

# Covid-19 Induced Psycho-Social Challenges: Implication for Christian Families in Uganda

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## Abstract

The experiences of Covid-19 are varied in different individuals. It is noted that some families nursed people with Covid-19, others lost family members during the pandemic while others only witnessed these from a distance either on radios, television sets or social media. Regardless of the circumstances, individuals reported experiencing pain, fear, and hopelessness during the pandemic. This study sought to explore the Covid-19 induced psycho-social challenges faced by different people from Christian families. A case study was carried out in six families where adults and children were interviewed for personal experiences. The findings revealed that all people whether female adults, male adults, priests and children expressed great fear and anxiety. Therefore, a mitigation strategy was put in place by the researcher to support the survivors in getting onto their feet again and also to avoid prolonged grief disorders amongst the bereaved families.

## Keywords

Bereaved Families, Psycho-Social Challenges, Covid-19, Prolonged Grief Disorder

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## 1. Introduction

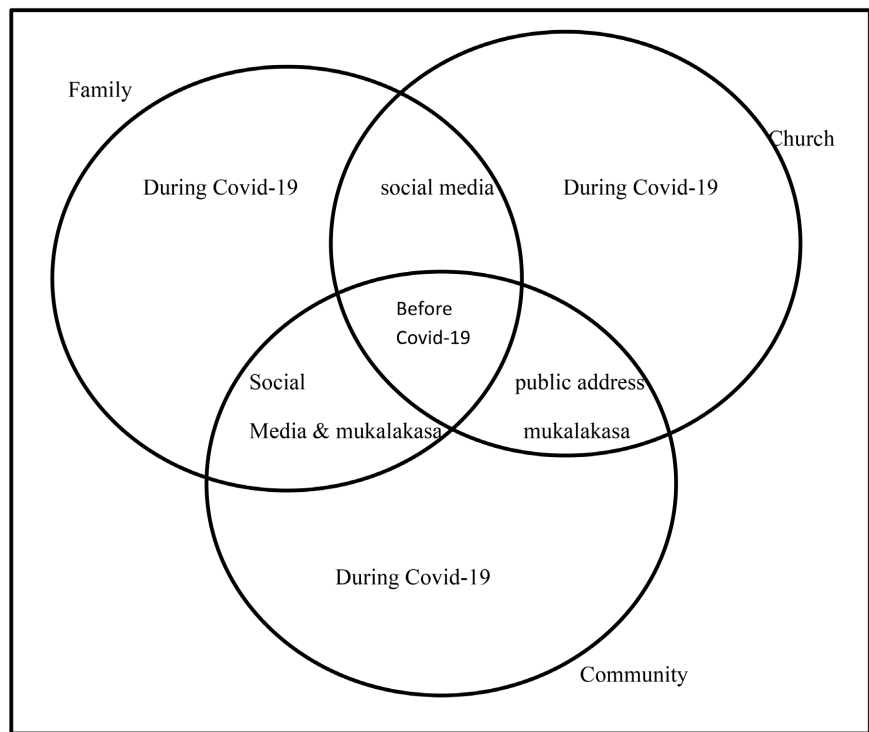
In Uganda, the Covid-19 pandemic had unprecedented impact on peoples' health and their lifestyles. The subsequent lock-down and the imposed Standard Operating Procedures (SOPs) radically changed people's lifestyles. The social isolation resulted in higher levels of anxiety and fear because all family members of the Covid-19 cases were suspected to have the disease. Since the Covid-19 fatalities in hospitals were highly publicized, many symptomatic people avoided health facilities and did not even want to disclose their status for being stigmatized.

Besides, the exorbitant medical costs involved turned away most middle- and

low-income earners from seeking proper medical care in hospitals. Notably, most family heads/bread winners were in the risk age category and constituted most of the fatalities. This did not only result in grief, but also hopelessness in the families. The exorbitant medical bills depleted people’s life savings, and some ended up selling their valuable assets like land and other household properties to save life. Similarly, funeral service expenses for Covid-19 victims were a challenge for many families in Uganda. As a result, many of the less privileged families concealed their Covid-19 status and resorted to self-medication and traditional therapies; that in most cases resulted in deaths that were not captured in official statistics. Zisook et al. (2014) alluded to the death of a loved one as universal and also one of the most stressful experiences in life. Historically, the average for Uganda from July 2020 to March 2023 is 2315 total Covid deaths. The minimum of 3 total Covid deaths was recorded in July 2020 while the maximum of 3632 total covid deaths was reached in March 2023.

**Figure 1** below illustrates systems interactions in Uganda before and during Covid-19.

Government



**Figure 1.** Illustration of interactions between ugandan systems.

Before Covid-19 lockdown, Christian families had physical interactions with the church and communities. These physical interactions were replaced with social distance, isolation and virtual interactions during Covid-19 pandemic. This promoted a new lifestyle of using social media as a way of interacting with other people in Uganda. The priests used social media to reach out to the believers and

public address systems (locally known as mukalakasa) to convey information to communities. Similarly, families and communities exchanged information via social media and mukalakasa. Social media included WhatsApp, Facebook, Twitter, now known as X, TikTok, YouTube and Instagram groups opened for that purpose.

Uganda is generally a sociable country where people relate freely and work out many things in teams. The togetherness among Ugandans creates good platform for sharing and provides people in a given community access to each other for support in moments of need. The introduction of standard operating procedures during Covid-19 gave birth to a new culture that most Ugandans were not used to or comfortable with. People were expected to keep social distance which conflicted with most of the people's lifestyle for example hugging and shaking hands while greeting and having meals together as family and friends. Most of the interactions had to happen online including education, conversations with peers, job assignments, information sharing etc. Life among Ugandans is extremely communal, and this is reflected in funeral gatherings, bars, churches, means of transportation, marriage ceremonies etc. However, during Covid-19 pandemic, only twenty people were allowed to participate in such functions including burial ceremonies yet mourning for the dead in Uganda is an extremely communal affair enshrined in elaborate ceremonies and public gatherings. Christians in particular gather in an extended family fashion characterized by vigils that can last several days until the dead is buried. It is only Muslim families that bury their dead instantly. These gatherings, regardless of the reason, are therapeutic because people share their challenges and support each other. This helps to mitigate people's fears, stress and anxiety.

## 2. Problem Statement

Uganda is generally a social country where systems interact freely for a common good. People usually interact together in communities in both good times and bad times, in happy moments and sad moments, in festive times and during bereavement. In 2020 when President Kaguta Yoweri Museveni declared a lockdown in Uganda, this brought about a paradigm shift in most of the people's practices. Covid-19 induced disruption in peoples' lives, lifestyles and livelihoods directly and indirectly created considerable fear, anxiety, stigma and trauma for all people affected by the pandemic. The government of Uganda imposed strict Covid-19 SOPs which curtailed, stopped, disrupted, and limited social-cultural routines as well as economic activities in Uganda. But while attention was given to peoples' economic and physiological distress such as feeding, Covid-19 preventive measures, and children's education; no discernible attention was given to peoples' psychosocial challenges and concerns that demanded equal attention. Such obtrusive but largely ignored issue is likely to result into disastrous public health and social distress, if it is not given the immediate attention it deserves. Moreover, [Djelantik et al. \(2020\)](#) confess that although the majority of mourners are able to cope effectively with their loss over time, about 10% of mourners with a range between 6.7%

and 49%, depending on the time of loss and cause of death, develop symptoms of prolonged grief disorder. The World Health Organization (WHO) reports that prolonged grief disorder is characterized by norm exceeding levels of separation distress and intense emotional pain like anger, denial and difficult engaging with activities at least six months after death (WHO, 2018). The Christians of Wakiso district have a practice of attending burials and this usually helps people to adjust to the loss where people at funeral share stories and memories of the deceased's life. People usually work in teams at funerals. They sit close to each other in groups, do work together, talk together and mourn together. All this stopped during Covid-19 lockdown which left the bereaved families in solitude. The effect of this was left unattended too.

### **3. Purpose**

The purpose of this study was to establish the implication of Covid-19 induced social isolation and develop an intervention for the psycho-social wellbeing of the survivors and bereaved Christian families.

### **4. Objectives**

The specific objectives of the study were to:

- 1) Identify the social challenges faced by Covid-19 survivors, including members of bereaved families.
- 2) Find out the challenges faced by Priests during Covid-19 pandemic.
- 3) Develop psycho-social interventions for the survivors and bereaved Christian families who lost loved ones during Covid-19 in Wakiso district.

### **5. Methodology**

Purposively six families and six priests in Wakiso district in central Uganda were selected to participate in this study. Christians usually receive pastoral counseling from their priests who are also key players in officiating funeral ceremonies of Christians in Uganda. During Covid-19 churches were closed but believers expected their priests to provide services in one way or another. Selection of families that participated in the study was aided by local leaders while the priests were reached out to at the church where they work. The selection of families was based on the condition that they lost at least a member of the family during Covid-19 pandemic. The study targeted at least 2 adults and two children from each family and these were conveniently sampled. The adults were all above 18 years of age while the children that participated in the study were between 9 years and 12 years of age because the researcher was interested in the views of different family members who could express themselves freely and independently. In addition, six (06) priests (Two Catholics, two Anglicans and two pastors from the Born Again faith) from Wakiso district were conveniently selected to participate in this study.

The study was mainly qualitative and case study design for data collection and

analysis. To gather information for the study, the researcher spoke with the respondents in-depth. This approach was chosen since it made it easy to get comprehensive information from respondents. The study intended to make recommendations for appropriate interventions to address the established psycho-social concerns. The researcher presented the data in a narrative way because it was not quantifiable. Thematic analysis and content analysis were used to examine qualitative data. Every interviewee's input was gathered by recording, then transcribed onto paper for linguistic analysis in accordance with the specific objectives.

## 6. Findings

In order to get information from the respondents based on their range of ages, the researcher took into account the respondents' age (See **Table 1**).

**Table 1.** Age of the respondents.

Age	Children	Adult Female	Adult Male
9 - 12	12		
18 - 29		01	05
30 - 40		02	01
41 - 50			01
50 - 60		02	02
61 - 70		02	
<b>Total</b>	12	07	09

Twelve children and twenty four adults participated in this study. Children ranged from 9 to 12 years of age. Female adults ranged from 18 years of age to 70 years of age while the male adults ranged from 18 years to 60 years (See **Table 2**).

**Table 2.** Gender of the deceased and nature of death.

Nature of Death	Number of Females	Age	Number of Males	Age
Covid-19	01	68	01	74
	01	65	01	70
Diabetes			01	78
Cardiac arrest			01	63
Cancer	01	68		
Malaria	01	83		
<b>Total</b>	04		04	08

Two families reported that they lost relatives due to Covid-19; in one family, the husband/father died in April 2020 while another family lost both parents, an uncle and an aunt in June 2021. A son from the first family said, "My father was a

*university lecturer who had travelled to Tanzania to teach an in-service education programme. He contracted Corona Virus and was flown back into Uganda. He received first aid from the university clinic and was taken home where he passed on the following day.*” From the second family, one of the daughters reported *“My mother went to bury her brother and sister who had died of Covid-19. She never isolated herself on returning home and she infected my father. Both of them fell sick together with my brother who went to look after them. My mother died first and was buried at home. Two weeks after, my father died while my brother and I were very sick.”* The family where a couple died, lost two other relatives making a total of four people.

Four other families in the study lost relatives in the 2020 and 2021 lockdown but not due to Covid-19. One female adult reported that her husband died in May 2021 during lockdown but he never had Covid-19. He had for a long time suffered from diabetes. Another adult female reported that her husband who had been battling with cancer died in May 2021. In another case, a male adult revealed that his father died in March 2020 during Covid-19 lockdown as a result of cardiac arrest one evening as he was jogging in their compound. Another female adult reported that her mother had died of malaria in June 2021. The study indicated no death of children and the adults that died were advanced in age.

In this study, it was noted that all respondents had lost adults in their families, specifically a husband, a wife, a mother, a father, grandmother, grandfather, uncle or auntie.

The children who participated in this study were not sure what caused the death of their relatives during Covid-19 pandemic. One child said *“We were told at school to keep away from sick people so I don’t know the cause of my uncle’s death.”*

Another child revealed that when his uncle died, he was not allowed to go for burial because the president had said that his grandchildren must be protected from Covid-19.

### **6.1. Challenges Faced by Survivors of Covid-19 Pandemic**

A male adult who survived Covid-19 said *“When I got the symptoms of Covid-19, I was rushed to hospital where I was admitted and I was put on life support because I was short of breath. I saw my fellow patients in the ward being carried away dead and I knew that I would be next. I felt so lonely there without my family members. I drew closer to God that time because I knew that I would not survive. My main fear was dying away from my family members”*.

One female adult reported *“When my sister was hospitalized because of Covid-19 and we were not allowed to visit her, I cried every day because I knew that she was going to die without telling us her desires after she is gone. Thank God she cured.”* The condition had generated feelings of guilt as asserted by [Kokou-Kpolou et al. \(2020\)](#). When she was asked about her experience in the hospital, the female survivor said, *“I cried most of the time because I feared to die and leave my young children.”*

One male adult disclosed that when he tested positive for Covid-19 at his workplace in 2020, he never wanted to scare his family members so he rang home and told them that he had an assignment that will take him two weeks away from home. He stayed alone in a medical friend's side house in isolation. He said, *"My main worry was who will look after my family in my absence because I am the bread winner."*

Five male adults confessed that they suspected to have contracted Covid-19 but did not go to hospital for fear of exorbitant medical bills which they could not afford so they resorted to steaming and taking herbal medicines at home. They added that since isolation was not possible at home, they subjected all the family members to the same treatment. Cheung et al. (2021) refer to the risk of lower income, poor social support and deficits in medical care.

## 6.2. Challenges Faced by Members of Bereaved Families of Covid-19 Pandemic in Wakiso District

Respondents agreed that it was most hurting not to participate in ceremonies to send off their beloved ones who died during Covid-19. Many challenges accompanied the death of their beloved ones including failure of area priests to officiate at the burial ceremonies, not being able to view the body and pay their last respects, failure to have company of other people at burials, and social distancing. One female respondent who lost her mother said *"How sure am I that it was my mother they buried in that grave?"*

All respondents reported that they were traumatized by the social isolation during bereavement when they lost their loved ones. One female adult confessed "I felt death when I lost my sister because I felt that I was in it alone. My friends and close relatives could not grieve with us. Another female child in the same family said *"I felt the separation from the day my mother was taken to hospital and we could not visit her."* She continued to lament thus *"I am not sure whether it is our mother that we buried because we were not allowed to see the body."*

One female respondent who lost a brother-in-law opined *"Observing social distance during bereavement was very strange. It stopped people from expressing care to the bereaved family."*

A male respondent who lost a brother said social distance during bereavement created in him a lot of fear. He felt that everyone in that environment had Covid-19.

One male adult reported *"Even our closest neighbors could not sleep over during bereavement when I lost my father"*. This agrees with Burke & Neymeyer (2012) who said that bereaved people who have greater contact with family and friends exhibit better quality of life and well-being.

One child reported with a lot of pain that she was not allowed to participate in sending off her maternal auntie who passed on during Covid-19 pandemic because the number of people to attend burial was so restricted. This supports Mortazavi et al. (2020) who pointed to the inability to say goodbye to the deceased and excessive levels of guilt can lead to mental health problems.

All respondents agreed that it was very painful that their priests could not meet their patients for prayers and never gave them a blessing before they died. One female adult who had lost her husband said, "My husband's services in the church were not recognized at all. Our lay reader did not pray for my husband when he was sick." One female adult complained "Covid-19 rendered us pagans. We were as good as non-Christians. The church leaders could not check on my late mother in sickness and even when she died, the priests feared to go for burial." [Burke & Neimeyer \(2012\)](#) asserted that receiving low social support is a risk factor for developing prolonged grief disorder.

### 6.3. Challenges Faced by Priests during Covid-19 Pandemic

When asked about how they conducted their priestly roles during Covid-19, all Priests confessed that they were extremely challenged during that time. Both Anglican and Catholic priests revealed that they faced financial constraints since churches were on lockdown but they kept on receiving some material support from the believers. Most of the pastoral counselling was done over the phone. This is in line with the recommendations of [Bradbury-Jones & Isham \(2020\)](#), to use phone support and online technologies to provide advice and counselling to people who were already accessing crisis and therapeutic services of Covid-19.

One Priest mentioned that having the churches closed was a very big blow to them because it seemed like closing God out of people's lives. He asked "*How then could we minister hope to the believers in such a traumatizing situation?*"

Bereavement took place in total fear by everybody who managed to participate. One priest confessed "*I decided to switch off my phone during the day and would only switch it on at night for fear of being called to people's homes for pastoral services*". Another one said "*I feared to go to pray for the sick much as I wore a mask and would observe social distance because Covid-19 was a new disease that had no cure*". One catholic priest reported, "*Some of us priests suffered from Covid-19 but were managed in Nsambya hospital and we survived.*" Another priest reported that he failed to counsel the bereaved families in his parish during Covid-19 pandemic for fear of catching the virus. Another priest disclosed that he got scared by the way burials of people with Covid-19 were carried out. Fully protected officials managed these burials. Other priests would authorize the catechists to officiate the burial ceremonies in company of say two to three choir members. One Anglican priest said "*I dreaded the time when I was called to officiate a requiem mass and I found no person to go with me from the zone because everyone I called was sick or scared to move out of their homes*".

A pastor from the born again faith reported "*Some few Christians continued to give their tithe via mobile money but the financial situation was not good at all. We encouraged home cells for prayer intercessions so that Christians could pray for the nation and the world at large. Some believers called me requesting for prayers over the phone.*"

Another pastor said, "*I was always permitted to go to preach and pray on the radio but it does not feel the same as when you preach to a physical audience*".



## 7. Intervention

Talk therapy in the form of counselling was adopted to help the three adults who survived Covid-19 in this study. Physically, these were still complaining of some body weakness, breathlessness and fevers. They were introduced to a practicing health worker who continued to monitor their progress until their health condition stabilized. Psychologically, the researcher counselled them over financial matters and the trauma that persisted as a result of the lengthy isolation they had experienced and the loss of some people they stayed with. This took several counselling sessions for these people to heal for example one male adult survivor required seven counselling sessions. He presented with severe body weakness and financial challenges since he had lost a job after the permanent closure of the company where he used to work. He has a wife and three sons aged 9 years, 7 years and 5 years. The male who isolated himself in a friend's home has been complaining of abdominal pains and was found to be taking herbal medicines. He had a lot of fear to go to hospital suspecting to be retained for Covid-19 related complications and would thus be away from his family again. The researcher has had five counselling sessions with him to convince him to undertake proper medical examination and treatment. He is still being managed medically and he has a positive outlook to life and performs his duties satisfactorily. The researcher held only one counselling session with each of the five male adults who suspected themselves to have had Covid-19 but never visited a health facility. The main message to these ones was to always seek medical attention from a health facility for proper management of health issues. The female adult survivor presented with post-traumatic stress disorder and required four counselling sessions to heal. She is a business woman and had feared to go back into public places for fear of contracting disease again. After the counseling she resumed with her business.

In addition, the researcher used group counselling on the children and encouraged them to talk about their feelings. The children in this study were teamed up and responded positively as they supported each other to cope with the loss of their beloved relatives. In the beginning some children did not want to talk about their dead relatives but after some sessions of interactions they dissolved their fears and would talk freely about it. They gained confidence from each other and were able to open up and come up with strategies of survival.

According to Wallace et al. (2020), unresolved grief can become a psychiatric problem. To avoid this, families were encouraged to organize befitting memorial services for their relatives who had succumbed to Covid-19 so that they can experience what was missed at that time. Three families did this very well and one female adult who lost her mother during Covid-19 reported "At least now the debt is cleared and the burden on my heart is lifted." The man who lost a wife during Covid-19 pandemic opened up after the memorial service "*I know my sweetheart is now happy wherever she is and may her soul rest in peace.*" The children expressed mixed feelings for example when two of them who lost both parents during Covid-19 were interviewed on how they felt about the memorial service held

they expressed divergent opinions. One child said “*At least we still have people who love our family that can come to our home after the death of our parents.*” Another child said, “*This is meaningless when my parents are no more.*”

## **8. Conclusion**

Those who survived Covid-19 expressed that they experienced a lot of fear while in isolation. Men exhibited a stronger attitude during the time of sickness than women. They maintained the value of protecting their family members. On the other hand, the women expressed a weaker attitude during the time of sickness. They cried out of hopelessness and fear of death. Male adults required more counselling sessions because their financial base was affected and yet being the bread winners in the family, they never took enough time to heal completely before resuming work or looking for employment. Female adults were more compliant to counselling and they revived faster.

The study revealed that the usual participation of community members and extended relatives during bereavement was not fully realized leaving the bereaved families almost by themselves. Music at funeral substituted the physical support that Ugandans are used to.

Those Christians who lost family members during Covid-19 pandemic were traumatized by the way burials were conducted that denied them opportunity to view the body of the deceased.

During the Covid-19 lockdown Priests experienced financial challenges as well as fear to be infected and could not provide physical pastoral services to the believers as desired since churches were locked.

The study revealed that children were affected by the loss of their relatives during Covid-19 pandemic much as the cause of death was not clear. They felt pain for not participating in sending off their loved ones. The government put strict protection measures in place for children which hindered them from moving out of their homes so they could not visit the sick ones in hospital.

## **9. Recommendations for How to Cope with the Covid-19 Induced Psycho-Social Challenges**

Conducting a post funeral service to allow family members to experience a befitting sendoff where they can celebrate the life of the departed. Many of the cultures in Uganda celebrate last funeral rights. This can be a moment for celebrating the life of the deceased which was not realized during Covid-19 pandemic.

Counselling the bereaved and the survivors of Covid-19 should be continuously carried out to avoid prolonged grief disorder.

Periodic follow-ups are necessary to allow the Covid-19 traumatized people including children to heal completely.

## **Conflicts of Interest**

The author declares no conflicts of interest regarding the publication of this paper.

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