

Family Dysfunctionality and the Psychological Well-being of Primary School Pupils: A Case Study of St. Francis of Assisi Primary School Kikuyu Sub-County, Kenya

Julian Malama¹, Dr Sam Ojuade², Sr Marilyn Atimango³, Dr Joyzy Pius Egunjobi³

¹Psycho-Spiritual Institute of Lux Terra Foundation – Marist International University College

²Lecturer, Africa International University

³Lecturer, Psycho-Spiritual Institute of Lux Terra Foundation – Marist International University College

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ABSTRACT

This case-study assessed family dysfunctionality and its effect on the psychological well-being of pupils of St. Francis of Assisi Primary School in Kiambu County, Kenya. The research objectives of this study were: to examine the prevalence of family dysfunctionality among pupils, to evaluate the level of psychological well-being among pupils, to assess the relationship between family dysfunctionality and psychological well-being among the pupils. This study was grounded on Adlerian Theory, developed by Alfred Adler in 1912. According to this theory, important goals and life style are formed during childhood. Mixed methods research approach using the embedded mixed methods design was used for the study. In this design both quantitative and qualitative data were collected simultaneously. In this study, qualitative data was secondary to quantitative data. Target population was a total of 82 pupils. Yamane Formula (1967) was adopted to determine the sample size of 68 pupils for quantitative research procedures. The sample size was 68 participants. The data collection instruments used were self-administered questionnaires, standardized measurement scales and Group Focus for qualitative data. Ten pupils were chosen using the non-probability purposive sampling for qualitative research procedures. The researcher used face to face focus group interviewing, using interview schedules. The researcher used descriptive analysis to analyze quantitative data which was presented using tables, frequencies and percentages as well as bar charts. The Pearson Chi Square Tests, Fisher's Exact Test Statistics and the correlation coefficient of Karl Pearson were also used. For qualitative data analysis, the researcher used content analysis of themes related to family dysfunctionality. The findings from this study show that family dysfunctionality was uncommon among pupils of St Francis of Assisi Primary School. It was also revealed that majority (80%) indicated moderate to high level of family functionality. Majority (85%) of the pupils showed high level of psychological well-being. The study recommends that the psychological well-being of pupils could be enhanced by many other internal and external factors such as school belongingness and adoption of Adlerian Goal-Oriented Theory which advocates for striving for significance through meaningful goals as a source of motivation over the outcome of their lives.

Key words: Family Dysfunctionality; Psychological Well-being; Children from Dysfunctional Families; Psychological Well-being of Children from Dysfunctional Families

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Kikuyu Sub-County, Kenya.

INTRODUCTION

The aim of this study was to assess the relationship between family dysfunctionality and the psychological well-being of pupils of St. Francis of Assisi (SFA) Primary School. The concept of dysfunctionality or dysfunction in this study is derived from the sociological perspective. Dysfunction refers to actions, behaviour patterns, and cultural practices within any social structure, which produce undesirable outcome or consequences for its members (Nickerson, 2022). Rudlin (2022) describes family dysfunctionality, as harmful, unhealthy, disturbing behaviour among family relationships such as conflict, violence and neglect to mention a few. Family dysfunctionality is the opposite of healthy family functioning where there is cohesion, sense of belonging, communication and expressiveness. However, healthy family functioning does not in any way mean being a perfect family without problems. Members of a functional family enjoy being together, respect each other, are there for each other and have clear rules and roles to guide the family (Marais, 2022). Dysfunctional families are places of addiction, abuse, conflict, neglect and poor communication. In such families, problems are often ignored or overlooked, particularly those of children, because issues and needs of parents take the upper hand. Children who experience dysfunctional family life suffer psychologically, especially from low self-esteem and instability as their emotional needs are often overlooked, and they are hindered from growing into healthy adults (Nittle, 2021). Matthews (2020) emphasized that children who grew up in dysfunctional families often had psychological wounds that have an impact on their entire life.

Family dysfunctionality is manifested in different ways namely: substance abuse, violence, neglect, poor communication, etc. The most common causes of family dysfunction are associated with caregivers or parents. Lev (2020) restates parenting styles in dysfunctional families, to include abusive parents, deficient or absent parents, substance abusing or addicted parents and authoritarian parents. As regards deficient or absent parents, the U.S. had the highest rate in the world of children living with single parents who often were the only adults in the family. Information from Pew Research Center of 130 countries and regions studied, show that the rate of single parenthood in U.S. was 23%, Canada 15%, India 5%, Nigeria 4%, China 3% (Kramer, 2019). In South Africa, specifically in the Eastern Cape Province, Kheswa (2017) in his study argued that dysfunctional families played a great role in the increase of cases of sexual abuse among adolescents. The author, basing on information taken from the Gender Link and Medical Research Council of South Africa reported that in 2010 the Gauteng Province had 3 out of 12 female adolescents who were sexually abused by some members of their families including biological fathers. “When addressing the impact that the dysfunctional family has on adolescent females’ psychological well-being, respondents expressed that poor communication that prevails in the family had led them to suppress their ordeals, since they know that their parents might not believe them” (p. 170). Consequently, the respondents ended up having low levels of sense of self-worth and purpose due to their experiences of dysfunctional family life.

According to Morin (2022) psychological well-being, has to do with a person’s emotional health, overall functioning, as well as satisfying the natural need and potential to flourish. When persons live meaningful and purposeful lives their psychological well-being is enhanced. People with a sound psychological well-being are happier, satisfied with their life, and altruistic. These individuals function better, they are positive in their thinking, kind towards others, and are grateful people. They foster relationships and are more responsible for self and for social issues that affect others. The author continues to say that such individuals do not usually get involved in criminal activities or in substance abuse. Lynch and Munschauer (2009) argued that psychological well-being is about happiness, fulfillment, feeling integrated and self-realization.

Psychological well-being as a discipline is still evolving in its concepts and assumptions and often used together or interchangeably with emotional well-being. Emotional well-being is about having a positive

mood, self-confidence and being approachable (Schutte et al. 2002).

In this study, the focus was not only on indicators of psychological well-being, such as happiness, contentment, self-confidence etc., that lack the theoretical basis, but the theory-based notion of well-being given by Ryff and Singer (1996) which is a “multi-dimensional model of positive psychological functioning” (p.14). The authors posited the criteria of a fully functioning person, indicating the six-factor framework with characteristics of the psychological well-being of an individual. These characteristics are self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth. From the Adlerian perspective, social connectedness, striving for meaning and sense of belonging point to psychological well-being of an individual, as well as satisfying the inherent potential to flourish (Ewen, 1999). Positive psychological functioning implies psychological well-being, and negative psychological functioning is the opposite of psychological well-being. Negative psychological functioning points to unhealthy emotional or psychological behaviour patterns especially in children that produce psychological distress such as anxiety, stress, depression, low self-esteem, relationship problems and loneliness (Rudlin, 2022).

Kheswa (2017) also considered some Sub-Saharan countries such as Kenya, Namibia and Zimbabwe in his report, where evidence of hampered psychological well-being in female adolescents leading to low self-esteem, stress, anxiety and negative self-image was shown. From the foregoing discussion, it is evident that many children and adolescents are susceptible to poor psychological wellbeing and therefore, there is need to ascertain their level of psychological well-being in order to take the necessary precautionary and remedial measures. Bigombe and Khadiagala (1990) reporting on common trends affecting families in Sub-Saharan Africa, emphasized the high incidence of single parenthood among urban females especially among the poor, as well as the female-headed houses, a phenomenon that was quite evident even in other countries beyond the Sub-Saharan Region.

According to a research conducted in Kenya by UNICEF (2019) on sexual abuse and violence in families, 6 out of 10 (62.6%) females had experienced sexual abuse as a child or adolescent. Two out of 3 females and 1 out of 2 males had experienced physical violence in childhood by a parent, caregiver, or adult relative, as a child or adolescent. Effects of dysfunctionality in families do not enhance the psychological welfare of its members particularly that of children and adolescents.

LITERATURE REVIEW

The reviewed literature was consistent in showing that dysfunctional families had adverse negative influence on children and adolescents. For instance, Suarez et al. (2014) made a “cross-sectional association” study in three municipalities of Antioquia-Colombia to investigate mental health factors related with family dysfunction among adolescent students between 11 and 19 years old. The research findings showed that the incidence of family dysfunction was 33.3%. Implying that 3 out of 10 teenage adolescents came from dysfunctional families. Mwakanyale et al. (2018) did a cross-sectional, community-based study of secondary school students, on multi-type child maltreatment in Tanzania. The findings of the study showed that there is a high prevalence of maltreatment (97.6%) and neglect on the part of parents and other caregivers during childhood.

Sorre and Oino (2014) in their research on street children in Kenya argued that the number of street children was increasing in almost all towns of Kenya, despite the statistics not always being accurate. The authors based their research on different studies done on the phenomenon of street children in Kenya. According to Sorre and Oino, family dysfunctionality contributed to the phenomenon of street children, due to family-based factors such as substance use and abuse by parents or guardians.

According to Harold (2023), dysfunction may manifest as poor communication, frequent conflict, emotional or physical abuse. According to Kalpana (2022), dysfunctional families are unstable, abusive and conflictual. The kind of behaviour that is often provoked by addictions, abusive behaviour, mental illness, as well as the very experience of living in a dysfunctional family. Parents in dysfunctional families tend to make the lives of their children difficult and unbearable, by abusing or neglecting them. Such children often end up having a low self-esteem and poor self-image. To assess the relationship between family dysfunction and first year college students risk behaviors, Osborne (2019) made a study on specific aspects of family dysfunction such as alcohol and substance abuse, and their influence on risk behaviors. The study revealed that first year students from dysfunctional families were susceptible to engaging themselves in risk behaviors than those students who reported lower levels of family dysfunction.

The high incidence of dysfunctional families is a global and local challenge. Experiences of family dysfunctionality among pupils of SFA Primary School could be deduced, as well as its effects on their psychological health, due to the challenging environment and unique family situations that most pupils came from. Most of these families were poor with a very low household income, headed by single parents, where there was alcohol abuse and other related factors such as neglect and violence. Fostering the psychological well-being in the life of human beings, particularly in children is very vital for their health upbringing. One way of doing it, is by considering the factors that determine an individual's level of psychological well-being and their effects on the emotions and cognitive processes, the perception of life, the behaviour and overall health of an individual (Huppert, 2009). The study did not consider all the causes and characteristics of family dysfunctionality. The study did not focus on aspects not related to the family or school that may affect the psychological well-being of pupils. The study may contribute to the research questions, regarding Ryff's Psychological Well-being Scale, when used as a measurement for adolescents.

METHODOLOGY

The research design used was mixed methods approach incorporating the embedded mixed method design. Hence, both quantitative and qualitative data were collected and analyzed simultaneously, although qualitative data was secondary to quantitative data (George, 2021). Combining research approaches provides a richer insight into the phenomenon under study. However, conducting mixed methods research can be challenging as the researcher may fail to organize and combine the findings well and thus present them ineffectively. Pre-study preparations by the researcher may help minimize such challenges or limitations of mixed methods design (Yu and Khazanchi, 2017).

The target population for this study was 82 pupils, in the age group of 10-14 years drawn from the upper grades of (SFA) Primary School. The sample for quantitative data was 68 pupils and qualitative data 10 pupils. Among the respondents, 51 pupils were given the consent to participate by their parents or guardians. The response rate for qualitative data was 100%, all 10 pupils (5 boys and 5 girls) participated. However, the response rate for quantitative data was 58.8% as only 40 pupils out of 68 participated. According to Fincham (2008), the response rate close to 60% is ideal for research.

To collect quantitative research data, two standard type of scales having self-report questionnaires. were used. Ryff's Psychological Well-Being Scale (PWBS) with 42 items and the Brief Family Relationship Scale (BFRS), with 16 questions for adolescents. The 'three-response' variation of BFRS than a true or false variation was one of the motives that led to the choice of this scale. The BFRS questionnaire had been tested on Alaska Native Youths from a collectivist culture with an extended family structure, like most African Cultures. To collect qualitative research data, a structured interview, on the effects of family dysfunctionality as perceived and experienced by pupils, with open ended and close ended questions, was used to get oral and written information.

FINDINGS

Prevalence of Family Dysfunctionality and its Predicting Factors

Table 1. Prevalence Levels of Family Functionality

Prevalence levels	Frequency	Percentage
Low	8	20.00%
Moderate	15	37.50%
High	17	42.50%
Total	40	100%

As seen in Table 1, most of the participants' families (57.5%) showed moderate to high level of dysfunctionality bearing in mind the lower the functionality the higher the dysfunctionality. The frequency of high levels of family functionality was higher at 42.5% as opposed to moderate level at 37.5% and low level of family functionality at 20%. Family dysfunctionality assessed from the perspective of family dynamics was not prevalent among the participants of SFA Primary School. Majority of the families of respondents were functional more than dysfunctional.

Family Dysfunctionality and Type of Guardian of respondents

Most of the participants (65%) lived with both parents. Participants with different types of guardians, inclusive of those with single mothers all gave similar responses on family dysfunctionality. The type of guardian of the respondents, was considered for comparison using Chi-squared Tests to understand the association with family dysfunctionality.

Table 2. Chi-Square Test on Family Dysfunctionality and Guardians of Respondents

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.421 ^a	2	0.810
Likelihood Ratio	0.457	2	0.796
Linear-by-Linear Association	0.078	1	0.780
N of Valid Cases	39		

3 cells (50.0%) have expected count less than 5. The minimum expected count is 1.03.

Table 2 presents the chi-square tests on family dysfunctionality in relation to guardians of respondents. The information in the table revealed that family dysfunctionality was not influenced by the type of care givers. The p-value for Pearson Chi-Square Test (.810) was greater (?) than 0.05 level of significance.

The predicting factors of family dysfunctionality on the psychological well-being of pupils at SFA Primary School are cohesion, expressiveness and conflict which are the three categories of BFRS, as well as variables of family dysfunctionality and other related factors.

Table 3. Average Mean Scores of Family Dysfunctionality and its Variables

	N	Mean	Std. Deviation
Family Dysfunctionality	40	2.53	0.247
Cohesion	40	2.74	0.257
Conflict	40	2.35	0.381

Conflict	40	2.35	0.381
Expressiveness	40	2.38	0.382
Valid N (listwise)	40		

From data generated by the descriptive analysis as shown in Table 3, the mean scores for family dysfunctionality and its three categories were in the same range between 2 and 3, where 3 was the highest score. The highest mean score for all categories was for cohesion.

To shed extra light on family dysfunctionality among pupils of SFA Primary School, qualitative data was generated to integrate quantitative data. Data generated from the focus group interview using open ended questions was analyzed using content analysis and was reported in narrative form as follows.

Family dynamics / Sense of belonging: It seemed that the sense of belonging was more important than their personal sense of self-worth. Most of them said that they found their families caring, loving, and generally good. On significant relationships with whom the participants were close to: 4 (40%) mentioned their mothers, 2 (20%) their fathers, 2 (20%) both parents, 1 (10%) the grandmother and another (10%) the elder sister.

Poverty: poverty was the common element that most of the participants wanted to change in their situation or family life. They talked about the need to have more money, food, different house or plot. Participants recognized that their material situation was not the best and they wanted to do something about it, if not now, at least in future. The group was quite motivated and purpose oriented.

Alcohol consumption: most of the participants acknowledged the presence of alcohol consumption among family members. They said that family members who took alcohol made them sad and un happy. The participants who explained why they were sad said such behavior would make such family members sick. This was the only aspect of family dynamics that made the participants sad.

School: captured the attention of most participants as it was an aspect that came often to their minds as soon as they woke up. School happened to be an important and assuring environment. School was an aspect that gave meaning and strong purpose to most of the participants. Moreover, all the pupils at SFA Primary School were provided with food during their lunch break and no one remained hungry. School seemed to be a factor that had a strong and positive impact on the lives of the participants.

The close ended questions to which participants were requested to respond with yes or no, were focused on the possible roles that could be played by pupils in their families such as the role of hero or victim etc. the questions were also based on their self-esteem and other dominant negative emotions such as feeling insecure. From data generated from the focus group interview using close ended questions, all the participants' responses showed high levels of self-esteem.

Levels of Psychological Well-Being

Table 4. Levels of Psychological Well-Being

Levels	Frequency	Percentages
Low	0	0%
Moderate	7	15%
High	33	85%
Total	40	100%

Table 4 presents the levels of psychological well-being among respondents. The table reveals that majority (85%) of the participants had high level of psychological well-being.

Psychological Well-Being and Gender Distribution

The gender distribution of the respondents was analyzed for comparison and connections with their psychological well-being, using Chi-squared Tests.

Table 5. Chi-Square Test on Psychological Well-Being and Gender Distribution

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.905 ^a	3	0.592
Likelihood Ratio	2.673	3	0.445
Linear-by-Linear Association	.000	1	0.989
N of Valid Cases	40		

a. 4 cells (50.0%) have expected count less than 5. The minimum expected count is .48.

Table 5 indicates Pearson Chi-Square on gender distribution and psychological well-being of participants. It reveals that gender and psychological well-being have no significant statistical relationship. The p-value for Pearson Chi-Square Test (.592) was greater (?) than 0.05 level of significance.

Table 6. Dimensions of Psychological Well-Being

PWBS Dimensions	N	Mean	Std. Deviation
Autonomy	40	3.80	0.687
Environmental Mastery	40	3.97	0.686
Personal Growth	40	4.63	0.767
Positive Relations	40	4.37	0.671
Purpose in Life	40	4.68	0.779
Self-Acceptance	40	4.48	0.649

Table 6 shows the mean scores of the 6 dimensions of the PWBS. The average mean score is high in all the dimensions. Having the highest mean score in the dimension of purpose in life, is affirmative of Adlers goal-oriented theory that focus on meaningful personal goals to ensure good personality development.

Relationship between Family Dysfunctionality and Psychological Well-Being

The Chi-Square Test was conducted to investigate the relationship between family dysfunctionality and the psychological well-being among pupils of St. Francis of Assisi primary school. The results are presented in table 13.

Table 7. Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	325.952 ^a	338	0.671	. ^b	
Likelihood Ratio	158.323	338	1	. ^c	
Fisher's Exact Test	505.484			0.747	

Linear-by-Linear Association	0.3	1	0.584	.b	.b
N of Valid Cases	40				

Table 7 shows the results of Fisher’s Exact Test statistics (505.484), the p-value (.747), and the Pearson Chi-Square (.671). Since the p-values for both were greater (?) than 0.05 level of significance. Thus, there was no sufficient evidence to say that there was a significant association between family dysfunctionality and psychological well-being among pupils of St. Francis of Assisi primary school.

The Pearson’s Correlation Analysis

The Pearson’s correlation analysis was also conducted to determine the relationship between family dysfunctionality and psychological well-being among pupils of St. Francis of Assisi primary school. This analysis was attained, and the outcomes are presented in table 8.

Table 8. Relationship between Family Dysfunctionality and Psychological Well-Being

		Family Dysfunctionality	Psychological well-being
Family Dysfunctionality	Pearson Correlation	1	0.088
	Sig. (2-tailed)		0.59
	N	40	40
Psychological well-being	Pearson Correlation	0.088	1
	Sig. (2-tailed)	0.59	
	N	40	40

According to table 8, findings revealed that there was a relationship between Family Dysfunctionality and Psychological well-being, but it was not statistically significant ($r = .088$; $P = .590$) since the P value (.590) was greater than 0.05, this indicated no statistical significance. Hence no relationship.

DISCUSSIONS

The findings from quantitative data, revealed that majority of the participants (80%) are from moderate to high levels of family functionality. Family dysfunctionality assessed from the perspective of family dynamics was not prevalent among the pupils of SFA Primary School. A common assumption from reviewed literature that children living with single parents, experience family dysfunctionality has not been seen among the participants, even though their number is small. However, even though only 20% of participants could be connected to dysfunctional families, any form of dysfunction and at whatever level needs attention. The case study done at Shikusa Borstal Institution in Kakamega County in Kenya, on adolescent/juvenile delinquency with adolescents from 11-18 years, may be a good example. Some of the findings of the study showed that among those who had been previously admitted at the Institution, “80% came from moderate dysfunctional families and 20% from severe dysfunctional families”. (Otieno et al., 2017 p. 3444)

Oloo (2021), in the Sunday Standard Newspaper, posited that dysfunctional families are increasing in number in Kenya, due to challenges such as poor economic status or substance abuse. However, the findings based on quantitative data negate the above affirmation. They showed that the levels of dysfunctional families were not highly prevalent despite the poor economic status of many pupils in that context. This includes pupils from single parent.

The focus group interview, revealed that school has an important place in the lives of the respondents. School seemed to be a meaningful goal for the respondents. Family dynamics are more positive than negative as most of the respondents found their families caring, loving and good, though they also acknowledged the presence of alcohol consumption among some family members. A number of participants showed a strong sense of belonging and wanted to change the situation of poverty in their families. The respondents recognized that their material situation was not the best and they wanted to do something about it in future.

The findings from quantitative data generated by descriptive analysis revealed that the mean scores for family dysfunctionality and its three categories were in the same range between 2 and 3, where 3 was the highest score on a 3-point scale. The effect of independent variables of family dysfunctionality (cohesion, conflict, and expressiveness) on the PWBS dependent variable indicated that all their p-values were greater than 0.05 level of significance. In this case the dependent variable seems not to be influenced by single independent variables. However, the association between cohesion and expressiveness showed that there was a significant relationship between the two predictor variables and the psychological well-being, having a p-value of (.032), which is less than 0.05. According to Fok et al. (2013), authors of the adapted BFRS, the internal consistency of expressiveness was weaker probably due to the “poor fit of the construct of expressiveness” (p.4) in the non-western cultural group where the adaptation was done. However, in the case of the pupils of SFA Primary School there are small difference between the mean scores among the factors.

Kheswa (2017) in his study in the Eastern Cape Province in south African, reported that “when addressing the impact that the dysfunctional family has on adolescent females’ psychological well-being, respondents expressed that poor communication that prevails in the family had led them to suppress their ordeals, since they know that their parents might not believe them” (p. 170) when they are sexually abused. However, this study negates the above statement as both female and male participants give similar responses regarding cohesion and expressiveness in their families.

Majority (85%) of the participant’s level of psychological well-being was above average. Coming to the dimensions, the highest score was in the dimension of purpose in life. This is affirmative of Adlers goal-oriented theory that focus on meaningful personal goals to ensure good personality development. When persons live meaningful and purposeful lives their psychological well-being is enhanced. The findings show that most of the pupils live meaningful and purposeful lives. According to the Adlerian theory meaningful goals and life style are formed during childhood as early as 5 years (Abramson, 2020).

Bhat (2018) made a study among adolescent students to assess their psychological well-being in relation to their school and home environment and how to enhance their psychological well-being. One of the findings revealed that students from rural setting had a flourishing psychological well-being than those from urban areas. Could this apply to our pupils who come from social settings similar to a rural setting in some aspects?

CONCLUSION

The study was to consider family dysfunctionality and the psychological well-being of pupils of SFA Primary School and assess the effects of family dysfunctionality on their psychological well-being, in order to enhance their well-being. Based on the research findings, the families of pupils of SFA Primary School, are more functional than dysfunctional (20%). The level of psychological well-being of pupils is quite high (85%). Statistically, there was a weak relationship between family dynamics of functionality or dysfunctionality and the psychological well-being of pupils. The assumption that children who come from dysfunctional families, have a negative psychological well-being could not be verified among participants as

the results revealed high levels of psychological well-being and family functionality. The psychological well-being of pupils could be enhanced by many other internal and external factors such as school belongingness. According to Adlerian goal-oriented theory, striving for significance through meaningful goals could be a strong source of motivation for a person who has the ultimate responsibility over the outcome of their lives (Watts, 2015).

RECOMMENDATIONS

1. To the Franciscan Missionary Sisters of Assisi in Kenya, in charge of SFA Primary School Primary School to promote another similar study among the pupils of St. Clare Primary School for vulnerable children in Malindi-Tarassa, to assess the psychological well-being of pupils.
2. The school administration should promote periodic assessment of pupils who may come from dysfunctional families, in order to help arrest the psychological distress of pupils from worsening.

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