RELATIONSHIP BETWEEN PARENTAL ATTITUDE TOWARDS MENTAL HEALTH AND THE MENTAL HEALTH OF THEIR CHILDREN: A CASE OF KOMAROCK ESTATE, NAIROBI COUNTY

BY

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DECLARATION

Declaration by the Student

I certify that the research work I have provided here is entirely unique to me and has not previously been submitted to another examiner for consideration for another award.

Signed__  Date: 26/11/2022

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Declaration by the Supervisor

As the University supervisor, I have knowledge of and authority to present this project for assessment.

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DEDICATION

The project is dedicated to my family because of their unwavering help during this entire course, both financially as well as emotionally.

ABSTRACT

According to WHO (2019), 14% of worldwide problems are caused by mental health issues. It is estimated that in most countries a ratio of one to three people records a case of mental health issue. Mental health is still largely neglected in Kenya as only 0.05% of the government's healthcare expenditure is designated for it (Marylyn, 2020). Notwithstanding the impact of mental health on Kenyans, communicable diseases receive the majority of the designated health expenditure. For a long time, individuals and families have treated mental health issues as a 'private matter', meaning it is not limited to outsiders except perhaps medical professionals or other family members. This is so because of the stigmatization around mental health issues and the ignorance surrounding the treatment and geneses of this in our society. The Komarock Estate in Nairobi County served as the study's case study to examine the association across parental attitudes toward mental health and their children's mental health status. The study's goals included figuring out how well-versed parents were in spotting signs of mental health problems in their kids, learning how parents felt about those issues, and figuring out the connection between parents' attitudes about mental health and their kids' mental health in Komarock Estate, Nairobi County. A correlational study methodology was used to examine the relationship between parental views toward mental wellbeing and their children's mental health. Systematic sampling techniques were adopted for the best results. By use of questionnaires to sample primary data, 224 parents and 224 children were selected from the total population. Statistical Package for the Social Sciences (SPSS) was the best tool adopted for analyzing obtained data. Through SPSS, inferential analysis (a measure of central tendency and a measure of variance) was used to examine the data. The information was displayed using graphs, cross-tabulations, and tables. The null hypothesis was evaluated by using Chi-square test. The study findings depicted a clear picture of knowledge (65.1%) and a significant association of p=0.001 and awareness (43.5%) with a significant association of p=0.0308, a gap among parents when it comes to mental health. Once it concerns their children's mental health, parents generally have a positive outlook, particularly those who are aware and eager to support their offspring. Parents who lack or have insufficient awareness of mental health have a negative attitude, which leaves a gap in the process of identifying and managing mental health problems for children. As per the associations, a significant relation exists (p=0.01318 and p=0.0451) among parents who avoid thinking about their child's mental problems (86.7%) and are ashamed of them (91.4%). The study concludes that lack of education and awareness on mental health issues among parents contributes to the negative attitude toward mental health and this creates a barrier to access to mental health services for the children affected. While a positive attitude by parents toward mental health results in a positive impact to enhancing a child's mental health. In order to reach parents and children with mental health information, change parents' attitudes toward

mental health over time, and increase the uptake of knowledge and mental health services, the study advises that the Ministry of Education and Health partner with organizations on a national and county level.

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CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

The world is extremely concerned about mental health. Our emotional, psychological, and social well-being are all included. This influences one's thoughts, feelings, and behavior (Taylor, 2020). Every phase of life, from infancy and puberty to adulthood, requires attention to one's mental health. One's mental health being affected does not choose age, gender, health status, and income, including people who want to have children. It can affect anyone" (Talmi, 2015). Parenting is something that brings about joy to parents (Logan, 2018). However, raising kids with mental health issues might present some difficulties. "The most common mental health issues in early childhood are behavioral disorders because 5-10% of young children are affected" (Maxwell, 2019). Deteriorated physical health, antisocial behavior, relationship difficulties, school failure, and mental disorder are some of the negative outcomes of mental health issues. Parents must detect and have knowledge of mental health issues and administer ways of providing help and treatment to their affected children (Nicole, 2018).

Children are the ideal reflection of a couple's love and concern. Expectant parents' emotional preparation is frequently influenced by a glossy conception of the child, which serves as a sort of ego ideal. Negative attitudes and parenting stress could be brought on by the difference between the ideal child in their fantasies and the actual child. When parents learn that their children have mental health problems, they may experience a range of feelings, including denial, guilt, blame, frustration, rage, and despair, (Kroese, 2018). Grief results from the loss of hope for the "ideal child," and with time, loneliness, isolation, and weariness serve to amplify the emotion. Parents frequently overprotect their children because they feel terrible about being to blame for their problems, (Lindgren, 2018).

Mental health problems have traditionally been addressed by people and families as a "private concern," which means they are not limited to just outsiders like doctors or other family members. This is so because of the stigmatization around mental health issues and the ignorance surrounding the treatment and geneses of this in our society. According to a study on mental health services, stigmatization and labeling of these services may have influenced parents' decisions to use them, particularly in families with limited awareness of the field of psychopathology and available treatments. (Elrald, 2018). This in hindsight has caused most parents to have a different understanding of mental health issues and thus leading to their children feeling misunderstood and left out when they are going through a mental health issue like depression (Friedli, 2012)

Personal knowledge on mental health issues, interacting personally with a patient or an individual living with a mental health issue, employment limitations or restrictions, media rumors and stories, cultural

pigeonholes about mental health issues, familiarity with organizational practices for example health restrictions, and limitations on adaptation all shape the approaches and views about psychological well-being matters (Gary, 2021). People frequently hold strongly held views about mental health disorders, and many of these notions are founded on widely accepted local belief systems (Nsereko, 2018). The majority of societal attitudes and beliefs of mental disorder diverge significantly from what is known scientifically, which may hinder people from obtaining and maintaining treatment. (Gureje, 2018).

The number of people estimated to be having health issues is estimated to be 1 billion people (Collins, 2018). The COVID-19 epidemic made mental health issues a Global Top 10 problem, worsening global mental health" (Soken, 2022). The WHO states in a scientific brief from 2022 that "there has been a 25% increase in anxiety and sadness worldwide. Fear of illness, sadness, social isolation, and money worries are some of the causes. Both young ladies and girls as well as health personnel suffered greatly. The executive summary also emphasizes how the pandemic impacted numerous mental health treatments, especially those for drug misuse.

According to Johan Ormel (2016), 14% of worldwide problems are caused by mental health issues. It is estimated that in most countries a ratio of one to three people records a case of mental health issue. This shows how common mental health issues are People with mental health difficulties frequently face human rights abuses, prejudice, and stigmatization" (Corrigan, 2018). More than 80% of people who experience mental health issues, such as those who also struggle with neural and substance abuse disorders, lack exposure to any form of high-quality, fairly priced mental health care. According to the latest survey by The World Mental Health Research Program, "drug abuse and impulsive control remained lesser common, with anxiety disorders being the most common throughout all but one country, followed by mood disorders among all but two countries."(World Health Organization, 2019).

About 0.05% of the national healthcare budget is allocated to mental health in Kenya, which contributes to the problem (Marylyn, 2020). Although mental health has a significant impact on the Kenyan community, the majority of the allocated health spending is concentrated on communicable disorders. Research on the prevalence of mental illness, neural conditions, and drug usage in Kenya is largely lacking, (Health, Kenya Mental Health Policy, 2015). Nonetheless, " about 25% of outpatients and up to 40% of inpatients in medical centers are thought to have mental illnesses. Additionally, 1% of the populace in Kenya is probably affected by psychosis (Kalpana, 2018). In general hospitals, diagnoses of mental health conditions are most frequently made for sadness, substance misuse, strain, and worry illnesses. The observed cases of suicide, homicide, and domestic violence may potentially be related to the incidence of mental health conditions (Shechtman, 2018). Post-traumatic conditions, fear, and despair among people affected have been

significantly influenced by traumatic experiences like collisions, catastrophes, violence, and wars (Marylyn, 2020).

Mental health issues are accompanied by social stigma, and it is a worldwide problem (Salve, 2018). Low treatment demand and stigmatization of those with mental health disorders are related problems caused by a lack of understanding of mental health concerns in many communities. They frequently visit hospitals after exhausting all other choices and after the ailment has gotten worse, which has a detrimental impact on the treatment's outlook, (Masuda,2012). There is a high rate of joblessness among those diagnosed with mental health issues, hence employment discrimination is evident (Awuor, 2020). The media also portrays a negative picture of mental health issues. They also provide incorrect information about mental health issues (Kalpana, 2018). This leads to people who have little or no information about mental health issues treating persons with mental health issues differently or rather stigmatizing them. Research has shown that negative views of an individual with mental health issues are directly proportional to the time spent watching television (Kalpana, 2018).

Mental Health America describes mental health issues (mental illness) as a mild or severe thought and behavioral irregularity sickness that makes it difficult to deal with daily obligations and routines, (Johnson, 2019). Mental health issues are classified into more than 200 forms, and they may include bipolar, depression, schizophrenia, and anxiety disorders. Changes in mood, personality, personal habits, and social retreats are just a few of the symptoms that come along with the disorder. The causes of these include responses to environmental pressures, hereditary factors, biochemical imbalances, or a combination of all three, (Jorm, 2019).

Cultural and religious beliefs come into play as a form of mental health issues when these beliefs are considered during a diagnosis of a situation or an occurrence (Johnson, 2019). Social workers, psychiatrists, and psychologists are specialists in mental health and usually assess a person’s mental status using various means and methods like the observation of body language and probing, to understand the situation (MacGill, 2017). Psychoanalysis, psychiatric medication, social interventions, counseling, peer support, and lifestyle changes are some of the treatment options offered by the specialist.

1.2 Problem Statement

The prevalence of significant mental health difficulties is 4% in Kenya, which is close to the percentages recorded in high-income nations. Mental health concerns are widespread in Kenya (Ndetei D, 2019). The frequency of mental illness, neural disorders, and substance abuse in Kenya is still understudied (Health, Kenya Mental Health Policy, 2015). But experts estimate approximately 25% of outpatients and approximately 40% of inpatients in medical facilities suffer from mental diseases. In addition, it is likely

that 1% of Kenya's population suffers from psychosis on a yearly basis (Kalpana, 2018). The most prevalent mental health conditions identified in general hospitals are depression, anxiety, and addiction disorders.

The reported incidences of suicide, homicide, and domestic violence may also be linked to the prevalence of mental health problems. Post-traumatic disorders, anxiety, and depression have been significantly impacted by traumatic events such as vehicle accidents, natural disasters, violent crimes, and armed conflicts among individuals impacted, (Marylyn, 2020). The burden of mental illness is increased by poverty, joblessness, internal strife, displacement, and HIV (Angemeyer, 2018). In Kenya, most programs and facilities for mental health care are supported by the government. The largest psychiatric facility in Kenya, Mathari Hospital is located in Nairobi and offers inpatient services (Wambua, 2015).

Parents are best able to detect and assist their children in case their mental health is affected in one way or the other and this is because during puberty and childhood mental illness symptoms usually show (Taylor, 2020). Also, assisting parents greatly impacts the level of attention and care provided towards mental health needs as the help can make parents effective with their children by improving parental care skills. Some factors prevent children from receiving help when it comes to their mental health and they include; stigmatization levels, socioeconomic prominence, and parental mental health knowledge (Mendenhall, 2019).

The aforementioned research demonstrates that there is little information on the prevalence of mental illness in children from the parent's perspective. With the recent rise of mental health issue globally, and in Kenya (Wambua, 2015), there is therefore need to determine the relationship between parental attitude on mental health and the mental health status of their children: a case of Komarock Estate, Nairobi County.

1.3 Purpose of the Study

The purpose of the study was to determine the relationship between parents' attitudes regarding mental health and their children's mental health in Nairobi County's Komarock Estate.

1.4 Main Objective

The study's overarching goal is to ascertain the relationship between parental attitudes about mental health and their children's mental health status: a case study of Komarock Estate in Nairobi County.

1.4.2 Specific Objectives

The objectives of the study are to:

i. Determine parental knowledge in identifying the signs of mental health issues among their children in Komarock Estate, Nairobi County.

ii. To find out the parental attitude towards mental health issues among their children in Komarock Estate, Nairobi County.

iii. Determine the relationship between parental attitude towards mental health and their children's mental health status in Komarock Estate, Nairobi County.

1.5 Research Questions

The research questions were;

1. What is the parental knowledge in identifying the signs of mental health issues among their children in Komarock Estate, Nairobi County?
2. What is the parental attitude towards mental health issues among their children in Komarock Estate, Nairobi County?
3. What is the relationship between parental attitude towards mental health and mental health status among their children in Komarock Estate, Nairobi County?

1.6 Hypothesis of the Study

The hypotheses of the study were;

H0. There is no relationship between parental attitude towards mental health and the mental health status of the children.

1.7 Justification of the Study

Psychology and its academic study will gain a stride by the reason of this research study because it is a source of knowledge through application of the Biopsychosocial model. This model brings a useful framework for examining how social, biological, and psychological factors are interconnected and how this can help in informing not only parents but the youth and young adolescents how mental health issues occur and the help they need during this time. This research studied the influence of societal attitude and behavior as one of the factors that influence parental attitude. The emergence of cognitive processes including social consciousness, self-awareness, self-esteem, and impulsivity in adolescents will be better understood. (Sarah, 2012).

It will also contribute to Attribution theory which helps to understand how a person uses information to make decisions for events (Culatta,2019). "Forming inferences brings structure and consistency to our lives, assisting us in scenario analysis and management by setting clear about one's own and other people's inclinations, and also assessments about the surroundings and how it may influence a person's conduct."

The direction of this study's execution is toward achieving the SDGs and the goal of universal health care. "Kids' mental health state must be understood in order to plan initiatives which might result in the accomplishment of both local and global objectives." A significant indication of the public health issue is data on the relationship between parental attitudes about mental wellbeing and the psychological health of their children, as this association has been linked to child morbidity and death.

1.8 Significance of the Study

The study is psychologically and sociologically important because it provides insights into the causes of mental health issues, and ways of curbing stigmatization through mental health education to the community. This study will also help in providing a baseline for Mental Health Policy for Kenya moving forward which will help in creating more resources and information outlets for people. This will help people feel more accepted and ask for help without feeling like they are outsiders. The data collected in the study will provide an adequate tool for the betterment of services to the children in the city through proper planning, and sponsorship for better delivery of quality services to the children. All of the above will be boosted by the evidence in the references for clarification and referral, with a documentation in the same being better boost for the same.

1.9 Assumptions of the Study

The study will be centered on parents and children in Komarock Estate, Nairobi County excluding those from outside the Estate. Social desirability bias is assumed to take precedence as respondents could over-report the good or under-report the bad especially on the behavioral variables. But this will be overcome through training the research assistants well to ask questions better so as to elicit responses and assure the respondents of the importance of the study and its benefits.

1.10 Scope of the Study

The term mental health issues have a variety of forms ranging from one to over 200 forms. This study will focus on depression and anxiety disorders. Parental attitude will be limited to their beliefs on what causes mental health issues and how they would go about helping someone with a mental health issue. This study will focus on young adolescents and young adults (aged between twelve years to twenty-five).

1.11 Limitations of the Study

In Kenya, this research has never been conducted previously. The participants may deliberately misrepresent and conceal certain crucial data during the data collection process, which will be done through self-reports from filling out questionnaires.

1.12 Operational Definitions of concepts

Mental Health- A status of well-being in which a person can function in a way that shows emotional and behavioral adjustment (Princeton University, 2019).

Mental Health Issues-a condition that results in mild to severe mental and/or behavioral disorders, making it difficult to deal with day-to-day obligations and routines (Johnson, 2019).

Depression- This is a mood condition that results in a persistent sorrow and interest loss. It may persist between six and eight months. (Medical News Today, 2017).

Anxiety - These are a group of mental illnesses that are seen by one having feelings of anxiety and fear which can affect one's daily life (WebMD, 2019).

Personality- This is a combination of behaviors, cognitions, and emotional patterns that develop from biological and environmental dispositions (Encyclopaedia Britannica, 2019).

Stress- This is the body's adjustment to changes that require a response (Cleaveland Clinic, 2019).

Clinical social worker- This is a person who focuses on the diagnosis, treatment, evaluation, and prevention of mental disorders (NASW, 2019).

Societal stigma- This is discrimination against someone based on social characteristics that separate someone from other members of society (Definitions, 2019).

Curse- These are words said to cause trouble or bad luck to someone (Merriam Webster, 2019)

Ancestors- This is a parent or the parent of an antecedent (that is; grandparents, great-grandparents, great-great-grandparents, and so forth) (Merriam Webster, 2019).

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

Without discussing correspondence, the chapter critically examines the findings on the connection involving parental attitudes regarding mental health and children's mental health. The chapter also analyzes information from different sites by locating and classifying the publications. This helps to fill a gap in awareness that has been open for too long by applying what the research finds.

2.1 Mental health

The WHO defines mental health as "a condition of well-being in which the individual realizes his or her strengths, is able to cope with everyday pressures, is able to work successfully and fruitfully, and is able to contribute to his or her community." A crucial part of being healthy is having a good mental health. "Health is a condition of full physical, mental, and social well-being in addition to the lack of illness or disability,"," according to the WHO charter. The absence of mental illnesses or deficiencies is not the only indicator of mental health. People's ability to think, express themselves, communicate with one another, make a living, and enjoy life all depend on their mental health. All people's physical, mental, and social well-being are crucial parts of life that are profoundly intertwined and intricately connected. The importance of mental health to people's total health, as well as that of societies and nations, is becoming increasingly clear as our awareness of this connection deepens, (Desjarlias R, 2018).

According to the Mental health Taskforce inaugurated for the MoH. According to estimates, one in ten people have a common mental health problem. Patients who receive routine outpatient services make up one in every four patients. The Taskforce also discovered that the two most prevalent mental health diseases in Kenya are depression and drug use disorders. Alcohol is the substance that causes the most substance use-related illnesses in Kenya, compared to other substances. Alcohol consumption is most widespread in those between the ages of 18 and 29, which is very concerning. According to an assessment of mental health issues, men had a higher age-standardized suicide rate (13.7 per 100 000) than women worldwide (7.5 per 100 000, "The pervasive and neglected mental health problems in Kenya are mirrored in many other African nations, whose psychological health is compromised. The absence of knowledge about the essence of mental health difficulties, social taboos, and the stigma linked to the ailment in many African nations means it passes undetected and untreated. The rapid modernization of society puts people in direct conflict with ancient customs." Positive mental state scale attributes are measured using a range of well-being scales. These attributes include reasoning, social functioning and coherence, emotion, and a sense of

importance and determination in life. Recent estimates from WHO show that 1 in every 4 persons in the globe will suffer a mental health issue in their life.

When one's mental health is attacked, one is at risk of getting any form of mental health issue which brings about stigmatization and discrimination which is a breach of the person's mortal privileges. By violation of their rights, these individuals are often denied the right to reproduce, higher standard of living, social, cultural, and economic rights, the right to work, etc. This has an impact on those close to them who have mental health problem as well because families and caregivers are frequently unable to work at full capacity owing to the demands of caring for a mentally ill person, which lowers household income and reduces economic output. Mental health issues and their causes are brought about by social, biological and, psychological factors interaction according to the Biopsychosocial model. This model tries to identify how mental health issues occur. The factors are connected to each other. In addition to being denied their rights, these individuals are mistreated in their mental hospitals with sexual abuse, neglect, and physical abuse. A lot of mental problems in Africa remain undiagnosed leading to them being unmanageable. This has led to the declaration of mental illness as Africa's silent epidemic expert (Awuor, 2020).

According to the World Mental health Day 2022, The main obstacle to increasing Africa's mental health workforce is still insufficient funding, which has a detrimental effect on those efforts. Currently, there are less than two mental health professionals for every 100,000 persons, with psychiatric nurses and mental health nursing assistants making up the majority of these professionals. Depression will become the second most prevalent cause of disability worldwide by 2030, surpassing both physical and mental illness, which will make it a burden. With an average death rate of 3,000 per year, depression that results in suicide is currently the third greatest cause of death among those aged 10 to 24. According to the WHO, more than 300 million people worldwide suffer from depression. Kenya was ranked as the fourth most depressed country in Africa. Some of the causes of this included tough economic times, joblessness, relationship issues, and stress from work (Hudson, 2021).

Kenya and Africa as a whole view mental health issues as the stigma that has brought about suffering among people who are immediately or not directly affected by it. Two types of stigma against mental health are self-stigma and social stigma. How mental health issue patients see themselves is self-stigma while social stigma is where mental health issue patients are given discriminatory comportment and attitude. This results in poor treatment as the patients will become embarrassed and ashamed of themselves hence, they do not go to the hospital to seek proper treatment. In a survey on alcoholic patients, schizophrenia patients, and drug-addicted individuals are believed to be dangerous and that substance abuse and eating disorders are also believed to be self-inflicted habits to the affected hence the overall belief that mentally unstable individuals are hard to converse with. These views are still taken into account, regardless of whether or not

people contact with those who have mental health issues, how well they understand mental illness, or what age they are (Wolk, 2015).

People with mental health issues often experience stigma from mentally stable people and at times these mentally unstable individuals self-stigmatize themselves hence they do not seek proper treatment. Self-stigmatization can lead to certain declarations such as “I am dangerous, incompetent & to blame” thus resulting to lowered self-esteem, self-efficacy and unworthy of good health. These views are evident in that it is believed that stigmatization originated from societal, cultural, parental, and individual factors. According to a study by Moses (2019) and Markowitz (2021), "parents with unfavorable views on mental health were more likely to have children with self-stigmatizing views, whereas parents with good views on mental health had kids who reported lower levels of self-stigma. Additionally, households, where there were allegations of parents covering up their kids' mental health issues or who had a dim view of how much influence their kids had over their mental health symptoms had a higher likelihood of having a child who experienced self-stigmatization. (Taylor, 2020).

Several of the elements that affect mental health issues are stress, loneliness, desperation, anxiety, marital difficulties, suicidal thoughts, bereavement, sadness, addiction, and mood disorders only to mention a few. If a mental health issue is not treated, the results may bring about suffering, disability, and economic loss. This shows the amount of impact mental health has on families, communities, individuals, and the nation at large. Those with mental health issues have higher mortality and disability rates. Mental health issues usually bring about poverty in families thus it is not a surprise that most individuals with mental health issues are mostly homeless. Mental health symptoms are usually seen at the age when young adults are still living with their parents thus parents are at an advantage of offering help to any young adult, they may see who has symptoms of mental health issues. Most research done show that people find it hard to recognize mental health issues in others thus finding it hard to know how to help the individuals. The mentally unstable individuals who use services rendered to them are a fraction of the total people who are mentally unstable, and they only access these services if they are required (Health, Kenya Mental Health Policy, 2015).

2.1.1 Components of Mental health

Mental wellbeing is a blend of different components and not a singular trait that someone has or does not have. A healthy sense of self (coherence), perspective (cognition), psychological flexibility (emotion), and daily maintenance (social functioning) are the main components of mental health which have their elements. The way a person thinks and feels about themselves and their surroundings is a measure of their mental health. It has an impact on how kids handle the difficulties and hardships of life, (Jackson, 2021).

2.1.1.1 A healthy sense of self

People who are separate from their problems and challenges are the ones with a healthy sense of self. This means that the individual uses their strengths confidently and does not allow the problem to define who they are. He or she is also aware of his or her weaknesses but views them as areas they can grow from. They understand themselves and extend empathy to others i.e., they have a sense of compassion for themselves and others. In parenting, parents and other caregivers who take on the role of parents are essential to a child's healthy growth. Their first sources of assistance in growing independent and enjoying happy, healthy lives are their parents or guardians. Lack of empathy brings about antisocial personality disorder which eventually impairs social interactions (Hudson, 2021).

2.1.1.2 Mental Perspective

Problems are just things, people, or situations that exist according to the founder of rational emotive behavioral therapy psychologist Albert Ellis, but he believed the true problem lies in how we interpret them. Someone who has a high level of mental perspective possesses cognitive skills which are; good memory, well organized and can focus well, make dependable decisions that could solve problems including shaping their parental styles. These parenting philosophies are authoritarian, permissive, negligent, and authoritative. In contrast to authoritative parenting, which places an emphasis on high levels of affection and moderate parental demands, authoritarian parenting is a rigorous parenting style characterized by strong demands but low parental response. Parents who practice this parental style react immediately to misbehaviors of children. Conversely, permissive parents offer their children Little control, but lots of love, attentiveness, and support, whereas negligent parents don't give their kids either support or control. Children of authoritarian parenting are more likely to be academically competent, to have low self-esteem, to make poor decisions, to lack good social skills, and to have low levels of creativity, according to research. These youngsters frequently experience mental health problems include despair, anxiety over failing, behavioral problems, emotional repression, and trouble managing unpleasant emotions. Lack of self-control and the emergence of egocentric conduct are two effects of permissive parenting on kids. Negligent parenting frequently causes youngsters to act out more. Parents who have a mental perspective on things tend to feel and express gratitude for the good in life even if there is a bad side, remain rational when experiencing some difficulty, look at challenges differently, and engages in emotional wellness activities (Corrigan, 2020).

2.1.1.3 Psychological flexibility

This is the ability to be flexible with one’s emotions. Rigidity in emotions, thoughts, and behavior only magnifies problems and causes the problems to recur. Well-being is attained when an individual check to see if something is working or not and makes the necessary adjustment where necessary. Change allows an

individual to be psychologically flexible and adapt to changes easily. Psychological flexibility in parenting is the ability to tolerate unfavorable feelings, ideas, and inclinations regarding one's child but yet acting in a manner consistent with effective parenting. Lack of flexibility may bring about distress to an individual who is undergoing a sudden life change (Crisp, 2022).

2.1.1.4 Daily maintenance

Mental wellbeing involves having a variety of coping skills to use to maintain positive mental health. They may include finding and using social support, humor, accepting and letting go of what can't be changed, and reacting to attain the desires of your life. Love, security and acceptance should be at the heart of a child's upbringing. Children must understand that their parents' love is unconditional and unrelated to their achievements. Mistakes and/or defeats should be expected and accepted thus confidence grows in the child. Social skills involve being able to communicate and interact with those around them. This enables an individual to function in his or her environment. Discrimination and stigmatization usually make it hard for one to interact with others easily thus bringing isolation to the individual which in the long run affects the individual's wellbeing (Hudson, 2021).

2.1.2 Effects of mental health issues on children.

According to recent research, while some kids understand mental health concerns and their causes, others might not fully comprehend their causes, symptoms, treatments, and long-term prognoses. Children who were not explicitly taught about mental health, however, demonstrated some logical understanding of the origins of mental health difficulties, but they did not fully grasp the symptoms or how to treat them. Depending on demographic criteria including age, education level, and socioeconomic background, knowledge about mental health issues and its treatment may differ. Because younger children tended to over-medicalize mental health issues, older children, for example, had greater knowledge regarding both causes and remedies of mental health illness than their younger counterparts (Fox, 2019).

Parenting style, adopting a certain behavior, and genetic predisposition are some of the factors that might increase the chances of a child developing mental health issues. It is estimated that the age of fourteen is when half of -mental health issues begin and they usually go undetected. People aged between 10 and twenty-four make up the largest population in Kenya which accumulates to sixty percent. These children and teenagers run the risk of developing mental health problems that are related to violations of human rights, conflicts and violence, drug abuse, problems with sexuality, reproduction, and gender identity, obesity and overweight issues, HIV infections, cyberbullying on social media, and changes in the socioeconomic and climatic environment. Young individuals are very hesitant to seek specialized assistance when it comes to a mental health issues they may be experiencing. This becomes a challenge when it comes to effective early intervention approaches. Parents tend to share little about mental health issues with their

children and this correlates to the help they seek for when they are going through a mental health issue. Young adulthood (12-24 years) and adolescent ages are very crucial stages in mental health prevention and cure because it is at this time that mental health issues begin (Mendenhall, 2019).

The adolescent stage gives the individual the idea that they can handle problems on their own without assistance because the need for independence and self-sufficiency is very high during the adolescent stage. For young adults, their courage to seek help is bought down by stigmatization. Stigma set on mental health issues discourages them from seeking help because they are afraid of being seen as 'mental' by their peers. At times, people may seek help but will not get the help they were seeking thus this will play a role in deterring them from seeking the necessary help. Fear of breaching confidentiality is also another factor that deters young persons from pursuing help from well-being services and school counselors. In a Queensland study, only six percent of women confirmed they would not seek help from anyone as compared to thirty percent of the men. This immediately demonstrates that youthful men are less likely than women to ask for assistance. This is a concern due to the high rate of suicides committed among males. Younger members of minority groups can be less inclined to ask for assistance when they need it, (Cheng, 2013).

To curb this problem, more multiculturally therapists should be engaged in the treatment facilities to understand the minority group better and relate to the problems they may be going through. The cultural therapist will be able to understand the client's language, and the problem the client will be talking about thus relate better and will be in a position to avoid transference from the client. Some of the factors that influence people's motivation towards obtaining treatment for mental health issues include the impression that a problem warrants seeking assistance, access to the appropriate resources, willingness to do so, signs of mental disorders, and social norms that support such conduct. It is evident that seeking help among young adults is not a simple process but being aware of the problem is a step-in seeking help.

Mental health knowledge includes the capacity to look up information about mental disorders, their causes, negative mental health issues, associated beliefs and hazards, and available resources for getting help. Emotional competence is also required in help-seeking. Knowing and understanding one's emotions enables young adults to effectively and non-defensively regulate their emotions. This competence appears less in men. Young people tend to experience depression, anxiety, and substance abuse mental illness. These illnesses tend to make the individual withdraw themselves from the public thus they neglect seeking help and suicidal ideations increase. Young people are more likely to seek assistance from familiar persons than from other mental sources. (Friedli, 2021).

2.2 Parental attitude towards Mental health

Parental attitude is the process by which parents' approach something, or their personal view on it. It involves their cognition, behavior and feelings. Numerous scholars have discovered that attitudes are influenced by comparable socio-demographic parameters as age, social class, and education. A lot of factors play a role in influencing parental attitude and they may include cultural beliefs, genetic factors, societal outlook on the matter, knowledge of mental health and observations from people who have a mental health issue. These factors can impact the parent's ability to seek help by recognizing and detecting different psychopathologies as mental health problems "Parents' activities and attitudes have a significant influence on children's mental, psychological, and emotional health." "Parents tend to be the most important advocates for supporting teenagers with mental health issues in maturity" (Lindgren, 2018).

A 2019 study in Ethiopia found that over 73% of parents mention genetic factors as the origin of mental illness, while 19% point to neuro-chemical disruptions and 19% feel that recreational drugs are biological causes of mental health difficulties. However, a large portion of parents believes mental health issues are caused by spiritual or supernatural factors. This was common among illiterate and less educated parents. Failure in academics and family-related psychosocial problems facing young adults were seen as causes of mental health issues (Mubarek, 2020). Another study conducted in Nigeria revealed that parents with lower educational levels have a less favorable approach to mental health than parents with higher educational levels. (Binitie, 2019). Another study conducted in Ethiopia discovered that pupils in the ninth, tenth, and eleventh grades showed a rising tendency of positive attitudes when their educational levels and their fathers' educational levels rose. 2018 (Medhane). They came to the conclusion that increasing educational attainment can result in a more favorable attitude toward mental disease. According to a research commissioned in Iran, fathers' attitudes toward the causes of mental illnesses and the treatments for them are significantly correlated with their educational levels, with 89% of the fathers with higher education levels having better perceptions compared to their fathers with lower education levels. 2019 (Ebrahimi). Additionally, it was discovered that 93.7% of parents had a positive outlook on their kids' mental health difficulties. An essentially identical study conducted in Egypt discovered that parents' attitudes about their children's mental health were positively impacted by higher education's prediction of good mental health knowledge (Arafa,2019).

Children depend on their parents and caregivers to identify mental health issues signs and symptoms and seek treatment and care when need be. The type of support provided to children who are experiencing behavioral and emotional problems depends on a parent's age, gender, race, and socioeconomic situation, among other things. This might therefore have an impact on their desire for therapy and conduct in seeking assistance. The reasons of the kid's mental health issues may have an impact on the parents' capacity to

identify and diagnose various psychopathology like a mental health issue. A child's recovery from mental illness depends on parental care. According to research, kids suffer from mental health problems do best in environments that accept and support them (Maiuolo, 2019). Youths can develop their emotional control, social skills, and self-confidence in such circumstances. Parents typically assist children who are seeking mental health therapy for a mental illness. Parents also have a big part to contribute in helping their children find the best way to handle their psychological challenges, and they tend to be more understanding of mental health issues if they have stable marriages and close relationships with their kids. Lack of awareness around mental health has brought about an increase in negative community attitudes and stigmatization. This parental understanding of mental health can be easily influenced into thinking having a mentally ill child is something bad for society (Scior, 2019).

Good knowledge in mental health is good and is a bonus among parents because a study shows that despite possessing knowledge, the outcome is not always positive but knowledgeable parents possess positive attitudes s compared to those who are not knowledgeable Another study found that although caregivers of children experiencing mental health difficulties may be aware of these issues, they may still be unsupportive since they have firsthand knowledge of someone who is struggling with mental health issues. Positive family history of mental health concerns was associated with a higher likelihood of a positive than a negative attitude. This means that having someone who has gone through a mental health issue will make one more tolerant towards someone who has a mental health issue. Culture decrees how negative and positive stimuli should be interpreted hence it plays a huge role in helping individuals understand behavior. In some cultures, mental health issues are taken to be a curse while in other cultures, it is seen as a disease that should be treated. These influence parental attitude in a negative way if cultural values have a negative notion of mental health (Marylyn, 2020).

Expectations and desires involve an individual interpreting a situation based on what they expect to experience from the situation, whether pleasant or unpleasant. This affects parental attitude in that, mental health issues have been stigmatized thus the results are unpleasant. Parents will see mental health issues as something negative because the result will be unpleasant. Self-concept is beliefs people have about themselves. It may include racial identity, gender responsibilities, intelligence, sexuality, and many others. Parental attitude comes to play if people believe that mental health issues are bad, then parents will conclude other people’s stares and comments about mental health as negative judgment. Also, if they believe that it is something positive, then it is generally seen as being positive, (Gary, 2021).

2.3 Facilities used for Mental Illness Care and Treatment

The WHO (WHO) estimates that 508 outpatient mental health institution visits are made for every 100,000 individuals in Africa, that is barely a third of the overall average of 1601 outpatient mental health institution

visits for every 100,000 people. According to a 2019 estimate from the Kenyan MoH, 75% of folks who require medical care for mental health concerns are unable to get them. Stigmatization, mental health literacy, and the use of mental health treatments are all related, according to study. Utilization of services is influenced by things including social economic status, awareness about mental health, culture, and location. Children experience a variety of things during their development, and they exhibit behaviors that have an impact on how they behave later in life (Desma, 2022).

In accordance with a recent literature analysis, children with curable disorders are more likely to experience psychotic symptoms in adulthood. Only a small portion of kids and teenagers with emotional and behavioral issues that impede day-to-day functioning, meanwhile, receive therapy. In accordance with Hofstra and associates (2019), Being diagnosed with a number of mental health concerns is linked to social difficulties in girls and rule-breaking conduct in boys in adulthood for example, anxiety. One prerequisite for a child to obtain therapy from a mental health professional is the parent's initiative to seek out care (s). Several factors, such as the cost of treatments, affect whether or not a person seeks therapy. Despite the fact that research has emphasized the importance of financial considerations in choices about the use of mental health services, one investigation found no association between family income and factors relating to obtaining mental health care. One prerequisite for a child to obtain therapy from a mental health professional is the parent's initiative to seek out care (s). Several factors, such as the cost of treatments, affect whether or not a person seeks therapy. Despite the fact that research have highlighted the significance of financial factors in decisions about the use of mental health services. one study showed revealed the behavior of seeking mental health care was not correlated with family income, (McCadam, 2017).

Families that have little or no income tend to have lower service delivery and utilization as compared to the high-income families for whom they receive very good service utilization hence this reciprocates to their children. It is estimated that the majority of the population is unable to detect symptoms of mental health issues and those who can deduce these symptoms then they do not have the resources or knowledge of how and where to help this patient. Parents are unable to take use of the services offered by mental health clinics because they are unable to spot the symptoms of mental illness in their children or other members of their immediate family. According to studies, getting help involves more than just identifying a need and getting care in a straight line. Parents frequently ask for assistance from a variety of formal and informal sources at the same time. This is so that they can make the best parenting decisions possible. Parents each bring special qualities plus attributes to the parental relationship. Age, sexual orientation, demeanor, developmental phases, views, parenting experience, understanding of child development, and physical and mental health are a few of these traits. Both formal (professional) sources of assistance, like doctors and educators, as well as informal (non-professional) ones, like friends and family members, are frequent,

especially among non-white households. There are a lot of cultural factors that prevent parents from utilizing the facilities offered for treatment and care for mental health (Jeffrey , 2022).

Some parents may think that mental health is a white thing and a menace to their culture. Thus, they think and believe that the issue will resolve itself. Some think that it is a curse from the ancestors for something the parents might have done, and they are being punished. Children from rural areas have limited resources as compared to those in urban areas hence this explains why location qualifies as one of the major reasons for low service- utilization in that children in the rural areas have very few services rendered as it has few qualified personnel. Also, metropolitan areas have more qualified professionals in mental health compared to rural areas. Research shows that residents of these metropolitan areas know very little about the mental health facilities located in their area and the services offered by these facilities despite these areas having the most qualified personnel to help with mental health issues. Gender influences how people use services since it is thought that males with good mental health understanding experience more stigmatization than women do. (Soltani, 2014).

In addition, males were found to use alcohol as a cure for depression while females would seek help for any mental health issues experienced. While there isn't a specific type of "male depression," some symptoms are more prevalent in males than in women. These include hostility, risk-taking, increased lack of control, impatience, and abrupt fury. Men may also be more inclined to use drugs and alcohol than women are to communicate about their despair. They might also engage in escapist behavior, such as devoting all of their attention to their work. According to study conducted in urban settings, many nurses who are in charge of delivering treatment feel unprepared to aid mental health requirements also exhibit negative sentiments about helping people with mental health concerns. The results show that negative attitudes cause social isolation, which reduces the ability to offer adequate care, highlighting the need to examine how attitudes affect nursing care (Corrigan, 2019).

According to King, Judd, and Grigg's (2018) research, general healthcare workers complain about a lack of support, inadequate expertise, and the need for ongoing education and support in order to deliver quality care. In a comprehensive evaluation of parents' perceptions toward the barriers to obtaining mental health therapy for their children, it was found that the absence of a climate of trust with medical experts was a significant barrier. In the same survey, it was shown that parents feared being held responsible for their children's mental health issues as well as that service providers would not pay attention to their worries. These risks affect parents' choices regarding whether to consult with medical and mental health professionals for advice and direction, which is likely to affect parents' mental health literacy.

2.4 Theoretical Framework

The study is premised on George Engel's (1977) biopsychosocial model and Heider's (1958) attribution theory.

2.4.1 Biopsychosocial Model of Mental health

George Engel created the biopsychosocial model for the first time in 1977. According to this theory, social, psychological, and biological factors all affect the development of disease and the promotion of health. The implication is that whatever that affects the body will also influence the mind, and vice versa. In addition to a person's physical health, their psychological health and social standing can also affect whether they are healthy or unwell. This study aims to explain the various perspectives that parents hold on mental health issues and how it may or may not have affected the mental health of their children. The paradigm postulates that biological, psychological, and social variables interact to cause mental health problems. It may be challenging to pinpoint a single, straightforward explanation for the majority of problems because many factors might serve as both a predictive marker and/or a protective element in the genesis of psychiatric diseases. Another set of pathways (various developmental stages or risk factors) may result in a single sickness or a similar outcome, whereas one set of channels (risk factors) might result to a variety of outcomes in one setting (Equifinality) (Multi-finality). Regardless of their varied cultures and/or belief systems, all mental health practitioners worldwide agree that these models of causality and route for mental health difficulties exist. This shared understanding makes it easier for psychologists as well as other mental health professionals to diagnose, comprehend, and treat mental health issues. To comprehend and clarify all reasons of mental illness in their children, many parents, particularly in underdeveloped nations, seem most willing to support both disease model or a straightforward explanation model. A disease model portrays the illness as a syndrome that is either present or absent, in contrast to a simple causal model, which maintains that there is only one cause of the condition and that it might not exist in the absence of this particular cause. When a kid's mental health problem is serious, parents find it much easier to accept that there is a primary reason than to consider the BPS model. This might therefore have an impact on their desire for therapy and conduct in seeking assistance. The ability to recognize and categorize various psychopathologies as mental health disorders may be constrained by these parental views of the root causes of the child's mental health issue. As seen in numerous African countries, conventional explanatory models of mental disease are still widely held and contribute to traditional cultural ideas about the causes of mental illness, according to earlier studies. Additionally, the choice of treatment often hinged on what was thought to be the psychopathology's primary cause. Understanding mental health concerns that their children are experiencing will be challenging for parents who are unaware of the connections between the mind, body, and social variables (Mubarek, 2020).

2.4.2 Attribution Theory

The Attribution theory, which is the foundation of this study, focuses on how individuals comprehend and explicate the reasons for behaviors and occurrences. For instance, does society fear mental health because it is terrible or because they do not understand it well? It was advanced by Harold Kelley and Bernard Weiner. According to Heider (1958), individuals are naive psychologists attempting to make sense of the social environment. People are pushed to see the reasons for behavior or its effects when there is no reason for that stated behavior. He came up with two basic ideas to explain the theory: Situational vs. dispositional (internal vs. external) cause attributions. Dispositional attributes connect the root of behavior to a person's inner qualities, such as personality traits. While the behaviors which are out of the person's control are situational attributes. This theory is attributed to this study in that it explains both parental and societal attitude of mental health from situational attribution. The way in which the environment views mental health may influence parental attitudes. Since society is not well informed about mental health, it tends to take it as they had previously found it where mental health was something abnormal and not acceptable. Therefore, parents will also attribute this to their understanding of mental health.

2.5 Conceptual Framework

A diagrammatic representation or graphical representation of relationships between variables during a study outlines the theoretical foundations in Mugenda and Mugenda's work. (2003). The conceptual framework of this study is shown below diagrammatically. The representation shows the relationship of the dependent variable which is mental health among the children that is influenced by the independent variable which is the level of parental perceptions of mental health.

Diagrammatic Representation of the Conceptual Framework

Independent Variables **Confounding Variables** **Dependent variable**

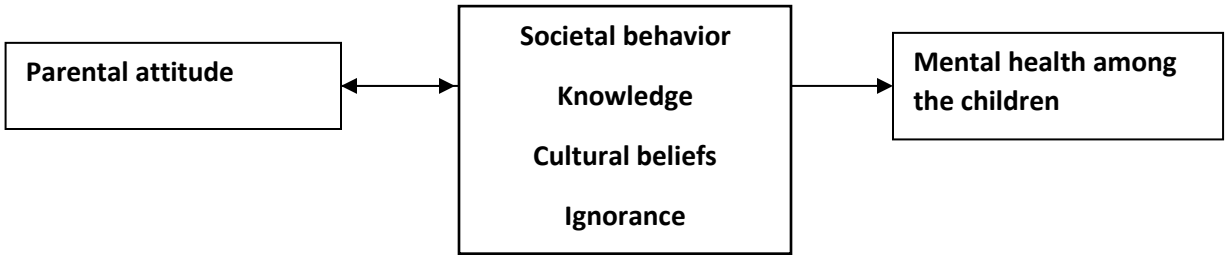

Figure 1.1: Conceptual Framework

(Source: Kate Ogutu, 2022)

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

Some of the strategies this chapter used to be successful include the study's scope, location, design, population sample, sampling techniques, and size, as well as logical considerations, the accuracy and validity of the research tools, ethical considerations, sampling techniques, and data collection methods. These techniques effectively helped this chapter achieve its task which is in relation to chapter one, to describe the materials used and procedures adopted to undertake the study.

3.2 Research Design

The association between parental attitudes about mental health and their children's mental health was examined using a correlational research method. This study's methodology placed a strong emphasis on quantitative analysis of data gathered through surveys, polls, and questionnaires as well as on objective measures. The questionnaires let researchers better understand people by giving the study additional chances to collect rich data on the relationship connecting parents' attitude regarding mental health and the mental health of their children. This allowed them to conduct inductive research on the subject.

3.3 Target population

According to Kombo and Tromp (2006), population is a measurement derived from people and things. Mugenda and Mugenda (1999) defined population as an entire set of things, actions, or people that have a common trait. The target population of this study included parents and their children in Kenya, but the sampling frame was the parents and children from Komarock Estate. Parents gave both perspectives of their attitude on mental health and the children as well shared their mental status. Because Komarock was a good fit for the study's resources, funding, and time constraints, the research's goal was to evaluate the association between parents' attitudes toward mental health and the mental health of their kids.

3.4 Study Area

Nairobi County is one of the most populated counties in Kenya with roughly over four million residents. It is the third smallest county but is the capital city of Kenya. It is county number 47 among the 47 counties of Kenya. Of the 17 constituencies in Nairobi, the study was done in Embakasi Central which has Komarock Estate as our area of interest. The estate was selected because it is one of the most populous estates in Nairobi County with a population of over half a million (KNBS, 2019). Komarock Estate has different phases with different social classes. The study was done in Komarock Phase 2, 3, and 4.

3.5 Sampling Procedures

Roughly, 1,190 households were visited during the time in which the study was conducted. The 1,190 households were selected randomly with the simple random sampling method. The estimated number of

1,190 households from Phase 2, 3, and 4 were surveyed in 2 weeks' period. All the households in Phase 2, 3, and 4 were enumerated and numbered. Then a random number generator application was used to generate the 94, 45 and 85 households in Phase 2, 3, and 4 respectively. The list of numbers randomly generated were visited and questions administered to the household heads in the 224 households. The study therefore, interviewed one parent and one child per house, in the event there was more than one parent and child, simple random sampling was applied.

The sample size is just a small portion of the large population of a particular area or object (Cooper and Schindler, 2008). The sample population's advantage is that it was very economical for the researcher taking the study. It's critical to remember that the sampled population consisted of unbiased because if the researcher limits the study population, the results will be unreliable as they would have not represented the large population well whereas if the researcher researches the entire population, it will be expensive and a lot of work for them (Cooper and Schindler, 2008). At a confidence level of 95%, the margin of error is 5%. The researcher adopted Fischer *et al.*, (1998) formulae shown below to calculate the sample size:

$$n = \frac{Z^2\ P(1-P)}{d^2}$$

Where;

n = Size of the sample,

Z = Standard variance at a confidence level given as 1.96 at 95% confidence level.

P = 80% of the target population with the variable that is being measured.

d = Acceptable error and given as 0.05,

$$n = \frac{1.96^2\ x\ 0.8(1-0.8)}{0.05^2}$$

n=246

The total number of households in Komarock Phase 2, 3, and 4 are is less than 10,000, the desired sample size therefore was:

$$Dessired\ sample\ size\ (nf) = \frac{n}{1 + \frac{n}{N}}$$

Where;

nf =Desired sample size

n=constant [246]

N= The total number of households in Komarock Phase 2, 3, and 4

Therefore;

$$Dessired\ sample\ size\ (nf) = \frac{246}{1 + \frac{246}{1190}}$$

=204 households

The sample size was increased by 10% (or about 20) to account for attrition, bringing it to 224. To avoid any chances of biases, the sample size was distributed evenly depending on the numerical advantage of the phases of the Komarock estate hence achieve the study goals, a sample of 224 respondents was analyzed. This sample was distributed on a 1:1 ratio in each household, meaning one parent and one child were interviewed. In the households that had more than one parent and child, simple random sampling was applied to select one child and one parent.

Table 2.2 Sample size

Category	**Target Population**	**Proportion**	**Sample size**
Komarock Phase 2	500	18.8	94
Komarock Phase 3	240	18.8	45
Komarock Phase 4	450	18.8	85
Total	**1,190**		**224**

3.6 Research Instruments

The randomly selected respondents filled out two separate questionnaires to measure the independent variable and the dependent variable. The researcher developed a questionnaire that measured the parental attitude towards mental health and another questionnaire that measured the children's mental health. The questionnaire on parental attitude aimed to acquire information on parental knowledge, beliefs, and behavior towards mental health while the aim of the questionnaire on mental health among the children was to determine the children's mental health status. The choices on the questionnaire were quantified to enable the researcher to map the data collected from the study using the Likert scale. For example; on a scale of 1 to 4, with 1 being Not so much, 2 being very little, 3 being little and 4 being very much, how much did they know about mental health.

3.7 Validity of the instruments

The validity of the questionnaires was established through face validity, whereby expert's (supervisors and professionals) The genuine measure of the concept under evaluation could be determined by going over the questionnaire's items. The fluency, precision, and thoroughness of the questionnaires were evaluated using content validity.

3.8 Reliability of the instruments

The Cronbach alpha coefficient was used to assess the validity of the two surveys. It was used to demonstrate logical reliability by averaging all feasible split-half reliabilities for a multiple-item scale. The two questionnaires' alpha coefficients were 0.7, making the instruments trustworthy for use.

3.9 Data collection procedure

The two types of data gathering methods used in this study were questionnaires and interviews. The researcher and research assistants, interviewed the parents and children in all the randomly selected households. The main work of research assistants was to minimize biases, and faults and enhance consistency and regularity while questionnaires were accountable and accurate in that they were embedded with serial numbers for each. The questions were mainly based on the knowledge and attitude to mental health issues.

3.10 Data Analysis and Presentation

Data analysis was done first through conducting data cleaning for the collected data to check for accuracy and completeness. Quantitative data from the structured questionnaire was edited and completed for consistency before processing. The association between parental attitudes about mental health and their children's mental health was evaluated using a Chi-square test. This aided in either accepting or rejecting the null hypothesis. The independence test evaluated if there is a relationship between the two variables. These analyses were carried out using version 21 of the Statistical Package for Social Sciences. Tables, graphs, and pie charts were used to illustrate the data.

3.11 Logical and Ethical Considerations

Every ethical criterion related to this research was followed. The University of Nairobi's Graduate School gave its approval. The study's conduct was approved by the National Council for Science, Technology, and Innovations. Before choosing to join, it was crucial to have the respondents understand the advantages of the study. The responders were given a free pass to leave the study at any time. Only codes were used to conceal the respondents' identities, and after the data was collected in the field, it was securely stored and only the researcher had access to it.

CHAPTER FOUR: RESULTS

4.1 Introduction

In order to demonstrate the data that was derived during the data collecting phase, this chapter displays the results in accordance with the study's objectives using tables, charts, figures, and texts. Both quantitative and qualitative results are presented in this section. Stata version 17, Ms Excel version 2019 and Epi Info were used for data analysis.

4.2 Response Rate

There were 224 households that were targeted. The response rate was 93.3%, and of the remaining 6.7%, none agreed to participate in the study despite having previously given their consent. As a result, their data was not included in this analysis. Results from surveys having response rates of greater than 80%, according to Werner (2004), are reliable. This indicates that the researcher moved forward with data analysis and interpretation because the completed and returned questionnaires were adequate to give the necessary data.

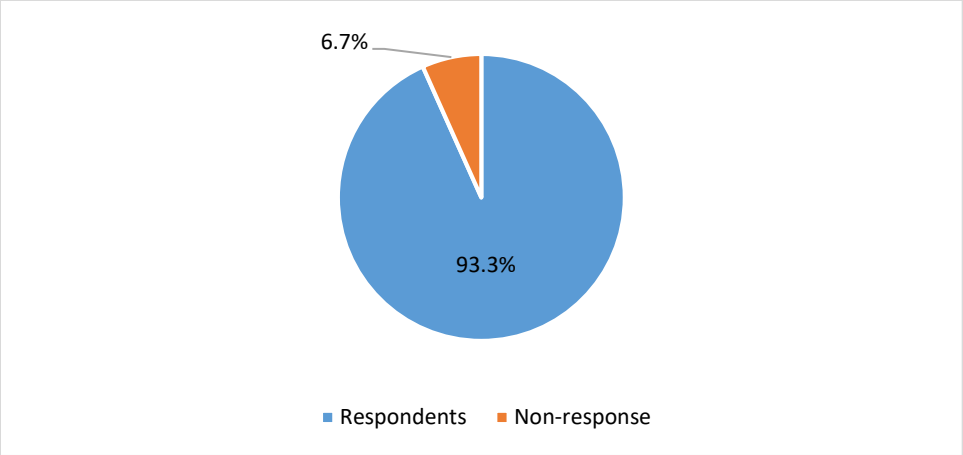

Figure 4.1 Response Rate

4.3 Respondents' Socio Demographic Characteristics

4.3.1 Sex of the Respondents'

The summary of the sex information of the study participants is shown in table 4.1. Majority of the parent respondents were female represented by 141 (67.5%) and the male were 68 (32.5%). The children female respondents were 116 (55.5%) and male were 93 (44.5%).

Table 4.1 Sex of the respondents'

		Parents		Children		
Variable	**Category**	**Freq.**	**Percent**	**Category**	**Freq.**	**Percent**
Sex	Male	68	32.5%	Male	93	44.5%
	Female	141	67.5%	Female	116	55.5%
	Total	209	100	Total	209	100

4.3.2 Respondents' Age

The parents aged below 30 years were 5 (2.4%), 31-39 years were 64 (30.6%), 40-49 years were 107 (51.2%) and 50 and above were 33 (15.8%). The children aged 13-14 were 94 (45.0%), 15-16 years were 55 (26.3%), 17-19 years were 41 (19.6%) and 20-24 years were 19 (9.1%).

Table 4.2 Age of the respondents'

		Parents		Children		
Variable	**Category**	**Freq.**	**Percent**	**Category**	**Freq.**	**Percent**
Age (years)	Below 30	5	2.4%	13-14	94	45.0%
	31-39	64	30.6%	15-16	55	26.3%
	40-49	107	51.2%	17-19	41	19.6%
	50 and above	33	15.8%	20-24	19	9.1%
	Total	209	100	Total	209	100.0%

4.3.3 Marital Status of the Respondents

According to the study's findings, married respondents made up 171 (81.8%) of the sample, while single parents made up 6 (2.9%).

Table 4.3 Marital Status of the Respondents

Variable	**Category**	**Freq.**	**Percent**
Marital status	Single	6	2.9%
	Married	171	81.8%
	Divorced/separated	13	6.2%
	Widow/widower	19	9.1%
	Total	209	100

4.3.4 Level of Education of the Respondents

The study findings indicate that all the participants had attained some level of education at 2 (1.0%), 17 (8.1%) and 190 (90.9%) for primary, secondary and tertiary respectively.

Table 4.4 Level of Education of the Respondents

Variable	Category	Freq.	Percent
Level of education	Primary	2	1.0%
	Secondary	17	8.1%
	Tertiary	190	90.9%
	Total	209	100

4.3.5 Occupation of the Respondents

The study findings showed that on occupation, a larger proportion of 93 (44.5%) and 85 (40.7%) were self-employed and government/private employed.

Table 4.5 Occupation of the Respondents

Variable	Category	Freq.	Percent
Occupation	Government/ private employed	85	40.7%
	Not Employed	31	14.8%
	Self-employed	93	44.5%
	Total	209	100

4.3 Knowledge on Mental health

4.3.1 Parental knowledge of mental health

The study reported that on the parent's knowledge on mental health 48.8% [95% CI: 45.9-52.4] had very little or no knowledge, 21.5% [95% CI: 17.3-26.1] had little and 29.7% [95% CI: 24.6-33.5] had a lot of information.

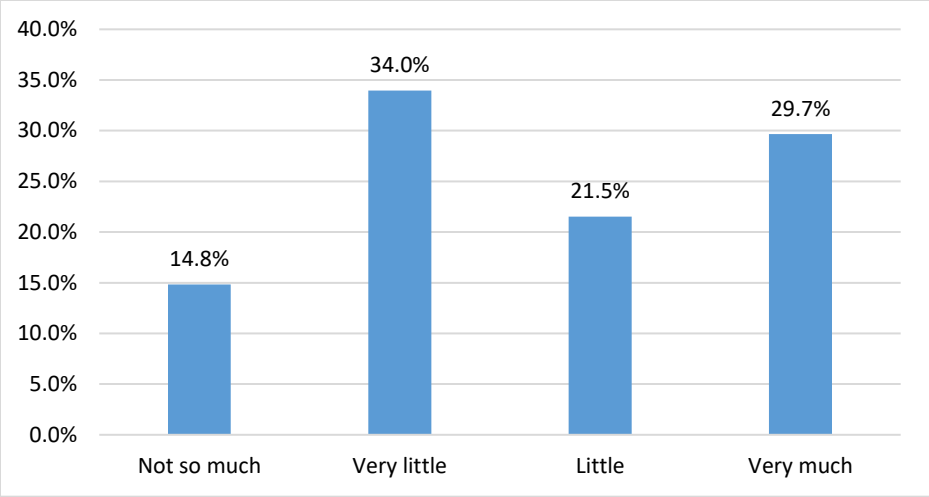

Figure 4.2 Parental Knowledge on Mental health

4.3.2 Parental awareness of mental health

The awareness on mental health of the parents was assessed and majority, 65.1% [95% CI: 61.9-69.2] had very little or no awareness at all, while 16.3% [95% CI: 11.3-20.6] had little awareness and 18.7% [95% CI: 14.5-23.1] had a lot of awareness.

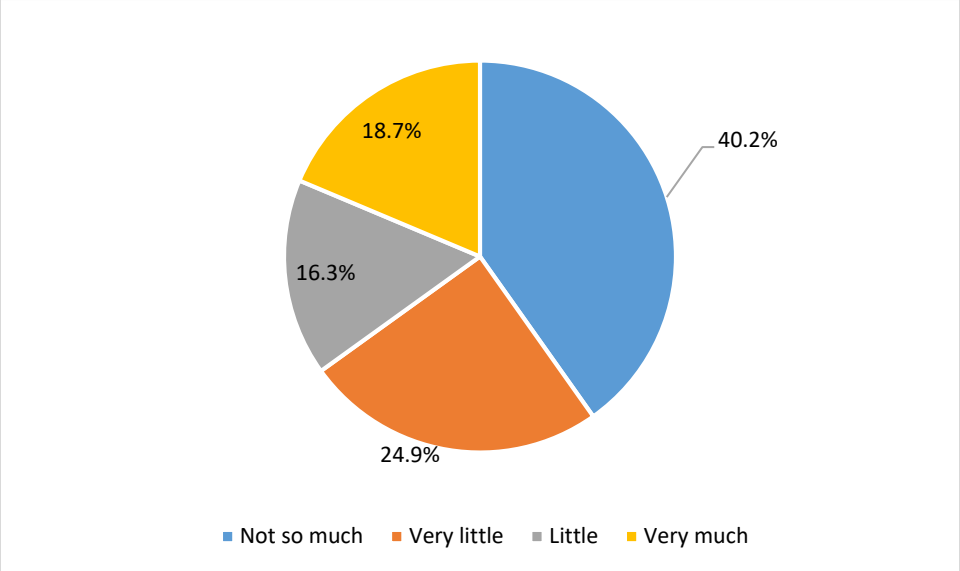

Figure 4.3 Aware of your mental health

4.3.3 Parents' knowledge on child's mental health status

Parental awareness on their children's mental health status was enquired and majority 68.4% [95% CI: 65.8-73.6] had very little or no awareness at all, 12.9% [95% CI: 9.2-16.3] had little awareness and 18.7% [95% CI: 14.5-23.1] had a lot of awareness.

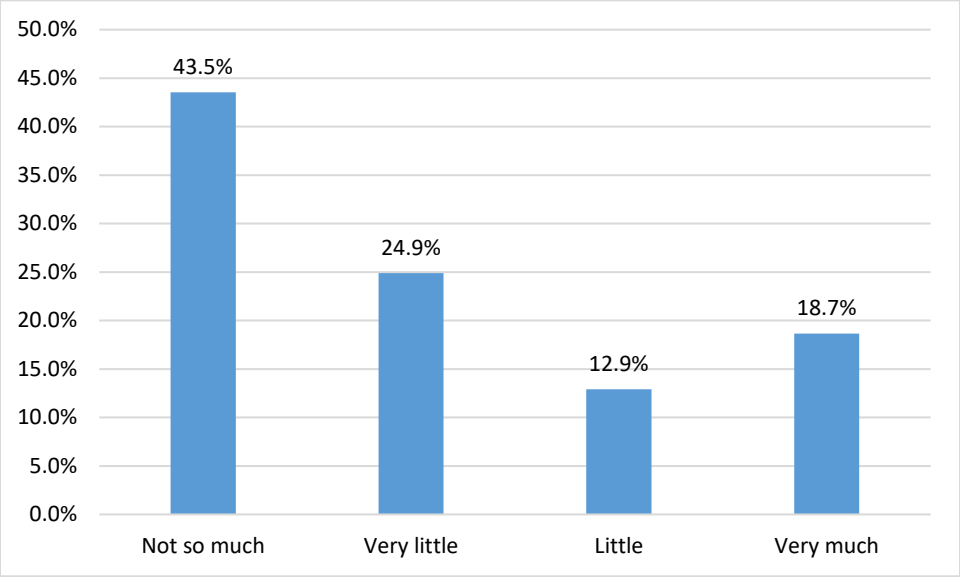

Figure 4.4 Aware of your child's mental health

4.3.4 Association between parental knowledge on mental health and frequency of child feeling low

With regard to the parent's knowledge on mental health, this was significantly associated (p=0.001) with the child feeling low or down. A significant association (p=0.0308) was noted between parent's' awareness on their own mental health and being able to identify when their child was feeling low or down. Further, there was no significant association (p=0.849) between parents being aware of their child's mental health and when they actually experienced the feeling of being low and down.

Table 4.6 Chi-square test analysis of association between parental knowledge on mental health and frequency of child feeling low

Variable	Category	Frequency of feeling low or down				Degree of freedom (df)	Person's Chi square (x^2)	P value ($p<0.05$)
		Very often	Somewhat often	Not so often	Not at all			
Knowledge on mental health	Not so much	12	5	3	11	4	17.1159	0.001
	Very little	7	3	34	27			
	Little	5	7	19	14			
	Very much	10	14	27	19			
	Total	34	29	83	71			
Aware of your mental health	Not so much	8	15	34	27	4	2.3568	0.0308
	Very little	3	6	28	15			
	Little	16	3	11	8			
	Very much	7	5	10	21			
	Total	34	29	83	71			
Aware of your child's mental health	Not so much	19	8	31	33	4	0.3262	0.849
	Very little	3	5	13	31			
	Little	7	10	27	2			
	Very much	5	6	12	5			
	Total	34	29	83	71			

4.4 Parental Attitude

4.4.1 Parental attitude on mental health

An interval scale is one with a five-point Likert scale. The mean has a lot of importance. From 1 to 1.8, it denotes vehement disagreement. The range 1.81 to 2.60 denotes disagreement. It denotes neutrality from 2.61 to 3.40, agreement from 3.41 to 4.20, and strongly agreeing from 4.21 to 5. The outcomes of the analysis were divided into positive attitude (3.41 to 5) and negative attitude groups based on averages (from 1 to 3.40).

In the first statement, the mean is 4.519, hence it means that majority of the parents have a positive attitude towards getting counselling when they experience a psychological or behavior problem. In the next statement, the mean was 2.041, indicating that majority of parents have a negative attitude as to seeking

counseling being a sign of weakness. 2.962 of parents had a negative attitude on working out their own problem instead of seeking counseling. 3.956 of parents had a positive attitude on handling problems without counseling, while with a mean of 3.601, parents had a positive attitude that most of the psychological issues typically resolve on their own. Majority of the parents, with a mean of 1.727 had a negative attitude that doing other activities is a good solution to avoid thinking about their child's problems.

With a mean of 4.091, majority of the parents had a positive attitude that people ready to manage their struggles and worries without seeking counselling are admirable. A mean of 4.873 means that majority of parents had a positive attitude to not discussing family issues with other people, similar to (mean = 4.385) had a positive attitude to getting their child under counseling of they had a problem for a long time. 1.938 of parents had a negative attitude to taking their children for prayers if they had a problem and with a mean of 4.596, parents had a positive attitude to seek counseling services on serious psychological or behavior problems. A mean of 3.794 indicated that most parents had a positive attitude that they will be ashamed if people learnt that, the child was diagnosed with mental issues. Majority (mean=1.857) had a negative attitude towards judging someone from physical appearance that they are having mental health issues.

Table 4.7 Parental attitude on mental health

Statement	**N**	**Mean**	**Std Deviation**	**Attitude** **Positive (3.41 to 5)** **Negative (from 1 to 3.40)**
In the event that I have a psychiatric or behavioral issue, I will seek counseling.	209	4.519	0.934	Positive attitude
Counseling is a sign of weakness, in my opinion.	201	2.041	1.807	Negative attitude
I ought to solve my own problems rather than seeking counseling.	209	2.962	1.639	Negative attitude
Parents with a strong will can tackle issues without counseling.	209	3.956	1.142	Positive attitude
I think that psychological issues usually resolve themselves.	198	3.601	1.21	Positive attitude
Doing other things is an excellent way to keep my mind off of my child's issues.	203	1.727	2.402	Negative attitude

People who are willing to deal with their disputes and worries without seeking counseling have a commendable attitude.	205	4.091	1.032	Positive attitude
I wouldn't discuss certain events that occur in my family with anyone.	207	4.873	0.753	Positive attitude
If my child was anxious or unhappy for a prolonged period of time, I would want them to receive counseling.	209	4.385	1.101	Positive attitude
The first thing I would do if I thought my child was going through a mental breakdown is take them to church.	195	1.938	1.793	Negative attitude
At this stage in my life, if my child had a significant psychiatric or behavioral issue, I'm sure I could get help in a counselor.	205	4.596	0.804	Positive attitude
I could probably find the time to take my kid to a counselor with some ease.	193	3.174	1.407	Negative attitude
If others knew that my child has a mental health condition, I would feel ashamed.	201	3.794	1.271	Positive attitude
I think that kids that have mental health issues are crazy.	197	1.019	2.918	Negative attitude
By looking at someone, I can tell if they have mental health concerns.	203	1.857	1.947	Negative attitude

Note: Positive attitude (3.41 to 5) and negative attitude (from 1 to 3.40).

The open-ended questions to parents as to where mental health issues come from, they responded saying:

"*Mental health issues come from neglect of the child, child that is bullied, changing of schools or moving homes, a child witnessing domestic violence, parents separating or divorcing, a child that is being abused, someone close to them dying*"

The support needed for children who experience mental health issues:

"Having a close relationship with the child to be able to note behavior change and correct, model healthy coping skills like deep breathes, use stress balls, make art and going for walks. Keep open and honest communications, have clear boundaries at home, always reassure them of being loved, give positive feedback, involve them in making decisions"

The signs of mental health issues known:

"*Some children have persistent sadness for a prolonged period, withdrawal symptoms from social interactions, hurting themselves, talking about death or suicide, extreme outburst or being irritable, sometimes having harmful and out of control behavior, sudden mood changes, changes in eating habits, sleeping difficulties, missing school and poor academic performance*"

4.4.2 Children experiences with mental health

An interval scale is one with a five-point Likert scale. The mean has a lot of importance. It denotes never from 1 to 1.8. Between 1.81 and 2.60, it denotes sporadically. It means almost half the time from 2.61 to 3.40, most of the time from 3.41 to 4.20, and always from 4.21 to 5. The outcomes of the analysis were divided into positive attitude (3.41 to 5) and negative attitude groups based on averages (from 1 to 3.40).

The variable said that most of the time they have felt calm and peaceful, with a mean of 3.791, thus having a positive attitude to mental health. With a mean of 4.017, the children said they feel energetic most of the time indicative of a positive attitude to mental health. The experience on gloominess, loneliness, angry and agitation was experienced occasionally scoring means of 1.967, 2.349, 2.063 and 2.042 respectively by majority was associated with a negative attitude to mental health.

In about half of the times the majority of the children experienced anger, feeling of worthlessness and sadness with means of 2.746, 2.702 and 3.206 respectively and this as per the analysis criteria is associated to negative attitude to mental health. Experiences on suicide and irritation were never felt by most of the children with means of 1.495 and 1.236 respectively and this was associated to negative attitude to mental health. In most of the times, majority of the children experienced insomnia, poor concentration, feeling of worthiness and joy with means of 3.907, 3.846, 3.536 and 3.915 respectively, this as per the analysis is a positive attitude to mental health.

Table 4.8 Children experiences with mental health

Variable	**N**	**Mean**	**Std Deviation**	**Attitude Positive (3.41 to 5) Negative (from 1 to 3.40)**
Calm and peaceful	197	3.791	1.103	Positive attitude
Energetic	212	4.017	1.096	Positive attitude
Gloomy	203	1.967	1.751	Negative attitude
Lonely	211	2.349	1.464	Negative attitude

Angry	199	2.746	1.692	Negative attitude
Anxious	217	2.063	1.301	Negative attitude
Suicidal	214	1.495	2.109	Negative attitude
Insomnia	195	3.907	1.099	Positive attitude
Irritable	208	1.236	2.491	Negative attitude
Fatigue	189	4.583	0.891	Positive attitude
Agitation	210	2.041	1.325	Negative attitude
Poor concentration	217	3.846	1.101	Positive attitude
Feeling of worthlessness	212	2.702	1.603	Negative attitude
Feeling of worthy	212	3.536	1.286	Positive attitude
Sadness	217	3.206	1.059	Negative attitude
Joy	217	3.915	1.094	Positive attitude

Note: Positive attitude (3.41 to 5) and negative attitude (from 1 to 3.40).

4.4.3 Frequency of children feeling positive about life

The study sought to understand how often the children have positive feelings about life and 34.6% [95% CI: 29.1-38.6] felt once in a while or never. 24.0% [95% CI: 19.8-27.3] felt about half of the time and 41.5% [95% CI: 38.4-45.1] felt most of the time or always.

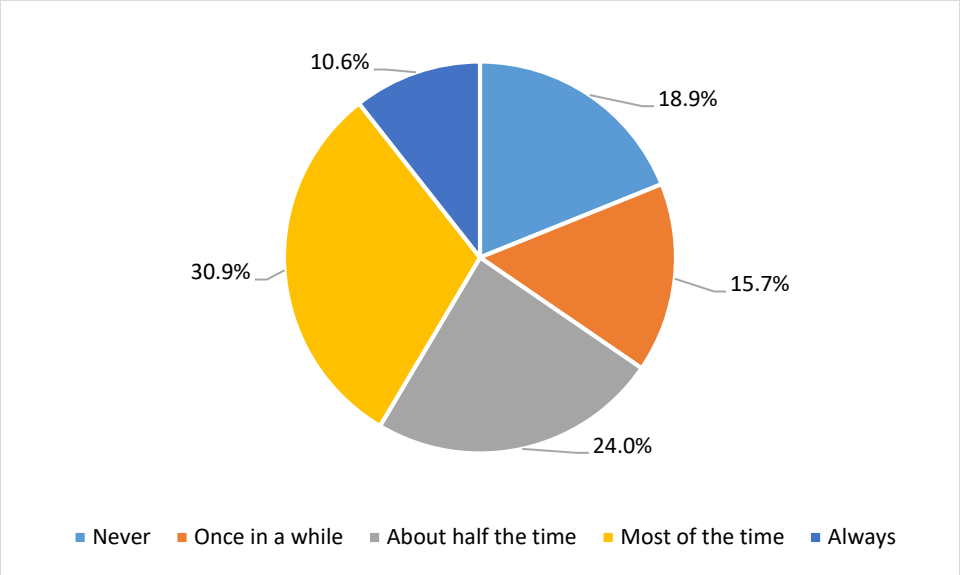

Figure 4.5 Frequency of children feeling positive about life

4.4.4 Diagnosis with mental health issue

The findings on if the children had been diagnosed of mental health at some point in their life, only 25.8% [95% CI: 21.0-28.5] had been diagnosed, while 71.0% [95% CI: 67.6-74.8] had never been diagnosed of mental health issue.

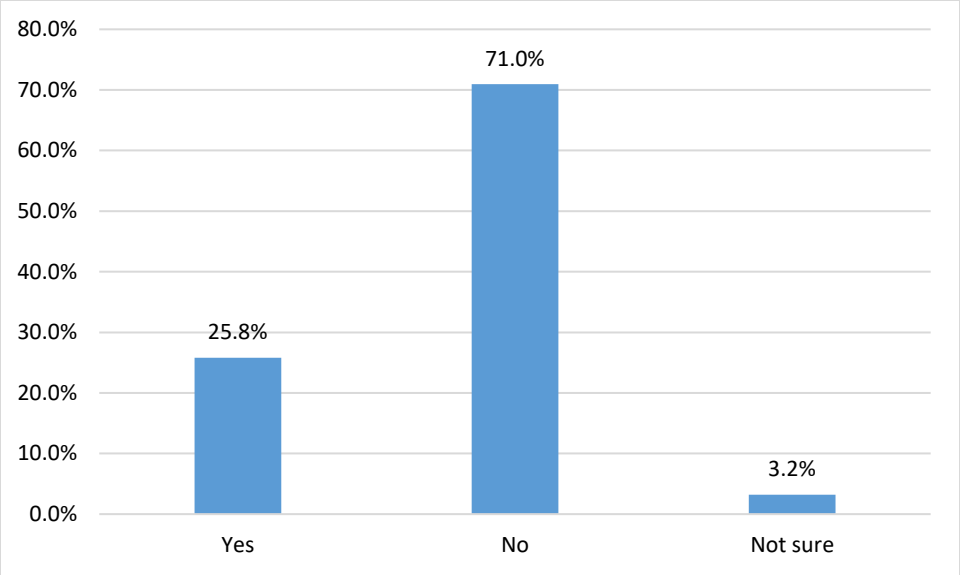

Figure 4.6 Diagnosis with mental health

4.4.5. Felling content with your relationships and family

The study findings indicated that in the last 4 weeks, 29.0% [95% CI: 67.6-74.8] of the respondents never or once in a while felt content with the relationships and family. 23.5% [95% CI: 19.7-26.3] felt the relationships about half of the time, while 47.5% [95% CI: 43.1-52.3] of the children felt the relations most of the time or always.

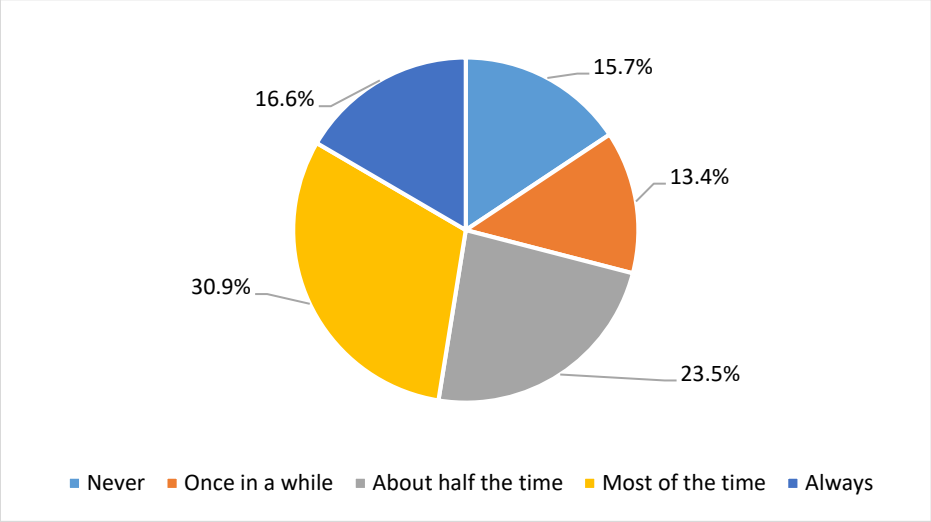

Figure 4.7 Feeling content with your relationships and family

The children were requested to indicate the type of support they will require from the parents when going through mental health issues and they indicated:

"*Parents to build trust in what they do, have frequent healthy conversation with parents, need parents who are consistent in whatever they do to them, parents to teach them how to manage stress, parents to mold and develop their self-esteem, play with them and involve them when they are making decisions that pertain them*"

If the parents' attitude on mental health affects you:

"*Yes, this can be positive attitude in the sense that, if a parent is aware of what causes and can detect mental health, they then can be able to put measure to us as children to be able to avoid such episodes and even groom us to be better people in the society. On the negative attitude, if parents don't know and don't care about mental health, then this will affect our growing up, our habits, characters, and lead to a sad, aggressive, gloomy, suicidal generation of children*"

4.5. Relationship between parental attitude towards mental health and their children's mental health status

The study did associations between parental attitude and mental health of the children. The results showed no correlation between a child being diagnosed with mental illness and the parent that might desire their child to get counseling if the child were nervous or unhappy for a long time at ($p=0.9401$ and $p=0.6308$), respectively. On the other hand, there was a significant association between a child being diagnosed of mental illness and a parent who avoids thinking about their child's problems, and do other activities, also a parent who would be ashamed if people knew that his/her child had been diagnosed with a mental health issue ($p=0.01318$ and $p=0.0451$) respectively.

Table 4.9 Relationship between parental attitude of mental health and their children's mental health status

		Ever been diagnosed with mental illness					
Variable	**Category**	**Yes**	**No**	**Not sure**	**Degree of freedom (df)**	**Person's Chi square (x^2)**	**P value ($p<0.05$)**
If my child was anxious or unhappy for an extended period of time, I would want them to receive counseling.	Strongly agree	0	51	0	5	9.0371	0.9401
	Agree	9	39	0			
	Neutral	13	17	1			
	Agree	5	13	3			
	Strongly disagree	29	34	3			
	Total	56	154	7			
I could probably find the time to take my kid to a counselor with some ease.	Strongly agree	1	68	0	5	4.9320	0.6308
	Agree	7	31	1			
	Neutral	9	28	3			
	Agree	15	10	0			
	Strongly disagree	24	17	3			
	Total	56	154	7			
Getting involved in other things is a fantastic way to keep my mind off my child's issues.	Strongly agree	13	51	4	5	0.5904	0.0118
	Agree	22	25	1			
	Neutral	9	16	2			
	Agree	7	33	0			
	Strongly disagree	5	29	0			
	Total	56	154	7			
If others found out that my kid has a mental health condition,	Strongly agree	16	49	3	5	3.592	0.0451
	Agree	21	31	3			
	Neutral	7	23	0			
	Agree	9	14	1			

I'd feel embarrassed.	Strongly disagree	3	37	0
	Total	56	154	7

CHAPTER FIVE: SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The results in relation to the literature reviewed above are presented in this section, expounding on the likeness as well as the differences the study came up with, with those conducted by others. All this will be in line with the study objectives. Further, the conclusion and recommendations will be provided under this section.

5.2 Summary of the findings

i. The study reported that on the knowledge of parents on mental health 48.8% [95% CI: 45.9-52.4] had very little or no knowledge, 21.5% [95% CI: 17.3-26.1] had little and 29.7% [95% CI: 24.6-33.5] had a lot of information.

ii. The awareness on mental health of the parents was assessed and majority, 65.1% [95% CI: 61.9-69.2] had very little or no awareness at all, while 16.3% [95% CI: 11.3-20.6] had little awareness and 18.7% [95% CI: 14.5-23.1] had a lot of awareness.

iii. Parental awareness on their children's mental health status was enquired and majority 68.4% [95% CI: 65.8-73.6] had very little or no awareness at all, 12.9% [95% CI: 9.2-16.3] had little awareness and 18.7% [95% CI: 14.5-23.1] had a lot of awareness.

iv. There was a strong correlation between the child feeling down or depressed and the parent's awareness of mental health (p=0.001). A significant association (p=0.0308) was noted between parent's' awareness on their own mental health and being able to identify when their child was feeling low or down. Furthermore, there was no correlation between parents' awareness of their child's mental health and the times when they genuinely felt down and out (p=0.849).

v. Majority of the parents have a positive attitude (mean of 4.519) towards getting counselling when they experience a psychological or behavior problem. Majority of parents have a negative attitude (mean of 2.041) on seeking counseling being a sign of weakness. 2.962 of parents had a negative attitude on working out their own problem instead of seeking counseling. 3.956 of parents had a positive attitude on handling problems without counseling, while with a mean of 3.601, parents had a positive attitude that most of the psychological problems tend to sort themselves. Majority of the parents, with a mean of 1.727 had a negative attitude that doing other activities is a good solution to avoid thinking about their child's problems.

vi. vi. The majority of parents, with a mean of 4.091, shared the opinion that it is admirable for people to deal with their problems and fears on their own. A mean of 4.873 means that majority of parents

had a positive attitude to not discussing family issues with other people, similar to (mean = 4.385) had a positive attitude to getting their child under counseling of they had a problem for a long time. 1.938 of parents had a negative attitude to taking their children for prayers if they had a problem and with a mean of 4.596, parents had a positive attitude to seek counseling services on serious psychological or behavior problems. A mean of 3.794 indicated that most parents had a positive attitude that they will be ashamed if people learnt that, the child was diagnosed with mental issues. Majority (mean=1.857) had a negative attitude towards judging someone from physical appearance that they are having mental health issues.

vii. Table 4.8 shows children's experience with mental health. The variable claimed that they felt tranquil and at peace most of the time, with a mean of 3.791, thus having a positive attitude to mental health. With a mean of 4.017, the children said they feel energetic most of the time indicative of a positive attitude to mental health. The experience on gloominess, loneliness, angry and agitation was experienced occasionally scoring means of 1.967, 2.349, 2.063 and 2.042 respectively by majority was associated with a negative attitude to mental health. In about half of the times the majority of the children experienced anger, feeling of worthlessness and sadness with means of 2.746, 2.702 and 3.206 respectively and this as per the analysis criteria is associated to negative attitude to mental health. Experiences on suicide and irritation were never felt by most of the children with means of 1.495 and 1.236 respectively and this was associated to negative attitude to mental health. In most of the times, majority of the children experienced insomnia, poor concentration, feeling of worthiness and joy with means of 3.907, 3.846, 3.536 and 3.915 respectively, this as per the analysis is a positive attitude to mental health.

viii. The study sought to understand how often the children had positive feelings about life and 34.6% [95% CI: 29.1-38.6] felt once in a while or never. 24.0% [95% CI: 19.8-27.3] felt about half of the time and 41.5% [95% CI: 38.4-45.1] felt most of the time or always.

ix. The findings on if the children had been diagnosed of mental health at some point in their life, only 25.8% [95% CI: 21.0-28.5] had been diagnosed, while 71.0% [95% CI: 67.6-74.8] had never been diagnosed of mental health.

x. The study findings indicated that in the last 4 weeks, 29.0% [95% CI: 67.6-74.8] of the respondents never or once in a while felt content with the relationships and family. 23.5% [95% CI: 19.7-26.3] felt the relationships about half of the time, while 47.5% [95% CI: 43.1-52.3] of the children felt the relations most of the time or always.

xi. The results showed no correlation between a child being diagnosed with mental illness and the parent who would want their child to go and get counseling if the child displayed prolonged anxiety or unhappiness or those who would easily have time to take their child to see a counselor, according

to (p=0.9401 and p=0.6308, respectively).On the other hand, there was a significant association between a child being diagnosed of mental illness and a parent who avoids thinking about their child's problems, and do other activities, also a parent who would be ashamed if people knew that his/her child had been diagnosed with a mental health issue (p=0.01318 and p=0.0451) respectively.

5.3 Discussion of the findings

The current study set out to determine the relationship between parental views about mental health and their children's mental health.

.5.3.1 Parental knowledge on mental health

The study reported that 29.7% of the parents had a lot of knowledge on mental health and 18.7% had a lot of awareness, while 48.8% barely had very little or no knowledge and 2.8% barely were aware on what mental health is. This is further supported by the responses given by the parents on their knowledge on the signs of mental health issues among the children, stating: "Some children have persistent sadness for a prolonged period, withdrawal symptoms from social interactions, hurting themselves, talking about death or suicide, extreme outburst or being irritable, sometimes having harmful and out of control behavior, sudden mood changes, changes in eating habits, sleeping difficulties, missing school and poor academic performance". This concurs with a study done by Crisp in 2022, looking at how parental knowledge on mental health affects the family. It indicated that 39% of the parents knew what mental health was and were able to direct their families better (Crisp, 2022). Similarly, Hudson, indicates that family heads with little level of knowledge on mental health issues leads to major dysfunctional families (Hudson, 2021). A Chi^2 test was done and the findings indicated that there was a significant association (p>0.05), between parent's knowledge on mental health (p=0.001) and the child feeling low or down. This demonstrates the value of parental mental health knowledge and the impact it has on children's mental health.

Parents who are aware of the state of their child's mental health very much were only 18.7%, while majority 43.5% and 24.9% knew nothing and little according to the study findings. Of the parents aware of the mental health status of their children, they seemed to be well versed with the causes: "mental health issues come from neglect of the child, child that is bullied, changing of schools or moving homes, a child witnessing domestic violence, parents separating or divorcing, a child that is being abused, someone close to them dying". A study done in Liberia on when good parents can identify if children have mental health issues, only 23.1% were able to detect (Mendehall, 2019), which also refers to a research conducted in the UK by the WHO indicating that 61.5% of the parents cannot identify when theirs children are experiencing mental health issues but rather think that the children are being just in the adolescent stage of unruly, disobedient, and love to break the law (WHO, 2018). A significant association (p=0.0308) was noted between parent's' awareness on their own mental health and being able to identify when their child was feeling low or down.

Similarly, parents should have the awareness on mental health so as to be able to learn and detect when their children are experiencing mental health issues.

5.3.2 Parental attitude towards mental health among their children

The study participants (mean=4.519) had a positive attitude to getting counselling when they experience a psychological or behavior problem. Majority (mean=2.041) had a negative attitude that seeking counselling is a sign of weakness. This aligns to a study in a Queensland study, in which only six percent of women confirmed they would not seek help from anyone as compared to thirty percent of the men (Rickwood, 2019). Study findings indicated majority (mean=3.956) having a positive attitude to handling their own problems and another (3.601) had a positive attitude that mental challenges tend solve by themselves. This is consistent with a study conducted in England that found that some of the variables that motivate people to seek mental health care include; appraisal of a problem as something to seek help for, access to appropriate services, willingness to seek help, symptoms of mental disorders, and social norms that encourage such behavior. It is evident that seeking help among young adults is not a simple process but being aware of the problem is a step-in seeking help (Rick, 2017).

Furthermore, parents reported that they were optimistic in their child would find solace in a counselor if they were going through a serious mental or behavioral crisis right now (mean=4.596). As well as a majority (mean=4.385) of parents had a positive attitude to allow their children to get counselling help if they were anxious or offended for a prolonged period of time. Despite parents willing to have their children seek counselling services, a study by Rickwood indicates that young people are very reluctant to seek professional help when it comes to a mental health issue they may be experiencing. This becomes a challenge when it comes to effective early intervention approaches (Rickwood, 2019). Additionally, another study by Johnson indicates that he adolescent stage gives the individual the idea that they can handle problems on their own without assistance because the need for independence and self-sufficiency is very high during the adolescent stage and this is contrary to what the parents think when it comes to being positive about seeking counseling serves for their children (Johnson, 2019).

5.3.3 Relationship between parental attitude towards mental health and their children's mental health status

The study outlined the various experiences that the children have undergone when it comes to mental health and the experience on gloominess, loneliness, angry and agitation was experienced occasionally scoring means of 1.967, 2.349, 2.063 and 2.042 respectively is linked to a negative attitude to mental health. In about half of the times the majority of the children experienced anger, feeling of worthlessness and sadness with means of 2.746, 2.702 and 3.206 respectively and this is linked to negative attitude to mental health.

These results are consistent with a research by the WHO that found that, among other things, stress, loneliness, despair, anxiety, marital challenges, suicide thoughts, the death of a loved one, sorrow, addiction, and mood disorders are causes of mental health problems. If a mental health issue is not treated, the results may bring about suffering, disability, and economic loss (WHO, 2020). This shows the amount of impact mental health has on families, communities, individuals, and the nation at large. People suffering from mental health issues experience higher rates of disability and mortality (Health, Kenya Mental health Policy, 2015).

At (p=0.9401) and (p=0.6308), respectively, the results showed no correlation between a kid receiving a mental health issue diagnosis and the parent who would want their child to have counseling if the child were anxious or unhappy for an extended time. On the other hand, there was a significant association between a child being diagnosed with mental health issues and a parent who avoids being thoughtful about their child's difficulties, and do other activities, also a parent who would be ashamed if people knew that his/her child had been diagnosed with a mental health issue (p=0.01318 and p=0.0451) respectively. This is consistent with a study by Taylor that found that parents' negative attitudes toward mental health were associated with the likelihood that their children would have self-stigmatizing beliefs, whereas parents' positive attitudes toward mental health were associated with children who reported lower levels of self-stigma. Additionally, there was a higher chance of a child developing self-stigmatization in families with children who had mental health concerns, who were said to be kept their children hidden or who had a negative opinion of how much control their kids had over their mental health symptoms (Taylor, 2020).

5.4 Conclusion

The knowledge and awareness of parents when it comes to mental health issues has been identified as one of the key boosters to promoting mental health in children. Parents who know what mental health is can easily acknowledge the causes, signs of mental health, having corrective measures and recommending for counselling. On the other hand, it was noted that parents with limited knowledge on mental health, do not give attention the children especially in identifying and dealing with their mental health issues.

Positive parental attitude was noted especially willingness to accept and query for mental health issues for the child, seeking counseling services, and finding time to attend session with the child is a clear sign of supporting the child in the mental health journey. Contrary to this, negative parental attitude was noted, especially, parents who will not acknowledge mental health issues of the child as well as feeling ashamed of people knowing the child is suffering from mental health eventually accounts to negative mental state of the child. Therefore, a direct correlation exists between the parent's attitude and the mental health status of the child.

5.5 Recommendations

5.5.1 Recommendations for Policy and Programmers

- The MoH at the National and County level should prioritize the programming for parents and children on mental health issues through partnering with local and international organizations to provide these services, change policies to allow ease of entry and programming.
- The Ministry of Education and the MoH to have more and rapid education and sensitization forums targeting the parents and children by organizing various forums to discuss mental health issues that will go a long way to increase the knowledge and awareness.
- Encourage the need for continuous change on negative attitudes among the parents when it pertains mental health issues of the children that will change the mindset of the parents to have a positive response to the need to pe reactive to mental health issues and create an environment that is favorable for both the child and parent.

5.5.2 Recommendations for Further Research

- It is critical to have a comparative study done in other areas such as a semi-urban and rural locations focusing on the same cohort, to allow for a better and robust programming.

5.5.3 Other recommendations

- More mental health awareness campaigns should be undertaken in communities and estates to teach individuals on what mental health entails and where one can get the possible services needed.
- The young adult should be encouraged and given a platform to speak up about what they are facing. This encourages one to relieve stress and also seek help when they feel overwhelmed.
- Electronic media should be put to use by talking more on mental health in order to reach everyone including those in villages. This will help in understanding mental health and one will know the necessary steps to take when faced with a mental challenge.
- More mental health facilities should be put up and made affordable for easier access by everyone.
- More staff in mental health facilities should be appointed in order to improve on service provision in mental health facilities.

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APPENDIX I: QUESTIONNAIRE

Questionnaire on Parental Attitude towards Mental health

Instructions

Your frank replies towards the accompanying questionnaire will be extremely helpful in the effort to establish a connection between parents' perceptions of their children's mental health and their own, which will ultimately aid in raising awareness of mental health.Your provided information will be kept private. The only persons who will have access to the data are those involved in the study. We won't record the data you supply with your name or any other identifiable information.

Section A: Demographic Characteristics

1. Gender?

   a. Male ()
   b. Female ()

2. Age?

   a. Below 30 years ()
   b. 31-39 years ()
   c. 40-49 years ()
   d. 50 and above ()

3. Marital status?

   a. Single ()
   b. Married ()
   c. Divorced/separated ()
   d. Widow/widower ()

4. Level of education?

a. Primary ()

b. Secondary ()

c. Tertiary ()

d. None ()

5. Occupation?

a. Self-employed/businessmen ()

b. Employed ()

c. Unemployed ()

Section B: Parental Knowledge on Mental health

On a scale of 1-4: 1- Not so much, 2- Very little, 3-Little, 4- Very much

7. How much do I know about mental health?

a. Not so much

b. Very little

c. Little

d. Very much

8. How much am I aware of my mental health?

a. Not so much

b. Very little

c. Little

d. Very much

9. How much am I aware of my child's mental health?

a. Not so much

b. Very little

c. Little

d. Very much

Section C: Parental Attitude of Mental health

Using the Likert Scale below select the most appropriate response as per the question: 1= Totally disagree,

2=Almost totally disagree, 3=Sometimes agree, 4=Almost totally agree, 5=Totally agree

Question	**1**	**2**	**3**	**4**	**5**
10. In the event that I have a psychiatric or behavioral issue, I will seek counseling.	☐	☐	☐	☐	☐
11. Counseling is a sign of weakness, in my opinion.	☐	☐	☐	☐	☐
12. I ought to solve my own problems rather than seeking counseling.	☐	☐	☐	☐	☐
13. Parents with a strong will can tackle issues without counseling..	☐	☐	☐	☐	☐
14. I think that psychological issues typically resolve themselves..	☐	☐	☐	☐	☐
15. Doing other things is an excellent way to keep my mind off of my child's issues.	☐	☐	☐	☐	☐
16. People who are willing to deal with their disputes and worries without seeking counseling have a commendable attitude.	☐	☐	☐	☐	☐

17. I wouldn't discuss certain events that occur in my family with anyone.	☐	☐	☐	☐	☐
18. I would want my child to have counseling if they were anxious or depressed for a long time.	☐	☐	☐	☐	☐
19. The first thing I would do if I thought my child was going through a mental breakdown is take them to church.	☐	☐	☐	☐	☐
20. At this stage in my life, if my child had a significant psychiatric or behavioral issue, I'm sure I could get help in a counselor.	☐	☐	☐	☐	☐
21. I could probably find the time to take my kid to a counselor very easily..	☐	☐	☐	☐	☐
22. If others knew that my child has a mental health condition, I would feel embarrassed.	☐	☐	☐	☐	☐
23. I think that kids that have mental health issues are crazy.	☐	☐	☐	☐	☐
24. By looking at someone, I can tell if they have mental health problems.	☐	☐	☐	☐	☐

25. Where do you think mental health issues come from?

……

26. What support can you offer your child who says they have a mental health issue?

……

27. What are some signs of mental health issues that you know?

……

28. Can you recognize if someone has a mental health issue? Yes No

APPENDIX II: QUESTIONNAIRE

Questionnaire on Mental health Status among the children

Instructions

Your honest responses to the following questionnaire will greatly assist in the attempt to determine the relationship between parental perception of mental health and the mental health of their children which in the end will help in creating awareness about mental health. The information you will provide will remain private. The only persons who will have access to the data are those involved in the study. We won't record the data you supply with your name or any other identifiable information.

1. Gender?

    a. Male ()

    b. Female ()

2. Age?

…….

3. Have you experienced difficulties at work or in your day-to-day life over the past year as a result of emotional issues like depression, sadness, or anxiety?

    a. Yes ()

    b. No ()

    c. Not sure ()

4. How frequently has your mental health interfered with your capacity to complete work over the previous year?

    a. Very often ()

    b. Somewhat often ()

    c. Not so often ()

    d. Not at all ()

5. How often do you feel low or down?

    a. Very often ()

    b. Somewhat often ()

    c. Not so often ()

    d. Not at all ()

6. How frequently over the last two weeks has your mental health impacted your interpersonal relationships?

    a. Very often ()

    b. Somewhat often ()

    c. Not so often ()

    d. Not at all ()

7. How often do you experience below?

Using the Likert scale below, indicate how it applies to you where: 1=Never, 2=Occasionally, 3=About half the time, 4=Most of the time, 5=Always

Variable	**1**	**2**	**3**	**4**	**5**

Calm and peaceful	☐	☐	☐	☐	☐
Energetic	☐	☐	☐	☐	☐
Gloomy	☐	☐	☐	☐	☐
Lonely	☐	☐	☐	☐	☐
Angry	☐	☐	☐	☐	☐
Anxious	☐	☐	☐	☐	☐
Suicidal	☐	☐	☐	☐	☐
Insomnia	☐	☐	☐	☐	☐
Irritable	☐	☐	☐	☐	☐
Fatigue	☐	☐	☐	☐	☐
Agitation	☐	☐	☐	☐	☐
Poor concentration	☐	☐	☐	☐	☐
Feeling of worthlessness	☐	☐	☐	☐	☐
Feeling of worthy	☐	☐	☐	☐	☐
Sadness	☐	☐	☐	☐	☐
Joy	☐	☐	☐	☐	☐
Suicidal feelings	☐	☐	☐	☐	☐

8. How frequently do you feel good about your life?

    a. Never ()

    b. Once in a while ()

c. About half the time ()

d. Most of the time ()

e. Always ()

9. Have you ever had a mental illness officially identified?

a. Yes ()

b. No ()

c. Not sure ()

10. How often do you feel content with your relationships and family?

a. Never ()

b. Once in a while ()

c. About half the time ()

d. Most of the time ()

e. Always ()

11. What support would you like from your parents when going through a mental health issue?

……

12. Do you believe that your parent's attitude on mental health affects you?

APPENDIX III

WORK PLAN

Activity	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022
Concept paper development											

Advanced Literature study											
Finalizing research problem/ question											
Planning research design											
Write Chapter 2											
Write Chapter 3											
Proposal defense											
Collect data											
Analyze data											
Write chapter 4											
Write chapter 5											
Final defense											
Advanced Literature study											

APPENDIX IV

BUDGET

The budget for the research is as shown in the table below.

ITEM DESCRIPTION	QUANTITY	UNIT COST (KSHS)	TOTAL COST (KSHS)

A. STATIONERY			**10,260**
1. Foolscap	1 ream	400	400
2. Ruler	6	20	120
3. Ball Pens	5	25	125
4. Erasers	5	15	75
5. Note books	5	100	500
6. Flash Disk	6	1,000	6,000
7. Folder	6	50	300
8. Printing papers	5 reams	500	2,500
9. Felt pens	6	40	240
B. SERVICES			**77,130**
1. Type setting	200	30	6,000
2. Internet cost	1	3,000	3,000
3. NACOSTI	1	2,000	2,000
4. Questionnaire Printing	9*448 participants	10	14,130
5. Analysis cost	1	30,000	30,000
6. Project printing & binding	4	3,000	12,000
7. Publishing	1	10,000	10,000
C. ALLOWANCES			**147,100**
1. Lunch for researcher	5 for 10 days	1,000	50,000
2. Transport for researcher	5 for 10 days	1,000	50,000
3. Lunch for the participants	448 participants	300	47,100
GRAND TOTAL			**234,490**

APPENDIX V

RESEARCH LICENSE

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **749427**

Date of Issue: **02/September/2022**

RESEARCH LICENSE

This is to Certify that Miss.. Kate Anyango Ogutu of University of Nairobi, has been licensed to conduct research in Nairobi on the topic: RELATIONSHIP BETWEEN PARENTAL PERCEPTION OF MENTAL HEALTH AND THE MENTAL HEALTH OF THEIR CHILDREN: A CASE OF KOMAROCK ESTATE, NAIROBI COUNTY. for the period ending : 02/September/2023.

License No: **NACOSTI/P/22/20101**

749427

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

APPENDIX VI

INTRODUCTION LETTER

UNIVERSITY OF NAIROBI

FACULTY OF ARTS

DEPARTMENT OF PSYCHOLOGY

Telegrams: Varsity Nairobi
Telephone: 318262 ext.28439/28194
Telex: 22095

P.O. BOX 30197
NAIROBI
KENYA
EAST AFRICA

AUGUST 24th, 2022

The Chief Executive Officer
National Commission for Science Technology and Innovation
P. O. Box 30623-00100 Nairobi

Dear Sir/Madam:

RE: INTRODUCTION- KATE OGUTU (C50/38753/2020)

The above mentioned is a student in the Department of Psychology pursuing a Master in Counseling Psychology. She has completed the coursework and defended her research proposal.

This letter therefore is to introduce her to you to enable her to collect data on "RELATIONSHIP BETWEEN PARENTAL ATTITUDE TOWARDS MENTAL HEALTH AND THE MENTAL HEALTH STATUS OF THEIR CHILDREN: A CASE OF KOMAROCK ESTATE, NAIROBI COUNTY."

Your support is highly appreciated.

Yours sincerely,

Dr. Charles Kimamo

Chairman,

Department of Psychology