



Experiences of Lockdown During the Covid-19 Pandemic in the Mental Well-Being of the Uninfected Population in the Post-Pandemic Era at Marist International University College in Nairobi, Kenya.

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ABSTRACT

Throughout the COVID-19 pandemic, general medical complications were given the utmost attention, with more focus on physical health. Only a handful of studies addressed the potential direct effects or impacts on mental well-being. The research explored the experiences of lockdown during the COVID-19 pandemic on the mental well-being of the uninfected population in the post-pandemic era at Marist International University College. The study drew its insights from the philosophical and psychological contributions of the logotherapy theory of Victor Frankl and the Cognitive Behaviour Therapy (CBT) theories of Aaron Beck and Albert Ellis. The study adopted a phenomenological research design as a qualitative approach. The study population was 638, targeting only year-four students and full-time staff. A snowball sampling technique was applied, and data saturation was achieved with 15 participants. The data collection was through an interview guide with open-ended questions and was analysed using thematic analysis. The findings of the study revolved around the multifaceted influence of the COVID-19 pandemic on the mental well-being of the uninfected population and the coping strategies employed. The findings of the study revealed that the experiences of lockdown during the COVID-19 pandemic are diverse among the uninfected population, with both positive and negative impacts on their mental well-being in the post-pandemic era. Importantly, these experiences continue to influence mental well-being in the post-pandemic era, emphasizing the need for ongoing support systems and holistic approaches to promote resilience and recovery.

Keywords: Covid-19 Restrictions, Mental Well-being, Lockdown, Uninfected Population

OPERATIONAL DEFINITION OF TERMS

COVID-19: This is a highly infectious pulmonary disease that is spread from one person to another when the droplets of an infected person get into the nose, mouth or eyes of another person.

COVID-19 restrictions: This refers to any guidance, order, rules, regulations, directions, instructions, measures, law, or advice enacted, imposed, enforced, applied, announced, published or dispersed which relates directly or indirectly to the COVID-19 pandemic.

Mental well-being: This is a combination of how one feels (emotions and life satisfaction) and how one functions (relationships with others, personal control, purpose in life, and independence) during the COVID-19 pandemic.

Uninfected population: These are individuals who were free from infection, not infected or who did not get COVID-19 disease.

Strategies: These were measures employed to buffer individuals from the adverse effects of COVID-19

Anxiety levels: This refers to how much one is worried, overwhelmed, stressed, or nervous concerning the meaning of life and the future or because of the changes and uncertainties brought about by the restrictions of the COVID-19 pandemic.

Psychological functioning: This refers to the ability to think clearly, manage emotions, cope with stress and anxiety, and maintain a sense of balance and well-being in one's life during the COVID-19 pandemic.

Emotional regulation: This refers to the ability to manage, respond, express and control one's emotions and feelings effectively or in a healthy and constructive way during challenging or stressful experiences of COVID-19 restrictions.

Social functioning: This refers to the ability to maintain relationships with family and friends, participate in social activities, and engage in meaningful interactions regardless of COVID-19 restrictions.

Resilience: This is a person's ability to adapt, bounce back or cope with difficulties and keep going when dealing with the experiences and changes caused by the pandemic measures.

Meaning and purpose: This is what gives someone a sense of direction, fulfilment, and satisfaction and feel connected to their goals, values, and what matters most to them despite the experiences posed by the restrictions of the COVID-19 pandemic.

I. INTRODUCTION

The most pressing issue of the twenty-first century is, without a doubt, the appearance of a rare acute respiratory syndrome coronavirus (SARS-Cov-21), which is still spreading over every continent of the world and endangering the future of human society. It has been extensively documented how the coronavirus pandemic has affected caregivers and their immediate, extended, national, and international families. According to Egunjobi (2020c), coronaviruses are viruses that affect mammals and occasionally spread from one animal to another to infect and proliferate among people. In compliance with Zu et al. (2020), a confirmation of clusters of infected individuals, their family members and healthcare workers established that COVID-19 has spread from human to human by contact, droplets, and fomites. Hence, as of today, July 26, 2023, globally, we have 768 560 727 million confirmed cases and 6 952 522 million deaths reported due to COVID-19 (WHO, 2023).

The persistent risks posed by COVID-19 and the inconveniences to daily living have had positive and negative psychological effects. The prevalence of mental health conditions like anxiety, stress, loneliness, stigmatisation, job loss, and many others has significantly increased during the outbreak, further compromising individuals' capacity to carry out daily tasks and their cognitive abilities, especially among those who already had psychiatric symptoms (Yang et al., 2020). Khan et al. (2020) emphasise that although the Coronavirus, for the most part, touches the lungs to cause severe to moderate pneumonia, it may adversely affect mental health to develop anxiety, stress and depression; however, the primary attention is specifically more oriented towards the physical health. Nevertheless, there have been reports from many countries worldwide on how the COVID-19 pandemic has affected mental health and well-being (Fiorillo & Gorwood, 2020; Subramaney et al., 2020).

Due to the COVID-19 pandemic's rapid spread worldwide, numerous nations have taken and are continuing to take emergency measures to ensure public health per WHO guidelines (Shah et al., 2022). It urgently became necessary to take substantial action to control the virus's rapid spread. Lockdown, quarantine and self-isolation, facemask use, social distancing, and, most recently, COVID-19 vaccination were among the most widely employed controls for this virus. Fundamentally, the pandemic and these related containment measures can have a detrimental impact on mental well-being. In particular, increased loneliness and reduced social interactions are well-known risk factors for several mental disorders, including stress, anxiety and severe depression. Consequently, concerns about one's health and that of their loved ones (particularly elderly or those suffering from any physical illness) and uncertainty about the future can generate or exacerbate fear, depression, and anxiety. If these concerns are prolonged, they may increase the risk of severe and incapacitating mental health conditions such as obsessive-compulsive, panic, stress, and trauma-related disorders (Fiorillo & Gorwood, 2020).

Accordingly, studies have revealed that various governments at different levels at one point or another imposed lockdown, isolation, quarantine, and social distancing, which were proven to be effective restrictions for preventing and combating the COVID-19 pandemic. Unfortunately, they concluded, these policies caused physical, financial, and mental health issues.

II. LITERATURE REVIEW

Given its significant and extensive effects, understanding the effectiveness of policy responses to the COVID-19 pandemic is crucial. Lockdowns — mandatory or optional stay-at-home and shelter-in-place orders — are some of the most well-known regulations since they encourage social distancing and stop the virus from spreading (Petersen et al., 2021). According to the information gathered from a study done across localities in China, South Korea, Italy, Iran, France, and the United States to examine the impact of widespread anti-contagion policies like lockdowns, quarantines, and social distancing on the COVID-19 pandemic (Hsieng et al., 2020) showed that lockdowns were beneficial to physical health since they decreased virus-related excess mortality (Hsieng et al., 2020; Flaxman, 2020).

On the effect of large-scale anti-contagion policies on the COVID-19 pandemic, compiled information on 1,700 local, regional, and national non-pharmaceutical interventions that were used in the continuing pandemic across those localities. Using reduced-form econometric techniques, which are frequently employed to assess how policies affect economic growth, an empirical assessment of the impact of these anti-contagion measures on the rate of infection growth has been evaluated. Large-scale anti-contagion measures appeared to have slowed the COVID-19 pandemic, according to the empirical findings. Since the results indicated that these policies have greatly improved health and that infection rates in the analyzed countries would have originally grown rapidly if no policies had been implemented. For instance, the estimate that, in the absence of widespread anti-contagion measures, there would have been, at the end of the analysis, almost 465× the reported number of confirmed cases in China, 17× in Italy, and 14× in the United States (Hsieng et al., 2020).

However, studies that were published around the time lockdowns were implemented in the West raised questions about the potential for detrimental mental health impacts, such as loneliness, depression, and suicide (Brooks et al., 2020; Courtet et al., 2020). These concerns seem to be confirmed by certain empirical studies on the consequences of lockdown. For instance, according to Banks and Xu (2020), during the pandemic, mental health in the United Kingdom (UK), as assessed by the Good Health Questionnaire (GHQ-12), deteriorated by roughly 10%. For New Zealand, Sibley et al. (2020)

discover comparable impacts. In a Chinese group, Zhang et al. (2020) discovered slight decreases in subjective well-being (SWB) and escalating psychological distress. Using various measures, Foa, Gilbert and Fabian (2020) discovered comparably mild effects in China

Additionally, a study in Austria employing a questionnaire discovered that compared to data obtained before the lockdown, depression and anxiety symptoms were significantly higher after four weeks of lockdown. People under 35, women, unemployed persons, and those with low incomes appeared to be most affected negatively by the lockdown in Austria (Lune, 2021).

A lockdown may also increase other concerns and conditions, which are probably to increase domestic violence like income strain, high alcohol intake, stress and hence psychological effects (Hill, 2022; Roy et al., 2020). To some, this may expand support within their immediate family. However, the lived reality of watching the pandemic unfold, coupled with social isolation and financial insecurity resulting from the lockdown, likely affected people's physical and mental health (Caqueo-Urizar et al., 2020; HERPWG, 2020; Sibley et al., 2020).

Thus, the importance of resilience in the face of adversity is to decrease and control mental distress, mainly when the collective response is the only way to overcome the threat. However, as people continued to stay at home and save their lives, they may have incurred costs in mental well-being due to unceasing efforts in monitoring and responding to the COVID-19 pandemic (Roy et al., 2020; Sibley et al., 2020). Hence, it has a detrimental impact on people's well-being, where they will experience more negative and less positive emotions (Douglas et al., 2020; Zhang et al., 2021).

COVID-19 expanded slowly across many African nations, peaking late or never at all. A lot of them also instituted strict lockdown guidelines at an early stage (Haider et al., 2020). Early strict lockdowns have been blamed for the seemingly minimal impact of COVID-19 in South Africa; however, the distribution of cases across the country did not change in response to changes in lockdown intensity (Smart et al., 2021). According to an assessment of regimes across several African nations, there was "no obvious pattern" or significant variations in the actual measures put in place and their relationship to the epidemic's development (Haider et al., 2020).

Thus, it was not clear how well lockdown worked in South Africa to stop the COVID-19 virus from spreading. Lockdowns were justified in their effectiveness by lowering social interaction; nevertheless, in densely populated areas, this worked to the contrary of what was intended (Chirisa et al., 2020). Lockdowns also posed major health hazards given the high rates of poverty and food insecurity in South Africa, where, despite the nation's relative riches, around half of the population lives below the upper-bound poverty line (Smart et al., 2021).

Following the persistent increase and spread of the COVID-19 virus in the Nigerian case, the federal government eventually announced a nationwide lockdown on March 30, 2020, taking immediate effect in three states of the federation: Lagos, Ogun, and Abuja. This study aimed to examine the impact of lockdown on COVID-19 cases in Nigeria using the negative binomial regression estimator on the daily situation data (Ajide, Ibrahim & Alimi, 2020).

However, the increasing unrest among the populace brought on by the terrible socioeconomic fallout from the experiment made it impossible to maintain the lockdown (Ajide, Ibrahim & Alimi, 2020). On May 4, 2020, the lockdown in these states was therefore lifted. As a result of this one choice, the number of viral cases in the states has increased. Official data indicates that on May 4, 2020, the first day of easing, the pandemic's reported daily cases rose to 245, the greatest number since the nation's first index case was reported (NCDC, situation report, 2020). Health commentators and other interested parties allegedly connected the relaxation of the lockdown to the increase in recently reported COVID-19 cases (Ajide, Ibrahim & Alimi, 2020).

In the context of the COVID-19 pandemic, a study conducted in Kenya on the mental health and psychological well-being of adolescents from Nairobi and the Coast regions revealed that the Kenyan government had taken a number of steps to stop the virus's spread. Following the initial revelation of COVID-19 cases in Kenya in March 2020, the government implemented a lockdown in multiple regions, including Nairobi, the country's capital, by April. Both non-essential enterprises and schools were shuttered (Mbithi et al., 2023).

In addition, the government restricted public gatherings, including weddings, funerals, and religious ceremonies, and instituted a curfew at night (Mbithi et al., 2023). These actions had a profound effect on the populace, resulting in a large number of individuals losing their jobs, having their incomes cut, and having trouble getting basic necessities (Osborn et al., 2022). The nation's schools didn't return until January 2021. The school closures also affected the education of millions of pupils, generating concerns about the long-term effects on their academic development (Mbithi et al., 2023).

Increased social isolation and loneliness were probably caused by school closings and social alienation. According to Loades et al. (2020), a comprehensive study of 83 studies, there was a high correlation between mental health problems and the length of loneliness experienced during the COVID-19 pandemic. The review states that loneliness and social isolation raise the risk of anxiety and depression (Mbithi et al., 2023). There have also been shown to be positive associations between social isolation and risky behaviours related to eating disorders, self-harm, and suicidal thoughts (Loades et al., 2020).

Another study conducted in Kenya showed that adolescent girls in urban (Nairobi) and rural (Migori) areas said COVID-19 and its lockdown tactics made them more prone to anxiety, isolation, and perpetual fear about the future. They claimed that sitting or engaging with their peers was difficult as usual. Their perception of life was twisted, they felt lonely, and their future ambitions had been abandoned, leading to hopelessness (Osembo, Ngunjiri & Karuga, 2022).

III. METHODOLOGY

The study used a Phenomenological research design, a qualitative approach used in social sciences, psychology, and philosophy to explore individuals' subjective experiences and perspectives regarding a particular phenomenon (Khan, 2014). The study adopted a phenomenological research design as a

qualitative approach. The population was 638, but the study considered only the undergraduate students from the year-four level and full staff members as the only population that was present at MIUC during the COVID-19 pandemic in the years 2020 and 2021 as the target population. A snowball sampling technique was applied, and data saturation was achieved with 15 participants. The data collection was through an interview guide with open-ended questions and was analysed using a thematic analysis process. The qualitative data was transcribed, analyzed using themes, and presented in narrative form.

IV. FINDINGS AND DISCUSSION

Table 1

Demographic Characteristics of Participants

Participants/Pseudonyms	Gender	Occupation	Date of Interview
A	F	Lecturer	04 th March 2024
B	F	Lecturer	05 th March 2024
C	M	Student	05 th March 2024
D	F	Student	06 th March 2024
E	F	Student	06 th March 2024
F	M	Student	06 th March 2024
G	M	Auxiliary Staff	06 th March 2024
H	M	Lecturer	06 th March 2024
I	M	Lecturer	06 th March 2024
J	M	Student	06 th March 2024
K	M	Student	06 th March 2024
L	F	Auxiliary Staff	07 th March 2024
M	F	Auxiliary Staff	11 th March 2024
N	M	Auxiliary Staff	11 th March 2024
O	M	Lecturer	14 th March 2024

Table 2 provides information about 15 individuals, both males (M) and females (F), who participated in face-to-face interviews during qualitative data collection. Each individual was assigned a participant's pseudonym (A, B, C, ..., O) for identification purposes and to maintain confidentiality instead of using their real names. Their occupations include lecturer, student, and auxiliary staff. The interviews were conducted over several days, ranging from March 4th to March 14th, 2024.

The experiences of lockdown during the COVID-19 pandemic vary widely depending on individual circumstances, age, gender, geographical location, and occupation. According to this study, although uninfected, some participants narrated to have had positive and negative experiences of lockdown that are related to their mental well-being in the post-pandemic era.

1. Positive Experiences

1.1 Increased Reliance on Technology and Digital Communication

Despite the lockdown restrictions with physical distancing measures in place, people relied heavily on digital platforms for work, education, socializing, and entertainment. As such, technology enabled uninfected individuals to stay connected with friends, family, and colleagues through video calls, social media, and online gatherings. This also helped to improve personal growth and development. Participant H shared:

It also taught us some ... opportunities on how to handle issues, like learning we went virtual instead of face to face, we like myself I had to acquire a gadget for teaching which I usually have, known as Penta plate. It helps me even in these days to teach online; I can do my calculations wherever I am, and still, my students can see I share my screen like I'm doing face-to-face. We connected with others from a distance and very well in fact so who were digitally or online connected did not suffer a lot. So, lockdown had some challenges, but it also had some good ways of learning and communication, that's what I can say. (March 6, 2024)

Consequently, increased reliance on technology and digital communication during the COVID-19 pandemic, while initially driven by necessity due to lockdown restrictions, enabled uninfected individuals to stay connected (Mucci-Ferris, Grabsch & Bobo, 2021). Maintaining these connections also fostered a sense of belonging and reduced feelings of isolation, which are crucial for individuals' mental well-being since they share experiences, learn new skills, provide emotional support, and seek advice, thus finding meaning and purpose in life Frankl (1984), which has enhanced their present mental well-being. Participant N narrated:

You know, like now I feel more improved and fulfilled...uuh.. the way I do my job, I can only say despite Corona challenges, my life, my thinking, my knowledge, my job has improved because, you know, lockdown restrictions gave me more time for self-reflection, also inner growth and peace. You know, I was mostly indoors, at home and through internet, uuh... technology, I was engaged in many activities such as short online courses and job workshops, and I googled many resources, which offered me opportunities to learn more skills, I'm happy. (March 11, 2024)

By leveraging different technological tools, people have found new ways to invest in their personal growth and cultivate meaning and purpose in their lives. Despite the challenges of lockdown, digital connections ultimately continue to contribute to their mental well-being through positive social connections.

1.2 Family Time, Connection and Reunion

Family time, connection, and reunion during lockdowns were perceived as positive experiences for some individuals during the COVID-19 pandemic. To some, strong family connections served as a buffer against negative psychological functioning, which contributed to their resilience in times of adversity.

Participant D shared:

Lockdown time, mmm... it provided my family with the opportunity to have a good time, I mean quality time at home all together. Although many activities out there were cancelled or restricted by the government, I had more time to be with my family and shared duties like cooking, cleaning, watching movies, we also worked on the farm and it helped to get my thinking and minds away from Corona disease. This good time gave me a deeper connection with my family members. (March 6, 2024)

As stated by Fioretti et al. (2020), shared activities and experience of navigating the challenges of lockdowns and pandemic-related restrictions brought families closer and together. Family members supported each other emotionally, shared concerns, fears and worries and worked together to adapt to the changes brought about by the pandemic. These shared experiences have fostered a sense of social support and belonging (Cornell et al., 2022), which are vital for maintaining one's emotional and mental well-being in the present life. Participant B narrated:

Yeah, I had good times of happiness and connecting again with my family, and our connection continues even today. We normally meet ... umm ... not so often but more times than before Corona. One feels that he or she belongs to the family or to one another good time to relax, enjoy, laughing together, and ... yeah, sharing stories, old stories of our childhood, it's a nice feeling. (March 5, 2024)

This sense of belonging contributes to a stable sense of self and enhances feelings of security and stability, which are foundational elements of psychological functioning in mental well-being.

1.3 Focus on Health and Well-being

Having more time at home, many individuals used the lockdown period as an opportunity for personal growth and self-reflection. They were able to prioritize their health and well-being by engaging in regular physical exercise, reading more books, cooking healthy meals, and brewing homemade drinks like herbal concoctions. Participant A reported:

I know there is no ..or ... there is limited scientific evidence that supports the use of herbal home remedies or concoctions for preventing or treating Corona, but we mixed garlic, ginger, onions, and lemons and boiled them together. We drank this type of concoction from morning to night, though, bitter we drank it nicely, and imagine, it helped. It was very effective against the symptoms of COVID-19; we never got sick. (March 4, 2024)

COVID-19 has prompted people to prioritize their health and well-being, recognizing the significance of maintaining good physical health as a foundation for mental well-being. Many people engaged in healthy activities such as regular exercise, nutritious eating, adequate sleep, and stress management (Cornell et al., 2022), which not only contribute to their physical health but also had important positive effects on their mental well-being. Hence, they experience a sense of purpose and meaningful life.

1.4 Creativity and Resilience

Despite the lockdown challenges, many people and communities found creative ways to stay connected, support each other, and adapt to the new circumstances. From virtual gatherings to community support initiatives, people demonstrated resilience in the face of adversity. The lockdown period provided an opportunity for people to explore new talents and hobbies or rediscover old ones (Cornell et al., 2022). Many uninfected individuals turned to creative pursuits such as painting, writing, gardening, or learning musical instruments to pass the time and relieve the stress and anxiety caused by the COVID-19 pandemic. Participant L narrated:

Lockdown was a stressful experience for me. I was living alone, and I was able to interact more with myself and discover myself more like the talents in me. I didn't have people that lived together with me, but I took time to be creative. Whereby you know, if you're alone, there is too much thoughts going

through your mind, you don't have anyone to interact with, you don't have anyone to talk to about your issues about what you're dealing with, but gardening and planting new vegetables in my kitchen garden was wonderful, I enjoyed my creativity. (March 7, 2024)

Resilience facilitates personal growth and development in hostile moments (Fioretti et al., 2020). Those who cultivated resilience during the pandemic discovered new strengths, skills, and resources within themselves by embracing lockdown challenges as an opportunity for learning. This led to their today's sense of self-efficacy, empowerment, growth and happiness, which has promoted their psychological functioning and hence enhanced mental well-being. Participant C reported:

Lockdown was not a good thing ooh, it was not easy, very horrible experience for me. We were not visiting places or moving out of this our Marist compound, but I took time to learn two musical instruments, and I was happy. I am very happy ooh (March 5, 2024).

2. Negative Experiences

There is no doubt that the COVID-19 lockdown presented numerous challenges that affected individuals' physical, emotional, and socioeconomic well-being. Some of the negative experiences that people encountered were:

2.1 Isolation and Loneliness

Lockdowns often meant limited social interactions, leading to feelings of loneliness and isolation, especially for those living alone or away from their families and friends. As stated by Osembo, Ngunjiri and Karuga (2022), people became more prone to isolation, loneliness, anxiety and perpetual fear about their future; life's perception was twisted, making them feel lonely, abandoned and hopeless. Participant G shared his experiences as follows:

Under the period of lockdown, we suffered a lot we human beings on this planet Earth. There were boundaries everywhere; you could not move from one place to another. We were isolated, very isolated ... mmm ... imagine I could not leave Nairobi to visit my wife and children in the village. Terrible! I was lonely, very much lonely for many months. The period was more tensed, I was very anxious, it was terrible! (March 6, 2024)

Participant M also echoed:

Lockdown wasn't easy. Although I engaged in many activities which made things to be easy, that time was difficult for us. Particularly myself I stayed alone; I could not even go visiting home for the whole year. I did get other issues like you know, which you could say like this could be psychological, physical or even emotional effects of lockdown like homesick and lonely. You know, and all my siblings were at home, and me, just here in Nairobi alone. It wasn't easy. (March 11, 2024)

Lockdown restrictions meant restrictions on movement, and people were often confined to their homes, which led to feelings of isolation and loneliness, especially among those living alone or without strong social support networks (Akorede et al. (2021). Lack of in-person contact with relatives, family, friends, and colleagues took a toll on mental health. As such, prolonged isolation and loneliness without regular social interactions and emotional support led to emotional regulations, where some uninfected individuals, even today, continue to experience a decline in mood and emotions, leading to psychological distress of having no meaning and purpose and hence diminishes their mental well-being. Participant F confirmed:

Personally, the pandemic has altered the way I socialize with people even today. The way we interacted with friends and family those days, not the same again ... umm ... I mean before Covid. Corona contributed to feelings of lonely, and one was isolated for me in person, I am no longer lively (March 6, 2024).

2.3 Financial Strain

At the time of COVID-19, individuals, families and communities faced financial hardships due to job losses, reduced work hours, or business closures due to lockdown. This added fear and stress of economic uncertainty and exacerbated the already challenging situation. Participant A reported:

It instilled fear, because most jobs were shattered, some jobs were closed down. The shops for those who were self-employed were closed down even schools especially for us lecturers here, we closed down and we were wondering how will we be able to put food on our children's table because if that was the only way to help us survive is by closing businesses. So that was fear and it was very pathetic. (March 4, 2024)

Financial strain during the COVID-19 pandemic lockdown had a significant implication for the mental well-being and psychological functioning of uninfected individuals by increasing stress and anxiety as individuals worry about their ability to meet basic needs such as food, housing, and healthcare (Caqueo-Urizar et al., 2020). Also, concerns about job loss, reduced income, or financial instability have exacerbated feelings of uncertainty and insecurity, impacting their mental well-being. Many are still struggling to recover from the financial hardships they endured during the pandemic. Participant H shared:

COVID brought disastrous impact on my life, the money I had saved for other progress in life, I spent it during Covid for supporting myself and my family so they were depleted. In fact, my financial status has never been the same again, I was actually ... say financially resumed. You can imagine my financial bills, and it has taken me to debts that one I can attest and you know when coming out of debts it's not easy. It first takes you time for you to regain and maintain your normal standard footing, walking environment or financial environment, so my financial health was affected not the physical, financial health and my cash depleted and that's where it took me and now I'm strategizing on how to come out from that, it's not easy. (March 6, 2024)

2.4 Disruption of Routine

During lockdown, daily routines, including work, school, and recreational activities, were disrupted. This disruption led to a sense of disorientation and loss of purpose for many individuals. The sudden shift in lifestyle also led to feelings of worry and loss of structure, which contributed to feelings of anxiety and difficulty in maintaining productivity, hence affecting their mental well-being. Participant F shared:

Lockdown, for me it wasn't a good experience. I had to miss a semester, and it distracted me completely. Even my performance has not been the same again. I didn't like it, I feel disoriented because I feel that I'm behind, especially with my performance. It is not the same again. (March 6, 2024)

According to Mucci-Ferris, Grabsch and Bobo (2021), schools' closures and learning programs were also disrupted, and the transition to distance or remote learning posed challenges for teachers, students, and parents alike. Many students were struggling with online learning due to a lack of enough skills, access to technology or internet connectivity, leading to concerns about academic progress and long-term educational outcomes (Fioretti et al., 2020). As such, disruption of routine challenged individuals' coping mechanisms and ability to adapt to change. This contributed to heightened levels of stress and anxiety. The uninfected population felt overwhelmed by the uncertainty and unpredictability of their new circumstances, leading to difficulties in managing stress and regulating emotions. Participant E also narrated:

My experience is, lockdown were a bit stressful first because we had to manage and start learning the new way of studying online participating in Zoom meetings having the Google meetings that you are not used to it was a new thing and it was even more stressful because we were admitted online like I was admitted to university online I did not come to school I had not even known the location of the school, very stressful. (March 6, 2024)

All these shows how routine often provides individuals with a sense of purpose and direction in their lives by giving structure to their activities and goals. However, the disruption of routine has led to a loss of meaning and purpose, as individuals are still struggling to find fulfilment in their daily activities (Fioretti et al., 2020). This loss of purpose is impacting their psychological functioning and, hence, their mental well-being.

2.5 Health Concerns and Mental Health Challenges

Apart from the fear of contracting the pandemic, sometimes access to healthcare services for other medical needs was limited by lockdown. Challenges like delayed medical procedures cancelled appointments, and worries about transmitting the virus contributed to health-related anxieties. The uncertainty of the situation also contributed to increased levels of anxiety, stress and trauma for many people (Wirkner et al., 2022). Participant A verified:

First, eeh, to say it was not easy. Lockdown was one of its kind because, during our time, we had not experienced such a thing before, but when it came, it brought a lot of trauma, trauma to most of us because of the way people were dying, especially the loved ones and the way we were told to segregate ourselves and not to mix because it's a deadly disease and assuming you're even losing a loved one, a fellow family member it was not easy at all. Because first, it was expensive, it could not be covered by medical cover. The hospitals, even the ICU beds, were not enough, and the moment you're told that you're infected and you have it, people could run away, and you were seen as a small devil. So that was traumatizing and especially the fact that people were supposed to be buried within 24hours and even in the manner that they were buried, they were being thrown like not in a loving manner, so that one was most traumatizing to most people. (March 4, 2024)

Consequently, the stress and uncertainty that surrounded COVID-19, combined with social isolation, contributed to a rise in mental health issues such as trauma, anxiety, fear about the future, and feelings of hopelessness (Fioretti et al., 2020). Thus, concerns about personal health, safety and economic stability were pervasive during that time of lockdown. Participant F also shared:

It was such a very awful and challenging experience, reasons being that no one expected it, no one expected it, and it just came all over sudden, and we were all locked in here and we had to quit the lectures. And first of all, being in that situation, one of the members who happened to be in PSI, a PSI priest, discovered that he had COVID and was among the first cases in Kenya. So, with that, the trauma was too much. Especially the day when they came to pick him up, the way he was treated we felt it also, it was an awful experience, very traumatizing. (March 6, 2024)

As specified by Fiorillo and Gorwood (2020), health-related anxieties among uninfected individuals also contributed to social isolation and loneliness, as avoided social interactions or gatherings out of fear of contracting the virus. This exacerbates trauma and feelings of stress and anxiety, leading to further deterioration of mental well-being.

V. CONCLUSION

Based on the findings, the study revealed that the experiences of lockdown during the COVID-19 pandemic are diverse among the uninfected population, with both positive and negative impacts on their mental well-being in the post-pandemic era. Positive experiences of lockdown include increased reliance on technology and digital communication, which facilitated social connections and personal growth. Family time, connection, and reunion were also valued positively, providing emotional support and fostering a sense of belonging. Additionally, individuals focused on health and well-being, prioritizing self-care activities and adopting healthier lifestyles. Creativity and resilience were evident as people found innovative ways to cope with the challenges of lockdown and cultivate personal growth.

However, negative experiences of lockdown also emerged, including feelings of isolation and loneliness due to limited social interactions. Financial strain was a major concern for many individuals, exacerbated by job losses and economic uncertainty. The disruption of routine, including work and school closures, led to feelings of disorientation and loss of meaning and purpose in life. Health concerns and mental health challenges, such as delayed medical procedures and worries about virus transmission, contributed to heightened levels of stress and anxiety among the uninfected population.

Thus, lockdown experiences during the COVID-19 pandemic have had complex and multifaceted effects on the mental well-being of uninfected individuals, with both positive and negative impacts shaping their psychological functioning in the present. These findings underscore the importance of addressing the diverse needs and challenges faced by individuals in post-pandemic recovery efforts to promote mental well-being and resilience in the aftermath of the crisis.

VI. LIMITATIONS OF THE STUDY

Two setbacks occurred during this study. The first one was the inability of the study to manipulate the independent variable since the said experiences had already taken place. This might be consequential for the study's outcome in the sense that all the participants had unique experiences of the COVID-19 pandemic yet were responding to the same questions two years later.

The second limitation was the difficulty of getting the participants for the interviews at the scheduled time. Since the research was carried out at the university and during normal learning days, the participants were too busy, especially some lecturers and auxiliary staff who kept postponing their interview time.

VII. RECOMMENDATIONS

Based on the findings and the conclusion of the study, the following recommendations are proposed:

The Government

Given the central role the government played in implementing the COVID-19 lockdown, it needs to proportionate to the level of risk posed by the outbreak by considering targeted measures in specific geographic areas or sectors rather than blanket restrictions across the entire population.

It needs to consider the social and economic impact of restrictions, particularly on vulnerable populations, low-income communities, and small businesses. By implementing measures to mitigate adverse effects, such as providing financial support and access to essential services.

Finally, the government needs to balance health and socioeconomic needs by protecting public health and minimizing disruptions to daily life, education, and economic activities. By prioritizing measures that effectively reduce transmission while allowing essential services to continue.

University Administration

Need to promote mental well-being awareness by organizing workshops, seminars, or awareness campaigns to educate the university community about the diverse mental well-being implications of the COVID-19 experiences, which will encourage open discussions to reduce stigma and increase understanding of mental health issues.

Implement support systems measures within the university to address the mental health needs of students, lecturers, and auxiliary staff members, including access to counselling services, support groups, or peer mentoring programs to help individuals cope with stress, anxiety, and other mental health challenges.

The Lecturers, Auxiliary Staff and Students

Need to incorporate holistic health practices by emphasizing the benefits of regular physical activity, healthy dietary habits, and adequate sleep to promote overall wellness and resilience, which are crucial during challenging times.

Need to foster opportunities for social connection and support within the university community, also stay connected with friends, family, and colleagues, and promote acts of kindness and compassion to foster a sense of belonging and solidarity.

Need to advocate for self-care practices as essential components of maintaining mental well-being. Promote self-care activities such as relaxation techniques, hobbies, and leisure activities that individuals can engage in to reduce stress and enhance their overall quality of life.

VIII. SUGGESTIONS FOR FURTHER STUDIES

The following areas are suggested for further research

- i. This study used the qualitative research method only. Therefore, further research is needed using either a mixed or a quantitative research method to see if the results will be different and also, maybe, during the phenomenon, not as an aftermath.
- ii. Similar research could be carried out on COVID-19 restrictions in the mental well-being of the uninfected population in the post-pandemic era from another group of people who are not in a learning institution set up and who are from other areas of the country apart from Nairobi.

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