

**INFLUENCE OF COVID-19 ON THE PSYCHO-SPIRITUAL WELLBEING OF THE
CHRISTIANS OF OUR LADY OF GUADALUPE PARISH, ADAMS, NAIROBI
COUNTY, KENYA**

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REG. NO. PSI/91/LA/20

**A THESIS SUBMITTED TO THE PSYCHO-SPIRITUAL INSTITUTE OF LUX TERRA
LEADERSHIP FOUNDATION, AN AFFILIATE OF THE CATHOLIC UNIVERSITY
OF EASTERN AFRICA IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF MASTER OF ARTS DEGREE IN PSYCHO-SPIRITUAL THERAPY AND
COUNSELING**

NAIROBI – KENYA

MAY, 2022

DECLARATION AND RECOMMENDATION

I, the undersigned, declare that this thesis is a product of my original work. It has not been previously presented to any other institution for academic purposes. All sources cited have been duly acknowledged.

I agree that this thesis may be available for reference and photocopying at the discretion of the Psycho-Spiritual Institute of Lux Terra Leadership Foundation.

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DEDICATION

This work is dedicated to the loving memory of my father, late Awua Koto, and my siblings

Rosemary Awua, Francis Awua, and Florence Awua

ACKNOWLEDGEMENTS

From the bottom of my heart, I thank the Almighty God, the maker of heaven and earth for the gifts of life and enlightenment. I cannot help but say with St Paul, his grace is sufficient for me.

I express my gratitude to my Bishop, Most Rev. Charles Michael Hammawa for his choice of my studies here and for unflinching and continuous support all through the years. I thank my brother priests of Jalingo diocese for their solidarity, prayers, and good wishes.

I appreciate the authorities of Psycho-Spiritual Institute (PSI), Rev Fr George Ehusani (Executive Director), Fr Dominic Adeiza, Rev. Dr. Joyzy Pius Egunjobi (Director/HOD PST Dept., MIUC), Fr George Maina, (Administration Secretary), Sr. Dr. Elizabeth N. Okpalaenwe (Quality Assurance and Dean of Students Affairs), and Sr. Marilyn Atimango (Coordinator of Counseling/Practicum Office), and all the professors for their integrative formation of my personality throughout my study here.

My special thanks go to Sr. Dr. Elizabeth Ngozi Okpalaenwe MHSR and Dr. Everlyn Oluoch-Suleh, my supervisors, whose encouragement, insightful advice, bird-view reading, and correction of this work have taken this presentable form. May God reward you abundantly. I cannot forget the sponsorship of Missio Aachen, through Lux Terra Leadership Foundation, Nigeria, without which this journey would have been near impossible. May God keep supplying you for the spread of his kingdom.

I am also indebted to the Marist International University College Community, Nairobi. Their love and encouragement kept us going. In the same vein, I thank so much my classmates and all my colleagues at PSI for their love, company, selfless care, and support.

Lastly, I express my in-depth gratitude to my mother, Suzana, and siblings for their prayers, support, and understanding. May God bless you always. Moreover, I pray that all those who ever wished me well on this journey will receive their blessings from God.

ABSTRACT

This Research assessed the Influence of Covid-19 on the Psycho-Spiritual Well-being of the Christians of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County, Kenya. The study was supported by the logotherapy theory of Viktor Frankl. The objectives of this study were: to explore the prevalence of Covid-19 among the Christians of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County; to investigate the influence of Covid-19 on the psycho-spiritual wellbeing of the Christians of the Catholic Parish of Our Lady of Guadalupe, Adams; and to identify the strategies that are used in coping with Covid-19 among the Christians of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County. The study adopted an embedded mixed-method design. The target population was 1075 Christians of this parish. The sample size was 292 gotten through simple random sampling method techniques. The data collection was done through open and closed-ended questionnaires and a semi-structured interview guide. The quantitative data was analysed by employing descriptive statistics analysis using Statistical Package for Social Sciences (SPSS) version 21.0 and presented in frequencies, tables, percentages, and pie charts. Qualitative data was analyzed effectively in a narrative form using objective themes. The Possible findings revealed that Covid-19 had both negative and positive influences on the lives of the Christians of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County, Kenya.

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CHAPTER ONE

INTRODUCTION

1.1 Introduction

Chapter one contains the background to the study, the statement of the problem, the objective of the research and research questions, the significance of the study, and scope and delimitation. This chapter also looks at the theory to be used – its strengths and weaknesses, justification of the theory, conceptual framework, and the operational definition of terms.

1.2 Background to the Study

Toward the end of the year 2019, there was an outbreak of coronavirus in Wuhan, an emerging business hub in China. It was reported that within the first fifty days of the epidemic the virus had killed one thousand eight hundred people and infected over seventy thousand people (Shereen et al, 2020). This virus was reported to be a member of the group of coronaviruses. The virus was named Wuhan coronavirus or 2019 novel coronavirus by Chinese researchers. The International Committee on Taxonomy of Viruses (ICTV, 2020) named the virus SARS-CoV-2 (Severe Acute Respiratory Syndrome Corona Virus 2) and the disease as id-19 (Shereen et al, 2020). Since then, the disease has ravaged the entire universe without any feasible solution yet. The most recent updates on Covid-19 indicate that over 140 million people were infected out of which over 3 million died and over 80 million recovered. Infections, recovery, and death continue at a very disturbing rate globally.

Statistics given by Worldometer (2021) show that 219,812,572 people have been infected. Out of these figures, 4,552,934 fatalities have been recorded; and 196,475,771 recovered. In Africa, updates show that a total number of 7,945,650 cases were recorded. Out of this number,

198,825 fatalities occurred; and 7,075,776 recovered. The worst-hit country on African soil is South Africa, which recorded an alarming infection rate of 2,805,604 out of which a total of 83,161 people died; and 2,578,741 recovered. In Kenya, an unfounded number of 238,852 cases were confirmed; 4,757 deaths were recorded and 226,037 recovered. The total of infections continues to increase by the day. Because of the non-availability of statistics on particular locations within Nairobi County, the researcher did not get any substantive information to decide on which part of the county was worse affected. However, with the level of infection across the County, it is possible that members of this community too were affected.

Apart from the massive destruction of lives by the deadly virus, there are other colossal losses recorded. Various studies (Bureau, 2020; Feyisa, 2020; Tadesse & Muluye, 2020; Douglas, M., Katikireddi et al., 2020; Singh & Singh, 2020; Wildman et al, 2020) have shown that the world economy, education sector, health sector, social interaction, religious activities, have been dangerously injured. The level of production has dropped drastically (Kumar et al, 2020), masses have lost jobs (Crayne, 2020), industries, companies, and, firms have lost and sacked staff in large numbers (Kay, 2020); and learning has been disrupted at various levels and times (Debbarma & Durai, 2021). Among other impacts, more diseases have sprung as a result of Covid-19, and general health degenerated; people no longer interact freely as they used to; religious activities like worship, fellowship, and so on have become tepid; increase in homicide and crime (UNODC, 2020); and infringement on the psycho-spiritual well-being of the populace (Quendan et al., 2021). All these are problems that remain the bane of the world and are direly in need of a solution.

Despite the high level of damage caused by Covid-19, historical facts reveal that this pandemic is neither the first and might not be the most disastrous in human history according to time and period of occurrence. The greatest concerns of many revolve around the end period and

the aftermath effects of this disease. Samad (2020) discloses that pandemics have killed thousands of people, from the Black Plague to the most recent Ebola outbreak. He asserts that infectious diseases have killed more people than any other cause in history. According to him, nobody knows how the world will look in the aftermath of Covid-19; when it will end, what the final death toll will be, and how countries will recover are all unknowns at this point. Covid-19, however, is not the first of these plagues. There have been several pandemics in the past, some with striking similarities to the coronavirus – all of which resulted in high death tolls, brought governments to their knees, and profoundly altered the world.

The sudden emergence and rapid spread of Covid-19 sent shocking waves to entire world population, and actually, a good portion of the population found it rather strange and thought it the first of a kind. However, studies reveal that history is replete with pandemics that have ravaged the world and changed historical plans at various times (History.com Editors, (2019)). Jarus (2020), Mardon et al. (2020), and Gullot and Serpa (2020) concur that leprosy and more pandemics of severe effects have existed before now.

Quite influential as these pandemics may have been, it may seem that the discussion on their impact largely excludes mental health. Meanwhile, it is quite beneficial to believe that health is wealth. An unhealthy body cannot achieve much, likewise an unhealthy mind. Without good health, nothing will move smoothly.

However, with a healthy mind in a healthy body human as well as physical development and growth are assured. There are many ways of enhancing good health the same way there are ways of hampering good health. Therefore, much as the other aspects of life are considered important topics for discussion, problems and effects of mental stability on the other hand should never be neglected, owing to the possible damages it may cause.

Mamelund, cited in Eghigian (2020), supports the claim with the example that in comparison to other aspects of the pandemic, little research has been conducted on the Spanish flu's long-term impact on mental health. The study revealed that looking at asylum hospitalizations in Norway from 1872 to 1929, the number of first-time hospitalized patients with mental disorders attributed to influenza increased by an average annual factor of 7.2 in the 6 years following the pandemic. In addition, he pointed out that Spanish flu survivors reported sleep disturbances, depression, mental distraction, dizziness, and difficulties coping at work, and that influenza death rates in the United States during the years 1918-1920 significantly and positively related to suicide.

He went on to say that, many people suspected there was a link between the Spanish flu and an increase in neurological diseases. By 1919 and 1920, physicians and researchers in the United Kingdom were reporting a significant increase in nervous symptoms and illnesses among patients recovering from influenza infection; symptoms included depression, neuropathy, neurasthenia, meningitis, degenerative changes in nerve cells, and a decline in visual acuity.

The prevailing experiences of Covid-19 as highlighted have generated numerous mental issues. For example, a study done in Europe revealed a number of mental issues caused by Covid-19 which include but are not limited to depression, anxiety disorders, stress, panic attack, irrational anger, impulsivity, somatization disorder, sleep disorders, emotional disturbance, posttraumatic stress symptoms, and suicidal behavior (Hossain et al., 2020). The study revealed further that age, gender, marital status, education, occupation, income, place of living, and close contact with people with Covid-19, comorbid physical and mental health problems, exposure to Covid-19 related news and social media, and coping styles, are some factors associated with mental health problems during Covid-19. Others comprise stigma, psychosocial support, health communication,

confidence in health services, personal protective measures; risk of contracting Covid-19, and perceived likelihood of survival (Hossain et al., 2020).

Inevitably, these issues have dangerously influenced the psycho-spiritual well-being of people beyond frontiers. Khademi et al. (2021) affirmed of the prevalence of cases of severe psychological distress, functional impairment, severe mental preoccupation, and suicidal ideation among recovered Covid-19 patients at the Covid-19 referral hospital Tehran, Iran in Asia. Similarly, Africa also had like experiences of psychological impacts (Ghazawy et al., 2021) leading to mental challenges. Students suffered depression, anxiety, and stress leading to panic disorders and related mental problems.

Of particular note again is the involvement of children. Sharpe et al. (2021) explains the fact that because most of the mental problems suffered by adults started when they were young, African children, with particular reference to Zambia's and Sierra-Leone's, are at the risk of carrying vestiges of these traumas into their future if not properly addressed early. These issues call for a prolonged, sustained, and intense study and measures among children and young people even as Covid-19 wanes down, to address their mental challenges of the moment. In fact, in Kenya, as suggested by Angwenyi et al. (2021), the problem of mental health during Covid-19 affected the vulnerable members of the society much as it did the strong, and should therefore be given a constant attention.

It is interesting to note that all pandemics are communicable by nature, most of them being airborne. Common characteristics include fever, sore throat, respiratory problems, dry cough, and head and body aches; and diarrhea especially in the case of cholera. Furthermore, all of them incurred varying degrees of destruction on humankind. It is equally fascinating to note that with regards to the overall impact created by the various pandemics, most researchers concentrate on

the medical and healthcare aspects; the financial and economic aspects; research and prevention policies; palliatives and infrastructure; and taking advantage of technological advancement (Mardon and Tang, 2020).

These moves have been made at global, regional, and local levels to curb this disease or at least nip it into the bud, but only partial success has been recorded. The total eradication of this pandemic or at least a vaccine that will prevent it from transmission is the major goal for both scientists and entire humanity. The attempted efforts at producing a feasible vaccine have been trailed with a lot of conspiracy theories.

However, the missing link in these efforts is the negligence of the psycho-spiritual component of the problem. So little has been written on the psycho-spiritual damage caused by Covid-19 and the therapeutic remedies needed to combat the situation of the disease. The way out of this quagmire still remains veiled. Hence, the move for a deeper search into the psycho-spiritual wellbeing of Christians of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County becomes an essential matter.

Spiritual well-being is concerned with one's inner life and its interaction with the outside world. To be spiritually well, one must engage in positive interactions with others and with one's own environment. It is essential to one's mental, emotional, and physical health. It is regarded as a primary coping resource on the road to recovery and healing. It can or cannot be associated with a specific religion and is simply one's own journey to discover what is important in life and one's place among them. However, in the context of this study, the researcher considered spiritual well-being as a state in which the positive aspects of spirituality are manifested with emphasis that while people may have issues, stressors, and challenges, they are not defined by these circumstances. Rather, the active participation of spiritual wellbeing lowers rates of anxiety, depression, and

suicide, and that addressing the patient's spiritual needs may improve recovery from illness. People's meaning, happiness, peace, and the likes, which are necessary components of psycho-spiritual wellbeing, will indicate this.

1.3 Statement of the Problem

The devastating effects of Corona Virus Disease (Covid-19) on the general mental health of humankind is rather huge. No doubt, with this high level of Covid-19 infections across the world, there is likely to be proportionate rise in psycho-spiritual illnesses among the participants of this study. For example, people in Kenya have experienced anxiety, depression, suicide, stigmatization, despair, fear, and grief. This catalogue of issues demands urgent intervention before the world becomes debilitated.

However, despite the aggressive steps taken by researchers and research institutes across the world, some of them seemed not to have talked about psycho-spiritual wellbeing of the people suffering from this illness. This research aimed at examining the prevalence of Covid-19 on the psycho-spiritual wellbeing of the Christians of the Catholic Parish of Our Lady of Guadalupe Parish, Adams, Nairobi County; assessing the influence it had on them; and finally explored the psycho-spiritual strategies that helped them to cope with the situation at hand. The research succeeded in bridging the yawning gap and answered the essential existential question of Covid-19. The choice of this location was based on simple fact of the loud cry of Covid-19 infections within Nairobi County.

1.4 The Objectives of the Research

- i. To examine the prevalence of Covid-19 experiences among the Christians of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County, Kenya.

- ii. To assess the effect of the Covid-19 on psycho-spiritual well-being of the Christians of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County, Kenya.
- iii. To explore strategies that are used in coping with Covid-19 among the Christians of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County, Kenya.

1.5 Research Questions

- i. What is the prevalence of Covid-19 experiences among the Christians of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County, Kenya?
- ii. What is the effect of Covid-19 on the psycho-spiritual well-being of the Christians of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County, Kenya?
- iii. What strategies are used in coping with Covid-19 among the Christians of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County, Kenya?

1.6 Significance of the Study

This research is an addition to the body of knowledge especially in the area of coping with pandemics with particular reference to Covid-19 situation among the Christians of the Catholic Parish of Our Lady of Guadalupe Parish, Adams, Nairobi County, Kenya. In this way, it will become a useful literature to both potential and real Covid-19 patients.

The expositions in this work will help the participants deepen their knowledge of what pandemic is and acquire more strategies on how to cope with other situations of this nature in future. The Church, especially her leaders, will get to learn more about the influences Covid-19 has on her activities and the strategies that she can use to conduct her programmes and to assist her members in times of such emergencies in future.

At the same time, psycho-spiritual therapists will learn more techniques of dealing with psycho-spiritual problems of this nature and magnitude when they occur. Moreover, government and NGOs will learn from this work where they were most needed to intervene and take appropriate measures now and hereafter.

The general wellbeing of every human being is very essential. Nevertheless, the mental health is the kernel of the healthy living entirely. When the mental health of the people is impaired, the general attitude of human performance switches on the decline. In this case, when the psycho-spiritual wellbeing of the people is properly handled, productivity will increase despite the presence of Covid-19. Proper handling here suggests taking into cognizance the general mode of spread of Covid-19, in other words, its prevalence; assessing the level of impact exerted on the people; and further exploring the most appropriate measures to mitigate and or end the impact.

1.7 Scope and Delimitations

The scope of this study was the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County, Kenya. It employed embedded mixed method design to gather information necessary for the completion of this study. It examined the prevalence of Covid-19, assessed the impact of Covid-19 and explored the coping strategies during Covid-19 among the Christians of this parish. The demographic consideration included men and women of this parish from 18 years and above and excluded children. In order to have an all-rounded view of this impact, the study population included both those found to have been infected as well as those who were not. This was because, the most recent update (October 13, 2021) on Covid-19 spread in Kenya revealed that Nairobi County was the epicenter of the disease in the whole country with 101,415 infected cases, distantly followed by Kiambu County, which is still within the Nairobi Metropolitan Region with 16,344 infected cases.

The choice of Adams, Nairobi County, was based on simple fact of the loud cry of Covid-19 infections within Nairobi County. Since no particular area was singled out, the researcher did a random exercise of folding papers containing names of different locations within Nairobi County and the present location was chosen. This was also in a bid to avoid bias in the study. Logotherapy, as a theory and a meaning-seeking approach, was thought to be appropriate for all who are distressed in this situation, facilitating recovery and resilience. This will include, on the one hand, their level of resistance to Covid-19 and, on the other, their devotion to God.

1.8 Theoretical Framework

This researcher employed Viktor Frankl's "Logotherapy Theory" (1966) as a theoretical framework as a means of relating the conditions of the Christians of the Catholic Parish of Our Lady of Guadalupe Parish, Adams, Nairobi County, Kenya, to the existential difficulties of Covid-19.

Logotherapy is a psychotherapeutic theory postulated by Viktor Frankl who was born in 1905 and grew up learning the theories of Sigmund Freud and Alfred Adler. After graduating from the University of Vienna Medical School in 1930, he went on to become the Director of the Rothschild Hospital's Neurological Department. However, his life was turned upside down in 1942 when he and his family were deported to a Nazi concentration camp. While struggling to survive in a Nazi concentration camp, he developed the theory of logotherapy, which claimed that by searching for meaning in life, individuals could endure and overcome suffering (Perera, 2020). This excruciating experience ironically turned out to be a blessing in disguise.

Possibly Frankl would not have explored to the extent which he did in exhuming from the 'mines of death' the meaning in life. According to him, "*Logos* is a Greek word which denotes

‘meaning,’” and therefore, logotherapy is a theory that “focuses on the meaning of human existence as well as on man’s search for such a meaning. According to logotherapy, this striving to find a meaning in one’s life is the primary motivational force in man” (Frankl, 1984 p. 104). From the testimony of Frankl, life in the concentration camp was totally a hopeless one since no one knew his or her fate at any given moment.

Upon all this, he made a deliberate decision to recount the experiences of this time, should he survived, as a source of encouragement to others who find themselves in one difficult condition or the other. Frankl believed that humans are motivated by a "will to meaning," which corresponds to a desire to seek and create meaning in their lives.

“Logotherapy is an analytical process insofar as it makes him aware of the hidden logos of his existence” (Frankl, 1984, p. 125). It is an examination of the physical, psychological, and spiritual (noological) aspects of a human being, as seen through the expression of an individual's functioning. It is commonly thought of as a humanistic–existential school of thought, but it can also be used in conjunction with modern therapies (Madeson, 2020). Frankl coined the term logotherapy in order to express his belief that the search for meaning, even in the midst of suffering, can be a potential solution to human suffering.

The American Psychological Association, the American Psychiatric Association, and the American Medical Society have all recognized logotherapy as a scientifically based school of psychotherapy (Schulenberg et al., 2008). In his own therapeutic practice, Frankl would first probe into finding out the reason why clients would like to continue to live and not commit suicide. In this direct approach, the main aim was to make the point that life hinges firmly on the meaning or purpose one sees in it to actualize. That reason serves as impetus and facilitates determination to progress.

After only a few years of practice as a psychiatrist in Vienna, Austria, Frankl (1905-1997) discovered that most people require a meaningful purpose to live for. He noticed that nearly one-third of the patients he treated were suffering from a noogenic neurosis caused by a lack of purpose in life. He discovered that the incidence of this syndrome had reached 50% at the Vienna Polyclinic, where he was working, in the years preceding the Second World War. He attributed this type of neurosis to the presence of *existential frustration* or an *existential vacuum*, which is the absence of a meaningful purpose in life (Abrami, n.d.). Among the attendant irregularities of Covid-19 since its commencement are likely to be *existential frustration* and *existential vacuum* with reference to the words of Frankl. The questions are, with all these anomalies, are those who have suffered it, directly or indirectly, still willing to live? For what reason? If life has become so frustrated and has created such a void within the mind, why wear facemask around for protection? Why take a vaccine for immunity? Why receive treatment when infected and not just wait to die in order to avoid this seeming perpetual existential dilemma? Honest responses to these questions may have achieved the aim of logotherapy.

Frankl remarked that the feeling of meaninglessness affects many individuals who feel they have no goal or specific purpose they wish to pursue and no particular interest in establishing a relation with other people. Consequently, they fill their existential vacuum with materials: things, pleasure, Gender or busy work, but, deep down, they may feel a sense of frustration.

Viktor Frankl's Theory's Fundamental Assumptions

Batthyany (2016) asserts that Frankl saw logotherapy as a way to improve existing therapies by emphasizing human beings' "meaning-dimension" or spiritual dimension. Frankl's logotherapy is comprised of three philosophical and psychological concepts: freedom of will, will to meaning, and meaning of life.

The concept of *freedom of will* asserts that humans are free to choose and can take a position on both internal and external conditions. In this context, freedom is defined as the ability to shape one's own life within the constraints of specific possibilities. It gives the client autonomy in the face of physical or psychological illness. In essence, we have the ability to choose our responses regardless of our circumstances (Madeson, 2020). In view of the current realities of Covid-19, for example, people are still left to make their choices as to whether to take vaccine or not, to quarantine themselves in isolation centres or go on self-isolation when infected with the disease. Although the divine law forbids homicide, one is still left with the liberty of bearing the consequences of the choices they make. This means that the presence of the law does not take away one's self-determination. The problem arises when the public begin to bear the brunt of one's negligence or personal irresponsibility. With logotherapy, this inalienable right enables one to choose to live over death, no matter the situation of things around them.

According to the *will to meaning*, humans are free to pursue their life's goals and objectives. When people are unable to realize their "will to meaning," they experience frustration, aggression, addiction, depression, and suicidality. Our primary motivation as humans is to find meaning or purpose in our lives. We are capable of transcending pleasure and supporting pain for a worthy cause (Madeson, 2020). At this moment, those who have lost hope in life as a result of the present predicament failed to come upon the essence of their existence. Is it possible then, that as a result of the pandemic some can no longer identify with God who is the ultimate reason for their existence? At this point logotherapy could help people to transcend all ephemeral attractions to realise themselves in the one who is beyond sight, and who alone can guarantee both mental and spiritual equilibrium even within the stormy waves of Covid-19.

The concept of *meaning in life* is based on the notion that meaning is an objective reality rather than an illusion or personal perception. Humans have the freedom and responsibility to be their best selves by understanding the significance of the moment in every situation (Madeson, 2020).

Frankl said that the spiritual domain of man is comprised of freedom and responsibility. Man's freedom entails freedom from instincts, heredity, and environment. We have the ability to accept or reject our instincts. We can use inherited characteristics to cultivate vice or virtue. The ability to choose one's attitude in any given situation is the final of human freedoms. Education must emphasize decision-making ability, and psychotherapy must emphasize the freedom of man's will (Frankl, 1986). The emphasis is not on what we believe we deserve from life, but on what it is our responsibility to give to life. We have the ability and the ultimate need to transcend ourselves in order to better humanity. It is an ignoble behaviour to choose to evade the calamities of life instead of invading the fortresses of life to break up its tentacles. Solutions can never be sought without problems. Our physical, psychological, and spiritual wellbeing are the major determining factors in the battle against Covid-19. Senselessness or aimlessness, or the inability of the soul to discover meaning on the other hand is a great source of neurotic behaviour. Without good health, the fight against Covid-19 is a lost one. It is in the spirit of surviving against all odds that Frankl fell in love with Nietzsche's saying "He who has a *why* to live for can bear almost any *how*" (Frankl, 1946).

In Christendom, the resurrection of Jesus Christ is the spring well of the hope of humanity, the ultimate objective reality which gives meaning to all believers. Christians believe that the resurrection is impossible without suffering. It is based on this belief that one's spiritual wellbeing is restored even when lost in the wake of suffering such as Covid-19. For them every such form of

suffering has a meaning. This meaning is the moving force of the soul. The researcher totally agrees with Frankl, that among all things that can give meaning to life, the highest is that which is the reality higher than all realities outside of us, in this case referring to God.

Frankl identifies three possible ways through which meaning could be achieved. These include:

Work, by doing something significant. You have no control over what happens to you in life, but you can always control how you feel and react to what happens to you.

Love, by caring for another person. Love is the ultimate and highest goal that man can strive for. Man's salvation comes through and in love.

Courage during difficult times. The attitude we adopt toward unavoidable suffering and the fact that everything can be taken away from a man except one thing: the last of the human freedoms – the ability to choose one's attitude in any given set of circumstances.

1.8.1 Strengths of the Theory

One of the primary goals of existential therapy is to assist the client in making sense of his or her life and experiences. Existential counseling focuses on some of the most pressing existential issues that people face in their lives. Clients are asked to consider why they exist, why they suffer, what their lives are for, and whether they are alone or part of a larger whole. Focusing on these types of questions has the advantage of empowering the individual to make choices and accept responsibility for his or her actions (Renata, 2017).

There is no doubt that logotherapy is one of the most fabulous contributions in counseling practice. The strength of logotherapy is found in the autonomy of the client to make decision. This principle of choice guarantees whatever decision the client makes for themselves without

obstruction from without. The greatest thing that clients should desire is to find meaning in life. Meaning brings value in everything. At first, the context of the meaning might seem inconsequential but, in the end, may need a definitive transcendental actuality. For Frankl, even suffering ceases to be suffering when it finds meaning. According to this understanding, it is only those without meaning or purpose in life that are depressed, bored, anxious, and contemplate or commit suicide.

Logotherapy encourages what Frankl will refer to as “tragic optimism,” a situation whereby conscious effort is made to convert negativity into positivity. This consists of hopefulness in the face of tragedy and in light of human potential, which at its best always allows for: (1) turning suffering into a human achievement and accomplishment; (2) deriving from guilt the opportunity to change oneself for the better; and (3) deriving from the transitoriness of life an incentive to take responsible action (Perera, 2020).

Logotherapy was chosen basically because it deals more directly with existential problems of the nature of Covid-19 that tend to cause a lot of anxiety and depression as well as loss of meaning in life. According to Good Therapy (2015), logotherapy can be used to address a wide range of existential issues. Logotherapy has been shown to be effective in the treatment of substance abuse, posttraumatic stress disorder, depression, and anxiety.

Finally, the most essential point to consider is the ability of the individual to appreciate their link with the spiritual power beyond them than take consolation in their intellectual or material property. It is at this point that the holistic wellbeing of the client is established.

1.8.2 Weaknesses of the Theory

Although logotherapy has enjoyed the goodwill of many psychotherapists, nevertheless, critics have accused Frankl of exploiting his time in Nazi concentration camps in order to advance his particular brand of psychotherapy (Cuncic, 2019). Furthermore, some have claimed that Frankl's only supporters were religious leaders. Furthermore, the existentialist psychologist Rollo May contended that logotherapy was similar to authoritarianism because the therapist appeared to dictate solutions to the client (Cuncic, 2019). In spite of these criticisms, however, logotherapy is still seen as the most appropriate framework upon which this research will be based.

1.8.3 Justification for the Theory

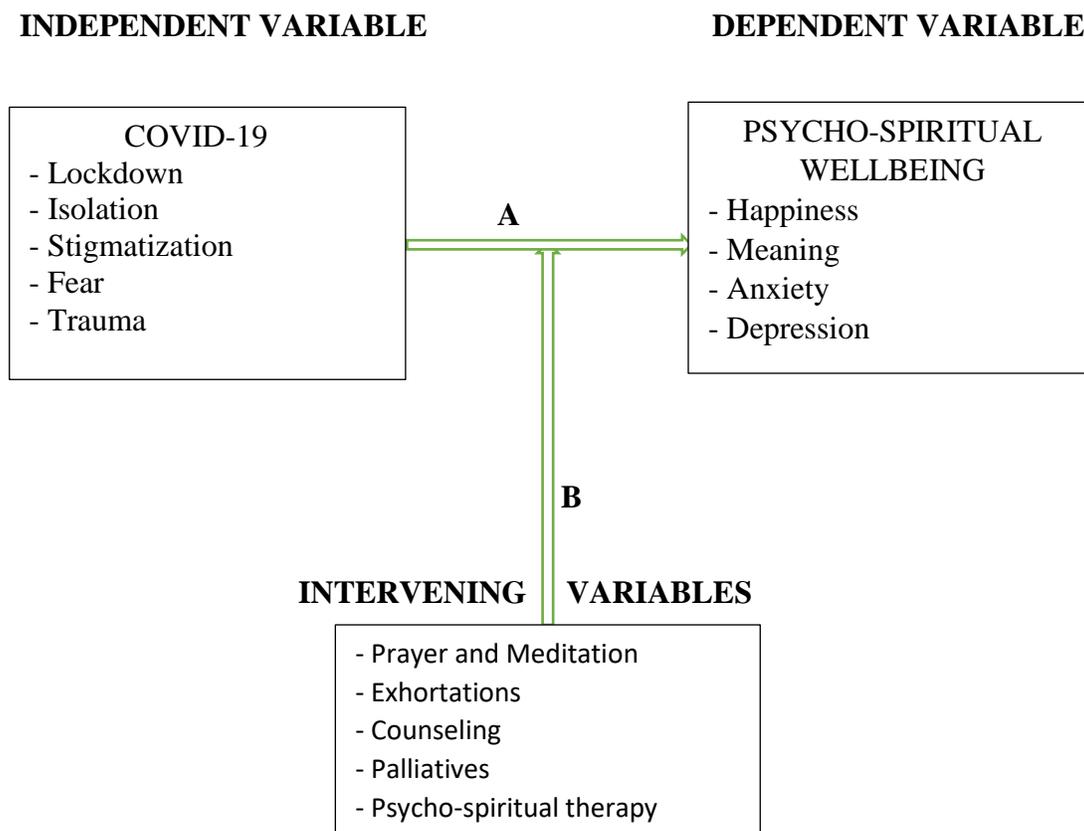
According to Renata (2017), existential counseling has been chastised for being too “intellectual.” Some argue that those seeking therapy who are unable to relate to deep self-reflection and self-examination will be unable to connect with the process of existential work. People who prefer a more direct, time-limited approach may benefit more from cognitive-behavioral therapy rather than existential therapy. Be that as it may, the proponent of logotherapy is so clear about how those who bank so much on ‘intellectual property’ experience more colossal losses and get depressed than those with deep “spiritual connectivity.” He is so clear on how the theory’s focal point is not in abstraction but on reality of issues. Frankl believes that concrete tasks exemplify the objective values that give meaning to human life. The task for which one is responsible at any given time is always a unique task based on the individual's uniqueness and the uniqueness of their situation. He categorizes these values as creative values, experiential values, and attitudinal values (Frankl, 1986).

Aside from realizing creative and attitudinal values through work or willingly accepting suffering, there is another avenue of meaning available through encountering the Good, the True, and the Beautiful, or by meeting someone to love (Frankl, 1986). These are real measures which give meaning to life without doubting the authenticity of the means. By all estimation, therefore, this theory could be quite suitable for the management of the current existential challenges of the society.

1.9 Conceptual Framework

In an attempt to understand what a conceptual framework is Patty (2017) asserts that in a financial context, a conceptual framework is a visual representation that helps to illustrate the expected relationship between cause and effect. It is also referred to as a Conceptual Model or a research model. The model includes various variables and the assumed relationships between those variables, which reflect the expectations. He further explains that this framework is a tool that is used prior to conducting a study. As a result, a conceptual framework can be used as an analytical tool. It is used to distinguish between concepts and to bring together disparate ideas. Strong Conceptual Frameworks result in the actual realization of the intended goal (Patty, 2017). The graphic presentation of these ideas is as seen in figure 1.1.

Figure 1.1 Conceptual Framework



The conceptual framework explains the predictable correlation between the independent and dependent variables. It illustrates that the independent variable, which is Covid-19, has effects on the dependent variable, psycho-spiritual wellbeing of the people. This is indicated by the direction of the arrow A, pointing how the elements of Covid-19, which include lockdown, isolation, stigmatization, anxiety and depression, are influencing the pattern of happiness and loss of meaning in life among the study population. In this case each time there was a rise in the level of transmission of the disease all activities, except essential services, were shut down until it eased up before normal life resumed. It would be observed that the middle term here, wellbeing, was very unsettled in any event of the lockdown. It therefore, goes to explain that the totality of what constitutes the healthy state of human existence was tempered with. Whether anyone was infected

directly or not the psychological, spiritual, social, and physical components of the people's wellbeing were troubled. The consequences of this disease are overwhelming and call for intervention.

In spite of all these, this research is optimistic that there will be an intervention. As seen in figure 1, the arrow B indicates the most feasible interventions that would be applied, which include prayer and supplications, exhortations, counseling, supply of palliatives, and psycho-spiritual therapy. This shows clearly the influence they have on the relationship between Covid-19 and the psycho-spiritual wellbeing of the people. Conclusively, in this time of adversity, prayer and supplications may draw people closer to their God who answers and rescues those in distress. In addition, exhortations may ignite hope and reassure them of the mighty power of God who can change every situation from bad to good. It can afford them therapy through counseling and especially using logotherapy to foster meaning into their lives. Finally, they can seek support from the appropriate quarters, either the government or non-governmental agencies to ameliorate their plight.

1.10 Operational Definition of Key Terms

Christians: refers to baptized Catholic members who worship at Our Lady of Guadalupe parish, Adams, Nairobi County, Kenya.

Small Christian Communities: – This refers to small groups of Christians within Our Lady of Guadalupe parish for spiritual activities.

Logotherapy: - refers to an approach towards mitigating the challenging conditions and giving hope in suffering.

Lockdown: - refers to the times within the Covid-19 surge when people were restricted in their homes.

Mental health: - refers to changes and influences in thoughts, emotions, and behaviour brought about by Covid-19.

Psycho-spiritual Wellbeing: - refers to the way the participants' state of mind and response to their spiritual concerns.

1.11 Chapter Summary

This chapter revealed to us the plethora of pandemics in different historical epochs. It showed clearly how Covid-19 has been the fastest and most infectious in nature. The researcher has also seen the ravages caused and still being caused by the disease since its appearance. And so far, the study has not seen any positive impact of this calamity. It has also been revealed how controversial everything surrounding this disease became including the maiden vaccine. However, it has equally been seen how logotherapy is proposed as a theory that can help in calming the nerves during this period. Also, the intervening variables proposed in this study, namely, prayer and meditation, exhortations, counseling, palliatives, and psycho-spiritual therapy are put forward to help counter the impacts of Covid-19 which include anxiety, depression, and restore happiness and bring about meaning in life. Furthermore, the operational definition of terms will aid the contextual understanding of this chapter.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter discussed the related literature from other writers in connection with the topic of the study. The researcher used the objectives as subheadings to explain the aims of the study. This chapter ended with conclusion and research gap.

2.2 Prevalence of Covid-19 experiences

The transmission of Covid-19 was like a wildfire. In less than half, a year after inception the virus had gone round the whole world. Worldometer (2021) figures at the time of the beginning this research confirms that the spread of this Covid-19 has exceeded 79 million in Asia followed by Europe with over 59 million, North America over 53 million, South America over 37 million, Africa over million and Oceania over 200,000 cases. In the same vein the fatality rate went high in Europe to over 1.2 million people, South America over 1.1million, Asia over 1.1million, North America over 1 million, Africa over 200,000, and Oceania over 2000 deaths. With these humongous figures of infections and mortality, curiosity has raised the question of the possible causes and related causes as well as the medium of this spread of the virus.

In an attempt to unravel this mystery, Tsigaris and Teixeira Da Silva (2020) in 2020 carried out research in 38 nations in Europe among smokers using regression analysis. The title of the study was Smoking Prevalence and Covid-19 in Europe. The aim of their study was to investigate if there was correlation between smoking and Covid-19. Their main source of information was Our World in Data. Recognizing that these areas have a rich cultural diversity, including smoking habits, they wanted to see if there was a link between the occurrence of Covid-19 cases per million

people as of May 30, 2020 and smoking prevalence in the general population. Their searchlight was more on the spots considered to be the epicenters of Covid-19 in Europe, namely, UK, Russia, France, Italy and Germany.

The results showed an extreme juxtaposition that the nations with higher percentage of smoking prevalence recorded lower cases of Covid-19 than those with lower percentage of smoking prevalence. Indeed, the results are shocking when it is commonly believed that smoking has been linked to an increase in the occurrence of a variety of respiratory illnesses, as well as an increased risk of lung cancer. Thus, in spite of the high prevalence of Covid-19 with its attendant consequences in Europe as ascertained by the study, there was no connection between it and smoking. Could it be that the virus does not survive the heat from the smoke and therefore should be endorsed by the World Health Organization as antidote for Covid-19? This will surely contradict the declaration in Nigeria that smokers are liable to die young (Ononiwu et al, 2021).

However, the fact remains that Covid-19 is common both in the study and elsewhere and still has adverse effects on the wellbeing of the world population. As far as the knowledge of its prevalence is concerned, the source of its presence is of little importance. Nevertheless, these will have negative influence on the Christians of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County, if they were to continue.

Throughout their study, no mention was made of psycho-spiritual wellbeing of the participants in the study. The present study undertakes to evaluate the influence of Covid-19 on the psycho-spiritual wellbeing of its participants. The influence is not restricted to a particular set of people, it covers those who smoke, drink, and those who do not participate in all this.

Psychosocial effects accompanied the prevalence of Covid-19. Sousa-Uva et al. (2021)

conducted a cross-sectional research in June 2020 in Europe among health professionals with the title Prevalence of Covid-19 in Health Professionals and Occupational Psychosocial Risks. The aim of the study was specifically to describe the prevalence of Covid-19 cases among health professionals and the frequencies of risk factors and psychosocial risk. This study shows that out of the 4,212 health professionals, of which 36.7% (n = 1,514) worked in areas dedicated to the treatment of sick or suspected Covid-19 patients, 2.11% tested positive for SARS-CoV-2. Among all participants, 76.7% and 79.1% presented moderate to severe levels of fatigue and anxiety, respectively. They noted that fatigue levels were significantly higher in professionals working in areas dedicated to the treatment of Covid-19 patients (80.5 percent $p = 0.01$), but no difference in anxiety (79.5 percent $p = 0.681$) was observed.

This indicates that the higher the prevalence of Covid-19, the higher the level of health challenges, even among health professionals. While it may not be directly proportionate to the prevalence, this study shows that there is a mutual relationship between the two variables – Covid-19 and psychological wellbeing. This amply points to the fact that the members of Our Lady of Guadalupe, Adams, our population of study are also much likely to experience anxiety and fatigue in the presence of Covid-19, even though the locations are different. However, the spiritual wellbeing of the population was not accounted for; and while they employed cross-sectional design, this present study employed embedded mixed method design, and will take into account the psycho-spiritual needs of the population.

When you compare Covid-19 and other illnesses, one sees that Covid-19 pandemic was intense. Studies have shown that many underlying conditions facilitate the faster spread of Covid-19 as well as fatality rate (Rhee et al., 2020). In a related study carried out by Zecher et al. (2021) on the Prevalence of Covid-19 in Patients with Autoimmune Liver Disease (AILD) in Europe: A

Patient-Oriented Online Survey, to perform an online survey to capture the prevalence of Covid-19 and the state of medical care of patients with AILD in Europe during the pandemic, the results had totally negated the common predictions.

The study revealed that of the 1,779 participants, 1,752 lived in 20 different European Union and United Kingdom countries (UK). France (n = 450), Germany (n = 318), the Netherlands (n = 267), Spain (n = 225), and the United Kingdom (n = 183) had the most contributions. Covid-19 was diagnosed in 2.2 percent of participants (39/1779). There were no differences in age, gender, AILD, liver cirrhosis status, or post liver transplantation status between Covid-19 and nonCovid-19 cases. Five of the 39 Covid-19 cases were admitted to a regular ward, one was admitted to ICU and required ventilation. The researchers therefore drew the conclusion that there was a low rate of Covid-19 among patients with AILD, comparable to the general population's period prevalence. These findings imply that patients with AILD are not at an increased risk of Covid-19.

With these results, it is dicey to predict with certainty what the outcome of this present study will be. No doubt, the patients with AILD are thought to be more vulnerable to the influence of Covid-19, but the results have proven the contrary. Likewise, our assumptions might be that Covid-19 has ravaged the whole of Nairobi but upon conclusion, the story might be different. Nonetheless, the study proceeds to assess the influence Covid-19 had on the psycho-spiritual wellbeing of the study population.

As far as the spread of Covid-19 is concerned, since its start, South America suffered a heavy blow of it. Available information has shown the effects it had on some countries. In a study done by Mota et al. (2021) in Brazil between May 11 to August 7, these researchers declared that

Brazil has become one of the Covid-19 pandemic's epicenters, with cases concentrated in major cities. Within this period, 202 samples were gathered, using autosamplers.

The study, which was titled *Assessing Spatial Distribution of Covid-19 Prevalence in Brazil using Decentralized Sewage Monitoring*, first demonstrates that decentralized monitoring of SARS-CoV-2 RNA in sewage can be used to assess the prevalence of Covid-19 in the city. Their findings also showed that the pandemic had the greatest impact on the city's most vulnerable neighborhoods, indicating that the situation for many Brazilians was far worse than official figures indicated.

They maintained that the official data given by Worldometer (2021) that over 13 million Brazilians have been infected reflected figures far below reality, but also true that their death toll was second only to the USA. Cases have been heavily concentrated in big cities but have likewise spread to the countryside, affecting isolated indigenous communities. Their data indicated that the most vulnerable regions were the hardest hit by the pandemic, also targeting certain groups. This was especially true for the elderly, as the mortality rate per 100,000 for people aged 60 and up was 179.2, 353.6, and 472.6, respectively, in the low, medium, and high/very high vulnerability sectors.

In their view, vulnerable communities are more likely to be affected by the pandemic due to a number of factors or a combination of them. These include a higher risk of virus exposure (e.g., because of their greater reliance on public transportation, which can be overcrowded even during the pandemic), lower access to safe water and sanitation, a higher number of people per household, cohabitation with relatives who work in essential services, a higher comorbidity burden, and decreased access to health care. These factors have continuously been associated with Covid-19 since its inception. However, even though it often appears that those who live in the

cities enjoy cleaner hygiene than rural dwellers, in reality, rural dwellers may have more resistance to diseases due to their closeness to natural environment.

In a similar vein, Noor & Islam (2020) conducted a study which included China, USA, Italy, Spain, South Korea, Mexico, Bangladesh, England, Greece, Iran, Kuwait, Switzerland, Turkey, and few European countries with a sample size of 51,633 patients. The study titled *Prevalence and Associated Risk Factors of Mortality among Covid-19 Patients: A Meta-Analysis*, corroborates that the severity and mortality of Covid-19 disease are caused by a number of factors. From January 1, 2020, to August 11, 2020, the study employed three electronic databases to search for relevant cohort studies of Covid-19 disease. These databases included PubMed, Science Direct, and Google Scholar. The pooled prevalence rate (PR), risk ratio (RR), and 95 percent confidence interval (CI) for both effect measures were calculated using a random-effects model.

A total of 2147 articles were identified from three the databases. Out of these, 58 articles with 122,191 participants reporting the mortality rate and risk factors of mortality among hospitalized patients with confirmed Covid-19 infection as a primary outcome were included. The mortality rate among hospitalized patients varied from 0.6 to 61.5%.

According to various studies, patients with comorbidities such as hypertension, diabetes mellitus, acute respiratory distress syndrome (ARDS), cardiovascular disease, cancer, COPD, asthma, renal disease, kidney disease, liver disease, hepatic disease, pneumonia, obesity, and a history of smoking were responsible for the disease's development or death. However, while in their conclusions Tsigaris and Teixeira Da Silva (2020) denied any influence of smoking on Covid-19 patients, it is clear in Noor and Islam that those with the history of smoking stand the risk of

easy infection. The findings of this present study would give a perspective which may support or refute any of these results. This may be due to the methods used.

Meantime, another crucial comparative study was carried out between China (105 studies) in Asia and North America (19 studies) in America in 2020 in order to analyze and compare the prevalence and level of damage done to the two disparate regions. The researchers, Badawi and Vasileva (2021) who titled their work Comparative Profile for Covid-19 cases from China and North America: Clinical Symptoms, Comorbidities and Disease Biomarkers, also made amazing revelations. According to them, North American Covid-19 patients were older than their Chinese counterparts and had a higher male: female ratio. The most common clinical symptoms in both study areas were fever, cough, fatigue, and dyspnea (present in about 30 percent to 75 percent of the cases in both regions). The prevalence of comorbidities (such as obesity, hypertension, diabetes, cardiovascular diseases, chronic obstructive pulmonary disease, cancer, and chronic kidney diseases) in Covid-19 patients was significantly higher in North America than in China, according to a meta-analysis. Comorbidities were positively related to age, but at a much younger age range in China than in North America.

The most common infection outcome was acute respiratory distress syndrome, which was twice as common in North America as it was in China. C-reactive protein levels in North American cases were 4.5 times higher than in Chinese cases. It is very clear so far from the studies reviewed that most researchers were more interested in pre-existing somatic conditions than in psychological conditions of the study populations. This is of the major divergent points between the present study and majority of the related reviewed studies.

The commonness of Covid-19 in Africa is contextually in no way lesser than elsewhere in

the world. Studies done on the African continent have shown its prevalence as well as varying degrees of harm caused by the disease. However, the weather condition of the largest part of African continent constitutes a cog to the wheel of progress of the dreaded Covid-19. To establish this position, Meo et al. (2020) carried out a research in sixteen (16) African countries, from February 14, 2020 to August 2, 2020, and came out with the same result. The work was titled Impact of weather conditions on incidence and mortality of Covid-19 pandemic in Africa.

The main aim of their study was to investigate the impact of weather, heat, and humidity on the daily incidence and mortality due to the Covid-19 pandemic in 16 densely populated African countries, including South Africa, Ghana, Nigeria, Egypt, Algeria, Morocco, Kenya, Congo, Côte d'Ivoire, Cameroon, Niger, Somalia, Tanzania, Zambia, Mozambique, and Madagascar.

The study design included existing study records and data that were made available to them. They gathered information from the World Health Organization. The daily temperature and humidity readings came from the weather website "Time and Date." The cumulative number of cases in South Africa and Egypt differed significantly from the rest of Africa ($p < 0.001$), whereas the cumulative number of deaths in Algeria, South Africa, and Egypt differed significantly from the rest of Africa ($p < 0.001$). According to their findings, once there was an increase in temperature the number of cases and death decrease in the same proportion; likewise humidity, the increase in humidity brought about rise in Covid-19 cases.

However, contradicting the results of these studies, a study in 224 cities in China failed to show any association between temperature and cumulative incidence of Covid-19 (Gupta and Misra, 2020). That notwithstanding, based on the outcome of the study of Meo et al. (2020), one may surmise that there was and or still there is the likelihood of less psycho-spiritual and several other cases among the greater population of Africa, including the constituency of this present

research, unlike elsewhere in the world.

However, an earlier study reported a high level and potential higher level of Covid-19 cases in other four African countries. This study was carried out by Lukman et al. (2020) with the title Covid-19 prevalence estimation. The linear regression model and the autoregressive integrated moving average (ARIMA) models were used in the study. Particularly the ARIMA model to forecast Covid-19 prevalence trends in the aforementioned African countries.

At the time of their study, they indicated that South Africa, Egypt, Nigeria, and Ghana were the African countries most affected by this outbreak, especially South Africa. They cautioned that there was a need to monitor and predict Covid-19 prevalence in this region in order to effectively control and manage the disease.

Kaputu-Kalala-Malu et al. (2021) in their study among survivors of Ebola virus disease October 26 to November 13, 2019, titled PTSD, depression and anxiety in Ebola virus disease survivors in Beni town, Democratic Republic of the Congo, highlighted a number of mental problems associated with the virus including PTSD, anxiety and depression. The cross-sectional study used consecutive sampling and convenience sampling methods to recruit 144 Ebola virus disease survivors as participants. The aim of the study was to assess the psychological burden among participants.

The study's findings revealed that 24.3, 24.3, and 33.3 percent of EVD survivors had symptoms consistent with PTSD, depression, and anxiety, respectively. Furthermore, 36.8 percent of patients had chronic headaches caused by EVD, and 49.3 percent had persistent short-term headaches. There was a statistically significant link between PTSD and chronic headache. When compared to headache-free survivors, EVD survivors with persistent headaches were twice as

likely to have PTSD. The study's findings are in agreement with the effects of Covid-19 on the mental health of the study population in this study. At least it confirms that with pandemic, such psychological effects are naturally expected.

At the local level during the spread of Covid-19, Kwobah et al. (2021) did a study in Kenya. The goal of their study was to determine the prevalence and risk factors for worry, generalized anxiety disorder, depression, post-traumatic stress disorder, and poor sleep quality among Kenyan health care workers at the start of the Covid-19 pandemic. The study was titled mental disorders among health care workers at the early phase of Covid-19 pandemic in Kenya; findings of an online descriptive survey. In a survey that lasted six weeks, between April 27th and June 5th 2020, 1,259 participants responded to the link. They concluded that many Kenyan healthcare workers suffered from various common mental disorders during the early stages of the Covid-19 pandemic, with young, unmarried female professionals bearing the heaviest burden.

This information can be used to guide interventions to promote mental and psycho-social well-being among Kenyan healthcare workers responding to the pandemic. The findings of this survey have succeeded in highlighting the precarious situation of Covid-19 in Kenya, giving us a blueprint on what we should expect in our study. The aforementioned problems associated with Covid-19 on the group of health workers could be an indicator to the experiences of the generalized community.

Chen et al. (2021) also corroborated in their study from 1 February 2020 and 6 February 2021, which main objectives were to conduct a systematic review and meta-analysis on the prevalence rates of mental health symptoms such as anxiety, depression, and insomnia among the major populations in Africa during the Covid-19 pandemic. Among the 15,072 participants in

Africa in that study, Kenyans were among them and Kenya was counted as one of the countries with high rate of cases.

Among other things, their results showed that the extent and pattern of mental health symptom prevalence in Africa is high and distinct from elsewhere—more African adults suffer from depression rather than anxiety and insomnia during Covid-19 compared to adult populations in other countries/regions.

2.3 Effects of Covid-19 on the psycho-spiritual wellbeing of the Christians in Adams

From the discoveries of the various studies examined in the forgoing, it is obvious that Covid-19 may have inevitable influence on the psycho-spiritual wellbeing of the Christians of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County. Under the present objective, the researcher did the assessment to determine if there were facts to substantiate and establish this position. An exploratory online study carried out from 14 to 21 April 2020 at the early stages of the pandemic in Italy by Rossi et al. (2021) revealed that Covid-19 had a significant psychological impact on the Italian population. It indicates that Italy was the hardest hit by the virus before the rest of Europe, with the highest number of deaths. The study was titled Psychological Wellbeing during Covid-19 Pandemic: The Influence of Personality Traits in the Italian Population. Their main objective was to “evaluate the impact of Covid-19 on psychological health and identify how psychological wellbeing is influenced by personality traits.

A total of 2103 participants (64% female and 36% male) completed an online survey that included the Psychological General Wellbeing Index (PGWBI), the Italian Short Personality Inventory (ITAPI), and a general questionnaire. In the end the following results were published: The lowest scores were reported by young people. Some PGWBI domains were negatively

influenced by vulnerability traits, including total score (= 0.62), anxiety (=0.55), depression (= 0.46), positivity and wellbeing (= 0.51), vitality (= 0.45), general health (= 0.12) and self-control (= 0.52). Dynamism, on the other hand, had a positive effect of vitality (= 0.12) as well as positivity and wellbeing (= 0.14). The findings show Covid-19 aided in the elicitation of anxious and depressive states (Rossi et al., 2021).

Furthermore, they confirmed that the psychological consequences of the quarantine, in particular, frustration, loneliness, and future concerns, are well-known risk factors for a variety of mental disorders, including anxiety, affective disorders, and psychoses. The present study may gain support from the reviewed study if the indicators of Covid-19 such as isolation, stigmatisation, anxiety, are found among the study population. It is only then that measures will be taken to overcome the effects. Psycho-spiritual therapy would be effective in this regard.

Covid-19 continued to influence the mental health of people across the world. In a qualitative study carried out in three countries: China, Pakistan and the UK, through eighteen semi-structured interviews (participants), 5 from China, 7 from Pakistan, and 6 from UK, aged 50-60, with the title Covid-19, Mental Wellbeing and Work Engagement: The psychological resilience of senescent workforce, Abbas and Zhiqiang (2020) revealed that the mental health of elderly employees who did not have any medical complications was also impacted by the pandemic, resulting in low work engagement. They further elaborated in accordance with the findings of their work, which are consistent with previous research, that the challenges investigated in relation to Covid-19 can have a significant impact on the mental health of aging employees. This is to show that the impact of Covid-19 had no specific direction and target. Such group of people can be prepared through psycho-education ahead of time, or even at the beginning of the pandemic in order to remove panic and anxiety, which are some of the major causes of mental illnesses.

Moreover, they can be offered sustained psycho-spiritual therapy.

As Covid-19 cases continued to rise, more research was carried out for different reasons. One of such efforts was that put forward by Passos et al. (2020), a group of Portuguese researchers. They carried out research in Portugal and Brazil between 27 May to 8 July 2020 on the topic *Impact on Mental Health Due to Covid-19 Pandemic: Cross-Sectional Study in Portugal and Brazil*, involving 550 participants, 289 (52.5%) residing in Brazil and 261 (47.5%) in Portugal, most of whom were female (435; 79.5%).

The study's goal was to describe the mental health status of the general adult population in Portugal and Brazil during the Covid-19 pandemic and to compare the impact on emotional well-being of the decrease in interpersonal contact caused by Covid-19 in the two countries. They first acknowledged that up to the time of their research mental health issues were still being considered with less seriousness despite its destructive results. They found out that the level of mental health illnesses was considerably higher during Covid-19 than before it. The study discovered that anxiety was present in 71.3 percent of the sample (mild anxiety was present in 43.1 percent), depression was present in 24.7 percent of the sample, and 23.8 percent of the sample had both depression and anxiety. With reference to previous studies the researchers affirmed that even before the Covid-19 outbreak, Brazil had the highest anxiety prevalence of any country in the world, with 9.3 percent of the population suffering from an anxiety disorder.

Simultaneously, the prevalence of anxiety in Portugal was 4.9 percent. In terms of depressive disorders, the prevalence was comparable in both countries (5.7 percent in Portugal and 5.8 percent in Brazil, respectively) (Passos et al., 2020). These results show that since Covid-19 is not the preserved problem of a particular region, people everywhere are susceptible to the

experience of such common mental health challenges as suffered by Portuguese and Brazilian populations.

One of the commonest experiences of Covid-19 especially during lockdowns included social isolation, and social distancing. Fear, rumours and stigma have been described as the key challenges accompanying Covid-19. Previous outbreaks have shown that stigmatization hampers public health response to epidemics (Pepra and Gyasi, 2020). Pietrabissa et al. (2021) did a qualitative study with an interpretative phenomenological research design at San Giuseppe Hospital in Milan, Italy, in July 2020, to identify the main patterns in the lived experiences that a sample of adolescents with obesity and their caregiver made of Covid-19-related social isolation, and to describe attitudinal, psychological, and behavioral responses to social isolation. The study, which title was the impact of social isolation during the Covid-19 pandemic on physical and mental health: the lived experience of adolescent with obesity and their caregivers had 20 participants consisting of 10 adolescents with obesity and 10 caregivers.

The findings of the research put their experiences under five different themes. They confessed to have had positive experiences during Covid-19. These include seeing (1) Covid-19 as an opportunity to reconsider what makes a good life; (2) persistence in life, meaning they were the same people before and during Covid-19; (3) Covid-19 as a period for empowering relationship, whereby they now did everything together; (4) Covid-19 as an opportunity to master daily routine in quarantine; and (5) lives on hold, that is, living with uncertainty.

These results are contrary to the general expectation that social isolation has several negative impacts on the population. However, the population in this study could be termed negligible because it limits itself to a small group of people with particular situation of life, and

therefore, their experiences cannot be generalized for everyone. between April and May 2020

During the spring between April and May 2020, Lohiniva et al. (2021) carried out a study in Finland among 64 participants from 24 houses to explore the forms and outcomes of coronavirus and Covid-19-related social stigma and the experiences of people who were home quarantined or isolated in Finland. The study was based on qualitative one-to-one interviews with household members, at least two members of different ages, and a Covid-19 patient, if found.

The findings of the study realised that Fear and blame for infection drove respondents' perceived stigma, which manifested in a variety of ways, leading to a reluctance to disclose their coronavirus status to others. Self-stigma caused by conflicting information and advice about coronavirus and Covid-19 resulted in difficulties interacting with others outside the house and a reluctance to meet people following quarantine and isolation. Uncertainty, health concerns, and boredom were all part of the quarantine and isolation experiences. Communication with others in similar situations was deemed essential, whereas discussions with family members about concerns and fears about coronavirus and Covid-19 were deemed undesirable.

With experiences of previous pandemics, one could just imagine the kind of feelings and mental torture those who were infected by the virus were passing through. For example, experiences show that in some places around the world, family members abandoned their loved ones found positive of HIV/AIDS at its breakout. This might have constituted a serious disruption in the psycho-spiritual wellbeing of the wounded. In a way, the findings of this study bear semblance to the objectives of this current study.

In Africa, studies have shown that the effects of Covid-19 were relatively lower than the worse hit communities around the world due to environmental factors. Based on the results of the

study done in Africa by Ogunleye et al. (2020) with the title Spatio-Temporal Analysis of Meteorological Factors in Abating the Spread of Covid-19 in Africa, it seems much clearer the reason why Covid-19 has little effects on the wellbeing of the African people save for some flash-points. This is in spite of the fact that this research was done when Covid-19 had not as yet gained its firm grip on the fringes of African continent. The target population of the study was 52 countries in Africa.

The goal of this research was to investigate the relationship between mean temperature, wind speed, relative humidity, and confirmed cases of Covid-19 and attributable deaths in African cities in relation to the geographical divide and based on average weather and atmospheric conditions. Additionally, to figure out the dynamic relationship between regional meteorological conditions and the likelihood of reducing the spread of coronavirus and related fatalities in Africa (Adekunle et al., 2020).

The generalised additive model (GAM) was used to assess the linear relationship between meteorological factors and Covid-19 survival in Africa. Data on meteorological indices were obtained from the National Oceanic and Atmospheric Administration Center, and confirmed cases and fatalities in fifty-two (52) African countries were obtained from the World Health Organization's various daily situation reports.

They discovered that mean temperature ($^{\circ}\text{C}$) ($r=0.624, p0.01$), average wind speed (m/s) ($r=0.212, p0.01$), and relative humidity (percent) ($r=0.551, p0.01$) were significantly negatively, positively, and negatively correlated with Covid-19 growth in Africa in their preliminary correlation analysis. This could be due to Africa's hot climatic conditions and the African culture of staying out of the sun for the majority of their daily activities, which are mostly informal and

agricultural. It follows logically that mental health and psychological illnesses in general attributable to Covid-19 are directly proportional to the intensity of the climatic conditions of the region. At face level, this may suggest that less mental issues will be experienced in Africa than elsewhere in the world.

As it comes closer home, there are manifestations of cases of psychological mental disorders such as fear, insomnia and distress and the likes. Researching on the topic *Impact of Covid-19 on the Mental Health and Health-Related Quality of Life of Humanitarian and Healthcare Workers in Low-Income Countries: The Case of Eastern Africa*, in December 2020, Nizigiyimana and Poder (2021) did a study that covered the seven East African Countries namely, Burundi, Kenya, Tanzania, South Sudan, Somalia, Ethiopia, and Rwanda. The cross-sectional online-based survey study involved 739 participants including frontline and second-line workers in healthcare facilities and humanitarian NGOs working on Covid-19 prevention and management.

In the context of the Covid-19 Pandemic, the primary goal of this study was to determine the magnitude of mental health and health-related quality of life (HRQoL) outcomes, as well as associated factors, among humanitarian and healthcare workers (HCW) working on Covid-19 prevention and management in East African countries (EAC). The survey showed that among the participants, males made up 62.7 percent of the study participants, while females made up 37.3 percent. 12.4 percent were humanitarians, and 87.6 percent worked in healthcare. Approximately 83 percent were from Burundi, with the remaining 17 percent from other Eastern African countries. The HRQOL mean scores measured by the SF-6Dv2 and the CORE-6D were 0.86 and 0.80, respectively.

According to a multivariable logistic regression analysis, country of origin, chronic

disease, being tested positively for Covid-19, being exposed to death due to Covid-19, increased alcohol consumption, having experienced nightmares, insomnia, distress, stress, and fear of Covid-19 were all independent predictors of HRQoL of front- and second-line workers. Having a chronic disease, being exposed to patients and death due to Covid-19 cases, depression, insomnia, stress, and fear of Covid-19 were also found to be independent predictors of the CORE-6D score using multivariable logistic regression analysis (Nizigiyimana & Poder, 2021).

It is clear that Covid-19 had a negative impact on the lives of the health workers and which could also affect anyone within the region since it was on account of interaction with patients that the workers had to suffer infection on that scale. This study used cross-sectional and online methods to gather their data. This present study used embedded mixed-method design. It used questionnaires and interview guide to collect data. It also proposed psycho-spiritual therapy to handle the psycho-spiritual wellbeing of the study population.

The spiritual life of the people occupies a central part in human space. The level of damage done to this sphere of life can never be overemphasized. Using a qualitative methodology paradigm, Ngema et al. (2021) highlighted the negative impacts Covid-19 has caused on the Christian faith especially and why interest in this discussion is important. The significance of spirituality in this discussion stems from the fact that religious beliefs and spirituality are regarded as beneficial to the maintenance of physical and psychological health, a reality that, once again, revives the idea of the integration of the body and the psyche. The study was carried out in KwaZulu-Natal in South Africa on 12 participants including 4 leaders and 8 church members purposively selected from different parts of the Province. It was titled Understanding the impact of Covid-19 in the spiritual life of the Church community.

The key goals were to assess the spiritual impact of Covid-19 on Christian leaders and church members/congregants, as well as to investigate innovative ways for church leaders to perform pastoral ministry during and after the Covid-19 pandemic. They posit that among other damages, Covid-19 has imposed fear on the lives of the congregants; left leaders helpless and powerless; rendered the entire church spiritually handicap by absence of service; untimely death due to lack of spiritual support; and the exclusion of the church by government in crucial decisions.

No doubt, this litany of effects is capable of provoking myriads of psychological health challenges among any community of worshippers. Walsh (2020) pointed out some of the losses as part of the effects of Covid-19 to include complicated/traumatic deaths; loss of physical contact: isolation, loss of jobs, livelihoods, and financial security; loss of hopes and dreams; and loss of normalcy, shatter assumptions.

In the year 2020, Egunjobi et al. (2020) did a study in Karen to find out the overall biopsychosociotechno-spiritual experiences of a targeted population of 108 religious community residents infected with a case of Covid-19. The study adopted a mixed-method sequential explanatory design in which an interview was followed thereafter with a questionnaire to assess their experiences.

The findings of this study showed that the announcement threw the community into disarray, disrupted community living and activities, and caused community members to live in fear. Some of the effects of Covid-19 case in this community include fear, concern for the infected, panic and disconnection in the community, and stigmatization of the infected person. They expressed further that fear and stigma are fostered by a lack of proper information and education. Negative feelings and experiences like these can be harmful to social stability. The survivor's

stigmatization upon return to the community could have been reduced if the Covid-19 was made more understandable.

Members of the community and the Covid-19 survivor used biopsychosociotechno-spiritual coping mechanisms. This includes practicing personal hygiene and self-medication, social distancing, community support and psychoeducation, social media interaction, and spiritual exercises such as prayers.

These and similar experiences were common across the entire universe. Fear and stigma were among the leading characteristics of this pandemic that invaded communities as shared by several studies. All this is capable of causing what Frankl would refer to as existential frustration leading people to despair. However, in-built in this theory are the techniques to overcome such difficult moments. The approach adopted by this study is similar to what the present study has employed to handle the many mental issues that disturbed the psycho-spiritual wellbeing of the community.

Furthermore, Sambu et al. (2020) carried out a descriptive survey, a case study of Narok town in Kenya to assess the effects of Covid-19 pandemic, particularly government restrictions, on religious activities and the faith of worshippers in Kenya. They employed questionnaires and interview guide as well as observation to collect data from 36 respondents comprising of different religious traditions in Narok County of Kenya.

The study discovered a significant difference in the majority of religious activities performed by worshippers before and after the pandemic. The majority of the members, however, continued to have strong faith in their religious doctrines and leaders. This is to underscore the point that once religion has taken roots in a people, it is no longer as cheap to uproot it or define it

as opium of the people in the words of Karl Max. There is a meaning attached to it that keeps people attractive to it even in the face of difficult situations such as Covid-19 pandemic.

2.4 Strategies in coping with Covid-19 among the Christians of Our Lady of Guadalupe Parish, Nairobi.

From the plethora evidence observed in the prevalence and influence of Covid-19 on all members of the human family it becomes inevitable to create appropriate coping measures of handling the accumulated challenges. A lot of study has been done across the globe in this regard. Falasifah et al. (2020) did a study with the purpose of exploring the coping strategies among college students around the world during the Pandemic Covid-19. The online study involved a total number of 12,532 participants around the world with the title Coping Strategies among College Students during Covid-19 Pandemic.

The study's findings revealed that college students' coping strategies are (1) problem-focused coping by (a) seeking social support (friends, family, school) and (2) emotional-focused coping by (a) positive reappraisal (praying to God, do hobby), accepting responsibility (understanding students' roles, self-talk) and distancing (Avoid going to public). While the study focused on college students around the world, this study looks on the psycho-spiritual wellbeing of a particular worshipping community in Nairobi.

Another study carried out in the school setting in Pakistan also gives similar strategies as adopted by the people of Yogyakarta in Indonesia. Nurunnabi et al. (2020) did research in which they titled Coping with Covid-19: The Strategies Adapted by Pakistani Students to Overcome Implications, using 510 participants out of which only 494 responses were used in the end. Their goal was to investigate how students in Pakistan dealt with the Covid-19 epidemic and the

subsequent lockdown measures that impacted the educational institution as well. Their findings showed that anxiety affected approximately 41 percent of students, with 16 percent experiencing severe to extreme anxiety. Moreover, because of this, coping strategies were needed. 1) Acceptance, 2) humanitarian, 3) mental disengagement, and 4) seeking social support were investigated as coping strategies. These strategies seem to be wide-ranged as well as time-tested coping strategies that are used during pandemics as many studies have alluded to.

Next is the study done by Saalwirth and Leipold (2021) in Germany with data collected from 665 participants (53.8% female; 18-73 years) in an online survey in April 2020. It was done under the heading Well-being and Sleep in Stressful Times of the Covid-19 Pandemic: Relations to Worrying and Different Coping Strategies. They had four objectives to investigate which include the relationship between Covid-19 worry and the predictors of wellbeing and what coping strategies were used as moderators. Their findings revealed that Covid-19 worry was associated with poor well-being and sleep. Meaning- and problem-focused coping were the most commonly used coping strategies, and they were associated with improved wellbeing and sleep. Social and avoidance coping were linked to lower well-being and poorer sleep outcomes.

Coping strategies had a moderating effect. When compared to those who did not use problem-focused coping, those who worried more had higher levels of positive affect. Similarly, participants who reported using meaning-focused coping more frequently had lower levels of negative affect. Social coping, on the other hand, increased the risk of high negative levels in anxious participants. Conclusively, problem-focused and meaning-focused coping strategies appeared to be the most effective in dealing with Covid-19 challenges (Saalwirth & Leipold, 2021).

The determination to live is a great force for survival. Those who have a positive look at life are almost always likely to overcome the challenges of life than those with negative outlook. In other words, optimists find more life giving spirit and may succeed more than pessimists. In line with this view Quiroga-Garza et al. (2021) conducted a cross-sectional study in Mexico on the topic How Having a Clear Why can Help Us Cope With Almost Anything: Meaningful Well-Being and the Covid-19 Pandemic in Mexico between April 30 and June 16, 2020 among 604 Mexicans-base respondents of comprising of 471 women and 132 men.

The goal of this study was to look at the impact of the early stages of the Covid-19 pandemic on psychological distress, well-being, and perceived physical health among Mexican-based respondents, and to see if coping strategies could play a role in mediating these variables. An emphasis was placed on meaning-centered coping in the Existential Positive Psychology perspective.

The results of this study revealed that 45.9 percent of those polled reported moderate to severe psychological distress. Their findings showed that problem-focused and emotion-focused coping are associated with lower levels of psychological distress, whereas meaning-centered coping is associated with higher levels of distress. Furthermore, psychological distress had a potential negative impact on perceived physical health, whereas meaning-centered coping and well-being mitigated the negative impact of psychological distress on perceived physical health.

Meaning-centered coping was discovered to suppress the negative influence of psychological distress on the sensation of poor physical health, corroborating the critical role of meaning in life in promoting well-being, according to Quiroga-Garza et al. (2021). This is perfectly in line with the theory supporting the present study. As has earlier been stated, having meaning in

life drives one to pursue one's goals that lay ahead. With these coping strategies, the beneficiaries of this study would, perhaps, find encouragement in facing any challenging situation in life.

It is interesting to know that Africans are not left behind in the search for strategies to cope with and cushion the effects of Covid-19 in their clime. Recent studies have shown that giant strides have been made to mitigate the dreadful impact of Covid-19. In Kenya, Adam et al (2021) conducted a study in two weeks after the first Covid-19 case in Kenya was confirmed with the staff of Kijabe Hospital in Nairobi County. The participants comprised 10% (N=122) volunteer staff of the hospital. The study was titled Coping with Covid-19: Developing a Rapid-cycle Frontline Quality-Improvement Process to Support Employee Well-being and Drive Institutional Responsiveness in a Tertiary Care Faith-based Hospital in Rural Kenya.

The purposes of the study were to confidentially determine personal coping strategies used by staff, provide an opportunity for cross-learning among staff, identify what staff needed most, and provide a real-time feedback loop for decision-makers to make rapid changes to support staff safety and coping. This was summarized in two short questions: 1) what are some of the personal coping strategies you use? 2) what would you like Kijabe Hospital to do for you to help you cope with this? The process of quality improvement followed a qualitative study design with a focus group discussion format comprising 17 focus groups for discussion.

The results of this study revealed that prayer, reading the Bible, listening to music, watching movies, and interacting/sharing with family members were the five most popular personal coping strategies reported. Some of the coping strategies used by this group to deal with Covid-19 are psycho-spiritual coping strategies. The current study, on the other hand, focused on how Covid-19 has influenced the psycho-spiritual well-being of a specific worshipping community. On account of this, there might be peculiar experiences among the groups. Naturally,

interacting with patients in the hospital is not the same as interacting with fellow worshippers in a place of worship.

2.5 Research Gaps

Pandemics are never new phenomena to humanity. Covid-19 pandemic, though unique, belongs to the family of pandemics. From the numerous studies reviewed, it is quite clear what the focus of most of them were. While the psychological, psychosocial and other influences of Covid-19 on the wellbeing of the people dominated the discourse, the present study explored more on the influence of Covid-19 on the psycho-spiritual wellbeing of the Christians of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County. Apart from focusing more on the psycho-spiritual aspect, the researcher has not discovered other study on the same topic in the same location. In the same vein, it is also a different target population entirely. The researcher also gave attention to the influence of Covid-19 on the spirituality as attached to religion, from the point of view of the worshipping community of the population of our study. The researcher employed an embedded mixed method design, whereas the majority of the literature reviewed employed online survey designs and regression analysis to arrive at their conclusions.

2.6 Chapter Summary

This chapter was dedicated to the review of relevant related literature to the present study. The research which aims are based on the objectives of the study: to examine the prevalence of Covid-19, assess its influence and explore the strategies that are used in coping with it had its related reviewed in an inverted cone fashion from the global view down to the local level. Most of the studies have agreed that Covid-19 was prevalent in all parts of the world and had greatly influenced the wellbeing of the people including psychologically. Some of the psychological

outcomes of Covid-19 include: fatigue and anxiety, high risk of virus exposure, a higher comorbidity burden, hypertension, depression, and post-traumatic stress disorders. Various suggestions as to how to cope with Covid-19 have been made. Finally, it was discovered that only few studies are found on the psycho-spiritual wellbeing. The deviation and uniqueness of this study from the previous ones are the location and the religious spiritual component of the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter will present the design and methodology that will be used in guiding the study. It will embrace the essential areas of the study such as research design, target population, area of the study, sample size, sampling procedure, and description of the instruments for data collection, data analysis, validity, reliability, trustworthiness, data collection procedures and ethical considerations.

3.2 Research Design

This study employed the use of Embedded mixed method design. The embedded design is a mixed method design in which one data set plays a supportive, secondary role in a study based primarily on the other data type (Creswell et al. 2003). When researchers need to include qualitative or quantitative data to answer a research question within a largely quantitative or qualitative study, this design is used. At the design level, the Embedded Design combines different data sets, with one type of data embedded within a methodology framed by the other data type (Caracelli & Greene in Creswell, 2006).

This design therefore, was chosen on the grounds that one set of data is not sufficient to supply answers to all the questions that may arise in the course of the study. However, with the combination of two different methods, questions arisen both from quantitative as well as qualitative data would find appropriate answers. Moreover, this design is especially useful when a researcher needs to incorporate a qualitative component into a quantitative design, such as an experimental or correlational design (Creswell, 2006).

According to Bets (2021), a research design is the plan, structure, strategy of investigation conceived to obtain an answer to the research question and test the hypothesis. The dissertation research design can be classified based on the type of data and the type of analysis. Murphy (2017) further puts the purpose of research design explicitly thus: we shape things when we design. This is done so that things in the world work better, harder, and faster; that they work more efficiently; that they fit better and are easier to use, and so on. From sample results, the researcher generalized or drew inferences to the population. This study improved and validated participants' responses to the study phenomenon, as well as investigated how Covid-19 has influenced their psycho-spiritual wellbeing. To complete the work, the researcher used a quantitative method of research that was supported by qualitative method in embedded design.

3.3 Location of the Study

This study was carried out in the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County. Our Lady of Guadalupe Parish Adams Catholic Church is a ministry by Missionaries of Guadalupe, known locally as Guadalupe Fathers. It is located within Adams Arcade area in Nairobi South County. The Parish serves the Catholic Christians and the community around Kibera, Jamhuri, Adams, Kilimani, Satellite and Lavington Areas. Other nearby Ministries include Transformers' Chapel, Nairobi, Family Chapel - Outreach Ministries, Kinoo, and Homecare Spiritual Fellowship, Kabarnet road off Ngong Road (Our Lady of Guadalupe official website), and many others. The choice of this location came to be appreciated due to its diversity of the Christians, a situation whereby people come from different and difficult areas to worship and go back, in other words, its cosmopolitan nature.

Moreover, because it is one of the parishes within Nairobi County, Nairobi being one of the most hit Counties by Covid-19; it became more reasonable to choose from within this area.

Among other locations which would have been chosen are 8 parishes namely, Regina Caeli, Karen; St Michael's Parish, Langata; Christ the King Parish, Kibera; Sacred Heart Parish, Dagoretti; St Joseph the Worker Parish, Kangemi; St John the Evangelist, Langata; and Mary Queen of Apostles Parish, Dagoretti. However, the researcher still maintains that taking into cognisance the statistics of Covid-19 in Nairobi County, any part of the county could qualify to be chosen. Hence, the researcher simply cast a dial through folding of papers and choosing one through which the present location emerged. The researcher had no vested interest outside this.

3.4 Target Population

The target population of this study was 1075 members of this parish (validated from the parish register). A population is defined as a complete set of individuals, cases or objects with some common observable characteristics (Kamau, Githi & Njau, 2014). In this study, the targeted population was drawn from the Catholic Parish Our Lady of Guadalupe, Adams, one of the parishes in Nairobi deanery, Nairobi County. The parish was chosen at random owing to the fact that it is one of the parishes within Nairobi County, Nairobi being one of the most hit Counties by Covid-19. Respondents were drawn from men and women in the same parish. The pastor of the parish revealed that the Christians would be eager to respond to the concerns of this study since no such study has ever been done. Moreover, because they know themselves better and share the same kind of experience, issuing out invaluable information will be easy for them. The researcher would prefer this composition of respondents because they are thought to be the ones who would always be ready to share information with others and can be available at any time needed.

3.5 Sample Size and Sampling Techniques

The sample size was 292, determined using simple random sampling technique. Simple random sampling is a sampling method in which every individual in the population has an equal chance of being selected for the sample. Because the selection of individuals was solely based on chance or likelihood, this sampling method is also known as a technique of chances. One parish has been chosen for this study. In collaboration with the Parish Priest, the researcher conducted the study on the members of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County. The researcher obtained permission to have audience with the participants. The sample size determination adopted the formula with the confidence level at 95% and the margin error at 5% (Yamane, 1973). With a target population of 1075 (N), the sample size (n) was calculated using Yamane's mathematical formula thus: $n = \frac{N}{1+N(e)}$

where: n= the sample size

N= the target population (number of Christians)

e= margin of error (in percentage)

Sampling size for this study was: $n = 1 + \frac{1075}{1075(0.05)^2}$

n= 291.525, approximated to 292

Table 3.1

Sample Size

Respondents	Population	Sampling size	Sampling Size Technique	Percentage
Men	456	91	Simple random sampling	31.2%
Women	607	189	Simple random sampling	64.7%
Leaders				
Men	7	7	Simple random sampling	2.4
Women	5	5	Simple random sampling	1.7
Total	1075	292	Simple random sampling	100%

3.6 Description of Data Collection and Instruments

The study used questionnaires to collect quantitative data. Research instruments are data collection tools such as questionnaires and interview guides, among others, that a researcher uses to collect data scientifically (Kamau, Githi, & Njau, 2014). A questionnaire, according to Kasomo (2006), is a carefully designed instrument for collecting data directly from respondents. The researcher adopted three different standardized questionnaires and adapted to the context of this study. The three instruments include Covid-19: Impact of the Pandemic and HRQOL in Cancer Patients and Survivors; Meaning in Life Questionnaire (MLQ); and Spiritual Intelligence Questionnaire. These were adapted to the current study and the outcomes were descriptively analysed.

Section A considered the demographics of the participants, which included gender, age, and education. Section B examined the prevalence of Covid-19 in the parish of Our Lady of Guadalupe, Adams. Section C assessed the level of influence of Covid-19 on the psycho-spiritual wellbeing of the Christians ; and section D explored what strategies were used in coping with Covid-19 among the Christians . In addition, an interview guide was used to get more information. Only leaders of various Small Christian Communities were interviewed, chosen from among the 292 sample size. Twelve out of the 292 were chosen. This section was also divided into sections A, B, C, and D, following the same pattern of objectives.

In order to boost the progress of this study and give credibility to its outcomes, this study used semi-structured interview guide to collect the qualitative data. This is traditional to embedded design in which one data set serves as a supportive, secondary role in a study centered on the other data type.

3.7 Validity, Reliability, and Trustworthiness of Research Instruments

3.7.1 Validity

According to Robson (2012), the validity of something refers to whether or not it actually measures what it claims to measure. Similarly, Mugenda and Mugenda (2003) define validity as the degree to which data analysis results accurately represent the phenomenon under study. As a result, measurement accuracy or truthfulness is critical. In the present work, the face validity of the instrument was tested on members of a certain parish within Nairobi to confirm its readability, clarity of wording, layout and style, and feasibility. Participants were able to read and understand what was expected of them and answered the questions appropriately. The instrument was found valid to be used to conduct the research. In addition, the interview guide was designed to complement the questionnaire. The supervisors read through and gave the approval for carrying out the research.

3.7.2 Reliability

The instruments' reliability is determined by pretesting them one at a time before administering the equivalent instrument to the respondents. The attribute of consistency of results to a measure by a research instrument is referred to as reliability (Gregory, 2000). Internal consistency is a method of determining the reliability of test elements in which the data are determined from scores obtained from a single test administered by the researcher to a sample of subjects, and the scores obtained from the article are correlated with scores obtained from other elements of the tool to establish their coefficient (Mugenda & Mugenda, 2003). By principle, one needs a correlation coefficient of 0.7 or higher to confirm the instrument's dependability. In line with this standard, the internal consistency after pretest to determine the reliability of the instrument for this study, which stood at 0.99. This questionnaire assisted the researcher in

assessing information from the members of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County and summarizing data collected in the field.

3.7.3 Trustworthiness and credibility

Trustworthiness is the ability to keep promises, to be honest, reliable, and principled, while never betraying trust inappropriately (Mugenda & Mugenda, 2003). In other words, the results are based on the responses of the participants rather than the researcher's potential biases or personal motivations. This is done to ensure that the researchers' bias does not distort the interpretation of what the research participants said in relation to a specific narrative. Therefore, to ensure the credibility, transferability, dependability, and confirmability of this study, the equivalent of the quantitative method.

Credibility addresses the question of how congruent the findings are with reality (Guba, 1981). The qualitative researcher demonstrates transferability by indicating that the research study's findings are applicable to other contexts, while confirmability is the degree of neutrality in the research study findings; and finally, dependability refers to the degree to which the study could be repeated by other researchers and the results would be consistent. (Complete Dissertation, 2020). Therefore, the researcher collected and analyzed data without changing course in order to safeguard the integrity of the study.

3.8 Data Collection Procedures

Before distributing the questionnaire, which takes care of the quantitative data, to the Christians of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County, the researcher obtained permission from the Psycho-Spiritual Institute (PSI) and National Commission for Science, Technology and Innovation (NACOSTI). Before asking respondents to fill out the

questionnaire, the researcher took time to explain to the leaders of the people how this should be done. Similarly, the researcher gave consent form to all the participants to confirm their willingness to participate in the study. The participants were given one week to complete the questionnaire, and the researcher kept reminding them throughout that time. The researcher was available to answer any questions from participants who required additional clarification.

For the collection of qualitative data, this study used semi-structured interview guide to collect data. This is traditional to embedded design in which one data set serves as a supportive, secondary role in a study centered on the other data type.

3. 9 Data Analysis Procedure

Data analysis is the process of cleaning up a large amount of information (Mugenda & Mugenda, 2003). It also includes the computation of specific measurements as well as the search for models of relationships that exist between data groups (Kothari, 2004). In this study, both quantitative and qualitative data analysis methods were employed. Quantitative data analysis with its metrics of average, range, and standard were used to describe the quantitative datasets. In line with this method, raw data was methodically gathered and systematized in order to conduct data analysis. The Statistical Package for Social Sciences (SPSS) version 21.0 was used as a tool to analyze quantitative data.

Qualitative data was obtained from open-ended questions interviews, and was then analyzed according to general categories or themes then summarized and presented in form of narratives and direct quotations (Creswell, 2014). Usually, reading and re-reading qualitative data entails becoming acquainted with the depth and breadth of its content in order to identify meanings and patterns (Creswell, 2014). The researcher transcribed the collected data and gave them codes

for identified patterns and themes. The researcher then drew conclusions and made recommendations based on the study findings in an attempt to answer research questions.

3.10 Ethical Consideration

In order to have a smooth method in data collection, the researcher had a verbal discussion with the Parish Priest and followed it up with an official letter seeking permission to carry out research in his domain. His assistance and that of the leading members of this parish was sought at any moment the need arose. Respecting the ethical standards of this research, the researcher gave consent form to all the participants and joined a vocal explanation where necessary. The researcher also ensured that any work used in this study was duly cited and acknowledged to avoid plagiarism. Besides, all the official documents were shown to them before the commencement of any activity.

Informed Consent

According to the law, consent is a voluntary agreement with one action proposed by another. It is a motivational action; the agreeing person must have a high level of mental ability and have access to all necessary information in order to provide effective consent. Consent must also be free of duress or fraud (Creswell, 2014). The researcher attempted to explain the research process and respondents' participation so that they would be aware of what they are doing. They were also assured that their responses would be treated with the utmost confidentiality.

Confidentiality

Confidentiality refers to the researcher's agreement to process, store, and share research data in order to avoid inappropriate disclosure of information obtained from and about research participants. The generosity of participants is frequently based on their trust in researchers to keep

their identity and personal information confidential. Individuals may be willing to share information for research purposes only if they understand that the information will be kept confidential and not disclosed outside of the research framework or to unauthorized parties. This meant that the researcher would make every effort to keep everything discussed during the data collection process confidential, including the retention of the respondents' authentic personalities (Creswell, 2014). As a result, the research reports was kept as confidential as possible, with no names mentioned when the data is reported. Furthermore, all data from this study was used solely for academic purposes, such as answering research questions, etc. The collected data was not destroyed, until a reasonable period of time after the research is completed.

3.11 Chapter Summary

This chapter has outlined how the methodology of carrying out the study. The researcher is going to use Embedded mixed method design. The location of the study will be Our Lady of Guadalupe Parish, Adams, Nairobi County. The target population and sample size have been outlined.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSION OF THE FINDINGS.

4.1 Introduction

This chapter presents, analyzes, and interprets the findings of a study on the influence of Covid-19 on the psycho-spiritual well-being of Christians of Our Lady of Guadalupe parish in Adams, Nairobi County, Kenya. The first section covers the demographics of the study participants, while the second section presents the research findings in relation to the research objectives. A questionnaire and interviews were used to collect data from Christians of Our Lady of Guadalupe, Adams. As a result, using an embedded research design, both quantitative and qualitative data were collected and analyzed. The interview data were transcribed word for word, coded for themes before analysis, and interpretation in narrative form in response to the research questions.

Return rate of the questionnaires distributed to the respondents

Following the original plan of this study, information was sought from 292 members of Our Lady of Guadalupe Parish, Adam, Nairobi County. The researcher, assisted by a research assistant, distributed 280 questionnaires to men and women. While 183 (65.4%) were completed and returned, 14 (5%) questionnaires were invalidated because of lack of demographics; and 83 (29.6%) questionnaires were not returned at all because of lack of response from some members of the communities within which they were distributed. The research assistant's effort to recover the missing questionnaires proved abortive, thus amounting to low return rate. However, according to Mugenda and Mugenda (2003), a participant response rate of 50% is adequate, 60% is good, and 70% or higher is excellent. It is because of this that the researcher proceeded with this work.

On the other hand, the interview responses were perfect because all twelve (12) of the targeted participants were available and responded to the interview questions. This results in a summed sample size of 195 (66.8%) respondents. Respondents included men and women of Our Lady of Guadalupe parish, Adams. In order to analyze quantitative data, descriptive statistics were used. To describe and summarize the data, descriptive statistics were used. Interview qualitative data were transcribed, coded into themes, analyzed, and interpreted in narrative form.

The rate of return of the instruments administered and the interviews as presented in figure 4.1 indicates that out of the 280 questionnaires distributed among the Christians, only 183 (65.4%) questionnaires were returned, while the 12 (100%) interviews were carried out among the group leaders of the parish as designed.

Table 4.1

Questionnaire/interview return rate

Respondents	Sampled participants	Participants' response rate	Return rates of participants %
Male	91	84	30.0
Female	189	99	35.4
Total	280	183	65.4
Leaders interview			
Male	7	7	100
Female	5	5	100

4.2 Demographic information

The study sought to determine the demographic information of the respondents in order to place them in the proper context. Among the demographic data were age group, Gender, and level of education. The rate of recurrence of the demographic characteristics is shown in Table 4.2 as follows.

Table 4.2: Demographic Characteristics

Variable	Frequency	Percent
Respondents' Age		
18-25 Years	38	20.8
26-40 Years	81	44.3
41-50 Years	45	24.3
51-100 Years	19	10.4
Respondents' Gender		
Male	84	45.9
Female	99	54.1
Respondents' Level of Education		
Primary School	35	19.1
High School	73	39.9
University	60	32.8
Other	15	8.2

Table 4.2 shows the frequency of the demographic characteristics in the study and indicates that the rate of recurrence of respondents aged 26-40 were moderately higher (81, 44.3%) as opposed respondents aged 41-50 (45, 24.3%); 18-25 (38, 20.8%), and aged 51-100 (19, 10.4%). The distribution of the respondents' gender indicated that the frequency of female was moderately higher as opposed male. For the respondents' level of education, the frequency of those with High School education was higher (73, 39.9%) in comparison to those with University education (60, 32.8%), Primary School education (35, 19.1%), and other (15, 8.2%). Therefore, the descriptive analysis of all the demographic characteristics shown in Table 4.2 highlights the varied composition of this group of respondents.

The researcher also collected data through interviews. Twelve (12) respondents (seven men and five women) were selected from among the Christians , mainly the leaders (representatives) of the Small Christian Communities (SCC). These people at the grassroots are more in touch with

the daily affairs of the small community members. Data collected from them was transcribed and coded in Table 4.3 as follows.

Table 4.3

Demographic of the interviewed

Respondents	Age	Gender	Level of Education
Respondent A	62	Male	High School
Respondent B	48	Male	High School
Respondent C	57	Female	High School
Respondent D	52	Female	High School
Respondent E	33	Female	High School
Respondent F	53	Male	High School
Respondent G	55	Male	Other
Respondent H	35	Male	High School
Respondent I	46	Female	Primary School
Respondent J	50	Female	High School
Respondent K	42	Male	High School
Respondent L	52	Male	High School

Figure 4.1: Frequency of Respondents' Age

Although the researcher had no influence on the appointment of the leaders of the various Small Christian Communities, age became an important factor because of the likelihood of natural advantage in knowledge and experience, which will evoke diverse and mature responses from the elderly people. Figure 4.1 shows the distribution of age of the respondents as follows:

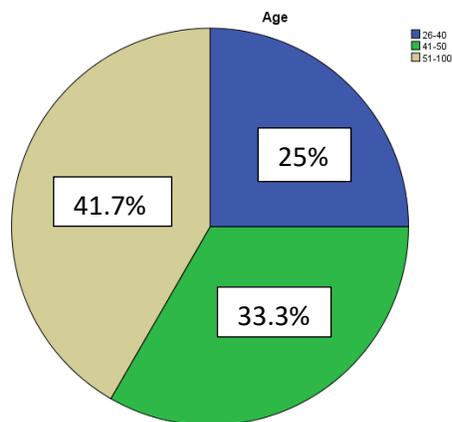


Figure 4.1 shows that the frequency of respondents aged 51-100 (41.7%) was higher compared to age grades 41-50 (33.3%) and 26-40 (25%). The result of this finding suggests that mostly matured adults are likely to manage their communities better in terms of crisis such as Covid-19's.

Figure 4.2: Frequency of Respondents' Gender

The distribution of the community leaders also depended on the various community members. Figure 4.2 presents the responses of the respondents based on their gender. According to this frequency, 7 (58.3%) respondents, which were male, was higher compared to 5 (41.7%) which were women.

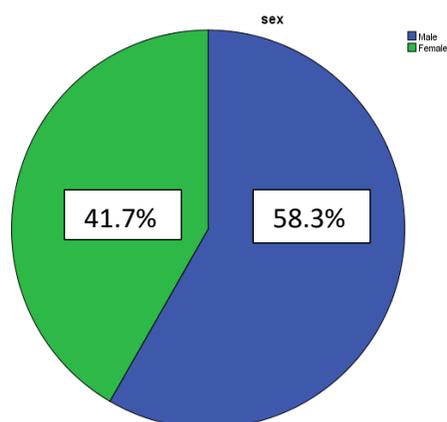
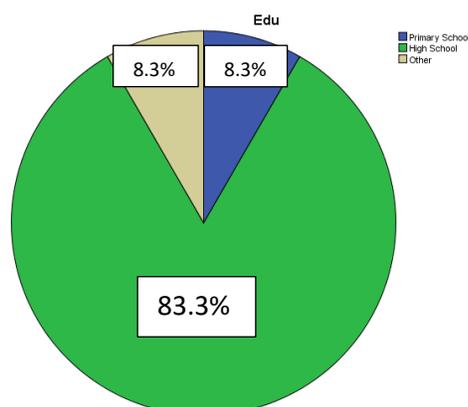


Figure 4.3: Frequency of Respondents' level of education

The study examined the level of education of those who were interviewed and the data gathered was analysed and is summarised in figure 4.3.

Figure 4.3: Level of Education

There is a gross inequality in terms of the manner of distribution of the respondents' level of education. A significant majority of the participants (10, 83%) had High School education as opposed to those in Primary School (1, 8.3%), and Other (1, 8.3%) who have insignificantly lower ties respectively.

4.3 Presentation, analysis and interpretation of the findings

This section deals with presentation, analysis and interpretation of the data, following the objectives of the study. The interpretations focus on the main points of arguments in the objectives. While table 4.4 concentrates on the first objective dealing with the prevalence of Covid-19 in Our Lady of Guadalupe parish, Adams, table 4.5 views the second objective on the influences of Covid-19, and table 4.6 explores the strategies associated with coping with Covid-19.

4.4 Prevalence of Covid-19 among the respondents

The prime objective of this study sought to explore the prevalence of Covid-19 among the Christians of the Catholic Parish of Our Lady of Guadalupe Parish, Adams, Nairobi County,

Kenya. The following are the questions that were posed to the respondents, as well as their responses. The following is a summary of the findings, as shown in table 4.4:

Table 4.4: Prevalence of Covid-19 experiences in Our Lady of Guadalupe parish

To your knowledge, have you been exposed to someone with Covid-19?	Frequency	Percent
Yes	72	39.3
No	103	56.3
Do not know	8	4.4
Have you been tested for Covid-19?		
Yes	95	51.9
No	86	47.0
Do not know	2	1.1
If tested, was your result positive?		
Yes	32	17.5
No	122	66.7
Do not know	29	15.8
If positive, did you experience Covid-19 symptoms?		
Yes	25	13.7
No	113	61.7
Do not know	45	24.6
Did a family member or a member of your parish test positive for Covid-19?		
Yes	93	50.8
No	67	36.6
Do not know	23	12.6
If yes, how many?		
1-10	63	34.4
11-20	10	5.5
Do not know	110	60.1
Did a family member or a member of your parish die of Covid-19?		
Yes	44	24.0
No	98	53.6
Do not know	41	22.4
If yes, how many?		
1-10	28	15.3
11-20	5	2.7
Do not know	150	82.0

From the findings of this study, only 72 (39.3%) of the target population exposed themselves to someone infected with Covid-19. This means that as much as 39.3% of the population was at risk of contracting the virus. It is also a sign that there was the prevalence of Covid-19 within the community. Out of the average population of 95 (51.9%) that were tested, 32 (17.5%) tested positive to Covid-19. Among those who tested positive, 78.1% admitted experiencing Covid-19 symptoms. These facts were supported by Respondents who reported that they knew or heard of “more than 10” (Respondent B), “approximately 150” (Respondent F), and “close to 100” (Respondent L) persons respectively, who were infected with the virus within the parish community (Interview, February 26 and 27, 2022). These figures imply that their situation was a critical one. Looking at the nature of Covid-19 and its mode of spreading, this much is a huge risk in the community. Furthermore, 18.0% of those who tested positive of the virus were reported dead. In addition, 5 (41.7%) of the interviewees agreed that some members of their parish died of Covid-19 (Interview, February 26 and 27, 2022). In all, the rate of prevalence of Covid-19 in the parish of Our Lady of Guadalupe Adams could be described as rampant and perilous.

Just as it was globally, the prevalence of Covid-19 in Kenya was an undoubtable reality. Both Worldometer and WHO’s latest statistics updates on Covid-19 (March 26, 2022) show that since its inception, 323,365 and 323,333 cases of Covid-19 were recorded in Kenya respectively. Omulo (2021) published an article in the Daily Nation with the title Kenya: Nairobi Bears the Brunt of Deadlier Covid-19 Wave. The details found in this report reveal that Kibra leads the county in the number of listed deaths, with 161 cases, nearly double the number registered by other sub-counties. There were 647 men and 284 women among those who died in Nairobi. Dagoretti North came in second place, after Kibra, with 102 deaths, followed by Lang'ata with 71 and Dagoretti South with 70.

4.5 The Impact of Covid-19 on psycho-spiritual wellbeing

In this objective, the study investigated the impact Covid-19 had on the lives of the Christians of Our Lady of Guadalupe. The findings were presented in table 4.5. Based on the nature of this study, the questionnaires were descriptively analysed as against scoring the outcomes. The interview responses were used to support the results of the quantitative study in measuring some of the items under the independent variable.

Table 4.5

The impact of Covid-19 on psycho-spiritual wellbeing

	SD		D		N		A		SA	
	<i>F</i>	%								
I feel anxious about getting Covid-19 (or if positive: I am anxious about becoming ill)	44	24.0	24	13.1	27	14.8	38	20.8	50	27.3
I worry about possibly infecting others with Covid-19.	28	15.3	23	12.6	17	9.3	56	30.6	59	32.2
I worry about the possibility of dying from Covid-19.	28	15.3	20	10.9	28	15.3	42	23.0	65	35.5
I have experienced feelings of sadness or depression.	34	18.6	26	14.2	33	18.0	56	30.6	34	18.6
I feel negative and/or anxious about the future.	30	16.4	32	17.5	26	14.2	45	24.6	50	27.3
I have experienced changes in my sleep since Covid-19 came.	52	28.4	37	20.2	32	17.5	36	19.7	26	14.2
I have experienced changes in my eating since Covid-19 set in.	51	27.9	37	20.2	21	11.5	31	16.9	43	23.5
With Covid-19, nothing makes meaning to me anymore.	83	45.5	49	26.8	19	10.4	19	10.4	13	7.1
With the Covid-19 situation, I feel discouraged attending to my spiritual activities.	85	46.4	36	19.7	23	12.6	16	8.7	23	12.6

Table 4.5 shows that Covid-19 had an impact on Our Lady of Guadalupe parish. For instance, while 88 (48.1%) of the population experienced anxiety over contracting the disease, 115 (62.8%) worried about infecting others and yet 107 (58.5%) worried about dying of the same virus.

This implies that there was the prevalence of anxiety as an experience among the population due to the number of Covid-19 patients in their midst. Naturally, living with patients with a contagious disease would generate anxiety. This is exacerbated when it becomes a case of pandemic like in this study where half of the population is thrown into anxiety. What this means is that the community is both psychologically and spiritually experiencing uneasy calm. In a related Egunjobi et al. (2020) confirm this fact at the onset of Covid-19 in their study when they said,

With a confirmed case of Covid-19 of a community member, the whole community is affected in their biopsychosociotechno-spiritual response to the fearful situation. The results show that the announcement put the community into turmoil, disrupted the community living and activities, and made the community members lived in fear. The infected person also experienced stigmatization.

In the neighbourhood of anxiety were fear, isolation, loneliness, stigmatization, and trauma, as psychological impacts of Covid-19 on the studied community. Respondent E recounted his experiences as a patient of Covid-19 as follows:

There was fear, mostly among old people; they were fearing that they will get Covid-19. Even maybe coming together or sharing something there was a lot of fear. When I tested positive of Covid-19, I was following the precautions given to me by the doctors. I was isolated, not in the hospital but at home. There was no contact with the people. I was restricted at home until I was 14 days then test again. Let me say you feel lonely, you are not comfortable, because you normally like to be in the Mass, you want to attend Mass but you see in that situation you feel lonely. When people know you are positive, they run from you; they don't want you to be close to them because they see that you will affect them. There was a lot of fear, maybe when it comes to news, you are watching the news, today the report is that...how many people, we have lost them, the ones in ICU they are ...so you fear, even when you are sleeping you can't sleep...you fear that you are sleeping then you die. There is no sleep, even eating, you can't eat comfortably, you lose appetite for eating, because you see the screen a lot of people dying, the other ones in ICU, so psychologically you are affected. There was even trauma. In fact, when it comes to appearing to make their highlighting the Covid-19 news, you switch off your television, because you don't want to hear it (Interview, February 26, 2022).

Corroborating the position on psychological torture experienced during this period Respondent K unveiled:

At first, I was panicking, and you know, the environment around us was also against that test, you see. So, some were talking negatively, and in fact, if it was not the kind of job that I do, I would have never gone for that test, and I would never be vaccinated by now. But this was because I don't want to lose my job I just had to persevere and go through the pains so as I secure my job. (This was) because people had negative views towards the test and towards the vaccination. They were saying that it affects people, you might become paralysed, you see, and now that if I imagine I becoming paralysed because of the test, because of the vaccination, oh no! So, I feared at first; but I got momentum, simply because of my workmates who are not staying around also. The test is done secretly somewhere else, around where you are working, and the vaccination is also done somewhere else. If you come back, you don't tell people (Interview, February 27, 2022).

Some participants expressed sadness and grief due to loss of means of livelihood and loved ones. This has naturally constituted a cause for grief. Some of the respondents narrated what they passed through during the period of Covid-19 as: Stress, there was fear and sadness. The epidemic of Covid-19, may be somebody was working somewhere then suddenly the job was interrupted. So, that was what caused sadness in him, like he does not know what do next (Respondent I); You get a message here today that your mum is dead at home, you can't go home. This mama was sick, this mama died; this mama's corpse then from the mortuary there, she is being buried, and you see how painful it is (Respondent J), (Interview, February 26 and 27, 2022).

Similarly, with 90 (49.2%) and 95 (51.9%) of people who both strongly agree and agree that they were in depression and had a bleak hope for the future respectively is an indication of the severity of the impact of Covid-19 on this community of faith. Depression was a common symptoms enlisted my many studies carried out by Passos et al. (2020), Nizigiyimana and Poder (2021), and which the study had anticipated. The latter stated that having a chronic disease, being exposed to patients and death due to Covid-19 cases, depression, insomnia, stress, and fear of Covid-19 were also found to be independent predictors of the presence of Covid-19 in East African countries including Kenya.

More exploration into the study revealed that both social and spiritual life in addition to the psychological life of the community was disrupted. Because of the centrality of religious activities in the life of the community, which is also major meeting point for the Christians, tempering with them caused not only spiritual but also psychological issues. The respondents related that psychologically, when they were banned from going to the church for Mass, they were angry (Respondent B). Again, since there was lockdown, most of the members were just indoors or within their houses (Respondent D). Concerning spiritual life, they admitted that during that period, Christians were not attending Masses, so their spiritual life was weakened, because most of them are not getting the word of God because of restrictions (Respondent I). It reached a point whereby 5 people were the maximum number allowed to attend Mass. Having not that chance of spiritual nourishment the way they used to do every Sunday, their spiritual life really deteriorated (Respondent J). Their conclusion therefore, was that people were sick both psychologically and spiritually; people were hungry both physically and spiritually, since administration of sacraments like Mass, confession, and viaticum, which are great sources of spiritual nourishment and healing to the Christians were not possible because of Covid-19 (Respondent L), (Interview, February 26 and 27, 2022). More to this, the Small Christian Communities were shut down.

Furthermore, the findings in table 4.5 reveal that in spite of the scorching effects of Covid-19 in this community, majority (72.3%, 132) of the population did not lose meaning in life as opposed to 32 (17.5%) who strongly agree and agreed that they did. This is proving the fact that no experience comes with meaning but humans give meaning to every experience as it emerges. This aligns perfectly with the theoretical framework of this study, which considers logotherapy as the synthesis of meaning from difficult situations such as the subject matter of this study.

In the same vein, it shows that a moderately higher population of 121 (66.1%) as against 39 (21.3%) strongly disagree and disagree that they were ever discouraged from attending to their religious activities, despite the hiccups of lockdowns. This paradoxical reaction shows that the more the difficulties the greater the resilience in terms of faith. Studies have also shown that at moments when lockdown was imposed, the Christians never relented in carrying out their religious activities such as prayer and charitable works. Rather, they saw it as an opportunity to bear full witness to the gospel. According to Respondent J, if a Christian cannot take that burden of a neighbour, which kind of Christianity are you now portraying in the community? (Interview, February 27, 2022). Egunjobi (2020) caps up the argument concisely:

Covid-19 Pandemic is not an excuse for spiritual dryness and religious inactivity, rather, it should be an opportunity to find meaning and purpose in life, to appreciate freedom, be in touch with yourself, your family, and your house environment. Also, to spend more time in touch with the Divine.

It is also part of the mysteries of religion as earlier noted by Sambu et al. (2020) while reporting that worshippers still remained active despite the negative effects of Covid-19.

4.6 Coping Strategies

Table 4.6

Coping strategies during Covid-19

	SD		D		N		A		SA	
	<i>F</i>	%	<i>f</i>	%	<i>F</i>	%	<i>f</i>	%	<i>f</i>	%
In the face of difficulties and suffering, I believe that God will help me.	4	2.2	-	-	5	2.7	29	15.8	145	79.2
I do not forget God if I feel desperate during Covid-19.	3	1.6	-	-	8	4.4	54	29.5	118	64.5
My life is meaningful with a sense of value and purpose despite Covid-19.	8	4.4	6	3.3	10	5.5	46	25.1	113	61.7
I have deeper appreciation for life during Covid-19.	6	3.3	3	1.6	6	3.3	54	29.5	114	62.3
I have been more grateful for each day during Covid-19.	1	.5	3	1.6	10	5.5	46	25.1	123	67.2
I have found new ways of connecting with family and friends, and God.	8	4.4	4	2.2	13	7.1	73	39.9	85	46.4
I have had adequate information on prevention, protection or care on Covid-19 from my Pastor.	9	4.9	13	7.1	13	7.1	53	29.0	95	51.9

Table 4.6 explores the coping strategies adopted by the members of this parish. It indicates that 174 (95%) of the members of the parish still depended on God in their time of distress. This implies that despite the difficulties imposed by the Covid-19 pandemic, God remains their bastion of hope in the same way 172 (94%) confirmed they never forgot God during the time of Covid-19. By this, it means faith in God and God himself is their first and main strategy of coping with the pandemic. In her confession, Respondent J states that ultimately they were surrendering every situation to God. Respondent K asserts that the church, praying to God for satisfaction, Christian community, casual jobs, and God were their major sources of support during Covid. Respondent

L submitted that amidst all this “God was there, God is there, and God will still be there. (Interview, February 27, 2022).

It is interesting to note that a cumulative average of 19 (10.4%) denied believing in God’s help, remembering him, and having any connection with God. Respondent L presumes their sentiments: “I think not everybody believed in God, because people would ask: all these things are happening and God is there, so I think not everybody should believe or believed in God” (Interview, February 27, 2022). More interesting is the paradox displayed in the magnitude of damage done to the community by Covid-19 as expressed in table 4.5 and the level of commitment toward God demonstrated in table 4.6. Commonly speaking, one would think that more than 10.4% would reject God. However, the insistence on worship despite lockdown portrays the undying faith of the people in their God, and shows the positive aspect of Covid-19.

For example, majority (91.8%, 168) of the population agree that they have deeper appreciation for life during Covid-19; majority (92.3%, 169) agree they have been more grateful for each day during Covid-19; and 158 (86.3%) submit they have found new ways of connecting with their relatives and God. Families kept apart by carrier now have the privilege of enjoying stable union notwithstanding some unpleasant experiences. Respondent K affirms,

The problems that I have at home were part of the experiences in their life that helped them deal with Covid-19 situation. Again, another cited the post-election violence of 2007. Through this, I learnt how to manage the little we had. That I learnt from my parents. It also taught me how to spend time together as family” (Interview, February 27, 2022).

This is also part of synthesising one’s happiness using the paradoxical intention technique of Frankl.

In line with Frankl’s logotherapy, one who sees a higher meaning to live pursues it to its logical conclusion despite all odds. As it is evident in table 4.6, 159 (86.8%) of the Christians

agreed that life is meaningful with a sense of value and purpose despite Covid-19. It means that external forces do not determine one's happiness and meaning. They are purely the product of inner disposition. The determination to achieve one's goal, or lack thereof, either increases or decreases one's level of happiness in life. The findings show that, aside from making hasty generalizations about Covid-19's negative impact, there is practically weak influence of the independent variable on the dependent variable.

There are more strategies used by the members of Our Lady of Guadalupe than the aforementioned.

It was a routine to follow: wearing the mask, washing hands, it was a must for everyone to follow, even when you are entering somewhere you are allowed to write your name, your contact, so that in case your surrounding is affected, they will come easily to track, yes (Respondent D). I have nothing, just prayer. I did not lose hope because I see there is no condition that is permanent. Some survival strategies include the reading of scripture – yeah, it is just faith, because God is there despite the presence of the disease. So, let Covid-19 be there but let us be strong in faith (Respondent H), (Interviews, February 26 and 27).

On the questions of the major sources of support/coping strategies for the duration of Covid-19, the Christians had much to lean on. From their responses, they are absolutely convinced that faith in God leads to total wellbeing. For them, every suffering has a meaning. The numerous strategies and sources of support available to them during the pandemic are classified into spiritual support, social and economic support, Covid-19 protocol, physical support, and psychological support.

The most common spiritual strategies shared variously by respondents H, I, and L, include praying and fasting, adoration of the Blessed Sacrament (whenever restrictions were removed), the Church's media programmes from the Pope, the bishops, and the priest. Others included church organisations' talks, SCC faith sharing, reading the scriptures and sacred storybooks, and giving support to the needy (Interviews, February 26 and 27, 2022).

Under social and economic support, respondents A, E, G, and K affirmed that the government, NGOs (especially SHOFKO), Association of Sisterhood in Kenya (AOSK), World Food Organisation, the Catholic church, and well-wishers, were active in looking after the welfare of the members of this parish. Moreover, information from the ministry of health, health care facilities, Facebook information, online learning, exploring talents through social media, and initiating of small-scale businesses. Others include employers, casual labour, salary and savings, socialising, visiting the hopeless, and observing the safety measures put in place by the church and civil authorities (Interviews, February 26 and 27, 2022).

Furthermore, all the respondents acknowledged that the observance of Covid-19 prevention measures such as washing and sanitizing hands, maintaining social distance, wearing of face mask, minimizing movement to crowded places or events, eat healthy food (balanced diet), taking more fruits and drinking lemon and ginger daily, taking a lot of warm water and fluid, testing for Covid to know one's status, and vaccination, were of great assistance to them (Interviews, February, 26 and 27, 2022). Physically, respondent K said that many people involved themselves in farming/gardening, engaging in house chores, learning new skills like making ornaments, observing and promoting environmental cleanness, and sports/exercises (Interviews, February 26 and 27, 2022).

Conclusively, the Christians were assisted psychologically. According to respondents I and L, many people adopted good rest (deep sleep), positive sharing (optimism) about life, finding new hobbies, and sharing the problems with one another. Others include introduction of psychosocial programmes to help deal with stigma when members are infected with Covid-19, organizing seminars, and counseling (Interviews, February 26 and 27).

4.6.1 The need for psycho-spiritual intervention

Despite the myriad of coping strategies drawn by the members of Our Lady of Guadalupe parish, including counseling, among other things that should never be swept under the carpet is psycho-spiritual approach to this counseling. Psycho-spiritual approach is a form of therapy that seeks the total restoration and reconciliation of a person to their environment. It employs both psychological and spiritual interventions to reintegrate a displaced, disordered, and disoriented person with self, community, culture, and creator.

This is based on the assumption that no matter how enormous the positive testimonies in this community are, there is likely to remain some vestiges of psychological issues hanging in the minds. For example, the case of grief earlier mentioned, where no family member participated in the burial rites of a loved one or the traditional rites surrounding these events were completely neglected because Covid-19.

The absence of such traditional mourning rituals is capable of causing deep traumatic grief among people who are deeply rooted in their culture. According to Asatsa (found in Okpalaenwe, 2017), there is a necessity for the process of “grief and bereavement counselling” to be followed. This is not only necessary but also urgent. Delay at this material time creates a caveat for such traumatized to ‘create African version’ of Covid-19 or any other disease.

The degree of intimacy with the lost loved one is a strong factor that determines the necessity of this process. In dealing with grief and healing through counseling, Okpalaenwe (2017) emphasise that the force of grief may relate some factors including “if the death was sudden or expected, one’s feelings about the deceased, and one’s temperament, upbringing and coping style.” According to her, “over time, a host of emotions may emerge” (page 157). This is one of the issues

that if not properly looked into early enough; the blissful fresh air of the moment will turn to gloom hereafter in form of posttraumatic disorders. Why this intervention seems necessary is because of the tenacity of the African person to the traditional practices to date.

In speaking about the Samburu people of northern Kenya and the need for integrative approach in their healing process, Lenairoshi (found in Okpalaenwe, 2019) “Indigenous counseling is an aspect that is still adhered to by the Samburu people especially in as far as family counseling, trauma and developmental counseling are concerned. Spirituality is being blended to hold respect to the divinity” (page 61). The quintessence of psycho-spiritual approach is to arrive at the holistic restoration of the victims of existential tragedies to their Supreme Being or source of existence. “Basic to this understanding of spirituality is the premise that we regard the human and/or the rest of creation as composed not only of matter, but of something immaterial, something invisible, and something beyond our present knowledge” (Okpalaenwe 2019, page 21). Stressing more on the role of spirituality in this therapeutic process, Okpalaenwe again asserts

Spirituality is the tendency to orientate oneself toward a larger transcendent reality that binds all things into a unitive harmony. It reflects the personal search for connection with a larger sacredness. Spirituality is the way you can find meaning, hope, comfort and inner peace in your life. Spirituality is the ability to see the sacred in the ordinary. It is about who we truly are and who we ultimately shall become (page 13).

It is also important to mention psycho-spiritual tools such as spiritual direction and the sacrament of reconciliation or confession. The overwhelming assent to God's power to save by the community of Our Lady of Guadalupe will more perfectly culminate in the above tools in the Catholic tradition. Because these are traditionally classified as healing sacraments, seeking them more frequently will ensure a faster healing process and reunion with the divine. Holy scripture reiterate the fact that “For in him we live and move and have our being” (Acts 17:28). God is the ultimate meaning which every creature desires.

4.7 Chapter summary

The findings from the quantitative and qualitative data were combined in a way that shed light on the impact of Covid-19 on the Christians of Our Lady of Guadalupe, Adams, Nairobi, Kenya. The findings show that the virus affected about a third of the parish's population: many were infected and tested positive, the majority experienced one or more forms of psychological symptoms, and a significant number died. Many studies have also supported the findings presented in this study. This, however, will have no effect on the population's sense of meaning and happiness. As a result, the vast majority of people still have a strong spiritual connection to their divine origin.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter contains a summary of the study and its findings, as well as conclusions, recommendations, and suggestions for future research. The research objectives guided the summary of research findings and conclusions.

5.2 Summary of the Study

The purpose of this study was to assess the influence of Covid-19 on the psycho-spiritual wellbeing of the Christians of Our Lady of Guadalupe Parish, Adams, Nairobi County, Kenya. The following research objectives guided the study: To explore the prevalence of Covid-19 among the Christians of Our Lady of Guadalupe parish, Adams, Nairobi County; to investigate the influence of Covid-19 on the psycho-spiritual wellbeing of the Christians of Our Lady of Guadalupe parish, Adams; and to identify the strategies that are used in coping with Covid-19 among the Christians of Our Lady of Guadalupe, Adams, Nairobi County.

Logotherapy Theory of Viktor Frankl guided the study. Logotherapy is a psychotherapeutic theory aimed at giving meaning and purpose to one's whole life. This theory claimed that by searching for meaning in life, individuals could endure and overcome suffering. According to Frankl, "Logos is a Greek word which denotes 'meaning,'" and therefore, logotherapy is a theory that "focuses on the meaning of human existence as well as on man's search for such a meaning. According to logotherapy, this striving to find a meaning in one's life is the primary motivational force in man" (Frankl, 1984 p. 104). Frankl believed that humans are motivated by a "will to

meaning," which corresponds to a desire to seek and create meaning in their lives. The absolute meaning for man lies in the divine powers beyond him which he seeks to achieve at all cost.

Several relevant related studies cutting across global, regional, and local levels were reviewed to support this study. Most of the works validated the claim that Covid-19 influenced the psycho-spiritual wellbeing of the people, some negatively and others positively. While some people were weighed down by the impact of Covid-19, others used it as an opportunity to search more properly for the meaning of their lives. The gap found in this study was that no similar study had ever been carried out in this community of Our Lady of Guadalupe, Adams, Nairobi. This study therefore, stands to add new knowledge about Covid-19 pandemic around Kenya.

The study adopted embedded mixed method design where 195 respondents were sampled from a target population of 1075 Christians of Our Lady of Guadalupe. Both questionnaires and interview guide were used to collect quantitative data and qualitative data consecutively. Statistical Programme for Social Sciences (SPSS) version 21.0 was used to get descriptive statistics while qualitative data were analyzed using thematic analysis. This chapter embarks on discussing the findings of the study and offering the recommendations.

5.3 Summary of Findings

The research objectives were used to create a summary of the findings. Following the demographic characteristics, the findings of the first objective, which sought to establish the prevalence of Covid-19 in Our Lady of Guadalupe parish, Adams, revealed that Covid-19 was prevalent at an alarming rate in the parish community. This was evident because men and women of all ages and levels of education were among those infected and experiencing high levels of fear, anxiety, and depression, among other symptoms. Based on the nature of the disease's spread, the number of people who contracted it was a serious consideration.

According to the second objective, which sought to examine the impact of Covid-19 on the psycho-spiritual well-being of Christians, Covid-19 had an impact across all age groups, genders, and levels of education. The impact was felt more strongly by women than by men. Fear, anxiety, depression, hunger, loss of appetite, and insomnia were all symptoms. On the other hand, some people learned to value their lives more, became more grateful, and grew closer to God and family.

The third goal of the study was to explore the coping strategies used by Christians of Our Lady of Guadalupe parish in Adams to cope with Covid-19. The findings revealed that Christians used a variety of strategies to deal with the pandemic. This includes the Covid-19 protocol, as well as psychological, socioeconomic, and spiritual approaches. This demonstrates that Our Lady of Guadalupe Christians are a strong faith community whose resilience in the face of adversity cannot be easily subdued. It is a clear demonstration of their familiarity with the theology of the Paschal Mystery.

Scanning their reactions through the mystical eye will reveal also the depth of their understanding of the scriptures they read daily. Inspired by the miracle of Jesus Christ calming the storm and the lake (Mark 4:35-41), the Christians proved that no matter the force of the storms of life, they have one above them who can stop it for them. It is expression of the fact that faith in self, fear, lies, is faith misplaced. They were convinced that just like it was in the days of Jesus when leprosy epidemic ravaged communities (Luke 17:11-19) and he healed it, so will it be in our days, that Covid-19 will be cured by him. Accompanied by logotherapy whose techniques of Dereflection, paradoxical intention and Socratic dialogue seek to help people who are suffering find meaning in their lives, the psycho-spiritual wellbeing of the community will be restored.

5.4 Conclusions

The purpose of this study was to assess the influence of Covid-19 on the psycho-spiritual wellbeing of the Christians of Our Lady of Guadalupe parish, Adams, Nairobi, Kenya. The research explored the prevalence, investigate the impact, and to identified strategies that are used to coping with Covid-19. The study was carried out using embedded mixed method design. Both quantitative and qualitative data were used in a complementary manner to arrive at these conclusions. The findings of the study agree that there was Covid-19 prevalence with attendant consequences and benefits. Some of these strategies namely, professional counselling, psycho-spiritual therapy, dialogue, and prayer, will enhance devotion to God and restore meaning once again.

5.5 Limitations of the study

The major limitation the researcher encountered was with the respondents. Some of the respondents failed to return the questionnaires given them due in part to the late administration of some of the questionnaires in one of the local communities. In the end, retrieving them became difficult and that then affected the rate of return of the questionnaires.

5.6 Recommendations

The study assessed the level of impact of Covid-19 on the Christians of Our Lady of Guadalupe parish, Adams, Nairobi, Kenya. The researcher recommends the following:

I. The Church Hierarchy

The Church hierarchy need to increase the rate of psychoeducation and more counseling and especially psycho-spiritual therapy centres within the parish to soothe the emotionally laden

Christians . This is because time does not easily heal emotional pains; as such, they need quick human intervention in order to help them cope better and avoid emotional breakdown.

In addition, pastors need to increase the number of online and media platforms for spiritual programmes to keep nourishing the spiritual hunger of the people especially during lockdown.

It will be expedient for ritual Masses to be celebrated more often during this time of the pandemic than ever before; this will not only bring consolation but equally facilitate the process healing painful memories.

II. The Ministry of Health

There was nothing more consistent during the pandemic than the inconsistencies of the messages coming from the health institutions (WHO and State Ministries of Health) concerning administration and efficacy of Covid-19 preventive measures such as wearing of facemask, hand sanitiser, physical distance, vaccination, and so on. For this reason, the Ministry of Health could boost more confidence in people by giving them authentic information at all time.

III. The Government

The government through the ministry of agriculture is encouraged to sustain its effort on ensuring food security. Among the basic human needs, food is the most essential. Majority of those who lost their jobs could not afford food on their own and thus depended on the palliatives issued by either government, the Church, or NGOs. Constant boost in food production therefore, will ensure stability during Covid-19 lockdown and consequently reduce the level psychological problems among the population. This list of recommendations may also be applicable to any other health emergency or pandemic of this nature in time to come.

5.7 Suggestions for Further Research

This study only focused on the influence of Covid-19 on the psycho-spiritual wellbeing of the Christians of Our Lady of Guadalupe, Adams, Nairobi, Kenya. The study, therefore, suggests for further research the following:

- I. It will be a good idea to carry out a research on the emotional stability and psychological wellbeing of survivals of Covid-19 in Our Lady of Guadalupe parish, Adams, Nairobi County, Kenya.
- II. Another study may focus on the post-vaccine administration effects and psychological wellbeing of the Our Lady of Guadalupe parish, Adams, Nairobi County.
- III. The availability of psychological counseling and psycho-spiritual therapy and its efficacy during the Covid-19 in Our Lady of Guadalupe parish, Adams.

REFERENCES

- Abbas, S. M., & Zhiqiang, P. L. (2020). Covid19, mental wellbeing and work engagement. *International Journal of Research in Business and Social Science* (2147- 4478), 9(4). <https://doi.org/10.20525/ijrbs.v9i4.760>
- Abrami L. M. (n.d.) - Logotherapy - An Overview Arizona Institute of Logotherapy. <https://www.academia.edu/27851141.html>
- Adam, M. B., Makobu, N. W., Kamiru, W. K., Mbugua, S., & Mailu, F. (2021). Coping with Covid: Developing a Rapid-cycle Frontline Quality-improvement Process to Support Employee Well-being and Drive Institutional Responsiveness in a Tertiary Care Faith-based Hospital in Rural Kenya. *The American Journal of Tropical Medicine and Hygiene*, 105(2), 372. <https://doi.org/10.4269/ajtmh.20-1661>
- Adekunle, I. A., Tella, S. A., Oyesiku, K. O., & Oseni, I. O. (2020). Spatio-temporal analysis of meteorological factors in abating the spread of Covid-19 in Africa. *Heliyon*, 6(8). <https://doi.org/10.1016/j.heliyon.2020.e04749>
- Angwenyi, V., Kabue, M., Chongwo, E., Mabrouk, A., Too, E. K., Odhiambo, R., Nasambu, C., Marangu, J., Ssewanyana, D., Njoroge, E., Ombech, E., Mokaya, M. M., Obulemire, E. K., Khamis, A., & Abubakar, A. (2021). Mental health during Covid-19 pandemic among caregivers of young children in kenya's urban informal settlements. A cross-sectional telephone survey. *International Journal of Environmental Research and Public Health*, 18(19). <https://doi.org/10.3390/ijerph181910092>
- Badawi, A., & Vasileva, D. (2021). Comparative profile for Covid-19 cases from China and North America: Clinical symptoms, comorbidities and disease biomarkers. *World Journal of Clinical Cases*, 9(1). <https://doi.org/10.12998/wjcc.v9.i1.118>
- Batthyany, A. (2016). Logotherapy and existential analysis: proceedings of the Viktor Frankl Institute Vienna. *Springer*, 1(March).
- Chen, J., Farah, N., Dong, R. K., Chen, R. Z., Xu, W., Yin, J., ... & Zhang, S. X. (2021). Mental Health during the Covid-19 Crisis in Africa: A Systematic Review and Meta-Analysis. *International Journal of Environmental Research and Public Health*, 18(20), 10604.
- Eghigian G. (2020). The Spanish flu pandemic and mental health: A historical perspective. *Psychiatric Times*. Vol 37, Issue 5.
- Egunjobi J. P., Atungs G., David D., Utume A. T., and Eteme E. (2020). Community biopsychosociotechno-spiritual experiences at the confirmed case of Covid-19. *ResearchGate*. <https://doi.org/10.13140/RG.2.2.26580.83842>
- Egunjobi J. P. (2020). Biopsychosociotechno-spiritual self-care during Covid-19 lockdown. *ResearchGate*. <https://doi.org/10.13140/RG.2.2.12562.58566>

- Frankl, V. E. (1946). *Man's Search for meaning*. In *Man's Search for Meaning*.
- Frankl, V. E. (1985). *Man's Search for Meaning* (Revised and updated). In *Language* (Vol. 20).
- Ghazawy, E. R., Ewis, A. A., Mahfouz, E. M., Khalil, D. M., Arafa, A., Mohammed, Z., Mohammed, E. N. F., Hassan, E. E., Abdel Hamid, S., Ewis, S. A., & Mohammed, A. E. N. S. (2021). Psychological impacts of Covid-19 pandemic on the university students in Egypt. *Health Promotion International*, 36(4). <https://doi.org/10.1093/heapro/daaa147>
- Gullot, C. C., & Serpa, G. R. (2020). Major pandemics in the history of mankind. In *Revista Cubana de Pediatria* (Vol. 92).
- Gupta, R., & Misra, A. (2020). Covid19 in South Asians/Asian Indians: Heterogeneity of data and implications for pathophysiology and research. *Diabetes Research and Clinical Practice*, 165. <https://doi.org/10.1016/j.diabres.2020.108267>
- Hossain, M. M., Tasnim, S., Sultana, A., Faizah, F., Mazumder, H., Zou, L., McKyer, E. L. J., Ahmed, H. U., & Ma, P. (2020). Epidemiology of mental health problems in Covid-19: A review. In *F1000Research* (Vol. 9). <https://doi.org/10.12688/f1000research.24457.1>
- Jarus, O. (2020). 20 of the Worst Epidemics and Pandemics in History . *Live Science*, 12.
- Khademi, M., Vaziri-Harami, R., & Shams, J. (2021). Prevalence of Mental Health Problems and Its Associated Factors Among Recovered Covid-19 Patients During the Pandemic: A Single-Center Study. *Frontiers in Psychiatry*, 12. <https://doi.org/10.3389/fpsy.2021.602244>
- Kwobah, E. K., Mwangi, A., Patel, K., Mwogi, T., Kiptoo, R., & Atwoli, L. (2021). Mental Disorders Among Health Care Workers at the Early Phase of Covid-19 Pandemic in Kenya; Findings of an Online Descriptive Survey. *Frontiers in Psychiatry*, 12. <https://doi.org/10.3389/fpsy.2021.665611>
- Lohiniva, A. L., Dub, T., Hagberg, L., & Nohynek, H. (2021). Learning about Covid-19-related stigma, quarantine and isolation experiences in Finland. *PLoS ONE*, 16(4 April). <https://doi.org/10.1371/journal.pone.0247962>
- Lukman, A. F., Rauf, R. I., Abiodun, O., Oludoun, O., Ayinde, K., & Ogundokun, R. O. (2020). Covid-19 prevalence estimation: Four most affected African countries. *Infectious Disease Modelling*, 5. <https://doi.org/10.1016/j.idm.2020.10.002>
- Meo, S. A., Abukhalaf, A. A., Alomar, A. A., Aljudi, T. W., Bajri, H. M., Sami, W., Akram, J., Akram, S. J., & Hajjar, W. (2020). Impact of weather conditions on incidence and mortality of Covid-19 pandemic in Africa. *European Review for Medical and Pharmacological Sciences*, 24(18). https://doi.org/10.26355/eurev_202009_23069
- Mota, C. R., Bressani-Ribeiro, T., Araújo, J. C., Leal, C. D., Leroy-Freitas, D., Machado, E. C., Espinosa, M. F., Fernandes, L., Leão, T. L., Chamhum-Silva, L., Azevedo, L., Morandi, T., Freitas, G. T. O., Costa, M. S., Carvalho, B. O., Reis, M. T. P., Melo, M. C., Ayrimoraes, S. R., & Chernicharo, C. A. L. (2021). Assessing spatial distribution of COVID-19 prevalence

- in Brazil using decentralised sewage monitoring. *Water Research*, 202. <https://doi.org/10.1016/j.watres.2021.117388>
- Murphy, P. (2017). Design Research: Aesthetic Epistemology and Explanatory Knowledge. *She Ji: The Journal of Design, Economics, and Innovation*, 3(2), 117–132. <https://doi.org/10.1016/J.SHEJI.2017.09.002>
- Ngema, T. N., Buthelezi, Z. G., & Mncube, D. W. (2021). Understanding the impact of Covid-19 in the spiritual life of the Church community. *Pharos Journal of Theology*, 102(2). <https://doi.org/10.46222/pharosjot.102.27>
- Nicolas Clairmont (2013). Those who do not learn history are doomed to repeat it. <https://www.bigthink.com/culture-religion/those-who-do-not-learn-history-doomed-to-repeat-it>
- Nizigiyimana, A., & Poder, P. T. (2021). *Impact of Covid-19 on mental health and health-related quality of life of humanitarian and healthcare workers in low-income countries. The case of Eastern Africa*. <https://doi.org/10.3390/ecerph-3-09106>
- Noor, F. M., & Islam, M. M. (2020). Prevalence and Associated Risk Factors of Mortality Among Covid-19 Patients: A Meta-Analysis. *Journal of Community Health*, 45(6). <https://doi.org/10.1007/s10900-020-00920-x>
- Nurunnabi, M., Hossain, S. F. A. H., Chinna, K., Sundarasan, S., Khoshaim, H. B., Kamaludin, K., Baloch, G. M., Sukayt, A., & Shan, X. (2020). Coping strategies of students for anxiety during the Covid-19 pandemic in China: A cross-sectional study. *F1000Research*, 9. <https://doi.org/10.12688/f1000research.25557.1>
- Ogunleye, O. O., Basu, D., Mueller, D., Sneddon, J., Seaton, R. A., Yinka-Ogunleye, A. F., Wamboga, J., Miljković, N., Mwita, J. C., Rwegerera, G. M., Masele, A., Patrick, O., Niba, L. L., Nsaikila, M., Rashed, W. M., Hussein, M. A., Hegazy, R., Amu, A. A., Boahen-Boaten, B. B., ... Godman, B. (2020). Response to the Novel Corona Virus (COVID-19) Pandemic Across Africa: Successes, Challenges, and Implications for the Future. In *Frontiers in Pharmacology* (Vol. 11). <https://doi.org/10.3389/fphar.2020.01205>
- Okpalaenwe E. N. (2017). *Trauma healing handbook for Africa*. CUEA press
- Okpalaenwe E., N. (2019). *Psycho-spiritual practices in African communities*. Franciscan Kolbe Press
- Omulo C. (2021). Kenya: Nairobi Bears the Brunt of Deadlier Covid-19 Wave. *Daily Nation*. <https://allafrica.com/stories/202104280228.htm>
- Passos, L., Prazeres, F., Teixeira, A., & Martins, C. (2020). Impact on mental health due to Covid-19 pandemic: Cross-sectional study in Portugal and Brazil. *International Journal of Environmental Research and Public Health*, 17(18). <https://doi.org/10.3390/ijerph17186794>
- Pietrabissa, G., Volpi, C., Bottacchi, M., Bertuzzi, V., Guerrini Usubini, A., Löffler-Stastka, H.,

- Prevedar, T., Rapelli, G., Cattivelli, R., Castelnuovo, G., Molinari, E., & Sartorio, A. (2021). The impact of social isolation during the Covid-19 pandemic on physical and mental health: The lived experience of adolescents with obesity and their caregivers. *International Journal of Environmental Research and Public Health*, 18(6). <https://doi.org/10.3390/ijerph18063026>
- Quiroga-Garza, A., Cepeda-Lopez, A. C., Villarreal Zambrano, S., Villalobos-Daniel, V. E., Carreno, D. F., & Eisenbeck, N. (2021). How Having a Clear Why Can Help Us Cope With Almost Anything: Meaningful Well-Being and the COVID-19 Pandemic in México. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.648069>
- Rhee, E. J., Kim, J. H., Moon, S. J., & Lee, W. Y. (2020). Encountering Covid-19 as endocrinologists. In *Endocrinology and Metabolism* (Vol. 35, Issue 2). <https://doi.org/10.3803/EnM.2020.35.2.197>
- Rossi, C., Bonanomi, A., & Oasi, O. (2021). Psychological wellbeing during the Covid-19 pandemic: The influence of personality traits in the Italian population. *International Journal of Environmental Research and Public Health*, 18(11). <https://doi.org/10.3390/ijerph18115862>
- Saalwirth, C., & Leipold, B. (2021). Well-being and sleep in stressful times of the Covid-19 pandemic: Relations to worrying and different coping strategies. *Stress and Health*. <https://doi.org/10.1002/smi.3057>
- Sambu A., Kweingoti R., Cherotich M. G., & Abdalla H. S. (2020). Effectes of Covid-19 on religious activities and faith of the worshippers in Kenya: A casse study of Narok town, Kenya. *Journal of studies in social sciences*. www.infiitypress.info.html
- Schulenberg, S. E., Hutzell, R. R., Nassif, C., & Rogina, J. M. (2008). LOGOTHERAPY FOR CLINICAL PRACTICE. *Psychotherapy*, 45(4). <https://doi.org/10.1037/a0014331>
- Sharpe, D., Rajabi, M., Chileshe, C., Joseph, S. M., Sesay, I., Williams, J., & Sait, S. (2021). Mental health and wellbeing implications of the COVID-19 quarantine for disabled and disadvantaged children and young people: evidence from a cross-cultural study in Zambia and Sierra Leone. *BMC Psychology*, 9(1). <https://doi.org/10.1186/s40359-021-00583-w>
- Sousa-Uva, M., Sousa-Uva, A., & Serranheira, F. (2021). Prevalence of Covid-19 in health professionals and occupational psychosocial risks. *Revista Brasileira de Medicina Do Trabalho*, 19(1). <https://doi.org/10.47626/1679-4435-2021-625>
- Tsigaris, P., & Teixeira Da Silva, J. A. (2020). Smoking prevalence and COVID-19 in Europe. *Nicotine and Tobacco Research*, 22(9). <https://doi.org/10.1093/ntr/ntaa121>
- UNODC. (2020). UNODC World Drug Report 2020: Global drug use rising; while Covid-19 has far reaching impact on global drug markets. <https://www.unodc.org/unodc/press/releases/2020/june/media-advisory---global-launch-of-the-2020-world-drug-report.html>, 2020(June).

- Walsh, F. (2020). Loss and Resilience in the Time of Covid-19: Meaning Making, Hope, and Transcendence A RESILIENCE-ORIENTED SYSTEMS PERSPECTIVE. *Family Process*, 59(3).
- Wildman W. J., Bulbulia J., Sosis R., & Schjoedt U. (2020). Religion and the Covid-19 pandemic. *Religion, Brain & Behavior*. [https://doi: 10.1080/2153599X.2020.1749339](https://doi.org/10.1080/2153599X.2020.1749339)
- Worldometer, (2020). Covid-19 Coronavirus Pandemic. <https://srv1.worldometers.info/coronavirus.html>
- Worldometer (2022). Covid-19 Coronavirus Pandemic <https://www.worldometers.info/coronavirus/country/kenya.html>
- Zecher, B. F., Buescher, G., Willemse, J., Walmsley, M., Taylor, A., Leburgue, A., Schramm, C., Lohse, A. W., & Sebode, M. (2021). Prevalence of Covid-19 in patients with autoimmune liver disease in Europe: A patient-oriented online survey. *United European Gastroenterology Journal*, 9(7). <https://doi.org/10.1002/ueg2.12100>

APPENDIX I: A LETTER OF INTRODUCTION

The Psycho-Spiritual Institute (PSI)
Marist International University College
P. O. Box 24450 Karen – 00502 Nairobi – Kenya

Dear Participant,

REQUEST FOR PARTICIPATION

I am a student of the above-named Institute, undergoing a Master of Arts Degree in Psycho-Spiritual Therapy. I am presently researching on **“Influence of Covid-19 on the Psycho-Spiritual Wellbeing of the Christians of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County”**. This research will be part of the course requirements of my postgraduate degree. I will be grateful if you would kindly be available for answering questions/ be available for an interview that will aid me in completing my course. The responses you give will be for academic purposes only and will be treated with utmost confidentiality and anonymity. Thank you in advance for your cooperation.

Yours truly,

AWUA Terlumun Lawrence

(Reg. No: PSI/91/LA/20)

APPENDIX II: PARTICIPANT INFORMED CONSENT

The Psycho-Spiritual Institute (PSI)
 Marist International University College
 P. O. Box 24450 Karen – 00502 Nairobi – Kenya

Dear Participant,

RE: DATA COLLECTION

I am a student of the above-named Institute, undergoing a Master of Arts Degree in Psycho-Spiritual Therapy. I am presently researching on **“Influence of Covid-19 on the Psycho-Spiritual Wellbeing of the Christians of the Catholic Parish of Our Lady of Guadalupe, Adams, Nairobi County”** This research will be part of the course requirements and I will be grateful if you would kindly be available for answering questions/ be available for an interview I will like to grant you. The responses you give will be for academic purposes only and will be treated with utmost confidentiality and anonymity.

AWUA Terlumun Lawrence

Email: lawrenceawua@yahoo.com

Kindly sign to indicate your willingness to participate in this study.

Sign:.....

Date:.....

**APPENDIX III : QUESTIONNAIRE FOR PARTICIPANTS
ON THE INFLUENCE OF COVID-19 ON PSYCHO-SPIRITUAL WELLBEING**

SECTION A: DEMOGRAPHIC INFORMATION

Gender: Male [] Female [] Age: [] 18-25 [] 26-40 [] 41-50 [] 51-100

Education Level: [] Primary School [] High School [] University [] Other

SECTION B: PREVALENCE OF COVID-19 EXPERIENCES IN THE PARISH

Table 4.4: Prevalence of Covid-19 experiences in Our Lady of Guadalupe parish

To your knowledge, have you been exposed to someone with Covid-19?	Frequency	Percent
Yes	72	39.3
No	103	56.3
Do not know	8	4.4
Have you been tested for Covid-19?		
Yes	95	51.9
No	86	47.0
Do not know	2	1.1
If tested, was your result positive?		
Yes	32	17.5
No	122	66.7
Do not know	29	15.8
If positive, did you experience Covid-19 symptoms?		
Yes	25	13.7
No	113	61.7
Do not know	45	24.6
Did a family member or a member of your parish test positive for Covid-19?		
Yes	93	50.8
No	67	36.6
Do not know	23	12.6
If yes, how many?		
1-10	63	34.4
11-20	10	5.5
Do not know	110	60.1
Did a family member or a member of your parish die of Covid-19?		
Yes	44	24.0
No	98	53.6
Do not know	41	22.4
If yes, how many?		
1-10	28	15.3
11-20	5	2.7

Do not know

150

82.0

SECTION C: THE IMPACT OF COVID-19 ON THE PARISH COMMUNITY

0 = Strongly Disagree 1 = Disagree 2 = Neutral 3 = Agree 4 = Strongly Agree

	SD		D		N		A		SA	
	<i>F</i>	%								
I feel anxious about getting Covid-19 (or if positive: I am anxious about becoming ill)	44	24.0	24	13.1	27	14.8	38	20.8	50	27.3
I worry about possibly infecting others with Covid-19.	28	15.3	23	12.6	17	9.3	56	30.6	59	32.2
I worry about the possibility of dying from Covid-19.	28	15.3	20	10.9	28	15.3	42	23.0	65	35.5
I have experienced feelings of sadness or depression.	34	18.6	26	14.2	33	18.0	56	30.6	34	18.6
I feel negative and/or anxious about the future.	30	16.4	32	17.5	26	14.2	45	24.6	50	27.3
I have experienced changes in my sleep since Covid-19 came.	52	28.4	37	20.2	32	17.5	36	19.7	26	14.2
I have experienced changes in my eating since Covid-19 set in.	51	27.9	37	20.2	21	11.5	31	16.9	43	23.5
With Covid-19, nothing makes meaning to me anymore.	83	45.5	49	26.8	19	10.4	19	10.4	13	7.1
With the Covid-19 situation, I feel discouraged attending to my spiritual activities.	85	46.4	36	19.7	23	12.6	16	8.7	23	12.6

SECTION D: STRATEGIES OF COPING WITH COVID-19

0 = Strongly Disagree 1 = Disagree 2 = Neutral 3 = Agree 4 = Strongly Agree

	SD		D		N		A		SA	
	<i>F</i>	%	<i>f</i>	%	<i>F</i>	%	<i>f</i>	%	<i>f</i>	%
In the face of difficulties and suffering, I believe that God will help me.	4	2.2	-	-	5	2.7	29	15.8	145	79.2
I do not forget God if I feel desperate during Covid-19.	3	1.6	-	-	8	4.4	54	29.5	118	64.5
My life is meaningful with a sense of value and purpose despite Covid-19.	8	4.4	6	3.3	10	5.5	46	25.1	113	61.7
I have deeper appreciation for life during Covid-19.	6	3.3	3	1.6	6	3.3	54	29.5	114	62.3
I have been more grateful for each day during Covid-19.	1	.5	3	1.6	10	5.5	46	25.1	123	67.2
I have found new ways of connecting with family and friends, and God.	8	4.4	4	2.2	13	7.1	73	39.9	85	46.4
I have had adequate information on prevention, protection or care on Covid-19 from my Pastor.	9	4.9	13	7.1	13	7.1	53	29.0	95	51.9

APPENDIX IV: INTERVIEW GUIDE FOR LEADERS

SECTION A: Demographic Information

Gender: Male [] Female []

Age: [] 18-25 [] 26-40 [] 41-50 [] 51-100

Education Level: [] Primary School [] High School [] University [] Other

SECTION B: The Prevalence of Covid-19 Experiences

1. Have you been tested for Covid-19?

- If tested, was your result positive?

2. Did a family member or a member of your parish community test positive for Covid-19?

- If yes, how many?

3. Did a family member or a member of your parish community die of Covid-19?

- If yes, how many?

SECTION C: The Impact of Covid-19 on Our Lady of Guadalupe Parish

1. What psychological damage did Covid-19 cause in your parish community?

2. Was there any impact of Covid-19 on the social life of your parish community?

3. How did Covid-19 affect the spiritual life of this parish community?

SECTION D: Coping Strategies during Covid-19

1. As a Leader, what did you do to help your members throughout the period of Covid-19?

2. What strategies did you employ in coping with Covid-19?

3. What are your major sources of support during Covid-19?

APPENDIX V: PERMISSION TO USE INSTRUMENTS

----- Forwarded Message -----

From: "Cohen,Lorenzo" <lcohen@mdanderson.org>
To: "lawrence awua" <lawrenceawua@yahoo.com>
Cc: "Penedo, Frank J" <fpenedo@miami.edu>
Sent: Thu, Oct 28, 2021 at 20:28
Subject: Re: [EXT] PERMISSION FOR INSTRUMENT

Dear Lawrence: We are pleased to hear you are interested in using the questionnaire we developed. Attached is the final version as well as some initial scoring information. A future version of the questionnaire will likely be shorted once we have conducted the final factor analyses.

Best,

Lorenzo

Lorenzo Cohen, PhD

Richard E. Haynes Distinguished Professor of Clinical Cancer Prevention

Professor and Director

Integrative Medicine Program

Department of Palliative Care, Rehabilitation, & Integrative Medicine

MD Anderson Cancer Center

APPENDIX VI: RESEARCH BUDGET

The Psycho-Spiritual Institute (PSI)
 Marist International University College
 P. O. Box 24450 Karen – 00502 Nairobi – Kenya

Resources	Cost in Kenya Shillings
Communication	10,000
Printer ink (5) and thesis typing and binding	35,000
Personal recorder with battery indicator light and head phone	3,500
Stationery (paper, ring binder, and scissors) and computer analysis	35,000
Repairing the phone	3000
Total	86,500



PSYCHO-SPIRITUAL INSTITUTE
of
Lux Terra Leadership Foundation
OFFICE OF THE DIRECTOR

25/11/2021

TO WHOM IT MAY CONCERN

REF: **AUTHORITY TO COLLECT DATA**

The bearer of this letter by the name: **Lawrence Awua** Admission No: **PSI/91/LA/20** is an MA student in **Psycho-Spiritual Therapy & Counselling** at Psycho-Spiritual Institute, Marist International University College.

Having completed the course work, he is ready to conduct a research through collection of data. We are therefore requesting you or your Institution to assist him to collect the necessary data to enable him complete his research.

Thank you in advance, for your support.

Yours,


Rev. Dr. Joyzy Egunjobi

PSI Ag Director.



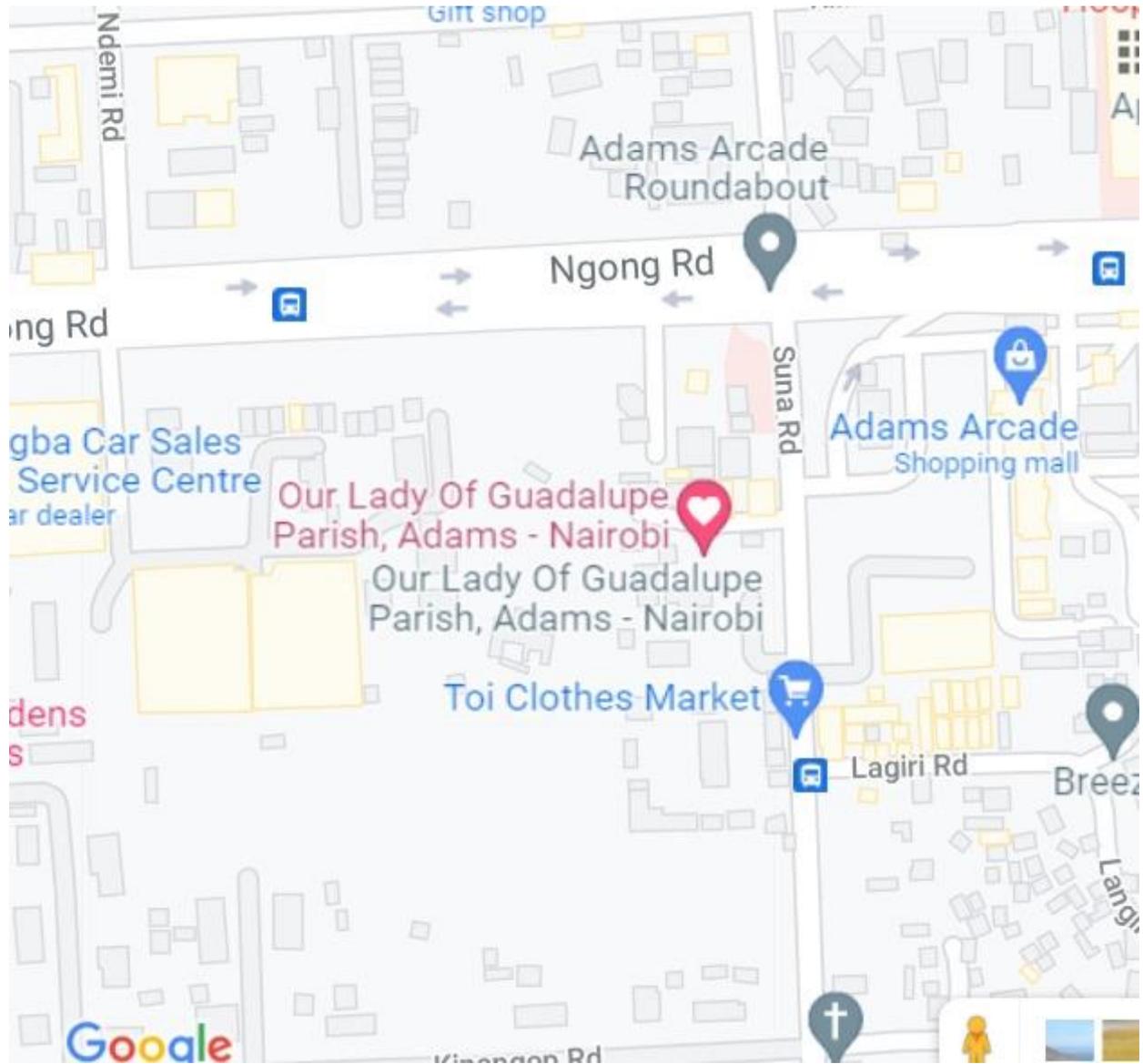
MARIST INTERNATIONAL UNIVERSITY COLLEGE

Off langata road, Marist lane P.O. BOX 24450 - 00502 Nairobi, Kenya

Email: director-kenya@psi-online.org Tel: 0718 666 988

www.psi-online.org

APPENDIX VIII: MAP OF OUR LADY OF GUADALUPE ADAMS



APPENDIX IX: NACOSTI RESEARCH LICENSE

National Commission for Science, Technology and Innovation -



REPUBLIC OF KENYA



NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY & INNOVATION

Ref No: **482190** Date of Issue: **24/January/2022**

RESEARCH LICENSE



This is to Certify that Fr.. Lawrence Terlumun Awua of Marist College, has been licensed to conduct research in Nairobi on the topic: Influence of covid-19 on the psycho-spiritual wellbeing of the members of Our Lady of Guadalupe, Adams, Nairobi County for the period ending : 24/January/2023.

License No: NACOSTI/P/22/15320

482190
Applicant Identification Number

Walther
Director General
NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY &
INNOVATION

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Scan the QR Code using QR scanner application.

National Commission for Science, Technology and Innovation -

APPENDIX X: PLAGIARISM TEST