2023
RESEARCH LICENSE	
	
This is to Certify that Ms. Elizabeth Maina Ndungi of Kenyatta University, 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: The Relationship between Family Cohesion and Psychological Distress among Youths in Middle Level Colleges within Nairobi City County, Kenya for the period ending : 24/August/2024.	
License No: NACOSTI/P/23/28800	
990165	
Applicant Identification Number	Director General
	NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
	Verification QR Code
	
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See overleaf for conditions	

A4: KENYATTA UNIVERSITY RESEARCH APPROVAL LETTER



KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke

Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 810901 Ext. 4150

Internal Memo

FROM: Executive Dean, Graduate School

DATE: 26th July, 2023

TO: Ndungi Elizabeth Wambui
C/o Psychology Dept.

REF: C50/CTY/PT/23106/2011

SUBJECT: APPROVAL OF RESEARCH PROJECT PROPOSAL

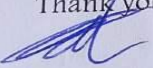
This is to inform you that Graduate School Board at its meeting of 12th July, 2023 approved your Research Project Proposal for the M.A Degree Entitled, "Relationship between Family Cohesion and Psychological Distress among the Youth in Middle-Level Colleges within Nairobi City County, Kenya.

You may now proceed with your Data Collection, Subject to Clearance with Director General, National Commission for Science, Technology and Innovation.

As you embark on your data collection, please note that you will be required to submit to Graduate School completed supervision tracking and progress report forms per semester. The forms are available at the university's website under Graduate School webpage downloads.

Also, please ensure that you publish article(s) from your project before submitting it to Graduate School for examination as per the Commission for University Education and Kenyatta University guidelines.

Thank you.


ELIJAH MUTUA
FOR: EXECUTIVE DEAN, GRADUATE SCHOOL

c.c. Chairman, Psychology Department.

Supervisors:

1. Dr. Simon Ndirangu
C/o Department of Psychology
Kenyatta University

EM/mo