



Teachers' Perceived Self-efficacy in Modifying Problem Behaviors among High School Learners in Nairobi County, Kenya

L. Macharia^{1*}, T. Wang'eri² and J. Dinga²

¹Kiambu Institute of Science and Technology, Kiambu, Kenya.

²Department of Educational Psychology, Kenyatta University, Kenya.

Authors' contributions

This work was carried out in collaboration between all authors. Authors TW and JD designed the study and reviewed the manuscript, while author LM carried out data collection and analysis and wrote the manuscript. All authors read and approved the final manuscript.

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ABSTRACT

Aim: The purpose of this study was to establish teachers' beliefs in their ability to modify the behavior of learners engaging in health risk behaviors - bullying, pre-marital sex and drug/substance abuse.

Methodology: A descriptive survey research design, stratified random sampling, a population of 1,824 secondary school teachers in Nairobi County, Kenya, a sample of 364 teachers (103 males, 261 females) and a questionnaire were used in the study. Data was analyzed using descriptive statistics, chi-square, ANOVA and t-tests.

Results: Findings indicated that majority of teachers had a strong perceived self-efficacy. Bullying: Strong 80.77%, weak 19.23%; Early sex: Strong 68.68%, weak 31.32 and Drug/substance abuse: Strong 70.37% and weak 29.63%. Results also indicated that there were no significant gender differences in teachers' perceived self-efficacy ($t = -1.03$, $df = 310$, $p > 0.05$; $t = -0.47$, $df = 286$, $p > 0.05$; $t = 0.26$, $df = 295$, $p > 0.05$). The mean for perceived self-efficacy score in handling bullying for both male and female teachers was almost the same - that is (18.78) and (19.82) respectively; premarital sex, males (22.10) while that for females is (22.59);

Drug/substance abuse, males (21.82) while that for females was (21.55). More females perceive themselves as being able to handle bullying and premarital sex as opposed to males, though the difference was insignificant. In conclusion, majority of the teachers had a high perceived self-efficacy.

Conclusion: Teachers have a strong perceived self-efficacy in modifying health risk behaviors among high school learners. There are no significant gender differences in teachers' perceived self-efficacy. However, the teacher curriculum should be adjusted to include knowledge and skills that equip teachers in controlling health risk behaviors and especially premarital sex in which teachers had the lowest perceived self-efficacy.

Keywords: *Health risk behaviors; bullying; premarital sex; drug/substance abuse; teachers' perceived self-efficacy.*

1. INTRODUCTION

Learners in high schools fall in the Adolescence developmental stage which is considered a critical period of development involving mental, physical and psychological changes [1]. The stage is characterized by problem behaviors that pose a major challenge to teachers, who play a key role in modifying learners' behavior [2]. One category of problem behavior that is common among high school learners is health risk behaviors that have negative implications to the perpetrators, the recipients of some of these behaviors and to teachers who have to make difficult decisions related to handling the learners involved [3]. The health risk behaviors examined in this study include: bullying, premarital sex and drug/substance abuse. Bullying is a common health risk behavior among high school learners. It is a form of aggression that occurs when a person or persons make use of a power imbalance, with intent to cause hurt or harm to another person over a period of time [4]. When this behavior is experienced by learners, it affects the learning process and may finally result into a lifetime physical and psychological harm to the parties involved. In a study by Ndetei et al. [5], bullying is highly prevalent among Kenyan learners.

A high prevalence of premarital and unprotected sex has been reported in studies carried out in different parts of the world [6]. The behavior has specifically been reported in Kenyan schools. In a study, Lawrence, Ikamari and Towett [7] concluded that female adolescents had early onset of sexual activity and use of contraceptives. In a media report, Lubanga [8] noted that 39 teenage girls had been forced to terminate their studies after they were found pregnant. Wakhisi, Wanjala, Odanga, Lungui, & Obare [9] in a related issue reported that three Candidates sat Kenya Certificate of Secondary

Education exams in maternity wards after giving birth. These reports indicate a need to carry out more research in this area.

The use of harmful drugs among adolescent learners is another concern all over the world. Chan et al. [10] in a study on Students' Perceptions of Substance Abuse Among Secondary School Students in Malaysia, revealed that half of the students had 1-3 friends who were involved in smoking. They reported that smoking, glue sniffing, marijuana and alcohol use were the most common among the drug abuse behaviors. Drug and substance abuse has similarly been reported in Kenyan schools. According to Nyaga [11] and Muriithi [12], problem behaviors in secondary schools include smoking, drinking alcohol, drug abuse, bullying and teenage pregnancy. The role of the teacher in modifying health risk behaviors among learners is significant in facilitating learner success in all dimensions. Teacher's perceived self-efficacy in controlling these behaviors determines their success.

A teacher's perceived self-efficacy is the teachers' motivation to persist when faced with obstacles, and the willingness to exert effort to overcome those obstacles [13]. Yoon and Kerber [14] proposes that a teacher's thinking is a significant antecedent to teacher practice while Yoon [15] notes that a teacher's sense of efficacy has also proved to be powerfully related to many meaningful educational outcomes, such as the teacher's persistence, enthusiasm and commitment. If teachers' efficacy is weak, they may not manage to enforce behavior change among students involved in health risk behaviors. If teachers' perceived efficacy is strong, they may be able to deal with the problem behaviors in a way that may aid them in maintaining a class atmosphere conducive to learning.

This study examined teachers' perceived self-efficacy in modifying the behavior of students involved in bullying, involvement in early sex and drug/substance abuse. A number of studies have been done to establish teachers' perceived self-efficacy in controlling bullying among adolescent learners. Byers, Caltabiano and Caltabiano [16] carried out a study on "Teachers' Attitudes Towards Overt and Covert Bullying and Perceived Responses and Perceived Efficacy to Intervene" and found out that teachers had a high perceived efficacy in containing bullying. In a related field, Giallo and Little [17] carried out a study in Australia on "Classroom Behavioral Problems: The Relationship between Preparedness, Classroom Experiences, and Self-Efficacy in Graduate and Student Teachers" and reported a significant positive relationship between perceived self-efficacy in behavior management and classroom experiences. In a research on levels of Self-Efficacy among Harassed Teachers, Isabel and Moran [18] examined the differences among teachers who felt harassed and those who didn't, regarding coping strategies, self-efficacy and locus of control. The results showed differences in self-efficacy depending on the teachers' degree of perceived efficacy. These studies have not comprehensively studied teachers' perceived self-efficacy in handling health risk behaviors that were the focus in this study.

Given the magnitude of the harm caused by health risk behaviors among adolescent learners, this study has examined teachers' beliefs in their ability to deal with these behaviors. Teacher gender differences in perceived self-efficacy for modifying the behaviors of learners engaged in health risk behaviors was sought in an effort to obtain a greater insight into this important aspect of teaching. This study examined teachers' perceived self-efficacy in modifying the behaviors of students involved in bullying, premarital sex and drug/substance abuse. Results obtained have provided important data that may assist in making decisions associated with empowering teachers to successfully handle adolescent learners engaging in these harmful behaviors. The findings may be useful to the Ministry of Education and Kenya Institute of Curriculum Development in designing a teacher training curriculum that may instill skills that are appropriate in the response to health risk behaviors in schools. Education stakeholders may use the results in making the appropriate policies. Furthermore, the results may add more literature to the existing body of knowledge and

enhance the theory of perceived self-efficacy. The study may also provide a basis for future studies and interventions.

1.1 Theoretical Framework

This study is based on the theory of perceived self-efficacy by Bandura [19] who defined perceived self-efficacy as people's belief in their competence to succeed in handling a given task. When one has a strong perceived self-efficacy towards a task, they are able to handle it competently while if they have a weak perceived self-efficacy, they are likely to be unsuccessful. If teachers have a strong perceived self-efficacy in modifying bullying, premarital sex and drug/substance abuse among learners, they are likely to help them whereas if they have a weak perceived self-efficacy they are likely to fail.

2. STUDY METHODOLOGY

2.1 Research Design

A descriptive survey research design was used in the study.

2.2 Study Variables

The study had three dependent variables namely: bullying, premarital sex and drug/substance abuse. Teachers' perceived self-efficacy was the independent variable.

2.3 Population of the Study

The population in this study comprised of 1,824 teachers including 1,307 females and 517 males in 78 public secondary schools in different Sub-Counties of Nairobi County. Nairobi County was considered a source of the population of the study due to its large number of all categories of public secondary schools compared to rural and other urban areas. Secondly, the students in Nairobi County are highly exposed to social, economic, environmental and psychosocial conditions that make them vulnerable to health risk behaviours.

2.4 Sampling Techniques

A stratified random sampling was used in the study. The following strata were used: Girls' Boarding, Girls' Day, Boys' Boarding, Boys' Day, Girls' Day/Boarding, Boys' Day/Boarding and

Mixed Day. A sample was drawn from each stratum using simple random sampling.

2.5 Sample Size

The sample comprised of 364 teachers (103 males and 261 females). This constitutes 20% of the secondary school teacher population.

2.6 Research Instrument

A questionnaire with two sections was used to collect data. One section was used to collect demographic data while the other one was used to collect data on teachers' perceived self-efficacy. The second section had three columns. One column described incidences of bullying, premarital sex and drug/substance abuse in form of vignettes while the second one described levels of control of these behaviors. The third column provided a space for respondents to indicate their level of perceived self-efficacy for the behaviors described in column 1. The teachers were required to indicate their degree of agreement on a five-point likert scale against the vignettes describing the health risk behaviors under study. Vignettes were used based on reports by researchers that they are useful in assessing how people respond to real life situations [14]. Vignettes would also allow teachers to make unbiased judgements about their responses to the health risk behaviors described.

2.7 Data Analysis Procedures

The researcher used descriptive statistics to analyze teachers' level of perceived self-efficacy in controlling bullying, premarital sex and drug/substance abuse among high school learners. Descriptive analysis was done to establish the percentages and frequencies of both strong and weak perceived self-efficacy for each of the three behaviors. The data from the respondents was analyzed through the use of a t-test in order to determine differences in mean values. A Chi-Square test was used to analyze gender differences in teachers' perceived self-efficacy for the health risk behaviors under study.

2.8 Logistical and Ethical Considerations

The data collection procedure did not involve any physical or psychological harm to the respondents. Respondents' participation was voluntary.

3. RESULTS

3.1 Level of Teachers' Perceived Self-Efficacy in modifying Health Risk Behaviors among High School Learners

The teachers' perceived self-efficacy for controlling bullying was the first to be analyzed. The results indicated that majority of the respondents have a strong perceived self-efficacy in modifying the behavior of learners involved in bullying (Fig. 1). This implies that majority of the teachers feel in control of bullying incidences in their schools.

On teacher perceived self-efficacy for early sex initiation, majority of the teachers have a strong perceived self-efficacy in handling drug/substance abuse cases while slightly more than a quarter (31.32%) have a weak perceived self-efficacy (Fig. 2). This implies that majority of the teachers are in control of behaviors related to involvement in early sex. However, a reasonable number report that they are not in control. This suggests that a number of teachers require help in managing issues related to early sex among their students.

On teacher perceived self-efficacy for modifying drug and substance abuse among learners, results indicated that majority of teachers have a strong perceived self-efficacy while more than a quarter (29.67%) have a weak perceived self-efficacy (Fig. 3). This implies that majority of the teachers are in control of the use of drug/substance abuse among learners.

3.2 Gender Differences in Teachers' Perceived Self-efficacy in Modifying Learner Health Risk Behaviors

The other task of this study was to establish gender differences in teachers' perceived self-efficacy for controlling adolescent health risk behaviors. Results indicated that the mean for perceived self-efficacy score in handling bullying, handling premarital sex and drug and substance abuse for both male and female teachers is almost the same (Table 1). However, females perceive themselves as being able to handle bullying and involvement in early sex more than males while males perceive themselves as being able to handle drug and substance abuse more than females (Table 1). Of the three adolescent health risk behaviors, involvement in early sex had the highest mean while bullying has the lowest (Table 1).

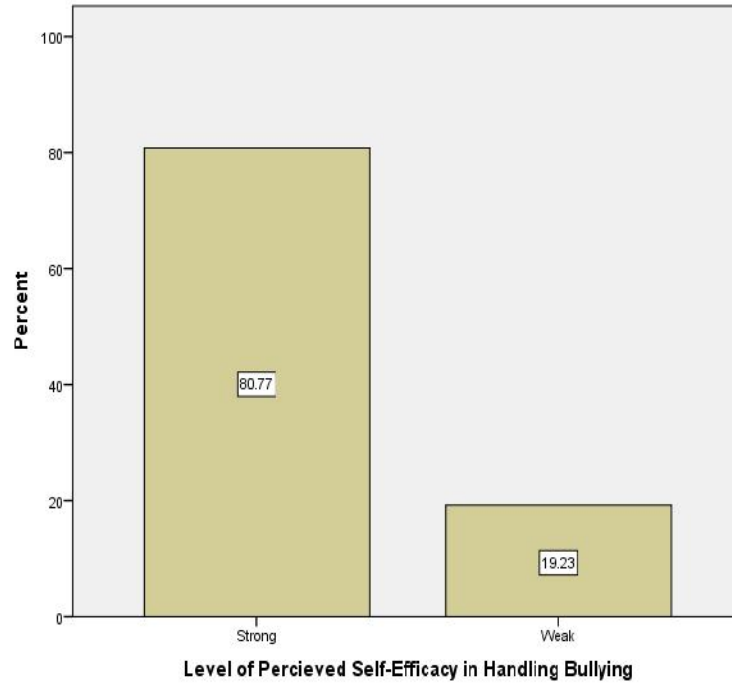


Fig. 1. Level of teacher perceived self-efficacy

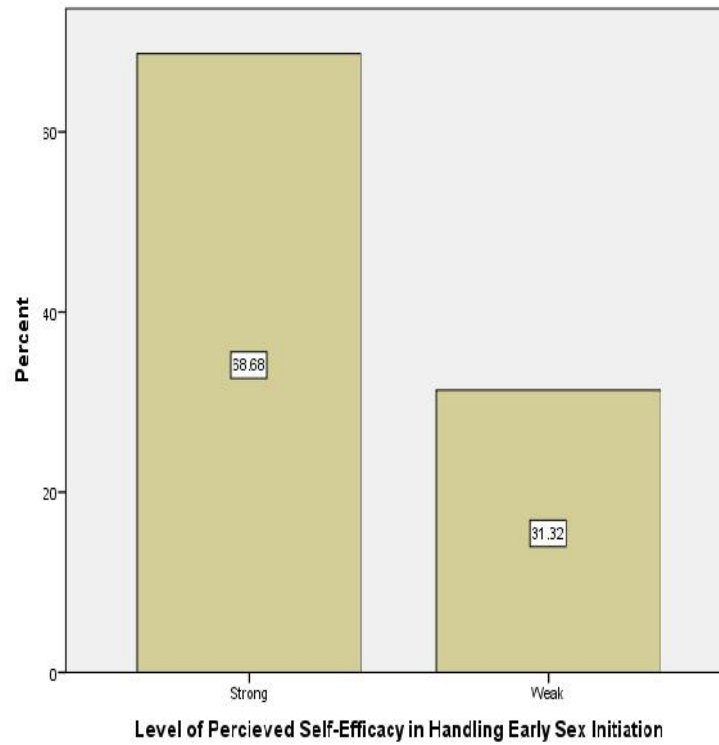


Fig. 2. Level of teacher perceived self-efficacy for early sex initiation

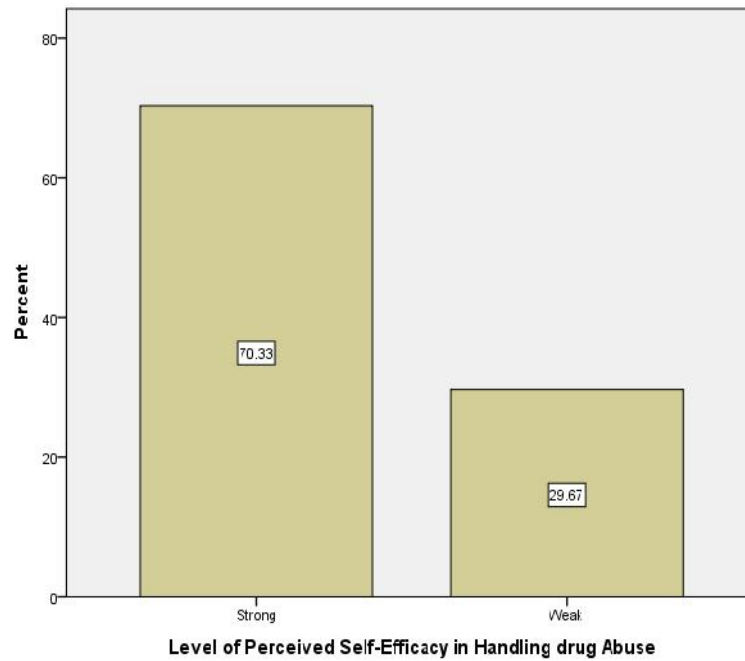


Fig. 3. Level of teacher perceived self-efficacy for drug and substance abuse

Table 1. Gender differences in teacher perceived self-efficacy

Perceived SE score in handling	Gender of respondent	N	Mean	Std. deviation
Bullying	Male	90	18.78	6.77533
	Female	222	19.82	8.58885
Involvement in early sex	Male	86	22.10	7.41228
	Female	202	22.59	8.47552
Drug and substance abuse	Male	83	21.82	7.34539
	Female	214	21.55	8.30324

Note: SE - Self Efficacy

Table 2. T-test for independent samples

		t	df	Sig. (2-tailed)
Bullying score	Equal variances assumed	-1.028	310	.305
	Equal variances not assumed	-1.135	207.304	.258
Involvement in premarital sex score	Equal variances assumed	-.465	286	.642
	Equal variances not assumed	-.491	182.105	.624
Drug score	Equal variances assumed	.262	295	.794
	Equal variances not assumed	.276	167.574	.783

Note: Df - Degree of freedom; Sig - Significance

To determine whether there was a significant gender difference in teacher perceived self-efficacy for bullying, premarital sex and drug/substance abuse, a t-test was done. This test indicated that there are no significant gender differences in teachers' perceived self-efficacy in handling bullying, involvement in premarital sex and drug and substance abuse (Table 2).

4. DISCUSSION

The overall results on teachers' perceived self-efficacy for the health risk behaviors under study indicate that teachers have a strong perceived self-efficacy. Teachers have the highest perceived efficacy in bullying (80.77%) while the lowest is in premarital sex (68.75%).

This implies that teachers are in control though they require some reinforcement in dealing with issues related to involvement in premarital sex. These results are in agreement with those reported by Ndetei et al. [5] on bullying in public secondary schools in Kenya. In spite of the strong self-efficacy they perceive to have, quite a number indicate that they require training in handling these problem behaviors. This could suggest that some of the teachers could be unwilling to declare their inability to deal with the problem behaviors. It could also mean that they believe they have the ability to deal with the behaviors but require more training. This sentiment is supported by many previous studies [16,18,20,21,22] who identified the need for training in handling students' problem behaviors. This underscores the need for further training in handling adolescent health risk behaviors.

Results on gender differences in teachers' perceived self-efficacy for modifying the behavior of learners involved in bullying, premarital sex and drug/substance abuse show no significant gender differences. This is in agreement with findings of several studies [23,24,25]. However, in the current study, female teachers have the highest level of perceived self-efficacy in bullying and the lowest in drug and substance abuse while males have the highest perceived self-efficacy in handling drug and substance abuse and lowest in bullying. Nevertheless, the differences are minimal. This implies that both the males and females are in control of adolescent health risk behaviors among students. It is valid to conclude that the male perceived self-efficacy requires reinforcement.

5. CONCLUSION

Based on the teachers' responses, the following conclusions are drawn from the study findings:

- Majority of the teachers have a strong perceived self-efficacy for modifying the behavior of learners involved in health risk behaviors.
- There are no significant gender differences in teacher perceived self-efficacy in handling health risk behaviors among learners. Nevertheless, more females than males had a high perceived self-efficacy.
- Teachers require more training in understanding and controlling health risk behaviors among their students.

6. RECOMMENDATIONS

- Education policy makers should review the teacher training curriculum and include programs that equip teachers with skills that will enable them to handle health risk behaviors appropriately.
- Education policy makers should consider gender differences as they design policies that will facilitate teachers deal with indiscipline cases in schools and in particular involvement in health risk behaviors.
- In-service courses should be organized for the teachers in the field to improve their ability to handle health risk behaviors among learners.
- A similar research study should be done among teachers in other levels of learning.
- A research should be done to establish parents' perceived self-efficacy in controlling adolescent health risk behaviors.

CONSENT

As per international standard or university standard, written consent has been collected and preserved by the authors.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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