

Abstract

Social self-efficacy plays an important role in one's psychological well-being, and a low sense of social self-efficacy is often associated with depression. But, does the relationship between social self-efficacy and depression hold true when measured among some of the world's most impoverished children and adolescents? The researcher analyzed the correlation between depression and social self-efficacy among children and adolescents ($N=63$) living in the Kangemi slums of Nairobi, Kenya and hypothesized that a negative correlation would be found between the two variables. The researcher also analyzed the correlation between depression and social self-efficacy in both conflict and non-conflict situations and hypothesized that a negative correlation would be found between depression and social self-efficacy in only non-conflict situations.

Consideration was given to gender differences. Data were collected using Wheeler and Ladd's *Self-Efficacy in Peer Interactions* and Kovacs' *Children's Depression Inventory*.

Results from the study indicated a significant negative correlation between depression and social self-efficacy among children living in Kangemi, $p = .008$. A negative correlation was also found between depression and social self-efficacy in non-conflict situations, $p = .026$, but no correlation was found between the variables in conflict situations. Therapy and/or didactic instruction are important aspects to raising social self-efficacy and, given the proper training, Hamomi's staff are in a position to give such assistance. Bandura stated that self-efficacy is the byproduct of one's confidence and that a prosocial orientation reduces one's susceptibility to depression. Evidence now indicates that this is true for the young people of Nairobi's slums as well.

Keywords: depression, social self-efficacy, Nairobi, Kenya

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Chapter 1

There are few other mechanisms as central to the makeup of human agency than that of self-efficacy. Without a sense of self-efficacy, people have little incentive or desire to act or to persevere in the midst of adversity (Maddux, 2002; Suldo & Shaffer, 2007; Bandura, 2006a; Bandura 2006b; Benight & Bandura, 2004; Bandura & Locke, 2003; Bandura, 2002; Bandura, Caprara, Barbaranelli, Pastorelli, & Regalia, 2001; Pastorelli, Caprara, Barbarnelli, Rola, Rozsa, & Bandura, 2001; Bandura, Pastorelli, Barbaranelli, & Caprara, 1999; Bandura, 1995). The basic concept behind self-efficacy is that people's beliefs in their ability to generate a desired outcome is the most significant determinant of the behaviors in which they choose to participate and the degree to which they endure in their efforts despite opposition (Bandura, 2011; Bandura, Caprara, Barbaranelli, Regalia, & Scabini, 2011; Dinç, 2011; Guinta, Eisenberg, Kupfer, Steca, Tramontano, & Caprara, 2010; Steyn & Mynhardt, 2008; Suldo & Shaffer, 2007; Bandura, 2006a; Bandura, 2006b; Luszczaynska, Scholz, & Schwarzer, 2005; Benight & Bandura, 2004; Bandura & Locke, 2003; Bandura, 2002; Maddux, 2002; Bandura et al., 2001; Pastorelli et al., 2001; Bandura et al., 1999; Bandura, Barbaranelli, Caprara, & Pastorelli, 1996).

Efficacy beliefs not only affect an individual's perseverance, but also the quality of one's emotional life and susceptibility to increased stress and depression (Bandura, 2006a; Bandura 2006b; Benight & Bandura, 2004; Bandura & Locke, 2003; Pastorelli et al, 2001; Bandura et al., 1999). One's sense of low self-efficacy to control valued life standards can produce feelings of hopelessness and despair (Bandura, et al., 1999). Of the different facets of perceived self-efficacy, social self-efficacy, in particular, plays an

important role in an individual's psychological well-being. Depressive symptoms are often associated with reduced social connectedness, loneliness, social isolation, and loss of meaningful relationships (Hermann & Betz, 2006; Jenkin, Goodness & Buhrmester, 2002; Bandura et al., 1999; Bandura, et al., 1996).

One could ask whether such social factors carry the same weight in regards to their influence on depression when measured among some of the world's most impoverished children and adolescents. This study will focus on self-efficacy and depression, and their impact on youth living in the slums of Nairobi. The literature review will address the following categories: 1) self-efficacy, 2) social self-efficacy and depression in children and adolescents, and 3) issues related to research within Kenyan culture.

Literature Review

Self-efficacy. "If at first you don't succeed, try, try again." This common phrase, though simplistic at first glance, holds at its essence a complex concept that is often overlooked. For more than three decades, the implications afforded by this saying have helped shape the way human behavior is viewed and have inspired thousands of pages dedicated to its message in scientific journals and books alike. This concept, which has been shown to be one of the most important factors associated with success, is self-efficacy (Maddux, 2002).

Much more than an ability to perform a single behavior, self-efficacy reveals perceived competence in one's ability to utilize the necessary coping skills under various, often challenging, conditions (Bandura, 2011; Bandura et al., 2011; Guinta, et al., 2010; Steyn & Mynhardt, 2008; Suldo & Shaffer, 2007; Bandura, 2006a; Bandura, 2006b;

Luszczaynska et al., 2005; Benight & Bandura, 2004; Bandura & Locke, 2003; Bandura, 2002; Maddux, 2002; Bandura et al., 2001; Pastorelli et al., 2001; Bandura et al., 1999; Bandura, et al., 1996). In short, self-efficacy beliefs are not concerned with what people believe they *will* do but rather with what people believe they *can* do (Maddux 2002). But what comprises self-efficacy? This section will focus on three primary issues:

1) distinguishing self-efficacy from similar concepts, 2) four sources of self-efficacy, and 3) self-efficacy and motivation.

Distinguishing self-efficacy. To gain a better understanding of what self-efficacy *is*, it is important to understand what it is *not*. All too often, self-efficacy is confused with such constructs as self-concept, self-esteem and/or locus of control (Hughes, Galbraith, & White, 2011; Luszczynska et al., 2005). Though there is some overlap between the working definitions of these constructs, each are separate and unique in their own right. A brief overview of definitions will be beneficial before moving forward.

Self-concept. Self-efficacy and self-concept are different in that the theory of self-efficacy recognizes and promotes the diverse nature of human ability and self-concept has been shown to be a global self-judgment. That is, self-efficacy focuses more specifically on tasks or activities that an individual feels capable of performing as opposed to a global assessment of how well an individual performs (Zimmerman & Cleary, 2006). Self-efficacy perceptions ask “can” questions (Can I be a good student? Can I make friends? Can I win competitive races?), whereas self-concept competency perceptions ask “being” questions (Am I a good student? Do I make friends? Do I win competitive races?) (Hughes et al., 2011).

The distinction between self-efficacy and self-concept was established empirically in a school setting. Researchers Pajares and Miller (1994) utilized a path analysis to study the predictive roles of self-efficacy in mathematical problem-solving skills among college students. Results from the study indicated that self-efficacy was a better predictor of math performance compared to self-concept, and that self-efficacy had an indirect impact on performance through self-concept. Here, self-efficacy was shown to enhance academic performance directly as well as indirectly through its influence on self-concept (Zimmerman & Cleary, 2006).

Self-esteem. Self-esteem is primarily concerned with the issue of personal worth. Zeigler-Hill, Besser, and King (2011) described self-esteem as the degree to which individuals “like” themselves. High self-esteem is associated with a wide range of positive outcomes including subjective well-being and persistence on challenging tasks (Zeigler-Hill, et al., 2011; Krause, Back, Egloff, & Schmukle, 2012). Though all individuals independent of their self-esteem tend to accept success, those with high self-esteem are more readily able to reject the negative implications associated with failure than their low self-esteem counterparts (Krause, et al., 2012).

Self-esteem is focused on judgments of self-worth whereas self-efficacy is focused on judgments of personal capability. It is completely possible that individuals may judge themselves inefficacious in a particular instance without experiencing a loss of self-esteem if they do not invest their self-worth into the particular activity in which they are involved. The opposite is true as well. A person may feel highly efficacious performing a particular activity and yet take little or no pride in performing it well if it creates negative consequences for others (Pastorelli et al., 2001).

Locus of control. One's locus of control is said to act as a "perceptual filter" when determining the degree to which an individual perceives control over the costs and rewards when interacting with others (Taylor, 2010). Viewed as a continuous variable, locus of control refers to one's perception over his or her environment and is described as being either internal or external. Internal locus of control refers to the concept that an individual has a great deal of personal control over the events in his or her life. Conversely, external locus of control refers to the concept that different life events depend a great deal upon factors outside of an individual's control (e.g., powerful individuals, fate, luck) (Taylor, 2010; Kong & Shen, 2011). Or, put simply, locus of control raises the question of whether one's fate is determined by one's own actions or by external forces (Pastorelli et al., 2001).

A belief in one's ability to produce different levels of performance achievements (perceived self-efficacy) is theoretically different from one's belief about whether such performances will affect certain results (locus of control). As is the case with the comparisons noted above, perceived self-efficacy is a stronger predictor of diverse forms of behavior than is locus of control (Pastorelli et al., 2001; Bandura, 1997).

To summarize, where self-concept is concerned with one's actual ability and/or skill (Zimmerman & Cleary, 2006), self-esteem with perceived personal worth (Zeigler-Hill, et al., 2011; Krause, et al., 2011), locus of control with perception of control (Taylor, 2010; Kong & Shen, 2011), and self-efficacy centers around one's belief in his or her ability to accomplish a given task and/or goal. So, what makes up self-efficacy? The answer lies in the perception of experiences.

Four sources of self-efficacy. Self-efficacy beliefs are the result of an intricate process of self-persuasion that requires a reliance on cognitive processes and is formed through four primary sources: 1) mastery experiences, 2) vicarious experiences, 3) social persuasion, and 4) physiological and emotional states (Bandura, 2011; Joët, Usher, & Bressoux, 2011; Morris & Usher, 2011; Steyn & Mynhardt, 2008; Usher & Pajares, 2006; Klassen, 2004; Maddux, 2002; Pastorelli et al., 2001; Bandura, 1995).

Mastery of experience. The most effective way of forming a healthy sense of efficacy is through a mastery of experiences (Joët, et al., 2011; Usher & Pajares, 2006; Klassen, 2004; Bandura, 1995). Such experiences provide some of the most authentic evidence that one is capable of succeeding in a given task (Bandura, 1995). Tasks successfully executed help to strengthen positive self-efficacy beliefs. On the contrary, failure to attain a desired goal or objective lowers one's sense of self-efficacy (Steyn & Mynhardt, 2008). Once people realize they have what it takes to succeed, they are more likely to persevere through adversity and quickly adapt to setbacks (Bandura, 2011; Bandura et al., 2011; Dinç, 2011; Guinta et al., 2010; Steyn & Mynhardt, 2008; Bandura, 1995).

Vicarious experience. A second way individuals produce and increase efficacy beliefs is through vicarious experiences. That is, self-efficacy is influenced when one observes someone performing and succeeding in a challenging task (Joët et al., 2011; Steyn & Mynhardt, 2008; Klassen, 2004; Maddux, 2002; Pastorelli et al., 2001; Bandura, 1995). Seeing people persevere who are similar to one's self creates an optimistic outlook—an outlook that strengthens beliefs that a comparable outcome can be accomplished if appropriate effort is applied (Bandura, 1995). Observation of those who

find success increases the probability of the observer's success. Likewise, observations of failures—despite one's own perseverance and effort—weakens the observers' perception of their own efficacy and negatively impacts their levels of motivation (Klassen, 2001; Bandura, 1995). It is the extent to which an individual identifies with the model, and his or her example of how to meet a task's demands, that instills a sense of optimistic self-efficacy (Steyn & Mynhardt, 2008).

Social persuasion. A third way efficacy beliefs can be formed and strengthened is through social persuasion (Joët et al., 2011; Steyn & Mynhardt, 2008; Klassen, 2004; Maddux, 2002; Pastorelli et al., 2001; Bandura, 1995). Individuals who are verbally supported and encouraged that they “have what it takes” to master a particular task are more likely to sustain the required effort needed to accomplish the activity than those who retain thoughts of self-doubt (Bandura, 1995). Here, persuaders focus the individual's attention on the skills in which he or she excels, thus counteracting the negative self-doubting thoughts so often accompanied with one's shortcomings. However, the effectiveness of verbal persuasion as a basis for self-efficacy beliefs will vary depending on the source. That is, the effectiveness of the persuasion will depend on the expertness, trustworthiness, and attractiveness of the source (Maddux, 2002).

Physiological and emotional state. A person's physiological and emotional state in judging his or her capabilities is a fourth way efficacy beliefs are created and maintained (Joët et al., 2011; Klassen, 2004; Maddux, 2002; Pastorelli et al., 2001; Bandura, 1995). When activities require demands such as strength and stamina, people judge their aches and pains as indicators of physical weakness. Likewise, mood influences people's judgments of their self-efficacy—positive moods increase perceived

efficacy whereas negative moods reduce such perceptions (Maddux, 2002; Bandura, 1995). An individual with a strong emotional reaction to a given task may view such a response as evidence toward his or her ability to succeed or inability to succeed. For example, a junior high school student who experiences high amounts of stress and anxiety prior to a given class gives his or her emotional response precedence over self-efficacy thus producing maladaptive thoughts indicating a lack of capability (Joët et al., 2011).

In a 2005 study, Usher and Pajares examined the influence of Bandura's hypothesized sources of self-efficacy in relation to entering middle school students (N=263). More specifically, the researchers examined the influence of these four sources of self-efficacy on students' beliefs regarding academic capabilities and self-regulatory strategies (e.g., how well does one believe he or she can finish his or her homework on time). The researchers' findings were consistent with those of Bandura's. Each source of self-efficacy (mastery of experience, vicarious experience, social persuasions, emotional and physiological states) predicted self-efficacy. Mastery of experience accounted for the greatest predictor.

Self-efficacy and motivation. Having established the four primary external factors through which self-efficacy is formed, the following section will focus on that which is produced from efficacious beliefs—motivation. Self-efficacy and motivation are tightly intertwined (Bandura, 1995). Self-efficacy plays a key role in motivational processes in that most motivation is produced cognitively. Typically, individuals who regard themselves as highly efficacious commonly ascribe their failures to insufficient effort or difficult circumstances. Conversely, those who regard themselves as

inefficacious, oftentimes attribute their failures to low ability. Such causal attributions have a negative impact upon one's motivation, performance, and affective reactions (Bandura, 1995).

Motivation is achieved by the implementation of forethought and can be viewed as a continuum that ranges from low to high self-determination. Individuals set goals and plan courses of action based upon specific beliefs of what they can do (Bandura, 1995; Fawcett, et al., 2009). This belief-oriented construct begins with a relative absence of motivation, moves to extrinsic motivation (engagement in a task for an outcome or reward potentially gained through the task), and then ends with intrinsic motivation (engagement in a task for the enjoyment gained from performing the task), evidenced by one's enjoyment, interest, and excitement of a particular activity (Prat-Sala & Redford, 2010; Fawcett, Garton, & Dandy, 2009).

Bandura (1995) stated that efficacy beliefs contribute to motivation in several ways. First, efficacy beliefs determine the goals individuals set for themselves. As mentioned above, individuals typically set goals for themselves they believe they can accomplish. Second, efficacy beliefs help an individual determine how much energy to expend on a given task. If an individual does not believe he or she can accomplish a particular task, effort toward that undertaking will be expended accordingly. Third, efficacy beliefs will determine how long an individual will persevere in the face of adversity. A low sense of ability will influence an individual's perseverance. That is, if a person doesn't believe in his or her ability to complete a particular task, completion becomes all the more unrealistic (or viewed as not worth the trouble) if opposition presents itself. Finally, efficacy beliefs will have an effect on an individual's resiliency

to failures. An individual is less likely to repeat a failed task if belief in ability was lacking from the start.

When faced with setbacks or failure, individuals who distrust their capabilities reduce their efforts or give up all together. Conversely, individuals who have a strong sense of capability, exert greater effort when mastery of a challenge is unattained. That is to say, strong perseverance has a direct contributing effect to performance accomplishments through motivation (Bandura, 1995).

Depression and social self-efficacy in children and adolescents. The theory behind self-efficacy maintains that efficacy beliefs play a critical role in psychological adjustment, psychological problems, and self-guided behavioral adjustment strategies (Bandura, 2005; Maddux, 2002). People with high self-efficacy “raise the bar” for themselves by setting challenging goals and regulating the effort necessary to achieve desired outcomes despite possible obstacles (Pastorelli et al., 2001). Such individuals are more likely to participate in adaptive behaviors, maintain them, and bounce back after setbacks (Luszczynska, et al., 2005). This sense of control over one’s behavior, environment, thoughts, and feelings is essential for psychological well-being (Maddux, 2002).

Conversely, a low sense of efficacy in one’s ability to exercise control over things he or she values can create feelings of hopelessness and despair which often leads to depressed feelings when unfulfilled aspirations are felt inevitable (Bandura et al, 1999; Bandura, 1995). In short, self-efficacy beliefs play an integral part in the emotional makeup of humans and must be taken into consideration when speaking to issues of psychological problems (Maddux, 2002).

One's efficacy beliefs exert a great deal of influence on stress and depression (Bandura, 2006a; Bandura 2006b; Benight & Bandura, 2004; Bandura & Locke, 2003; Pastorelli et al., 2001; Bandura et al., 1999). Maddux (2002) wrote that self-efficacy beliefs play a large part in various common psychological problems and is a particularly important feature to depression. Depression, Maddux explained, is typically found in individuals who believe they are less able than other people to behave in an effective manner in important areas of life. Crippling anxiety and avoidant behavior are typical responses to low self-efficacy beliefs when faced with threatening circumstances. An anchored sense of control over one's behavior, environment, and emotion is critical for happiness and psychological well-being (Maddux, 2002). Such stability, however, is all the more difficult to obtain when navigating through adolescence.

Children and adolescents have the extraordinary task of managing major biological, educational, and social role transitions at the same time (Caprara, Gerbino, Paciello, Giunta, & Pastorelli, 2010; Bandura et al., 1999). Learning how to navigate pubertal changes, emotionally charged relationships, and the onset of sexuality becomes a task of great importance (Dinç, 2011; Bandura, Caprara, Fida, Vecchione, Bove, Vecchio, Barbaranelli, & Bandura; 2008; Bandura, Caprara, Barbaranelli, Gerbino, & Pastorelli, 2003). The success with which young individuals are able to manage the risk and challenges of childhood and adolescence depends on the strength of the individual's perceived self-efficacy (Bandura et al., 1999).

High levels of self-efficacy increase young people's confidence which helps enable them to pursue challenging goals, sustain effort for longer periods of time, and excel in school. Low levels of adolescent self-efficacy, however, have been linked with

social phobia, delinquent behavior, and depression (Suldo & Shaffer, 2007; Bandura, 2006a). Depression, Bandura et al. (1999) explained, can arise from many different areas of perceived self-inefficacy, which not only contributes to depression directly but indirectly as well.

Bandura et al. (1999) wrote that depression is a matter of great importance because not only is it alarmingly prevalent, but it also plays a forceful hand in impaired functioning. Furthermore, depression is not typically “outgrown,” and if the contributing factors are left unchecked, recurring depressive episodes are common throughout one’s life. One’s vulnerability to childhood and adolescent depression, therefore, is predictive of the severity and frequency of a depressive episode in adulthood.

Gladstone and Beardslee (2009) estimated that approximately one-half of depression cases finds its etiology in childhood and adolescence. Depression in children and adolescents is unfortunately quite common and is associated with a long list of chronic psychiatric and functional outcomes—outcomes that include increased risk-taking behavior, impairment in school, and negatively affected interpersonal relationships (Gladstone & Beardslee, 2009). Poor interpersonal relationships, in particular, have a profound effect on an individual’s psychological well-being (Hermann & Betz, 2006).

Within any culture, creating and maintaining good interpersonal relationships requires a certain degree of effort as well as a large variety of assertive and communicative social problem solving (i.e., effective interpersonal problem solving techniques), and empathy (Giunta, Eisenberg, Kupfer, Steca, Tramontano, & Caprara, 2010; Kihlstrom & Cantor, 2000). A steadfast belief in one’s ability to be sensitive and respond adequately to other people’s feelings and needs are vital to promote successful

adaptation and well-being (Giunta, et al., 2010; Caprara & Steca, 2005). This ability to build and maintain such interpersonal relationships falls under what Bandura labeled social self-efficacy—a concept that is looked upon as a process occurring through the interaction between behavioral, cognitive, physiological, and environmental variables (Dinç, 2011; McClaran, 2003).

Social self-efficacy refers to a readiness to initiate behavior in social situations and to a person's belief that he or she is capable of pursuing social contact and developing new friendships; it can also refer to an individual's expectancy that he or she can successfully perform or achieve a specific behavior in an academic or everyday situation consisting of social interaction. Further, social self-efficacy is important not only in its relationship to effective social behavior, but it has widely been associated with psychological adjustment and mental health (Bandura et al., 1999; İskender & Akin, 2010).

In a research study that investigated the psychological influences through which efficacy beliefs impact academic success, Bandura et al. (1996) found that children in middle school with a prosocial orientation were less vulnerable to depression. The researchers stated, "Whether children are held in high or low regard clearly has a significant impact on children's level of depression" (Bandura et al., 1996, p. 1218). Similarly, in their study of college students, Hermann and Betz (2006) found social self-efficacy to be directly related to loneliness and indirectly related to depression. Hermann and Betz stated that lacking social skills or acquiring social anxiety are recognized as important factors in the development and duration of depression and loneliness.

Depressive symptoms are commonly associated with social variables—variables including social isolation, lack of social connectedness, and loneliness.

Bandura et al. (1999) explained that a strong sense of social self-efficacy reduces one's susceptibility to depression both directly and by promoting prosocial relationships and curbing delinquent behavior. Through prosocial behaviors such as helpfulness, sharing, and cooperativeness, children and adolescents are able to make a strong connection with peers and are preferred by them in social and academic settings.

Bandura et al. (1999) also stated that schools, in particular, are a rich environment to evaluate social self-efficacy. Bandura et al. wrote, "Schools operate as a primary setting for the development and social validation of cognitive competencies. It is here that children are continually tested, evaluated, and socially compared" (p. 260).

In the same study, Bandura and his colleagues studied how different features of perceived self-efficacy operated within a system of sociocognitive influences in childhood and adolescent depression. More specifically, Bandura et al. studied perceived academic self-efficacy and social self-efficacy. After they evaluated a mixed population of 282 middle school aged children, the researchers found that perceived social inefficacy contributed to concurrent and subsequent depression not only directly but also through its impact on prosocialness and problem behaviors. Further, Bandura et al. found that perceived social inefficacy had a greater effect on depression in girls compared to boys and that girls were more likely to experience depression two years after being tested. Finally, the researchers found that children and adolescents with a high sense of social self-efficacy were more pro-socially oriented which was thus accompanied by reduced problem behavior (Bandura et al., 1999).

Issues related to research within Kenyan culture. Before conducting research in a foreign country, one needs to question the ethical appropriateness of such an endeavor. Clark (2012) stated that one should familiarize her or himself with the specific population that is under observation before conducting cross-cultural research. Even within countries, there is an expanding diversity of people groups that highlights the need for cross-cultural research. Clark went on to explain that the responsible cross-cultural researcher should have self-awareness and self-understanding (regarding personal cultural biases), should possess an understanding of the target culture, and should utilize strategies that promote effective and positive intercultural interactions. Therefore, to help illustrate Nairobi's cultural climate and give rationale for the research strategies utilized in the current study, the following section will focus on the following topics:

1) Kangemi slum life, 2) globalization and the homogenization of culture, and 3) Western scales in Nairobi.

Kangemi slum life. Individuals living in Kenya's slums have little or no access to medical treatments let alone access to psychological care. They are a people living on the margins. They are poor, they are disregarded, and they are deserving of more. Kenya provides a clear picture of typical urban poverty that many African countries face. Roughly 71% of Kenya's urban population is believed to live in slum settlements. As a result of poor living conditions within slum communities, the traditional advantages in social development commonly found within urban settings are diminished. That is, urban poor in Nairobi experience worse living conditions than other major population sub-groups including residents of rural communities (Ndugwa & Zulu, 2008).

Children and adolescents, in particular, have a difficult time living in the slums. Not only do they have to face the hardships of growing up in extreme poverty, but they also have to navigate the storm of adolescence. A testament of the hardships produced by the poverty found within Kenya's slums was seen in the 2003 report by Mugisha, Arinaitwe-Mugisha, and Hagembe who estimated only one in five adolescents living in the slums between the ages of 12 and 24 was attending school and that the primary reason for school dropout was due to lack of funds. The 2009 Urban Poverty Vulnerability in Kenya report had more favorable estimates. Contrary to the study conducted by Mugisha et al., the report estimated that approximately 75% of individuals living in Nairobi's slums at least graduate primary school. However, the report indicated that student dropout increases to more than two thirds at the secondary level (Urban Poverty, 2009). Mr. Edwin, a resident of Nairobi's Kangemi slum and a teacher at the primary school Hamomi Children's Centre stated:

Life for kids in the slum is not that okay simply because we have lots and lots of challenges. The biggest challenge that affects these kids at Kangemi is 1) education, 2) shelter 3) clothing, and 4) parental care. Because most of them are street children. Maybe their parents died from the HIV disease, or others who were born out of wedlock do not know their parents. That is why when you walk around Kanemi, you see a lot of children in the street because they lack the basic and essential needs—education being part of it. (Mr. Edwin, personal communication, April 14, 2011)

Mr. Daniel, another resident of the Kangemi slum and teacher at Hamomi had this to say regarding the issue of living life in the slums:

In Kangemi, life is difficult. That's one thing you should know. Because in slums, you find that these kids are sharing a one room with around 9 or ten siblings. And that means that this one ten-by-ten room is holding the parents and the nine siblings and that it is congested. Even walking into the room is a problem. You can't walk. You have to squish yourself to pass. (Mr. Daniel, personal communication, April 13, 2011)

Mugisha, et al. (2003) wrote that Kenya's slum communities have had to bear the harsh consequence of their economic situation with high unemployment, low school enrollment, and noteworthy school dropout rates for the area's young people. Furthermore, slums are commonly positioned near relatively wealthy neighborhoods and businesses, placing a constant reminder of the residents' financial hardships at the forefront of everyday life—an everyday reminder that can easily create a sense of hopelessness (Mugisha & Zulu, 2004). This research falls in line with what Mr. Daniel had to say on the topic:

Children always have it in their hearts that it would have been better if they could stay in a certain estate. That's why they make friendship with those outside of the slums. They are friends with those in the estates because they want to know, or they want to be like them. So they always look to see, what is this that can take us out of the slum? (Mr. Daniel, personal communication, April 13, 2011)

Such hopelessness, in turn, forms the foundation of an atmosphere primed for maladaptive risk-taking behaviors such as crime and substance abuse. Evidence revealed that the prevalence of substance abuse runs high among slum communities and that male

adolescents are most affected by this trend (Mugisha & Zulu, 2004). Mr. Daniel stated the following in regards substance abuse in the slums:

[Alcoholism] is one of the major problems...in the slums because people are looking for work. They are brewing illegal brews locally. And you will find that the kids do not go to school in the slums because they are drunkards at a very tender age. And this is not because they want to be, but because they have not been taught about the dangers of taking alcohol. Because this child is missing parents and a teacher at the same time. You find that young people turn to alcohol because they lack the knowledge about it. It is the same with other drugs [too] because it is not only alcohol. Because this is a slum, you find that getting access to drugs is very simple because the drug traffickers know that, in the slums, you can easily sell drugs because you have many people who are illiterate who want to try something new. Others may be trying to use drugs to reduce stress. And this stress that we are reducing, is what is killing our lives. We are trying to reduce the life of the slum; but we are not reducing, we are losing.

(Mr. Daniel, personal communication, April 13, 2011)

Due to the extremely dense population found in Nairobi's slum communities, adolescents and young adults are increasingly involved in urban violence as many acquire strength through drugs and alcohol. An unfortunate reality is that the same drugs these individuals use for strength also predispose them to risky, potentially life-threatening activities (Mugisa & Zulu, 2004). Regarding substance abuse in the slums, Mr. Edwin stated:

[Substance abuse among young people] is a big problem in Kangemi [and they start] so young. If there's no food, but there is something to put into your system, you have to take. You can't refuse to take. Whether it is heroine or glue, which will make you maybe feel okay, you have to take. No one is telling them that taking alcohol is bad; that sniffing glue is bad. You see them walking up and down the road picking up scraps to sell. They do not pay rent or pay school fees. They take that little bit of money to buy glue or drugs to take, or alcohol so they can reduce the depression they have. That's why when you give them money, you are destroying them. Take them away from that environment, tell them, 'you are better.' Even if they do not perform well in class, tell them 'you are better, you can do well.' Tell them that sniffing glue won't help you. (Mr. Edwin, personal communication, April 14, 2011)

Taking such factors into account, it is no stretch of the imagination to understand how depression can play an intrusive role in the lives of these young individuals living in such conditions. Speaking to the prevalence of depression among adolescents living in Kangemi, Mr. Edwin stated:

They are in deep depression. How can you sleep in cold? In the morning, you are happy because the sun has come. You can walk somewhere. You can feel the warmth. But when the evening comes, you start being so stressed out. What will I eat? Where will I sleep? If the rains come? If I am caught outside by the police? When they lock them inside, they are in great depression. Some have started taking in drugs. Sniffing glue. They find that their life is miserable. They may seem comfortable, but they are not

comfortable. They encounter many diseases. These kids are an endangered species. They need a lot of care. Because you won't help them by giving them money; you won't help them by giving them food. What they need: take them, put them somewhere; show them the word of love. When they see that they are loved, they will begin to have love for themselves. When this happens, they don't believe they should be staying outside. (Mr. Edwin, personal communication, April 14, 2011)

The connection between stress and depression among young people, as observed by individuals working and living in Kangemi, is also found in research. A broad base of research has shown that there is a correlation between onset of depression and prior stressful life events (Hammen, Kim, Eberhart, & Brennan, 2009a; Hammen, Brennan, Keenan-Miller, Hazel, & Najman, 2010; Kessler, 1997). Unfortunately, the stress these young people experience in Kangemi is not merely a byproduct stemming from a lack of food or shelter. Safety, or lack thereof, is another factor these young ones have to stress over. When asked if Kangemi is dangerous, Mr. Daniel stated:

Daytime, streets are very safe; but when it becomes the evening hours, it is stressful. These people, because of congestion, and because of lack of what to do, lack of employment, lack of food, some others have invented other ways of looking for food, which are evil. So, you find that there is no security when it is late in the evening. So, if you are found moving around in the evening, you might lose your life or anything that you have with you. Just starting from the shoes. Even your socks, you might lose them and come out of the street walking naked because they have taken everything because they have nothing to use at all so they

snatch you what you have to use. So, in the streets of the slums are very dangerous during the evening hours. In the day, they're okay. You can walk, you can pass, you can do everything, but during the dark, no movement, at all, at all.

(Mr. Daniel, personal communication, April 13, 2011)

On the issue of safety in Kangemi, Mr. Edwin stated:

In Kenya, when you talk about a slum, you are speaking of an area that is overcrowded with people. Poor housing. Poor drainage. The crime is so high. You can't make your way between six in the evening and six in the morning. It's dangerous. That's why we release the children from school at five so they can be off the streets before six. When you talk about crimes, we have a lot of crimes. Rape, murder, and kidnapping, which is affecting us so much. Kidnapping: that's why we have the children wear uniforms so they can be identified. When it becomes night, crimes will never cease. (Mr. Edwin, personal communication, April 14, 2011)

When asked how many children are not able to attend school in the slum, Mr. Edwin stated:

I can't give you a rough number because there are a lot. There are a lot. There are a lot. That's why you see so many of them walking down the street with sacks and rags trying to pick up trash which they can go and sell to at least have something in their stomach. And the main challenge is that they do not go to school, and they do not have the parental care because perhaps their parents are not there. You can't have a very good statistic. But every time when I am coming from my house, I always see them on the road and there's nothing I can

do. So, there are a lot. More kids do not go to school [than do]. [That being said,] when given the opportunity, he or she can achieve the goal that they're dreaming of. Their dream is just in need of someone taking them and putting them somewhere, and giving them assistance and everything will be okay. (Mr. Edwin, personal communication, April 14, 2011)

Interviews with both Mr. Daniel and Mr. Edwin help to give a better picture of what life is like living in Kangemi. Though conditions are unfavorable to residents in general, the situation is devastating to children in particular. For many young people living in such slums, even basic needs are oftentimes out of reach. They are surviving in a culture of poverty. Access to food, shelter, and safety is not the norm; it is the exception. Many of these children live on the fringes of an already fringe society and are faced with challenging circumstances and adversities on a daily basis. With a better insight into Nairobi's slum culture, the following section will focus on Nairobi's larger cultural landscape and the factors associated with its development.

Globalization and the homogenization of culture. Globalization is not easily defined; in fact, one could say that the term means something different to different people. David Groody (2007) wrote:

To the political scientist, it [globalization] signifies a new internationalism. To the economist, it connotes linking local, regional, and national financial networks. To the sociologist, it entails the rich intersection of multiple societies and worldviews. To the anthropologist, it implies the struggle for unique ethnic and cultural identities amidst what has been called the "McDonaldization" or "Wal-Martification" of world culture" (p. 13).

However, despite these differing opinions regarding the definition of the term “globalization,” virtually everyone can agree that the spirit of the concept is centered on the ever-growing interconnectedness of the political, economic, and social life between all of humanity (Groody, 2007).

World affairs expert Thomas Friedman (1999) compared and contrasted pre-World War I globalization to that of the current era and stated that though many similarities exist between the two time periods, there is an important difference: intensity. Friedman stated that the current intensity with which the world is coming together into a single global village is nothing like it has witnessed before; and whether one is for or against it, globalization can be viewed as an unstoppable force much like the rising sun. Friedman wrote, “But even if I didn’t much care for the dawn there isn’t much I could do about it. I didn’t start globalization, I can’t stop it—except at a huge cost to human development—and I’m not going to waste time trying” (p. xxii).

But this homogenization of culture tends to be more than simply one people group heartlessly imposing a worldview, or way of life, upon another. To some extent, globalization is a mutual partnership operating within the boundaries of supply and demand. That is, the majority of one group wants to acquire that which another has. The concept of supply and demand gets somewhat murky, however, when that which is desired moves beyond simple materialism and gravitates toward the acquisition of a particular lifestyle. This kind of change is more than a simple case of “keeping up with the Joneses;” it appears as a fundamental social/societal shift. But is it? Is the welcoming of globalization done through clinched teeth and artificial smiles as one may greet an unwelcomed guest? Or is it the natural outgrowth of a society’s desire to express

its changing values on a global stage? Or, put another way, does globalization's reach influence culture, or does culture influence globalization's reach?

Ntarangwi (2009) wrote that one of the most telling signs of globalization of a specific culture is seen in the relationship between adolescents and their sense of identity—a factor psychologist Erik Erikson highlighted as very important in human development. Erikson stated that the primary task of adolescence is to grapple with identity so as to become a unique adult with a coherent sense of self and a valued position in society (Papali, Olds, & Feldman, 2001). As passions and convictions of youth develop, so follows the identity of the society in which they live.

Ntarangwi (2009) stated that two of the telling signs by which a population displays their sense of identity is through language and attire. Countries in East Africa are by no means exempt from the trend. Ntarangwi stated:

It is often quite common to see East African hip hop videos where the musicians are in shorts, long white T-shirts, work boots, and baseball hats turned backwards or sideways as one would see on MTV videos featuring U.S. rap artists. It is also quite common to see artists in oversize T-shirts embroidered with U.S. professional or college basketball or football teams or players or European soccer-team jerseys. This media-generated image of hip hop stars is an important trigger to questions of identity and self-representation within larger contexts of global cultural flows. (p. 34, 35)

Not only is Western attire common in East Africa, but these secondhand goods have also become a significant industry (Ntarangwi, 2009; Hansen, 2000). For instance, in 2011 clothing was the United States' third largest export to Tanzania behind machinery and

wheat—an estimated \$25 million dollars worth of export (Tanzania, 2013). Ntarangwi (2009) wrote that the influx of Western clothing has caused many local clothing industries to close, but he stated that it is not only due to increased global exportation and inexpensive garments, but due to the fact that East Africans prefer to wear imported clothing even if it is purchased secondhand.

In a report addressing the issue of identity among Kenya's youth, columnist Kilongi Munene stated:

As the media opened up, the country saw a deluge of western consumerism and lifestyle trends that have shaken traditional African values among the youth.

These western influenced media focus has [sic] become so unstoppable even the older generation initially sceptical [sic] of the new wave, grudgingly accept it.

(Munene, 2007, para. 3)

Western-style food is also making an impact in Kenya. In 2011, Kentucky Fried Chicken opened its first establishment in Nairobi and was met with long lines of excited patrons. At one point, reports claimed that customers waited 90 minutes just to get a taste of the US-based chicken recipe (Strazluso, 2011). In 2012, Gavin Bell, general manager of Kuku Foods (franchise holder of KFC in East Africa) reported, "Even today we still have similar volumes, although the queues have died down because the processes are much faster and efficient. We are doing around six tonnes of chicken a week, up from four tonnes when we opened last year" (Mulupi, 2012, p. 1).

Effects of globalization in Kenya spread beyond youth culture, dress, and food; its impact can also be seen in its government as well. After post election violence in 2007, many Kenyans struggled to reduce the importance of ethnic status as much of the conflict

was based on tribal elitism (Gettleman, 2010a). As a result, governmental reform through a new constitution was introduced—a reform heavily backed by Western leadership. Gettleman (2010b) wrote:

In Kenya, a new constitution is a crucial part of the broader reform package that all Western donors, including the United States, have been aggressively supporting. Western ambassadors have consistently stood in front of Kenyan crowds and delivered speeches about the urgent need for judicial reform, land reform, constitutional reform and an end to impunity. These are widely seen as steps Kenya must take if it is to avoid a repeat of the political and ethnic bloodshed set off by the disputed election in 2007. (p. 1)

In 2010, Kenya adopted the new constitution—a constitution that prompted many news outlets to make comparisons to that of the United States. In an article titled, *Kenya Gets New American-Style Constitution*, Huffington Post columnist Tom Maliti (2010) wrote that the new constitution instituted a “U.S.-style system of checks and balances and has been hailed as the most significant political event since Kenya's independence nearly a half century ago.” Aljazeera reported similarly:

The new law aims to devolve more power to local governments and guarantee the Kenyans freedom of expression under a citizens' bill of rights. It also cuts down the president's enormous power by setting up a US-style presidential system of checks and balances. (Kenya Ratifies, 2010, para. 6)

Though culture certainly consists of more than food, clothing, or political preferences, it is becoming increasingly difficult to deny the West's influence on Kenya. That which is commonplace in the United States continues to find a home in Kenya today. And should

one feel frustrated or feel a sense of indignation over globalization's extensive reach into Kenya, a little perspective is necessary. Friedman (1999) stated:

...it would be naïve to think that somehow we can stop the global juggernauts of McDonald's or Taco Bell from opening franchises everywhere around the world. They proliferate because they offer people something they want, and to tell people in developing countries they can't have it because it would spoil the view and experience of people visiting from developed countries would be both insufferably arrogant and futile. (p. 294)

Individualism versus collectivism. When considering a country's cultural makeup and potential influences afforded by globalization, one would be remiss not to mention the difference between individualist and collectivist communities. The terms individualism and collectivism have been used to reference value systems found within and across large cultural groups as defined by multiple variables—variables such as nationality, race, or ethnicity (Tamis-LeMonda, Way, Hughes, Yoshikawa, Kalman, & Niwa, 2007).

Individualism is viewed as the degree to which one exercises control over his or her life to manage problems, make personal decisions, and maintain self-reliance and independence (Laungani, 2007). Under the individualistic mindset, people perceive a boundary as that which separates one from others and they place much greater priority and worth upon personal goals rather than the goals of one's family (Launguni, 2007; Ma & Schoeneman, 1997).

People are driven to develop qualities that set them apart from the group or collective—qualities that make one unique or special in areas such as talents, intelligence,

or physical appearance. Acceptance into a particular group is often based upon an individual's unique contribution. That is, what one can offer to the group is often indicative to whether or not he or she becomes an accepted member (Freeman, Felgoise, & Davis, 2008).

Conversely, collectivist, or family-based, cultures of the East and some traditional cultures found within Africa and Latin America, place an emphasis on external relationships. The part that one plays within a group and the extent that one serves the group in that particular role is a great determinant of his or her personal identity and self-worth (Freeman et al., 2008; Oettingen, 1995). In such family-based societies, problems that affect the individual—whether they be physical, emotional, or financial—affects the whole. Laungani (2007) described the concept of collectivism, or as he called it “communalism,” well when he stated: “One’s individuality is subordinated to collective solidarity, and one’s ego is submerged into the collective ego of the family and one’s community” (p. 62).

But, must a country be solely individualistic or collectivistic? Bandura (2006a) would argue that not only do such intra-national differences exist, but that such differences are commonplace. Kenya is no exception. Ma and Schoeneman's (1997) Kenyan-based study provided an example of this particular national divide. Here, the researchers administered a shortened version of Kuhn and McPartland's Twenty Statements Test—a test that measured self-concept. In this study, participants from the United States and Kenya (the Kenyan participants were taken from Nairobi and two rural tribes) answered the question, “Who Am I?” 15 times. Through this process, the researchers believed that the participants would display their true self-concept. Results

from the study confirmed the researcher's hypothesis that perceived conceptions of the self among Kenya's rural nomads were more collective and less individualized than those with western or Americanized self-concepts found in Nairobi. Though individuals living in the country exhibited a more family-oriented, collectivist disposition, those living in the city displayed more independent personality traits. The researchers noted that factors of urbanization, modernization, and education most likely impacted self-concepts of Kenyans living in Nairobi, which ultimately decreased their collectivist leanings (Ma & Schoeneman, 1997).

Global interconnectedness is minimizing cross-cultural uniqueness (Bandura, 2006a; Bandura, 2006b; Friedman, 1999). Bandura (2006a) stated that a growing body of research has shown that resilient efficacy beliefs has a generalized functional value regardless of whether an individual associates him or herself with an individualistic or a collectivist culture. Whether the target culture is American, Italian, Korean, or Chinese, Bandura asserted that the stronger the perceived self-efficacy, the higher the performance attainments.

Western scales in Nairobi. Because the concept of self-efficacy was developed in the United States and has had a majority of its research conducted through a western frame of mind, it is important to have a cultural understanding of Kenya, specifically Nairobi, when discussing its implications to this specific people group. Cultural dimensions can play a large part on the influence of efficacy beliefs; understanding an individual's cultural makeup is essential when investigating matters easily influenced by such variables (Klassen, 2004).

Thus, the question must be asked: Can self-report psychological tests developed in the West be reliable and valid in Nairobi, Kenya? The answer to this question is not easily derived. This question carries with it a myriad of additional questions and variables one must consider before giving an answer. Prior to conducting research of this nature, one would be wise not only to evaluate the cultural climate of the targeted population, but also to consider both the general and specific factors associated with the utilization of westernized tests. Therefore, with Nairobi as the backdrop, the following section will focus on the considerations one should make when conducting cross-cultural research.

As noted above, there are cultural variables to consider before conducting research in Kenya. There are ethical considerations one must consider as well. In her article on ethical psychological testing, Cheryl Foxcroft (2011) identified eight ethical issues to consider before using tests in Africa. These ethical issues are 1) immersion into the test-taker's world, 2) when it is appropriate to use a test and when not, 3) consent, 4) where to test, 5) when to test, 6) choosing appropriate tests, 7) language and test translation, and 8) type of tests. The following section will touch on the questions and variables one must ask and consider when giving unmodified psychological tests in Nairobi, Kenya. More specifically, the following section will focus on the above eight ethical issues presented by Foxcroft as a guideline for the research conducted in Nairobi. The measures taken by this researcher to comply with such suggestions are detailed in the following chapter.

Immersion into the test-taker's world. One of the most important variables to consider when conducting psychological tests in a foreign country is the participant's

cultural makeup and the extent to which it can influence test results. Foxcroft (2011) warned that one should never presume that he or she knows the best method in which to assess a particular aspect of human or cognitive functioning without first immersing oneself in the world of the test-taker. Such immersion, Foxcroft continued, can take one of two forms: literature research and on-site investigation. That being said, researchers Hesse-Biber and Leavy (2011) stressed the importance of a well-rounded approach to research in foreign lands. The researchers wrote that while librarical research is important, something is missing: firsthand observation. Along with getting one's hands dirty in research, Hesse-biber and Leavy stated, "Go and sit...on the doorsteps of the flophouses; sit on the Gold Coast streets and on the slum shakedowns. In short...go get the seat of your pants dirty in real research" (p. 193).

When it is appropriate to use a test and when not. Foxcroft (2011) stated that despite the fact that the majority of tests used in Africa have been developed largely in Western countries, assessment practitioners must be aware that such tests cannot simply be applied to individuals from other cultural backgrounds without first investigating the possibility of test bias and without giving appropriate consideration toward adapting and re-norming them.

Consent. When conducting psychological testing, permission typically needs to be gained from the participants and/or appropriate figureheads (Foxcroft, 2011; Campbell, Vasquez, Behnke, & Kinscherff, 2010). Relevant stakeholders will rightfully want to scrutinize the testing material to ensure that there is nothing offensive or insensitive. Whether the administered tests are part of a larger research project or as part of a psychological service, obtaining informed consent in locations such as Kangemi can

be challenging. Foxcroft stated that when testing young people in Kenya, gaining permission from the child's current caregiver is the most appropriate course of action.

Where to test. Foxcroft (2012) stated that practitioners working in Africa should take careful consideration when deciding upon where to test individuals so as not to impart further mental/emotional strain. In the interest of ethical testing practices, evaluations are best conducted in environments familiar to the test-taker.

When to test. Typically, when an individual seeks psychological help, specific appointment dates are arranged that suit the practitioner. However, in a multicultural context, sensitivity and awareness toward traditions and religious observances need to be shown toward participants (Foxcroft, 2011).

Choosing appropriate tests. Foxcroft (2011) posed the question: Is it appropriate to use Western-oriented tests in Africa or should only indigenous tests be used? Given the broad nature of such a question, one would be unwise to answer definitively. Not only is Africa made up of fifty-four different countries giving way to vast between-country variables, but each country is also made up of regions with vast within-country variables.

Language and Test Translation. Please refer back to the section *When it is appropriate to use a test and when not* (p. 33).

Types of Tests. Specifically addressing the utilization of self-report questionnaires and self-reflection tasks, Foxcroft (2011) stressed the importance of understanding the difference between Westernized and non-Westernized participants. Such an understanding is important due to the fact that Westernized societies emphasize individualism whereas non-Western societies emphasize collectivism—a difference that

could affect the results of such self-report psychological tests. As noted above, Westernized communities place a higher value on introspection, being aware of personal needs, and striving toward self-growth; whereas those from non-Westernized societies learn to place needs of the community above themselves. Thus, a self-report questionnaire will pose different challenges for those coming from individualistic communities compared to those coming from collectivistic, with those from the latter being at a disadvantage (Foxcroft, 2011; Friedman, 1999).

Rationale

Within urban settings, slums account for a large portion of the Kenyan population. According to the African Population and Health Research Center (APHRC), approximately 55% of urban inhabitants live in slums. Furthermore, Kenya's capital and largest city, Nairobi, is home to an estimated 2.9 million people—60-70% of whom live in the 5% residential slum land (Statistics and Surveys, 2013). As stated above, individuals living in Kenya's slums have minimal access to medical treatments and even less access to psychological care. Though psychological research topics have broadened somewhat in recent years, since the 1980s such research in Kenya's slums has been largely focused on issues specific to the HIV/AIDS epidemic. Research on self-efficacy reveals similar trends.

To date, research on self-efficacy has focused on numerous domains from within many different cultural contexts outside of the United States. For example, Researchers Joët, et al. (2011) examined academic self-efficacy among elementary students in France; Ding (2011), Ískender and Akin (2009), and Bilgin and Akkapulu (2007) researched social self-efficacy and team sports and social self-efficacy and internet addiction

respectively in Turkey; Bandura et al. (1999) studied social self-efficacy and childhood depression in Rome; Fawcett, et al. (2009), investigated self-efficacy and parental support among adolescents in Australia; Di Giunta et al. (2010) assessed perceived empathic and social self-efficacy among young adults from Italy, Bolivia, and the United States; Luszczynska, et al. (2005) studied general self-efficacy among 18-86-year-olds from Germany, Poland, and South Korea; Steyn and Mynhardt (2008) researched self-efficacy perceptions among police officers in South Africa; Pastorelli, et al. (2001) evaluated perceived self-efficacy among children from Italy, Hungary, and Poland; and Muris (2001) measured self-efficacy among youths in the Netherlands.

Though cross-cultural research on self-efficacy is expanding, much work has yet to be accomplished. In Kenya, while research on self-efficacy has begun, a simple search on PSYCHinfo (the American Psychological Association's expansive database) revealed the long road yet to be traveled. PSYCHinfo features over 3.4 million records from nearly 2,500 journals as well as publications from over 50 countries. Of these records, a search using the key term "self-efficacy" resulted in 22,827 matches, showing that a healthy amount of research has obviously been devoted to this particular topic. However, of these 3.4 million records, a search using the key terms "self-efficacy" *and* "Kenya" yielded a total of only 12 matches (one of which was a United States-based study). Additionally, of the 11 results pertaining to Kenyan-based self-efficacy studies, nine are in conjunction with HIV/AIDS (Delva, W., Michielsen, K., Meulders, B., Groeninck, S., Wasonga, E., Ajwang, P., & Vanreusel, B., 2010; Maticka-Tyndale, E., Wildish, J., & Gichuru, M., 2007; Puffer, E. S., Meade, C. S., Drabkin, A. S., Broverman, S. A., Ogwang-Odhiambo, R. A., & Sikkema, K. J., 2011; Maticka-Tyndale, E., & Tenkorang,

E. Y., 2010; Puffer, E. S., Drabkin, A. S., Stashko, A. L., Broverman, S. A., Ogwang-Odhiambo, R. A., & Sikkema, K. J., 2012; Kamau, T., Olson, V. G., Zipp, G., & Clark, M. 2011; Mabachi, N., 2009; Obonyo, K., 2011; Kamau, T. M., 2011; Ajanga, A., 2012).

Of course, the breadth of research devoted to HIV/AIDS in Kenya is of merit considering that of the Sub-Saharan countries, Kenya is home to one of the most AIDS-afflicted populations in Africa (as many as 2 million individuals; roughly 4.5 percent of the country's population) (UNAIDS, 2009). It is this author's hope to expand psychological research among this immense, marginalized population by investigating a topic that, to the best of his knowledge, has yet to be studied with this particular population—a topic that carries such an important weight. More specifically, it is the author's hope to provide a base from which other researchers can work regarding the correlation between social self-efficacy and depression among adolescents living within Nairobi's slums.

Chapter 2

The purpose of this study was twofold. First, the researcher investigated the relationship between depression and perceived social self-efficacy among children and adolescents of Hamomi (a free primary school for children between preschool and eighth grade located in the Kangemi slum of Kenya), thus extending research conducted by Albert Bandura et al. (1999) who found a negative correlation between perceived social self-efficacy and depression among middle school children. It was hypothesized that a negative correlation between social self-efficacy and depression would be found among the children and adolescents of Hamomi.

Second, the researcher measured depression and perceived social self-efficacy among Kenyan children in both conflict and non-conflict situations, thus extending research conducted by Wheeler and Ladd (1982) who found that children and adolescents feel greater self-efficacy in non-conflict situations compared to that of conflict situations. It was hypothesized that a negative correlation would be found between depression and social self-efficacy in non-conflict situations as contrasted with that of conflict situations. Additionally, the researcher investigated noteworthy differences between male and female participants.

Foxcroft's Eight Ethical Considerations Applied

Regarding Foxcroft's eight ethical considerations, the researcher took the following measures as a means to help guide his research.

Immersion into the test-taker's world. Prior to conducting research in Kangemi, this researcher spent a month living and working with the target population. During this time, the researcher grew to better understand the people and their way of

life. By utilizing various qualitative methods for initial data collection (e.g., oral history and ethnography), this researcher formed a solid base upon which he was able to evaluate the extent to which these individuals operated under a “Western” mindset and were familiar with such corresponding concepts.

When it is appropriate to use a test and when not. Before administering the evaluations, this researcher first showed and discussed the content of the tests with Dr. Max Muniafu (a Nairobi resident and assistant professor of natural science at Nairobi’s United States International University), Hamomi’s two on-site directors (both Kenyan natives), and two Hamomi teachers (both Kenyan natives and Kangemi residents). Each of the individuals to whom the evaluations were shown was asked to identify any items that may be confusing or have different meanings to the selected population. Each individual agreed that the content found in the *Children’s Depression Inventory* (CDI) and the *Children’s Self-efficacy in Peer Interaction* (CSPI) was appropriate for the target population and that content comprehension would not be a problem for the young people involved in the study.

Consent. Hamomi is not considered merely a school, but a centre. The distinction is important as noted by one of the school’s teachers, Mr. Daniel:

It [Hamomi] is a centre. And when we mention the word “centre” this means it is where kids can come, learn, and eat. The only thing we cannot provide at this time is where they can sleep. Hamomi is providing the basic needs. We call them the primary needs of the kids. We provide them with breakfast and lunch and the primary education. Which enables them to feel at home. Because you realize that some of the kids do not have parents at all; and

others have single parents who are unable to provide them everything. (Mr. Daniel, personal communication, April 13, 2011)

The directors of Hamomi not only take responsibility for the education of the children who attend, but take responsibility for their basic needs as well. That being the case, Director Joseck Musumba stated that he and co-director Raphael Etenyi are the primary caregivers of those enrolled at Hamomi and that approval must be obtained by one of them prior to any psychological testing on their children. Thus, before administering the evaluations, this researcher received written consent from Musumba and verbal consent from Etenyi as he was away on business during the agreed upon time of testing.

Where to test. All evaluations were administered at Hamomi, a very familiar environment to all the children.

When to test. This researcher mindfully conducted his evaluations during a time that was clear of any cultural and/or religious practices. Even going a step further, this researcher conducted his evaluations while the students of Hamomi were on break from their studies as to not remove children from important class time. Because Hamomi is first identified as a centre, all students were still in regular attendance on site at the school.

Choosing appropriate tests. While this researcher considered utilizing test measurements written in Swahili, he optioned to use tests written in English on the basis that the target population was taught in English and that they spoke it proficiently.

Language and test translation. Please refer to the section in the literature review: *When it is Appropriate to use a Test and when not* (p. 39).

Types of tests. Before administering the self-report questionnaires in the present study, this researcher was confident in the target population's individualistic persuasion and cultural leaning similar to those of the West.

Participants

Participants were 63 English-speaking children (32 females, 31 males, ages 7–14) from the Kangemi slum of Nairobi, Kenya who attended school at Hamomi. Participants were chosen from Hamomi for two reasons: 1) the researcher had an existing rapport with the members of the organization and 2) Hamomi is highly representative of other nonprofit schools found within the slums of Nairobi. A small section of a much greater community, Hamomi's students embody the youth of Kenyan slums in that they are no more economically advantaged or privileged than other children living in the same or similar communities.

Materials and Procedures

Depression and social self-efficacy were measured by utilizing two separate questionnaires: Kovacs' (1992) *Children's Depression Inventory* (CDI) and Wheeler and Ladd's (1982) *Children's Self-efficacy in Peer Interactions* (CSPI). Each questionnaire was presented in English and completed by the participants in the presence of the examiner and a teacher from the school. Participants completed the questionnaires in groups of two or three while seated at a school desk. Questionnaires were administered during regular school hours.

Kovacs' (1992) CDI is a 27-item measure designed for school-aged children (see Appendix A). Each item of the questionnaire is used to evaluate a specific symptom of depression (i.e., self-blame, sadness, and interpersonal relationships). The possible range

on the depression scale was 0-54 where higher numbers indicated higher levels of depression. The internal consistency coefficients range from .71 to .89 and the test-retest coefficients range from .74 to .83.

Wheeler and Ladd's (1982) CSPI is a 22-item questionnaire that measures a young person's perception of his or her ability to succeed in social interactions. The questionnaire also contains two subscales that measure social self-efficacy in both conflict (items 1, 4, 6, 10, 11, 13, 15, 17, 19, and 21) and non-conflict (items 2, 3, 5, 7, 8, 9, 12, 14, 16, 18, 20, and 22) social scenarios (see Appendix B). In conflict scenarios, the persuasive objective of the young person is in direct opposition to that of the peer (e.g., the young person wants to persuade the peer to do an activity that the peer does not like). Non-conflict scenarios do not present a difference of goals between the young person and the peer (e.g., the young person wants to persuade a peer to do an activity they both like). Each item was scored on a four-point Likert scale. The possible range on the social self-efficacy scale was 22-88 where higher numbers indicated higher levels of social self-efficacy. Wheeler and Ladd reported an internal consistency for the conflict situations subscale at .85, and reported an internal consistency for the non-conflict situations subscale at .73, with an alpha for the total scale at .85.

Summary

The purpose of this study was to investigate the relationship between social self-efficacy and depression in school-aged children who attended a private school located in the slums of Kenya. By utilizing Wheeler and Ladd's (1982) SPIS and Kovacs' (1992) CDI, the researcher evaluated 63 school-aged children in the Kangemi slum of Nairobi with the following hypotheses: 1) children of Hamomi who show increased levels of

depression will, in turn, show decreased levels of social self-efficacy, and 2) children and adolescents of Hamomi who show increased levels of depression will show decreased levels of social self-efficacy in non-conflict situations compared to that of conflict situations.

Chapter 3

As stated in chapter 2, the current study examined the correlation between social self-efficacy and depression among adolescents living in the Kangemi slum of Nairobi, Kenya. It was hypothesized that a negative correlation would be found between the two variables—results similar to that found in past research. Further, the current study examined depression and social self-efficacy in both conflict and non-conflict situations among Kenyan children and adolescents and investigated noteworthy differences between male and female participants.

Findings

A Pearson's, two-tailed, product-moment correlation coefficient was used to evaluate the relationship between social self-efficacy (in both conflict and non-conflict situations) and depression among adolescents living in the Kangemi slum of Nairobi. With an alpha level of .05, results indicated that there was a significant negative correlation between overall scores on the social self-efficacy scale ($M=67.92$, $SD=9.63$) and overall scores on the depression scale ($M=18.58$, $SD=13.14$) among all the participants considered, $r(63) = -.33$, $p = .008$. However, the pattern of results was different for males and females. Results indicated a significant negative correlation between social self-efficacy ($M=69.76$, $SD=9.69$) and depression ($M=18.52$, $SD=13.7$) among male participants, $r(31) = -.396$, $p = .027$, but no significant correlation was found between social self-efficacy ($M=66.12$, $SD=9.37$) and depression ($M=18.63$, $SD=12.8$) among female participants, $r(32) = -.270$, $p = .135$.

In conflict situations, with an alpha level of .05, no significant correlation was found between social self-efficacy ($M=73.25$, $SD=12.41$) and depression

($M=18.58$, $SD=13.14$) among total participants, $r(63) = -.227$, $p = .074$. Similarly, no significant correlation was found between social self-efficacy ($M=75.08$, $SD=11.43$) and depression ($M=18.52$, $SD=13.7$) among male participants, $r(31) = -.057$, $p = .759$. However, a significant negative correlation was found between social self-efficacy ($M=71.48$, $SD=13.23$) and depression ($M=18.63$, $SD=12.8$) among female participants, $r(32) = -.385$, $p = .03$.

In non-conflict situations, with an alpha level of .05, a significant negative correlation was found between social self-efficacy ($M=63.5$, $SD=13.71$) and depression ($M=18.58$, $SD=13.14$) among total participants, $r(63) = -.28$, $p = .026$. A significant negative correlation was found between social self-efficacy ($M=65.68$, $SD=13.81$) and depression ($M=18.52$, $SD=13.7$) among male participants, $r(31) = -.484$, $p = .006$. Conversely, no significant correlation was found between social self-efficacy ($M=61.39$, $SD=13.49$) and depression ($M=18.63$, $SD=12.8$) among female participants, $r(32) = -.071$, $p = .7$.

Summary

As hypothesized, results from this study indicated a significant negative correlation between social self-efficacy and depression among adolescents living in Kangemi, $p = .008$. However, when investigated more closely, results indicated that male participants were more likely to reveal such a negative correlation, $p = .027$ compared to their female counterparts, $p = .135$ thus having an effect on the total outcome. Likewise, similar gender-specific results were found after investigating the relationship between social self-efficacy and depression in both conflict and non-conflict scenarios.

In conflict situations, no significant negative correlation was found between social self-efficacy and depression among adolescents living in Kangemi, $p = .07$. Similarly, results from male participants revealed insignificant findings, $p = .759$. However, results from female participants revealed significant findings in this sub-category, $p = .03$. In non-conflict situations, results revealed a significant negative correlation between social self-efficacy and depression among these young people, $p = .026$. As was the case regarding the aforementioned results, gender played a role in the outcome of this subtest as well. In non-conflict scenarios, results of male respondents revealed a negative correlation between social self-efficacy and depression, $p = .006$, whereas results from female participants were found to be insignificant, $p = .7$.

Chapter 4

The main purpose of this study was to investigate the correlation between social self-efficacy and depression among young people living in the Kangemi slums of Nairobi, Kenya. More specifically, the researcher hypothesized that a negative correlation would be found between social self-efficacy and depression among those who participated in the study. Additionally, analysis was given to results categorized by gender differences and specific situational factors (i.e., conflict versus non-conflict scenarios). The following section will be directed toward the results of the aforementioned analysis and will focus on the following five points: 1) interpretation, 2) integration, 3) implications 4) limitations, 5) future direction/recommendations, and 6) conclusion.

Interpretation

Results from the present study confirmed the stated hypotheses and afforded data similar to that of previous research: a negative correlation was found between social self-efficacy and depression; a negative correlation was also found between depression and social self-efficacy in non-conflict situations. In regards to depression and social self-efficacy, perhaps Kenyan youth living in Nairobi are not too dissimilar to youth living in Western communities. As shown in the present study, individuals are at a greater risk for depression when perceived social self-efficacy is reduced. Simply put, belief in one's social prowess is important.

Conversely, a negative outlook on one's inability to be socially adept is psychologically damaging. As such major figures as Aristotle (Book 1, Part 2) and Bandura (2006a) have noted, humans are instinctively social creatures and crave society.

If by nature one is a social creature, it would stand to reason that a lack of social self-efficacy could have a negative emotional impact. Like being stranded on an island, knowing the importance of having a boat is quite different than actually having one. Similarly, knowing the importance of being socially competent is quite different than actually feeling socially competent. Bandura (2006a) wrote, “Human functioning is rooted in social systems” (p. 5). If social connection was not a vital part of the human experience, then a lack of social connection would not result in depression.

Integration

Results confirmed the stated hypothesis as a significant negative correlation was found between social self-efficacy and depression among participants—a finding that falls in line with past research affirming a negative correlation between social self-efficacy and depression (Bandura et al., 1999; Caprara et al., 2010; Suldo and Shaffer, 2007; Hermann and Betz, 2006; Muris, 2001). Participants in the present study reported a significant negative correlation between social self-efficacy and depression, which speaks to the importance of a young person’s perceived competence in developing and preserving social relationships in Kenya’s slums.

Based on the present study, evidence was provided that helps build the case for the existence of a negative correlation between social self-efficacy and depression in young people living in Kenya’s slums; but to stop there would be to miss an important piece of the equation. The male and female relationship to this topic and the interplay of conflict and non-conflict scenarios provided some important additional insight to the social self-efficacy topic. There are those who warn against missing the forest for the

trees, but in a case such as this, one must not miss the trees for the forest. Details are the driving force behind a more accurate “big picture” understanding of the present research.

Gender played a significant role in this study. Interestingly, perceived social inefficacy had a greater effect on depression in males than in females. That is to say, low perceived social self-efficacy resulted in higher levels of depression in males compared to their female counterparts. These results are contrary to previous gender-specific findings that found that perceived social inefficacy had a greater effect on depression in young females (Caprara et al., 2010; Bandura, 1999). Light is shed upon this gender-specific discrepancy when conflict and non-conflict scenarios are considered.

Among all participants, results from these subcategories revealed a significant negative correlation between depression and social self-efficacy in non-conflict situations, but no significant correlation between depression and social self-efficacy in conflict situations. As previously noted, gender was a significant factor in these subcategories as well. In male participants, a significant negative correlation between social self-efficacy in non-conflict scenarios and depression was found. No significant correlation was found between the variables for females. However, the reverse was found when evaluating conflict situations. For males, the correlation between social self-efficacy in conflict situations and depression was insignificant. For females, a significant negative correlation was found between the variables. Interestingly, it appears that not only does gender play an important role in the study of social self-efficacy and depression, but that the type of social interaction does as well.

So, why the gender- and situational-based discrepancies? Bandura et al. (1999) noted that despite evidence suggesting that both males and females show similar routes to

depression, for females, social estrangement is much more of a contributing factor.

Generally speaking, females are commonly described as being socially driven and more concerned with developing and maintaining harmonious relationships, whereas boys are commonly described as individuals whom place high value on clear-cut societal issues and personal goals (Westlund, Horowitz, Jansson, & Ljungberg, 2008; Noakes & Rinaldi, 2006; Bandura et al., 2003; Jenkins et al., 2002; Miller, 1991).

In a study that investigated age and gender differences in peer conflict, Noakes and Rinaldi (2006) found that females reported increased negative affect following interpersonal conflicts, whereas males reported indifference. Males, on the other hand, scored high on self-efficacy in regards to regulating negative emotions. Complimentary findings were discovered by researchers Alessandri, Caprara, Eisenberg, and Steca (2009) who performed a longitudinal study that investigated the relationship between pro-sociality and self-efficacy beliefs—in regards to emotional regulation and empathic response to others in need—among adolescents and young adults. Results from the study revealed that female participants reported higher self-efficacy beliefs in expressing positive affect, in empathic self-efficacy, and in pro-sociality than males—results the researchers stated could be the result of perceived stereotypic gender roles (Noakes and Rinaldi, 2006; Bandura et al., 2003).

Though males and females differ little in their ability to recognize affect in others, females generally show higher levels of vicarious arousal. That is, females have a greater capacity to emotionally feel what others feel (Bandura et al., 2003). Females have also been shown to possess a lower sense of efficacy in managing negative affect. This combination of heightened vicarious arousal and lowered sense of efficacy to manage

negative affect increases an individual's vulnerability to others' emotional anguish (Bandura et al., 2003; Jenkins et al., 2002).

So, while perceived social self-efficacy appears to play an important role in the onset of depression in males and females, investigation into specific interpersonal interactions help to paint a more complete picture. Results from the present study indicate that the same is true for children and adolescents of Hamomi as well.

Implications

Bandura et al. (1999) stated that social support is not something passively obtained. Rather, individuals have to seek out, create, and maintain supportive relationships for themselves—a task that requires people to fight for social connection and relationship. The importance of such an effort and self-belief is great. And for the young people of Kangemi, the importance may be greater.

A strong sense of social self-efficacy reduces a young individual's susceptibility to depression both directly and by the promotion of prosocial relationships and reducing alienating and problem behaviors (Bandura et al. 1999). When considering Kenya's slums, the term "alienating and problem behaviors" carries with it a significant weight. Self-destructing pitfalls and life-threatening vices are easily accessible to young people living in the slums. Drugs, alcohol, sex, and violence are not difficult to find in Kangemi. In such an environment where it is easier for a child to gain access to heroin than a primary education, any attempt to decrease problem behaviors and depression is certainly a worthwhile endeavor.

The current research provided information indicating that depression and social self-efficacy are connected in a significant manner among young people living in

Kangemi. As noted above, the importance of this finding is highlighted by the fact that these children and adolescents have easy access to dangerous coping strategies and self-mediations should they feel the need to dull an emotional pain. With research now signaling that low social self-efficacy plays a contributing factor to the onset and maintenance of depression among the young people of Kangemi, steps can be taken to help these children and adolescents raise their perceived social ability.

Limitations

Although the present study afforded results similar to those found in past research, a critique is necessary. One possible limitation to the study was the study itself: child self-report as a means of data gathering. Schniering and Rapee (2003) stated that the accuracy of a child's self-report depends upon his or her cognitive and social cognitive skills. As a result, an individual's response will be influenced by such factors as cognitive development, language skills, self-concept, and a desire to please the examiner or influential authority and/or parental figures. Test-takers may have been tempted to present themselves as socially desirable by answering questions in such a way that placed them in a more favorable light. While tests were administered, two Hamomi teachers and the school's director monitored the process by which the study was conducted. Occasionally walking near the participants, the teachers and director did not try to mask their presence. Participants knew they were being observed. Such observation amidst this psychological evaluation may have had an impact on the way in which responses were made.

Another possible limitation to the study dealt with a ripple effect associated with a lack of communication. Within a controlled environment, distractions and influenced

responses are minimized, giving participants a space free from such extraneous variables. When conducting a study in an environment such as a Kenyan slum, however, luxuries afforded by a controlled environment are rarely available. Upon arriving to the school, though the students were on spring break, the classrooms previously secured for the study were occupied. The directors and teachers of Hamomi value education, thus, class lessons were still being taught throughout the break. As a result, a majority of the testing was moved outside. Though certainly not the worst-case scenario, the testing environment was not ideal. Instead of testing students inside at individual tables (as intended), students were tested outside, either two or three to a table. When testing in such close proximity to fellow students, anonymity is reduced thus increasing the likelihood of experiencing self-conscious feelings. And should one feel self-conscious while testing, answers given by such individuals may be skewed if one felt the need to self-preserve.

Further, testing outside made for a setting that was compromised by environmental factors—specifically, weather. Despite the fact that all test days were afforded pleasant weather, the sun became a bothersome variable for those tested later in the day. On more than one occasion, participants requested to move their table out of the sun's reach. Unfortunately, shade was not always available.

Future Direction and Recommendation

The present study revealed a negative correlation between depression and social self-efficacy among adolescents living in Nairobi's Kangemi slum—a population that, to the best of the researcher's knowledge, has never been tested with such measures. Two questions, thus, should be asked as a result of the aforementioned findings: 1) how does

one help to raise social self-efficacy in these young people? and 2) what are the next steps to help advance research of this nature?

Raising social self-efficacy. Bandura (2006a) stated that adolescence is a period of time consisting of deep relationships and emotionally charged friendships, both of which contribute a great deal to the inevitable highs and lows of these young people's life journeys. Thus, learning how to manage such relationships becomes of great importance. Bandura stated that a durable sense of efficacy is needed to outweigh the emotional and psychosocial distress on one's self-sustaining efforts. A solid efficacious foundation upon which one builds social relationships is necessary to withstand the storms of social failure. Without such a foundation, one is susceptible to negative thought patterns.

Raising social self-efficacy is a matter of cognitive retraining. Low levels of social self-efficacy are the result of maladaptive thought processes that convinces an individual that she or he is incapable of sustaining or generating social connections. As stated before, social self-efficacy is not one-dimensional; rather, it is a complex concept that can only be examined or explained in conjunction with one's cognitive makeup (Dinç, 2011; McClaran, 2003). Complicate matters with the onset of puberty and other major life transitions, and adolescents may quickly find themselves facing an uphill battle against their efficacy beliefs (Dinç, 2011; Bandura, 2006a; Bandura, et al., 2003; Bandura, 1999).

If efficacious beliefs are evidenced by one's positive outlook in his or her ability to succeed at a particular task, then the opposite is also true. That is, inefficacious beliefs are evidenced by an individual's pessimistic outlook in his or her ability to succeed at a particular task. According to Beck's cognitive theory, negative emotional states are

commonly associated with self-talk or internal dialogue on a specific theme. The theory asserts that the self-statements of distraught individuals reflect their underlying maladaptive schemas (Schniering & Rapee, 2001; Pössel, 2011).

Schemata are relatively long-lasting organizing structures that guide the processing of situational information. An individual's depressed schemata is typically pessimistic in content and consists of absolute and unyielding attitudes about oneself and his or her relation to the world. When activated by stress, such negative schemata lead to cognitive errors that, in turn, lead to depression. Cognitive errors negatively effect one's mental processing by causing an individual's perception and thinking to be extreme, unrealistic, and distorted. In such instances, an individual's cognitions are dominated by a negative outlook of the self, the world, and the future—also known as the cognitive triad (Pössel, 2011).

Bandura (1999) wrote that efficacy beliefs are not only the implementation of social skill, but also how social success and failures are cognitively processed. Individuals who have low social self-efficacy willingly accept failures as proof of their personal deficiencies. But, unfortunately, such a negative outlook does not always stop there. Even those with low social self-efficacy who experience relational success, are more likely to view such accomplishments as circumstantial rather than evidence of their capabilities. Bandura stressed that children at risk for depression due to perceived social-inefficacy need to change the way they think about their capabilities as well as how to better read their social experiences. Only when young people experience a shift in their cognitive processing will they be better equipped to build upon personal success.

Next steps. Given the fact that very few (if any) social self-efficacy-focused, psychological studies have been performed on this specific population, opportunity for future research is great. But, given the results from the present study, research focused on cognitive transformation would be beneficial. More specifically, initial research regarding the implementation of cognitive therapy and/or didactic training would be an interesting direction to take in regards to this population.

Historically speaking, the concept of speaking to a stranger about one's problems is something the wider Kenyan community has found strange and was even viewed in a negative light. Individuals traversing social or personal challenges that could potentially smear the family name were encouraged to resolve such matters privately. An individual experiencing interpersonal problems would, thus, seek help from a respected relative or elder. But, recently, Kenya has embraced more of a Western approach to mental health (Okech & Kimemia, 2012).

Despite initial reluctance toward professional counseling, over the past twenty years Kenya has experienced rapid growth and development in the field. This sudden welcoming of the counseling profession is the result of several factors: 1) the HIV/AIDS epidemic and the subsequent need for counseling and testing centers, 2) a sudden increase of student-related problems that has showcased an increased need for social services in academic establishments, and 3) the government-implemented Kenya National Youth Policy, which recognized guidance and counseling in social and academic settings as an important obligation for the country to uphold. As a result, counseling and psychology have increased in the region.

Along with several reputable universities in the country that offer graduate-level training for counselors, Kenya is also seeing an acceptance of counseling outside the academic setting as well. In 2009, the Ministry of State for Public Services produced the Public Service Counselling Procedure Manual with specifics pertaining to the implementation of the Public Service Guidance and Counseling Policy. This document revealed a significant advancement toward government-based agencies recognizing and promoting the value of counseling. Additionally, Kenya's Ministry of Health seeks to further the advancement of mental health services offered to the general public to stretch beyond current models that have focused primarily on those infected with HIV (Okech & Kimemia, 2012). One can, thus, be encouraged that counseling within the borders of Kenya is moving in a direction that considers all aspects of an individual's life as well as the best therapeutic approach by which to offer services.

Whether speaking to a general negative correlation between social self-efficacy and depression, or in reference to the correlation of depression and social self-efficacy in conflict and non-conflict scenarios, one fact remains the same: maladaptive thought processes will result in a negatively skewed perception of one's social abilities and have an impact on an individual's susceptibility to depression. As such is the case, combating faulty cognitions is paramount in the development of strong social self-efficacy.

Self-efficacy researchers have stated that the ideal path for increased efficacy is through mastery experiences, vicarious experiences, social persuasion, and physiological and emotional states (Joët et al., 2011; Steyn & Mynhardt, 2008; Klassen, 2004; Maddux, 2002; Pastorelli et al., 2001; Bandura, 1995). However, Bandura also stated that those with low social self-efficacy who experience relational success, are still more likely to

view accomplishments extrinsically (Bandura, 1999). One must first and foremost exchange negative, self-defeating thoughts for a more healthy alternative—an exchange that is most effectively accomplished through therapy and/or training.

For the children of Hamomi, however, such psychological assistance currently rests upon the shoulders of the teachers and directors, as Hamomi's students do not have access to professional mental health services. This fact, however, may be less of a detriment than it appears at first glance. Given the fact that the teachers and directors provide more than the educational needs of the children, they are looked upon as more than educational providers; they assume the roles of mentors and parental figures as well. As is the case, these individuals have a great opportunity to provide their students with the positive affirmation and encouragement needed to help correct negative, self-crippling thoughts. For psychological interventions to succeed, however, the teachers and directors need to first be available and willing to take on the role of counselor and then receive some degree of formal psychological training.

But how would therapy and/or training be conducted with this particular people group? There is no reason to believe that therapeutic intervention or psychological instruction would be ineffective among these individuals. However, therapeutic success will only be as strong as the intervention is appropriate for the target population. Could westernized forms of counseling and training be applied to the young people in Kangemi, or would new approaches need to be considered and implemented? While some western therapeutic principles may be able to be applied with these individuals, the execution in which such principles are administered may need to take a different form. Additional ethnographic research focused on culturally sensitive therapeutic and instructive

measures would be of great importance moving forward. An investigation into the formation and implementation of such services would be an interesting direction to take further research.

Another issue to consider for future research is the concept of self-efficacy within collectivist societies. Given the fact that many regions within Kenya have collectivist leanings, investigating what it means to be self-efficacious within such environments would be an interesting study. Regarding this issue, Bandura (1997) rejected the opinion that self-efficacy plays a lesser role in collectivist communities. Bandura asserted that self-efficacy is as important for collectivists who perform collectively oriented tasks as it is for individuals who focus on personal tasks. He argued that personal efficacy is equally important within collectivist societies due to the fact that “without a sense of self, people are easily overwhelmed by adversities in their attempts to improve their group life through collective effort” (Bandura, 1997, p. 32). Similarly, Oettingen (1995) wrote that the difference between collectivists and individualists regarding self-efficacy does not lie in personal goal setting; rather, the difference lies in the content of the goals. Whereas those from individualist societies prefer to set personal goals that relate to self-actualization, collectivists commonly set personal goals that relate to promoting the interests of their group.

However, Bandura does make reference to the existence of a group-level efficacy which he defined as “a group’s shared belief in its conjoint capabilities to organize and execute the courses of action required to produce given levels of attainments” (1997, p. 477). However, the concept of a collective efficacy is not defined by Bandura as a collectivist alternative for self-efficacy; rather, he views it as a separate, group

attribute acting in addition to self-efficacy (Klassen, 2004). Or, put another way, collective efficacy is more than the sum of individual efficacies; it speaks to an interdependent effort that requires a degree of social unity (Barchia & Bussey, 2011). That being said, could there be a collectivist alternative for self-efficacy? And what might that look like? Just as Bandura (2006a) argued that one nation could be comprised of both individualist and collectivist people groups, perhaps there is also an intra-national difference in how collectivists express and display group efficacy as well.

Conclusion

Though far from any definitive conclusions, results from this evaluation are encouraging in that they not only afforded additional credence to the theory of social self-efficacy in cross-cultural settings, but, more importantly, they provided insight into the lives and psychological functioning of a population grossly overlooked. Results from the study confirmed the stated hypotheses. A significant negative correlation was found between social self-efficacy and depression among participants—a finding that falls in line with past research affirming a negative correlation between social self-efficacy and depression (Caprara et al., 2010; Suldo and Shaffer, 2007; Hermann and Betz, 2006; Muris, 2002; Bandura et al., 1999). Further, a negative correlation was also found between depression and social self-efficacy in non-conflict situations.

Participants in the present study reported a significant negative correlation between social self-efficacy and depression, $p = .008$, and a significant negative correlation between depression and social self-efficacy in non-conflict situations, $p = .026$. Gender played an important role in this study as well. Results indicated that females are more prone to depression when they feel socially inefficacious in conflict

situations. These findings speak to the importance of a young person's perceived competence regarding developing and preserving social relationships; and for females, the importance of one's perceived ability to navigate and thrive amidst difficult social situations. Therapy and didactic training are important aspects to raising social self-efficacy, and Hamomi's teachers and directors are in a unique position to give such assistance. Given the proper training and tools, these staff members can bridge the therapeutic gap separating these young people from social competence.

Bandura and his colleagues stated that self-efficacy is the byproduct of one's confidence, that it plays a primary role in the development and maintenance of affective disorders, and that a prosocial orientation reduces one's susceptibility to depression and problem behaviors (Bandura 1997; Bandura, Barbaranelli, Caprara, and Pastorelli, 1996). Evidence now suggests that these statements hold true for the young people of Nairobi's slums as well.

References

- Alessandri, G., Caprara, G. V., Eisenberg, N., & Steca, P. (2009). Reciprocal relations among self-efficacy beliefs and prosociality across time. *Journal of Personality, 77*, 1229-1259. doi: 10.1111/j.1467-6494.2009.00580.x
- Allport, G. W. (1985). The historical background of social psychology. In Lindzey, G. & Arosen, E. *The Handbook of Social Psychology*. New York: McGraw Hill.
- Aristotle. *Politics (book 1)*.
- Barchia, K. & Bussey, K. (2011). Individual and collective social cognitive influences on peer aggression: Exploring the contribution of aggression efficacy, moral disengagement, and collective efficacy. *Aggressive Behavior, 37*, 107-120.
- Bandura, A. (1995). Exercise of Personal and collective Efficacy in Changing Societies. In Bandura (Ed.), *Self-Efficacy in Changing Societies* (pp. 1-45). New York: NY.
- Bandura, A., Barbaranelli, C., Caprara, G. V., & Pastorelli, C. (1996). Multifaceted impact of self-efficacy beliefs on academic functioning. *Child Development, 67*, 1206-1222.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: Freeman.
- Bandura, A., Pastorelli, C., Barbaranelli, C., & Caprara, G. (1999). Self-efficacy pathways to childhood depression. *Journal of Personality and Social Psychology, 76*, 258-269.

Bandura, A., Caprara, G. V., Barbaranelli, C., Pastorelli, C., & Regalia, C. (2001).

Sociocognitive self-regulatory mechanisms governing transgressive behavior.

Journal of Personality and Social Psychology, 80, 125-135.

doi: 10.1037/0022-3514.80.1.125

Bandura, A. (2002). Social cognitive theory in cultural context. *Applied Psychology: An International Review, 51, 269-290.*

Bandura, A. & Locke, E. A. (2003). Negative self-efficacy and goal effects revisited.

Journal of Applied Psychology, 88, 87-99. doi: 10.1037/0021-9010.88.1.87

Bandura, A., Caprara, G. V., Barbaranelli, C., Gerbino, M., & Pastorelli, C. (2003). Role of affective self-regulatory efficacy in diverse spheres of psychosocial functioning. *Child Development, 74, 769-782.*

Bandura, A. (2006a). Adolescent development from an agentic perspective. In F. Pajares & T. Urdan, *Self-efficacy beliefs of adolescents (1-43)*. Greenwich, CT: Information Age.

Bandura, A. (2006b). Toward a psychology of human agency. *Association for Psychological Science, 1, 164-180.*

Bandura, A., Caprara, G. V., Barbaranelli, C., Regalia, C., & Scabini, E. (2011). Impact of family efficacy beliefs on quality of family functioning and satisfaction with family life. *Applied Psychology: An International Review, 60, 421-448.*

doi: 10.1111/j.1464-0597.2010.00442.x

Bandura, A. (2011). On the functional properties of perceived self-efficacy revisited.

Journal of Management, na, 1-32. doi: 10.1177/0149206311410606

- Benight, C. C. & Bandura, A. (2004). Social cognitive theory of posttraumatic recovery: The role of perceived self-efficacy. *Behaviour Research and Therapy*, *42*, 1129-1148. doi: 10.1016/j.brat.2003.08.008
- Bilgin, M., & Akkapulu, E. (2007). Some variables predicting social self-efficacy expectation. *Social Behavior and Personality*, *35*, 777-788.
- Caprara, G. V., & Steca, P. (2005). Affective and social self-regulatory efficacy beliefs as determinants of positive thinking and happiness. *European Psychologist*, *4*, 275-286.
- Caprara, G. V., Fida, R., Vecchione, M., Bove, D. B., Vecchio, G. M., Barbaranelli, C., & Bandura, A. (2008). Longitudinal analysis of the role of perceived self-efficacy for self-regulated learning in academic continuance and achievement. *Journal of Educational Psychology*, *100*, 525-534. doi: 10.1037/0022-0663.100.3.525
- Caprara, G. V., Gerbino, M., Paciello, M., Giunta, L. D., & Pastorelli, C. (2010). Counteracting depression and delinquency in late adolescence. *European Psychologist*, *15*, 34-48.
- Campbell, L., Vasquez, M., Behnke, S., & Kinscherff, R. (2010). *APA ethics code commentary and case illustrations*. Washington, DC: APA.
- Clark, M. J. (2012). Cross-cultural research: Challenge and competence. *International Journal of Nursing Practice*, *18*, 28-37.
- Delva, W., Michielsen, K., Meulders, B., Groeninck, S., Wasonga, E., Ajwang, P., Temmerman, M., & Vanrusel, B. (2010). HIV prevention through sport: The case of the Mathare youth sport association in Kenya. *AIDS Care*, *22*, 1012-1020.

- Dinç, Z. (2011). Social self-efficacy of adolescents who participate in individual and team sports. *Social behavior and personality*, 39, 1417-1424.
<http://dx.doi.org/10.2224/sbp.2011.39.10.1417>
- Fawcett, L. M., Garton, A. F., & Dandy, J. (2009). Role of motivation, self-efficacy and parent support in adolescent structured leisure activity participation. *Australian Journal of Psychology*, 61, 175-182. doi: 10.1080/00049530802326792
- Freeman, A., Felgoise, S. H., & Davis, D. D. (2008). *Clinical Psychology: Integrating science and practice*. Hoboken, NJ: John Wiley & Sons.
- Friedman, T. (1999). *The Lexus and the olive tree*. New York, NY: Farrar, Straus & Giroux.
- Foxcroft, C. D. (2011). Ethical issues related to psychological testing in Africa: What I have learned (so far). *Online Readings in Psychology and Culture, Unit 2*. Retrieved from <http://scholarworks.gvsu.edu/orpc/vol2/iss2/7>
- Gettleman, J. (2010a). Kenya approves new constitution. *The New York Times*. Retrieved from http://www.nytimes.com/2010/08/06/world/africa/06kenya.html?_r=2&
- Gettleman, J. (2010b). Kenyan constitution opens new fronts in culture wars. *The New York Times*. Retrieved from http://www.nytimes.com/2010/05/14/world/africa/14kenya.html?_r=1&
- Gladstone T., Beardslee, W. (2009). The prevention of depression in children and adolescents: A review. *Canadian Journal of Psychiatry*, 54, 212-220.

- Giunta, L. D., Eisenberg, N., Kupfer, A. Steca, P., Tramontano, C., & Caprara, G. V. (2010). Assessing Perceived Empathic and Social Self-Efficacy Across Countries. *European Journal of Psychological Assessment, 26*, 77-86.
doi: 10.1027/1015-5759/a000012
- Groody, D. G., (2007). *Globalization, spirituality, and justice: Navigating the path to peace*. New York: Orbis Books.
- Hammen, C., Kim, E. Y., Eberhart, N., & Brennan, P. A. (2009). Chronic and acute stress and the prediction of major depression in women. *Depression and Anxiety, 26*, 718-723. doi:
- Hammen, C., Brennan, P., Keenan-Miller, D., Hazel, N., & Naman, J., (2010). Chronic and acute stress, gender, and serotonin transporter gene-environment interactions predicting depression symptoms in youth. *Journal of Child Psychology and Psychiatry, 51*, 180–187.
- Hansen, K. T., (2000). *Salaula*. Chicago: University of Chicago Press.
- Hermann, K. S., & Betz, N. E. (2006). Path models of the relationships of instrumentality and expressiveness, social self-efficacy, and self-esteem to depressive symptoms in college students. *Journal of Social and Clinical Psychology, 25*, 1086, 1106.
- Hesse-Biber, S.N. & Leavy, P. (2006). *The practice of qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Hughes, A. Galbraith, D. & White, D. (2011). Perceived competence: A common core for self-efficacy and self-concept. *Journal of Personality Assessment, 93*, 278-289.
doi: 10.1080/00223891.2011.559390

- Ískender, M., & Akin, A. (2010). Social self-efficacy, academic locus of control, and internet addiction. *Computers & Education, 54*, 1101-1106.
- Jenkins, S. A., Kelly, G., & Duane, B. (2002). Gender differences in early adolescents' relationship qualities, self-efficacy, and depression symptoms. *The Journal of Early Adolescence, 22*, 277-309.
- Joët, G., Usher, E. L., & Bressoux, P. (2011). Sources of self-efficacy: An investigation of elementary school students in France. *Journal of Educational Psychology, 103*, 649-663. doi: 10.1037/a0024048
- Kamau, T. M., Olson, V. G., & Clark, M. A. (2011). Coping self-efficacy as a predictor of adherence to antiretroviral therapy in men and women living with HIV in Kenya. *AIDS Patient Care and STDs, 25*, 557-561.
- Kamau, T. M. (2011). Psychosocial correlates of adherence to antiretroviral therapy (ART) in people living with HIV in Kenya. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 71*, 4797.
- Kenya ratifies new constitution. (2010). *Aljazeera*. Retrieved from <http://www.aljazeera.com/news/africa/2010/08/20108273312256283.html>
- Kihlstrom, F., & Cantor, N. (2000). Social intelligence. In R. J. Sternberg (Ed.), *Handbook of intelligence* (pp. 359–379). New York: Cambridge University Press
- Klassen, R. (2004). Optimism and realism: A review of self-efficacy from a cross-cultural perspective. *International Journal of Psychology, 39*, 205-230. doi: 10.1080/00207590344000330
- Kessler, R. (1997). The effects of stressful life events on depression. *Annual Review of Psychology, 48*, 191–214.

- Kong, Y., & Shen, F. (2011). Impact of locus of control on health message effectiveness. *Health Marketing Quarterly, 20*, 354-371. doi: 10.1080/07359683.2011.623114
- Kovacs, M. (1992). Children's Depression Inventory. New York, NY: Multi-Health Systems.
- Krause, S., Back, M. D., Egloff, B. & Schmukle, S. C. (2011). A new reliable and valid tool for measuring implicit self-esteem. *European Journal of Psychology Assessment, 28*, 87-94. doi: 10.1027/1015-5759/a000095
- Ladd, G. & Price, J. (1987). Predicting children's social and school adjustment following the transition from preschool to kindergarten. *Child Development, 58*, 1168-1189.
- Ladd, G., Price, J., & Hart, C. (1988). Predicting preschoolers' peer status from their playground behavior. *Child Development, 59*, 986-992.
- Laungani, P. (2007). *Understanding Cross-Cultural Psychology*. Thousand Oaks, CA: Sage.
- Luszczynska, A., Scholz, U., & Schwarzer, R. (2005). The general self-efficacy scale: multicultural validation studies. *The Journal of Psychology, 439-457*.
- Ma, V. & Schoeneman, T. (1997). Individualism versus collectivism: A comparison of Kenyan and American self-concepts. *Basic and Applied Social Psychology, 19*, 261-273.
- Mabachi, N. (2009). What makes some campaigns more effective than others?: An analysis of three mass media psi HIV/AIDS campaigns in Kenya. *Dissertation Abstracts International, 70*.

- Maddux, J. E. (2002). Self-efficacy: The Power of Believing You Can. In Lopez & Snyder (Eds.), *Oxford Handbook of Positive Psychology* (2nd ed.) (p. 335-343). New York, NY: Oxford University Press.
- Maliti, T. (2010). Kenya gets new American-style constitution. *The Huffington Post*. Retrieved from http://www.huffingtonpost.com/2010/08/27/kenya-gets-new-americanst_n_696798.html
- Maticka-Tyndale, E., Wildish, J., & Gichuru, M. (2007). Quasi-experimental evaluation of a national primary school HIV intervention in Kenya. *Evaluation and Program Planning, 30*, 172-186.
- Maticka-Tyndale, E., Tenkorang, E. Y. (2010). A multi-level model of condom use among male and female upper primary school students in Nyanza, Kenya. *Social Science & Medicine, 71*, 616-625.
- McClaran, S. R. (2003). The effectiveness of personal training on changing attitudes towards physical activity. *Journal of Sports Science and Medicine, 2*, 10-14.
- Miller, J. B. (1991). Women's and men's scripts for interpersonal conflict. *Psychology of Women Quarterly, 15*, 15-29.
- Morris, D. B., & Usher, E. L. (2011). Developing teaching self-efficacy in research institutions: A study of award-winning professors. *Contemporary Educational Psychology, 36*, 232-245. doi: 10.1016/j.cedpsych.2010.10.005
- Mugisha, F., Arinaitwe-Mugisha, J., & Hagembe, B. (2003). Alcohol, substance and drug use among urban slum adolescents in Nairobi, Kenya. *Cities, 20*, 231-240. doi: 10.1016/S0264-2751(03) 00034-9

- Mugisha, F. & Zulu, E. (2004). The influence of alcohol, drugs and substance abuse on sexual relationships and perception of risk to HIV infection among adolescents in the informal settlements of Nairobi. *Journal of Youth Studies*, 7, 279-293. doi: 10.1080/1367626042000268926
- Mulupi, D. (2012). Kenya expects more global fast-food chains to enter the Kenyan market. *How we Made it in Africa: Insight into Business in Africa*. Retrieved from <http://www.howwemadeitinafrica.com/kfc-expects-more-global-fast-food-chains-to-enter-the-kenyan-market/18698/comment-page-1/>
- Munene, K. (2007). *Kenyan youth faced with 'westernization.'* Retrieved from <http://www.youtube.com/watch?v=11SgspYmaGU>
- Muris, P. (2001). A brief questionnaire for measuring self-efficacy in youths. *Journal of Psychopathology and Behavioral Assessment*, 23, 145-149.
- Ndugwa, R. P. & Zulu, E. (2008). Child morbidity and care-seeking in Nairobi slum settlements; The role of environmental and socio-economic factors. *Journal of Child Health Care*, 12, 314-328. doi: 10.1177/1367493508096206
- Noakes, M. A., & Rinaldi, C. M. (2006). Age and gender differences in peer conflict. *Journal of Youth & Adolescence*, 35, 881-891. doi: 10.1007/s10964-006-9088-8
- Ntarangwi, M. (2009). *East African hip hop: Youth culture and globalization*. Chicago, IL: University of Illinois Press.
- Oettingen, G. (1995). *Cross-Cultural Perspectives on Self-Efficacy*. In A. Bandura (Ed.), *Self-Efficacy in Changing Societies* (p. 149-176). New York: Cambridge University Press.

- Obonyo, K. H. (2011). Self reported sexual behavior among secondary school students in Kenya: A survey of knowledge, attitudes and beliefs. *Dissertation Abstracts International: Section B: The sciences and Engineering*, 72, 831.
- Okech, J. E. A., & Kimemia, M. (2012). *Journal of Counseling and Development*, 90, 107-112.
- Pastorelli, C., Caprara, G., Barbaranelli, C., Rola, J., Rozsa, S., & Bandura, A. (2001). The structure of children's perceived self-efficacy: A cross-national study. *European Journal of Psychological Assessment*, 17, 87-97.
- Pajares, F., & Miller, M. D. (1994). The role of self-efficacy and self-concept beliefs in mathematical problem-solving: A path analysis. *Journal of Educational Psychology*, 86, 193-203.
- Papalia, D. E., Olds, S. W., & Feldman, R. D. (2001). *Human development* (8th ed.). New York, NY: McGraw-Hill.
- Pössel, P. (2011). Can Beck's theory of depression and the response style theory be integrated? *Journal of Counseling Psychology*, 58, 618-629.
doi: 10.1037/a0025092
- Prat-Sala, M., & Redford, P. (2010). The interplay between motivation, self-efficacy, and approaches to studying. *British Journal of Educational Psychology*, 80, 283-305.
doi: 10.1348/000709909X480563
- Puffer, E. S., Meade, C. S., Drabkin, A. S., Broverman, S. A., Ogwang-Odhiambo, R. A., & Sikkema, K. J. (2011). Individual- and family-level psychosocial correlates of HIV risk behavior among youth in rural Kenya. *AIDS and Behavior*, 15, 1264-1274.


- Puffer, E. S., Stashko, A. L., Broverman, S A., Ogwang-Odhiambo, R. A., & Sikkema, K. J. (2012). Orphan status, HIV risk behavior, and mental health among adolescents in rural Kenya. *Journal of Pediatric Psychology, 37*, 868-878.
- Schniering, C. A., & Rapee, R. M. (2004). The structure of negative self-statements in children and adolescents: A confirmatory factor-analytic approach. *Journal of Abnormal Child Psychology, 32*, 95-109.
- Statistics and surveys unit. (2013). *African Population and Health Research Center*. Retrieved from http://www.aphrc.org/insidepage/page.php?app=stats_home
- Steyn, R. & Mynhardt, J. (2008). Factors that influence the forming of self-evaluation and self-efficacy perceptions. *South African Journal of Psychology, 38*, 563-573.
- Strazluso, J. (2011). KFC goes to Kenya; first U.S. fast food chain in E. Kenya. *USA Today*. Retrieved from <http://usatoday30.usatoday.com/money/industries/food/story/2011-08-27/KFC-goes-to-Kenya-first-US-fast-food-chain-in-E-Africa/50108550/1>
- Suldo, S. & Shaffer, E. (2007). Evaluation of the self-efficacy questionnaire for children in two samples of American adolescents. *Journal of Psychoeducation, 25*, 341-355.
- Tanzania. (2013). *Office of the United States trade representative*. Retrieved from <http://www.ustr.gov/countries-regions/africa/east-africa/tanzania>
- Tamis-Lemonda, C. S., Way, N., & Hughes, D., Yoshikawa, H., Kalman, R. K., & Niwa, E. Y. (2007). Parents' goals for children: The dynamic coexistence of individualism and collectivism in cultures and individuals. *Social Development, 17*, 183-209. doi: 10.1111/j.1467-9507.2007.00419.x

- Taylor, M. (2010). Does locus of control predict young adult conflict strategies with superiors? An examination of control orientation and the organizational communication conflict instrument. *North American Journal of Psychology, 12*, 445-458.
- Usher, E. L., & Pajares, F. (2006). Sources of academic and self-regulatory efficacy beliefs of entering middle school students. *Contemporary Educational Psychology, 31*, 125-141. doi: 10.1016/j.cedpsych.2005.03.002
- UNAIDS. (2009). Retrieved from <http://www.unaids.org/en/regionscountries/countries/kenya/>
- Urban poverty and vulnerability in Kenya: Background analysis for the preparation of an Oxfam GB Urban Programme focused on Nairobi. (2009). Retrieved from http://www.irinnews.org/pdf/urban_poverty_and_vulnerability_in_kenya.pdf
- Westlund, K., Horowitz, L., Jansson, L., & Ljungberg, T. (2008). Age effects and gender differences on post-conflict reconciliation in preschool children. *Behaviour, 145*, 1525-1556.
- Wheeler, V. A., & Ladd, G. W. (1982). Assessment of children's self-efficacy for social interactions with peers. *Developmental Psychology, 18*, 795-805.
- Zeigler-Hill, V., Besser, A., & King, K. (2011). Contingent self-esteem and anticipated reactions to interpersonal rejection and achievement failure. *Journal of Social and Clinical Psychology, 30*, 1069-1096.
- Zimmerman, B. & Cleary, T., (2006). The role of self-efficacy beliefs and self-regulatory skill. *Self-efficacy Beliefs of Adolescents, na*, 45-59.

Appendix A

Children's Depression Inventory

Children's Depression Inventory

Client ID: _____		by Maria Kovacs, Ph.D.
Age: _____ Birthdate: _____ <small>mm/dd/yyyy</small>		
Grade: _____ Gender: Male Female		
Today's date: _____ <small>mm/dd/yyyy</small>		

Kids sometimes have different feelings and ideas.

This form lists the feelings and ideas in groups. From each group of three sentences, pick one sentence that describes you *best* for the past two weeks. After you pick a sentence from the first group, go on to the next group.

There is no right or wrong answer. Just pick the sentence that best describes the way you have been recently. Put a mark like this next to your answer. Put the mark in the box next to the sentence that you pick.

Here is an example of how this form works. Try it. Put a mark next to the sentence that describes you *best*.

Example:

- I read books all the time.
- I read books once in a while.
- I never read books.

Remember, pick out the sentences that describe you best in the PAST TWO WEEKS.

Item 1

- I am sad once in a while.
- I am sad many times.
- I am sad all the time.

Item 2

- Nothing will ever work out for me.
- I am not sure if things will work out for me.
- Things will work out for me O.K.

Item 3

- I do most things O.K.
- I do many things wrong.
- I do everything wrong.

Item 4

- I have fun in many things.
- I have fun in some things.
- Nothing is fun at all.

Item 5

- I am bad all the time.
- I am bad many times.
- I am bad once in a while.

Item 6

- I think about bad things happening to me once in a while.
- I worry that bad things will happen to me.
- I am sure that terrible things will happen to me.

Item 7

- I hate myself.
- I do not like myself.
- I like myself.

Item 8

- All bad things are my fault.
- Many bad things are my fault.
- Bad things are not usually my fault.

Item 9

- I do not think about killing myself.
- I think about killing myself but I would not do it.
- I want to kill myself.

Turn over and fill out the other side.

Remember, pick out the sentences that describe you best in the past two weeks.

Item 10

- I feel like crying every day.
- I feel like crying many days.
- I feel like crying once in a while.

Item 19

- I do not worry about aches and pains.
- I worry about aches and pains many times.
- I worry about aches and pains all the time.

Item 11

- Things bother me all the time.
- Things bother me many times.
- Things bother me once in a while.

Item 20

- I do not feel alone.
- I feel alone many times.
- I feel alone all the time.

Item 12

- I like being with people.
- I do not like being with people many times.
- I do not want to be with people at all.

Item 21

- I never have fun at school.
- I have fun at school only once in a while.
- I have fun at school many times.

Item 13

- I cannot make up my mind about things.
- It is hard to make up my mind about things.
- I make up my mind about things easily.

Item 22

- I have plenty of friends.
- I have some friends but I wish I had more.
- I do not have any friends.

Item 14

- I look O.K.
- There are some bad things about my looks.
- I look ugly.

Item 23

- My schoolwork is alright.
- My schoolwork is not as good as before.
- I do very badly in subjects I used to be good in.

Item 15

- I have to push myself all the time to do my schoolwork.
- I have to push myself many times to do my schoolwork.
- Doing schoolwork is not a big problem.

Item 24

- I can never be as good as other kids.
- I can be as good as other kids if I want to.
- I am just as good as other kids.

Item 16

- I have trouble sleeping every night.
- I have trouble sleeping many nights.
- I sleep pretty well.

Item 25

- Nobody really loves me.
- I am not sure if anybody loves me.
- I am sure that somebody loves me.

Item 17

- I am tired once in a while.
- I am tired many days.
- I am tired all the time.

Item 26

- I usually do what I am told.
- I do not do what I am told most times.
- I never do what I am told.

Item 18

- Most days I do not feel like eating.
- Many days I do not feel like eating.
- I eat pretty well.

Item 27

- I get along with people.
- I get into fights many times.
- I get into fights all the time.

Appendix B

Children's Self-efficacy in Peer Interactions

Children’s Self-efficacy in Peer Interactions

Circle the response that best describes how well you can do the following things. HARD!
Means it is *really* hard for you and EASY! means it is *really* easy for you, hard and easy
means it is a little bit hard or easy for you.

1. Some kids want to play a game. Asking them if you can you play is ? for you.	HARD!	Hard	Easy	EASY!
2. Some kids are arguing about how to play a game. Telling them to stop is ? for you.	HARD!	Hard	Easy	EASY!
3. Some kids are teasing your friends. Telling them to stop is __?__ for you.	HARD!	Hard	Easy	EASY!
4. You want to start a game. Asking other kids to play the game is ? for you.	HARD!	Hard	Easy	EASY!
5. A kid tries to take your turn during a game. Telling the kid its your turn is ? for you.	HARD!	Hard	Easy	EASY!
6. Some kids are going to lunch. Asking if you can go with them is ? for you.	HARD!	Hard	Easy	EASY!
7. A kid cuts in front of you in line. Telling the kid not to cut is ? for you.	HARD!	Hard	Easy	EASY!
8. A kid wants to do something that will get you into trouble. Asking the kid to do something else is ? for you.	HARD!	Hard	Easy	EASY!
9. Some kids are making fun of someone in your classroom. Telling them to stop is ? for you.	HARD!	Hard	Easy	EASY!
10. Some kids need more people to be on their teams. Asking to be on the team is ? for you.	HARD!	Hard	Easy	EASY!
11. You have to carry some things home from school. Asking another kid to help you is ? for you.	HARD!	Hard	Easy	EASY!
12. A kid always wants to be first when you play a game. Telling the kid that you are going first is ? for you.	HARD!	Hard	Easy	EASY!
13. Your class is going on a trip and everyone needs a partner. Asking someone to be your partner is ? for you.	HARD!	Hard	Easy	EASY!
14. A kid does not like your friend. Telling the kid to be nice to your friend is ? for you.	HARD!	Hard	Easy	EASY!
15. Some kids are deciding what game to play. Telling them what game you like is ? for you.	HARD!	Hard	Easy	EASY!
16. You are having fun playing a game but other kids want to stop. Asking them to finish playing the game is ? for you.	HARD!	Hard	Easy	EASY!
17. You are working on a project. Asking another kid to help is ? for you.	HARD!	Hard	Easy	EASY!
18. Some kids are using your play area. Asking them to move is __?__ for you.	HARD!	Hard	Easy	EASY!
19. Some kids are deciding what to do after school. Telling them what you want to do is ? for you.	HARD!	Hard	Easy	EASY!
20. A group of kids wants to play a game that you don't like. Asking them to play a game that you like is ? for you.	HARD!	Hard	Easy	EASY!
21. Some kids are planning a party. Asking them to invite your friend is ? for you	HARD!	Hard	Easy	EASY!
22. A kid is yelling at you. Telling the kid to stop is __?__ for you.	HARD!	Hard	Easy	EASY!