

**Covid 19 coping strategies and the psychosocial situation of parents in relation
to their work life balance in Kampala central division**

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DECLARATION

This research dissertation is my original work and has not been presented for academic purposes in any institution of learning

Signature: 

Date: 30/01/2023

APPROVAL

The research report on COVID-19 coping strategies and the psychosocial situation of parents in relation to their work life balance in Kampala central division is as a result carried out by Wambuzi Andrew John Mary under my supervision and is submitted for examination with my approval.

Signature: 

Date: 30/01/2023

Mrs. Gava Sarah

Supervisor

DEDICATION

This dissertation is dedicated to my beloved mother, Mrs. Birungi Juliet, sisters, Namaganda Josephine, Jacinta, Mrs. Stella for you all the platform you gave me to succeed in this. May God bless you.

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ABSTRACT

The outbreak of COVID-19 and the resultant lockdown measures had devastating impacts on the global economy. In Uganda, to curb the spread of the pandemic, the government initiated several coping strategies including social distancing, total lockdowns, and later on vaccination. However, though several studies showed the economic and social impacts of the pandemic, few studies; especially in Uganda documented how the pandemic affected parents. This formed the purpose of this study which aimed at assessing the relationship between Covid-19 coping strategies, psychosocial situations, and the work-life balance of parents. To achieve this objective correlational research was conducted and 285 respondents were used as a sample population from Kagugube parish in Kampala. Study findings found a positive relationship between COVID-19 and psychosocial situations ($r=.39$) and a very strong correlation between COVID-19 coping strategies and work-life balance ($r= 1.00$). This implies that the coping strategies significantly affected parents especially mothers and thus support packages and programs are needed to rehabilitate and economically empower communities that were grossly affected by the pandemic.

LIST OF ABBREVIATIONS AND ACCRONYMS

WHO	-	World Health Organization
COVID 19	-	Corona Virus Disease
MOH	-	Ministry of Health
RCCE	-	Regional Risk Communication and Community
WASH	-	Water Sanitation and Hygiene
SDG	-	Sustainable Development Goal
NGOs	-	Non-Government Organization
SOPs	-	Standard Operating Procedures
CHWS	-	Community Health Workers

CHAPTER ONE:

INTRODUCTION

1.1 Background of the Study.

Corona virus 2019 (Covid-19) was defined as an illness caused by a novel corona virus called severe acute respiratory syndrome corona virus 2 (SARS-COV2; formerly called 2019 nCoV) which was first identified as an outbreak of respiratory illness cases in Wuhan city, Hubei province in China, it was initially reported to the WHO on December 31, 2019. On January 30, 2020, the WHO declared the Covid-19 outbreak a global health emergency (WHO, 2022). On March 11, 2020, the WHO declared Covid-19 a global pandemic, its first such designated since declaring H1N1 influenza a pandemic in 2009 (ILO, 2020).

Illness caused by SARS-COV-2 was termed as Covid-19 by the WHO, the acronym derived from corona virus disease 2019. The name was chosen to avoid stigmatizing the virus' origins in terms of populations, geography or animal associations (GSDI, 2021). On February 11, 2020, the coronavirus study group of the international committee on Taxonomy of viruses issues a statement announcing an official designation for the novel virus severe acute respiratory syndrome corona virus 2 (SARS-COV2). Covid-19(Corona Virus Disease is an infectious disease caused by SARS-CoV-2 virus (Graham et al., 2021).

The COVID-19 pandemic, also known as the coronavirus pandemic, was an ongoing global pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The novel virus was first identified from an outbreak in Wuhan, China, in December 2019 (UNDP, 2020). Attempts to contain it there failed, allowing the virus to spread worldwide. The World Health Organization (WHO) declared a Public Health Emergency of International Concern on 30 January 2020 and a pandemic on 11 March 2020.(WHO,2020). As of 12 April 2022, the pandemic had caused more than 500 million cases and 6.18 million deaths, making it one of the deadliest in history (WHO, 2022).

The coronavirus disease 2019 (COVID-19) also a communicable respiratory disease was caused by a new strain of coronavirus that caused illness in humans (UNCDF, 2020). Coronavirus disease (COVID-19) greatly affected the world leading to high morbidity and mortality [1]. By 2021, there were 262,866,050 confirmed cases of COVID-19 and 5,224,519 deaths globally (WHO, 2022). USA, India and Brazil were the most affected countries with over 48 million, 34 million and 22 million cases respectively. Africa recorded over 8 million confirmed cases and 223,980 deaths. South Africa, Morocco and Tunisia were the most affected countries in Africa (Galvez et al, 2020). As of 2nd December, 2021, Uganda had a cumulative total of 127,618 confirmed cases of COVID-19 and 3252 deaths (Bager et al., 2021).

The outbreak of COVID-19 in the world especially in Uganda affected the social, political and economic situations through it was thought to only affect the health sector (Center for Disease Control and Prevention, 2022). After the outbreak of COVID-19 pandemic the Ugandan government responded by taking on the COVID-19 coping strategies such as quarantine, curfew, social distance, mass vaccination, masking restrictions on public gatherings, closure of schools, churches so as to reduce the rampant spread of the COVID-19 disease (Aday, 2020).

However, the COVID-19 coping strategies that were developed by the government had several disadvantages on the psychosocial situations of their work-life balance (Farre et al., 2020).

Several people lost their jobs due to the outbreak of covid 19 which led to reduced incomes, poverty, family breakups and violence, reduced tax collection for the government (New Vision, 2021). Closure of schools affected parents especially teachers since most of them depended on their monthly salaries thus leading to stress. In addition, many school children especially girls got pregnant hence becoming school dropouts (EU, 2020). This further led to family breakups and violence since some parents exposed their children to torture which led to stress violence went to the highest peak since most people were not working thus husbands and wives could go into fighting with their husbands hence causing family breakups (Eurofound, 2020a).

Limitations on transport facilities affected the drivers, motorcyclists and all related categories of people who earned from public transport like taxi drivers, bus drivers, which increased the poverty line. Covid 19 forced people to work from home thus affecting their work-life balance. It forced the adoption of new models of working (Eurofound, 2020b). Organizations had to revise their work and role of employees working from home. The development of another work life balance had a number of effects on the parents such as lack of occupational safety, role conflict, irregular working hours, role ambiguity, low wages (Graham et al. 2021). In the normal situations, offices had a number of advantages on production culture and winning the war for talent but after the outbreak of the pandemic most Ugandan parents had to work from home (Kansiime et al., 2021). Some parents enjoyed doing homework alongside office work since they had got liberated from long commutes which they found more productive. There was an enjoyment of greater flexibility in balancing personal and professional life (Urban Health, 2020). However to other parents remote working was unfavorable to them due to poor network which could not allow them to attend meetings, work, online working was also expensive among others (Richmond, 2018).

—Psychosocial was defined as —pertaining to the influence of social factors on an individual's mind or behavior, and to the interrelation of behavioral and social factors (Oxford English Dictionary, 2012). Psychosocial factors, at least in the context of health research, were defined as the mediation of the effects of social structural factors on individual health, conditioned and modified by the social structures contexts in which they exist (Hein, 2005). Psychosocial further refers to the psychological and social factors that influence mental health. Social influences such as peer pressure, parental support, cultural and religious background, socio-economic status, and interpersonal relationships all help to shape personality and influence psychological make-up. There was not yet one agreed upon definition of work-life balance. Some definitions suggest that work-life balance meant the ability to accomplish the goals set in both work and personal life and achieve satisfaction in all life domains (Aday, 2020). Globally, In the EU countries, including Latvia, the balance between employees' work and private life was becoming more and more important (EU, 2020). This issue became particularly important during the spread of the COVID-19 consequences. Consequences of

continuous remote working and access to the employer, stress caused by long-term use of technologies, burnout syndrome, the need to take care of children, and sick family members while performing work responsibilities, unavailability of opportunities to look for children, all the factors had a significant impact on work–life balance and quality of life (Eurofound, 2020a). The separation of work and private life was a challenge that most of the people active in the labor market faced. In many cases, this led to burnout—a state of physical and mental exhaustion when a person’s ability to work is drained. It was found that the negative impact of work on work–life balance is usually concentrated in the early stages of parenting, when employees in the household have preschool children (Eurofound, 2020b).

The coronavirus (COVID-19) pandemic outbreak caused a global health emergency in the entire world with the US, Spain, Italy, the UK, France and Germany being the most affected global nations. What was initially seen as a largely China-centric problem became a global crisis beyond the obvious public health crisis; the coronavirus had a major impact on the global economy (WHO, 2022). Initially, the perception was that the COVID-19 pandemic would be localized only in the Chinese district of Wuhan but it later broke out in the whole world (UNICEF, 2020). The economic pain became severe as people were asked to stay at home, and the severity was felt in various sectors of the economy with travel bans affecting the aviation industry, sporting event cancellations affecting the sports industry, hospitality industry, financial sector, financial markets, events industry, entertainment industry, the prohibition of mass gatherings affecting the events and entertainment industries (Galvez et al., 2020). It to the interrelation of social factors and individual thoughts and behavior (oxford dictionary). It also involves both psychological and social aspects. It is also the relating of social conditions to mental health psychosocial medicine (Merriam Webster, 2004).It was best seen in the following examples which included social support, loneliness, social disruption, bereavement, work environment, social status and social integration (Bager et al., 2021). It was also the pertaining to the psychological development of the individual in relation to his or her social environment for example; a psychosocial was referred to as the nature of a study

that examined the relationship between a person's fears and how they relate to others in a social setting (EU, 2020).

Psychosocial problems were caused by plenty of mental health problems such as child abuse, trauma or neglect, social isolation or loneliness, experiencing discrimination and stigma, social advantages, poverty, bereavement (losing someone close to you), severe or long term stress, having a long term physical health condition and all these were effects of COVID-19 thus causing such problems (FAO, 2020).

The work life balance looked at work life interface which focused on the intersection of work and personal life. There were many aspects of one's personal life that can intersect with work including family, leisure and health. Work life interface is bidirectional for instance, work can interfere with private life and private life can interfere with work (Graham et al., 2021). According to safe work (SA) work life balance —describes the relationship between your work and the commitments in the rest of your life and how they impact on one another. It is simply about finding peace and balance between demands of work and those of personal fulfillment and a happier life. It involves a number of examples, best initiatives to become top (Farre et al., 2020). Unlimited work from home, four day work week, education plan, flexible scheduling, volunteering options, and work life balance involves three components such as working time arrangements, leave entitlements for those with care responsibilities and child care. Work life balance helps maintain mental health (WHO, 2022). However, work life balance can also be called work life fit, work life blend, work life harmony, work life synergy, work life balance.

1.2 Problem statement

The government of Uganda imposed different coping strategies so as to curb the spread of the COVID-19 virus for example the lockdown led to violence in homes, lack of food since most parents were not working remote working which deteriorated the work life balance of the parents. Quarantine led to anxiety, stress, mental disorders, depression because many people were separated from their loved ones and they could not go to work thus the COVID19 coping strategies greatly attended the psychosocial situations of the Kampala parents and their work life balance. Thus this continued to affect the parents even after COVID-19 pandemic hence

precautions have to be taken so as to save the affected masses. Despite the existence of several reports documenting how COVID-19 affected economies, most studies have ignored the psychosocial domain and work-life balance of parents especially in Kampala. To understand how COVID-19 coping strategies affected parents, this study was conducted with a focus on Kagugube parish in Kampala.

1.3 Purpose of the study

The purpose of the study was to analyze the consequences of the COVID-19 coping strategies on the psychosocial situations of Kampala central parents in relation to their work life balance.

1.4 Objectives The following were the objectives of the study;

1. To find out whether the COVID-19 coping strategies had an impact on the psychosocial situations of the Kampala Central parents(Kagugube).
2. To find out whether COVID-19 coping strategies affected the work life balance of the parents in Kagugube Parish.

1.5 Geographical scope

The research was conducted in Kampala Central Division-one of the divisions in Kampala district; but much emphasis was on Kagugube Parish. Kampala is the capital city of Uganda (KCCA, 2019). This location was selected due to its convenience and also it being near Makerere University thus making it suitable for the study. The area also has a variety of parents who were affected by COVID-19 with its associated coping strategies. The study was specifically conducted in Kagugube parish. It approximately has 1100 households according to records from the Division office.

1.5.1 Content scope

The study focused on the COVID-19 coping strategies and the psychosocial situations of the parents in Kampala central division and their work-life balance.

Definition of main terms

Psychosocial situation.

—Psychosocial|| meant —pertaining to the influence of social factors on an individual’s mind or behavior, and to the interrelation of behavioral and social factors| (Oxford English Dictionary, 2012). Psychosocial factors, in the context of health research, were defined as the mediation of the effects of social structural factors on individual health, conditioned and modified by the social structures contexts in which they exist (Martikainen, Bartley, & Lahelma, 2002).

Work life balance.

Work-Life balance was defined as the equal engagement in and satisfaction with work and personal life roles. Still other definitions included the idea that balance is (1) indicative of the absence of conflict between work and personal life, (2) an idiosyncratic construct, or (3) a social construct built between an individual and others in his or her work and personal life domains. Others defined work life balance as an equal engagement in and satisfaction with work and personal life roles (Greenhaus, Collins & Shaw, 2003).

Covid-19

It was also known as the Corona Virus Disease which is an infectious disease caused by SARS-CoV-2 virus. The coronavirus disease 2019 (COVID-19) was referred to as a communicable respiratory disease caused by a new strain of coronavirus that caused illness in humans. (WHO, 2020).It was after the outbreak of the covid-19 disease that the government of Uganda developed several coping strategies so as to stop the spread of the novel corona virus. Such coping strategies included; Lockdown, Quarantine, closure of schools and churches among others.

1.5.2 Time scope

The research was conducted for a period of 5 months from May to September, 2022. This period involved the carrying out all the activities related to the research.

1.6 Significance of the study

The study was expected to create wealth of knowledge. Through this research, future researchers were to obtain literature which will be of due help to them in their future studies.

The research was also to help researcher to acquire the degree in the Bachelor of Industrial and Organizational Psychology of Makerere University as a tool to fulfill before being awarded the certification of completion of the course. The study was to be applicable to curb the effects of COVID-19 coping strategies on the psychosocial situations of the parents such as the political, economic, social and mental wellbeing of the affected people especially parents in Kampala central division. It was aimed at supporting the affected parents to get better in recovering from the bad impacts of the COVID-19 coping strategies that affected their psychosocial situations. The study was expected to contribute to government's success in implementation of programs that strengthen coping strategies for psychosocial situation recovery from COVID-19 consequences on the parents that reside in urban centers. Thus this could influence the betterment of the health of such people hence improving their mental wellbeing.

1.8 The conceptual framework

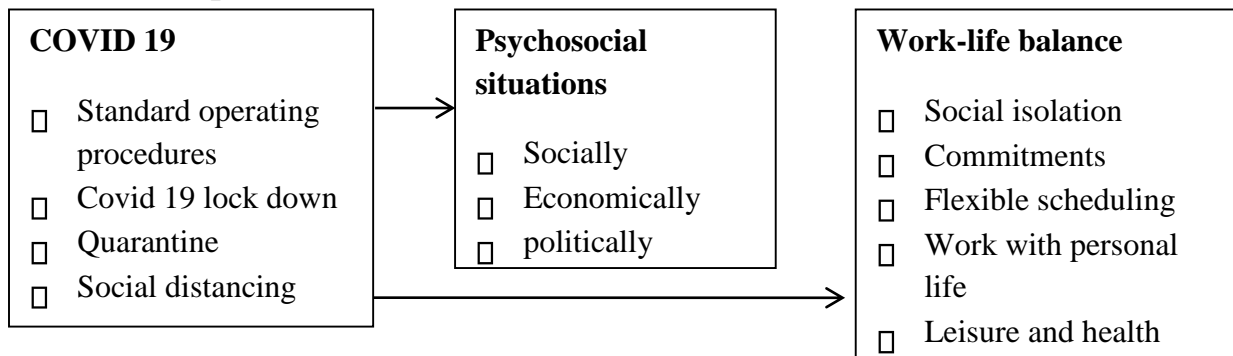


Figure 1.8: *The relationship between COVID-19 coping strategies and psychosocial situations in relation to the work life balance of parents in Kampala central division.*

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The literature review examined the relationship between covid-19 coping strategies, and the psychosocial situations of the Ugandan parents in relation to their work life balance.

2.2 Covid 19 coping strategies

After the rampant spread of COVID-19 virus in Uganda, the Ugandan government decided to put up several measures so as to reduce the contagion rate to the rest of the population among which are;

Quarantining was one of the coping strategy that was adopted so as to curb the spread of the noel corona virus. Every person who got into contact with any individual who testified positive was supposed to stay in isolation for a period of 14 days (WHO, 2022). Those who tested positive were taken to health centers like hospitals especially those that were recommended by the health ministry and treated until they tested negative. Limitation of public transport in order to reduce the spread of COVID-19 in Uganda the government decided to first limit the number of passengers that public vehicles had to transport half of the passengers they were transporting (GSDI, 2021)

These included taxis, buses among others, however this could not help in the long run as COVID-19 cases continued to rise and the government decided to put a ban on all public vehicles (ILO, 2020). People decided to use bicycles, walking, telecommunicating which protected most people from crowding thus checking on the spread of the COVID-19 virus. Vaccination was also another coping strategy that the government of Uganda put across so as to reduce the spread of COVID-19 (WHO, 2022).

All people were encouraged to go to vaccination centers which was a way of fighting the virus until the end, vaccination cards were issued to those who had taken up the activity (UNCDF, 2020). Online reading was also strategy that was used by the government during the COVID-19 pandemic students in primary levels, secondary university were affected by the pandemic in order not to be behind and keep the trend of education schools especially those at the university level and some from secondary and a few at the primary levels resorted to learning

on zoom learning on what Sapp so as to keep the students busy (Eurofound, 2020a). However those who were in villages could not afford online learning hence it was unfavorable to some of the students

Closure of churches for long, we were accustomed to gathering physically for public worship. It is that moment and experience when the church gathers in community and communication to ascribe praise and glory to God (Aday, 2020). Needless to say, the closure of churches turned this around with the plea to —please join us on YouTube or other electronic platforms while it is important to recognize the significance of the church ‘gathering to worship’ the pandemic forced the public to rethink how they gather.

Closure of schools was also done by the government to limit the spread of COVID-19. This is because schools had many students who got into interaction and it was very difficult to contain them from contagion (EPRC, 2020).

In order to reduce the spread of COVID-19 and protect students, the government decided to keep them at home so as to check on the spread of the novel corona virus.

Since COVID-19 was spread through crowds the government encouraged social distancing which the president of Uganda called —*tonsebelele* so as to check on the spread of the novel corona virus social distancing was also called physical distancing which is a set of non-pharmaceutical interventions intended to prevent the spread of the contagious disease so as to maintain a physical distance between people so as to reduce the number of times people got into close contact with each other (New Vision, 2021).

The lockdown was also another measure the government of Uganda took so as to check on the spread of the corona virus at first, it was regarded to as a partial lockdown where those crowded places were closed (WHO, 2020). However, this could not help to contain the spread of the novel corona virus and a total lockdown was declared where business stores were closed, public transport was closed, private transport too was closed, churches were closed, schools too closed and people could no mix with others freely.

Workers were encouraged to stay at their places of work especially the case for the market vendors. The president of Uganda advised them to remain at work since transport was banned

and staying at work reduced the contagion rate of parents to children (Kansiime et al, 2021.) Avoiding public gatherings was highly encouraged to the people since it helped to curb the spread of the COVID-19 virus (Galvez, et al., 2020). In the context of the pandemic, there was no zero risk when it came to any kind of gatherings thus these who attended such gatherings had to practice prevention measures.

2.3 Covid-19 and psychosocial situations

Psychosocial means pertaining to the influence of social factors on an individual's behavior / mind and to the interrelation of behavioral and social factors in the context of health research (Martikainen, Bartley and Lahelma, 2002).

Several studies in the literature were found in examining the association between covid-19 and psychosocial situations of Ugandan parents (WHO, 2022). The research on covid-19 and the psychosocial situations such as the economic, social, political, mental were rising because it was a growing problem due to the effects it left on the Ugandan parents. After the break down of covid-19, several measures were put up so as to curb the rampant spread of the pandemic however, they also caused significant damage to the economy there was a likely increase in poverty as the economy slowed down (New Vision, 2021). The economy was projected to have slowed down by nearly half of the financial year 2019- 2020 (referred to throughout as FY 2019/ 20) with further uncertainties for FY 2020/21. This increased poverty during and after the covid-19 pandemic. Many people faced a reduction in their income due to job and livelihood losses. Most parents had their incomes reduced since they lost their jobs, many businesses closed down thus they could not easily get their necessities (Owori, 2021). The government's initial covid-19 response measures which included closing all educational institutions, banning public gathering and imposing of travel restrictions to and from affected countries.

Despite Uganda's relatively low numbers of infections, some of the measures like the lock down, night curfew and closed borders significantly disrupted the economic activities for example. The drivers and conductors lost jobs since transport was restricted, teachers lost jobs

after the closure of schools, waiters and waitresses, bar attendants that were put in place by the government (Centers for Disease Control and Prevention, 2022). Households of such categories of people lived a miserable lifestyle since their jobs were no more which led to stress, anxiety and family break ups plus mal-nutrition which affected the health of the children.

As a result, the socio-economic consequences of covid-19 copying strategies currently outweighed the positive impacts of limiting its spread. While the fiscal policy played an important role in mitigating the pandemic's impact and promoting quick recovery the impact of Covid-19 on Uganda's economy output, domestic revenue mobilization and public financing in 2020 and beyond was projected to be huge. Short falls in revenue of covid-19 necessitates prolonged implementation of restrictive control measures (EPRC, 2020).

Uganda as a poor country with a GDP per capita US \$ 776.7 (UGX 2.86 million), converted on August 2020, yet it spends a significant chunk of its budget on debt servicing with 9% and 2.7% of the FY 2020/21 budget allocation to interest payments and external debt repayments, respectively (Owori, 2021). Despite having a substantial in the FY 2019/20 and with the impact of COVID-19. Funding for these instruments came from loans sourced from private domestic and cross boarder public bilateral and multi-lateral sources. However, the rising expenditure on debt servicing was of little benefit to poor Ugandans when more money was spent on debt than on delivery of services that directly benefit them thus in the end they paid high taxes to repay the debts (ILO, 2020).

A key challenge for Uganda's response to covid-19 was how to balance response measure with the need for continued implementation of service delivery and development programs in line with the country's medium and long term development targets allocation of budget resources for Covid-19 response showed low government expenditure in some sectors and poor targeting. Covid-19 relief and humanitarian assistance was largely focused on urban areas and formal sectors (EPRC, 2020). This neglected the rural areas where the vast majority of poor people lived and where informal sectors make a living.

Anxiety affected most parents in Uganda especially the low income earners who were vulnerable to mental health, consequences of the corona virus disease (COVID-19) lockdown restrictions due to a temporary or permanent loss of income and livelihood coupled with government enforced measures of social distancing (Graham et al., 2021). High rates of depression was also a common mental health challenges experienced by low income earners females were the most identified persons at risk to mental depression. This caused stress and anxiety thus increasing suicidal rates (Hein, 2005).

Social isolation caused by social distancing measure that was proposal by the government. Those who had tested positive with COVID-19 were not allowed to engage with their family relatives and friends since they feared that they would spread the virus to other people (Bager et al., 2021).

The negative impact on children rights and education. The closure of schools due to COVID19 with no clear mechanisms of continued learning at home exposed children to several consequences (GSDI, 20210. Photo voice participants noted that some children were exposed to forced labor either to provide extra income to the family or as their own initiative. Engagement of children in labor was mentioned, COVID-19 exposed children to sexual violence, early pregnancies, undesirable behavior and increased school dropout (Eurofound, 2020b).

Covid-19 coping strategies resulted to the decrease in household income which impacted of food security, hunger and boredom thus this had severe impacts on mental health and wellbeing complicating adjustment to existence under the COVID-19 lockdown (FAO, 2020). This is because most parents lost their jobs since most businesses closed down like schools were closed, taxis and buses could not operate thus increasing the poverty lines yet most parents in Kagugube are in such categories.

Incidences of domestic violence increased under conditions of social lockdown, exacerbated by economic uncertainty and stress, reports of domestic violence were reported as tripling in Uganda, this also followed increased rates of child abuse, neglect, exploitation since most parents were ever angry since they had no income (Kansiime et al., 2021).

Mental health illnesses and drug abuse were common consequences which were observed during the infectious disease outbreaks because of psychological distress, frustration and unemployment (Tamhane et al., 2016). Concerns that the COVID-19 pandemic led to a mental health crisis especially in areas that were hit the most.

Unpredictability, uncertainty, disease severity, misinformation, and social isolation all lead to anger. This was seen mostly in men since the situation was very painful to the parents. This is because their jobs were no more yet they needed to feed their families (UNDP, 2020). This further caused anxiety to the parents and there were elevated levels of stress as a function of disruption of livelihoods that led to increased levels of depression, loneliness, harmful alcohol use, self-harm, or suicide behavior which interfered with how people adjust in difficult situation in the pandemic era.

Pressure associated with the pandemic was also evident. This is because of vaccination that was mandatory to all government had to provide it to all people at free of charge. This strained the national budget thus pushing the burden to the tax payers (EU, 2020).

Loss of employment was also another psychosocial situation that affected the parents in Kampala central division since most businesses closed down due to the lock down a number of parents remained unemployed and they could not afford housing and accommodation. Discrimination was also a psychosocial situation that was as a result of the COVID-19 pandemic since most refugees were blamed to have brought the virus. They were isolated and discriminated by the local people which caused stress, anxiety and social tension to the refuges. Increased drug abuse also affected the people (Aday, 2020). There was an increased number of people using drugs when the people resorted to taking alcohol daily, smoking cuber which threatened the lives of the victims. Most parents saw drug addiction as a solution to forget the consequences of COVID-19 coping strategies (GSDI, 2021).

2.4 Covid 19 coping strategies and Work Life Balance

In the many countries, including Uganda the balance between employees' work and private life was becoming more and more important. This issue became particularly important during

the spread of the COVID-19 consequences (UNICEF, 2020). Consequences of continuous remote working and access to the employer, stress caused by long-term use of technologies, burn out syndrome, the need to take care of children, and sick family members while performing work responsibilities, unavailability of opportunities to look for children all the factors had a significant impact on work-life balance and quality of life (UNICEF, 2021). The separation of work and private life was a challenge that most of the people active in the labor market faced.

The negative impact of work on work–life balance was usually concentrated in the early stages of parenting, when employees in the household had pre-school children (Eurofound, 2017). There were different approaches to the use of the concept —work private life balance, i.e., equilibrium of work and family life, equilibrium of work and private life, etc. Earlier research often dealt with examination of the equilibrium between family and professional life in relation to the concept of work–life balance (Ramakrishnan, 2020a, b). The concepts of —work-life balance or —work-personal life reconciliation were widely used to raise awareness of which areas of life needed to be combined and reconciled, thereby forming division of work and non-working life, emphasizing that reconciliation is required not only for work and family life, but also religious activities, involvement in community life, education, and other activities (Korpa, 2012). Work–life balance was formed when a person had the same level of priorities in relation to the requirements of his/her career and the requirements of personal life. The most common reasons for imbalance between the personal life and work life were increased responsibility for work commitments; working longer hours; increased responsibility for housework as well as for employees with children. In turn a positive work–life balance reduced employee stress, reduced the risk of burnout and created greater wellbeing. This positively affected not only an employee him/her self but also the employer (Sanfilippo, 2020).

Work-life balance implied equal engagement in and satisfaction with work and personal life roles. Still other definitions included the idea that balance is indicative on the absence of conflict between work and personal life (EU, 2020). Covid-19 coping strategies greatly affected the work life balance of the parents in the couples of ways such as;

Worker autonomy was also a concern to parents during COVID-19 pandemic. Companies focused on questions like has the time now come to stick to working from home policies? Or will companies forget the working model after COVID-19 pandemic and return to old methods? Such questions were difficult to answer (Kansiime et al., 2021). In any case, there was a chance that companies had to be skeptical about working from home policies up to now and feared employee shirking or limited communication and co-operation to abandon their skepticism and retain working from home regulations.

Role ambiguity emerged since there was transformational leadership and work life balance of parents. During the COVID-19 pandemic. The moderating effect of employee involvement showed the link between transformational leadership and role ambiguity. The effect of transformational leadership called role ambiguity so as to improve employee engagement and performance (Farre et al., 2020).

Change in working hours during COVID-19, the COVID-19 crisis had radically changed the way focused on presuming negative consequences, potential positive shifts in everyday life received less attention (Eurofound, 2020a).

During the COVID-19 pandemic wages grew in some sectors and fell in other. The crisis had a significant impact on wages and wage setting across Uganda in 2020, the uncertain economic scenario, together with the difficulties in online bargaining led to general postponement of collective agreements on what to do. The crisis affected low wage workers, occupations and sectors (WHO, 2022).

Emergency of virtual working during COVID-19 pandemic. The use of video conferencing continued long after the pandemic started, Gartner predict that only 25% of business meetings would take place in person by 2024 (Standaert et al, 2021), however, for many the increased use of video conferencing was challenging for example, many users complained of zoom fatigue or feeling mentally and physically exhausted by video conferencing (Fosslien and Duffy, 2020, Strassman, 2020)

New styles of working emerged as workers wished to work remotely, companies were unlikely to be willing to introduce the new styles which were seen to be lowering productivity. At first

it had some advantages however worker productivity later on decline since most people were not used to them.

There were high work stress hampering employee performance during COVID-19, during uncertain situations, such as the COVID-19 partial lockdown, maintaining satisfactory levels of employee performance which is an important area of concern for many organizations during COVID-19 (UNICEF, 2020).

Remote working enabled a variety of family responsibilities and was particularly useful for employees with children, as it allowed them to breastfeed, take care of a sick child or look after young children who may be on school holidays. Regular remote working offered additional advantages, as it reduced work-related expenses (such as travel costs) and saved time spent on the way to work (Hein, 2005). During the COVID-19 emergency situation, many people in the world were forced to work from home. Initially, there were observed some certain expectations about the possibility of working from home as a positive factor that would promote work–life balance (Farre et al., 2020). However, also negative trends appeared, as employees were only one call or message away from the employer, and it was therefore expected that the employee would work outside working hours and would also be available outside working hours (WHO, 2022). Uncertainty and spending time with family often caused more stress.

As many organizations and individuals were not ready for this sudden change, many mistakes were made, which further raised the issue of work–life balance. At the same time, the COVID-19 emergency situation had provided valuable lessons (Urban Health, 2020). The public was offered the opportunity to think about what cooperation means in reality and how it can improve collaboration between companies and employees. Employers are facing new challenges; and it is essential to ensure both the economic growth of companies in the future and to create praxis supporting the work–life balance of employees.

Work- life balance, especially for an indefinite time, such as caused by COVID-19 coping strategies, was essential for employee growth, personal happiness and company retention

.When employees received support to find a positive work-life balance, they were usually more motivated to do the job qualitatively(Ramakrishnan,2020a). Some studies conducted all over the world show that most people had not improved their work-life balance during the emergency situation, even though they were able to spend more time with their families and did have to spend time to get to workplace. For most people, the period of COVID-19 emergency situation seemed more stressful as they spent more time in webinars and meetings. They also lacked —chatting with colleagues (Galvez et al., 2020). The division between family time and working time overlapped so much that they found it difficult to cope with. While women already did the majority of the unpaid care work in households before the beginning of COVID-19 pandemic, recent studies show that this load had increased dramatically due to the crisis. The negative effects on women and families are likely to last for several more years (ILO, 2020). What we usually call the —economy would not be able to function without the (often unrecognized) work ensured by the care economy: providing daily living, cooking, upbringing children, etc. (Power, 2020; Ramakrishnan, 2020).

2.5 Research Hypothesis

The following were the hypotheses of the study;

- i) There is a significant relationship between Covid 19 coping strategies and the psychosocial situations of the parents in Kampala Central division.
- ii) There is a significant relationship between Covid 19 coping strategies and the work life balance of the parents in Kampala central division.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter mainly focused on methods and procedures which were used in data collection. They include research design, population, sample size determination, research instruments, procedures, quality control, data management, data analysis, reliability, validity and anticipated problems.

3.1 Research design

The researcher used a correlational research design in order to analyze the relationship between COVID-19 copying strategies and the psychosocial situation of parents with their work life balance. The correlation process determined the relationship or connection of the various variables in the research study (Neumann, 2014).

3.2 Population of the study

The population of the research entailed parents and local people from Kamwokya (Kagugube) which approximately has a population of 1100 households. There was no discrimination in gender hence all genders female and male were considered in the study.

3.3 Sample Size

The Krejcie & Morgan sample data table proposed a sample of 285 participants since the total population for Kagugube is approximately 1100 households. According to the researcher the subset of participants was drawn from the target population of Kagugube. A simple random sampling technique was used to get the 285 participants who were representatives of the entire population of the parents in Kagugube who were affected by the COVID-19 coping strategies and their psychosocial situations in relation to their work life balance (Mugenda and Mugenda, 1999).

3.4 Measuring instruments

These are tools used to measure or collect data on the variety of variables and such tools includes scales, indexes, surveys, interviews and observations (Oso and Onen, 2008). The researcher designed self-administered questionnaires, from constructs (COVID-19 coping strategies, psychosocial situations, and work-life balance. 15 item scale was used to measure the magnitude of each of the variables above (Sekaran, 2003). The variables were measured alongside a 5 Likert point scale (Neumann, 2014). The questionnaires were divided into 5 sections where the participants were indicated the degree of affection with each statement by ticking the appropriate number. Section A required the respondents to tick in the information they correspond with, section B requires respondents to answer questions on Covid 19 coping strategies. Section C looks at the psychosocial situation of the parents while Section D looks at the work-life balance of the parents.

3.5 Data Collection Procedure.

The researcher sought assistance from the supervisor who gave him a letter to be taken to the local council chairman of Kagugube parish. The Local Council I gave the researcher a way

forward to distribute the questionnaires to the sample population who filled them and returned them to the researcher. Observations were used during data collection (Sekaran, 2003).

3.6 Quality Control

3.6.1 Reliability

This was defined as to how consistently a method measured something and achieved a result consistently using the same methods under the same circumstances. This showed the reliability of the measurement. The questionnaire was filled with the respondents and any responses from them were not tampered with so as to display true and accurate results. To ensure the reliability of the tests, pretesting was done with the university colleagues before the actual field data collection.

3.6.2 Validity

Validity was defined as the appropriateness and the extent to which a research instrument measured what it is intended to measure.(Neumann,2014) Therefore validity was based on determining the level of credibility or accuracy of the research instrument (Oso and Onen, 2008).The researcher used the expert judgment of the supervisor to verify the validity of the instruments. The level of validity of the questionnaire was based on the content validity index(C.V.I)(Etyang,2018).

3.7 Data management

This was referred to the process of ingesting, storing, organizing, and maintaining the data created and collected by the researcher (Mugenda and Mugenda, 1999). Data collected from the field was coded, analyzed and entered into the computer. Excel data was used to develop charts, graphs, and figures since they contained a collection of data that is organized so that it could be accessed, updated and managed.

3.8 Data Analysis

This referred to the process of cleaning, changing and processing raw data and extracting the data (Sekaran, 2003). The researcher used frequency tables, pie charts, percentages, among

others during data analysis. The percentage and tables showed the respondents' personal data and a table showing Pearson product coefficient that tested the relationship between COVID19 coping strategies, psychosocial situation of the parents of the situation and their worklife balance. During data entry and coding, the researcher used the SPSS program.(Version 21.)

3.9 Anticipated problems

The researcher anticipated a problem of lack of appreciation of the value of their research by the respondents. This problem was solved by educating the respondents about the importance of the research study. The researcher anticipated to make mistakes while creating or administering the survey. The researcher sought assistance from the supervisor who greatly guided him on creating the questionnaires. Response bias was also an anticipated problem where respondents were unduly influenced while providing answers on the survey thus affecting the accuracy of the survey data obtained. The researcher thoroughly explained why it was important to answer the questionnaires calmly without bias. There was also participants' inability or unwillingness to answer questions honestly. There was no solution to counteract the way participants answered the questionnaires since the researcher had no authority to change what was answered.

3.10 Ethical considerations

During the research, principles that govern a good research survey were adopted for example voluntary participation where all the participants were asked to consent to engage in the survey. Protection of the privacy of individuals was also ensured, and before carrying out the research, full consent was obtained from the participants.

CHAPTER FOUR

PRESENTATION OF RESULTS

4.0 Introduction

This chapter presents the findings of the study in relation to the questionnaire and the objectives. The main emphasis is on the percentage of response(s) and the tabulation of the results to develop charts, figures, and tables in relation to the study objectives.

4.1 Demographic Characteristics of Participants in the study

This mainly focused on four main components: the gender of the participants in the study, their age, marital status, and their level of education.

4.1.1 Gender of participants in the study

The primary findings from the study indicated that a frequency of 158 of the respondents were females and 127 were males. This gives a percentile of 55 percent of the respondents being female and 45 percent male as shown in *Fig. 4.1* below.

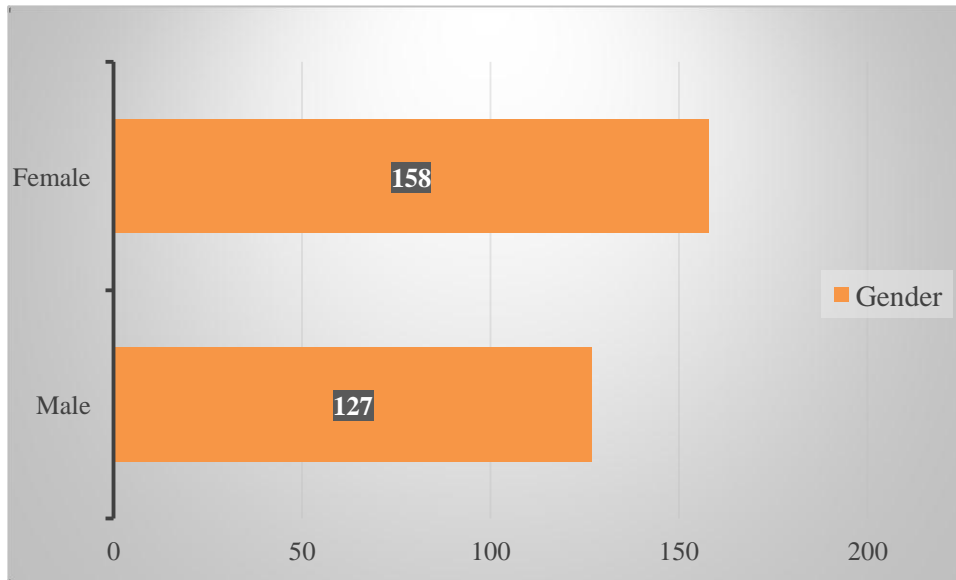


Fig. 4.1 Gender of participants in the study (Primary Data)

4.1.2 Age of the participants in the study

In terms of the age of the participants in the study, four main age brackets were considered: 20-30, 31-40, 41-50, and 51+. After the study, findings indicated that the largest proportion of the respondents were young people aged 20-30 years of age with a frequency of 148 which represented 52 percent of the sample (Fig. 4.2 below). This positively correlates with the 2014 Uganda National Census report which indicated that the largest segment of Uganda’s population comprises of young people.

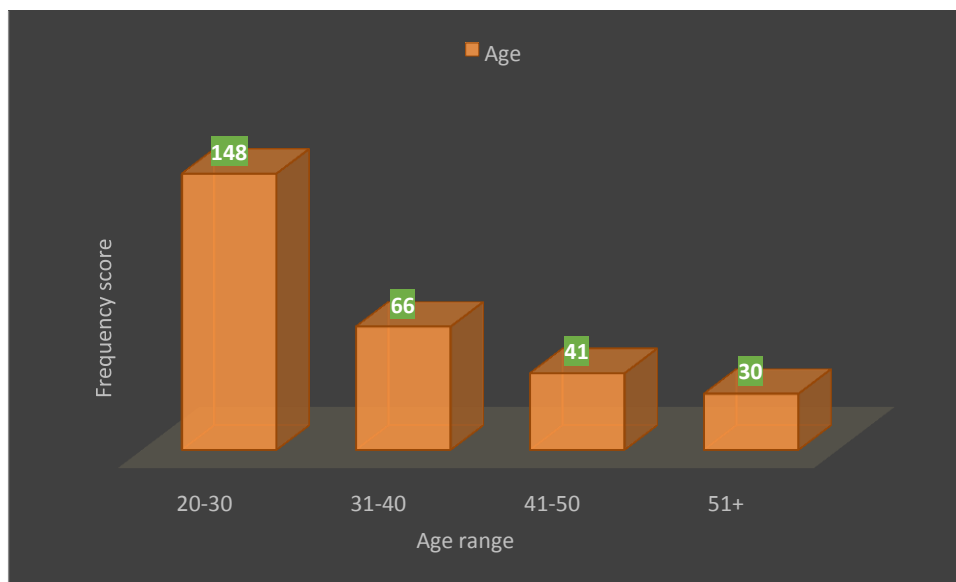


Fig. 4.2 Age of participants in the study (Primary Data)

4.1.3 Marital status of participants in the study

In the marital status category, 45 percent of the participants were single and the least proportion of the study participants was widowed who represented 6 percent of the sample as shown in *Fig. 4.3* below.

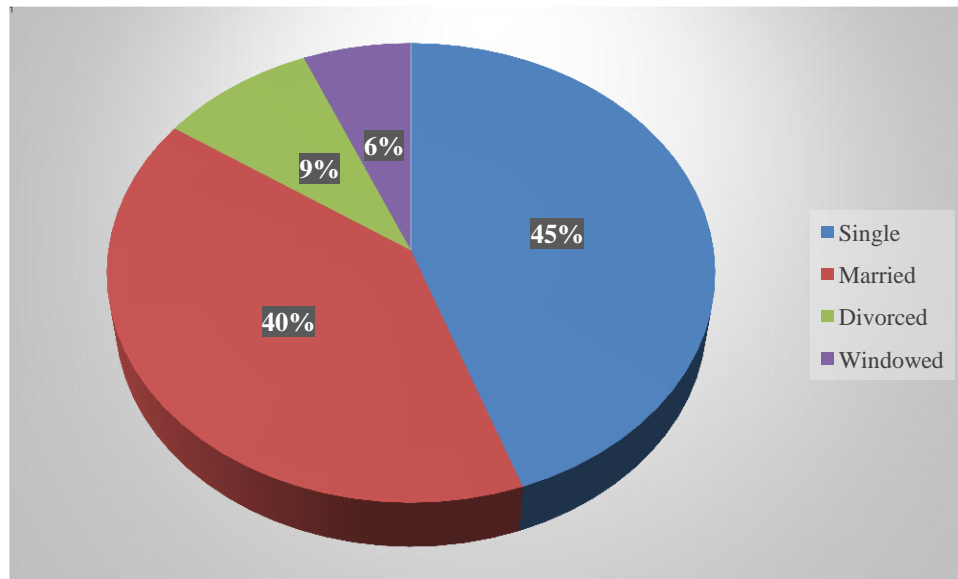


Fig.4.3 Marital status of participants in the study (Primary Data)

4.1.4 Level of Education of the participants

In this demographic category, four main components were considered: tertiary education, secondary, primary, and none. In the sequence of the findings, it was reported that the highest proportion of respondents has at least tertiary education, followed by primary, secondary,

and no formal education respectively. In terms of percentage, 37 percent of the respondents sampled at least have obtained tertiary education.

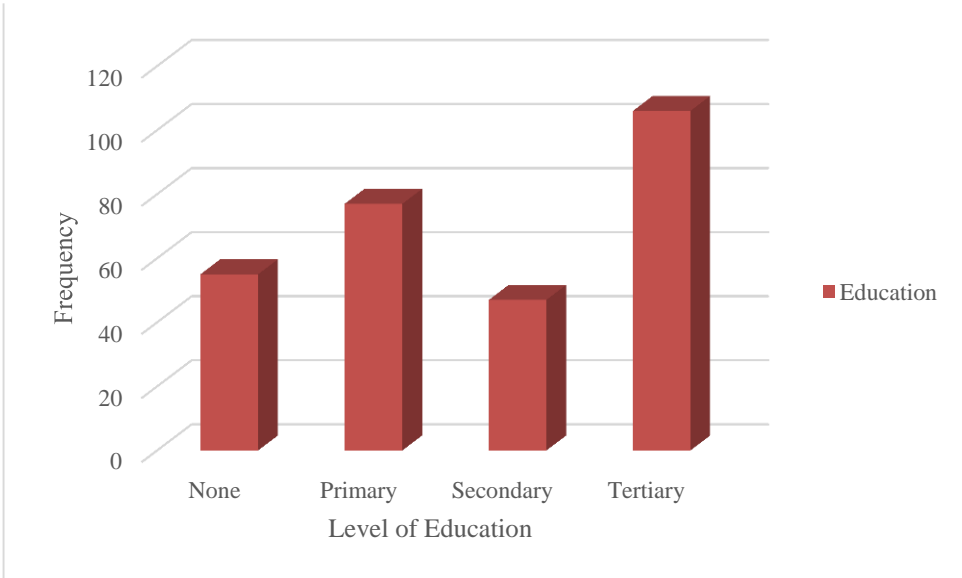


Fig. 4.4 Education attainment levels of the participants (Primary Data)

4.2 COVID-19 and Psychosocial situation

To assess the effect of COVID-19 on the psychosocial situation of participants, an agreement scale was generated. 25 percent of the participants in the study strongly agreed that COVID-19 has greatly affected their psychosocial situation. The breakdown is shown in Fig. 4.5 below.

This observation was supported by qualitative data obtained from a key informant in the Kagugube cell who categorically said that,

“COVID-19 affected families as they were not able to generate income yet most of the families depended on daily sales from nearby markets and shops.”

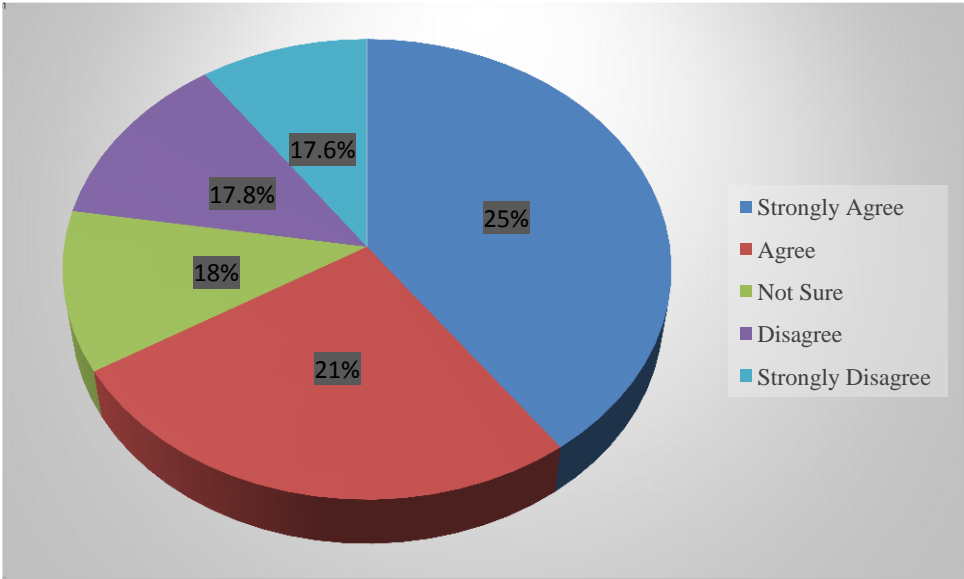


Fig 4.5 View on the impact of COVID-19 on the psychosocial situation (Primary Data)

4.2.1 How COVID-19 impacted the psychosocial situation

To understand how COVID-19 affected the psychosocial situation of participants in the study, respondents gave their responses based on the 15 main impacts generated in the questionnaire (See questionnaire in *Appendix 1*). Results showed a positive correlation between COVID-19 coping strategies and the psychosocial situation of parents. The relationship was positive but very low with the $r = .39$. This implies that there was a low significant relationship between COVID-19 coping strategies and the psychosocial situation. The average level of effect was high with a score averaging 57 (See *Table 4.1* below).

During a key informant interview in Kagugube, a local leader reported that *‘during COVID-19, most parents had to send their children and wives to villages to reduce costs of food which distorted their families.’*

Table 4.1: Correlation between COVID-19 Coping strategies and psychosocial situation

Psychoso- cial Situation	Strongly Affected	Affecte d	Not Sure	Less Affecte d	Much Affecte d	COVID -19 Coping strategy	Average level of effect on Psychosoci al situation	Pearson r
1	80	55	44	60	46	35	57.00	0.39
2	84	56	45	43	57	65	57.00	
3	57	55	58	64	51	45	57.00	
4	74	56	49	40	66	32	57.00	
5	93	61	39	38	54	18	57.00	
6	93	55	52	12	73	50	57.00	
7	82	51	67	63	22	68	57.00	
8	72	80	52	61	20	78	57.00	
9	55	43	53	55	79	54	57.00	
10	60	63	50	60	52	64	57.00	
11	58	74	43	57	53	34	57.00	
12	55	76	59	56	39	32	57.00	
13	69	66	55	37	58	45	57.00	
14	66	63	45	54	57	55	57.00	
15	63	58	70	53	39	21	56.60	

Source: Primary Data

A scatter diagram showing a correlation between covid-19 coping strategies and psychosocial situations .

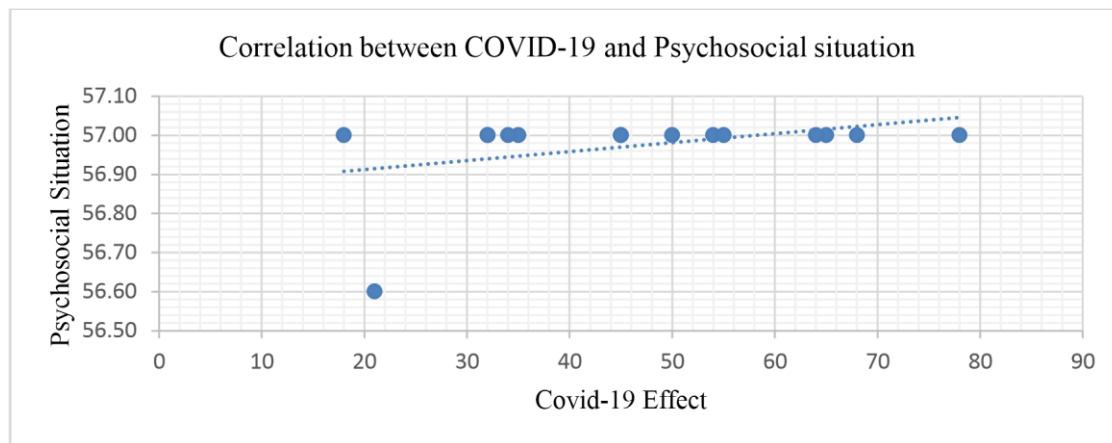


Fig 4.6 Correlation between COVID-19 coping strategies and psychosocial situation.

4.3 COVID-19 on the work-life balance of parents

The study also aimed at finding out how COVID-19 affected the work-life balance of parents. Respondents gave their feedback relating to 15 general impacts in the questionnaire. Based on the agreement scale, 22 percent of respondents reported to be strongly affected by the pandemic, 22 percent just agreed and 12 percent reported to having been less affected by the pandemic. This is supported by the information given by the key informant who said that

the increased extension of the lockdown and partial opening especially after 2020 increased the burden of managing the family by parents.

Table 4.2 Impact of COVID-19 and Work-life balance based on the Delphi scale

Delphi Scale	Frequency of responses	Percentage (%)
<i>Strongly Affected</i>	933	22%
<i>Affected</i>	952	22%

<i>Not Sure</i>	932	21.8%
<i>Less Affected</i>	934	21.8%
<i>Much Less Affected</i>	524	12.2%
<i>Total</i>	4275	100%

Source: Field Data

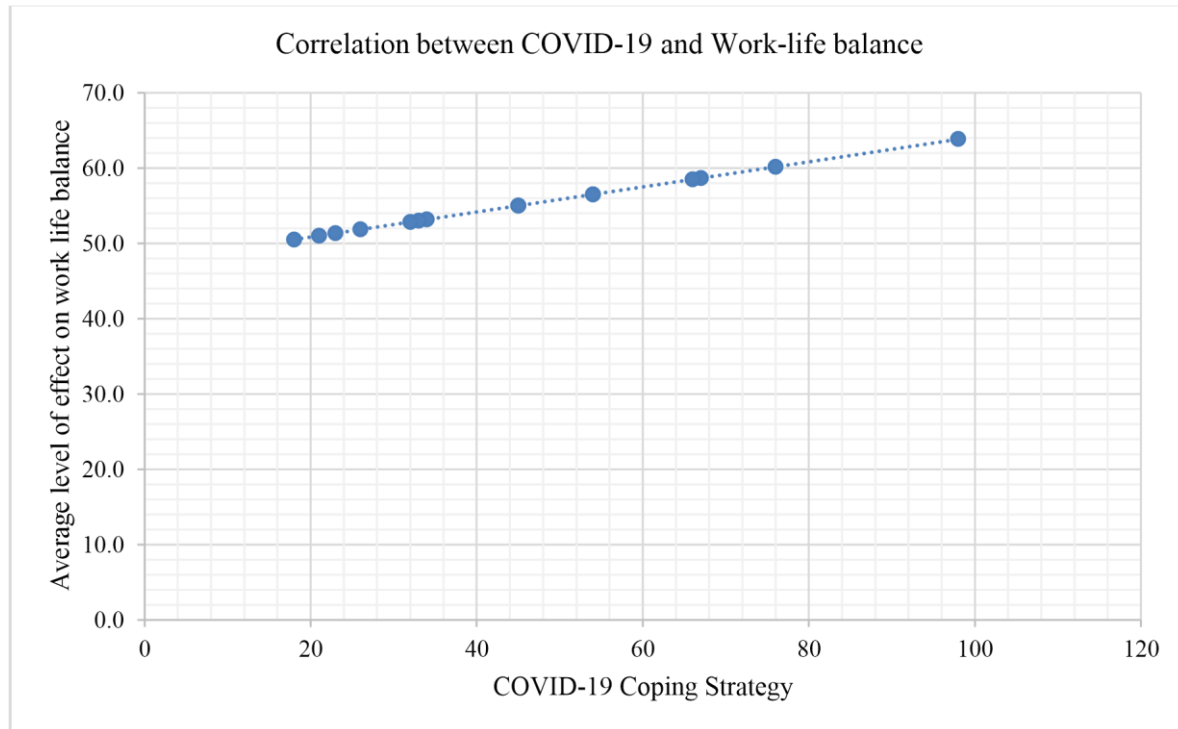
To understand the correlation, a Pearson correlation was conducted and it was found that there is a very strong positive correlation between COVID-19 and the work-life balance of parents. The correlation was very significant with $r= 1.00$. In addition, the relationship is very strong and a perfect since the r value is 1.00.

Table 4.3: Relationship between COVID-19 Coping strategies and work-life balance experiences.

Work-life balance	Strongly Affected	Affected	Not Sure	Less Affected	Much Affected	COVID-19 Coping Strategy	Average Level of effect on Work-life balance	Pearson r
1	42	59	60	80	44	34	53.2	<i>1.00</i>
2	57	43	78	73	34	76	60.2	
3	60	87	56	47	35	45	55	
4	50	68	71	50	46	54	56.5	
5	87	52	63	58	25	23	51.3	
6	71	69	28	91	26	18	50.5	
7	69	57	83	52	24	98	63.8	
8	100	24	39	67	55	45	55	
9	75	84	29	59	38	33	53	
10	29	83	57	86	30	21	51	
11	45	65	74	59	42	67	58.7	
12	62	79	86	30	28	54	56.5	
13	36	69	83	64	33	32	52.8	
14	87	59	36	68	35	26	51.8	
15	63	54	89	50	29	66	58.5	

Source: Field Data

A graph showing the correlation between Covid-19 coping strategies and the worklife balance of the parents in Kampala Central Division.



The graph shows a positive correlation since it is 1.

DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS.

5.0 Introduction

This chapter involves the discussions, conclusions, and recommendations. This is based on the findings of the study objectives and the recommendations are based on the discussions of the findings and analysis of the data as well as interpretation of the findings addressing the research questions that the study aimed to identify and explain.

5.1 Perception of the impact of COVID-19 on the psychosocial situation

There is a significant relationship between Covid 19 coping strategies and the psychosocial situations of parents in Kampala Central Division.

The correlation between the variables as per the results ($r=0.39$) is a positive but weak and imperfect correlation which implies that to a lesser extent in Kagugube Parish within Kampala Central Division, the Covid 19 coping strategies had a weak and less significant impact on the psychosocial situations of parents in Kampala Central Division. (*Fig 4.6*)

Findings from the study categorically indicated that 25 percent of the respondents strongly agreed that COVID-19 was devastating to their family situation and life experiences. This was further supported by an interview with a local leader in Kagugube who said that —*Covid-19 affected families.....*|| This finding and data significantly correlate with literature from global and regional reports on the impact of COVID-19. A collaborative research report in India on the impact of COVID-19 on families documented that about 80 percent of families especially poor families were affected by the pandemic (GSDI, 2021). A related study in Malaysia further clarified the effects to include disturbances in children’s education, loss of income, and impacts on family relations (UNICEF, 2020)

According to the researcher, Covid 19 coping strategies impacted on the psychosocial situations of parents in Kagugube Parish, however, the correlation between the two variables was weak due to the differences in income of the parents as displayed in the scatter diagrams, this happened because of the informal and formal work settings where government during the lockdown categorized certain employees as essential workers and others not therefore these

getting income that supported them to facilitate their families' basic needs. This devastated the living conditions of the parents that were carrying out informal work.

5.2 COVID-19 impact and psychosocial situations

Study participants' results indicated a positive but weak and imperfect correlation between COVID 19 coping strategies and the psychosocial situation of $r=0.39$ (See Table 4.2 above). According to the 2020 United Nations Report on the impact of COVID-19 on society, the study findings positively correlate with the findings in the study as it was reported that 80 percent of families, especially in the global south experienced some social stress and family issues. An online survey conducted among rural families in Malaysia further observed that COVID-19 increased gaps in healthcare access, education and protection which increased stress and the risk of poor communities on being left behind in socio-economic stability (UNICEF, 2020).

Study participants further reported that the pandemic increased on emotional stress and anxiety which affected the parents' confidence to taking care of their children. This finding positively correlated with a study related to food provision by the Food and Agriculture Organization (FAO, 2020). According to the report on food supply chains, it is documented that COVID-19 disrupted food supply chains which made it hard for poor families to access food increasing family anxiety related to food provision (FAO, 2020).

In addition, 11 percent of respondents reported finding difficulties in adjusting to the new form of education which affected children's cognitive abilities. This finding relays the observation discovered in a research paper on how COVID-19 affected the education system. It was reported that poor students failed to adjust to online learning and experienced problems in obtaining the necessary learning information affecting their teaching-learning progress (Tumwesige, 2020).

5.3 COVID-19 Impact and work-life balance experience

There is a significant relationship between Covid 19 copying strategies and the work life balance of parents in Kampala Central Division.

The data from the field respondents shows that the correlation between Covid 19 copying strategies and the work life balance of parents in Kagugube Parish within Kampala Central

Division is ($r=1.00$). This presents a very strong positive correlation between the two variables, therefore parents whose work was affected by affected by Covid 19 strategies experienced several effects resulting to changes in their work life balance

The study also explored the impact of the COVID-19 on their work-life balance experiences. Findings from the study revealed a very strong and perfect relationship of *1.00* (See *Table 4.3* above). This implied that COVID-19 coping strategies significantly impacted the work-life balance of parents. The impact of COVID-19 on stress has been well documented in global literature (AFI, 2021). A study in urban communities in Kampala documented that at least 3 in 1 person reported stress during COVID-19 main related to socio-economic sustainability of individuals and families (New Vision, 2021).

In addition, the worsening economic and financial situation increased on the inability of families to sustain their well-being as reported by the study participants. A financial monetary flow study in Uganda concluded that most Ugandans experienced financial stress due to low economic activity and disposable income (Owori, 2021). In fact a study in Maharashtra in India concluded that the impact of COVID-19 on working families are a typology of low economic activity thus loss of income, disturbance on the ability of parents to provide education to children and health deterioration due to stress (GSDI, 2021). The worsening economic situation increased family conflicts, violence and breakdown (New Vision, 2021).

On the positive side however, 3 percent of respondents reported to have obtained benefits related to their work conditions. The main benefits reported ranged from ability to relax from continuous work schedules, learning new remote working skills, and more time to spend with family. These observations are partly supported by a sociological study conducted in Uganda that concluded that the pandemic enabled distance working parents to spend more time together which helped in providing more care for parental growth (UNDP, 2020). However, a critical study concluded that such benefits were mainly amongst rich families as it was observed that parents engaged in informal sector experienced more disadvantages from the lockdown such as loss of business and income generating opportunities (UNCDF, 2020).

According to the researcher, the work life balance of parents in Kagugube Parish within Kampala Central Division was generally affected by Covid 19 coping strategies. This is because measures like curfew reduced the working hours of parents, schools closed, therefore teachers were not earning income, limitations on public and private transportation means affected the parents at large since movements to work places were halted, as issue that gave them difficulties and others decided to camp at work and stay there hence the strong positive correlation between the two variables.

5.4 Conclusions

The findings of this report underscore the need for better protection of vulnerable and socially disadvantaged people especially the urban poor people, children, and parents from adverse and future harmful emergency situations and lockdown situations. This is because the effects massively affected the already fragile families and communities in Uganda, especially the urban poor who are already threatened by several urban issues such as poor health, housing, and sanitary conditions in Kampala.

5.5 Recommendations

Based on the identified findings, government and non-government institutions can employ several measures to enable the recovery of parents and communities such as

- There is an urgent need for the introduction of socio-economic and other responses for sustainable management of future pandemics; including responses for the protection of children and women in cases of health emergencies.
- There is a need for an effective pandemic and emergency plan to mainstream family protection. This can be through emergency funding for the highly vulnerable people in society.

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APPENDICES Appendix 1: Questionnaire

Dear respondent this questionnaire has been designed to establish a relationship between COVID- 19 and the psychosocial situations among the parents and their work life balance in

Kampala Central Division .This information gathered will be used purely for the purpose of academic research and your response will be treated with strict confidentiality .Please read the questions carefully and respond honestly.

Section A; Personal Data [Fill in or Tick the choice from the categories]

No	Item	Coding Category	Response [Tick or Fill in]
1	Sex	a) Male	
		b) Female	
2	Age group of respondent	a) 20-30years	
		b) 31-40years	
		c) 41-50 years	
		d) 51 and above years	
3	Marital status	a) Single	
		b) Married	
		c) Divorced	
		d) Widowed	
4	Number of children staying with	a) 0-5 b) 6-10 c) 11+	
5	Highest level of education	a) S.5 b) S.6 and below c) Certificate and below d) Degree and above	
6	Work setting	a) Formal b) Informal	
7	Duration spent at place of work	a) 1-5 years b) 6 and above	
8	Religious affiliation	a) Moslem c) Catholic d) Protestant e) Born again	

		f) Others	
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Section B: Covid 19 copying strategies.

Read each statement carefully and tick the score that closely responds with how you view Covid 19 and the related copying strategies as measured on the scale below.

Strongly agree	Agree	Not sure	Disagree	Strongly disagree
1	2	3	4	5

No	Copying strategies	1	2	3	4	5
1	Quarantine had more disadvantages than advantages					
2	Masking was very inconveniencing.					
3	Closure of schools greatly affected my children.					
4	Curfew had great impacts on my working time.					
5	Transport limitations were bad to the economy.					
6	Closure of churches affected my spiritual devotion.					
7	The lock down increased poverty among many parents.					
8	Social distancing created stress and depression					
9	Mandatory vaccination greatly had side effects to my health.					
10	Restrictions on open campaigns disorganized elections.					
11	It was difficult to access social and medical services.					
12	Hand washing regularly was stressing.					
13	Closure of bars affected your social life.					
14	Online studies affected your children's education.					

15	The restrictions on public gatherings created frustration.					
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Section C: Psychosocial situations

Read each statement carefully and tick the score that closely responds with how you view covid- 19 coping strategies and psychosocial situations as measured on the scale below.

Strongly affected	Affected	Not sure	Less affected	Not affected
1	2	3	4	5

NO	Psychosocial situations	1	2	3	4	5
1.	Remote working affected my working schedule.					
2.	School closure affected the children					
3.	Spending a lot of time with my family affected my mental health					
4.	The bill payments were affected by the pandemic					
5.	The pandemic affected access to basic needs like food.					
6.	The pandemic affected your business.					
7.	Covid 19 coping strategy of social distancing affected the voting process.					
8.	There were family wrangles during the Covid 19 pandemic era.					
9.	Your children became school dropouts.					
10.	Covid 19 was very stressful to me.					
11.	Losing jobs greatly affected your income during the pandemic.					

12.	My mental health was affected due to Covid 19 and its effects.					
13.	I was affected by the changes in service provision.					
14.	There were difficulties in feeding your family members.					
15.	I was greatly affected by social tension and frustration.					

Section C: Psychosocial situations **Section D: Work life balance**

Section D: Work Life Balance

This section will measure Covid -19 and work life balance; it indicates the degree to which you agree with each statement on the scale below.

Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
1	2	3	4	5

No	Work life balance component	1	2	3	4	5
1	The pandemic provided sufficient opportunities.					
2	The pandemic helped to develop my internal career.					
3	Remote working was profitable to me.					
4	My work during the pandemic was productive.					
5	I got free time during the Covid 19 pandemic era.					
6	I attended meetings while at home.					
7	The new working experience was good.					
8	I received adequate monetary compensation.					
9	I was provided with adequate health insurance.					

10	I got a reduction in my working hours.					
11	My work load increased during the pandemic.					
12	Telecommuting increased my association with devices.					
13	I became more independent					
14	High pressure brought about perfection					
15	I got adequate time to deal with self-management					

Section C: Psychosocial situations

Appendix II: Time frame

Months	Expected results
May 2022	Topic and objective development
June	Existing literature combined
July	Submission o proposal study area mapped.
August	Data collection, final data base crated data analysis
September 2022	Final proposal compiled and submission.

Section C: Psychosocial situations

APPENDIX III: Budget

WAMBUZI ANDREW JOHNMARY

Budget for research of a Bachelor of Industrial and Organizational Psychology Degree

Serial No.	Requirements and details	Quantity	Unit price[ugshs]	Total Amount[ugshs]
A	Equipment and stationery			
1	Flash Disc	1pc	30000	30000
B	Personnel			
2	Research Assistants[2]	2 months	50000	100000
3	University guides[2]	1 month	40000	80000
C	Printing Service			
4	Printing the proposal	7pcs	5000	35000
	Grand total			245000

Section C: Psychosocial situations

APPENDIX IV: SAMPLE SIZE TABLE

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	10	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	700	364
50	44	180	123	420	201	1400	302	8000	367
53	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	13000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	100000	384

Source: Kreijefe and Morgan, determining sample size for activities

NOTE:

—N is population size

Section C: Psychosocial situations
—S₁ is sample population