THE ASSOCIATION BETWEEN PARENTAL NEGLIGENCE AND ADOLESCENTS' MENTAL HEALTH: A CASE OF ADOLESCENT CHILDREN IN SELECTED SCHOOLS IN MATHARE SUB COUNTY, NAIROBI, KENYA

REBECCA NJOGO WAIGANJO
18S03DMCP004

A Thesis submitted in partial fulfilment of the requirements for the award of the degree of Master of Arts in Counseling Psychology in the Department of Counseling Psychology and the School of Humanities and Social Sciences of Africa Nazarene University

June 2024

DECLARATION

I declare that this document is my authentic work achieved through reading, thought, and work. All information from other external sources has been fully recognized and to the best of my knowledge, this work has not at any given time been presented for academic credit in any other university.

Name: Rebecca Njogo Waiganjo Student Registration No. 18S03DMCP004

06/07/2024

_____ _____

Student Signature Date

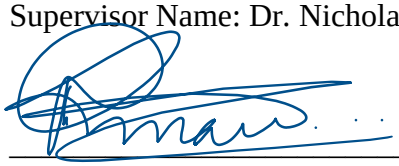
This research was conducted under our supervision and is submitted with our approval as university supervisors.

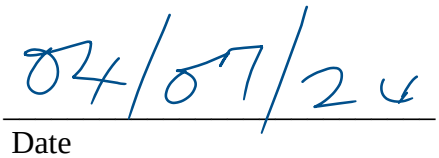
Supervisor name: Dr. Priscilla Mugambi

_____ _____

University Supervisor signature Date

Supervisor Name: Dr. Nicholas Kimaru





_____ _____

University Supervisor Signature Date

Africa Nazarene University

Nairobi, Kenya

DEDICATION

This research study is dedicated to my family, whose unconditional love has been a source of motivation and encouragement.

ACKNOWLEDGEMENT

My gratitude is to Almighty God for the sufficient grace upon me to complete my journey of my master's degree studies. Special thanks to Dr. Priscilla Mugambi and Dr. Nicholas Kimaru, my supervisors, for their overwhelming support, guidance, and assessment from the presentation panel. To my other lecturers from the entire Graduate School of Humanities and Social Sciences at Africa Nazarene University for their source of knowledge, wisdom, and encouragement throughout my studies. Finally, it is with deepest gratitude that I say thank you to my family and classmates for their encouragement as well as never-ending support. Thank you all and God's blessings.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ABSTRACT

Adolescents globally face significant mental health problems, as evidenced by the World Health Organization's 2016 report, which attributed 16% of the disease burden among teenagers to mental health. Depression emerged as the leading cause of illness and disability, with suicide ranking as the second leading cause of death among adolescents, followed closely by self-harm. This research investigates the intricate intersection of mental health problems and parental neglect among adolescents aged 12 to 19 in Mathare sub-county, Nairobi County, Kenya. The objectives of this study were threefold: first, to establish the prevalence of mental health problems such as depression and stress among adolescents in the study area; second, to explore instances and forms of parental neglect experienced by these adolescents, including bullying by teachers, parents, and peers, high community expectations, and lack of support; and third, to assess the association between parental neglect and the mental health outcomes of adolescents. The theoretical framework guiding this research incorporates attachment theory, ecological systems theory, and the stress process model. These theories provide a comprehensive lens through which to understand how parental neglect impacts adolescent mental health within the socio-ecological context of Mathare sub-county. A cross-sectional survey design was employed, involving 377 adolescents selected from various schools within the study area. Data collection utilized structured questionnaires designed to address the research questions. Statistical analysis, including frequency tables, descriptive statistics, and correlation and regression analyses using SPSS V26.0, was conducted to analyze the data. Key findings from the study revealed a significant prevalence of mental health problems among adolescents, with 54.3% experiencing symptoms of depression and 16.5% reporting high levels of stress. The findings also reported bullying at school by teachers, parents, and friends, high expectations from the community, and lack of support as the main forms of neglect experienced by adolescents in Mathare sub-county. Specifically, 26.4% of adolescents reported feelings of sadness, while 38.8% reported feeling worried or anxious as dominant mental health problems. These findings highlight the complex interplay between parental neglect and various mental health challenges faced by adolescents in the study area. The implications of these findings are substantial. They underscore the critical need for tailored interventions, including strengthening parental support programs and enhancing school-based mental health services within Mathare sub-county. Additionally, community-wide awareness campaigns are crucial to educate stakeholders about the detrimental effects of parental neglect on adolescent mental health and to advocate for supportive environments. In conclusion, addressing parental neglect and improving mental health services are essential steps towards alleviating the burden of mental health problems among adolescents in Mathare sub-county. The study recommends that future studies focus on longitudinal research and the development of culturally sensitive interventions to further enhance outcomes for adolescents in similar settings.

ABBREVIATIONS/ACRONYMS

NACOSTI	National Commission for Science, Technology and Innovation
PTSD	Post-Traumatic Stress Disorder
SPSS	Statistical Package for the Social Sciences
UNICEF	United Nations International Children's Emergency Fund

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 Introduction

This chapter covered the background of the study, the statement problem, the purpose of the study objectives of the study research questions the significance of the study, the scope of the study delimitations limitations, and assumptions of the study. Further theoretical and conceptual frameworks have also been discussed.

Adolescence is a critical developmental period characterized by significant physical, emotional, and psychological changes. During this phase, the support and guidance from parents and guardians play a crucial role in shaping adolescents' mental health and overall well-being. However, in many urban informal settlements such as Mathare sub-county in Nairobi, Kenya, systemic socio-economic challenges often lead to parental negligence, which can profoundly impact the mental health of adolescents.

Parental negligence, defined as the failure of parents to meet the essential needs of their children, can manifest in various forms, including emotional unavailability, inadequate supervision, and a lack of support and encouragement. In environments marked by poverty, crime, and instability, such as Mathare, the pressures on families can exacerbate these issues, leading to increased instances of neglect. Adolescents in these settings are particularly vulnerable, as they may not have access to alternative support systems, making them more susceptible to mental health problems (Gikandi et al., 2021).

This study investigates the association between parental negligence and adolescents' mental health problems in selected schools in Mathare sub-county. By examining the

prevalence and types of parental negligence and its correlation with mental health outcomes such as depression, anxiety, stress, and behavioral issues, the research aims to highlight the critical impact of family dynamics on the psychological well-being of adolescents.

Existing literature underscores the detrimental effects of parental negligence on adolescent mental health. Studies have shown that neglected adolescents are more likely to experience a range of mental health problems, including depression, anxiety, and low self-esteem. In Kenya, research by Mboya et al. (2020) and Kimani and Kombo (2019) has revealed that the socio-economic hardships prevalent in informal settlements like Mathare contribute significantly to the prevalence of parental neglect and associated mental health problems among adolescents. Given the socio-economic challenges in Mathare, this study provides a crucial understanding of how parental negligence affects adolescents' mental health. The findings aim to inform policymakers, educators, and community leaders to develop targeted interventions that address the root causes of parental negligence and support the mental health needs of adolescents in such vulnerable communities.

1.2 Background of the Study

Adolescence is a very critical development stage that is characterized by cognitive, physical, emotional and social changes. During this stage, most adolescents go through a lot of challenges including academic pressures, peer influence and familial dynamics which can profoundly impact their well-being and mental health. Among the various factors that influence parental health, parental negligence is one of the major issues that need scholarly attention. This study aims to address parental negligence as a factor that majorly influences mental health among the adolescents in Mathare sub-county.

Globally, mental health covers a wide range of emotional, cognitive, and behavioral aspects that influence how individuals perceive experience, and interact with the world around them. As UNICEF (2021) notes, parental negligence is one of the most significant impacts of mental health leading to various conditions such as depression, drug addiction, and bipolar. The connection between parental negligence and mental health calls for the very critical role of familial relationships in shaping an individual's psychological well-being. Mental health is about how people feel, think, and behave. Mental health problems arise due to acute or long-term physical, emotional, or psychological strains. Parents have a duty of care to their children and an obligation to provide a home and to ensure psychological safety. Parents therefore need to routinely understand the mental and emotional state of the youth, as they need to be better equipped to make timely decisions to assist the youth cope with existing conditions (Guthold, 2019).

Mental health problems are a significant burden for teenagers, with the World Health Organization (WHO) reporting that in 2016, they comprised 16% of the overall disease and injury burden for this age group. Depression emerged as a primary cause of illness and disability, while suicide ranked as the second leading cause of death among adolescents, followed by self-harm. Additionally, anxiety disorders, bipolar disorder, post-traumatic stress disorder (PTSD), schizophrenia, eating disorders, disruptive behavior and dissocial disorders, and neurodevelopmental disorders are among the prevalent mental health issues. Presently, WHO notes that one in seven individuals aged 10-19 experiences a mental disorder, representing 13% of the global disease burden within this demographic. (World Health Organization, 2021).

According to Juengsiragulwit (2015), various factors can impact the mental health of adolescents. The more they are exposed to these risk factors, the greater the potential impact on their mental health. Media influence and the gender norms can worsen the gap between the adolescents lived reality and their admirations for the future. Other important factors include the quality of home backgrounds and their relationships with their peers. Violence especially sexual violence and bullying, maltreatment by the parents, harsh parenting styles and severe socioeconomic problems are recognized as some of the risks of mental health (UNICEF, 2021).

Hwang (2016) identifies that various adolescents face greater risks due to factors such as stigma, living conditions, discrimination, lack of access to quality support and services, chronic illnesses autism spectrum disorder, intellectual disability pregnancy early and forced marriages orphanhood and belonging to a minority in the ethnic or social orientation groups. These give rise to adolescents living in humanitarian and fragile environments, adolescents coping with chronic illnesses autism spectrum disorder or other neurological conditions, pregnant adolescents' young parents or individuals in early coerced marriages orphaned adolescents, and adolescents from minority ethnic and social backgrounds or other marginalized communities.

According to UNICEF, half of all mental illnesses that develop throughout a lifetime begin in adolescence (UNICEF, 2021). A significant step in lowering the global burden of diseases attributable to mental health disorders and preventing avoidable deaths is the recent inclusion of teenagers on the global health agenda as a target population for intervention (Patton, 2016). However, there are several obstacles in the way of initiatives to address

adolescent mental health because mental health was previously neglected as a public health concern.

There are insufficient child and adolescent mental health service policies, and resources, and a shortage of adolescent psychiatrists and other mental health specialists in low- and middle-income countries, which makes it difficult to improve adolescent mental health services (Juengsiragulwit, 2015). Additionally, research from developed nations indicates that even in the presence of policies about mental health services for adolescents, there is a deficiency in the use of these services by teenagers because of a variety of structural, stigma-related, and attitudinal barriers (Campo et al., 2015).

However, adolescence is a critical phase for cultivating social and emotional behaviors crucial for mental health. These behaviors encompass establishing healthy sleep routines, engaging in regular physical activity, honing coping mechanisms, problem-solving abilities, and interpersonal skills, as well as mastering emotional regulation. Creating nurturing and supportive environments within the family, at school, and within the broader community is paramount in fostering mental well-being (World Health Organization, 2021). Numerous factors affect mental health. Adolescents have the greater potential to face the impacts on their mental well-being when exposed to more risk factors. There are stressors during adolescence that may stem from adversity feeling pressured to conform to peer expectations and navigating identity exploration. The influence of media and adherence to gender norms can expand the gap between an adolescent's actual experiences and their visions of the future. Additional factors include the quality of their background homes and peer relationships. Risk of mental

health include being exposed to violence including sexual and bullying behaviors as well as severe socioeconomic challenges. (Guthold, 2019).

Parenting is key to adolescents' mental health. The role of a parent is very important, and it significantly affects emotional and behavioral development of adolescents. Adolescence marks a very crucial stage of development on human life. So many literatures have emphasized the importance of parental guidance and involvement on adolescents. Lack of parental role in Korean society has been identified and has been observed keenly here the need for a well-organized adolescents' welfare policies. Lack of parental care can lead to various forms of neglect including physical and emotional neglect (Hwang, 2019).

Neglect refers to the failure of a parent or caregiver responsible for a child to provide essential necessities such as clothing, shelter, food, medical attention, or supervision, to an extent where the child's safety, health, and well-being are compromised (Children's Bureau, 2019). Welch and Bonner (2013) further delineate parental neglect into three categories: care neglect, supervisory environment neglect, and medical neglect. Care neglect entails denying the victim basic needs like food, clothing, shelter, or abandoning them without necessary resources. Supervisory environmental neglect occurs when a caregiver fails to properly oversee the child. Medical neglect involves instances where adolescents are deprived of necessary healthcare or access to medical treatment. (Welch & Bonner, 2013).

Tarafa, Mamaru, and Tesfaye (2021) investigated the psychological discomfort of teenagers and its correlation with psychological abuse and neglect by parents. The research produced a variety of results and conclusions regarding the relationship between teenage mental health and parental carelessness. The results of the study showed that among teenagers

living in Nairobi County's Mukuru slum, parental negligence has a major impact on drug abuse, overt misbehavior, and other types of delinquent behavior.

Mental health among children is a critical aspect of their overall well-being influencing their cognitive, emotional, and social development. In Kenya, the impact of parental negligence on adolescents' mental health has become a growing concern, particularly in the Mathare sub-county. Parental negligence encompasses a range of behaviors and practices that may hinder the fulfillment of the emotional and psychological needs of adolescents potentially leading to adverse mental health outcomes.

Parental neglect is mostly seen in families where both parents work or are in impoverished households yet it is typically viewed as less severe compared to other forms of abuse (Skinner & Kennedy 2023). Chung (2014) mentioned that the media tends to overlook the parental neglect of adolescents, being perceived as less sensational than physical or sexual abuse. Both media and academia seem to show less concern on this matter. As the number of adolescents neglected after school rises rapidly there is also a pressing need for research to identify the connections between parental neglect and adolescents' mental health.

Negligent parenting represents the departure from traditional authoritative or authoritarian parenting approaches where parents exhibit low levels of warmth control and even involvement in their children. Instead, parents may be emotionally distant, disengaged, and preoccupied with their own concerns neglecting the great role of guidance and support in fostering positive behavior and self-discipline among children. Mutunga et al. (2023) examined the influence of negligent parenting on the management of student discipline in public and secondary schools in Meru County Kenya. By highlighting the impact of the

negligence of parents on the children's behavior the research emphasizes the need for targeted interventions and strategies to promote parental involvement supervision and responsiveness to effectively manage the adolescents' discipline.

A study conducted by Khasakhala et al. (2012) explains the prevalence of depressive symptoms among the adolescent children in Nairobi public schools and its association with perceived maladaptive parental behavior. This research not only looked at the widespread depressive symptoms but also highlighted the role of parental behavior in shaping adolescent mental health problems. From this study a prevalent rate of clinically significant depressive symptoms among adolescents with a higher occurrence exhibited in boys than girls. The study also identified the association between depressive symptoms and perceived maladaptive parental behaviors' including rejecting maternal parenting, lack of emotional attachment from both parents, and underproductive paternal behavior.

In the context of the current study of the association between parental negligence and adolescent mental health in Mathare sub-county, Khasakhala et al. (2012) provide valuable insights. By highlighting the detrimental impact perceived from parental negligence on adolescents' mental health, this research emphasizes the importance of examining the role of parental negligence and other forms of parental disengagement in shaping mental health outcomes among adolescents in marginalized communities such as the Mathare sub-county.

1.3 Problem Statement

Despite being in a crucial phase in human development, adolescents in Kenya, particularly in the Mathare sub-county are struggling with mental health issues. There is marked concern in the rise of mental health problems among children. One significant factor

contributing to these challenges is the prevalence of parental negligence. Parental negligence encompassing inadequate emotional support supervision and communication may hinder adolescents' mental health development leading to a myriad of adverse outcomes. Arat et.al (2016) recognizes the importance of parental involvement in the shaping of adolescent mental health there remains a substantial gap in understanding the specific dimensions and implications of parental negligence in the Kenyan context and particularly within the unique socio-economic and cultural landscape of the Mathare sub-county.

Studies from previous authors have demonstrated how various types of parental neglect influence mental health among adolescents (Kruger, 2015). Studies such as Campo et al. (2015), which examined policies for adolescent neglect in developed countries, highlight a concerning trend: despite the presence of mental health services and policies, adolescents often fail to utilize these services due to a myriad of attitudinal, stigma-related, and structural barriers. Similarly, research by Jenkins and Ongeri (2015) delved into the prevalence of common mental disorders in Nyanza province, Kenya, in 2013, along with their associated risk factors. Their findings underscored the persistent public health burden posed by common mental disorders in Kenya. Moreover, they emphasized the importance of further investigating the association between forms of parental negligence and metal health among adolescents integrating relevant insights into health worker training programs.

In the quest for a thorough comprehension of the complex dynamics including student well-being in educational environments, this study intends to close the important knowledge gaps regarding parental neglect and its significant influence on adolescents' mental health. While creating a supportive atmosphere for adolescents' academic development is important,

there is still a lack of research describing the particular forms of neglect that adolescents' experience, which makes it difficult to develop interventions that are specifically aimed at these challenges.

At the same time, how adolescents experience mental health issues is still not fully investigated, which calls for a thorough analysis of the symptoms that are connected to these issues. Additionally, there is still much to learn about the complex relationship that exists between teenage mental health and parental neglect in the student body. This research provides insightful analysis that not only advances scholarly conversation but also equips educators, parents, and legislators with research-proven tactics to improve adolescents' general well-being and create a supportive learning environment.

1.4 Purpose of the Study

The overarching purpose of this research was to comprehensively investigate the multi-faced intersection of mental problems and parental neglect among adolescents, ages between 12 to 19 years old.

1.5 Objectives of the Study

This research sought to achieve the general objective of investigating the association between parental negligence and adolescents' mental health among children in Mathare sub-county, Nairobi County, Kenya.

1.5.1 The Specific Objectives of the Study

The specific study objectives were:

i. To establish the prevalence of mental health problems among adolescents who have experienced parental neglect in Mathare, Nairobi County, Kenya.

ii. To investigate instances of parental neglect among adolescents in Mathare sub-county, Nairobi County, Kenya.

iii. To assess the association between parental neglect and adolescents' mental health among the in Mathare sub-county, Nairobi County, Kenya.

1.6 Research Questions

i. What is the prevalence of mental health problems among adolescents who have experienced parental neglect in Mathare, Nairobi County, Kenya?

ii. What are the different instances of parental neglect experienced by adolescents in Mathare sub-county, Nairobi County, Kenya?

iii. Is there any association between parental neglect and adolescents' mental health among the adolescents in Mathare sub-county, Nairobi County, Kenya?

1.7 Hypothesis

H_{O3}: There is no statistically significant association between parental neglect and adolescents' mental health among the adolescents in Mathare Sub-County, Nairobi County, Kenya

1.8 Significance of the Study

The study on the association between parental negligence and adolescents' mental health in Kenya focuses on primary and secondary school children in the Mathare sub-county and holds significant importance in addressing the pressing issue affecting the younger generation. One of the significances of this research was in outlining the potential contributions to the academic knowledge gap and societal well-being. This research seeks to fill the existing gaps in literature by providing a detailed understanding of the specific forms of neglect

experienced by adolescents. By identifying the types of neglect experienced by adolescents in the Mathare sub-county, the study aims to inform targeted interventions and policies aimed at addressing these challenges effectively.

Understanding the relationship between parental negligence and adolescents' mental health is crucial for academic advancement in the fields of psychology, education, and social sciences. The findings of this study contributed to valuable insights enriching the comprehension of the intricate dynamics that shape the mental well-being of adolescents in the Kenyan context. Moreover, this research is a cornerstone for future studies establishing a foundation for further research of the nuanced aspects of parental negligence and its implications for mental health. Scholars, educators, and researchers stand to benefit from the empirical evidence generated allowing the refinement and expansion of the existing theories related to parenting and its impact on the mental health of adolescents.

The findings of this study are poised to have profound implications for policy developments and implementations in Kenya. By uncovering the association between parental negligence and adolescents' mental health policymakers can tailor interventions aimed at mitigating the negative consequences for the well-being of young individuals. This might involve implementing education programs for mental health awareness campaigns and support services specifically designed to address the needs of parents and families in the Mathare sub-county.

The significance of this study extends to adolescents by providing insights into their mental health needs and experience of parental neglect thereby facilitating the targeted interventions and support mechanisms to promote their well-being and academic success. By

improving parental child dynamics and family cohesion this research aims to provide parents with insightful advice on the significance of parental participation and responsiveness in promoting strong families and preventing mental health problems among adolescents. The study is important to the community at large since it addresses public health issues and helps to build a more inclusive community where adolescents' mental health is valued, which enhances productivity and societal well-being.

1.9 Scope of the Study

The study was carried out among adolescents in the Mathare sub-county. Mathare being one of the informal settlements in Nairobi, represents a unique socio-economic and cultural context that warrants concentrated examination of the identified variables. By concentrating this research within the geographic boundary this research aims to provide insights that are contextually relevant and applicable to the challenges faced by the adolescents in the Mathare sub-county.

This research was directed towards primary and secondary school children encompassing a range of adolescents. By focusing on this specific age group, the study aimed to bring to an understanding the nuances of parental negligence and its impact on mental health during the critical development stages in adolescents.

Participants of the study were selected based on the predetermined inclusion criteria which include adolescent children aged between 12 -19 year-olds, enrolment in selected schools, education, and residence within Mathare sub-county. Exclusion criteria involved individuals outside the specified age group and those attending specific educational institutions or outside the specific geographic boundaries.

1.10 Delimitations of the Study

Delimitation of the study is the boundaries set by the researcher concerning the subject of interest. It is the declaration of what the study does not intend to cover. This study is deliberately confined within the Mathare sub-county, Nairobi, recognizing its unique socio-economic cultural setting. The findings from this study may not universally apply to other geographic areas with distinct contextual intricacies.

The primary focus on the specific age group is from formal education within selected schools in the Mathare sub-county. The study acknowledges that the experiences of non-enrolled adolescents or those beyond the specific range are beyond the immediate purview of this study. The cultural lens is finely attuned to the specificities of the Mathare sub-county. However, it acknowledges the challenges of generalizing findings to other regions and communities within diverse cultural landscapes.

The reliance on self-reported data introduces subjectivity that is acknowledged within the study. Participants may introduce bias, and the study does not claim to eliminate the potential influence of such subjectivities on the collected information. The study also recognizes the dynamic nature of mental health acknowledging its multi-faced interplay with various internal and external factors. while offering valuable insights the study doesn't assert a comprehensive understanding of the intricate and evolving nature of mental health over time.

1.11 Limitations of the Study

While this study aims to contribute to the existing literature, it is important to acknowledge the inherent limitations that may impact the scope and generalizability of this study. The acknowledgment of the presence of potential confounding factors that could affect

the association between teenage mental health and parental negligence has been seen. Socioeconomic position, educational attainment, and community support networks are a few examples that may create serious complications if not carefully considered. The survey unintentionally leaves out adolescents who are not enrolled in school by concentrating on those who are. This leaves out a portion of the adolescent population that can face particular difficulties because of mental health problems and absentee parents.

Though deliberate for pragmatic reasons, the study's chosen time range might not adequately convey the dynamic relationship between parental carelessness and mental health. The chronological depth of the study may be limited by changes that are not fully captured across longer periods.

1.12 Assumptions of the Study

The research design was predicated on a few assumptions, which were validated as the research progressed. The study specifically assumed that, within the varied socio-economic and cultural setting of the Mathare sub-county, the effects of parental negligence on adolescent mental health were to be rather evident. In this context, research suggests that there are commonalities in the ways parental neglect appears and impacts the mental health outcomes of teenagers.

The study assumed that teenagers' experiences are significantly affected by their environment which is represented by the primary and secondary school environments. The study's conclusions are assumed to be somewhat generalizable to other informal settlements with comparable socio-economic problems. The underlying premise of this assumption is that

given comparable circumstances certain patterns of parental neglect and mental health may cross geographical boundaries.

1.13 Theoretical Framework

The study was founded on theories that form a thought on the correlation between parental negligence and adolescent mental health. The research was therefore established on attachment theory, the ecological systems theory, and the stress process model.

1.13.1 Attachment Theory

Attachment theory, originally formulated by John Bowlby (1982), proposes that the nature of early connections with caregivers shapes an individual's social and emotional growth in the future. Neglect experienced during adolescence may be traced back to insecure attachment patterns established in childhood, thereby complicating the ability to forge positive relationships and seek assistance. This theory offers a comprehensive model for comprehending how early interactions with caregivers can have enduring effects on individuals, even during their adolescent years. (Salokangas, 2021).

The Attachment Theory is crucial in explaining the association between parental neglect and adolescents' mental health. The insecure attachment patterns explain that during infancy and early childhood, caregivers play a crucial role in providing safety, comfort, and emotional support. When caregivers are neglectful or inconsistent in meeting the child's needs, it can lead to the development of insecure attachment patterns. Insecurely attached individuals may struggle to trust others, regulate emotions, and seek support during distress. These insecure attachment patterns established in childhood can persist into adolescence and

contribute to difficulties in forming healthy relationships and seeking support from others (Gale, 2021).

Emotional regulation's role in securing attachment bonds is important for healthy emotional development. When caregivers are emotionally present and responsive to a child's needs, it enables the child to learn effective emotional regulation and stress-coping mechanisms. Conversely, parental neglect can impede the cultivation of these crucial skills. Adolescents who endure neglect may encounter challenges in emotion management, resulting in difficulties coping with stressors and regulating their moods. Consequently, this heightened vulnerability may predispose them to various mental health concerns, including depression, anxiety, and mood disorders.

Additionally, difficulty in seeking support implies that insecure attachment patterns resulting from parental neglect can also impact adolescents' ability to seek support from others. Adolescents who have not experienced consistent support and responsiveness from caregivers may be hesitant to reach out for help when they are struggling. They may fear rejection or abandonment or lack confidence in the availability of support from others. This can lead to social isolation and loneliness, exacerbating feelings of distress and contributing to poor mental health outcomes (Gardner, Zimmer-Gembeck, & Campbell 2020).

Attachment theory offers valuable insights into the relationship between parental neglect and adolescents' mental health in Kenya. In this context of the Mathare sub-county parental negligence stands out as a lack of parental involvement supervision and responsiveness which undermines the development of secure attachment bonds between parents and adolescents. As a result, adolescents may experience challenges in regulating their

emotions coping with stress and forming supportive relationships with peer and authority figures. This may contribute to the emergence of mental health problems such as anxiety and behavioral problems among the adolescents in the Mathare sub-county.

Adolescents' mental health problems in Mathare sub-county can be enhanced by addressing the attachment problems and improving mental health among adolescents in the Mathare sub-county through the attachment theory. Enhancing parental sensitivity establishing safe attachment bonds and promoting constructive coping strategies are some of the areas where interventions might be directed. It might however ignore the impact of environmental and socio-economic factors on attachment and mental health problems. The experiences of adolescents in the Mathare sub-county where they deal with a variety of challenges like violence poverty and scarce resources may not be adequately captured by attachment theory.

A more thorough framework for comprehending adolescent development among numerous interacting systems such as family in general, school community, and society is provided by Urie Bronfenbrenner's ecological systems theories. In highlighting the interdependent effects that people have on their surroundings, it emphasizes the part that socioeconomic variables cultural norms, and institutional structures play in shaping adolescent outcomes. Integrating insights from these theories' future research and interventions can provide a more nuanced understanding of parental negligence and adolescent mental health in the Mathare sub-county considering individual familial and environmental factors.

1.13.2 The Ecological Systems Theory

The Ecological Systems Theory, developed by Urie Bronfenbrenner (1979) proposes that individuals develop within multiple interconnected systems of influence. Bronfenbrenner

identified five components explaining the theory. The first is the microsystem, which is the immediate environment. The mesosystem meaning the interactions between microsystems, and the ecosystems, such as external settings that indirectly influence development. The macrosystem, which implies cultural values and norms, and finally, the chronosystem which changes over time (Fulantelli, Taibi, & Scifo, 2021) According to Bronfenbrenner the microsystem includes the immediate environment of the adolescents, such as their family dynamics and relationships. Financial neglect, emotional neglect, and physical neglect all occur within this microsystem and thus directly impact the well-being of the adolescents.

Mesosystems on the other hand are interactions between various microsystems that can exacerbate or mitigate the effects of neglect. Exosystemic consists of external factors, such as societal norms and economic conditions that influence adolescent neglect. The global increase in unemployment rates and financial strain due to the pandemic, as highlighted in the study, represents an exosystemic factor that contributes to parental financial difficulties and subsequent neglect of adolescents.

Another component of this theory is the macrosystem. This can be described as cultural attitudes and values regarding parenting, poverty, and mental health that shape patterns of neglect within the adolescent. Understanding societal beliefs and norms surrounding financial responsibility and emotional support is crucial for addressing adolescent neglect on a broader scale (Barcelata, 2021).

Applying the Ecological Systems Theory to this study provides a comprehensive framework for understanding the multi-faced factors contributing to adolescent neglect within the specific context of the Mathare sub-county. Ecological systems theory acknowledges the

dynamic nature of adolescents and emphasizes the importance of considering the broader socio-economic and environmental influences on adolescent development. A critique of this theory lies in its potential oversimplification of the interactions between different systems and the lack of emphasis on the power of dynamics and inequalities within these systems. Additionally, while the theory acknowledges the importance of considering temporal changes such as economic recessions or public health crises it may not fully capture the nuanced ways in which these changes can impact adolescent neglect particularly within marginalized communities such as the Mathare sub-county. To address these gaps a more detailed approach that integrates critical perspectives and acknowledges the intersectionality of factors influencing adolescent neglect may be necessary.

1.13.3 The Stress Process Model

The Stress Process Model, developed by Pearlin and colleagues (1981), suggests that stressors, such as environmental demands or life events, can lead to negative outcomes for individuals' mental health. This model considers the interplay between stressors, individual resources, and coping mechanisms in determining the impact of stress on mental well-being. In the context of adolescent mental health difficulties highlighted in the study, the Stress Process Model can help elucidate how various stressors, including academic pressures, social expectations, and changes in daily routines, contribute to mental health challenges among teenagers (Campos, 2022).

The model identifies several stressors faced by adolescents, including academic pressures, social expectations, and the need to excel in extracurricular activities. These stressors can overwhelm adolescents and contribute to symptoms of depression, anxiety, or

other mental health difficulties. Individual resources refer to personal attributes or coping mechanisms that individuals possess to mitigate the impact of stressors. Adolescents may have varying levels of resilience, social support, and coping skills that influence how they respond to stress. For instance, adolescents with strong social support networks may be better equipped to navigate academic pressures and interpersonal challenges.

Applying this theory to this study offers a valuable framework for understanding how stressors' individual resources and coping mechanisms interact with the influence of mental health outcomes among the adolescents in the Mathare sub-county. The study highlights various coping outcomes among the adolescents in response to parental negligence including withdrawal from societal activities changes in sleep patterns and engagement in risky behaviors like drug or substance abuse and use of self-harm. However, while these coping strategies may provide temporary relief they can also exacerbate mental health difficulties in the long run. By analyzing the complex relationship between the stressor's resources and coping mechanisms the stressors process model can inform interventions aimed at bolstering adolescents coping skills enhance social support networks addressing underlying stressors promote positive mental health problems within the specific context of the Mathare sub-county.

1.14 Conceptual Framework

This section highlights the association between parental negligence (independent variable) and its effect on adolescent mental health (dependent variable).

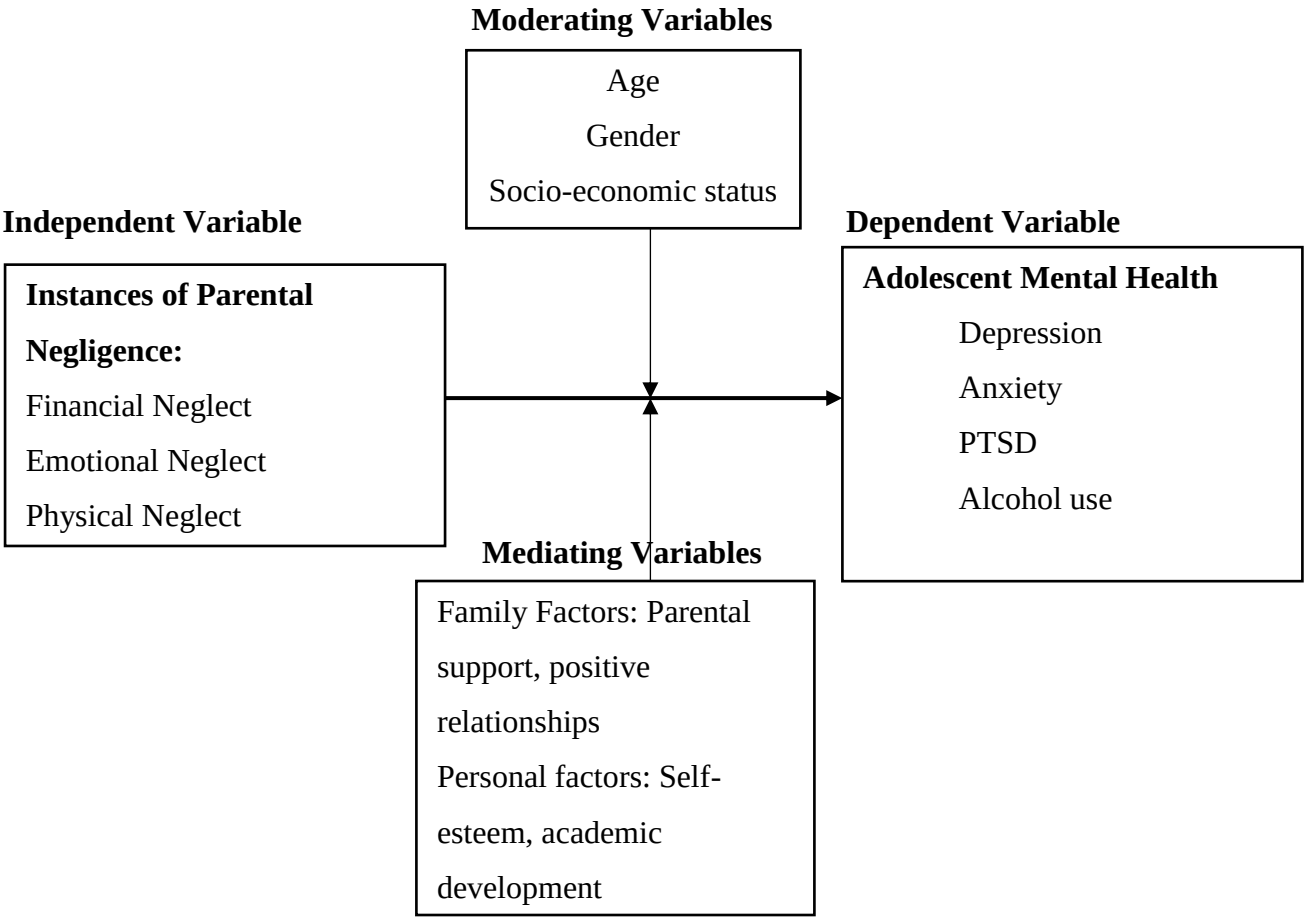


Figure 1. 1 Conceptual Framework

In the conceptual framework of this study, the researcher aimed to explore the multifaceted relationship between parental negligence and adolescent mental health, considering various moderating and mediating factors. Parental negligence, which includes financial, emotional, and physical neglect, serves as the independent variable, influencing adolescent mental health outcomes. These outcomes, including depression, anxiety, PTSD, and alcohol use, represent the dependent variable, reflecting the diverse psychological and behavioral consequences of parental neglect.

Moderating variables such as age, gender, and socio-economic status are pivotal in shaping this relationship. Age may influence coping mechanisms and resilience levels, while gender and socioeconomic status can intersect with societal norms and access to support services, altering the impact of parental neglect on mental health outcomes. Understanding these moderating factors allows for a nuanced examination of how individual characteristics interact with parental negligence to influence adolescent mental health.

Moreover, mediating factors, including family dynamics (such as parental support and positive relationships) and personal factors (such as self-esteem and academic development), play crucial roles in mediating the relationship between parental negligence and adolescent mental health. Positive family dynamics and strong support systems may buffer the adverse effects of neglect, whereas low self-esteem and academic struggles may exacerbate vulnerability to mental health problems.

By integrating these variables into our conceptual framework, we aim to provide a comprehensive understanding of the complex interplay between parental neglect and adolescent mental health. This holistic approach facilitates a nuanced exploration of the mechanisms underlying the association between parental negligence and adolescent mental health, offering insights for targeted interventions and support strategies aimed at promoting the well-being of vulnerable youth populations in Mathare Sub County, Kenya.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter discusses the review of studies related to factors associated with parental negligence and adolescents' mental health in Kenya among children in primary and secondary schools in the Mathare sub-county. In this chapter literature was reviewed regarding the types of neglect among children, the types of mental health problems experienced by children, and the association between parental neglect and adolescent mental health problems among adolescent children, not just in Kenya but in different population across the globe.

2.2 Prevalence of Mental Health Problems Among the Adolescents

Merikangas et al. (2010) provided valuable insights into the prevalence of DSM-5 mental disorders among adolescents in the United States, highlighting anxiety disorders as the most prevalent. This underscored the global imperative to address adolescent mental health problems through preventive measures and early interventions, emphasizing factors like parental negligence that may contribute to their development.

Although adolescent mental health was a critical public health concern, research had predominantly focused on high-income countries, neglecting the unique challenges faced by adolescents in low- and middle-income nations. To address this gap, Jorns Presntati et al. (2021) conducted a systematic review aiming to synthesize findings from epidemiological studies published between 2008 and 2020. This review focused on the prevalence of mental health problems among adolescents in sub-Saharan Africa, utilizing a systematic search of multiple databases and following established review protocols. The combined evidence from

316 assessed studies, representing a total population of 97,616 adolescents across 16 sub-Saharan countries, shed light on the prevalence and patterns of depression, anxiety disorders, emotional and behavioral difficulties, post-traumatic stress, and suicidal behavior in the region. By synthesizing available evidence, this review informed targeted interventions and policies aimed at promoting adolescent well-being and mental health in sub-Saharan Africa.

Similarly, Ndetei et al. (2016) aimed to estimate the prevalence and correlates of mental disorders among upper primary school children in Kenya, focusing on grades five through seven. Using the adapted Youth Self Report instrument, data were collected from a large sample of school children from 23 randomly selected schools. The findings revealed a high prevalence of mental disorders among Kenyan school children, with somatic complaints being the most prevalent, followed by affective disorders and conduct disorders. The study identified several socio-demographic factors associated with an increased likelihood of mental health disorders, including male sex, peri-urban residence, parental marital status, maternal employment status, and academic performance. These findings underscored the significant burden of mental health problems among school children in Kenya and emphasized the importance of early detection and intervention to mitigate their adverse effects on psychological, social, and educational development.

The findings of this study provide a very significant context regarding the prevalence of mental disorders among children in this country's educational system Ndetei et al. (2016). Parental negligence which can manifest in various forms such as lack of supervision emotional neglect or inadequate support may contribute to the development of mental health among adolescents. Ndetei et al. (2016) drew attention to the prevalence and correlates of mental

health disorders among school children. One important factor that needs to be addressed urgently is parental negligence, which can increase the risk of mental health problems in adolescents. It is important to consider global and international literature on this topic, including prevalence rates in various regions such as America, Europe, Asia, African countries, Kenya, and Nairobi.

2.3 Forms of Mental Health Experienced by Children

According to Penn Medicine, to diagnose major depressive disorder, doctors typically search for symptoms such as a depressed mood or loss of interest in hobbies or recreational activities. However, in adolescents, these indicators may manifest as shifts in academic performance, a lack of enthusiasm toward socializing, or uncharacteristic irritability. While a drop in grades is often a clear sign of depression among children, there are other red flags to look out for. Changes in social behavior, such as withdrawing from school, friends, and previously enjoyed activities, could also serve as a warning sign (Penn Medicine, 2022).

Numerous studies have found that the COVID-19 pandemic has significantly impacted the mental health of young people. The National Institute of Mental Health (NIMH) discovered that anxiety and depression symptoms are common among children and teenagers during the pandemic (National Institute of Mental Health, 2020). The American Psychological Association (APA 2020) also conducted research and found that the pandemic has caused immense stress in teens, leading to disruption in their daily routines. The research showed that 80% of teenagers reported feelings of sadness, anxiety, or being overwhelmed due to the pandemic.

In the UK, a review of studies on young people's mental health revealed that social media use, academic pressure, and family problems were major contributors to mental health difficulties (Public Health England, 2018). Similarly, a study in Indian on Psychiatry found that academic pressure and the pressure to excel in extra-curricular activities were significant factors leading to mental health difficulties in Indian teenagers (Wit, 2017). A South African research study revealed that poverty, violence, and lack of access to mental health resources were major contributors to mental health problems in young people (Flisher et al., 2006).

A Canadian study also found that changes in daily routines, such as disruptions in sleep patterns, were linked to an increased risk of mental health difficulties in teenagers (McKinnon et al., 2019). These studies demonstrate that mental health problems in young people are a global problem and can stem from a variety of factors. Therefore, parents and caregivers must be aware of these factors and keep an eye out for signs of mental health difficulties in their teenagers. Nonetheless, if one regularly observes one or more of these indicators they necessitate the need for discussion about the mental health of their adolescent (Chung, 2019).

2.4 Forms of Neglect Among Children

Adolescents are a unique and critical segment of our society. They are in a transitional phase, moving from childhood to adulthood. Adolescents who are neglected or not given enough attention can suffer from adverse effects that may not only harm them but also impact generations to come. Therefore, it is crucial to examine the different ways in which adolescents may be neglected.

2.4.1 Financial Neglect Faced by Children

A common misconception exists that financial abuse only happens among adults, yet it can happen affect individuals in all age groups. Children who are homeless or living in poverty are at a higher risk of experiencing abuse and neglect, as they lack the necessary resources and support systems to protect themselves. This vulnerability can have a profound impact on their physical and emotional well-being and can lead to long-lasting effects that persist into adulthood. However, according to research (Team, 2021), parent financial neglect can be due to financial struggle, when a parent experiences unemployment or financial strain.

This can have a significant impact on the well-being of their adolescent children. In such circumstances, parents may struggle to provide for the essential needs of their children, such as adequate nutrition, proper healthcare, and educational resources. This can result in a lack of emotional, physical, and psychological support for adolescents, which can have long-term consequences on their development and prospects. Such situations can be particularly challenging for families living in poverty or facing other social and economic hardships.

The COVID-19 pandemic jeopardized family well-being at the population level internationally. Pandemic-related job/financial difficulties in parents have a spillover effect on their adolescents' well-being and problems of adolescent maltreatment. According to (WHO, 2022) there were numerous job losses which led to financial strain. Official data from the United Nations shows that the world unemployment rate increased by 1.1 % from 2019 (5.4 %) to 2020 (6.5 %), whereas 8.8 % of global working hours were lost due to the Covid-19 pandemic. This is 4 times the data documented in the global financial crisis in 2009 (UN, 2022).

2.4.2 Emotional Neglect Faced by Children

In a particular study, neglected girls disclosed having experienced physical assault, while neglected boys did not report similar encounters. When compared to their counterparts in the community who had not faced maltreatment, neglected adolescents showed a higher propensity for depression, especially among those under the age of 15. Surprisingly, they did not exhibit a heightened inclination towards expressing thoughts of suicide. Adolescents who had experienced emotional abuse and neglect displayed more internalized symptoms, such as withdrawal, anxiety, depression, anger, post-traumatic stress symptoms, or sexual concerns, in contrast to their peers who had not experienced maltreatment. Additionally, they were three times more likely to express thoughts of suicide compared to children at risk of other forms of abuse or neglect (Andrew, 2019).

2.4.3 Physical Neglect Faced by Children

The phenomenon of neglect, as defined by the Adverse Childhood Experiences (ACE) study, can arise under various circumstances. One of the most conspicuous circumstances is the lack of resources. When a parent faces financial constraints or other adverse conditions such as war or natural disaster, they may have no access to food, clothing, or shelter. Consequently, their teenagers may go without these necessities, which can inflict an emotional toll on them. Moreover, the stress of struggling to provide for their adolescents may impede parent-child bonding, leading to further complications.

In such situations, parents may also be more susceptible to connecting with a violent partner or a known or suspected sexual predator to provide for their teenagers. In other cases, parents may have the financial means to provide for their adolescents but still fail to do so. For

instance, a parent may use grocery money on drugs, or a parent with severe mental illness may struggle to leave the house to purchase food or prepare it for their child. These situations can result in the neglect of adolescents' basic needs, leading to adverse physical and psychological outcomes (Ann, 2022).

2.5 Association Between Parental Neglect and Adolescents' Mental Health

Research conducted by the Hindawi journals has found that children who have experienced different forms of parental neglect are at a significantly higher risk of developing depression compared to those who have not experienced neglect. Specifically, the research shows that such children are two times more likely to develop depression than those who have not experienced parental neglect. This highlights the importance of addressing parental neglect as a risk factor for depression in young people and underscores the need for effective interventions to support children and adolescents who may be at risk of neglect.

In severe instances, failure to thrive can have a long-lasting effect on the child's overall development by significantly impeding their cognitive growth and compromising their immune system due to insufficient calorie intake and lack of medication. This can result in other children missing out on important key developmental stages and being more susceptible to poor health even into adulthood potentially leading to depression (Black, 2008). Another reason would be that many neglected children show symptoms of attachment disorders leading them to develop insecure connections even with their immediate families. This disrupted attachment to their primary caregivers affects their future interactions with peers causing them to become emotionally and physically detached from others thereby diminishing their ability to form genuine relationships. Additionally, due to their past traumas neglected children

struggle to establish close bonds with others leading to a loss of control in their lives and increasing vulnerability (Black, 2008).

Neglectful parents and caregivers provide inadequate interaction and positive reinforcement for their children, leading to increased levels of shame known and shame proneness. This sense of shame may lead to an increased risk of depressive symptoms among neglected adolescents as they attempt to suppress this undesirable emotion. Consequently, suppressing shame may result in feelings of sadness, social withdrawal, and ultimately depression. Given that brain development extends beyond adolescence, experiences of neglect can have an enduring effect on the ongoing need for optimal conditions for the development of certain structures involved in attention and emotional regulation. This in turn contributes to the heightened prevalence of depression among victims of neglect (Dutta et.al, 2012).

The heightened prevalence of depression among individuals experiencing parental neglect could also stem from the fact that neglected children struggle to regulate their emotions and understand the emotional expressions of others. Additionally, they may have difficulty distinguishing between emotions further increasing their vulnerability to developing depression. Furthermore, the youths who experienced neglect in their early years may encounter stressful reminders that contribute to their current depressive state suppressing emotions and disrupting emotional regulation.

Christ, Kwak, and Lu (2017) conducted a study in the USA to explore how parental psychological neglect and peer isolation interplay in influencing depression development among vulnerable adolescents. Their research, based on a cohort of 2,776 adolescents in contact with child protective services, utilized data from the Nation Survey of Child and

Adolescent Well-being (NSCAW) spanning seven years across four waves. Using structural equation modeling with latent variables, they examined within-time associations through a two-stage least square path model to reveal reciprocal effects between depression and neglectful experiences.

The study found a significant increase in depression among adolescents facing emotional neglect from primary caregivers alongside concurrent isolation from peers, with a combined standardized effect ranging from 0.78 to 0.91. Notably, peer isolation exhibited a stronger impact on depression, attributed to deficiencies in emotional support from these crucial sources. The study identified reciprocal relationships between depression and peer isolation, as well as depression and psychological neglect, with the primary direction of influence stemming from neglectful experiences triggering depression onset.

In a separate study, Tirfeneh and Scrahbzu (2020) conducted a cross-sectional study aimed at investigating the prevalence of depression in correlation with parental neglect among adolescents attending government high schools in Aksum town, Tigray, Ethiopia. The study set to determine the prevalence of depression and its relationship with parental neglect within specific populations. Using the simple random sampling method, a facility-based cross-sectional study was conducted in Aksum town high schools, involving face-to-face interviews for data collection. Analysis was carried out using IBM Statistics Package for Social Sciences version 22, including bivariate and multivariate logistic regressions.

With a sample size of 624 participants and a response rate of 99.05%, the study revealed a depression prevalence of 36.2%. The results indicated a significant and strong association between adolescents and parental neglect (adjusted odds ratio of 95% CI 1.83, 3.72). The study

concluded that the prevalence of depression among this population is notably high compared to other groups and emphasized the substantial correlation between parental neglect and adolescent depression. The authors recommended increased attention from teachers to children showing signs of psychological distress, and suggested awareness campaigns by Aksum University Comprehensive Hospital to educate about the impact of parental neglect on adolescent mental health.

Along the same lines, Arat and Wong (2016) conducted a study examining the relationship between parental involvement and adolescent mental health across six Sub-Saharan African (SSA) countries. Notably, youth in SSA exhibit higher rates of mental health problems compared to other low- and middle-income countries. While existing literature underscores the crucial role of family support in preventing the onset of mental health problems during adolescence, limited attention has been directed toward understanding the link between parental involvement and mental well-being among SSA youth. The study utilized data from the Global School-based Health Surveys (GSHS), encompassing nearly 15,000 adolescents aged 11 to 17 in the selected SSA nations. Research findings highlighted a significant occurrence of poor parental involvement, suggesting potential areas for interventions aimed at enhancing the overall well-being of teenagers in the region.

The relationship between parental participation and mental health was examined using binomial regression analysis, which showed that direction and degree association differed among the six nations studied. These nuanced findings imply that contextual factors specific to each nation influence the dynamics of parental participation and its effect on the mental health of adolescents. The findings of this study suggest that more focused and culturally

appropriate mental health interventions are needed in SSA. The necessity for a comprehensive strategy, including cooperation between experts, decision-makers, and parents is highlighted by the variance in the intensity and direction of the association between parental participation and mental health between nations. Informing and directing future child and adolescent mental health care in the SSA region requires this kind of partnership. The study's conclusions add to the expanding corpus of research on mental health problems facing young people in the SSA, emphasizing the significance of taking context-specific factors into account when creating efficient therapies and support networks.

Maina (2022) delved into the critical study of parental neglect and its profound influence on delinquent behavior among adolescents residing in the Mukuru slums of Nairobi, Kenya. Adolescence is often perceived as a challenging transitional period, prompting heightened concerns among parents who may struggle to navigate effective strategies for raising their children during this very complicated stage. Recognizing the role that parents play in shaping their children, the research emphasizes the significance of parental care, and highlights the assentation by the children's society that inadequate parental care frequently underlies adolescents in risky and harmful behaviors that end up affecting the overall well-being of their mental health.

The study mainly focuses on assessing the consequences of parental negligence in various dimensions of delinquent behavior encompassing overt delinquency, convert delinquency, and drug abuse among adolescents in these slums. Drawing from the relevant literature, this study posits that neglect during upbringing can be a contributing factor to the involvement of criminal activities.

Employing purposive and snow-balling sampling techniques the study employed structures and focused on group discussions for data collection. Both qualitative and quantitative analyses were applied. The findings of the study reveal that there is a very significant association between parental neglect and overt delinquent behavior, covert delinquent behavior, and drug abuse among other behaviors. The study underscores the need for intervention to address parental neglect and advocates for increased parental presence in adolescents' lives. Parents should to monitor their children's behavior, adopting alternative methods of discipline, ensuring regular school attendance, and actively engaging in their children's lives. This approach can help to prevent the development of risky habits such as substance abuse.

2.6 Summary Literature Review and Research Gap

The literature review explores various types of parental care neglect including physical, emotional, and psychological neglect as well as inadequate parental support for the overall well-being of adolescents. Previous studies (Arat & Wong, 2016; Christ et al., 2017; Maina, 2022; Tirfeneh & Scrahbzu, 2020) may have examined how different types of neglect contribute to adolescents' vulnerability and potential mental problems. However, the specificity of the types of care neglect prevalent in the Mathare sub-county might be underrepresented or not addressed in the existing literature. The literature discussed the common symptoms of mental health problems such as depression, anxiety, and behavioral problems. However, there is a gap in understanding the unique challenges faced by the adolescents in the Mathare sub-county, considering socio-economic and environmental factors that might exacerbate mental health problems.

Existing literature has identified the gap between parental neglect and adolescents' mental health, emphasizing the impact of inadequate parental care. However, the specific context of the Mathare sub-county, including its socio-economic conditions and cultural nuances, may not be adequately addressed in the current research. The literature review lacks a localized and comprehensive exploration of care neglect types prevalent among adolescents in the Mathare sub-county, specific symptoms of mental health problems experienced by this demographic, and the nuanced association between parental neglect and adolescents' mental well-being in its particular context. Addressing these gaps would contribute to valuable insights for tailored interventions and support systems relevant to the unique challenges faced by adolescents in the Mathare sub-county.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The research strategy and methods employed to complete the study are discussed in this chapter. The study's methodology, target population, sample size, randomization processes, data collection instruments, the study's validity and reliability, pilot testing, and data management procedures that were used in the study are presented in this chapter. The legal and ethical considerations that were observed are also discussed.

3.2 Research Design

A research design serves as a blueprint for collecting information. Creswell and Creswell (2017) define it as a framework that outlines how data was gathered and allows for the implementation of study measurements. In this study, a mixed-method research approach was employed, integrating both quantitative and qualitative methods simultaneously. This mixed-method design aims to provide a comprehensive understanding of the research problem (Razali et al., 2019), offering in-depth insights, clarifying research outcomes, and addressing the research challenge.

For the quantitative aspect, the researcher utilized a cross-sectional survey design. This approach involves collecting data from individuals or groups at a specific point in time to describe existing conditions and identify standards for comparison, thereby examining the relationship between specific events. The cross-sectional survey design is favored for its efficiency and cost-effectiveness, with minimal ethical concerns unless confidentiality is breached (Aggarwal & Ranganathan, 2019). This design entailed gathering information on

variables of interest and parental neglect characteristics using quantitative data collection instruments.

On the qualitative front, the researcher adopted a participatory action research approach, which entails collaboration between the researcher and study participants to gain deeper insights into the research topic through firsthand experiences (Tomaszewski, Zarestky, & Gonzalez, 2020). In this qualitative design, in-depth interviews were conducted as a means for data collection. Structured interviews guided by relevant questions facilitated gathering detailed information on the study topic.

3.3 Target Population

Babbie (2020) defines population as the entire group of individuals or entities that researchers intend to generalize their findings to, defined by specific characteristics relevant to the study. The units for which the results of the survey are designed to generalize are known as target populations, and they might be either real or imagined groups of people, events, or objects. It is the backbone of every study, including all the parts and pieces the researcher plans to examine and the larger population from which the study's sample is drawn. The target population consisted of 20,000 children in selected schools in the Mathare sub-county (County Education Department, 2024). From this target population, a representative population sample was drawn by the researcher. According to the Krejcie and Morgan table, a population of 20,000 gives a sample size of 377 (Krejcie & Morgan, 1970).

Adolescence is a critical period of development characterized by significant physical, emotional, and psychological changes. During this stage, individuals are particularly sensitive to external influences, including parental behavior and family dynamics. Adolescents are more

susceptible to the impacts of parental negligence due to their ongoing development and the heightened need for parental support and guidance. This stage also involves the formation of personal identity and self-concept, which can be adversely affected by neglect.

Primary and secondary schools provide a structured environment where adolescents spend a significant portion of their time. This setting allows for the observation and analysis of their behavior and mental health in a consistent context. Schools offer a routine that can either mitigate or exacerbate the effects of parental negligence, and the environment includes peer interactions that are crucial for social development and can influence or reflect the impact of parental neglect.

3.4 Study Sample

A sample is a small group that is carefully selected from the whole population consisting of the case (units or elements) that were examined and selected from a defined research population (Berndt, 2020). In this study, different techniques were used to select different respondents.

3.4.1 Sampling Procedure

The researcher used stratified and simple random sampling techniques to obtain study samples. The researcher first used a stratified sampling technique to group the schools into three strata: full boarding, boarding/day, and day schools within the Mathare sub-county. To obtain the sample size of the schools under each stratum, the researcher calculated it based on the overall sub-county sample size percentage value. Simple random sampling was then used to select participants from the schools selected per stratum. Simple random sampling ensures that each school has an equal chance of being selected (Sanaullah et al., 2022). The main reason

for using simple random sampling over the others was because of the lack of bias associated with the technique, as well as its simplicity.

3.4.2 Study Sample Size

To determine the sample size, the researcher used Krejcie and Morgan table (Krejcie, & Morgan, 1970). In this regard, a target population of 20,000 respondents was equivalent to 377 adolescent children aged between 12yrs -19yrs. The sample comprised of 377 respondents, including 250 (12yrs-14yrs) adolescent children and 127 (15yrs – 19yrs) adolescent children. The sample size of 377 adolescents was selected to ensure robust statistical power and representativeness within the diverse socio-economic and demographic contexts of Mathare slums, allowing for comprehensive exploration of the prevalence and correlates of mental health problems and parental neglect among adolescents in the study area.

Table 3.1: Study Sample Distribution

Category	Population	Sample Size	Sample Size %	Technique
12yrs – 14yrs Adolescent children	13,244	250	66.3	Simple random sampling
15yrs – 19yrs Adolescent children	6,756	127	33.7	Simple random sampling
Total	20,000	377		

3.5 Data Collection

Both primary and secondary data were used with the quantitative data generated and analyzed using descriptive and inferential statistics.

3.5.1 Data Collection Instruments

Data was collected using two types of instruments: student questionnaires and parents structured interview guides. A questionnaire is a research instrument consisting of a set of

questions that aims to collect data or information from informants. One of the reasons for using questionnaires in this study over other instruments was that the researcher could gather a lot of data in less time. The questionnaire had different items to ensure that all the ontological perceptions were well captured in the study. The Likert Scale was used. Finally, the questionnaire contained both open-ended and closed-ended questions. Similarly, structured interviews are a common form of qualitative research in survey research, as outlined by Mohajan (2017). The goal of this method is to standardize the ordering and presentation of interview questions across candidates. The researcher also used two other standardized tests which include DASS for anxiety (Appendix D) and the Zung Self-Rating Depression Scale for depression (Appendix E).

3.5.2 Validity of Study Instruments

The researcher subjected the research instrument to face validity. Face validity is based on expert judgment (Mohajan, 2017). It is the extent to which a research instrument generates accurate results based on the conducted research. It measures how well the research findings align with the available data. The researcher thus consulted educational experts asking them to ascertain if data collection instruments are aligned to the research questions, their comments, feedback, and recommendations on the whole questionnaire format which were then used to make appropriate corrections and adjustments.

3.5.3 Instrument Pilot Testing of Research Instruments

A pilot study is a scaled-down version of a larger study that requires a thorough trial run of the research instrument (Fraser et al., 2018). Pilot testing is crucial since it allows the researcher to see if the research approach works. The researcher randomly selected primary

and secondary schools in the Kibra sub-county to be used in pilot testing because of the similarity in the population structure to the study area. However, pilot study participants were not considered in the final study sample.

3.5.4 Instrument Reliability

The term "reliability" is used to describe a metric that produces outcomes that are always the same. Accuracy, reliability, research validity, and reproducibility are all evaluated. In other words, it guarantees stable measurements over time and between different parts of the devices (Mohajan, 2017). The researcher used internal consistency reliability to assess the validity of the survey's quantitative findings. The alpha dependability coefficient is the gold standard for assessing this kind of trustworthiness. The most common reliability measure in this situation is Cronbach's Alpha. According to the definitions provided in the questionnaires, the Cronbach Alpha coefficient can be used to assess the dependability of the study items.

In other words, the Cronbach Alpha coefficient is suitable for testing the reliability of the study items, as defined in the questionnaires. Noteworthy, any test measure below 0.7 is said to be unreliable. Results ranging from 0.7 to 1.0 are acceptable and reliable. For this test, the values are between 0 and 1, with approaches to +1 stating that the internal consistency is high (Sürücü, & Maslakçi, 2020).

The reliability of qualitative data using an interview guide was determined in terms of data dependability credibility and member checking. However, during interviews, there were practical aspects that were taken to ensure the credibility of the data recorded. Being thorough, honest, and careful in carrying out the research process to yield highly accurate responses.

Table 3.2 Reliability Analysis

Variable	Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	No of Items
Parental negligence	.842	.851	9
Mental health 12yrs-15yrs adolescent children	.801	.803	3
Mental health 15yrs t19yrs adolescent children	.905	.906	9
Zung Self-Rating Depression Scale (SDS)	.917	.927	19
All items	.911	.9116	40

According to the analysis, it was noted that parental negligence (α=0.842), mental health age 12yrs -14yrs adolescent children (α=0.801), and mental health 15yrs -19yrs adolescent children (α=0.917) had good and excellent reliability. All the items also reported excellent reliability (α=0.911) since the alpha value was above 0.9. This indicated that the items were reliable.

3.5.5 Data Collection Procedure

Procedures for collecting and measuring relevant data allow researchers to test hypotheses, collect evidence to support those assumptions and assess the results of an experiment or study (Fraser et al., 2018). Research data-gathering processes are crucial because they establish the methodology and analytical approach utilized to make sense of the data obtained and generate explanations. The researcher in this study secured an introduction letter from Africa Nazarene University, an authorization letter from the National Council for Science and Technology Information (NACOSTI), and a permit from the sub-county Ministry of Education. Appointments were made with respondents from the sampled schools through the

school's head teachers, and the researcher visited the schools to administer questionnaires to the selected samples. Instructions on how to complete the surveys were given to the respondents. Any visiting parents in the sampled schools were approached for parent interviews. Furthermore, some parents were mobilized through the children who were participating in the research.

3.6 Data Analysis

Sutton and Austin (2015) describe data analysis as the processing of the collected data to answer the study questions. Data analysis helps bring structure, order, and meaning to the volume of information collected. The researcher checked, cleaned, and sorted the quantitative data from the filled questionnaires in line with the study questions before being loaded into a computer and analyzed using Statistical Package for the Social Sciences (SPSS) version 26.0. Frequency, means, percentages, and standard deviation were utilized to give data summaries. Finally, the relationship between the independent and dependent variables was explained through Pearson correlation, while the regression model was used to test the research hypothesis.

Qualitative data analysis is descriptive and thematic text or image analysis (Babbie et al., 2022, p.8). The researcher first organized the data by sorting and arranging the data into different types. The second step looked at the organized data in general, providing an opportunity to reflect on its overall meaning. The researcher then coded the data to put every bit of the data into the right categories. The coding process was then used to generate descriptions of the categories for analysis. The researcher then advanced the descriptions in

paragraphs or passages to convey the findings from the analysis. Finally, interpretations of the findings were made to respond to the study objectives.

3.7 Legal and Ethical Considerations

Finally, the entire research was guided by research ethics. Ethical considerations promote the aim of the study like knowledge, truth, and avoidance of error. Resnik (2020) asserts that ethical considerations promote values that are essential for any collaborative work. In this case, besides an introduction letter from the university, a NACOSTI permit, and authorization from the Mathare sub-county education department. The researcher and the research assistant ensured confidentiality, considered problems around conflict of interest, and did not coerce the respondents whatsoever to give information. Similarly, the researcher obtained informed consent from the parents and the guardians of the adolescents, and the participants were informed about the study and asked to give their assent before responding to the questionnaires. All external sources used in the writing were referenced so as not to falsify information as well as avoid plagiarism.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.1 Introduction

This chapter entails an analysis of the findings obtained from the data collected. It comprises of frequency statistics, descriptive, correlation, and regression models to address the research questions.

4.2 Response rate

The study involved 250 adolescent children aged 12 -14 years and 127 adolescent children aged 15-19 years. The expected sample size was 377 persons, informing a response rate of 100% as desired. This was quite helpful in addressing the existing research questions as desired.

4.3 Demographic Statistics

The following tables present various demographic statistics for the children and adolescents. This data gives an understanding into the characteristics of this age group, including age distribution, gender breakdown, and school grade.

4.3.1 Demographic Statistics for Primary Children

Table 4.1: Gender of the Primary School Learners

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	F	122	48.8	48.8	48.8
	M	128	51.2	51.2	100.0
	Total	250	100.0	100.0	

In terms of gender, the analysis indicated that 51.2% (n=128) were males and 48.8% (n=122) were females. This showed that male learners were higher than females as realized.

Table 4.2: Age Bracket of the Primary School Learners

Age Bracket

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	12-14yrs	226	90.4	90.4	90.4
	15-17yrs	24	9.6	9.6	100.0
	Total	250	100.0	100.0	

Most of the adolescents engaged in the study were aged 12-14 years at 90.4% (n=226) as opposed to 9.6% (n=24) who were 15-17 years.

Table 4.3: Grade of the 12yrs-14yrs Adolescents (Primary)

Grade

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	7	96	38.4	38.4	38.4
	8	154	61.6	61.6	100.0
	Total	250	100.0	100.0	

The majority of the learners engaged in the study were in Grade 8 at 61.6% (n=154) as opposed to 38.4% who were in Grade 7.

4.3.2 Demographic Statistics for 15yrs-17yrs Adolescents

Table 4.4: Gender of the 15yrs-17yrs Adolescents

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	F	72	56.7	56.7	56.7
	M	55	43.3	43.3	100.0
	Total	127	100.0	100.0	

Gender distribution indicated that females were dominant at 56.7% (n=72) as compared to males at 43.3% (n=55). This indicates a relatively good gender balance.

Table 4.5: Age Bracket of Adolescent Children

Age Bracket					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	12-14yrs	5	3.9	3.9	3.9
	15-17yrs	63	49.6	49.6	53.5
	18-19yrs	59	46.5	46.5	100.0
	Total	127	100.0	100.0	

Age distribution showed that the highest proportion were those aged 15-17yrs at 49.6% (n=63). This was followed by those aged 18-19yrs at 46.5% (n=59), with the least being those aged 12-14yrs at 3.9% (n=5). It implies that majority of the respondents were in the adolescent stage of development.

Table 4.6: Form of the Adolescent Children (Secondary)

Form					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	17	13.4	13.4	13.4
	2	22	17.3	17.3	30.7
	3	70	55.1	55.1	85.8
	4	18	14.2	14.2	100.0
	Total	127	100.0	100.0	

In terms of the classes, most of the respondents were from Form 3 at 55.1% (n=70). This was followed by those from Form 2 at 17.3% (n=22), and Form 4 at 14.2% (n=18) the least being in Form 1 at 13.4% (n=17). Therefore, most of the children had been in the secondary school for some time.

4.4 Mental Health Prevalence in Adolescents

The section examines the health prevalence of both primary school children and secondary school children across different secondary schools in Mathare sub-county. This is

to assess the degree of mental health challenges and reveal the level of prevalence, in order to ascertain the most dominant mental health problem.

4.4.1 Mental Health Prevalence for Secondary School Children

Table 4.7: Prevalence of Depression Prevalence

Depression

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	69	54.3	54.3	54.3
	Yes	58	45.7	45.7	100.0
	Total	127	100.0	100.0	

On depression, it was noted that 54.3% (n=69) did not suffer from depression as compared to 45.7% (n=58) that actually suffered from it. Most of the children were not experiencing depression. However, some of them at 45.7% (n=58) had signs of depression. This implies that more than half of the children were not depressed. Nonetheless, 45.7% (n=58) were depressed.

Table 4.8: Prevalence of Anxiety Prevalence

Anxiety

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	105	82.7	82.7	82.7
	Yes	22	17.3	17.3	100.0
	Total	127	100.0	100.0	

On anxiety levels it was revealed that 82.7% (n=105) had no anxiety problems as 17.3% (n=22) had anxiety problems reported.

Table 4.9: Prevalence of Stress Prevalence

Stress

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	21	16.5	16.5	16.5
	Yes	106	83.5	83.5	100.0
	Total	127	100.0	100.0	

On stress, it was noted that 83.5% (n=106) had stress problems as opposed to 16.5% (n=21) that did not have stress problems.

Table 4.10: Prevalence of Substance Abuse

Substance abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	106	83.5	83.5	83.5
	Yes	21	16.5	16.5	100.0
	Total	127	100.0	100.0	

On substance abuse, the findings indicated that 83.5% (n=106) had no substance abuse problems as opposed to 16.5% (n=21) that had substance abuse problems from the past.

Table 4.11: Prevalence of Eating Disorders

Eating disorders

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	90	70.9	70.9	70.9
	Yes	37	29.1	29.1	100.0
	Total	127	100.0	100.0	

On eating disorders, it was noted that 70.9% (n=90) had no eating disorders as compared to 29.1% (n=37) that stated that they had the disorder.

Table 4.12: Prevalence of Self-Harm or Suicidal Thoughts

Self-harm or suicidal thoughts

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	97	76.4	76.4	76.4
	Yes	30	23.6	23.6	100.0
	Total	127	100.0	100.0	

In regard to self-harm or suicidal thoughts, it was noted that 76.4% (n=97) said no to having self-harm or suicidal thoughts as 23.6% (n=30).

Table 4.13: Descriptive Statistics of Mental Health Problems

Descriptive Statistics

	N	Mean	Std. Deviation
5 a(Depression)	127	2.26	1.177
5b(Anxiety)	127	1.83	1.328
5c(Trauma)	127	1.91	1.315
5d(Stress)	127	3.20	.968
5e(Substance abuse)	127	1.70	1.164
5f(Eating disorders)	127	1.86	1.096
5g(Self-harm or suicidal thoughts)	127	1.87	1.234
Valid N (list-wise)	127		

On the descriptive statistics, it was noted that stress had the highest average (M=3.20, SD=0.97). This was followed by depression (M=2.26, SD=1.18), trauma (M=1.91, SD=1.32), self-harm or suicidal thoughts (M=1.87, SD=1.23), eating disorders (M=1.86, SD=1.11) and anxiety (M=1.83, SD=1.33) having lower prevalence of mental health problems reported.

Table 4.14: Whether The Children Sought Professional Help or Counseling

Have you ever sought professional help or counseling

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	48	37.8	37.8	37.8
	Planning to	20	15.7	15.7	53.5
	Yes	59	46.5	46.5	100.0
	Total	127	100.0	100.0	

On whether the children had sought professional help or counseling, the analysis indicated that 46.5% (n=59) sought help as 37.8% (n=48) did not seek help. However, 15.7% (n=20) were planning to seek help.

Table 4.15: Specific Incidents or Situations

Can you explain any specific incidents or situations

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		24	18.9	18.9	18.9
	Dead of father	4	3.1	3.1	22.0
	Death of mother	4	3.1	3.1	25.2
	Death of parents	5	3.9	3.9	29.1
	Family problems	4	3.1	3.1	32.3
	Floods	12	9.4	9.4	41.7
	Lack of hope	4	3.1	3.1	44.9
	Lack of sanitary towels	4	3.1	3.1	48.0
	Loneliness	4	3.1	3.1	51.2
	Neglected by parents	9	7.1	7.1	58.3
	None	27	21.3	21.3	79.5
	Parental drug abuse	4	3.1	3.1	82.7
	Separation of my parents	5	3.9	3.9	86.6
	Stress	17	13.4	13.4	100.0
	Total	127	100.0	100.0	

Stress was the most dominant cause at 13.4% (n=17) followed by floods at 9.4% (n=12). Neglect from parents came third at 7.1% (n=9) followed by separation of parents and

death of parents at 3.9% (n=5). Loneliness, lack of hope, loneliness and lack of sanitary towels each at 3.1% (n=4) showing some lower cases of mental health causes.

Table 4.16: Comfort Seeking Help

Do you feel comfortable seeking help

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	59	46.5	46.5	46.5
	Sometimes	30	23.6	23.6	70.1
	Yes	38	29.9	29.9	100.0
	Total	127	100.0	100.0	

On comfort seeking help, the children reported that 46.5% (n=59) they were not comfortable as 29.9% (n=38) were comfortable. It was also noted that 23.6% (n=30) sometimes felt comfortable seeking help.

Table 4.17: Barriers to Seeking Help

If no or sometimes main barrier

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		32	25.2	25.2	25.2
	Avoid to be chased from house	4	3.1	3.1	28.3
	Being ashamed	9	7.1	7.1	35.4
	Fear	14	11.0	11.0	46.5
	Lack of time	4	3.1	3.1	49.6
	Lack of trust	12	9.4	9.4	59.1
	None	4	3.1	3.1	62.2
	None	32	25.2	25.2	87.4
	Not ready to share with people	4	3.1	3.1	90.6
	Peer Pressure	8	6.3	6.3	96.9
	To get better performance	4	3.1	3.1	100.0
	Total	127	100.0	100.0	

The main notable barrier was fear at 11.0% (n=14) followed by lack of trust at 9.4% (n=12), peer pressure at 6.3% (n=8), not ready to share with people, lack of time and avoid to be chased from house each at 3.1% (n=4).

4.4.2 Mental Health Prevalence for Primary School Children

Table 4.18: Prevalence of Sadness Among Children

Feel sad					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	66	26.4	26.4	26.4
	Yes	184	73.6	73.6	100.0
	Total	250	100.0	100.0	

The analysis reported that 73.6% (n=184) felt sad as opposed to 26.4% (n=66) that did not have that feeling.

Table 4.19: Frequency of Sadness

a, if yes how often					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		25	10.0	10.0	10.0
	Rarely	32	12.8	12.8	22.8
	Sometimes	193	77.2	77.2	100.0
	Total	250	100.0	100.0	

The children reported that they felt sadness sometimes at 77.2% (n=193) as opposed to rarely that was 12.8% (n=32).

Table 4.20: Feeling Worried or Anxious

Have you ever felt worried or anxious					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	97	38.8	38.8	38.8
	Yes	153	61.2	61.2	100.0
	Total	250	100.0	100.0	

The analysis reported that 61.2% (n=153) of the children had felt worried or anxious as opposed to 38.8% (n=97) that had not.

Table 4.21: Causes of Feeling Worried or Anxious

	V8				
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		137	54.8	54.8	54.8
	Acting in a bad way	8	3.2	3.2	58.0
	Exams	16	6.4	6.4	64.4
	false accusation	8	3.2	3.2	67.6
	Family	8	3.2	3.2	70.8
	Floods	8	3.2	3.2	74.0
	Friends	8	3.2	3.2	77.2
	Not reading story books	8	3.2	3.2	80.4
	sickness of a brother	8	3.2	3.2	83.6
	To be alone	9	3.6	3.6	87.2
	When alone	8	3.2	3.2	90.4
	When faced with challenges	8	3.2	3.2	93.6
	When going to perform on stage	8	3.2	3.2	96.8
	When requested to do a tasks	8	3.2	3.2	100.0
	Total	250	100.0	100.0	

The analysis reported exams as the major cause at 6.4% (n=16). The other causes were floods, loneliness, other challenges, family and false accusations each at 3.2% (n=8).

Table 4.22: Feeling Like They Have Friends to Talk To

	Do you feel like you have friends to talk to? friends to talk to				
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	8	3.2	3.2	3.2
	Yes	242	96.8	96.8	100.0
	Total	250	100.0	100.0	

The respondents indicated that they had friends to talk to at 96.8% (n=242) as opposed to 3.2% (n=8) that indicated they did not have friends to talk to.

Table 4.23: Whether The Children Would Like to Have More Friends

a, If No, you would like to have more friends

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		225	90.0	90.0	90.0
	Yes	25	10.0	10.0	100.0
	Total	250	100.0	100.0	

The analysis reported that they actually would need more friends to talk to at 10.0% (n=25) as opposed to those who did not.

Table 4.24: Existence of Anything That Makes You Feel Scared or Nervous

Is there anything that makes you feel scared or nervous?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		8	3.2	3.2	3.2
	No	170	68.0	68.0	71.2
	Yes	72	28.8	28.8	100.0
	Total	250	100.0	100.0	

On the existence of anything that makes you feel scared or nervous, the analysis reported that 68.0% (n=170) had nothing that made them feel scared or nervous as 28.8% (n=72) had none.

4.5 Parental Negligence on Secondary School Children

This section discusses the nature of parental negligence witnessed on secondary school children in Mathare sub-county. It was geared at examining the different forms of parental

negligence and demonstrate the most dominant forms of neglect experienced by learners within Mathare sub-county.

Table 4.7: Feeling of Neglect from Parents or Care Givers

Do you feel neglected by parents or caregivers?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	77	60.6	60.6	60.6
	Sometimes	38	29.9	29.9	90.6
	Yes	12	9.4	9.4	100.0
	Total	127	100.0	100.0	

On the feeling of neglect from parents or caregivers, the findings noted that 60.6% (n=77) did not feel neglected, 9.4% (n=12) felt neglected by parents or caregivers and 29.9% (n=38) stated sometimes.

Table 4.8: Reasons Behind the Neglect

What are the main reason you feel neglected

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		15	11.8	11.8	11.8
	Bad company	4	3.1	3.1	15.0
	Discrimination	4	3.1	3.1	18.1
	Do not agree with my opinion	4	3.1	3.1	21.3
	Drug addiction	4	3.1	3.1	24.4
	Family problems	4	3.1	3.1	27.6
	Lack of attention	4	3.1	3.1	30.7
	Lack of basic needs	13	10.2	10.2	40.9
	No attention	4	3.1	3.1	44.1
	None	22	17.3	17.3	61.4
	None	36	28.3	28.3	89.8
	Not caring	4	3.1	3.1	92.9
	They say I am not good to them	5	3.9	3.9	96.9
	Uncaring	4	3.1	3.1	100.0
	Total	127	100.0	100.0	

The study noted lack of basic needs as the main reason at 10.2% (n=13) followed by the statement that the student is not good to them at 3.9% (n=5). Uncaring, lack of attention, family problems, drug addiction, discrimination, bad company and not agreeing with their opinion at 3.1% (n=4) also reported some causes.

Table 4.9: Feeling of Being Neglected

Have you ever felt neglected?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	60	47.2	47.2	47.2
	Sometimes	25	19.7	19.7	66.9
	Yes	42	33.1	33.1	100.0
	Total	127	100.0	100.0	

On feeling neglected, the analysis reported that 47.2% (n=60) had not felt neglected, 33.1% (n=42) had felt neglected, and 19.7% (n=25) sometimes felt neglected.

Table 4.10: Examples of Neglect Cases

If yes give an example

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		33	26.0	26.0	26.0
	At home	4	3.1	3.1	29.1
	at school feel no love	4	3.1	3.1	32.3
	Bad performance	4	3.1	3.1	35.4
	Bullying at school	8	6.3	6.3	41.7
	By teachers, parents, friends	8	6.3	6.3	48.0
	Corporal punishment	5	3.9	3.9	52.0
	Failed exams	4	3.1	3.1	55.1
	Failing exams	4	3.1	3.1	58.3
	friends and community	4	3.1	3.1	61.4
	High expectations from community	5	3.9	3.9	65.4
	Lack of support	4	3.1	3.1	68.5
	None	36	28.3	28.3	96.9
	When I do a mistake	4	3.1	3.1	100.0
	Total	127	100.0	100.0	

In the cases, the bullying at school and by teachers, parents, and friends was dominant at 6.3% (n=8) each. This was followed by high expectations from the community at 3.9% (n=5). the least cases were shown to lack support, whenever they made a mistake, at home, failing exams, with friends and community, and bad performance at 3.1% (n=4).

4.6 Association Between Parental Negligence and Mental Health

The objective was aimed at examining the existing association between forms of parental negligence and mental health experienced by children in Mathare sub-county. The segment adopts both correlation and regression analysis to understand the relationship between the two variables among the learners.

Table 4.11: Correlation Analysis of Parental Negligence and Mental Health

Correlations

		Parental negligence	5 a(Depression)	5b(Anxiety)	5c(Trauma)	5d(Stress)	5e(Substance abuse)	5f(Eating disorders)	5g(Self-harm or suicidal thoughts)
Parental negligence	Pearson Correlation	1	.130	-.204*	-.180	-.146	-.298**	-.231*	-.234*
	Sig. (2-tailed)		.210	.049	.083	.161	.004	.025	.023
	N	94	94	94	94	94	94	94	94
5 a(Depression)	Pearson Correlation	.130	1	.578**	.543**	.449**	.428**	.250**	.602**
	Sig. (2-tailed)	.210		<.001	<.001	<.001	<.001	.005	<.001
	N	94	127	127	127	127	127	127	127
5b(Anxiety)	Pearson Correlation	-.204*	.578**	1	.882**	.397**	.464**	.359**	.601**
	Sig. (2-tailed)	.049	<.001		<.001	<.001	<.001	<.001	<.001
	N	94	127	127	127	127	127	127	127
5c(Trauma)	Pearson Correlation	-.180	.543**	.882**	1	.568**	.346**	.278**	.404**
	Sig. (2-tailed)	.083	<.001	<.001		<.001	<.001	.002	<.001
	N	94	127	127	127	127	127	127	127
5d(Stress)	Pearson Correlation	-.146	.449**	.397**	.568**	1	.109	.513**	.127
	Sig. (2-tailed)	.161	<.001	<.001	<.001		.222	<.001	.154
	N	94	127	127	127	127	127	127	127
5e(Substance abuse)	Pearson Correlation	-.298**	.428**	.464**	.346**	.109	1	.122	.504**
	Sig. (2-tailed)	.004	<.001	<.001	<.001	.222		.172	<.001
	N	94	127	127	127	127	127	127	127
5f(Eating disorders)	Pearson Correlation	-.231*	.250**	.359**	.278**	.513**	.122	1	.192*
	Sig. (2-tailed)	.025	.005	<.001	.002	<.001	.172		.031
	N	94	127	127	127	127	127	127	127
5g(Self-harm or suicidal thoughts)	Pearson Correlation	-.234*	.602**	.601**	.404**	.127	.504**	.192*	1
	Sig. (2-tailed)	.023	<.001	<.001	<.001	.154	<.001	.031	
	N	94	127	127	127	127	127	127	127

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

**. Correlation is significant at the 0.01 level (2-tailed).

Parental negligence had a positive relationship with depression (r=0.130). Nonetheless, it had a negative relationship with anxiety (r=-0.204), trauma (r=-0.180), stress (r=-0.156), substance abuse (r=-0.298), eating disorders (r=-0.231), and Self-harm or suicidal thoughts (r=-0.234).

Table 4.12: Model Summary

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.231[a]	.054	.043	.77216

a. Predictors: (Constant), Parental negligence

The model revealed a lower predictive power on mental health (R-squared=0.054) at 5.4%. This showed that the model had a higher unexplained power on the model.

Table 4.13: Regression Model ANOVA

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.105	1	3.105	5.208	.025[b]
	Residual	54.853	92	.596		
	Total	57.959	93			

a. Dependent Variable: Mental health

b. Predictors: (Constant), Parental negligence

The model proved statistically adequate at a 5% level of significance (F (1,92) =5.08, p<.05), showing that it was desired for predicting mental health.

Table 4.14: Regression Model Coefficients

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	2.478	.202		12.243	<.001
	Parental negligence	-.054	.024	-.231	-2.282	.025

a. Dependent Variable: Mental health

The model for mental health is defined by the equation;

Mental health=2.478-0.054*Parental negligence

The model reported that parental negligence had a negative effect on mental health (β=-0.054). This showed that a rise in cases of parental negligence led to a decline in the mental health quality of the children. The parameter proved statistically significant at a 5% level of significance (t=-2.282, p<.05).

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The chapter reports discussions, conclusions, and recommendations associated with the specified study objectives. The chapter also indicates areas to be addressed in future studies, to better the study by future scholars.

5.2 Discussions

On the first objective regarding establishing the prevalence of mental health problems among adolescent children who have experienced parental neglect in Mathare, Nairobi County, Kenya, the study found that the children had a 26.4% prevalence of mental health problems in primary schools. It was revealed that sadness and feeling worried or anxious were some of the most dominant mental health problems realized by the schools targeted across the sampled primary schools in the region. Furthermore, on investigating the prevalence of mental health problems among children in Mathare sub-county, Nairobi County, Kenya, the study reported that depression and stress were more dominant with a prevalence rate higher than 50%.

Depression at 45.7%, anxiety at 17.3%, substance abuse at 16.5%, eating disorders at 29.1%, self-harm or suicidal thoughts at 23.6%, and stress at 83.5% were some of the notable mental health thresholds reported. The findings noted that increased cases of depression and stress levels led to a rise in mental health concerns over the period across the different secondary schools. Comparing these results with recent studies highlights the severity of the situation in Mathare. A study by Nyagah et al. (2020) reported that 30% of adolescents in Nairobi experienced significant stress, considerably lower than the 83.5% found in Mathare.

This disparity suggests that children in Mathare face unique or more intense stressors, possibly due to the socio-economic challenges prevalent in informal settlements. Similarly, the prevalence of depression at 45.7% in Mathare is higher than the 33% found in a study by Wambua et al. (2020) among adolescents in other urban areas of Kenya. The prevalence of anxiety (17.3%) in Mathare is consistent with findings from Ndetei et al. (2019), who reported that approximately 18% of Kenyan adolescents experienced anxiety disorders. However, the high levels of substance abuse (16.5%) and eating disorders (29.1%) in Mathare surpass the national averages reported by Mutiso et al. (2021), who found that substance abuse affected about 10% of adolescents and eating disorders about 20%.

The significant prevalence of self-harm or suicidal thoughts (23.6%) also highlights a severe issue. A study by Mwangi et al. (2021) indicated that around 20% of Kenyan adolescents had contemplated suicide, showing that the rates in the current study established at Mathare are slightly higher but within the range observed nationally. This points to the need for targeted mental health interventions in Mathare to address these critical problems. The findings underscore the necessity for comprehensive mental health programs tailored to the specific needs of adolescents in informal settlements. Initiatives should include school-based mental health services, community support systems, and policies aimed at improving socio-economic conditions.

Schools could implement counseling services and peer support groups to provide immediate assistance. Additionally, community outreach programs that educate parents and guardians about the importance of mental health and the impact of neglect could be beneficial. The high prevalence of mental health problems among children in Mathare sub-county

highlights a significant public health concern. By comparing these findings with recent studies, it is evident that targeted interventions are urgently needed to address the unique challenges faced by adolescents in this area. These interventions should focus on reducing stress, managing depression, and providing comprehensive support to improve the overall well-being of these children.

The second objective regarding instances of parental neglect among children in Mathare sub-county, Nairobi County, Kenya, showed that bullying at school and by teachers, parents, and friends, high expectations from the community, lack of support, whenever they make a mistake, at home, friends and community were some of the concerns raised from the study. Comparing these findings with existing studies reveals consistent patterns. A study by Mboya et al. (2020) in Nairobi found that bullying in schools significantly impacts children' mental health, leading to increased levels of anxiety, depression, and low self-esteem. The report emphasized that bullying from both peers and authority figures like teachers exacerbates these negative outcomes, aligning with the findings from Mathare sub-county.

Additionally, the issue of high expectations from the community and parents resonates with findings by Kimani and Kombo (2019), who noted that children in urban informal settlements often face immense pressure to perform academically, driven by the hope that education will lift them out of poverty. This pressure, when coupled with a lack of emotional and psychological support, can lead to severe mental health problems, including stress and depression. The lack of support at home when mistakes are made, as highlighted in this study at Mathare, aligns with research by Gikandi et al. (2021), which found that parental neglect,

characterized by emotional unavailability and harsh disciplinary practices, significantly contributes to negative behavioral outcomes in children.

This neglect undermines the development of healthy coping mechanisms, leading to increased vulnerability to mental health problems. Furthermore, the concern over academic failure and the subsequent negative reactions from friends and the community were also reported in a study by Mutua et al. (2022). Their research indicated that children in low-income areas who underperform academically often face social ostracization, further exacerbating feelings of inadequacy and stress.

On the third objective testing the association between parental neglect and adolescents' mental health among the children in Mathare sub-county, Nairobi County, Kenya, the study reported that there existed a negative association between the two variables. The regression model developed showed that parental neglect worsened mental health cases among the children. The findings were similar to Ann (2022) in which children suffering from mental health were also associated with the nature of physical neglect emanating from home. Arat, G., & Wong (2016) also revealed similar outcomes by relating the levels of mental health to parenting prejudice and neglect of the learners. The implications of these findings are profound. They highlight the necessity for interventions targeting parental behaviors and attitudes. Community-based programs aimed at educating parents about the importance of their involvement in their children's lives can be beneficial.

Moreover, support systems and resources for parents struggling to provide adequate care due to socio-economic constraints could mitigate the negative effects of neglect. Additionally, schools and community organizations should implement programs that provide

psychological support to children identified as being at risk due to neglect. These programs could include counseling services, peer support groups, and workshops focused on building resilience and coping mechanisms among adolescents. The study reaffirmed the significant negative impact of parental neglect on adolescent mental health. It calls for a multifaceted approach involving parental education, community support, and school-based interventions to address and mitigate the adverse effects of neglect, thereby promoting better mental health outcomes for adolescents in Mathare sub-county. By addressing the roots causes of neglect and providing comprehensive support systems, significant progress can be made towards creating a healthier and more supportive environment for the children.

5.3 Conclusions

In the first objective regarding establishing the prevalence of mental health problems among adolescent children in Mathare, Nairobi County, Kenya, the analysis reported that the children had a 26.4% prevalence of mental health problems in primary schools. Sadness and feeling worried or anxious were some of the most dominant mental health problems realized in the schools targeted. Furthermore, the prevalence of mental health problems among children in Mathare sub-county, Nairobi County, Kenya, and the study reported that depression and stress were more dominant at over 50% prevalence rate. These findings highlight a critical public health concern, emphasizing the urgent need for targeted mental health interventions within this community. The high rates of depression and stress suggest that many adolescents are struggling with significant psychological burdens, likely exacerbated by socio-economic challenges and inadequate support systems.

Addressing these mental health problems requires a comprehensive approach that includes the implementation of school-based mental health programs, training for teachers to identify and support children with mental health needs, and community outreach initiatives to raise awareness and reduce the stigma associated with mental health problems. Early intervention and continuous support are crucial to improving the mental well-being of these children. By prioritizing mental health in educational and community settings, society can work towards fostering a healthier, more supportive environment that enables adolescents in the Mathare sub-county to thrive academically, socially, and emotionally.

On the second objective regarding instances of parental neglect among children in Mathare sub-county, Nairobi County, Kenya, the analysis reported that bullying at school and by teachers, parents, and friends, high expectations from the community, lack of support, whenever they make a mistake, at home, failing exams, friends and community and bad performance were some of the concerns raised from the study. The findings suggest that the pressures and negative experiences faced by adolescents extend beyond the home, permeating their school and social lives. Bullying, in particular, emerged as a significant issue, highlighting the need for comprehensive anti-bullying policies and supportive school environments.

Additionally, the community's high expectations and the lack of a supportive response to failures and mistakes emphasize the need for more empathetic and understanding attitudes from parents, teachers, and community members. Addressing these concerns requires a multifaceted approach, including increased awareness and education about the impacts of neglect and bullying, enhanced support systems within schools, and community engagement initiatives to foster a more supportive and nurturing environment for adolescents. By tackling

these problems, we can work towards improving the overall well-being and mental health of children in Mathare sub-county.

On the third objective testing the association between parental neglect and adolescents' mental health among the children in Mathare sub-county, Nairobi County, Kenya, the study reported that there existed a negative association between the two variables. The regression model developed also reported that a rise in cases of parental neglect led to a rise in mental health cases among the learners. This negative association underscores the critical role of parental involvement and support in shaping the mental well-being of young individuals. The findings align with existing literature that highlights the detrimental impact of neglect on various aspects of a child's development, including emotional and psychological health.

Adolescents who experience neglect are more susceptible to developing mental health conditions such as depression, anxiety, and behavioral disorders. These problems can profoundly affect their academic performance, social interactions, and overall quality of life. Furthermore, the study's results suggest that interventions aimed at reducing parental neglect could be instrumental in mitigating mental health problems among adolescents. It emphasizes the need for targeted policies and programs that support and educate parents on the importance of nurturing and attending to their children's emotional and psychological needs. Community-based initiatives, mental health awareness campaigns, and parental training programs could be effective strategies to address this issue.

Additionally, the study highlights the importance of comprehensive mental health services within schools and communities, particularly in regions like the Mathare sub-county where socio-economic challenges may exacerbate the effects of parental neglect. Providing

accessible mental health resources and support systems for adolescents can help in early identification and intervention, reducing the long-term impact of neglect. In general, the study reveals a clear negative association between parental neglect and adolescents' mental health, indicating that as cases of neglect increase, so do mental health problems among children. This finding calls for concerted efforts from policymakers, educators, and community leaders to address parental neglect and its repercussions, fostering an environment where adolescents can thrive both mentally and emotionally.

5.4 Recommendations

There is an urgent need to enhance parental support programs through the development and implementation of structured initiatives. These programs should focus on educating parents about their crucial role in their adolescents' lives and the significant impact of neglect on mental health. By increasing parental awareness and promoting active engagement, these interventions are anticipated to improve mental health outcomes among adolescents.

In Mathare, it is essential to strengthen School-Based Mental Health Services by integrating comprehensive mental health support directly into educational settings to provide timely assistance to adolescents facing mental health challenges. Key strategies include expanding the availability of school counselors, establishing peer support networks, and conducting regular mental health screenings. Early identification and intervention for mental health issues through these measures aim to mitigate the enduring effects of parental neglect, thereby fostering improved mental health outcomes for adolescents.

Initiating community awareness campaigns across various schools is also crucial. These campaigns should aim to raise awareness about the impact of parental neglect on

adolescent mental health. Leveraging local media, community events, and social media platforms will play a critical role in disseminating information and encouraging community involvement. By enhancing community understanding and garnering support, these efforts aim to mobilize collective action effectively in addressing issues related to parental neglect.

Furthermore, advocating for policy initiatives on mental health within school settings is imperative. This advocacy seeks to advance policies that enhance family welfare and protect adolescents from neglect. Collaborating with policymakers to develop and enforce regulations that support child welfare, such as policies on parental leave and child protection services, is essential. The intended outcome is to establish a robust legislative framework that promotes the overall well-being of adolescents, ensuring effective responses to their mental health needs.

These recommendations, integrated cohesively, aim to address the multifaceted challenges posed by parental neglect and improve mental health outcomes among adolescents in the Mathare community.

5.5 Areas of Further Studies

The study recommends the need to undertake a longitudinal study on the impact of parental neglect on mental health. Such research should be focused on investigating the long-term effects of parental neglect on mental health outcomes in adulthood. Furthermore, the objective should be to understand how early experiences of neglect influence mental health later in life and identify potential intervention points, evaluate the effectiveness of various interventions aimed at mitigating the impact of parental neglect on adolescent mental health, and determine which programs and strategies yield the best outcomes and could be replicated in other regions. Studies also needs to explore the relationship between parental neglect and

academic performance among adolescents. In this case, it should specifically assess how neglect affects educational attainment and identify measures to support affected children.

REFERENCES

Aggarwal, R., & Ranganathan, P. (2019). Study designs part 2–descriptive studies. *Perspectives in clinical research*, *10*(1), 34.

Andrew. (2019). *Research and resources | NSPCC Learning*. NSPCC Learning. https://learning.nspcc.org.uk/research-resources/

Ann, A. (2022). *What is physical neglect?* Stop Abuse Campaign. https://stopabusecampaign.org/take-your-ace/what-is-physical-neglect/?gad_source=1

Arat, G., & Wong, P. W. (2016). The relationship between parental involvement and adolescent mental health in six sub-Saharan African countries: Findings from Global School-based Health Surveys (GSHS). *International Journal of Mental Health Promotion*, *18*(3), 144-157.

Babbie, E. R. (2020). The practice of social research. Cengage Au.

Babbie, E., Wagner III, W. E., & Zaino, J. (2022). *Adventures in social research: Data analysis using IBM SPSS statistics*. Sage Publications.

Barcelata Eguiarte, B. E. (2021). Growing up in Adverse Family Contexts: Risks and Resources for Adolescent Development. *Child and Adolescent Development in Risky Adverse Contexts: A Latin American Perspective*, 133-160.

Berndt, A. E. (2020). Sampling methods. *Journal of Human Lactation*, *36*(2), 224-226.

Black, S., Cousens, R. E., & Johnson, H. L. (2008). Global, regional, and national causes of child mortality in 2008: a systematic analysis," *The Lancet*, vol. 375, no. 9730, pp. 1969–1987, 2010.

Bowlby, J. (1982). Attachment and loss: retrospect and prospect. *American journal of Orthopsychiatry*, 52(4), 664.

Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Harvard University Press.

Campo, J., Bridge, J., & Fontanella, C. (2015). Access to mental health services: implementing an integrated solution. *JAMA pediatrics*, *169*(4), 299-300.

Campos, J. N. (2022). *Stress experiences and outcomes in diverse college children: applying the stress process model* (Doctoral dissertation, California State University, Sacramento).

Christ, S. L., Kwak, Y. Y., & Lu, T. (2017). The joint impact of parental psychological neglect and peer isolation on adolescents' depression. *Child abuse & neglect*, *69*, 151-162.

Chung, R. (2019, November 9). *Mental Health and Teens: Watch for Danger Signs*. HealthyChildren.org. https://www.healthychildren.org/English/ages-stages/teen/Pages/Mental-Health-and-Teens-Watch-for-Danger-Signs.aspx

Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.

Durlak, J. A., & Wells, A. M. (1997). Primary prevention mental health programs for children and adolescents: A meta-analytic review. *American journal of community psychology*, 25(2), 115-152.

Fraser, J., Fahlman, D. W., Arscott, J., & Guillot, I. (2018). Pilot testing for feasibility in a study of student retention and attrition in online undergraduate programs. *The International Review of Research in Open and Distributed Learning*, *19*(1).

Kleintjes, S., Flisher, A. J., Fick, M., Railoun, A., Lund, C., Molteno, C., & Robertson, B. A. (2006). The prevalence of mental disorders among children, adolescents and adults in the Western Cape, South Africa. *South African Psychiatry Review, 9(3),* 157-160.

Fulantelli, G., Taibi, D., & Scifo, L. (2021). The ecological systems theory of human development to explore the student-social media interaction. *eLearning & Software for Education, 1*(1).

Gale, C. (2021). Attachment theory. In *Child and Adolescent Mental Health* (pp. 47-54). CRC Press.

Gardner, A. A., Zimmer-Gembeck, M. J., & Campbell, S. M. (2020). Attachment and emotion regulation: A person-centered examination and relations with coping with rejection, friendship closeness, and emotional adjustment. *British Journal of Developmental Psychology*, *38*(1), 125-143.

Gikandi, J. W., Mwania, J. M., & Mwania, J. M. (2021). Parental involvement in education and academic performance of learners in public day secondary schools in Imenti North sub-county, Meru County, Kenya. *International Journal of Education and Research, 9*(2), 23-35.

Guthold, R., Moller, A., Azzopardi, P., Ba, M., Fagan, L., Baltag, V., & Diaz, T. (2019). The Global Action for Measurement of Adolescent Health (GAMA) initiative rethinking adolescent metrics. *Journal of Adolescent Health*, *64*(6), 697-699.

Hwang, H. (2019). *The Effects of parental neglect on behavioral and emotional problems in a child* Doctoral dissertation, KDI School.

Jenkins, R., Othieno, C., & Ongeri L. (2015). Common mental disorder in Nyanza province, Kenya in 2013 and its associated risk factors –an assessment of change since 2004, using a repeat household survey in a demographic surveillance site. *BMC Psychiatry*. 1(2); 15:309.

Jörns-Presentati, A., Napp, A. K., Dessauvagie, A. S., Stein, D. J., Jonker, D., Breet, E., ... & Groen, G. (2021). The prevalence of mental health problems in sub-Saharan adolescents: A systematic review. Plos one, 16(5), e0251689.

Juengsiragulwit, D. (2015). Opportunities and obstacles in child and adolescent mental health services in low and middle-income countries: a review of the literature. *WHO South-East Asia journal of public health*, *4*(2), 110-122.

K. S. Kumar, S. Srivastava, S. Paswan, and A. S. Dutta, "Depression-symptoms, causes, medications and therapies," *The Pharma Innovation*, vol. 1, 3, Part A, p. 37, 2012.

Khasakhala, L. I., Ndetei, D. M., Mutiso, V., Mbwayo, A. W., & Mathai, M. (2012). The prevalence of depressive symptoms among adolescents in Nairobi public secondary schools: association with perceived maladaptive parental behaviour. *African journal of psychiatry*, *15*(2), 106-113.

Kimani, E., & Kombo, K. (2019). Challenges facing the implementation of inclusive education in public primary schools in Kenya. *Journal of Education and Practice*, *10*(3), 57-65.

Kim, Y. S., Yoon, J. H., Kim, H. R., & Kwon, S. O. (2007). Factors affecting intention to participate in school breakfast programs of middle and high school students in Seoul. Korean Journal of Community Nutrition, 12(4), 489-500.

Kombo, D. K., & Tromp, D. L. A. (2006). Proposal and thesis writing: An introduction. Nairobi, Kenya: Pauline Publications Africa.

Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and psychological measurement*, *30*(3), 607-610.

Levin, D. J. (2021). Academic stressors, perceived stress, and coping strategies among undergraduate children.

Maina, J. N. (2022). *Influence of Parental Neglect on Delinquent Behavior Among Adolescents in Mukuru Slums, Nairobi County, Kenya* (Doctoral dissertation, University of Nairobi).

Mathews, B. (2022). Adolescent Capacity to Consent to Participate in Research: A Review and Analysis Informed by Law, Human Rights, Ethics, and Developmental Science. *Laws*, *12*(1), 2.

Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., ... & Swendsen, J. (2010). Lifetime prevalence of mental disorders in US adolescents: results from the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry*, *49*(10), 980-989.

Mboya, M. M., Onyango, G., & Orodho, J. A. (2020). Bullying in Kenyan secondary schools: Manifestations, causes, and consequences. *Journal of Educational and Social Research, 10*(2), 43-53.

McKinnon, C. J., Eggebrecht, A. T., Todorov, A., Wolff, J. J., Elison, J. T., Adams, C. M., ... & IBIS Network. (2019). Restricted and repetitive behavior and brain functional connectivity in infants at risk for developing autism spectrum disorder. Biological Psychiatry: Cognitive Neuroscience and Neuroimaging, 4*(1),* 50-61.

Mohajan, H. K. (2017). Two criteria for good measurements in research: Validity and reliability. *Annals of Spiru Haret University. Economic Series*, *17*(4), 59-82.

Mutiso, V. N., Musyimi, C. W., Nayak, S. S., Musau, A. M., Tele, A. O., & Ndetei, D. M. (2021). Epidemiology of alcohol and substance use among adolescents in selected secondary schools in Kenya: Risk factors, types, and prevalence rates. Substance Use & Misuse, 56(1), 61-70.

Mutua, M. K., Kimani, E., & Kimutai, D. K. (2022). Impact of social exclusion on academic performance of children in public secondary schools in Kiambu County, Kenya. *African Journal of Education, Science and Technology, 6*(1), 78-89.

Mutunga, B., Guantai, H., & Mbirirhi, D. M. (2023). Influence of Negligent Parenting on the Management of Children' Discipline in Public Secondary Schools in Meru County, Kenya. *Journal of Education*, *3*(2), 30-46.

Mwangi, P. M., Ng'eno, L., & Omollo, P. (2021). Suicidal behaviors among adolescents in Kenya: Prevalence and associated factors in Nakuru County. Child and Adolescent Psychiatry and Mental Health, 15(1), 1-9.

Ndetei, D. M., Khasakhala, L. I., & Maru, H. M. (2019). The prevalence of anxiety and depression symptoms and syndromes in Kenyan children and adolescents. BMC Psychiatry, 19(1), 1-9.

Ndetei, D. M., Mutiso, V., Musyimi, C., Mokaya, A. G., Anderson, K. K., McKenzie, K., & Musau, A. (2016). The prevalence of mental disorders among upper primary school children in Kenya. *Social psychiatry and psychiatric epidemiology*, 51, 63-71.

Nyagah, T. K., Gatumu, H. N., & Ndambuki, P. W. (2020). Stress levels among secondary school children in Nairobi City County, Kenya. Journal of Education and Practice, 11(9), 112-123.

Patton, G., Sawyer, S., Santelli, J., Ross, D., Afifi, R., Allen, N., & Viner, R. (2016). Our future: a Lancet commission on adolescent health and wellbeing. *The Lancet*, *387*(10036), 2423-2478.

Penn Medicine. (2022, March 31). *6 Facts Parents Should Know about Mental Illness in Teens – Penn Medicine*. Pennmedicine.org. https://www.pennmedicine.org/updates/blogs/health-and-wellness/2017/may/teens-mental-health *psychology*, *25*(2), 115-152.

Pearlin, L. I., Menaghan, E. G., Lieberman, M. A., & Mullan, J. T. (1981). The stress process. *Journal of Health and Social Behavior*, *22*(4), 337-356.

Razali, F. M., Aziz, N. A. A., Rasli, M. R., Zulkefly, N. F., & Salim, S. A. (2019). Using convergent parallel design mixed method to assess the usage of multi-touch hand gestures towards fine motor skills among pre-school children. *Int. J. Acad. Res. Bus. Soc. Sci*, *9*, 153-166.

Resnik, D. B. (2020, December). What Is Ethics in Research & Why Is It Important? In *ideas*.

Salokangas, R. K. (2021). Emotional neglect in childhood is common and associated with adult mental ill health. *Nordic Journal of Psychiatry*, *75*(sup1), S25-S25.

Sanaullah, A., Khan, W. A., Sadaf, H., & Saleem, I. (2022). Generalized ratio-type and exponential ratio-type estimators for mean in the presence of non-response using follow-up procedure based on three-phase and four-phase sampling. *Journal of Statistical Computation and Simulation*, 1-42.

Skinner, G. C., Bywaters, P. W., & Kennedy, E. (2023). A review of the relationship between poverty and child abuse and neglect: Insights from scoping reviews, systematic reviews and meta-analyses. *Child Abuse Review, 32(2),* e2795.

Somerkh, B., &Lewin, C. (2005). A costing model for project-based information and communication technology systems. *Educause quarterly*, V32n2,14pp.

Sürücü, L., & MASLAKÇI, A. (2020). Validity and reliability in quantitative research. *Business & Management Studies: An International Journal*, *8*(3), 2694-2726.

Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *The Canadian journal of hospital pharmacy*, *68*(3), 226.

Tarafa, H., Mamaru, A., & Tesfaye, Y. (2021). Adolescents Psychological Distress and its Association with Parental Psychological Abuse and Neglect among Adolescents in Illu Abba Bor Zone, Southwest Ethiopia: a Community-Based, Cross-Sectional Study. *Health Science Journal*, *15*(10), 1-9.

Team, O. (2021, November 4). *What is Financial Child Abuse?* Dawson Place. https://www.dawsonplace.org/what-is-financial-child-abuse/#:~:text=Parental%20Financial%20Abuse%3A%20It

Tirfeneh, E., & Srahbzu, M. (2020). Depression and its association with parental neglect among adolescents at governmental high schools of Aksum town, Tigray, Ethiopia, 2019: a cross sectional study. *Depression research and treatment*, *2020*.

Tomaszewski, L. E., Zarestky, J., & Gonzalez, E. (2020). Planning qualitative research: design and decision making for new researchers. *International Journal of Qualitative Methods*, *19*, 1609406920967174.

UNICEF. (2021). Measurement of mental health among adolescents at the population level (MMAP). *New York City: United Nations Children's Fund*.

United Nations promotes sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all. 2022. https://unstats.un.org/sdgs/report/2021/goal-08 Retrieved from. [Ref list]

Wambua, G. N., Obondo, A., Bifulco, A., & Kumar, M. (2020). The prevalence of depression among primary school teachers in Nairobi and Machakos counties, Kenya. BMC Public Health, 20(1), 1-10.

Welch, G. L., & Bonner, B. L. (2013). Fatal child neglect: Characteristics, causation, and strategies for prevention. Child Abuse & Neglect, 37(10), 745-752.

Wit, E. E. (2017). The most stressful period of my life: Understanding and addressing academic stress in urban, middle-class Indian youth.

World Health Organization WHO Coronavirus (COVID-19) Dashboard. 2022. https://covid19.who.int/ Retrieved from. [Ref list]

World Health Organization. (2021). Investing in our future: a comprehensive agenda for the health and well-being of children and adolescents.

APPENDICES

Appendix A: Introduction Letter

AFRICA NAZARENE UNIVERSITY,

P.O Box 53067-00200,

City Square,

Kenya.

Dear Respondents,

I am a post graduate student at the faculty of Counselling Psychology from ANU where I am pursuing a Master's Degree in Counselling Psychology.

I am carrying out a research on "An Assessment of the Association Between Parental Negligence and Adolescents' Mental Health in Kenya: A Case of Primary and Secondary School Children in Mathare sub-county."

I kindly request you to respond to all the items in the questionnaire to the best of your understanding.

The information provided will be treated as confidential and only used for academic purposes.

Thanks in advance

Yours sincerely,

REBECCA NJOGO WAIGANJO

Appendix B: Primary Children Questionnaire

Kindly take your valuable time to fill out this questionnaire. Every part of the information provided in this questionnaire will be treated with confidentiality and it will be used for academic purposes only. For any clarifications or questions do not hesitate to ask the researcher in charge.

Instruction

i. Do not whatsoever write your name/contact on the questionnaire
ii. Answer all the questions by following the instructions given.

Consent: Please acknowledge below if you are willing to participate in the study.

Parental Signature……

Date……

Participant Signature…….

Questionnaire Number: _____ Date: / / 2024

Kindly you are requested to put a tick in the box [ ] for their appropriate response in the questions below or fill in the spaces provided.

SECTION A: Demographic Information of Respondents

1. What is your gender? Male [ ] Female [ ]
2. What is your age bracket? 12-14yrs [ ] 15-17yrs [ ] 18-19yrs [ ]
3. Which grade are you in? Grade 7 [ ] Grade 8 [ ]

SECTION B: Prevalence of Mental Health Problems among the Adolescent Children

4. Do you ever feel sad? Yes [ ] No [ ]
   a. If yes, how often do you feel this way? Every day [ ] Sometimes [ ] Rarely [ ]

5. Have you ever felt worried or anxious about something? Yes [ ] No [ ]
   a. If yes, what usually makes you feel this way?

SECTION C: Mental Health Problems Experienced by Children


Teens_PHQ-9.pdf

6.
7. Do you enjoy going to school? Yes [ ] No [ ]
8. Do you feel like you have friends to talk to at school? Yes [ ] No [ ]
   a. If No, would you like to have more friends to talk to? ……..
9. Is there anything that makes you feel scared or nervous?

   ……..

SECTION D: Forms of Neglect among Children

10. Please indicate how frequently you have experienced the following types of neglect

	Form of neglect	Never	Rarely	sometimes	often	Very often
a	Physical neglect (lack of food, clothing, or shelter)					
b	Emotional neglect (lack of emotional support or love)					
c.	Educational neglect (lack of school fees, homework assistance or regular school attendance)					
d.	Supervisory neglect (being left alone for long periods)					
e.	Medical neglect (failure to seek medical care when needed)					

11. Do you feel comfortable talking to your family about your feelings? Yes [ ] No [ ] Sometimes [ ]

12. Do you ever feel like your family doesn't listen to you? Yes [ ] No [ ] Sometimes [ ]

SECTION E: Association Between Parental Neglect and Adolescents' Mental Health among the Children

13. If you ever feel sad or worried, who do you talk to first? (Select all that apply)

- Parent [ ]
- Teacher [ ]
- Friend [ ]
- Other (please specify) _____

14. Have you ever heard about counselors or therapists who help people with their feelings? Yes [ ] No [ ]

Thank You!!

Appendix C: Secondary Student Questionnaire

Kindly take your valuable time to fill out this questionnaire. Every part of the information provided in this questionnaire will be treated with confidentiality and it will be used for academic purposes only. For any clarifications or questions do not hesitate to ask the researcher in charge.

Instruction

iii. Do not whatsoever write your name/contact on the questionnaire

iv. Answer all the questions by following the instructions given.

Consent: Please acknowledge below if you are willing to participate in the study.

Signature……

Date……

Signature…….

Questionnaire on An Assessment of the Association Between Parental Negligence and Adolescents' Mental Health in Kenya: A Case of Primary and Secondary School Children in Mathare sub-county.

Questionnaire Number: _____ Date: / / 2024

Kindly you are required to put a tick in the box [ ] for their appropriate response in questions below or filling in the spaces provided.

SECTION A: Demographic Information of Respondents

1. What is your gender? Male [ ] Female [ ]
2. What is your age bracket? 12-14yrs [ ] 15-17yrs [ ] 18-19yrs [ ]
3. Which form are you in? Form 1 [ ] Form 2 [ ] Form 3 [ ] Form 4 [ ]

SECTION B: Prevalence of Mental Health Problems among Adolescent Children

4. Have you ever experienced any of the following mental health problems? (Check all that apply)
    a. Depression [ ]
    b. Anxiety [ ]
    c. Stress [ ]
    d. Substance abuse [ ]
    e. Eating disorders [ ]
    f. Self-harm or suicidal thoughts [ ]
5. On a scale of 1 to 5, with 1 being "Never" and 5 being "Very often," how often do you experience these mental health problems?

    1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

    Rate the extent to which you have experience the following mental health problems

	Mental health problem	Never	Rarely	sometimes	often	Very often
a	Depression					
b	Anxiety					
c.	Trauma					
d.	Stress					
e.						
f.						
g.						

6. Have you ever sought professional help or counseling for your mental health problems? Yes [ ] No [ ] Planning to [ ]

SECTION C: Types of Mental Health Problems Experienced by Children

7. Can you describe any specific incidents or situations that have contributed to your mental health problems?

   ……
   ……
   ……
   ……

7. Do you feel comfortable seeking help for your mental health problems? Yes [ ] No [ ] Sometimes [ ]

   If yes or sometimes, what are the main barriers that prevent you from seeking help?

   ……
   ……
   ……
   …….

SECTION D: Forms of Neglect among Children

8. Do you feel neglected by your parents or caregivers? Yes [ ] No [ ] Sometimes [ ]
9. What are the main reasons you feel neglected?

   ……
   ……
   ……
   ……

10. Have you ever experienced neglect in any other aspect of your life (school, community, etc.)? Yes [ ] No [ ] Sometimes [ ]

    If yes or sometimes, please provide examples:

    ……
    ……
    ……

11. How would you rate the level of support you receive from your teachers and school staff? (1 being "Very poor" and 5 being "Excellent")
12. 1-Very poor [ ] 2 - Poor [ ] 3 Good [ ] 4 Very Good 5 Excellent [ ]
13. Do you feel safe and supported within your school environment? Yes [ ] No [ ]

    Sometimes [ ]

SECTION E: Association Between Parental Neglect and Adolescents' Mental Health among Children

14. How would you rate your relationship with your parents or caregivers? (1 being "Very poor" and 5 being "Excellent")

    1-Very poor [ ] 2 - Poor [ ] 3 Good [ ] 4 Very Good 5 Excellent [ ]

15. On a scale of 1 to 5, how much do you feel your mental health is affected by your relationship with your parents or caregivers?

    1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

16. Have you ever received counseling or therapy for your mental health problems? Yes [ ] No [ ]

    If yes, did it help? Yes [ ] No [ ] Unsure [ ]

17. Have you ever witnessed or experienced domestic violence or abuse at home? Yes [ ] No [ ] Unsure [ ]

    If yes, how has this impacted your mental health and overall well-being?

    ……
    ……
    ……

18. How comfortable do you feel discussing your mental health concerns with your parents or caregivers? (1 being "Very uncomfortable" and 5 being "Very comfortable")

    1-Very uncomfortable [ ] 2 - Uncomfortable [ ] 3 Neutral [ ] 4 Comfortable 5 Very comfortable [ ]

Appendix D: DASS21

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all

1 Applied to me to some degree, or some of the time

2 Applied to me to a considerable degree or a good part of time

3 Applied to me very much or most of the time

1 (s)	I found it hard to wind down	0	1	2	3
2 (a)	I was aware of dryness of my mouth	0	1	2	3
3 (d)	I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a)	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d)	I found it difficult to work up the initiative to do things	0	1	2	3
6 (s)	I tended to over-react to situations	0	1	2	3
7 (a)	I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s)	I felt that I was using a lot of nervous energy	0	1	2	3
9 (a)	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d)	I felt that I had nothing to look forward to	0	1	2	3
11 (s)	I found myself getting agitated	0	1	2	3
12 (s)	I found it difficult to relax	0	1	2	3
13 (d)	I felt down-hearted and blue	0	1	2	3
14 (s)	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a)	I felt I was close to panic	0	1	2	3

16 (d)	I was unable to become enthusiastic about anything	0	1	2	3
17 (d)	I felt I wasn't worth much as a person	0	1	2	3
18 (s)	I felt that I was rather touchy	0	1	2	3
19 (a)	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20 (a)	I felt scared without any good reason	0	1	2	3
21 (d)	I felt that life was meaningless	0	1	2	3

Appendix E: Zung Self-Rating Depression Scale (SDS)

For each item below, please place a check mark (✓) in the column which best describes how often you felt or behaved this way during the past several days

Place check mark (✓) in correct column.	**A little of the time**	**Some of the time**	**Good part of the time**	**Most of the time**
1. I feel down-hearted and blue.				
2. Morning is when I feel the best.				
3. I have crying spells or feel like it.				
4. I have trouble sleeping at night.				
5. I eat as much as I used to.				
6. I notice that I am losing weight.				
7. I have trouble with constipation.				
8. My heart beats faster than usual.				
9. I get tired for no reason.				
10. My mind is as clear as it used to be.				
11. I find it easy to do the things I used to.				
12. I am restless and can't keep still.				
13. I feel hopeful about the future.				
14. I am more irritable than usual.				
15. I find it easy to make decisions.				
16. I feel that I am useful and needed.				
17. My life is pretty full.				
18. I feel that others would be better off if I were dead.				
19. I still enjoy the things I used to do.				

Thank You!!

Appendix F: Krejcie & Morgan Table

N	*S*	*N*	*S*	*N*	*S*
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note.—*N* is population size. *S* is sample size.

Source: Krejcie & Morgan, 1970

Appendix G: University Introduction Letter

AFRICA NAZARENE
UNIVERSITY

P.O.Box: 53067 – 00200
Nairobi, Kenya.
Tel: 020 252 7170/1 – 5
Email: vc@anu.ac.ke
www.anu.ac.ke

15th May 2024

RE: TO WHOM IT MAY CONCERN

Rebecca Waiganjo (18S03DMCPO004) is a bonafide student at Africa Nazarene University. She has finished her course work and has defended her thesis proposal entitled: -

"Association between parental negligence and adolescents' mental health in Kenya: A case of Primary and Secondary school students in Mathare Sub - County"

Any assistance accorded to her to facilitate data collection and finish her thesis is highly welcomed.

Rodney R. Reed

Prof. Rodney Reed
Deputy Vice Chancellor, Academic & Student Affairs

Appendix H: NACOSTI Permit

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **320508**

Date of Issue: **05/June/2024**

RESEARCH LICENSE

This is to Certify that Ms.. Rebecca Njoge Waiganjo of Africa Nazarene University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: ASSOCIATION BETWEEN PARENTAL NEGLIGENCE AND ADOLESCENT'S MENTAL HEALTH IN KENYA: A CASE OF PRIMARY AND SECONDARY STUDENTS IN MATHARE SUB-COUNTY for the period ending : 05/June/2025.

License No: **NACOSTI/P/24/36640**

320508

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.

See overleaf for conditions

Appendix I: Map of Study Area