

# **Teachers' Causal Attributions and Their Perceived Self-efficacy for Controlling Adolescent Health Risk Behaviors in Secondary Schools in Nairobi County, Kenya**

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## **Abstract**

The purpose of this study was to establish teachers' causal attributions and their perceived self-efficacy in controlling adolescent health risk behaviors (bullying, early sex initiation and drug/substance abuse). Objectives included establishing: the prevalence of health risk behaviors among adolescents; teachers' causal attributions for adolescent health risk behaviors; gender differences in causal attributions; differences in teacher causal attributions based on teaching experience; teachers' perceived self-efficacy; gender differences in teacher perceived self-efficacy; differences in teacher perceived self-efficacy based on teaching experience and relationship between teacher causal attributions and perceived self-efficacy. The study was based on the theories of causal attributions and perceived self-efficacy by Heider and Bandura respectively. A descriptive survey research design stratified random sampling, a population of 1,824 secondary school teachers in Nairobi County, Kenya, a sample of 364 teachers (103 males, 261 females) and a questionnaire whose content validity was determined with the help of supervisors and the School of Education validators were used. Reliability after a pilot study stood at .81 "co-efficient alpha." Data was analyzed using descriptive statistics, chi-square, ANOVA and t-tests and results presented using tables, pie charts and bar charts. Results include: Bullying prevalence 89%, early sex 94.2% and drug/substance abuse 91.5%. Internal attributions: Bullying - indiscipline 31.68%, superiority complex 17.08%, Early sex - immorality 18.93%, indiscipline 17.80% and Drug/Substance abuse - indiscipline 21.47, stress 17.28. External attributions: Bullying - lack of parental guidance 76.10%, peer pressure 87.78%. Early sex - lack of guidance 96.19%, peer pressure 89.08%, Drug/Substance abuse - Peer pressure 78.46%, poverty 62.77% among others. There were no significant gender differences in teacher casual attributions and attributions based on teaching experience. Majority of teachers had a strong perceived self-efficacy. Bullying: Strong 80.77%, weak 19.23%, Early sex: Strong 68.68%, weak 31.32 and Drug/substance abuse: Strong 70.37% and weak 29.63%. Results showed an insignificant gender difference in: teacher perceived self-efficacy, differences in teacher perceived self-efficacy based on teaching experience and relationship between teacher casual attributions and teacher perceived self-efficacy. In conclusion, teachers make varying causal attributions and have a high perceived efficacy. The findings form a basis for understanding teachers' ability to control adolescent health risk behaviors. To facilitate teachers' control over adolescents' health risk behaviors, their understanding of causal attributions and perceived self-efficacy must be enhanced.

**Full text:** <https://ir-library.ku.ac.ke/handle/123456789/15040>