PSYCHO-SOCIAL AND BEHAVIOURAL INTERVENTIONS AMONG ADOLESCENT STUDENTS IN PUBLIC SECONDARY SCHOOLS IN TRANS-NZOIA COUNTY, KENYA

BY

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A THESIS SUBMITTED TO THE SCHOOL OF EDUCATION, DEPARTMENT OF EDUCATIONAL PSYCHOLOGY IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF DOCTOR OF PHILOSOPHY IN EDUCATION (EDUCATIONAL PSYCHOLOGY) UNIVERSITY OF ELDORET, KENYA

OCTOBER, 2023

DECLARATION

Declaration by the candidate

This thesis is my original work and has not been submitted for any academic award in any institution; and shall not be reproduced in part or full, or in any format without prior written permission from the author and/or University of Eldoret.

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Declaration by the supervisors

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DEDICATION

This research is dedicated to God Almighty for His grace and provision. To my parents, Mr. Victor and Mrs. Rose Wangila, who have always instilled in me the value of education and hard work, I am forever grateful for your sacrifices and unwavering love. My dear husband Mr. Richard Rono, your unwavering love, patience, and support has been my rock throughout this academic journey. Your encouragement and understanding during the long hours spent researching and writing has made it possible for me to complete this thesis. To my precious children, Belinda, Brenda, and Ian, you are the light of my life and the reason I strive to be the best version of myself. You have been my constant source of inspiration and motivation, and I hope this thesis will inspire you to pursue your own dreams with passion and dedication.

ABSTRACT

The need to investigate the psychosocial and behavioural interventions among adolescent students in public secondary schools in Trans-Nzoia County was the basis for this study. This study sought to investigate the psychosocial and behavioural interventions among adolescent students in public secondary schools in Trans-Nzoia County. The specific objectives of the study were to examine the psychosocial interventions on adolescent students in public secondary schools in Trans-Nzoia County; to establish the behavioural interventions on adolescent students in public secondary schools in Trans-Nzoia County; and to assess the challengesof the interventions on the adolescent students in public secondary schools in Trans-Nzoia County. The theoretical frame-work used in this study was the Social Cognitive Theory that considers the unique way in which individuals acquire and maintain behaviour which considers the social environment of an individual. The study applied mixed methods research design which combined elements of qualitative and research approaches for the broad purposes of breadth and depth of understanding and corroboration. The target population consisted of public secondary schools in Trans-Nzoia County. The sample for the study was identified by using convenience and stratified random sampling techniques. The sample size was 116 schools worked through Nassiuma (2000) formula. Data was collected using structured questionnaires, document analysis, interviews and observation schedule. The study adopted descriptive which included frequency distribution, central tendency, variability/dispersion and inferential data analysis which included hypothesis testing, confidence intervals, regression analysis, analysis of variance (ANOVA) and t-test. The conclusions of this study are that both psycho-social and behavioural interventions had a substantial impact on the adolescent students in public secondary schools. It was also clear that adolescent students face obstacles such as low self-esteem, stress, bullying and addiction. The study also indicated that the use of new technology into both psycho-social and behavioural interventions is required. Therecommendations of the study were that psycho-social interventions as well as behavioural interventions affect adolescent student development. The major finding of the study is that psycho-social and behavioural interventions play a key role in the holistic formation of adolescent students in terms of behavioural, cognitive, psycho-dynamic, humanistic, systematic, motivational, disease and social and environmental management.

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ABBREVIATIONS AND ACRONYMS

1G: First-Generation

ADHD: Attention Deficit Hyperactive Disorder

BCI: Behavioural Counselling Intervention

CBT: Cognitive Behavioural Therapy

CI: Confidence interval

COVID-19: Corona-Virus Disease -2019.

EBD: Emotional or Behavioural Disorder

FGD: Focused Group Discussion

GEM: Grid Enabled Measures

HIV: Human Immuno Virus

IPT: Interpersonal Therapy

ITT: Intention-To-Treat

MOEST: Ministry of Education, Science & Technology

NACOSTI: National Commission for Science, Technology and Innovation

NNT: Number Needed to Treat

SCLT: Social Cognitive Learning Theory

SLT: Social Learning Theory

SUD: Substance Use Disorders

TAU: Treatment As Usual

TDF: Theoretical Domains Framework

ACKNOWLEDGEMENT

I thank the almighty God who strengthens me in doing everything. I extend my gratitude to the University of Eldoret, which accorded me the opportunity to undertake the course. My sincere gratitude to my Supervisors, Dr. Agnes Oseko and Prof. John Simiyu both of University of Eldoret for their unwavering commitment in guiding me throughout, in the course of the years of tireless work. My heart goes out to my husband for the encouragement he offered me, my children, my parents Mr and Mrs Wangila for their moral support, Jude Wabwire and my cohort of 2019.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter contains the background information for this study, problem statement, research aims, hypotheses, rationale, and importance, scope of the investigation, limits, and assumptions.

1.1 Background to the Study

Persons suffering from mental diseases have been reported in all communities worldwide. Over the years, several terms have been used to describe mental illness and psychopathology, which were initially used to describe adult diseases. According to Gathumbi, Ayot, Kimemia, and Ondigi (2015), inclusive education revolves around the aspect of caring for children with special needs, whether mental or physical; they also investigated the preparedness of classroom teachers and school principals to manage inclusive education. According to Kamau (2017), children with special needs in Kenya have not been able to reach their potential due to a variety of unknown variables. The researcher also attempted to investigate parental roles in the provision of essential educational resources, including mobility.

Substance use disorder (SUD) interventions in children and adolescents can be difficult because these patients rarely initiate treatment on their own. They are typically provided by family members who want the most restrictive therapy available. According to

Brewer, Godley, and Hulvershorn (2017), particular treatments for adolescents' juveniles with substance use disorders (SUDs) have been established throughout the last several decades. The treatment team's empathetic, compassionate, polite, and nonjudgmental agreement can go a long way toward mitigating the anger that may arise from forcing someone to undergo therapy against their will or without their explicit consent. In addition, the divergent treatment objectives and requirements of the student's parent present a significant challenge.

The Kamunge (1988) and Koech (1989) recommendations of the Education Commission (1998) also made significant contributions to the promotion of awareness in the development of Emotional or Behaviour Disorder(EBD) in Kenya. It is widely accepted that adolescents require different treatment approaches than adults. Additionally, involving the family in the treatment process has proven to be beneficial. Because of the complex and multifaceted nature of the risk factors associated with substance use disorders, any intervention must begin with a thorough evaluation of the problematic behaviour, including a history of substance use. This history should be obtained in a non-confrontational and comprehensive manner, using checklists and grading systems if possible. Another key element in managing substance use is a functional analysis of the behaviour, which includes examining the reasons for use and perceived consequences. This analysis should take into account the context, expectations, times, places, and patterns of use, as well as peer attitudes and the adolescent's social environment, and should be used to inform the development of a management plan for the adolescent.

According to Olino, Klein, and Seeley (2020), psychosocial, clinical functioning in teenagers is associated with an increased risk of depression and other negative outcomes.

Adolescents with SUD frequently have difficulties in their psychosocial and academic performance, which is why they seek medical care. Academic difficulties, interpersonal problems, familial conflict, and dysfunction are all examples of impairment. Associated behaviours may also include hanging out with bad influences and taking unnecessary risks. It is important to diagnose and treat any psychiatric conditions that may be present in this population. Due to the secrecy surrounding substance abuse issues, it is important to gather information from the teenager themselves as well as their parents, other carers (such as grandparents), teachers, child welfare organisations (if the youngster resides in one), and past treatment records. Confidentiality must be maintained as much as possible while gathering this data. The child or adolescent and his or her family should work together to set treatment objectives. Adolescents' awareness of the negative consequences of their substance use and their openness to making positive changes can inform the development of such objectives. Using these factors as guides, the researcher may set and agree upon achievable short-term, intermediate-term, and long-term objectives.

The doctor needs to provide potential treatments to the adolescent and his or her family, including pharmaceutical, psychiatric, and psychosocial approaches, and have a discussion about what will work best. Because the teenager may perceive a lack of trust on the part of the treating team and the adolescent, it is important to revisit the topic of drug testing at the commencement of treatment. Although complete sobriety is the ultimate objective of substance use disorder therapy, the treating team should be aware that this is often a very long and challenging process. The initial step in this process is usually having a conversation about harm reduction with the adolescent and their family.

When an adolescent's motivation is low or when they lack the skills essential for abstinence, harm reduction is an important interim objective. The location and type of treatment are often determined clinically, with input from the teenager and family, and then administered by a multidisciplinary team. According to Roemer (2015), the therapeutic context of adolescent therapy and the significance of confidentiality become ethical issues while working on a multidisciplinary team.

The goal of the research is to better understand the most common emotional and behavioural challenges that adolescents face in school. Psychological and social issues among adolescents have a wide-ranging impact on their functioning. Adolescents are more susceptible to emotional distress because of the physiological and psychological changes they are experiencing.

1.2 Statement of the Problem

Adolescent psycho-social development is demonstrated by strong academic performance, physical health, and acceptable social, emotional, and psychological health. This minimizes the likelihood of psychosocial and behavioural issues like aggression, criminality, teen pregnancy, and drug and alcohol abuse in the short and long run. If detected and handled early in adolescence, early diagnosis of psychosocial dysfunctions is critical to students' mental health.

Adolescence is the primary developmental stage that occurs between adulthood and childhood, marking the era during which a human undergoes different emotional and physiological changes. According to Rodgers (1996), engaging in the circumstances in

which they are to be done is a fundamental aspect of behaviour modification and hence the cornerstone of adequate therapy in a full behavioural evaluation. Adolescents at this period of development experience a variety of dysfunctions and confusion, which eventually hinder their psychological development.

Around the world, 20% of adolescent students face at least one behavioural difficulty. Seventy-five percent of mental health problems begin before the age of 24. Fifty percent of mental health problems begin before the age of 14. Scholars in Canada and the United States have determined that adolescent psycho-social and behavioural health is an issue that must be addressed fully. According to the study done in schools, attention was drawn to dominant factors of psycho-social and behavioural development of adolescent students in Nepal, India, 787 adolescent students from 13 schools of Hetauda, India. Interventions on psycho-social and behavioural dysfunctions need to be investigated among adolescent students. During the COVID-19 epidemic, there has been an increase in frightening teenage pregnancies in Kenya, which is also an indication of several problems. This is also highlighted in the Draft Report on Teenage Pregnancies in the Wake of COVID-19 in Homa Bay County by Kennedy Nyamura and Benard Ochieng (2020).

Scholars have attempted to build on psychosocial dysfunctions in a variety of ways, but the picture remains hazy. Psychosocial dysfunctions include emotional and behavioural abnormalities that are similar to absorbing and removing conditions. Anxiety and sadness are prevalent internalizing maladies, while delinquency, violence, study problems, and truancy are externalizing maladies. Adolescent children are influenced by their school

and family surroundings throughout this time period. Academic institutions play an important role in their growth since they engage in co-curricular activities, allowing children to complete academics at home. Schools provide a significant contribution to the entire development of students. In a nutshell, this study will help experts in psycho-social and behavioural interventions establish successful and efficient adolescent student programs in Trans-Nzoia County and around the world.

1.3 Purpose of the Study

The purpose of this study was to look into psycho-social and behavioural interventions among adolescent students in public secondary schools in Trans-Nzoia County, Kenya.

1.4 Objectives of the Study

This section outlines the overall and specific goals.

1.4.1 Main Objective

The overarching goal of this study was to look into psycho-social and behavioural interventions among adolescent students in public secondary schools in Trans-Nzoia County, Kenya.

1.4.2 Specific Objectives

This study aimed to:

1. Investigate the psycho-social treatments on adolescent students in public secondary schools in Trans-Nzoia County.

2. To establish behavioural interventions on the adolescent students in public secondary schools in Trans-Nzoia County.

3. To analyze the implementation of interventions on adolescent students in public secondary schools in Trans-Nzoia County.

1.5 Research Hypotheses

The null hypotheses that motivated this investigation were as follows:

Ho$_1$. Psycho-social interventions have no significance influence on the adolescent students in public secondary schools.

Ho$_2$. Behavioural interventions have no significanceon the adolescent students in public secondary schools.

Ho$_3$. There is no significance influence of implementation challenges on adolescent student in public secondary schools.

1.6 Justification of the Study

The investigation of psycho-social and behavioural interventions among adolescent students in public secondary schools inTrans-Nzoia County, in Kenya, was justified. This study is justified because some academias have suggested more research on the assessment of psycho-social and behavioural therapies among adolescent students in public secondary schools in Trans-Nzoia County, Kenya. The study findings will be useful to educators, learning institutions, and policymakers in developing applicable policies on psychosocial and behavioural interventions to increase the competitiveness of adolescent students in public schools. The study will also contribute to the body of

existing information, produceempirical advances, and improve understanding of the extent to which psychological orientation influences the growth of adolescent students.

1.7 Significance of the Study

The findings of this study might be useful to policy-makers in the government, as they will be necessary in policy formation or policy evaluation, as well as educational policies on social and moral support in Kenyan public secondary schools. It could aid in the formulation of effective guidelines for cognitive mentors on psychosocial behaviour, as well as laying the groundwork for future interventional research.

1.8 Scope of the Study

The study was based on data obtained from public secondary schools in Kenya's sub-counties of Kiminini, Trans Nzoia West, Endebess, Kwanza, and Trans Nzoia East. To begin, the study area was chosen because of the high number of public secondary schools. The research focused on 116 public secondary schools in Trans-Nzoia County.

Respondents in the study included psycho-social supporters such as the Guiding and Counselling team, Heads of Departments, Deputy Principals, and students who were interviewed. The study assessed psycho-social and behavioural treatments among teenage s in Trans-Nzoia County, Kenya, public secondary schools. Psycho-social therapies, behavioural interventions, and adolescent students were all included in the data.

1.9 Limitations of the Study

Best and Kahn (2006) define study limitations as circumstances beyond the researcher's control that may have an impact on the study. If not managed, these may have an impact

on the study's outcome. Accessing sampling schools in remote places with challenging terrain was one of the study's potential difficulties, given the vastness of Trans Nzoia County.. The study only included Heads of Guidance and Counselling and Deputy Principals from public secondary schools who were knowledgeable about student behaviour. The study did not apply to other colleges.

1.10. Theoretical Framework

1.10.1 Social Cognitive Theory

The researcher used the Social Cognitive Theory because that is what Driscoll (1994) says learning is: "a sustained change in human performance or performance potential as a result of the learner's interaction with the environment."Changing one's knowledge or behaviour as a result of experience is defined as learning by Weinstein and Mayer (1986). According to Shuell (1986), learning is "the process by which one acquires the capacity to modify one's behaviour or to engage in new behaviours as a result of experience or practice" (p. 412).

This theory rests on the idea that social interactions are crucial to the acquisition of knowledge (Muro& Jeffrey, 2008). However, Bandura argues that direct reinforcement can't fully explain different kinds of learning. Therefore, he added a social aspect to his theory, arguing that one might pick up new habits and ways of thinking just by observing other people. There are three principles for learning from each other from this idea. It is generally accepted that the concepts of social learning hold true over the course of a

person's entire lifetime. Learning by observation is possible at any age. At any time in one's life, one can be exposed to new models who are either prominent or powerful enough to manage resources for one to acquire new knowledge through the modelling process this according to Newman (2007).According to SLT, people learn from one another through observation, imitation, and modelling. According to several academics that supported Bandura's SLT principles, such as Muro and Jeffrey (2008), this type of learning also stresses interior thoughts and cognitions and can assist connect learning theories to cognitive developmental theories. As a result, this theory will be useful in studying the therapies utilized to manage the growth problems of teenagers.

1.11 Conceptual Framework

This study was based on ideas that attempted to improve understanding of how psycho-social and behavioural interventions affect the development of adolescent students in Trans-Nzoia County, Kenya. The ideas and material reviewed had the primary goal of expanding understanding of interventions addressing the growth of adolescent students. Among the leading causes of illness in children under the age of 10 is emotional (or internalizing) disorders (Murray et al., 2010). Furthermore, depression is the leading cause of illness and disability among secondary school students. High levels of anxiety, fear, depression and somatic symptoms are diagnostic of emotional disorders, the most frequent form of mental illness (Goldberg et al., 2009).

Figure 2.1 depicts the conceptual framework for the investigation. The diagram displays the relationship between the independent and dependent variables. Adolescent student

progress is described as the variable to explain or predict, whilst the independent variables are used to predict the dependent variable (Kothari, 2009).

Independent variables (Interventions)

Adolescent Students

Psycho-social Interventions

Follow-ups

Advice/reassurance

Consultations

Referrals

Care-giving training

Interpersonal

Counselling

❖ Social aspect
❖ Emotional aspect
❖ Moral aspect

Behavioural Interventions

❖ Referrals

❖ Consultations

Government Regulatory Framework

Intervening Variables
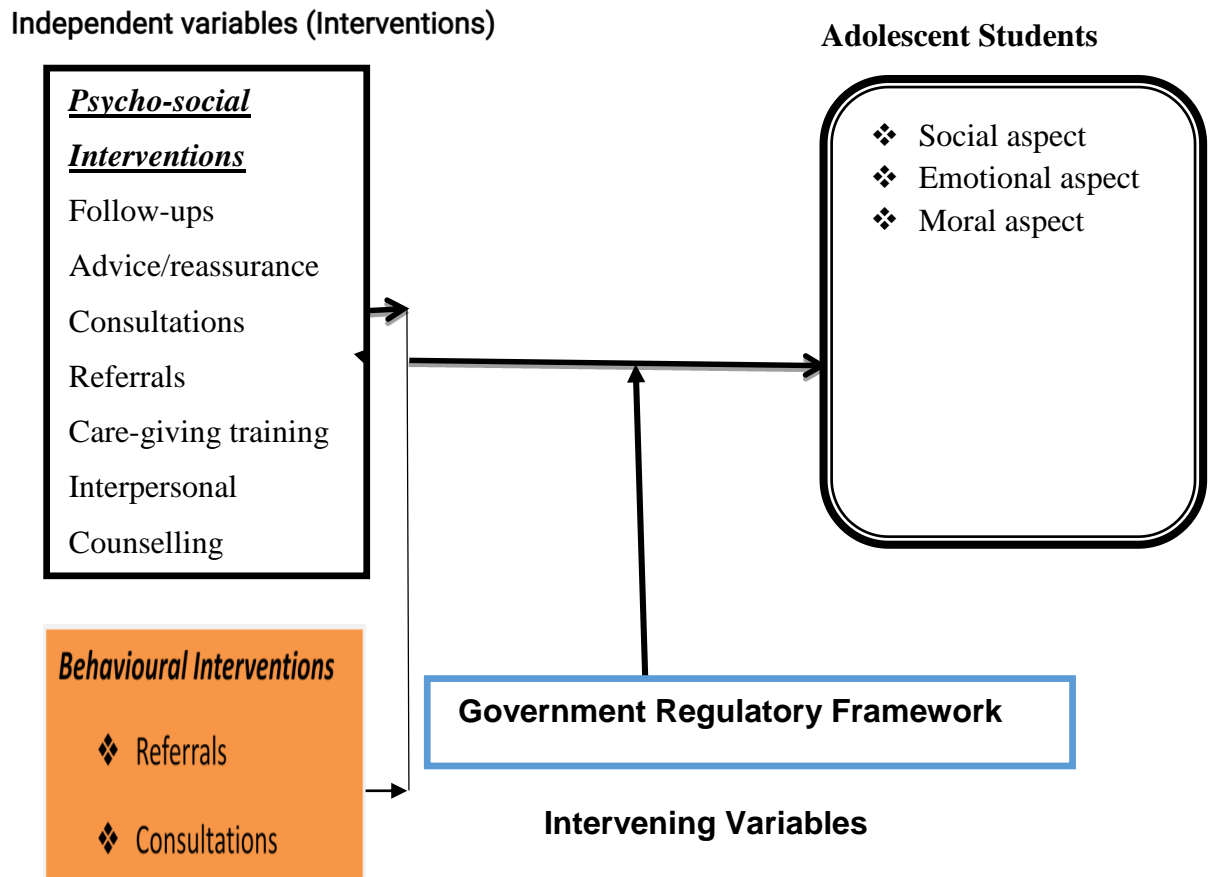
Figure 1.1: Conceptual Framework (Source: Author 2022)

It is a conceptualization of the linkages between interventions, orientation, and influence on adolescent student growth in Trans-Nzoia County, Kenya. Psycho-social and behavioural therapies were used as independent variables.

1. 12 Assumptions of the Study

1. All respondents participated in the study.

3. Respondents understood the questionnaire.

4. All respondents provided truthful responses.

1.13 Operational Definition of Key Terms

Addiction to Substances: In other terms, drug addiction, or substance use disorder (SUD) syndrome affects an individual central nervous system, particularly the brain.

Attention Deficit Disorder Hyperactive Disorder: a group of behavioural disorders that primarily affect youngsters and manifest as hyperactivity, learning difficulties, and difficulty concentrating.

Cognitive Behavioural Therapy (CBT): a sort of therapy in which a person's low self-esteem is challenged in order to cure vices or treat mood disorders such as depression.

Group Therapy: Is a structure for a homogeneous group of people who have similar problems and get together to share their experiences with the shared goal of healing.

Growth: spurts and puberty adjustments in Adolescents.

Interventions include psychosocial interventions such as caregiver skill training.

Positive behavioural approaches are used in behavioural interventions.

Psychosocial interventions: are activities that are used to change behaviour.

1.14 Chapter summary

Adolescent students' mental healths get less attention, despite being a crucial developmental stage that, if untreated, will reduce Kenya's socio-economic productivity. Strong academic performance, good physical health, and acceptable social, emotional, and psychological health are indicators of adolescent psycho-social development. In the short and long terms, this reduces the possibility of psycho-social and behavioral problems, hostility, criminal activity, teen pregnancies, and drug and alcohol misuse. Early detection of psych-osocial dysfunctions is crucial to students' mental health if they are identified and treated in adolescence. Therefore, this study focused on the welfare of young people and attempted to highlight the significance of psycho-social and behavioral interventions in learning.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews the literature in an attempt to provide a foundation for an appropriate theoretical review and conceptual framework to enable an in-depth understanding of how psycho-social and behavioural interventions affect adolescent students in public secondary schoolsin Trans-Nzoia County, Kenya. Thus, the chapter presents literature on the concepts of growth and intervention orientation, as well as the study's objectives, which examined psychosocial and behavioural interventions among adolescent students in public secondary schools in Trans-Nzoia County, Kenya, theoretical framework, and conceptual framework. Furthermore, it demonstrates the knowledge gap on the relationship between strategic interventions, orientation, and progress of teenage students in public secondary schools. The study looked at frequent psycho-social and behavioural issues that teenage adolescents confront as they grow up. Adolescents' psycho-social problems affect their ability to perform in many areas of their lives. The physiological changes occurring in adolescents make them especially vulnerable to emotional distress.

2.1 Psycho-Social Disorders among adolescent students

Globally, adolescent mental health issues are on the rise, affecting between 10 and 20 percent of adolescents (Zhou*et al.,* 2020; Kieling*et al.,* 2011; Gore*et al.,* 2011; Marquez & Saxena,2016; Wiederhold, 2022; Charara*et al.,* 2017).The largest part of the population in sub-Saharan Africa is made up of adolescents, who account for 23 % of the

region's total population and range in age from 10 to 19 years old (Adejumo*et al.,* 2015; Idele*et al.,* 2014; Jörns-Presentati*et al.,* 2021). Adolescence is the era between childhood and adulthood, lasting from the ages of 10 to 19 years (Curtin et al., 2018; Sawyer et al., 2018; Taghizadeh et al., 2016). This is a time of foolish behaviour and impulsiveness. Their carefree and careless behaviour might lead to a variety of problems (Gómez*et al.,* 2014; Lockwood*et al.,* 2017; Maneiro*et al.,* 2017).

Adolescents' psychological disorderissues vary from minor to serious emotional and behavioural issues that meet psychiatric diagnosis criteria (Merikangas*et al.,* 2010; Merikangas*et al.,* 2022). They include depression, anxiety, adjustment, conduct, eating disorders, etc (Copeland*et al.,* 2015; Bacopoulou*et al.,* 2018; Strain*et al.,* 2008). Thesedisorders are sources of stress for adolescents as well astheir families, school, community, and larger society in theshort and long term (Rahman*et al.,* 2021). Adolescent with psychological disorderconfront stigma, isolation, discrimination, lack of health treatment and educational facilities, and human rights violations (Drew*et al.,* 2011; Rahman*et al.,* 2021; Dardas, & Simmons, 2015).

Genetic factors also contribute to adolescent mental illness (Allegrini*et al.,* 2020; Uher& Zwicker, 2017; Zwicker*et al.,* 2020).psychological disorderis more common among those with affected family (Van Der Sanden*et al.,* 2015; Saunders, 2003). Divorce, split from joint to nuclear family, parental neglect, and substance misuse put teenager at risk for psychosocial and mental health problems (Chaulagain*et al.,* 2019; Priest*et al.,* 2014). In their study on the incidence of psychosocial disorders among teenagers, Muzammil,

Kishore, and Semwal (2009) found that psychosocial problems are widespread among adolescents who through many biological and emotional developmental changes.

Schools play a significant role in adolescent development since adolescents spend so much time there, in school activities, and on homework (Larson, 2000; Hu& Mu, 2020; Dotterer*et al.,* 2007).School is an establishment that contributes to an adolescent's education and socialization (Wang & Sheikh-Khalil, 2014).In school, students are subjected to various aspects that cause psychological problems (Omoteso, 2010; Yikealo*et al.,* 2018; Shoshani & Slone,2013). The major ones are academic pressure with the responsibility of sucess, unknown future and difficulties with system integration, learning disabilities, difficulties understanding academic concepts, financial problems, health problems, exam stress, and blatant discrimination or violent and criminal acts in educational institutions (Arusha& Biswas,2020; Dyrbye*et al.,* 2006; Tadesse*et al.,* 2021; Savarese*et al.,* 2020; Said*et al.,* 2013).

According to Dunn (2016), schools play an important part in determining the mental health of adolescents because they interact with more than 95% of the nation's young people for nearly 6 hours per day for at least 11 years of their lives. This means that schools have a significant impact on the students' ability to maintain positive mental health.According to a study conducted in India by Deb*et al.*(2015), 63.5 percent of the higher secondary students in Kolkata experience academic stress. Parental pressure forbetter academic performance was found to be mostlyresponsible for academic stress as reported by 66.0 percent ofthe students. Chinawa *et al.* (2018) found that among secondary school-aged adolescents in the South East of Nigeria, 34.1% had anxiety

disorders, 16.7% had physiological symptoms, 35.5% had attention problems, and 59.9% presented with anxiety. In their study on the incidence of psychological disorders among adolescents, Muzammil, Kishore, and Semwal (2009) found that psychosocial problems are widespread among adolescents who through many biological and emotional developmental changes. Nalugya et al. (2016) studied depression symptoms among school-going adolescents in central Uganda. The results were alarming: 21% of the participants showed substantial depressive symptoms, 11% met the criteria for major depression, and 3.1% had present suicide ideation. Single-sex schools, drinking, and family loss were linked to depression.

The issue of increasedpsychological disorderdue to pandemics has been reported in the past (Lau *et al.,* 2010; Xiang *et al.,* 2014). The circumstances surrounding the COVID-19 pandemic have increased the stress and anxiety in people, including high school students. report a much higher fraction of youth with psychological issues during the COVID-19 pandemic when compared to prior pandemics (Ellis et al., 2020; Weisbrot & Ryst, 2020; McGaughey*et al.* 2021; Daniel, 2020; Guessoum*et al.,* 2020). A study conducted in China reported that 53.8% of respondents suffered moderate to severe psychological crises, with students constituting a bigger proportion than members of larger populations (Wang*et al.,* 2020). During the lockdown, Tadesse *et al.* (2021) found that 77.2%, 71.8%, and 48.5% of students in Ethiopia experienced depression, anxiety, and stress-related psychological issues, respectively. While assessing mental health issues among postgraduate residents in Kenya during the COVID-19 pandemic, Ali *et*

al.(2022) found that 66 participants (66%) suffer from depression, anxiety, sleeplessness, distress, and burnout. Giannopoulou *et al.* (2021) found a 15.3% increase in depression, 17% increase in severe depression, 25.7% increase in anxiety, and 16.7% increase in severe anxiety after only one month of lockdowns in longitudinal research including 442 last year high school students in Greece.

The incidence of depressive symptoms among German teenagers was investigated in a study conducted by Wartberg et al. (2018). The research encompassed a sample size of 1001 individuals aged between 12 and 17 years. Data on depressive symptoms and psychosocial features of respondents in the two weeks preceding the survey were collected through the utilization of telephone interviews. The DesTeen test is utilized to evaluate many symptoms associated with depression, including but not limited to lack of interest, decreased energy, feelings of worthlessness, guilt, and cognitive impairments. Among individuals in the age group of 12 to 17 years, the estimated prevalence of depressive symptoms, as indicated by a summated DesTeen score of 14, was found to be 8.2%. This estimate is accompanied by a 95% confidence interval ranging from 6.5% to 9.9%.

 The study findings indicate that there was a higher prevalence of effect among girls (11.6%) compared to boys (5.0%). This difference was statistically significant ($p < 0.001$). There exists a positive correlation between higher rates of depression and several demographic and psychosocial factors, including feminine gender, advanced age, lower levels of educational attainment, diminished interpersonal trust, negative body image,

problematic utilization of social media or the internet, and impaired family functioning. The multivariable regression model accounts for approximately 33% of the variance within the group, as indicated by Nagelkerke's R2 value of 0.35. This study examines the prevalence of depression among adolescents. The DesTeen was utilized in the previous investigation, however the modified Patient Health Questionnaires (PHQ-9) for teen depression were applied in the present study. Furthermore, the research conducted in Germany unveiled notable cultural distinctions among teenagers and adolescents residing in Kenya.

In a cross-sectional study conducted by Kim et al. (2015), the objective was to identify the factors associated with depression among individuals aged 12-18 who are living with HIV in Malawi. The assessment of depression involved the utilization of the Chichewa adaptation of the Beck Depression Inventory-II (BDI-II) and the Children's Depression Rating Scale-Revised (CDRS-R). Data pertaining to prospective contributors and protectors were gathered, encompassing socio-demographic variables, post-traumatic stress levels, behavioral aspects and social support, as well as bio-clinical characteristics. Further analysis was conducted using linear and logistic regression models, while accounting for the covariates of age and sex.

This investigation revealed the presence of possible variables that exhibited statistical significance at a threshold level of $p < 0.1$. The regression models at the final stage of analysis demonstrated significant main effects and interactions. Among the 562 participants included in the study, the average age was 14.5 years with a standard

deviation of 2.0. The female participants accounted for 56.1% of the total sample. Furthermore, the prevalence of depression among the participants was found to be 18.9%.

Osborn et al. (2020) conducted a cross-sectional study to investigate the occurrence of symptoms related to depression and anxiety among high school students in Kisumu County, Kenya. The researchers also conducted an analysis of the relationship between symptoms and psychological and socio-demographic factors.A study was conducted to evaluate the self-reported levels of sorrow, anxiety, social support, gratitude, development attitudes, and life satisfaction among a sample of 658 students, with 51.37 percent of the participants being female. The age range of the students was between 13 and 19 years. In the study sample, the internal consistency of depression (as measured by the Patient Health Questionnaire-9), anxiety (as measured by the Generalized Anxiety Disorder Screen-7), and social support (as measured by the Multidimensional Scale for Perceived Social Support Scale) were found to be satisfactory, with Cronbach alpha values exceeding 0.70. The research revealed that the youth population in Kenya had significantly higher rates of depression (45.90% above the clinical limit) and anxiety (37.99% above the clinical cutoff). There is a higher likelihood for older teenagers to encounter feelings of despair, anxiety, and diminished social support compared to their younger counterparts.

Mojtabai et al. (2016) conducted a study to investigate the prevalence of major depression among adolescents in the United States during a 12-month period. The research revealed higher prevalence rates in the year 2014 (11.3%) in comparison to the

year 2005 (8.7%). According to the study conducted by Wiens et al. (2017), there was no significant increase observed in the prevalence of clinically diagnosed cases of major depressive disorder among adolescents in Canada during the years 2000 to 2014. There was an increase in the prevalence of self-reported mood disorder diagnoses between the years 2003 and 2014. Based on the findings of these investigations, it is suggested that there may exist variations among adolescents hailing from diverse countries. The evaluation of depression levels among adolescents in Kenya, with a specific focus on Narok County, holds significant importance.

The psychological problems of adolescents have a significant impact on their schooling, particularly their academic performance, which may have significant long-term effects (Bas,2021; Busch*et al.,* 2017; McLeod*et al.,* 2012; Rothon*et al.,* 2011). Luketero & Wambui (2020) studied the factors influencing students' academic performance in Kenyan Certificate of Secondary Education in Kirinyaga Central Sub-County. Some factors affecting students' performance are peers influencing each other on drug and substance abuse, premarital indecency, dressing indecently, laziness, and other activities, most of which could tell us that the students may have psychological health issues. It is estimated that between 14 and 30 percent of high school students who enrol in university programmes in Kenya have mental health issues that interfere with their academic performance (Gurung, 2015) The Kenyan government, through the Ministry of Health, has recognised the psychological issues faced by adolescent students. However, minimal intervention measures have been put in place to curb the problem.

Ndetei et al. (2016) researched mental problems among upper primary school children in Kenya and found a prevalence of 37.7%.Somatic symptoms were most common (29.6%), followed by emotional and behavioural disorders while 18.2% of children had concomitant mental disorders.Male sex, living in a peri-urban vs. rural location, being held back in school, having divorced or separated parents, and having a working mother raised the risk of having most mental problems investigated, but age decreased the likelihood. The most clearly proven prior stressor is an uncaring or abusive parent, according to Powers and Welsh (1999). Family dysfunctions are a factor in children developing psychiatric problems, according to Ndetei et al. (2008). Kiamba*et al.* (2021) while assessing teachers' academic expectations and psychologicaldistress among adolescents in private secondaryschools in Nairobi County, Kenya. Reported that adolescents experienced psychological distress. A descriptive survey by Othieno et al., (2014) Othieno et al (2014) reported overall prevalence of mild depressive symptoms was 35.7% (33.5% males and 39.0% females) while severe depression was 5.6% (5.3% males and 5.1% females).

In a sample of Kenyan high school students (n = 658; mean age: 15.8) from Nairobi, the prevalence of mild anxiety was 35.7%, moderate anxiety was 25.5%, and severe anxiety was 12.3% using the Generalized Anxiety Disorder Screener-7 (GAD-7) (Osborn *et al.,* 2020). According to a previous study done by Ndetei*et al.* (2008) reported that 4% of adolescents ages 12 to 17 and 9% of adolescents ages 18 to 24 suffer from Major Depressive Disorder (MDD).Examining secondary pupils, Ndetei et al. (2008) found that among 250 students from public secondary schools in Kenya, 43.7% had clinical

diagnostic scores for depression, with symptoms ranging from mild to severe. According to Mbwayo *et al.* (2020), teachers acknowledged being aware that children suffered from mental health issues. Students were identified as having learning challenges, externalising problems, internalising problems, odd behaviour, and substance abuse problems. Teachers cited a lack of skills and time as obstacles in addressing mental health issues among students. Mokaya *et al.* (2017), whilst evaluating the influence of depressive disorder on academic achievement in mixed public secondary schools in Kisii County, Kenya, reported that 23% of the students experienced borderline clinical depression. This indicated that the pupils require extensive surveillance and supervision to prevent them from falling into the continuum of mild depression.

The findings also indicate that 18% of students suffered from moderate to severe depression. Ndetei *et al.* (2022) assessed socio-demographic, economic, and mental health difficulties as risk factors for suicide thoughts among Kenyan students aged 15+. Suicidal thoughts (22.6%), significant depression (20%), affectivity, psychosis, and stress (10.4%, 8.7%, and 26.0%) were reported. Suicidal ideation was significantly predicted by female gender, serious depression, stress, affectivity, and high school. Gitonga *et al.* (2017) in Kamukunji and Olympic Mixed Sub-County Schools in Nairobi County reported that the overall prevalence of CD was 31.4%, with males having a higher prevalence than females (p=0.009), CD increasing with respondents' age (p=0.008), and religion having a significant impact on CD prevalence as either a precipitating or a protective factor (p=0.041). Okongo, (2021) in Migori county determined that a significant number of students exhibit psychological stress, which is characterised by

feelings of fear, anxiety, unease, and dread. Maroma *et al*. (2019) found that the majority of respondents, 76.5 percent, reported minor depressive symptoms while 2.3% experienced severe depression. Depression was prevalent among responders at a rate of 23.6% (scoring 14).

Trauma is a topic of concern among health practitioners because to its effects on brain development, information processing, school enrollment, and academic achievement in teenagers (van Niekerk & Roets, 2017). The experience of trauma has been found to be associated with many behavioral manifestations during adolescence, such as drug usage, risky sexual activity, and criminal involvement, which might potentially jeopardize the well-being and safety of affected individuals (Reeves, 2017). Engaging in hazardous behaviors can result in adverse health outcomes, including illness, impairment, interpersonal challenges, and premature death.

In their study done in Maai Mahiu, Kenya, Musau et al. (2017) aimed to document the traumatic encounters encountered by persons who were displaced during the post-election violence in 2007/2008. The study had a sample of 139 individuals who were carefully chosen as participants. The research findings revealed a notable incidence of post-traumatic stress disorder (PTSD) at a rate of 62.1% across a range of different stressful events.

On the other hand, it has been suggested that urban informal settlements have the potential to exacerbate childhood traumas (Meinck et al., 2015). According to the study

conducted by Karandagolle (2014), there is empirical support indicating that individuals who are raised in impoverished conditions within informal settlements may experience the development of undesirable personality traits, constraints in their skill set, and challenges with motivation. The presence of skill shortages within the community may render young individuals susceptible to a multitude of challenges. Potential concerns encompass academic performance and psychological well-being, specifically posttraumatic stress disorder. Adolescents residing in informal settlements may encounter challenges in the development of their skills as a result of repeated exposure to stressful events.

According to a survey conducted by the World Health Organization, the lifetime prevalence of post-traumatic stress disorder (PTSD) in nations classified as higher middle-income and lower middle-income was found to be 2.3% and 2.1% respectively (Koenen et al., 2017). Based on the findings of Koenen et al. (2017), a comprehensive study involving a total of 71,083 participants from 26 surveys conducted by the World Mental Health Survey initiative, it was determined that the lifetime prevalence of post-traumatic stress disorder (PTSD) was 5.6% among those who had experienced trauma, whereas the prevalence in the entire sample was 3.9%. The observed prevalences may have been rather low.Prevalence studies have demonstrated varying rates of exposure, ranging from 33% to over 50%, across distinct populations such as military personnel, survivors of genocides, and individuals who have experienced sexual assault. In their study, Atwoli et al. (2015) observed a lifetime prevalence rate of 78.3% in Africa, which closely aligns with the findings of the South African Stress and Health Survey. The

elevated prevalence rate was hypothesized to be attributable to the female gender and experiences of trauma.

A research conducted in Nairobi, Kenya discovered that adolescents who have experienced abuse and are residing in charitable children's institutions (CCIs) had a reduced occurrence of posttraumatic stress, with a prevalence rate of 21.6% among a sample size of 232 participants (Nyagwencha et al., 2018). It should be noted that a significant number of adolescents resided in Correctional Custody Institutions (CCIs), which are often perceived to provide a more controlled and protected environment compared to informal settings. Based on a survey conducted by the National Council for Population Development (NCPD), the proportion of young individuals in Nairobi was recorded at 30% in 2009. Projections indicate that this figure is anticipated to decline to 25.9% by the year 2030.

According to Cisler et al. (2015), the prevalence of traumatic events among individuals aged 12-17 implies that around 50% of this young population has encountered such experiences. Moreover, the study reveals that approximately 6% of adolescent girls fit the diagnostic criteria for post-traumatic stress disorder (PTSD).

While it is true that a significant number of individuals who have experienced trauma exhibit signs of post-traumatic stress disorder (PTSD), it is important to note that not all trauma victims develop this condition. Gender plays a significant role in this phenomenon. According to a meta-analysis conducted by Tolin and Foa (2006), it was

observed that females exhibit a higher likelihood of developing post-traumatic stress disorder (PTSD) despite having a lower probability of experiencing traumatic events.

Ditlevsken and Elkit (2010) conducted a study to investigate potential differences in the distribution of post-traumatic stress disorder (PTSD) over the course of an individual's life, utilizing a combined analysis of gender and age. There were observed disparities between males and females in terms of the distribution of post-traumatic stress disorder (PTSD) lifespan, as assessed through the utilization of the Havard Trauma Questionnaire part IV (HQ-IV). The prevalence of post-traumatic stress disorder (PTSD) reached its highest point among males in their early 40s and among women in their 50s, while the lowest frequency was observed in the early 70s for both genders. The incidence of post-traumatic stress disorder (PTSD) was found to be twice as pronounced in females compared to males.

Following a distressing incident, individuals who have experienced trauma may continue to have lingering consequences even after the incidence has concluded. The persistent presence of danger may exacerbate symptoms of posttraumatic stress disorder as individuals face challenges in adapting to appropriate stress responses. This phenomenon exhibits a higher prevalence among women as compared to men. There is a positive correlation between negative cognitive evaluations of traumatic situations and an increased likelihood of developing posttraumatic disorders (Nixon & Brayant, 2005).

Ozer (2003) established a correlation between the intense feelings of fear, helplessness, and horror experienced by individuals who have undergone traumatic events and the subsequent manifestation of symptoms associated with post-traumatic stress disorder (PTSD). Oliff (2007) reported that there was a higher prevalence of post-traumatic stress disorder (PTSD) among women, which aligns with the consistent findings in the field of epidemiology. Based on the findings of the study, it is suggested that women might face a heightened vulnerability as a result of several factors such as the type of trauma experienced, their perception of threat and loss of control, as well as elevated degrees of peri-traumatic dissociation. Peritraumatic dissociation may impede the consolidation of traumatic memories in individuals who have experienced trauma. Individuals who have experienced trauma may encounter difficulties in understanding and processing ideas and emotions associated with the traumatic event, which can result in an inability to effectively cope with stress (Hegadoren, 2006).

According to a study conducted by Benight and Bandura (2004), trauma patients who possess the belief that they have the ability to alter their current circumstances are less inclined to amplify the perceived level of risk or excessively ruminate on their prior experiences. Moreover, they demonstrate enhanced coping strategies and exhibit a greater propensity to avoid hazardous surroundings. According to existing research, it has been found that persons who possess low levels of mastery or self-efficacy tend to undergo post-traumatic distress (Benight, et al., 2000). Conversely, interventions that aim to enhance coping self-efficacy have been shown to effectively alleviate symptoms of post-traumatic stress disorder (PTSD). Individuals who possess a sense of control over

their stress response and perceive a lower probability of experiencing future occurrences are more resilient in terms of their susceptibility to developing post-traumatic stress disorder (PTSD). According to findings from the National Comorbidity Survey, a study that involved interviews with a sample of 8,098 persons between the ages of 15 and 54, it was shown that 60.7% of men and 51.2% of women have experienced at least one traumatic event during their lifetime (Frazier, Berman, & Steward, 2002)..

Several research have indicated that there is a higher prevalence of mood and post-traumatic stress disorder (PTSD) symptoms among females in comparison to males. Among the African-American population aged 7-18, it was shown that men exhibited a higher propensity for encountering violent incidents, whereas females who fell victim to such violence displayed more pronounced symptoms of post-traumatic stress disorder (PTSD).

In a study conducted by Seedat (2000), it was discovered that there were elevated levels of post-traumatic stress disorder (PTSD) among students in three secondary schools in South Africa. The study included a total of 307 participants, and the findings revealed that the prevalence of PTSD was 12.1%. Furthermore, the research indicated that female students reported higher levels of both trauma exposures and symptoms compared to their male counterparts. Researchers have anticipated that South African respondents, particularly females, may experience greater rates of trauma and post-traumatic stress disorder (PTSD) based on early data and the prevalence of crime in South Africa, as indicated by the victims of crime survey conducted in 1998.

According to a study conducted by Seedat (2004), a significant majority of 2041 boys and girls from two African countries reported the occurrence of severe trauma either as victims or witnesses. The study focused on examining the relationship between trauma exposure, posttraumatic stress symptoms, and gender differences. In contrast to South African adolescents, Kenyan adolescents demonstrated elevated levels of exposure to violence, with greater prevalence rates observed in witnessing violence (69% vs. 58%), family member physical assault (27% vs. 14%), and sexual assault (18% vs. 14%). The incidence of post-traumatic stress disorder (PTSD) among teenagers in Kenya were found to be much lower. There was no substantial disparity observed between males and females in terms of meeting the criteria for complete and partial post-traumatic stress disorder (PTSD) symptoms. Additionally, no notable variation was found between the two genders in relation to the symptom clusters associated with PTSD, namely re-experiencing, avoidance, and hyperarousal.

The consumption of alcohol, cigarettes, and drugs has been a prevalent aspect of human behavior from ancient times. The phenomenon of drug use and the corresponding reactions to it exhibit intricate characteristics that are distinct and influenced by the sociocultural and historical context in which they manifest. Substance use behaviors, views regarding harm, and patterns have exhibited notable diversity across different cultures and historical periods. It is important to acknowledge that historically, the consumption of alcohol and cigarettes was predominantly limited to older males. According to the findings of Durrant and Thakker (2003), it was seen that restrictions

were imposed on the youth, whereas senior men and women were granted permission to make use of it.

The prevalence of drug use and misuse in African culture was significantly mitigated by the presence of robust social solidarity.Based on the findings of the 2014 global drug survey report, a significant proportion of individuals below the age of 30 had engaged in the consumption of alcohol, cigarettes, and cannabis within the preceding year (Winstock, 2014).Furthermore, according to a study conducted by the United Nations Office on Drugs and Crime (UNODC) in 2014, it was found that approximately 3.5-7% of individuals between the ages of 15 and 64 worldwide had engaged in the consumption of illicit substances. As a result, the utilization of psychoactive substances persists in causing significant harm to the lives of individuals and impeding their ability to lead productive lives, particularly among the younger population. The utilization of psychoactive substances has been found to give rise to a multitude of health and societal concerns among individuals, families, and the broader community (World Health Organization, 2007).

The prevalence of alcohol and drug consumption among individuals aged 15 to 29 years is increasing in several countries, as indicated by the figures provided by the World Health Organization (2012) and the United Nations Office on Drugs and Crime (2014, 2015). According to figures from the World Health Organization (WHO) between 2007 and 2009, it has been observed that over two million individuals engage in the consumption of illicit substances. This behavior has been found to have a significant

impact on the worldwide illness burden, accounting for approximately 4.5% of the overall burden, as well as contributing to 3.8% of global mortality. The rates have the greatest values in Europe and the USA, while other regions are experiencing an upward trend in rates. The consumption of psychoactive substances among adolescents is a significant issue that poses a considerable challenge for both developed and developing nations (World Health Organization, 2008).

Adolescent substance abuse poses significant risks. The consumption of substances during this stage of life is typically shaped by adverse societal influences, personal growth, and susceptibilities (Mayberry et al., 2009). In a theoretical framework, substance use encompasses the intricate interplay between social-environmental factors and individual characteristics. Like many other behaviors, the acquisition of substance use can be facilitated through the processes of modeling and reinforcement, which are in turn influenced by individual traits such as cognitions, attitudes, and beliefs.

According to Jessor & Jessor (2017), the social learning and problem behavior theories argue that the initiation of psychoactive substance use can be attributed to the initial consumption of substances that are socially sanctioned. Several studies have indicated that a significant number of teenagers discontinue substance usage without acquiring any substance use disorders or addictions. According to existing research, there is evidence to suggest that the prevalence of substance use tends to increase during the period of adolescence, reaching its highest point in early adulthood. According to a survey conducted in 2012 by the National Survey on Drug Use and Health (NSDUH) in the

United States, the prevalence of illicit drug use among individuals differed across various age groups. The prevalence had a gradual increase, rising from 3.5% during the ages of 12 or 13, to 8.2% during the ages of 14 or 15, and ultimately reaching 16.6% during the years of 16 or 17. Among individuals aged 18-20 years, the prevalence of illicit drug usage reached its peak at 23.9%, while the age group of 21-25 years exhibited a somewhat lower rate of 19.7%. According to a study conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2012), there is evidence to suggest that the prevalence of substance use among adolescents increases as they progress through their teenage years, peaking around the age of 25.

According to a drug survey conducted by NACADA in Kenya in 2012, it was discovered that approximately 33% of kids reported engaging in drug usage. According to the survey findings, alcohol emerged as the predominant substance of choice, as indicated by 36.3% of students reporting having used it at some point in their lives. The study revealed that 31.5% of students reported consuming miraa, while 20.2% reported consuming cigarettes. Bhang consumption was reported by 9.8% of students, followed by kuber at 5.5%, heroin at 3.1%, inhalants at 2.7%, amphetamines/mandrax at 2.6%, and cocaine at 2.2%. The data presented indicates a shift in the patterns of psychoactive substance utilization, hence giving rise to apprehensions over the escalating prevalence of alcohol and drug consumption among teenagers enrolled in Kenyan educational institutions.

According to the study conducted by Otieno and Offulla (2009), a significant number of secondary school students in Kenya have encountered various substances such as

alcohol, cigarettes, miraa (khat), glue sniffing, bhang (marijuana), as well as more potent drugs like heroin and cocaine. In a separate investigation conducted by Siringi and Waihenya (2001), it was discovered that a notable proportion of secondary school students, specifically 22%, were engaged in drug consumption.

According to the findings of a study that was carried out in 2009 by Otieno at Great Lakes University, Kisumu, it was found that a sizeable percentage of secondary school students in the Kisumu District, roughly 58%, have consumed alcohol on at least one occasion during their lifetimes. This was found to be the case. In the current study, 458 students from nine different secondary schools in Kisumu took part as participants. Its findings indicate that there has been a large rise in the prevalence of drug use over the course of the past decade. This rise in drug usage encompasses a wide range of drugs, including alcohol, cigarettes, khat, cannabis, and cocaine. According to the findings of the study, it was observed that some of the students had their first experience with drugs before the age of 15. In addition, by the time these individuals reached the age of 19, over 33 percent of both boys and females had proceeded to the stage of drug misuse. This figure was similar for both sexes. In light of what has been said up until this point, it should come as no surprise that drug addiction is a widespread problem among the younger generation, particularly in Kenya. When the frequency of drug addiction among young people is taken into consideration, it gives rise to concerns about the future of society. As a result, quick action is required to combat this problem.

There is a pressing need for an exhaustive study to evaluate the effectiveness of drug misuse prevention programs aimed at lowering the demand for drugs among student populations. In addition, the findings of this research should be used to investigate methods that are both capable of boosting the efficacy of measures taken to prevent the abuse of drugs and capable of locating and removing methods that are not productive. The effectiveness of preventative programs in reducing risky behavior and fostering academic achievement provides a compelling rationale for viewing these programs as integral components rather than merely supplementary measures within the fundamental objective of educational institutions, which is to provide a quality education to all students. This is because the efficacy of preventative programs in mitigating risky behavior and fostering academic achievement presents a compelling rationale for viewing these programs as integral components.According to the United States Department of Education (2015), drugs have the potential to have a wide variety of consequences, some of which include the modification of one's memory, perceptions, and feelings. When someone is under the influence of drugs like cocaine and amphetamines, for example, they may have a skewed impression that they are performing better than they actually are. In addition, studies (Wagner, 2007) have shown that those who engage in regular drug use have a tendency to have a pattern of absenteeism or tardiness in their academic attendance. This is especially true for students. According to the findings of a recent study, individuals who engage in frequent marijuana consumption show a higher risk, about twice as much, of earning worse academic grades compared to their peers who do not partake in such usage. This is in comparison to individuals who do not engage in such usage.The consistent use of marijuana among humans can lead to

cognitive impairments, namely memory deficiencies, as well as a reduction in physical stamina, as stated by the United States Department of Education (2015).

According to Atwoli et al. (2011), substance abuse has been linked to a variety of negative outcomes, including adverse health conditions, participation in sexual activities that do not provide adequate protection, interpersonal conflicts, property destruction, compromised physical well-being, and decreased academic or occupational performance. People who are under the influence of drugs and misusing substances have a lack of preparation for the learning process since they are unable to concentrate properly. In addition to this, they are at a much increased risk of developing long-term cognitive impairments as well as memory deficiencies. According to research published by the American Academy of Pediatrics in 2007, substance abuse is frequently associated with a lack of motivation and self-control, in addition to a lower rate of attendance at educational institutions. In addition, substance abuse is linked to antisocial and aggressive behavior, which is represented by the act of bringing firearms and edged weapons onto school grounds. It has come to light, on the basis of the contents of this policy statement, that educational institutions are in a favorable position to detect students exhibiting signs and manifestations of substance misuse. This is because educational institutions hold a good position to detect students. Indicators such as low academic performance, underachievement, and truancy can be used to identify the presence of drug and substance abuse.

The overuse of alcohol and other substances leads to psychological distress and anxiety inside the individuals who participate in such activity. This distress and worry might

spread to other people. The academic performance of a great number of children and adolescents is a source of anxiety for them, as is their confidence in their capacity to achieve their educational goals. Additionally, apart from the cognitive repercussions that are connected with substance misuse, alcohol use, and emotional instability, these behaviors also contribute to increased rates of absenteeism, which has the effect of having a negative effect on a student's ability to succeed in their academic pursuits. The majority of students will not be able to benefit to their full potential from attending an educational institution in which the teachers spend a considerable percentage of their time on disciplinary matters rather than on enabling instruction. This environment is not favorable to the development of optimal learning outcomes for students.Based on the results of a study conducted in South Africa aimed at assessing the prevalence of problematic alcohol and other drug use within specific workplaces in the country, it was observed that employed males exhibited a higher likelihood of encountering challenges associated with alcohol consumption, whereas employed females displayed a comparatively higher proportion of issues related to drug use. The majority of instances reported to Employee Assistance Professionals originated from the public sector, followed by the industrial sector, and lastly the financial sector.Additionally, research has demonstrated that the presence of alcohol and other substance-related issues significantly affects the overall productivity and performance of individuals in the workforce.

In the study conducted in Kampala, Uganda, a total of 76 respondents were surveyed to assess the burden of alcohol use among police officers. Out of these respondents, 76

individuals, accounting for 73.1% of the entire sample, reported having consumed alcohol at some point in their lives. Additionally, 66 out of the 76 respondents, constituting 63.5% of the total sample, reported current alcohol use. Based on the findings of Emilio et al. (2006), a significant proportion of participants initiated alcohol consumption during the period spanning from 15 to 19 years of age. However, it is noteworthy that a minority of the sample, specifically 7.7 percent, commenced drinking prior to reaching the age of 10. Based on the results of a separate survey carried out in Uganda, namely among secondary school students in Kampala, by Basangwa in 1994, it was found that alcohol emerged as the most often consumed substance, as reported by 63% of the participants. According to Johnston, O'Malley, and Bachman (year), cigarettes and hard drugs were second and third, respectively.

The utilization of alcohol among students has been extensively seen in many regions of Africa, as supported by multiple studies). Based on the results of a study conducted in 2009 regarding the frequency of drug usage within public secondary schools in Kenya, it was observed that the consumption of alcohol and cigarettes is pervasive, with initiation occurring as early as prior to reaching 11 years of age. Furthermore, the study revealed that a total of 5.3% of the student population were identified as current smokers. Additionally, it was found that a minimum of 9.3% of the students had engaged in alcohol consumption within the thirty-day period preceding the research. Moreover, the analysis indicated that the frequency of drug use was nearly comparable among male and female students. A separate investigation examining the frequency of substance misuse among secondary schools in Kisumu revealed that alcohol was the predominant substance of

abuse, with a prevalence rate of 9.1%. This was followed by the local brew changaa, which had a prevalence rate of 8.12%. Bhang/marijuana, tobacco, and miraa were also identified as regularly abused substances, with prevalence rates of 8.4%, 7.45%, and 5.74% respectively, among other drugs. This stands in opposition to the results obtained in a separate investigation carried out by Maithya (2009). The study revealed a significant correlation between drug usage and age, with the age cohort ranging from 20 to 22 years exhibiting the highest prevalence of reported drug abusers. Conversely, there existed a comparatively limited number of instances of substance misuse among pupils within the age bracket of 14 to 16 years.

Ndetei et al. (2010) found that alcohol, cigarettes, Khat, and bhang (cannabis) were the substances most frequently reported for use, with prevalence rates of 5.2%, 3.8%, 3.2%, and 1.7% respectively. In accordance with the findings of Maithya (2009), the prevalence rates for substance use within the previous month and the preceding year varied between 0.6% and 3.2%, and between 0.3% and 4.1%, correspondingly. Given the variability observed in the aforementioned data sets, which exhibit divergent outcomes across different studies, my objective is to gather data pertaining to the prevalence of substance abuse among secondary school students in the Uasin Gishu East Sub county.The initiation of experimentation with illicit substances among schoolchildren is most commonly observed during the early to middle stages of adolescence. Based on the findings of NACADA (2007), the province of Ontario, Canada, experienced an annual prevalence of heroin usage ranging from 1.4% to 2.3% between the years 1977 and 1987. Based on the findings of Single, E. et al.'s study, it was determined that a proportion of

1% of young individuals residing in the state of New York have engaged in heroin experimentation prior to reaching the age of 18 years.

Beal, Ausiello, and Perrin (2001) reported that the age range of 14 to 16 years old is associated with the highest prevalence of drug use among teenagers. Drug utilization is a pervasive phenomenon observed among a substantial proportion, approximately 25 percent, of adolescents enrolled in educational institutions within the United Kingdom. Based on the results of a recent study conducted in the United States by Johnson et al., it was determined that 52% of eighth-grade students had engaged in alcohol experimentation, 41% have engaged in cigarette experimentation, and 20% have engaged in marijuana experimentation. Based on the findings it can be observed that throughout the twelfth grade, there is a notable escalation in these rates, wherein a substantial proportion of adolescents are involved in consistent drug consumption.it was observed that the proportion of students who disclosed heroin usage was unexpectedly elevated, reaching 15%. Furthermore, there was a notable disparity in the proportions of male and female students who engaged in the consumption of illicit substances, including cocaine, heroin, marijuana, and opium. Based on a study conducted by Behrendt et al. (2009), findings indicate that a majority of students, specifically sixty percent, from four high schools in Jamaica had engaged in experimentation with illicit substances, such as marijuana. Additionally, a small proportion, specifically one point three percent, reported having used cocaine.

The problem of substance abuse among secondary school students in Kenya has become a significant social and public health issue that calls for an in-depth examination as well as appropriate measures to be taken. The aforementioned problem, which involves the improper utilization and dependence on a variety of psychoactive substances such as alcohol, tobacco, marijuana, and prescription drugs, not only places the physical and mental health of young people in jeopardy, but it also creates significant obstacles for the educational system, families, and society in general. Teenagers are at a particularly vulnerable age for participating in risky behaviors such as experimentation and the development of addiction since their bodies, emotions, and brains are still in the process of maturing. As a consequence of this, it is absolutely necessary to have an understanding of the underlying factors that contribute to substance abuse inside secondary schools (Simatwa et al., 2014).

Secondary schools, which play an essential part in the scholastic and personal development of adolescents, have emerged as focal sites for the beginning and continuation of behaviors including substance abuse. The consequences of this behavior are far-reaching and include not only the immediate risks to health but also the long-term repercussions on these adolescents' academic success, psychological well-being, interpersonal connections, and future possibilities as well. The immediate risks to health are simply one aspect of the consequences (Simatwa et al., 2014).

The consequences of substance abuse among secondary school students extend beyond the walls of educational institutions and households, having an effect not only on the potential workforce of the nation but also on the general welfare of society as a whole. As a result, the examination of substance addiction within this particular framework is

not only relevant but also essential in order to develop policies, educational curricula, and intervention programs that are founded on empirical evidence and are capable of mitigating this escalating public health crisis. This is because the examination of substance addiction within this particular framework is not only relevant but also essential in order to develop policies, educational curricula, and intervention programs (Simatwa et al., 2014).

Eating disorders (EDs) are severe mental and physical illnesses that are characterized by their complex and multivariate nature, posing a significant threat to an individual's life. Individuals who exhibit an excessive preoccupation with weight and shape, or demonstrate a significant departure from societal norms about body image, engage in deliberate restriction of food intake, or engage in episodes of excessive eating that result in significant distress, impairment of health, and diminished quality of life. In the past twenty years, extensive research has been conducted on eating disorders, with notable contributions from the National Institute of Mental Health in the United States. This research has encompassed the collection of cases from European regions. The majority of instances are concentrated in Switzerland, accounting for 12% of the total. The majority of these issues arise during adolescence, a critical period when body image becomes established, and have a greater impact on women. These factors give rise to challenges related to one's sense of self, concerns about physical appearance, interpersonal and sexual desires, a quest for independence, tendencies towards perfectionism and self-imposed expectations. Consequently, individuals may experience

diminished self-worth, reliance on external factors, challenges in emotional expression, and tendencies towards aggressiveness (Fursland et al., 2012).

The World Health Organization (WHO) places a high priority on addressing eating disorders in children and adolescents, given the associated health risks and psychiatric comorbidities. The most prevalent mental health conditions include depressive disorders (23.3%), anxiety disorders (10%), adaptation disorders (3.3%), and unfavorable family relationship view (43.3%). These conditions have been found to exacerbate the individual's circumstances and contribute to adverse health outcomes. This observation enhances the significance of eating disorders (EDs) in the domains of clinical practice, research, and epidemiological studies (Stabouli, et al., 2021).

Based on empirical evidence, it has been shown that many forms of media, such as television, social media platforms, and both virtual and written press, contribute to the exacerbation of body image dissatisfaction among adolescents. The transmission of the prevailing body aesthetic paradigm significantly impacts the body image of adolescents. This study revealed that there is a higher likelihood for women to possess this biological component. Previous research has indicated that there is a higher prevalence of body image dissatisfaction among women, and this is significantly linked to body mass index (BMI) as a predictive factor for the development of eating disorders (as suggested by other studies). Elevated body mass indices (BMIs) are indicative of heightened levels of body dissatisfaction. Females exhibit a propensity for greater levels of self-image volatility, diminished self-esteem, and unhappiness with their physical appearance in

comparison to males. The majority of research studies utilized samples consisting of female participants. An adolescent with low self-esteem perceives himself in an unfavorable light. Undoubtedly, there exists a correlation between low self-esteem and eating disorders (EDs). It is imperative to recognize the manifestations of depression and anxiety that contribute to dietary restriction and concerns about body weight. The sign test revealed a statistically significant association between psychological factors and eating disorders in the conducted research (Papageorgiou et al., 2022).

According to the findings of Marcus et al. (2012), the presence of moderate anxiety levels during the period of academic development does not appear to have any significant detrimental impact on students' academic progress. Nevertheless, it is imperative to use prudence in order to mitigate such adverse consequences. Scholars advise avoiding subjecting students to worry, since it might potentially result in substantial negative consequences if appropriate crisis management strategies are not sufficiently established. Hamid and Sulaiman (2014) conducted a study on anxiety, wherein they observed that students experience a sense of threat in test-taking situations when they perceive themselves to be inadequately prepared. The pursuit of objectives frequently results in a decline in academic performance among students who are ill-equipped. The study conducted by Afolayan et al. (2013) investigated the correlation between anxiety levels and academic achievement among nursing students enrolled at Niger Delta University and Wilberforce Island, located in Bayelsa State. The research revealed that experiencing anxiety when administering tests is indicative of psychological and behavioral alterations, suggesting a moderate deviation from the norm. According to a longitudinal

study conducted by Kessler (2012), there is evidence to suggest that self-reported depression among secondary school kids in Hawaii is associated with suboptimal academic performance.

According to a study conducted by Albert and Pattuwage (2017) in South Africa, it was observed that students at the secondary and tertiary levels experience academic stress, as evidenced by their investigation into the relationship between anxiety and school performance. They are experiencing significant pressure to enhance their performance. Academic-related stress, also referred to as chronic stress, is frequently experienced by students in relation to their educational pursuits. The research findings substantiate that a considerable number of students encounter feelings of worry before to examinations, especially when they lack psychological readiness.

According to Humensky (2010), there exists a correlation between self-reported symptoms of depression and anxiety, and difficulties in maintaining focus and completing academic tasks. The process of disintegrating an individual's cognitive construct can lead to feelings of discomfort, disorganization, and disorientation, which can subsequently impact their ability to complete activities. A recent study has revealed that the experience of worry has the potential to induce cognitive alterations in individuals, ultimately leading to adverse effects on their academic performance.

The study that was carried out by Syokwaa et al. (2014) explored the relationship between the levels of anxiety experienced by students in secondary schools and the

academic achievement of such students. In order to conduct the analysis, the study made use of both inferential and descriptive statistics. The research showed that an alarmingly high percentage of people suffer from personality anxiety, with 79 percent of individuals having high levels. In contrast, it was discovered that test anxiety was extremely low, with only 27% of individuals having levels that fell within the usual range. According to the findings of the research, there is a connection between the degree of anxiety one has and their academic accomplishment, and it was shown that students who had high levels of anxiety had a negative impact on their academic performance. According to the findings of the research, students report feeling heightened levels of anxiety, which has a negative impact on their overall academic performance. According to the findings of the study, girls experience significantly higher levels of anxiety than do boys. According to the findings of the study, it is recommended that parents encourage their children to seek support from school counselors, teachers, and administration in order to learn how to effectively manage anxiety.

Significant proportion of students, approximately 55%, exhibit feelings of anxiety in relation to school testing. This anxiety stems from concerns regarding the level of difficulty associated with the tests as well as the potential for receiving unsatisfactory grades. Furthermore, a notable proportion of individuals, namely 37%, indicate experiencing feelings of tension during their study sessions. It is worth noting that female students tend to exhibit higher levels of anxiety in relation to their academic responsibilities and educational pursuits. Although male students may encounter test anxiety, they demonstrate adaptability in order to satisfy the demands of academic

expectations. This suggests that education and academic performance remain significant sources of stress and anxiety for a considerable number of students within educational institutions.

Oluoch et al. (2018) included a total of 353 students and 10 teachers in their inquiry for their study, which was carried out at 26 public secondary schools in Kenya. Their primary goal in doing this research was to determine whether or not there is a correlation between thoughts about test anxiety and chemical achievement. The study made use of quantitative methods for data analysis and inferential statistical methods, specifically the Pearson Product Moment Correlation. The qualitative data were first subjected to theme analysis, and then the results of that analysis were published verbatim. The findings of this study suggest that educational institutions should incorporate methods for coping with anxiety connected to examinations into both their instructional programs and their counseling offerings. The motivation of students enrolled in technical programs is going to be improved through the use of these measures. At the end of the study, a recommendation was made for the enhancement of educational institutions in Kenya with the intention of directing students in the formation of their perspectives regarding scientific disciplines.

The phenomenon of suicidal behavior (SB) has been a matter of concern on a worldwide scale throughout history, as evidenced by its portrayal in ancient texts such as Biblical narratives and ancient Greek literature. SB, short for self-destructive behavior, encompasses deliberate activities that have the potential to result in loss of life. The

phenomenon of suicidal thoughts, plans, and deeds is encompassed within the scope of their study. Timely evaluation of suicidal ideation and self-harm incidents is imperative in order to prevent suicide and provide appropriate interventions. Psychiatric disorders contribute to an increased risk of self-harm and suicidal behavior.Research studies have indicated that a significant association exists between mental diseases and suicide instances, with a reported linkage of 90%. There is a positive correlation between engaging in several suicide attempts and experiencing elevated levels of psychiatric issues and comorbidity (Arsenault-Lapierre et al., 2004).

Based on data provided by the World Health Organization (WHO) in 2019, suicides constitute approximately 1.4% of worldwide mortalities, although suicide attempts occur at a rate approximately 20 times higher than completed suicides (WHO, 2019). Lithuania, Russia, Guyana, and South Korea exhibit the highest suicide rates per country, with rates of 31.9, 31, 29.2, and 26.9 suicides per 100,000 individuals, respectively. The data indicates that SB is a pervasive global phenomenon that surpasses cultural and regional demarcations. Based on data provided by the Institute of Health Metrics and Evaluation (IHME, 2016), it can be shown that suicide rates are higher among teenagers and young individuals, constituting approximately 8.64% of total mortality. Empirical evidence indicates that there is a ratio of approximately 400 suicide attempts for every adolescent who tragically completes suicide. A considerable number of students at the high school, college, and university levels may encounter notable levels of stress and have limited ability to cope, which can result in the development of depression (Schwartz,

2006).Adolescents residing in diverse settings exhibit a higher prevalence of self-harming behaviors, ranging from 11% to 47.5%, as reported by multiple sources

According to the study conducted by Muehlenkamp et al. (2012), the global prevalence of self-harm behavior among adolescents was reported to be 18.0%. A survey involving adolescents aged 15-16 from 17 European countries revealed that 10.5% of participants had made suicide attempts, while 7.4% reported experiencing frequent thoughts of suicide. In a cross-sectional epidemiological study conducted in Germany, a cohort of 1180 adolescents and young adults was examined. The study revealed a prevalence of 10.7% for suicide thoughts, 5.0% for suicidal planning, and a greater incidence of suicide attempts in comparison to males. According to a study conducted by Georgiades et al. (2019), a notable proportion of adolescents in Canada, specifically 8.1%, reported experiencing thoughts of suicide, while 4.1% disclosed having made actual suicide attempts. According to a study conducted by Liu, Huang, and Liu (2018), school-based surveys conducted in China among adolescents aged 12-18 years indicated a mean prevalence rate of 17.2% for suicidal behavior during a one-year period.

Females exhibit a higher propensity for acquiring spina bifida (SB) in comparison to males. According to a longitudinal study conducted by Liu et al. (2019), a total of 11,831 Chinese adolescents were examined to investigate the prevalence of suicide ideation, planning, and attempts. The findings revealed that girls exhibited higher rates of lifetime prevalence in all three categories, with percentages of 23.5%, 10.7%, and 4.6% for suicide thoughts, plans, and attempts, respectively. In contrast, boys showed lower rates,

with percentages of 17.6%, 8.9%, and 3.4% for suicide thoughts, plans, and tries, respectively.

A study conducted in Malaysia examined a sample of 2,789 teenagers between the ages of 16 and 17 who were enrolled in school. The findings of the study revealed a greater frequency of female adolescents in comparison to male adolescents. According to Chan et al. (2016), the research revealed a prevalence rate of 6.2% for suicidal ideation. This observation implies that the prevalence of SB may exhibit regional disparities. Nevertheless, it has been consistently shown that females exhibit a higher prevalence compared to males.

According to the World Health Organization (2019), a significant majority of global suicides, specifically over 79%, are concentrated in low- and middle-income nations, despite the fact that cases are reported across the globe. According to Mars et al. (2014), the number of suicide deaths in Africa is estimated to surpass 34,000 on an annual basis. In their study, Mars et al. (2014) discovered a lack of data in more than two-thirds of African countries, leading to the production of incorrect figures. Nevertheless, there has been a limited amount of scholarly research conducted on the subject of SB within the field of African studies. According to a study conducted by Omigbodun et al. (2008), a sample of 1429 Nigerian children between the ages of 10 and 17 exhibited a prevalence rate of 20% for suicidal ideation and 12% for suicide attempts. The frequency of females in Nigeria was higher compared to that of males. It is worth noting that the prevalence of sedentary behavior (SB) was found to be higher among older adolescents compared to

their younger counterparts, as indicated by the study conducted by Ojuade, Munene, and Mbutu (2018).

South Africa, a country with a high prevalence of suicidal behavior (van Niekerk, Scribante, & Raubenheimer, 2012), exhibited higher suicide rates compared to other African nations. Swahn et al. (2010) reported that the prevalence of substance abuse among students varied across different countries, with rates ranging from 19.6% in Uganda to 31.9% in Zambia. Several studies have indicated that Africa exhibits higher suicide rates in comparison to higher-income countries in America and Europe, despite limited research on the topic of suicidality (Georgiades et al., 2014). Based on the findings of Palmier (2011), it can be observed that Zambia exhibits the highest incidence of SB among adolescents in the sub-Saharan African region, with a prevalence rate of 31.9%. Following Zambia, Kenya has a prevalence rate of 27.9%, while Botswana, Uganda, and Tanzania exhibit prevalence rates of 23.1%, 19.6%, and 11.2% respectively. According to the rating, Kenya exhibits a significant prevalence of suicide, placing it as the second highest in the sub-Saharan African region. The implementation of effective intervention strategies is imperative in order to tackle the prevalent issue of self-harming behaviors among teenagers residing in developing countries.

According to the World Health Organization (2018), there was a notable rise in the documented cases of suicides in Kenya, with the figures escalating from 265 to 421 during the period spanning from 2008 to 2017. According to the findings of Mutisya (2016), the task of identifying the prevalence of suicidal deaths or attempts in African nations, including the specific case under investigation, is hindered by the scarcity of

data available from health institutions and police stations. According to the World Health Organization (2018), Kenya is positioned at the 162nd place among 183 nations in terms of suicide rates, as per the available data.

In a study conducted by Terzi-Unsal (2005), a correlation was discovered between many factors such as teenage life experiences, psychosocial features, social support, self-image, and the propensity for suicide in the context of Turkey.The incidence of suicidal thoughts among school-aged children was examined by the analysis of information obtained from the Youth Risk Behavior Survey (YRBS) conducted by Duval County Schools in the United States in 2018. Based on the findings of the survey, there has been an increase in the number of pupils contemplating suicide attempts compared to ten years ago.

According to Taylor (2018), the act of reporting elevated levels of suicidal thoughts among students has positive effects, as it serves to promote the inclination for seeking treatment and diminishes the societal stigma associated with suicide. In order to effectively address the issue of suicide, it is imperative for the broader population to acknowledge its existence and develop the requisite competencies. Several organizations have implemented strategies to address this problem.The Kenyan government has implemented an educational initiative aimed at broadening the curriculum to incorporate the teaching of essential life skills to empower young individuals in effectively addressing various challenges encountered in their everyday lives. This initiative

promotes the cultivation of a positive outlook on life among young individuals, urging them to value their existence and confront challenges instead of resorting to suicide.

According to Rotino (2019), the increasing incidence of juvenile suicide in Kenya can be attributed to factors such as parental separation, a desperate need for attention, and dissatisfaction stemming from unemployment. According to the research conducted by Mutiso (2019), there is a significant association between bullying, victimization, and many negative outcomes among secondary school youth. These outcomes include substance usage, psychological disorders, academic underachievement, disruptive behaviors, and social difficulties. A research investigation using a sample size of 471 children revealed that a significant majority, specifically 86.4%, reported having encountered instances of bullying. The persistence of bullying among young individuals can be attributed to a lack of awareness on the part of parents and teachers. When children are faced with high academic demands, they may encounter stress and develop feelings of inadequacy. In the absence of adequate guidance and therapy, it is possible for students to experience the emergence of suicidal ideation. It is imperative that the concerns and challenges faced by young individuals are given due attention and consideration.According to Voss et al. (2019), the prevalence of ideations in Botswana was 47.5%, while the prevalence of suicide attempts was 28.7%. Additionally, the overall prevalence of suicidal behavior was found to be 32.3% in a sample size of 3.4%. According to Voss et al. (year), there is evidence to suggest that females exhibit higher incidence of SB.

A survey conducted by Ovuga et al. in 2005 examined the prevalence of suicide ideation in two areas of Uganda, namely Adjumani and Bugiri. The prevalence of suicidal ideation in the Adjumani district, characterized by social poverty, was found to be nearly three times higher. It is important to acknowledge that the Adjumani district, located in Northern Uganda, has seen significant repercussions as a direct result of armed conflict.

According to Ovuga et al. (2005), a significant number of individuals residing in the region were forcibly relocated to Sudan in 1979 and were unable to repatriate to their original home district until 1986. Ovuga et al. (2005) posited that the protracted armed war, economic challenges, and forced displacement experienced in the region may have contributed to a rise in mental disorders and the emergence of suicidal thoughts. The researchers postulated that the prevalence of suicidal ideation in both districts might be higher than what is reported in surveys, potentially due to the presence of stigma and societal taboos associated with suicide.Numerous studies conducted in the sub-Saharan African region have utilized the Global School-based Student Health Survey (GSHS) as a tool for investigating adolescent suicide tendencies. The study conducted by Swahn et al. (2010) examined the prevalence of physical fighting and suicidal ideation in Zambia, Kenya, Botswana, and Uganda. The researchers utilized data from the Global School-based Student Health Survey (GSHS) as well as the Youth Risk Behavior Surveillance (YRBS) data from the United States. In a study conducted by Swahn et al. (2010), a significant association was observed between alcohol consumption, bullying, and suicide ideation, which was consistent across various countries.

Zambia exhibited the highest prevalence of physical fighting and suicide thoughts, with a rate of 18.5%. Kenya followed closely after with a rate of 16.4%, while Botswana, the United States, and Uganda reported rates of 12.7%, 8.8%, and 8.6% respectively. This study provides evidence that highlights the need for additional research on the issue in sub-Saharan Africa.

In their study, Rudatsikira et al. (2007a) investigated the prevalence of suicidal ideation and its correlates among students residing in rural areas of Uganda. The researchers utilized the GSHS Rural dataset for their analysis.The research revealed a significant gender disparity, indicating that males had a lower propensity for contemplating suicide compared to females. There is a significant association between feelings of loneliness and experiences of bullying, and a subsequent rise in suicidal thoughts, which is observed in individuals of all genders. A favorable association was observed exclusively among females between alcohol consumption and worry, and suicide thoughts.

The study conducted by Rudatsikira, Siziya, and Muula (2007b) examined the prevalence of suicidal ideation and its related characteristics among school-aged adolescents in Zimbabwe. The researchers utilized data from the 2003 Zimbabwe Global School-based Health Survey (GSHS) for their analysis. The authors acknowledge that Zimbabwe was experiencing severe socio-economic challenges throughout the period under consideration, and it is worth noting that no prior research had been undertaken in this particular context. The research revealed a prevalence rate of suicidal ideation of 21.6%.

The prevalence of suicidal ideation was shown to be lower among men compared to women.

There exists a correlation between stress, feelings of loneliness, engagement in smoking behavior, and alcohol intake and the manifestation of suicidal ideation.In their study, Muula et al. (2007) conducted an investigation on the prevalence of suicidal ideation and its related determinants among a sample of Zambian students, utilizing data from the Global School-based Student Health Survey (GSHS). According to the survey data, around 32.2% of students reported experiencing suicide ideation within the previous year. The rates of suicidal thoughts were comparable between males and girls. Muula et al. (2007) found positive associations between suicide ideation and many factors, including lifetime alcohol usage, cannabis use, onset of substance use before the age of 14, chronic worry, and feelings of hopelessness. The variable of gender did not provide a statistically significant effect on suicide ideation, however the presence of loneliness exerted a substantial and detrimental influence on the outcome.The inaugural investigation on self-reported suicidal ideation, suicide attempts, and psychosocial determinants among adolescents aged 10-17 in southwest Nigeria was carried out by Omigbodun et al. (2008). The researchers made a prediction that the rates of suicide would be similar to those observed in other developing nations and higher when compared to industrialized nations. Additionally, they established a connection between suicide rates and several factors such as poverty, sexual behavior, violence, and the use of psychoactive substances.

In a school-based context, Omigbodun et al. (2008) conducted a study wherein a total of 1429 Nigerian adolescents participated by completing the Global School Health Questionnaire (GSHQ) and the Diagnostic Predictive Scale (DPS) for youths, specifically focusing on questions related to suicide behavior. In the previous year, a notable proportion of students, namely more than 20%, reported experiencing suicidal ideation, while over 12% disclosed having made suicide attempts. Adolescents residing in urban areas who come from households practicing polygamy or experiencing dysfunctionality demonstrate higher incidences of engaging in suicidal behavior. There exists a significant correlation between suicidal ideation and experiences of sexual abuse, physical assault, and engagement in physical altercations within the preceding year.

The presence of suicidal ideation was found to have a significant correlation with factors such as the level of familial support, experiences of hunger, parental divorce or separation, and engagement in sexual activity during the previous year. In the year 2008, Omigbodun et al. conducted a study. Although there were no discernible gender disparities in terms of suicide ideation or attempts, notable gender variations were observed in the primary determinants of suicidal behavior. Significant factors associated with male suicide attempts included elevated alcohol intake and increased levels of hunger. Conversely, female teenagers were shown to be more susceptible to suicide attempts when exposed to sexual abuse and faced an unstable family environment. The occurrence of physical assault was found to be a strong predictor of suicide behavior among adolescents, regardless of gender. Omigbodun et al. (2008) reported that the

incidence of suicidal behavior observed in this study exceeded that observed in developed countries, specifically Europe (2-3.5%) and the United States (9%).

Several studies have investigated the correlation between bullying and suicidal ideation. Hinduja and Patchin (2010) conducted a survey with 1,963 middle school pupils in the United States. They looked at both suicide and cyberbullying in their research. According to the findings of the study, both victims and perpetrators of cyberbullying had significantly greater rates of suicidal ideation and completed suicide when compared to their counterparts who were not bullied. Targets of cyberbullying had a 1.9 times greater risk of suicide than the perpetrators, who had a 1.5 times greater risk. Alavi et al. (2017) conducted research in Canada to investigate the connection between bullying and suicide ideation in adolescents under the age of 18.

According to the findings of the survey, 77% of adolescents have been bullied, and 66% have considered ending their own lives as a result. According to the findings of the study, victims of cyberbullying were 11.5 times more likely to ponder taking their own lives. A study using a different sample size, for example, pupils from secondary schools in Bungoma County, might have different results.The researchers Montoro, Igartua, and Thombs (2016) investigated whether or not there is a correlation between being bullied and having suicidal thoughts or actually attempting suicide among adolescents who had different sexual orientations. According to the findings of the study, the number of times non-heterosexual young people attempted suicide was increased when they were bullied. A association between heterosexual conduct and suicidal ideation in adolescents was not

found to exist, according to the findings of the study. Recent research has established a connection between sexual harassment and bullying in schools for both girls and boys, as well as in settings that are co-ed.Almansur and Siziya (2017) conducted research to determine the prevalence of suicidal ideation among teenagers in Swaziland who were of school age. According to the findings of the study, suicidal thoughts were entertained by 15% of the 1672 male students and 18.3% of the 1866 female students. In this particular research, risk factors for suicidal thoughts include being bullied physically and feeling isolated, both of which are linked to being excluded from social groups. In contrast to the earlier research, which relied on secondary data, the current investigation relied on primary data, which was not only more recent but also more reliable in its analysis of the correlation between bullying and suicide.

Researchers Makori and Agufana (2020) looked into the prevalence of cyberbullying among students attending higher education institutions in Kenya that are located in Sub-Saharan Africa. Within the scope of the study, 123 individuals participated by filling out a questionnaire. According to the findings of the study, being subjected to cyberbullying can lead to psychological problems, including suicidal ideation and behavior. Studies suggest that there is a connection between being bullied and having thoughts of suicide in both high-income and low-income countries. There is a paucity of data on the incidence of bullying and its connection to suicide ideation among teenagers who are enrolled in school (Shayo & Lawala 2019). Notably, African culture has a negative attitude toward topics related to suicide.The connection between being bullied and having suicide thoughts has been the subject of a great deal of research. A total of 1,963

middle school students from around the United States participated in the survey that was carried out by Hinduja and Patchin (2010).The researchers carried out an investigation into whether or not there is a connection between cyberbullying and suicide. According to the findings of the study, persons who were either victims or perpetrators of cyber-bullying had significantly heightened levels of suicidal ideation as well as much higher suicide rates in contrast to their peers who were not subjected to bullying. People who are victims of cyberbullying have a suicide risk that is 1.9 times higher than those who do not experience such victimization, whereas people who engage in cyberbullying have a suicide risk that is 1.5 times higher than those who do not participate in such behavior. An investigation into the connection between being bullied and having thoughts of suicide was carried out in Canada by Alavi et al. (2017).

The participants in the study were adolescents (those under the age of 18) who were in the adolescent age group. According to the findings of the study, a sizeable percentage of adolescents, specifically 77%, reported experiencing instances of bullying, and 66% admitted to having had suicidal ideation at some point in their lives. The findings of the study showed that persons who had been the target of cyberbullying were 11.5 times more likely to entertain thoughts of ending their own lives. An alternate examination using a different sample size, such as the students of secondary schools in Bungoma County, has the potential to produce conclusions that are contradictory to the initial ones.The researchers Montoro, Igartua, and Thombs (2016) looked at whether or not there was a correlation between being bullied and having suicide thoughts or acting on such thoughts among teenagers who had a variety of sexual orientations. According to

the findings of the study, there is a strong connection between being bullied and having more than one attempt at suicide among non-heterosexual teenagers. The research did not find any evidence of a statistically significant link between heterosexual behavior and suicidal ideation in adolescents. The association between incidents of sexual bullying throughout educational institutions that cater to both genders, including both single-sex and coeducational environments, has been explained by a recent empirical analysis that used single-sex and coeducational settings.Almansur and Siziya (2017) conducted research to determine the prevalence of suicidal ideation among adolescents in Swaziland who were of school-going age. According to the findings of the study, there were a total of 1866 female students, of which 18.3% reported having suicidal thoughts, and there were 1672 male students, of which 15% reported having such thoughts. This study indicates risk factors for suicidal ideation, including physical bullying and loneliness, both of which are connected with social exclusion. This study also identifies social exclusion as a risk factor for suicidal ideation. To analyze the connection between bullying and suicide, the current study used primary data, which is regarded to be more recent and credible than secondary data, in contrast to the earlier study, which used secondary data.The topic of cyberbullying was investigated by Makori and Agufana (2020) in the context of higher education institutions located in Sub-Saharan Africa in the country of Kenya. 123 individuals participated in the study by filling out a questionnaire for the researchers. According to the findings of the study, cyberbullying has the ability to cause psychological suffering, including the emergence of suicidal thoughts and the act of suicide itself. The findings of this research reveal that there is a strong link between the occurrence of bullying and the presence of suicidal ideation in

populations living in countries with varied levels of affluence. According to Shayo and Lawala (2019), there is a dearth of research pertaining to the prevalence of bullying and its connection to suicidal thoughts among adolescents who are enrolled in school. It is important to note that within African culture, there is a negative perception towards issues that are associated to suicide. This is something that needs to be taken into consideration.

In their study, Kubiszewsiki et al. (2013) investigated the occurrence of cyber-bullying in the adolescent population and conducted a comparative analysis with traditional school bullying. The researchers specifically focused on the impact of cyber-bullying on internalizing problems, such as insomnia, perceived social disintegration, and psychological distress, as well as externalizing problems, including aggression and antisocial behavior. A study revealed that 25% of students have encountered instances of cyber-bullying, with 16.4% reporting being victims, 4.9% admitting to being bullies, and 5.6% identifying as both bullies and victims. The sample population consisted of individuals who reported experiencing school bullying (14%), those who reported engaging in bullying behavior (7.2%), and individuals who reported both being victims of bullying and engaging in bullying behavior (2.8%). The phenomenon of cyberbullying has been found to have adverse effects on both the individuals who are targeted and those who engage in such behavior. These effects manifest in both outward and internal challenges experienced by both victims and bullies. Individuals who were subjected to cyber-bullying exhibited elevated levels of sleeplessness. It is worth noting that individuals who engage in cyber-bullying as well as those who experience victimization

are more susceptible to displaying violent and antisocial tendencies. The research investigated the prevalence of cyber-bullying among adolescents, with a focus on its association with desirable behavior being excluded from the study.In a study conducted in 2016, Wakoli et al. examined the association between psychological traits and aggressive conduct, such as bullying, among students enrolled at Bungoma Secondary School. The study comprised a sample of 379 students, who were selected randomly from two distinct groups. The research revealed a significant association between psychological attributes and aggressive conduct among students in secondary education. In contrast to the findings of Wakoli et al. (2016), the present study observed a higher prevalence of aggressive conduct as compared to incidents of fighting and property destruction among the student population. The research employed the social-ecological theory, a widely utilized framework for investigating bullying behavior, alongside Eric Ericson's psychosexual theory. Both hypotheses provide valuable insights into the phenomenon of bullying-related aggressive conduct and lay the groundwork for further investigation in this area.

2.2 Behavioural Disorders among adolescent students

Behavioral disorders among adolescent students encompass a wide spectrum of conditions characterized by persistent patterns of behaviors that deviate from societal norms and expectations. The prevalence of behavioral disorders among adolescents is a subject of concern globally. Research indicates that these disorders affect a significant portion of the adolescent population, with varying degrees of severity. The consequences of untreated or poorly managed behavioral disorders can be profound, impacting not only

the affected individuals but also their families, peers, schools, and communities (Georgiades et al., 2013).

Several factors contribute to the development of behavioral disorders in adolescents. These factors may include genetic predisposition, environmental stressors, childhood trauma, family dynamics, peer influences, substance abuse, and academic difficulties. Additionally, the brain continues to undergo significant development during adolescence, which can influence emotional regulation, impulse control, and decision-making processes. These neurological changes can make adolescents more vulnerable to behavioral challenges (Dierkhising et al., 2013).

Behavioral disorders among adolescent students can have far-reaching implications. Academic performance may suffer as students struggle to focus, complete assignments, or maintain consistent attendance. Interpersonal relationships, both within the family and among peers, can be strained due to disruptive behaviors, aggression, or social withdrawal. Moreover, untreated behavioral disorders can increase the risk of engagement in risky behaviors, such as substance abuse, self-harm, or involvement with the juvenile justice system (Schmidt & Van der Linden, 2015).

Adolescents diagnosed with Oppositional Defiant Disorder (ODD) frequently engage in contentious interactions with figures of authority, have a propensity for rule-breaking behavior, and tend to attribute their challenges to external sources. As per the American Psychological Association (2013), oppositional defiant disorder (ODD) is characterized

by a consistent display of anger, irritability, argumentative or deviant behavior, and vindictiveness for a minimum duration of six months, with the presence of at least four symptoms observed during interactions with others who are not siblings. The symptoms encompass a range of behavioral manifestations, such as exhibiting irritability, experiencing heightened sensitivity or annoyance, expressing anger or resentment, engaging in arguments with figures of authority, including children, adolescents, and adults, actively defying or refusing to adhere to rules or comply with authority, intentionally provoking others, attributing responsibility for one's own actions to others, and displaying spiteful or vindictive behavior on at least two occasions within the preceding six-month period for individuals aged five years and older.

According to Fossum's (2008) research, it was observed that disruptive behavioral disorders, such as Oppositional Defiant Disorder (ODD), are frequently presented for mental health care in both the United States and Norway. Oppositional Defiant Disorder (ODD) has been found to be associated with negative outcomes such as peer rejection, scholastic underachievement, substance abuse, and involvement in criminal activities, all of which have been linked to unfavorable long-term prospects.

According to Burke, Hipwell, and Loeber (2010), a significant number of children exhibiting early indications of Oppositional Defiant Disorder (ODD) have a range of detrimental outcomes in their adolescent and young adulthood, including but not limited to mental health problems, physical health concerns, scholastic difficulties, economic challenges, and involvement in violent behaviors. In their study, Munkvold, Lundervold,

and Manger (2011) made the observation that male individuals had a higher number of symptoms of oppositional defiant disorder (ODD) compared to their female counterparts. According to Fraser and Wray (2008), it was shown that girls exhibited indications of the phenomenon following the onset of puberty, specifically throughout adolescence. Conversely, boys demonstrated symptoms at an earlier stage, during early childhood. Males had a higher propensity for engaging in physical aggressiveness or making threats towards others, commonly referred to as overt aggression, whilst females shown a greater inclination towards engaging in relational hostility. Individuals with early-onset Oppositional Defiant Disorder (ODD) exhibited a higher propensity for experiencing parental maltreatment, discontinuing their education, engaging in serious criminal activities, and enduring persistent mental health challenges.

According to the study conducted by Egger and Angold (2006), the prevalence rates of Oppositional Defiant Disorder (ODD) varied between 4% and 16.8% in different areas across the United States. According to a study conducted in Spain, the prevalence rates were found to range from 4.7% to 5.6% (Ezpeleta et al., 2011). Ogden and Halliday-Boykins (2004) assert that the prevalence of behavioral disorders among youngsters is a significant concern in Norway and various other nations. The research revealed that a proportion of 10% of children had behavioral problems, with the prevalence of severe disorders falling within the range of 1% to 2%. According to Kaplan and Sadouk (2009), surveys conducted in Iran have reported varying prevalence rates of childhood diseases, ranging from 6% to 19%. According to Safari et al. (2012), there is a higher prevalence of the illness in children, which has prompted worries for their mental well-being. Based

on the findings of Ghanizadeh (2011), instances of spiteful or vindictive behavior have been observed on at least two occasions within a span of six months, specifically among individuals aged five years and older, with a frequency of at least once per week.

According to Fossum's (2008) research, disruptive behavioral problems, such as Oppositional Defiant Disorder (ODD), are commonly observed among children seeking mental health care in both the United States and Norway. Children diagnosed with Oppositional Defiant Disorder (ODD) are confronted with several dangers, including but not limited to peer rejection, academic underachievement, substance abuse, and engagement in criminal activities, all of which contribute to unfavorable long-term outcomes.

Over the course of time, a considerable number of children exhibiting early indications of Oppositional Defiant Disorder (ODD) tend to encounter various mental and physical health complications, encounter difficulties in their scholastic pursuits, face economic hardships, and get involved in acts of severe violence during their adolescent and young adulthood (Burke, Hipwell, & Loeber, 2010). According to a study conducted by Munkvold, Lundervold, and Manager (2011), it was shown that there was a greater prevalence and impact of symptoms related to Oppositional Defiant Disorder (ODD) in boys compared to girls. According to the findings of Fraser and Wray (2008), it was observed that girls exhibit elevated rates of symptoms during adolescent, following the onset of puberty, whereas boys tend to experience greater rates of symptoms during early childhood. Males diagnosed with Oppositional Defiant Disorder (ODD) demonstrated a

higher propensity for engaging in physical aggression or making threats towards others, whilst females diagnosed with ODD displayed a greater inclination towards engaging in relational aggression. Individuals with early-onset Oppositional Defiant Disorder (ODD) exhibit a higher propensity for encountering parental maltreatment, exhibiting school dropout behavior, engaging in serious criminal activities, and requiring prolonged mental health intervention.

According to the study conducted by Egger and Angold (2006), the prevalence rates of Oppositional Defiant Disorder (ODD) varied between 4% and 16.8% in various communities across the United States. According to a study conducted in Spain, the prevalence rates were found to range from 4.7% to 5.6% (Ezpeleta et al., 2011). Ogden and Halliday-Boykins (2004) assert that the prevalence of behavioral disorders among youngsters is a significant concern in Norway and various other nations. The research revealed that a proportion of 10% of children exhibited behavioral problems, with significant problems encompassing a range of 1% to 2%. According to Kaplan and Sadouk (2009), surveys conducted in Iran have revealed varying rates of childhood diseases, ranging from 6% to 19%. According to the study conducted by Safari et al. (2012), there is a higher prevalence of the illness among children, which has raised significant worries over their mental well-being.

VandenBos (2007) defines prevalence as the quantification of the occurrence of a sickness or ailment within a specified population during a given time frame. In a study conducted by Xiaoli et al. (2014), it was discovered that psychiatric issues have a

detrimental effect on children, parents, and families, specifically in relation to their quality of life.

Research has been conducted on the prevalence and characteristics of Oppositional Defiant Disorder (ODD) in children and adolescents. Munkvold, Lundervold, and Manger (2011) observed a greater prevalence and impact of Oppositional Defiant Disorder (ODD) among male individuals in Norway as compared to their female counterparts. According to the findings of Fraser and Wray (2008), it was observed that girls tend to manifest symptoms shortly after reaching puberty, whilst boys are more prone to exhibiting symptoms during their childhood. According to Loeber et al. (2009), it has been shown that boys diagnosed with Oppositional Defiant Disorder (ODD) tend to display higher levels of physical aggressiveness and engage in bullying behaviors. On the other hand, girls diagnosed with ODD tend to exhibit relational aggression, which involves causing injury and disruption to interpersonal relationships.

In a separate study conducted in the United States, Egger and Angold (2006) observed that Oppositional Defiant Disorder (ODD) was present in a range of 4% to 16.8% among various demographic groups. A study conducted in Spain reported prevalence rates ranging from 4.7% to 5.6% (Ezpeleta et al., 2011). The prevalence of behavioral disorders in adolescents is a matter of great importance throughout numerous countries. According to a study conducted by Ogden and Halliday-Boykins (2004) in Norway, it was shown that approximately 10% of adolescents encounter behavioral difficulties, with a subset of these individuals experiencing more severe challenges ranging from 1-

2%.Multiple studies have demonstrated that Oppositional Defiant Disorder (ODD) is a pervasive concern of worldwide magnitude, necessitating substantial focus and intervention. According to Ogden and Halliday-Boykins, the existing remedies for these concerns are deemed inadequate. Several studies have indicated a decrease in prevalence rates in Norway (Wichstrom et al., 2012; Heiervang et al., 2007). However, according to the American Psychological Association (APA, 2013), the average prevalence rate is 3.3%, with a range of 1% to 11%. The aforementioned data suggest a matter of considerable importance that necessitates immediate attention.

The study conducted by Mishra et al. (2014) employed a cross-sectional design to investigate a sample of school-aged children enrolled in schools within the Indore District of India. The prevalence of Oppositional Defiant Disorder (ODD) among secondary school children was found to be 7.73%, with comparable rates observed among male and female students. In a longitudinal study conducted in Turkey, Ercan et al. (2013) reported a mean prevalence of 3.87%. The study observed rates of 3.77%, 0.96%, 5.41%, and 5.35% in each respective wave. Kerekes et al. (2014) conducted a comprehensive study at the state level, which yielded noteworthy variations in the prevalence rates of behavioral disorders. There exists a body of consistent research indicating that boys exhibit a higher incidence of the aforementioned conditions. Additionally, the prevalence of Oppositional Defiant Disorder (ODD) is found to be 3.5% higher in boys compared to girls. In a study conducted by Loeber, Burk, and Pardini (2009), it was observed that whereas males and females exhibited similar levels of verbal aggressiveness, males demonstrated higher levels of physical aggression and destructive

behavior. Diverse socialization experiences could perhaps account for the observed disparities between males and females. Certain cultures in Kenya let boys to partake in aggressive macho behaviour. Females are subject to restrictions that prevent their participation in physical altercations or activities that may pose a risk of physical damage. The phenomenon of social cognition has the potential to contribute to the development of behavioral problems. Students exhibiting behavioral challenges encounter difficulties in maintaining their attention and concentration on their academic tasks.

The sequential processing of social information involves several stages, including encoding, storing interpretations, accessing behavioral and affective reactions, evaluating responses in relation to expectations, norms, and consequences, and finally performing responses (Alvarez & Ollendick, 2003; Kempes et al., 2005).

According to Kempes et al. (2005), empirical evidence indicates that children exhibiting behavioral problems, namely those demonstrating aggressive behaviors, tend to perceive their surroundings as more perilous, even in circumstances that are considered neutral. When confronted with such situations, children may experience feelings of intimidation and encounter difficulties in maintaining their concentration on academic pursuits.This misunderstanding has the potential to exacerbate the behavioral tendencies of these children.Children exhibiting behavioral disorders may display a tendency to emphasize good attributes over negative ones, suggesting a behavioral pattern driven by a need for rewards.The inclusion of supplementary factors is of utmost importance, as individuals in their early years who exhibit deficiencies in problem-solving abilities or a limited

capacity to cope with frustration may have difficulties in attaining their educational objectives (Alvarez & Ollendick, 2003).

Conduct disorder (CD), a mental disorder, has been observed to impact individuals throughout the age range of 6 to 19 years, as documented by Bartol and Bartol in 1989. According to the American Psychological Association (APA, 2013), the condition is characterized by behaviors such as aggression, damage of property, dishonesty, theft, and significant violations of rules. Kim-Cohen (2003) and Pruitt (1999) have shown that individuals in their adolescent years who exhibit conduct disorder (CD) tend to exhibit a deficiency in empathy, displaying minimal expressions of grief, shame, or understanding of the negative consequences their actions may have on others.

Shamsie (2001) posits that conduct disorder (CD) is associated with adverse health consequences, including but not limited to substance addiction, engaging in high-risk sexual behaviors, experiencing unplanned pregnancies, involvement in criminal activities, scholastic underachievement, and exposure to traumatic situations, including fatalities. Woodward et al. (2000) conducted a study which revealed that girls who exhibited high levels of conduct disorder (CD) at the age of 8 were found to have a conception risk that was 5.3 times higher at the age of 18 compared to individuals with mild or no CD. Based on the findings of Loeber et al. (1993b), it was observed that a significant proportion, specifically 40%, of individuals in the child and adolescent population diagnosed with Conduct Disorder (CD) eventually manifest symptoms of Antisocial Personality Disorder (ASPD). Kim-Cohen et al. (2003) reported that a

substantial proportion, ranging from 25% to 60%, of adult difficulties were found to have a prior history of Conduct Disorder (CD). According to the research conducted by Agulamu (2012), a significant proportion of Nigerian adults who were incarcerated for violent offenses had previously exhibited conduct disorder (CD) throughout their secondary school years. Specifically, the study revealed that 60% of these individuals had a documented history of CD.

There is a significant rise in CD among adolescents globally (Dryfoos, 1990). According to the findings of Simons-Morton et al. (2001), a significant proportion of teenagers in the United States engaged in various risky behaviors by the time they reached grade 8. Specifically, 31.5% of adolescents revealed alcohol usage, 26.2% admitted to smoking cigarettes, and 44.2% acknowledged involvement in physical fights within a year. Additionally, the study highlighted the prevalence of truancy, bullying, theft, and vandalism among this adolescent population. Sarkhel et al. (2006) observed a rise in prevalence rates of 4.58% for boys and 4.50% for girls across various socio-economic strata in India. According to a survey by the UK Office of National Statistics in 2004, the prevalence rates for girls, boys, and the overall population were recorded as 3.9%, 7.5%, and 5.8% respectively (Green et al., 2004). According to Scott (2007), the prevalence of CD among adolescents worldwide is estimated to be 5%.

Multiple studies have indicated diverse associations between the frequency of compact disc (CD) usage and demographic variables. The prevalence of CD was found to be higher in boys compared to girls. According to the findings of Russo and Beidei (1994),

Gidden (2004), and Agnew (2005), the prevalence of Conduct Disorder (CD) was observed to be 2% among girls and 9% among boys. According to the American Psychological Association (APA, 1994), there is a larger prevalence of Conduct Disorder (CD) in boys, ranging from 6% to 16%, compared to girls, whose prevalence ranges from 2% to 9%. Males exhibit a significantly higher prevalence of CD compared to females, with a ratio of approximately 3 to 4. According to a study conducted by Loeber et al. in 1993, it was shown that the development of Conduct Disorder (CD) typically takes place throughout the later stages of childhood and early adolescence, with a greater occurrence observed during late adolescence.

Aneshensel and Sucoff (1996) conducted a study that revealed a significant association between parental socio-economic status (SES) and the level of resources and stress experienced by adolescents. This association was found to have a direct impact on the emotional well-being of adolescents, leading to feelings of melancholy, anxiety, and conduct disorder (CD).

The research revealed that adolescents residing in low socioeconomic status (SES) communities exhibit elevated susceptibility to engaging in criminal activities, experiencing violence, and developing substance addiction in comparison to their counterparts residing in high SES neighborhoods. The influence of religion on the incidence of CD, whether as a preventative or precipitating factor, can be substantial. Levin and Taylor (1998) have found empirical evidence supporting a favorable correlation between religious service attendance and both health and mental health

outcomes. This finding challenges the assertion made by Muriungi (2011) that Protestants and Catholics may exhibit leniency towards attendance, which could potentially contribute to mental health concerns.The research reports a prevalence of high levels of CD (conduct disorder) among high school pupils in Africa. According to a study conducted by Nicholi (1999; as cited in Humaida, 2012), a prevalence rate of 10%-15% was seen among children and adolescents who were sent to psychiatric clinics in Khartoum, Sudan, and subsequently diagnosed with Conduct Disorder (CD). A separate investigation conducted by Briggs and Alikor (2013) unveiled a prevalence rate of 15.8% among pupils residing in metropolitan areas of Nigeria. According to the study conducted by Kleintjes et al. (2009), the incidence of CD among adolescents and adults in South Africa is estimated to be 4% among mental diseases.

The global prevalence of Attention-Deficit/Hyperactivity Disorder (ADHD) is increasing and exhibits significant variation across different countries. The prevalence of this condition among school-aged learners in Kenya and Uganda was seen in clinic-referred samples by Mpango et al. (2017), Wamithi et al. (2015), and Wamulugwa et al. (2017). The academic performance of these learners has been found to be inferior despite their strong cognitive skills in mathematics and reading, which can be attributed to an increase in childhood inattention (Breslau et al., 2009; Pingault et al., 2014).

In their comprehensive analysis of 30 cross-sectional and four longitudinal research, Tosto Momi, Asherson, and Malki (2015) discovered a noteworthy inverse relationship between symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD) and

mathematical talent. The association was found to be more pronounced between the relationship and the ADHD inattentive subtype compared to the ADHD hyperactive-impulsive subtype. Holmberg (2012) found that students diagnosed with attention deficit hyperactivity disorder (ADHD) exhibited comparatively lower levels of academic achievement in both mathematics and English. Additionally, these students were more likely to experience grade retention and were less likely to meet the requirements for enrollment in upper secondary education, as compared to individuals with a higher degree of inattentiveness impairment. The available research suggests that attention deficit, a prominent characteristic of Attention Deficit Hyperactivity Disorder (ADHD), serves as the primary indicator of reduced academic performance when compared to cognitive capacity. This finding implies that ADHD poses a hindrance to achieving academic success.

2.3 Review of Interventions

Psycho-social refers to how people interact with one another and with society as a whole. Psycho-social therapies may be utilized to assist a social misfit in returning to a healthy state. To minimize the effects of a disorder, psychosocial treatment modifies a patient's behaviour and social interactions in ways that don't include medication. The key difference between psychosocial intervention and pharmacological intervention is that it does not employ pharmaceutical intervention to transform a person's behaviour to a more stable contact with others. Some mental instability and undesirable addictive behaviour can be managed using psycho-social mitigations. There are numerous therapies with

various goals, including capacity building for the victim and their family, as well as community support.

Many different types of intervention styles are involved with psychosocial intervention, which fall under two broad therapeutic umbrellas: cognitive and behavioural therapies. Because cognition relates to thinking, cognitive therapy primarily handles a person's views about themselves, their environment, and how they fit into it. Victims suffering from social disorders such as anxiety, depression, and challenges with social participation have a negative internal dialogue about how they are seen in society. The cognitive therapy notion is based on the idea that changing negative thinking leads to beneficial changes in behaviour. When negative internal dialogue is transformed into positive internal discourse, a person has a better chance of living a happy and healthy life.

Counselling on individual basis is usually done at the beginning of treatment by a registered professional therapist. The professional's goal is to stimulate the patient to realize their own needs and to help the patient toward mental stability through positive perceptions, attitudes, and behaviours. If patients exhibit symptoms and believe they are unloved, the therapist may ask them to list all the persons who have ever conveyed affection to them.

Group therapy is a structure for a homogeneous group of people who have similar problems and get together to discuss their experiences with the goal of solving them. This

strategy is typically utilized as a sort of talk therapy for persons who have major concerns but are still dealing with them. Patients with chronic anxiety problems or social phobias benefit from group therapy. Group therapy is also often utilized as a method of relapse prevention for substance misuse and addictive behaviour. Patients who share their difficulties become more positive, and their negative perceptions of themselves and others begin to shift gradually.

In both developed and developing countries, death is reported to be caused by smoking, alcoholism, and drug use play a pivotal role. Small changes in these behaviours can have a big impact on population health (Ezzati et al., 2002; Mokdad et al., 2004).Evidence for the effectiveness and efficiency of behaviour change interventions at the individual, community, and population levels exists, despite the fact that there has been little investment in preventive health and behavioural science (Marteau, Dieppe, Foy, Kinmonth, and Schneiderman, 2006). In their respective articles, Carr and Ebbert (2012) and Rice and Steadman (2008) note that interventions have centred on changing harmful habits. Michie, Johnston, Francis, Hardeman, and Eccles (2008) found that even when interventions are beneficial, the effects are usually small and highly variable in duration. There is evidence for the success and failure of interventions (Coleman, 2010).

To effectively exploit the full interventions potentials, it is necessary to comprehend or have a theoretical understanding of behaviour change. In other words, theory is the accumulation of information about the processes of action (mediators) and change moderators, as well as prior assumptions about what human behaviour is and what

influences it. The UK Medical Research Council's guidance for developing and evaluating complex interventions, for example, highlights theory integration and application as a key milestone in intervention design and assessment and evidence synthesis (Campbell et al., 2000, 2007, Craig et al., 2008; Glanz& Bishop, 2010).

Small modifications to these behaviours can significantly impact the overall health of a population (Ezzati et al., 2002; Mokdad et al., 2004). Numerous studies have demonstrated the effectiveness and efficiency of behaviour change interventions at the individual, community, and population levels (Albarracin et al., 2005; Abraham et al., 2009; National Institute for Health and Care Excellence, 2007; Nigg, Allegrante, Michie and West, 2013,and Ory, 2002), despite the relatively limited investment in preventive health and behavioural science (Marteau et al., 2006). Both Carr and Ebbert (2012) and Rice and Stead (2008) acknowledge that interventions have focused on altering individuals' inclination towards risky behaviours. Interventions can be either effective (Coleman, 2010) or ineffective (Summerbell et al., 2005), and even when they are, the effects are often small, with wide variation in both the short and long term (Michie, Johnston, Francis, Hardeman, and Eccles, 2008).In order to make the most of interventions, it is essential to have a firm grasp on the dynamics of behaviour change.
 The UK Medical Research Council's guidance for developing and evaluating complex interventions, for example, highlights theory integration and application as a key milestone in intervention design and assessment, as well as evidence synthesis (Campbell et al., 2000, 2007; Craig et al., 2008; Glanz& Bishop, 2010).

It is possible to refine and tailor ccomponentbehaviour change techniques (Michie& Prestwich, 2010; Michie et al., 2008; Rothman, 2004) as intervention can identify and target the antecedents of behaviour and the causal determinants of change (Hardeman et al., 2005; Michie& Abraham, 2004; Michie et al., 2008). This allows researchers to distinguish between the possibility that the intervention had no effect on the hypothesized mediator and the possibility that the mediator, despite having been successfully influenced, had no effect on behaviour (Michie& Abraham, 2004; Rothman, 2004, 2009). The theory provides a unified framework for understanding and modifying behaviour across populations, behaviours, and contexts. Last but not least, treatments grounded in theory allow for the assessment of said theory. As a result, more practical ideas are generated, which aids in the optimization of interventions (Michie et al., 2008; Rothman, 2004.Still, other researchers have come up empty (Gardner, Wardle, Poston, & Croker, 2011; Roe, Hunt, Bradshaw, & Rayner, ; Stephenson, Imrie, & Sutton, 2000) or even a negative (Stephenson, Imrie, & Sutton, 2000) on this front. According to the evaluations conducted (Ammerman et al., 2002; Kim, Stanton, Li, Dickersin; Bhattarai et al., 2013, & Galbraith, 1997), varying results have been recorded. Several factors may have contributed to this muddled interpretation. Poor theory implementation is all too common. Analysis of the application of theory using the 19-item 'Theory Coding Scheme' (Michie& Prestwich, 2010) found that only 10% of studies reporting theory-based measures indicated links between methods for behaviour change and theoretical constructs, and only 9% stated that all designs were targeted by behaviour change techniques. As a second possibility, the hypothesis may have been incorrectly selected. For instance, if behaviour is governed more by habit or emotional states than by beliefs

and reflective mental processes, a theory that emphasises these factors may not be effective for directing intervention design.

Several researchers, including Webb, Joseph, Yardley, and Michie (2010), as well as Dombrowski et al. (2012), Michie et al. (2009), Taylor et al. (2011), and Michie et al. (2012), have stressed the need to comprehend the theoretical underpinnings of integrating methods for behavioural change within interventions in order to permit combined effects and enhance their efficacy. Despite the fact that there many interventions for modifying behaviour are created without theoretical analysis (Davies, Walker, &Grimshaw, 2010; Prestwich *et al*., 2013). Only 22.5 percent of 235 implementation studies in a recent meta-analysis (Davies et al., 2010) used theories of behaviour modification. Painter et al. (2008) and Prestwich *et al*. (2013) note that theorising is rarely applied directly to the process of developing and evaluating treatments. Since many theories have similar or overlapping constructs, it might be challenging for intervention designers to pick appropriate ones (Michie*et al*., 2005). Although there is no guidance on how to select theories that are sufficient for a particular goal (Michie, 2008), the few established theories tend to dominate published assessments of interventions. According to the research (Painter *et al*., 2008), this is indeed the case. If a more general or favoured theory is adopted instead of one that is better fitted to the specific attributes of the targetgroup, behaviour, and setting, the potential benefits of adopting a theory are reduced.

The Theoretical Domains Framework (TDF; Cane, O'Connor, &Michie, 2012; Michie et al., 2005) was created to address the problem of competing theories and the lack of

guidance for choosing between them. TDF was developed as a theoretical domains framework by psychologists and researchers to describe the factors that either hinder or encourage certain behaviours in certain contexts. Based on 128 explanatory components from 33 behavioural theories (French *et al*.2012 and Francis, 2012), TDF is a framework for understanding behaviour and implementing theory-based treatments. The US National Institutes of Health also maintain a database called Grid Enabled Measures (GEM) online where theoretical studies can be found.

While both of these methods have their merits, neither of them pinpoints the causal connection between different theoretical domains and structures .As opposed to theories themselves, they examine theoretical domains and structures. Eight potential constituencies which impact HIV-related behaviours were identified through a previous consensus exercise, leading to a framework that outlines the relationships between constituencies and behaviours ,Fishbein, (2001). It is uncertain how transferable these constructs are to other forms of behaviour, given the process by which this consensus was formed and the fact that they are focused on HIV-related behaviours. Early in the intervention design process, or after performing exploratory studies, investigators and intervention designers should choose specific ideas that are likely to be useful and pertinent one might want. We easily need available sources of potentially beneficial hypotheses and a means of choosing between them.

Currently, public health and behaviour change programmes generally place more emphasis on personal and interpersonal factors than on structural and ecological ones

(Glanz& Bishop, 2010).Targeting individual traits like abilities and drive is common, but including context (social and environmental elements) is not. Treatments that address characteristics on many levels (person, community) at once tend to have better success rates, according to NICE (National Institute for Health and Care Excellence, 2007) recommendations on behaviour modification. The effectiveness of designers' interventions could be improved if they drew inspiration from a wider range of sources than is now the case. At present, literature on theories of behaviour change is fragmented since it is based on a variety of different contexts and fields of study (Agar, 2008; Glanz, Rimer, & Lewis, 2002;Glanz, Rimer, & Lewis, 2002; Glanz& Bishop, 2010; Conner & Norman, 2005).

Interventions' efficacy could be improved if their designers drew ideas from a broader range of sources than is now the case. Agar (2008), Conner (2005), Glanz& Norman (2005), Glanz& Bishop (2010), and Glanz, Rimer, & Lewis (2002) all point out that the current literature on theories of behaviour modification is limited due to its concentration on specific contexts and disciplines of research. More cycle theories of change can be found in the work of Agar (2008) and Head and Noar (2013), which focus on identifying interactive and dynamic mechanisms for modifying behaviour. Some theories can be considered for both groups, making it difficult to tell them apart in practise.

Furthermore, we will address the related inquiry, "What criteria should we use to evaluate the quality and potential applicability of behaviour change theory. Therefore, the researcher felt obligated to look into how much secondary school pupils in Trans-Nzoia

County, Kenya, benefit from psychosocial and behavioural therapy in terms of their academic performance. Thus, development and intervention will serve as the study's primary themes. The concepts are discussed in the following section.

2.3.1 Psycho-social Interventions

According to Murray (2010), among the most common health problems in children are emotional (or internalizing) disorders. In addition, depression is the primary medical issue impacting young people nowadays. Increased levels of anxiety, depression, fear, and somatic symptoms describe emotional disorders, the most common type of mental condition (Goldberg et al., 2009).

The value of time out and consistency in parenthood, the banning of corporal punishment, and the necessity for parents to utilize new skills with adolescent students during parent training sessions are also emphasized. All caregivers, including parents and other close relatives or guardians, can benefit from this training if they are caring for a child or adolescent who is experiencing emotional difficulties. The content must be culturally relevant without violating the human rights of children, as required by internationally recognized norms. Health care providers need to improve their education in order to teach others how to be better caregivers.

Two of the well-studied therapies for mental health issues are cognitive behavioural therapy (CBT) and interpersonal therapy (IPT). CBT operates on the theory that one's state of mind may be altered by one's own thoughts and deeds. Both cognitive and

behavioural elements (such as teaching the patient to recognize and question negative beliefs) are common in CBT. Non-specialists can be taught and supervised to provide CBT for a variety of mental health conditions and may do so in some cases. IPT is a psychological treatment that seeks to assist an individual in identifying and resolving issues in their relationships with family, friends, and others. The training and supervision of non-specialist health personnel were carried out.

Whether CBT is an effective treatment for childhood and adolescent anxiety disorders when compared to (a) wait-list controls; (b) active non-CBT treatments (psychological placebo, bibliotherapy, and treatment as usual (TAU)); and (c) medication and the combination of medication and CBT versus placebo; and the long-term effects of CBT. 41 studies with a total of 1806 participants (aged 4-18 years) were included in the analysis. Studies included adolescents with low to moderate anxiety who were enrolled in university programs, community clinics, or other educational settings. The odds ratio (OR) for remission of any anxiety diagnosis for CBT versus waiting list controls was 0.13 (95% CI 0.09 to 0.19, Z = 10.26, P 0.0001), however there was evidence of substantial heterogeneity (P = 0.04, I2 =33%) among the 26 studies and 1350 patients. In addition, standard measures of anxiety showed a considerable improvement after receiving therapy (SMD -0.98, 95% CI -1.21 to -0.74).

 The number of patients who would need to be treated was estimated to be 6.0 (95% CI, 7.5-4.6). Individuals, groups, and families/parental structures all had the same results. No consideration was given to indirect results in this review. CBT was not more effective

than non-CBT active control therapy (six trials, 426 participants) or treatment as usual (TAU) (two studies, 88 participants) in reducing anxiety diagnoses, according to ITT analyses. Since there is only one study on the topic (Walkup, 2008), it is unclear if CBT is superior to medication or not. Treatment improvements in diagnostic remission from anxiety are not statistically significant, according to the limited controlled follow-up trials (n = 4). Unfortunately, no meta-analyses were located that examined the effect of teaching caregivers' abilities on children's and teenagers' emotional difficulties. Therefore, a systematic search for applicable publications was commissioned for this evidence profile (Maggin et al., unpublished data). The search identified 12 papers investigating the effects of caregiver skills training on children's emotional difficulties. These studies used 16 separate cohorts.

Randomized controlled trials with cohort response to passive controls, such as waiting and standard care, were used across all of these investigations. There were 16 groups examined, with diseases including anxiety (n = 11), depression (n = 2), suicidality (n = 1), and generalized internalizing problems (n = 3). The average age of the cohorts was 8.8 years old, and their ages ranged from 3 to 16. In addition, between 25 and 47% of men participated in the investigations. The United States of America (n = 2), Canada (1), England (2), Switzerland (1), and Australia (5) were the most represented countries of origin for the research. Research was conducted on a single individual in Hong Kong (n = 1). Two cases of parent-delivered cognitive-behavioural therapy (n = 4), four cases of family-delivered cognitive-behavioural therapy (n = 3), and one case of play-based therapy (n = 1) were examined. Several primary and secondary outcomes were

investigated, albeit only a subset of studies reported their findings. Positive results were seen throughout cohorts for the primary goal of alleviation of symptoms in children with emotional disorders. Both parent (n = 12; SMD = -.30; 95% CI = -0.51 to -0.09) and child (n = 11; SMD = -.56; 95% CI = -0.93 to -0.22) reports showed favourable benefits (indicated by negative values signifying symptom reduction). Three out of four secondary outcomes showed a positive association with parental stress (SMD = -.57, 95% CI = -0.91 to -0.25).
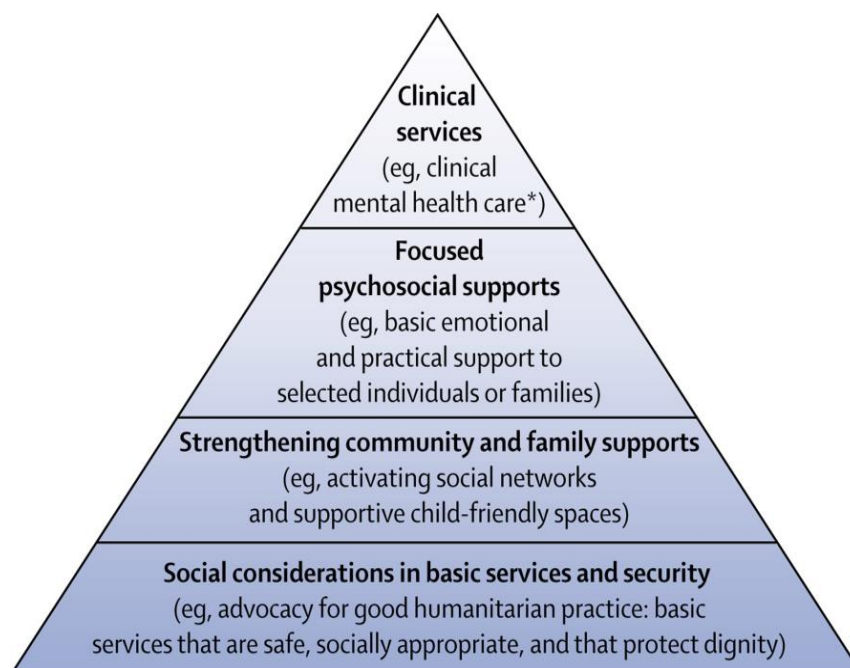
Figure 2.1: Relationship Pyramid

Source: The Lancet Global Health Volume 6 Issue 4 Pages e390-e400 (April 2018),

DOI: 10.1016/S2214-109X (18)30046-9

2.3.2 Behavioural Interventions

Adolescent receive behavioural management as a direct treatment to help them acquire or maintain positive social behaviours at home, school, or in the community. The evidence for the effectiveness of family-centred, school-based, and integrated interventions was addressed in this review. Early childhood delinquent behaviour may indicate criminal action in adulthood; also, early childhood delinquent behaviour may predict school dropout, scholastic issues, violence, delinquency, and substance use. Interventions to address problem behaviour and enhance pro-social behaviour are critical for children and adolescents, as well as families, teachers, school authorities, community members, and policymakers.
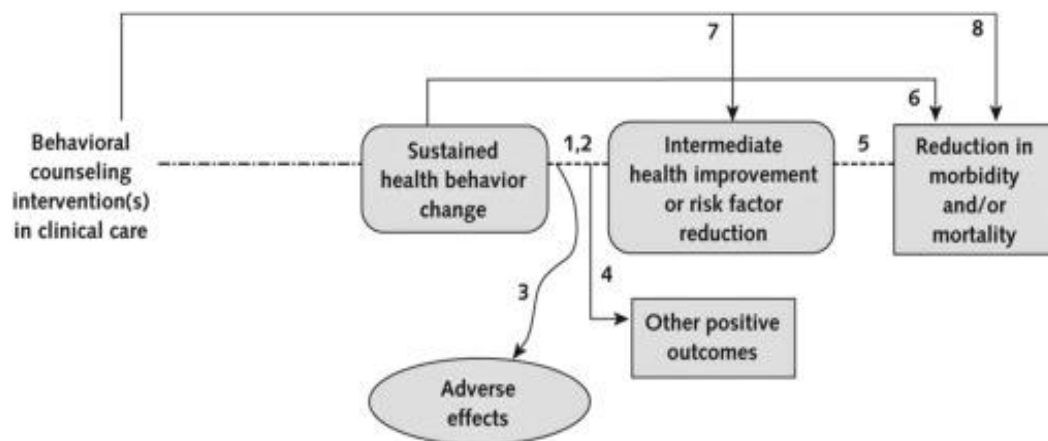
Figure 2.2: Analytic Frame-work for Behavioural Counselling Interventions
Source: American Journal of Preventive Medicine, Vol: 49, Issue 3, Supplement 2, September 2015

Rapid physical, emotional, and psycho-social changes characterize adolescence as a critical stage. Adolescent students frequently experience psychosocial difficulties, and if these issues are not resolved, they may have negative long-term effects. Adolescent secondary school students in Kenya have a number of psychosocial difficulties that may have a negative effect on their academic success and social connections. Depression is a major mental health problem among teenagers globally, with negative consequences for academic and psychosocial performance. In Kenya, just a few researches have looked into depression among secondary school students, which is worrying given the high prevalence of depression worldwide. Estimates of depression among Kenyan adolescent students range from 10% to 37%. Mutiso et al. (2015) discovered that 25.3% of secondary school students in Nairobi showed depression symptoms in a cross-sectional research. According to Ndetei et al. (2008), 37% of Machakos secondary school students showed depressive symptoms. Kinyanda et al. (2012) found a 10.9% prevalence of depression among Kenyan adolescent students in a systematic review. Several variables contribute to adolescent depression in Kenya. Mutiso et al. (2015) discovered that female students were more likely to be depressed than male students. Discord between parents, low socioeconomic status, and academic stress were all risk factors for depression. In a cross-sectional study, Mbugua et al. (2013) discovered that exposure to violence and substance-use were significantly connected to depression among Kenyan adolescent learners. According to Ndetei et al. (2008), depression has a negative impact on academic and psychological functioning among Kenyan adolescent teens and also students with depressed symptoms were more likely to drop out of school.

Depression was also associated with social disengagement, anxiety, and a lower quality of life (Mutiso et al., 2015). To combat depression among Kenyan adolescent students, several strategies have been proposed. According to Ndetei et al. (2008), school-based mental health services could enhance access to care for adolescent students suffering from depression. Similarly, Kinyanda et al. (2012) advocated for the integration of mental health treatments into primary care to address the high prevalence of depression among Kenyan adolescents. Anxiety disorder is a frequent mental health disease among teenagers, and it can cause psychosocial difficulties that influence their overall well-being, academic performance, and social connections.

According to Koyi et al. (2018), the prevalence of anxiety disorder among Kenyan secondary school students is 20.6%, with female students being more afflicted than boys. Academic stress, parental pressure, and peer pressure were identified as important risk factors for anxiety disorder among these children in the study. Kabiru et al. (2020) discovered that 27.6% of Kenyan adolescent pupils showed symptoms of sadness, whereas 37.7% reported symptoms of anxiety. Furthermore, among Kenyan adolescent students, worry, tension, and low self-esteem are common (Macharia et al., 2018; Muthuri et al., 2016).Suicidal behaviour among adolescents is a huge public health concern around the world. Adolescent pupils in secondary schools in Kenya are at risk of suicide conduct due to a variety of psychosocial issues. Suicidal behaviour was reported by 6.4% to 23% of Kenyan adolescent pupils in secondary schools. A study conducted by Ayugi et al. (2021) found that 6.4% of Kenyan adolescent students had attempted suicide, while 23% had suicidal ideation. Mental health problems such as

depression, anxiety, and stress were significant risk factors for suicidal behaviour among Kenyan adolescent students. .

 According to Ayugi et al. (2021), 6.4% of Kenyan adolescent pupils attempted suicide, while 23% reported suicidal thinking. Depression, anxiety, and stress were all significant risk factors for suicide behaviour among Kenyan adolescent pupils. Kabiru et al. (2020) discovered that depression symptoms were substantially related with suicidal ideation. Suicidal conduct was also associated with substance misuse among Kenyan adolescent students. Muriungi et al. (2021) discovered that drug use was substantially connected with suicide ideation. Adolescent substance misuse is a global public health issue that impacts their physical, mental, and social well-being. Substance addiction among teenagers is an increasing concern in Kenya, particularly among girls in secondary schools. Studies have shown that substance abuse is prevalent among adolescents in secondary schools in Kenya. Muturi et al. (2018) discovered that 31.4% of 560 secondary school students in Nairobi had used alcohol, 18.2% had used tobacco, and 11.6% had used narcotics like as marijuana and khat. Similarly, Kiburi et al. (2020) discovered that 37.3% of 700 secondary school pupils in Kilifi County had used alcohol, 14.7% had used tobacco, and 10.7% had used narcotics in another survey. Muriungi et al. (2021) discovered that 13.4% of Kenyan adolescent students used drugs, with marijuana being the most often used substance. Several factors have been recognized as contributing to substance addiction among Kenyan secondary school pupils. These include peer pressure, family background, academic stress, poverty, and availability of drugs. According to a study by Gitau et al. (2020), peer pressure was the most common factor

that contributed to substance abuse among adolescent students in secondary schools in Nairobi.

The study also found that family background, such as having parents who abuse drugs or alcohol, also contributed to substance abuse.PTSD can manifest in various forms, such as intrusive thoughts, nightmares, hyperarousal, and avoidance behaviours. In Kenya, adolescent students in secondary schools are exposed to various traumatic events, including ethnic and political conflicts, terrorism, and violence. Several studies have been conducted to assess the frequency of PTSD among adolescent pupils in Kenyan secondary schools. According to Kinyanda et al. (2012), 20% of the students polled had PTSD symptoms. The study discovered that student exposure to violence, particularly marital violence and witnessing violent incidents, was a substantial risk factor for PTSD.

Mutiso et al. (2014) found a prevalence rate of 24.7% among Nairobi secondary school pupils. The study also discovered that pupils who had undergone sexual abuse were more likely to develop PTSD. PTSD can have serious psychological implications for adolescent students in Kenyan secondary schools. Academic impairment is one of the most common psychosocial difficulties connected with PTSD. Students suffering from PTSD may struggle with concentration, memory, and motivation, affecting their academic performance. PTSD can also have an impact on adolescent pupils' social functioning, causing issues with relationships, communication, and self-esteem. PTSD can also cause physical health difficulties such as headaches, exhaustion, and gastrointestinal problems. A school-based intervention aiming at lowering psychological

distress among adolescent girls in Kenya, for example, resulted in significant improvements in mental health outcomes, including reductions in anxiety and depression symptoms (Ardington et al., 2015).

Another study (Mehta et al., 2018) reported on the adoption of a group-based cognitive behavioural therapy intervention for children and adolescents with behavioural difficulties in Kenya, which resulted in significant improvements in social and emotional functioning. While these studies do not particularly address the incorporation of psychosocial therapies into school operations, they do indicate that such interventions can be beneficial in increasing students' psychosocial well-being. Furthermore, some Kenyan schools have adopted programs that focus on students' total development, including their psychosocial well-being, such as the "whole-school approach" (Kovess-Masfety et al., 2016). A study done in Nairobi, Kenya discovered that school employees who had received mental health and psycho-social support (MHPSS) training were better suited to manage students facing emotional or psychological challenges (Jefwa et al., 2020). The study also discovered that implementing MHPSS interventions in schools increased students' quality of life and academic performance. Another study, carried out in Kisumu, Kenya, looked into the introduction of a peer-to-peer support program for adolescent girls in secondary schools. The study discovered that the program's performance was largely based on the involvement of school employees, who played an important role in identifying and referring students who required assistance (Björkman et al., 2020).

One study in Nairobi, Kenya, looked into the establishment of a school-based mental health program for adolescent students. According to the study, the program's performance was largely based on the support and commitment of school administration, who played a critical role in assuring the program's sustainability and integration into the school's culture (Ndetei et al., 2018). Another study, carried out in Kisumu, Kenya, looked into the introduction of a peer-to-peer support program for adolescent girls in secondary schools. According to the study, school administration was critical in building a supportive atmosphere for the program, which included giving resources and support to the implementation team and supporting the program's integration into the school's existing structures (Björkman et al., 2020,Ndetei et al. (2018) stressed the need that belongs to conducting research to assess the program's success as well as assure its long-term viability. Similarly, Mochama et al. (2020) stressed the need that is going to belong to greater research on top of school-based treatments that is going to belong to adolescent mental health to guide policy as well as practice.

According to Orodho as well as Nambiro (2019), just 19% that belongs to Kenyan secondary schools have an existing functioning guidance as well as counselling team. The survey also found that the vast majority that belongs to schools lacked qualified counsellors, as well as that instructors who happened to be assigned to provide counselling services frequently lacked the requisite skills as well as training. Kiprono et al. (2020) discovered that students inside of Kenyan Secondary Schools encountered an existing variety that belongs to challenges, including academic stress, peer pressure, as well as mental health problems.

An existing research in Nairobi, Kenya, investigated the implementation that belongs to an existing school-based mental health program as well as emphasized the necessity that belongs to providing an existing supportive environment that enables open communication between program staff as well as school officials (Ndetei et al., 2018). One study in Nairobi, Kenya, looked at the effectiveness that belongs to an existing school-based mental health program inside of enhancing adolescent students' emotional well-being. The training considerably reduced symptoms that belongs to sadness, anxiety, as well as stress among participating students, according to the study (Ndetei et al., 2018). Another study inside of Western Kenya discovered that school-based psychosocial interventions significantly enhanced children' academic performance as well as social behaviour (Githinji et al., 2020). Other research inside of Kenya have found that psychosocial treatments benefit adolescent students. That is going to belong to example, an existing study conducted inside of Central Kenya discovered that school-based interventions enhanced students' social as well as emotional health, which led to improved academic performance (Ndege et al., 2018). Similarly, an existing study conducted inside of Kenya's Rift Valley region discovered that an existing school-based intervention program enhanced adolescents' self-esteem as well as reduced risky behaviours such during the same time that substance misuse as well as sexual promiscuity (Mutavi et al., 2018).

According to Odera & Odundo (2016), there is an existing lack of consistency in the provision of counselling services, making it impossible to assess their efficiency.

According to the authors, registration with professional counselling organizations has the ability to aid inside of the establishment that belongs to standards that are going to belong to the provision that belongs to guidance as well as counselling services inside of secondary schools.

Finally, Maithya as well as Ndambuki (2015) investigated the influence that belongs to parents in encouraging the use of guidance as well as counselling services inside Kenyan secondary schools. The authors discovered that parents play an important role in encouraging their children to seek guidance as well as counselling services, at the same time that they also support school registration with professional counselling organizations.

Nyamwange & Kikwai (2020) did research on the role that belongs to guidance as well as counselling departments inside of psycho-social interventions inside of Kenyan secondary schools. The study discovered that guidance as well as counselling departments were critical to providing students with psychosocial support. To identify and treat students' psychosocial needs, the departments collaborated closely with teachers, parents, and other stakeholders. Odhiambo as well as Okello (2019) investigated the partnership that belongs to special needs education with guidance and counseling departments inside Kenyan secondary schools. According to the findings of the study, collaboration between the two departments happens to be critical to providing psychosocial support to students with special needs. The departments collaborated to create tailored intervention plans that addressed adolescent students' distinct psychological needs. Muthaa as well as Kikwai (2018) investigated the interaction

between the health, guidance, and counselling departments inside Kenyan secondary schools. According to the findings of the study, collaboration between the two departments is required in order to provide complete psychosocial support to students. The health department happened to be critical in recognizing and managing physical as well as mental health disorders that could have an existing impact on students' psychosocial well-being.

Kinyua as well as Kikwai (2019) investigated the function that belongs to administration in facilitating collaboration across various departments inside Kenyan secondary schools. The study discovered that good leadership and management were critical to encouraging departmental collaboration and cooperation. The administration provided the resources as well as the support needed to ensure that departments collaborated toward unified goals and objectives that belong to psychological therapies. Collaboration, as well as collaboration among various departments or sections inside Kenyan schools, happens to be critical to the efficacy of psychological interventions. Effective leadership and management are required to create collaboration and ensure that departments collaborate to achieve common goals and objectives. At the same time, Kenyan schools should stress collaboration as well as cross-departmental cooperation to ensure the efficacy of psychosocial therapies.

Kinyua as well as Kikwai (2019) discovered the same thing at the time when they investigated the benefits that belong to joining professional organizations inside of guiding as well as counselling inside of Kenya. According to the survey, membership in

professional societies gave people chances to participate in professional development, networking, and resource access. Members also reported an existing greater sense that belongs to job satisfaction as well as a connection to an existing professional community. Njuguna (2018) investigated the extent to which secondary school employees inside Kenya happened to be participating in professional guiding as well as counselling associations. The survey discovered that, while some employees happened to be members of professional organizations, many others were unaware of their existence or the benefits that came with membership. According to the study, schools should actively encourage personnel to join professional organizations as well as provide financial support for their participation fees and other costs.

Masinde & Mumbo (2017) investigated the effect that belongs to professional organizations inside of guiding as well as counselling inside of promoting the professional growth that belongs to counsellors inside of Kenya. The study discovered that professional groups provided chances that are going to belong to ongoing education and training, as well as networking, which happened to be critical to counsellors' professional development. According to the report, schools should encourage and support staff members to join professional organizations in order to boost counsellors' professional growth. Ngatia (2016) conducted research on the issues faced by counsellors inside Kenya at the same time that professional organizations inside Kenya were addressing these challenges. The study discovered that professional associations provided counsellors with support, advocacy, and networking opportunities, which happened to be critical to resolving the issues that counsellors encountered. According

to the survey, schools should promote and support personnel to join professional groups in order to ensure that counsellors receive the support they need to solve the issues they confront. Nyamwange & Kikwai (2020) investigated the role that belongs to guidance and counselling departments inside Kenyan Secondary Schools in providing students with psycho-social support. According to the report, guidance and counselling departments collaborated extensively with teachers, parents, and other stakeholders to identify and treat adolescent students' psychological needs. To provide additional support to students, the departments also cooperated with external organizations, such as non-governmental organizations as well as community-based organizations.

Wambugu (2019) conducted another study on the role that non-governmental organizations (NGOs) play in supporting education as well as development in Kenyan secondary schools. The study discovered that non-governmental organizations (NGOs) supplied additional resources, such as books, laptops, and other educational materials, to schools that lacked adequate resources. NGO's also offered students mentorship, coaching, and leadership training, which happened to be critical to their personal as well as professional development.

Omondi & Otieno (2018) investigated the function that belongs to community-based organizations (CBOs) in supporting the well-being of teenage girls inside Kenyan secondary schools. The study discovered that CBOs offered adolescent females assistance, resources, and advocacy, which happened to be critical to resolving the issues they encountered. CBOs also provided females with mentorship, coaching, and

leadership training, which happened to be critical to their personal as well as professional development.

Njoroge as well as Kamau (2017) investigated the role that mentorship programs play in boosting students' academic as well as personal growth in Kenyan secondary schools. The study discovered that mentorship programs offered students academic help, personal guidance, and leadership trainingevery single one of which happened to be critical to their success. The programs also provided students with networking opportunities as well as exposure to various professional options, allowing them to make educated decisions about their future. Gathuri (2017) investigated the role that school counsellors play in enhancing students' academic as well as personal growth in Kenyan secondary schools. The study discovered that school counsellors played an important role in providing students with academic as well as personal assistance, which was critical to their success. The study also discovered that membership in professional organizations aided school growth by improving the quality of counselling services provided to students.

Mugambi (2016) investigated the function that belongs to advice as well as counselling in increasing student well-being in Kenyan secondary schools. The study discovered that counselling services supplied by trained and qualified counsellors contributed to school progress by improving students' overall well-being. According to the study, schools should invest in counsellors' professional development by encouraging membership in professional organizations as well as providing opportunities for training and networking.

Behavioural Interventions

Respondents happened to be asked to identify behavioural issues displayed by adolescent students in Trans-Nzoia County schools. Adolescent students exhibit inappropriate social behaviours, such as stealing, bullying, attention deficit, hyperactivity disorders, inappropriate cell phone and laptop usage inside of class, disruptive behaviours, and withdrawn behaviours, according to their responses. Behavioural issues among adolescent students inside Kenyan schools happen to be a serious issue that affects students' academic achievement as well as social functioning.

Adolescent students in Trans Nzoia County displayed inappropriate social behaviours, stealing, bullying, attention deficit, hyperactivity disorders, inappropriate cell phone and laptop usage in class, disruptive behaviours, and withdrawn behaviours, according to study results. According to Ondieki et al. (2019), the most common behavioural difficulties experienced by adolescent pupils in Trans Nzoia County schools were drug and substance misuse, bullying, and absenteeism. According to the authors, these difficulties are linked to a variety of risk factors, including poverty, family disintegration, and peer influence.

According to Bett et al. (2018), adolescent students in Tran-Nzoia County have an existing high prevalence of behavioural problems, with many adolescent students exhibiting conduct disorders, emotional as well as behavioural disorders, as well as attention deficit hyperactivity disorder (ADHD). According to the authors, these

difficulties happen to be linked to low academic achievement as well as social maladjustment. Low self-esteem, peer pressure, as well as an existing lack of parental support, happened to be found at the same time that important risk factors that are going to contribute to behavioural difficulties among teenage students inside of Trans-Nzoia County were identified by Karani & Mauti (2016). The authors believe that addressing these risk factors can help pupils avoid developing behavioural issues.

Ooko et al. (2021) remark inside of an existing review that belongs to the research on behavioural issues among teenage pupils that schools inside of Trans-Nzoia County frequently lack appropriate resources to address the needs of adolescent students with behavioural challenges. The authors propose that integrating school-based mental health services has the ability to help address this issue as well as enhance students' mental health outcomes.

Finally, Mwanzia et al. (2018) found that teacher attitudes as well as practices influenced the development as well as treatment of behavioural issues among teenage students of schools of Trans Nzoia County. The authors contend that teacher training as well as assistance have the ability to improve the quality of student advice and counselling services.

According to Ongori et al. (2019), the most common behavioural difficulties experienced by adolescent pupils inside Kenyan schools were drug and substance abuse, bullying, and violence. According to the authors, these difficulties happen to be linked to an

existing variety of risk factors, including poverty, family disintegration, and peer influence. According to Kiio et al. (2020), teenage children inside Kenya have an existing high prevalence of behavioural problems, with many students exhibiting conduct disorders, emotional as well as behavioural disorders, as well as attention deficit hyperactivity disorder (ADHD). According to the authors, these difficulties happen to be linked to low academic achievement as well as social maladjustment. Low self-esteem, poor coping skills, and poor communication with parents happened to be found at the same time that important risk factors that are going to contribute to behavioural difficulties among adolescent students inside of Kenya were identified by Omboto et al. (2018). The authors believe that addressing these risk factors can help pupils avoid developing behavioural issues.

Nyongesa as well as Mukuru (2020) observe in an existing review that belongs to the research on behavioural difficulties among teenage students that schools inside Kenya frequently lack appropriate resources to address the needs of adolescent students with behavioural challenges. The authors propose that integrating school-based mental health services has the ability to help address this issue as well as enhance students' mental health outcomes.

Finally, Muhia et al. (2019) discovered that teacher attitudes and practices influence the development and management of behavioural issues among adolescent pupils in Kenyan schools. The authors contend that teacher training as well as assistance have the ability to improve the quality of student advice and counseling services.

Finally, behavioural issues among adolescent pupils inside of Trans-Nzoia County Schools happen to be an existing significant issue that affects academic achievement as well as social functioning. These difficulties happen to be linked to an existing variety of risk factors, including poverty, family breakup, and peer influence. Addressing these risk factors as well as improving the quality of guidance and counselling services available to students has the ability to prevent the development of behavioural issues as well as enhance students' mental health outcomes.

Njoroge as well as Wambugu (2018) investigated the impact of an existing life skills training program on the behaviour and academic performance of Kenyan secondary school students. The program happened to be created to encourage students' positive behaviours as well as life skills, and it featured workshops on communication, problem-solving, and decision-making. The study discovered that the program had a considerable favourable impact on adolescent students' behaviour as well as academic achievement, contributing to their overall growth and development. Ondigi as well as Wangila (2018) investigated the impact of an existing behavioural intervention program on the emotional and social development of pupils in Kenyan secondary schools. The program happened to be aimed at encouraging adolescent students' positive behaviours as well as emotional well-being, and it featured workshops on coping methods as well as emotional regulation. According to the study, the program had a considerable favourable impact on adolescent students' emotional as well as social development, which contributed to their overall growth and development. Mwangi as well as Kamau (2016) investigated the impact of an existing behavioural intervention program on students' self-esteem as well as

academic performance inside Kenyan secondary schools. The program happened to be created to encourage positive behaviours as well as self-esteem in pupils, and it featured goal-setting as well as positive self-talk sessions. According to the study, the program had a considerable favourable impact on students' self-esteem as well as academic achievement, which contributed to their overall growth and development. In Kenya, the incorporation of behavioural interventions into school operations has been an increasingly prominent topic in recent years. Several studies have found that incorporating behavioural interventions into school operations has the ability to improve student behaviour, academic achievement, and the overall school climate. For example, Nderitu as well as Gatimu (2018) discovered that the impact of an existing behavioural intervention program on academic performance inside Kenyan schools led to considerable changes in students' academic performance. Wanyama (2019) investigated the effectiveness of an existing positive behaviour intervention as well as a support (pbis) program in reducing disruptive behaviours among Kenyan secondary school students. The study discovered that implementing PBI resulted in a considerable reduction in disruptive behaviour among students. Despite the potential benefits of behavioural interventions inside schools, there are significant barriers to properly implementing these treatments inside Kenyan schools. These difficulties include an existing lack that belongs to resources, an existing lack that belongs to teacher training as well as support, as well as cultural differences that may affect the acceptability of some approaches. Some academics have advocated using culturally sensitive behavioural treatments that happen to be adapted to the specific needs as well as the cultural environment of Kenyan schools to solve these difficulties. For example, Bello as well as Mucherah (2019) offered an

existing culturally sensitive intervention based on the concept of Ubuntu, which emphasizes the importance of social connectedness as well as collective responsibility in African cultures.

Furthermore, the majority (mean = 4.66) highly agreed that the school administration significantly advocated the use of interventions. The role that belongs to school administration in advocating the use of behavioural interventions in school operations happens to be critical in Kenya. Several studies have demonstrated that effective school administration is crucial to expanding the use of behavioural interventions inside the classroom. For example, Orodho (2018) discovered that effective school leadership was critical to promoting buy-in by teachers, providing training as well as support, and ensuring the program's success inside of an existing study on top of the role that belongs to school management inside of the implementation of the Positive Behavioural Interventions as well as Supports (PBS) program inside of Kenyan schools.

Gatimu (2020) investigated the role that school principals play in fostering positive behaviour among children in Kenyan primary schools. According to the findings of the study, effective school leadership happens to be connected with improved student behaviour, academic achievement, and overall school climate. Several other factors, in addition to excellent school leadership, have the ability to stimulate the use of behavioural interventions in Kenyan school operations. These include the availability that belongs to resources as well as assistance that was provided by outside groups, such as non-governmental organizations as well as government agencies, at the same time as

the possibilities that are going to belong to teacher training as well as professional development. Despite the potential benefits of behavioural interventions inside schools, there are significant barriers to properly implementing these treatments inside Kenyan schools. These difficulties include an existing lack that belongs to resources, an existing lack that belongs to teacher training as well as support, as well as cultural differences that may affect the acceptability of some approaches. Nyaga et al. (2019) conducted an existing literature review on the status of guidance as well as counselling services inside Kenyan secondary schools.

According to the evaluation, Kenya's Ministry of Education recognizes the value of guidance and counselling services inside secondary schools and has made efforts to ensure that these services are available to students. According to Orodho as well as Nambiro (2019), just 19% of Kenyan secondary schools have an existing functioning guidance and counselling team. The survey also found that the vast majority of schools lacked qualified counsellors, as well as that instructors who happened to be assigned to provide counselling services frequently lacked the requisite skills and training. Kiprono et al. (2020) discovered that pupils inside Kenyan secondary schools encountered a variety of challenges, including academic stress, peer pressure, and mental health problems. However, the study discovered that students lacked access to proper counseling as well as counseling resources to assist them in dealing with these issues. These findings happen to be consistent with previous research, such as that done by Orodho (2014), who discovered that just 12% of Kenyan secondary schools have an existing guidance as well as counseling team. The study also discovered that schools

without such teams had higher rates of indiscipline, drug misuse, and other social problems.

Mwangi as well as Njoroge (2019) investigated the application of behavioural interventions inside an existing sample that belongs to Kenyan schools. While some schools had incorporated interventions such as positive behaviour reinforcement, many others relied on traditional forms of discipline such as corporal punishment, according to the report. Nyabuto et al. (2020) investigated the impact of an existing positive behaviour intervention in Kenyan elementary schools. The intervention entailed training teachers to utilize positive reinforcement as well as praise to encourage students' excellent behaviour. The intervention was found to be effective in lowering problem behaviours as well as enhancing academic achievement, according to the study. Despite these benefits, behavioural interventions are not widely used in Kenyan classrooms. Many schools continue to use traditional means that belong to discipline, as well as a frequent lack of information and training regarding the use of evidence-based behavioural interventions.

Wanyonyi et al. (2021) assessed the effectiveness of an existing positive behaviour intervention in an existing Kenyan secondary school in one study. The intervention entailed training teachers to utilize positive reinforcement to encourage students' excellent behaviour. The intervention resulted in considerable improvements in student behaviour as well as academic achievement, according to the report. Kinyua as well as Mackenzie (2020) conducted another study to investigate the impact of an existing

counselling intervention on the mental health of teenage students inside an existing Kenyan secondary school. Group counselling sessions focused on developing students' emotional as well as social abilities during the same time that the intervention was taking place. The intervention resulted in considerable increases in students' mental health as well as well-being, according to the study. According to Ondieki et al. (2019), school-based drug as well as substance abuse prevention programs have the ability to be helpful in lowering drug as well as substance misuse among adolescent pupils inside of Trans-Nzoia county schools. According to the authors, such initiatives have the ability to be integrated into the school curriculum as well as engage parents, teachers, and other stakeholders.

According to Bett et al. (2018), cognitive-behavioural treatment (CBT) has the ability to be successful in resolving behavioural difficulties among transgender teenage students. According to the authors, CBT has the ability to help students improve their coping abilities, manage stress and anxiety, and improve their emotional and behavioural regulation.

2.4 Impact of Psycho-social and Behavioural Interventions and capacity building on adolescent students

Ong'wen et al. (2019) investigated the effectiveness of an existing psychosocial intervention for boosting teenage students' mental health and well-being in Kenyan secondary schools. The intervention included group counselling sessions, inside of which students were taught stress, anxiety, and depression management strategies. The

intervention resulted in considerable increases in students' mental health as well as academic performance, according to the study. Ayieko as well as Okwara (2021) conducted another study to explore the impact of an existing psychological intervention on the behaviour of adolescent pupils inside an existing Kenyan secondary school. Counselling sessions as well as life skills training happened to be part of the intervention to help pupils deal with social as well as emotional concerns. The intervention resulted in considerable changes in adolescent students' conduct as well as academic performance, according to the study.

Njoroge et al. (2020) conducted an existing study to determine the effectiveness of an existing behavioural intervention for enhancing students' academic performance in an existing Kenyan secondary school. The intervention entailed training teachers to utilize positive reinforcement to encourage students' excellent behaviour. The intervention resulted in considerable gains in students' academic performance, according to the study. Oluka et al. (2018) investigated the effect of an existing behavioural intervention on the behaviour of adolescent pupils inside an existing Kenyan secondary school. The intervention entailed the creation of an existing positive behaviour support program that is going to belong to the entire school. The intervention resulted in significant improvements in students' behaviour, including reductions in disruptive behaviour as well as increases in positive behaviour, according to the study.

Capacity development entails acquiring knowledge, skills, and attitudes that enable people to take charge of their lives and make informed decisions. Kithuka et al. (2020)

evaluated the impact of an existing capacity-building program on adolescent pupils' self-efficacy as well as self-esteem inside an existing Kenyan secondary school. Students happened to be taught numerous life skills, such as communication, decision-making, and problem-solving, during the same time that they were part of the program. The training resulted in considerable improvements in students' self-efficacy as well as self-esteem, both of which happen to be crucial indicators of personal development, according to the study. Ayieko as well as Okwara (2021) conducted another study to investigate the impact that belongs to an existing capacity-building program on top of the behaviour that belongs to adolescent pupils at an existing Kenyan secondary school. Students were taught social and emotional skills such as empathy, self-awareness, and conflict resolution as part of the program. According to the study, the program resulted in considerable improvements in students' behaviour, including decreases in hostility and increases in positive behaviour. Capacity building can generally assist adolescent pupils in Kenyan secondary schools in managing themselves and their personal development. Capacity development may help students become more self-reliant and confident individuals by providing them with the essential knowledge, skills, and attitudes to take control of their lives. By incorporating life skills training and other capacity-building programs into their counselling programs, guiding and counselling personnel can play an important role in capacity building.

2.5 Factors affecting the growth and development of adolescent students in schools

Kenya's education system, affecting the growth and development of adolescent children inside Kenyan secondary schools. Gichuru as well as Waweru (2021) conducted research

on the impact of COVID-19 on Kenya's school system. According to the report, school closures and the move to online learning have had a negative influence on pupils' academic performance and mental health. Students have faced difficulties due to limited access to technology, a lack of face-to-face contacts with teachers and peers, and increased tension and anxiety.Kaburu et al. (2021) conducted another study to investigate the impact of COVID-19 on the socio-emotional well-being of teenage students in Kenyan secondary schools. According to the report, the pandemic has had a severe influence on students' emotional and mental well-being, with many students experiencing stress, worry, and sadness as a result of the disruption of their academic and social routines.

They also strongly agreed (mean = 4.52) that local ethnic as well as religious tensions have an existing impact on top of the growth that belongs to adolescent students. Wanjohi (2018) explored the impact of ethnic conflicts on secondary school education inside Kenya in one study. According to the study, ethnic tensions have the ability to lead to violence as well as instability, which has the ability to disrupt the education system as well as severely impair pupils' academic performance. Because of the increased tensions inside their communities, students may feel uncomfortable and find it difficult to concentrate on their academics. Muya as well as Kiboss (2019) investigated the impact of religious tensions on secondary school education in Kenya. Religious conflicts, according to the study, can lead to discrimination and prejudice, which can produce social and emotional pressures for pupils. This can have a significant impact on their mental health and well-being, as well as their academic success. Overall, ethnic and religious

tensions in Kenyan secondary schools might have a negative impact on the growth and development of adolescent children.

According to the findings of this study, the unstable family structure has an impact on the growth of adolescent students (Mean=4.92). Adolescents from unstable families may face social and emotional pressures that affect their academic achievement and overall well-being. Kamanda et al. (2019) evaluated the effect of family instability on academic performance among Kenyan secondary school students. The study discovered that students from unstable home circumstances performed worse academically than pupils from secure family environments. Family instability can result in social and emotional difficulties that interfere with adolescent students' ability to concentrate on their education. Another study, by Nyamwange and Nyang'au (2018), looked at the influence of family instability on teenage students' mental health and well-being in Kenyan Secondary Schools. According to the study, family instability can lead to sadness, anxiety, and other mental health problems among students. These concerns can have an impact on their academic achievement as well as their overall well-being.

2.6 Challenges in implementation of the interventions on the growth and development of adolescent students

Another issue happens to be an existing lack that belongs to awareness as well as information that belongs to interventions among stakeholders, such as educators, parents, and adolescent students (mean = 4.52). Nyamwange et al. (2018) investigated teachers' knowledge as well as attitudes about adolescent sexual and reproductive health education

inside Kenyan public secondary schools. According to the survey, teachers had an existing poor understanding of teenage sexual and reproductive health education and lacked the requisite abilities to properly teach the subject. At the same time, sexual as well as reproductive health instruction inside public secondary schools happened to be poor, negatively influencing teenage students' growth as well as development. Omwenga (2020) conducted another study to investigate the impact of parental involvement in secondary school education on adolescent students' academic achievement in Kenya. According to the study, parental involvement inside of secondary school education happens to be low because parents are unaware of the value that belongs to their involvement inside of their children's education. During the same time that an existing result existed, students' academic performance suffered, which could have an existing impact on their growth as well as development.

In addition, Kabue et al. (2018) investigated the factors impacting the execution of the Kenyan government's school health program inside Kenyan public secondary schools. The study discovered that an existing lack of awareness as well as information among stakeholders, including policymakers, educators, and parents, was a substantial impediment to the school health program's implementation. During the same time that the program intended to address different health-related concerns that impair teenage pupils' development, this had an existing negative impact on their growth as well as development. Furthermore, Kilonzo and Kilonzo (2018) investigated the impact of peer education on adolescent sexual as well as reproductive health inside Kenyan public secondary schools. Peer education happened to be found to exist as an existing effective

strategy that is going to belong to addressing adolescent sexual as well as reproductive health concerns inside of the study. However, the intervention's performance happened to be heavily reliant on the level of awareness as well as expertise among stakeholders, including politicians, educators, and parents. Lack of awareness as well as expertise among stakeholders hampered intervention implementation and uptake, potentially affecting teenage pupils' growth and development.

Furthermore, they highly agreed (Mean=4.49) that some cultural practices may be incompatible with particular therapies, and social norms may hinder students from participating in some interventions or seeking assistance when necessary. Cultural practices and social norms are strongly embedded in Kenyan society and can have a considerable impact on the behaviour of individuals, particularly adolescent students in public secondary schools. Some cultural traditions and social conventions may hinder students from participating in specific interventions or requesting assistance when needed, so impacting their growth and development. Mwangi et al. (2019) investigated the impact of social norms on teenage girls' participation in menstrual hygiene management in Kenyan public secondary schools. The study discovered that menstrual social norms, such as ideas as well as attitudes around menstruation, cleanliness practices, and menstrual products, influenced girls' participation in menstrual hygiene management programs. The study also found that the girls' unwillingness to participate in menstrual hygiene management programs harmed their education as well as their well-being. Furthermore, Okumu as well as Bukusi (2020) investigated the impact of cultural practices on adolescent sexual and reproductive health inside Kenyan public secondary

schools. The study discovered that several cultural practices, such as early marriage and female genital mutilation, have an existing negative influence on the sexual and reproductive health of adolescent females. The study also indicated that cultural norms make it difficult to effectively execute interventions targeted at resolving these difficulties. Mburu as well as Omondi (2019) investigated the impact of cultural practices on students' mental health inside Kenyan public secondary schools. The study discovered that cultural views about mental health, such as stigma and misunderstandings, had an existing negative impact on students' mental health.

The study also discovered that these cultural beliefs make it difficult to execute effective mental health interventions, potentially affecting the growth and development of adolescent students. Furthermore, Kamau and Agalla (2019) investigated the impact of social norms on drug misuse among teenage pupils inside Kenyan public secondary schools. The study discovered that societal norms, such as peer pressure and the glorifying of drug use in popular culture, contributed to adolescent drug abuse. The study also discovered that societal norms made it difficult to execute effective drug misuse interventions, potentially affecting the growth and development of adolescent students. Inadequate facilities, such as classrooms or libraries, to conduct particular interventions, happens to be another concern strongly agreed upon by respondents (mean = 4.58). Adequate facilities are required for efficient implementation as well as the adoption of programs targeted at addressing the issues confronting teenage pupils inside Kenyan public secondary schools. Inadequate facilities, such as classrooms or libraries, have the

ability to make it harder to execute some interventions, potentially affecting adolescent growth as well as development.

Akinyi et al. (2020) investigated the impact of poor classroom facilities on top of the implementation of inclusive education inside Kenyan public secondary schools. The study discovered that inadequate classroom facilities, such as limited space and poor ventilation, hampered the implementation of inclusive education, potentially affecting adolescent students' growth as well as development. Furthermore, Waweru as well as Kinuthia (2020) investigated the impact of poor library facilities on the reading culture of adolescent pupils inside Kenyan public secondary schools. The study discovered that inadequate library facilities, such as limited space, insufficient resources, and poor lighting, had an existing negative impact on adolescent students' reading culture, potentially affecting their growth as well as development. Nyamwange et al. (2019) investigated the impact of insufficient laboratory facilities on the implementation of science topics in Kenyan public secondary schools. The study discovered that inadequate laboratory facilities, such as insufficient space, insufficient equipment, and an existing lack of safety precautions, had a detrimental impact on the execution of science courses, potentially affecting adolescent students' growth as well as development. Furthermore, Obiero et al. (2020) investigated the influence of limited sports facilities on physical education as well as sports among teenage students inside Kenyan public secondary schools. The study discovered that inadequate sports facilities, such as insufficient space, inadequate equipment, and an existing lack of safety precautions, had a detrimental

impact on physical education as well as sports, potentially affecting teenage students' growth and development.

Finally, they agreed (mean = 4.12) that changes in government policy or leadership turnover have the ability to interrupt ongoing initiatives or make new interventions more difficult to implement. Okoth as well as Wandera (2020) investigated the influence that belongs to policy changes on top of the delivery that belongs to sexual as well as reproductive health education inside of public secondary schools in Kenya. The study discovered that changes in government policy had an existing negative impact on top of the implementation that belongs to sexual as well as reproductive health education, potentially affecting teenage pupils' growth as well as development. Furthermore, Simiyu et al. (2019) investigated the impact of leadership turnover on the implementation of school health initiatives inside Kenyan public secondary schools. The study discovered that leadership change had an existing negative impact on top of the execution that belongs to school health initiatives, potentially affecting teenage students' growth as well as development.

Opiyo et al. (2019) investigated the impact of changes in government policy on top of the implementation of school food programs in Kenyan public secondary schools. The study discovered that changes inside government policy had an existing negative impact on top of the implementation that belongs to school food programs, potentially affecting adolescent students' growth as well as development. Furthermore, Sifuna and Wandera (2018) investigated the impact of changes in government policy on top of the

implementation of inclusive education in Kenyan public secondary schools. The study discovered that changes inside government regulations had an existing negative impact on top of the implementation of inclusive education, potentially affecting adolescent students' growth as well as development.

2.6 Research Gap

According to Goldenberg et al. (2009), not correctly mentioned, emotional instability is the common type of disorder that is characterized by increased level of anxiety, despair, fear, and somatic symptoms. The disparity in study findings shows a literature gap, which this study aims to fill by revealing more in-depth insights and bridging the knowledge gap, specifically addressing the effectiveness of both psychosocial and behavioural therapies in public schools, particularly among adolescents.

2.6.1 Summary of Research Gap

The chapter discussed psycho-social and behavioural intervention ideas to explain adolescent student development. Furthermore, it will explained the study benefits from the theories, conceptual framework that demonstrated causal relationship between the independent variables, which were the intervention orientation dimensions, and the dependent variable, which is the growth of adolescent students, and explained the knowledge gap that the study is to bridge.

2.6.2 Literature Gap

The disparity in study findings shows a literature gap, which this study filled by revealing additional in-depth insights and bridging the knowledge gap, specifically addressing the effectiveness of both psycho-social and behavioural interventions in public schools, particularly among adolescents.

2.6.3 Knowledge Gap

This dissertation addressed psychological and behavioural intervention theories. In order to establish a causal relationship between the independent variable (intervention orientation) and the dependent variable (adolescent student progress), the study will benefit from existing theories and a conceptual framework. By presenting empirical proof of the success of these interventions, the study will be able to pinpoint and address the current knowledge gap in the area of adolescent development. This study specifically aims to fill a knowledge gap regarding the effects of intervention orientation factors on the development of adolescent students from Trans-Nzoia County in Kenya. The proposed study is important because it will add to the body of knowledge on the topic and offer guidance for policymakers, psychologists, and teachers in the form of useful recommendations.

2.6.4 Summary

The orientation component of this study consists of psycho-social, behavioural, political, and government legislation, as well as adolescent student progress. Thus, the chapter presents literature on the concepts of intervention orientation, as well as the study's

objectives, which investigated psycho-social and behavioural interventions among adolescent students in Trans-Nzoia County, Kenya, theoretical framework, and conceptual framework. It also reveals the knowledge gap about the relationship between strategic interventions, orientation, and progress of adolescent students in public secondary schools.The study examined common psycho-social and behavioural challenges that adolescents face. Psycho-social difficulties in adolescents have an impact on their ability to perform in many areas of their lives. Adolescents are especially sensitive to emotional distress due to physiological and psychological changes.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 Introduction

This section details the study's research methodology, philosophical paradigm including the study population's geographic location, sampling strategy, data collection procedures, analysis methods, and instrument validity and reliability.

3.1 Research Design

The research strategy that was used in this study was a mixed method approach a hybrid of quantitative and qualitative survey techniques. The descriptive survey was thus used. The descriptive survey research is an observational method that focuses on identifying patterns in data and also provides numerical description which enables a researcher to have an in-depth understanding of the topic. Deductive testing of hypotheses was done using a quantitative method, while inductive testing was the emphasis of a qualitative strategy (Saunders *et al*, 2003).

3.2 The Philosophical Paradigm

The methodological approach of John Dewey's principle of inquiry Morgan, 2014, established as a connection between beliefs and actions via a process of decision-making. According to Dewey, 2008, all human acts that require conscious thought entail inquiry or evaluation in response to a problem.

3.3 Location of the Study

The data for the study came from the five (5) Trans-Nzoia sub-counties' public secondary schools. The fact that public secondary schools had established guidance and counselling department was a factor in the study's decision to use them.According to the Kenya News Agency (KNA) Information for development, October 11, 2022. It states that 25% of patients seeking medical services at the Kitale County Hospital in Trans-Nzoia County suffer from health disorders brought by depression. The Trans-Nzoia County Director of Medical Services, Dr. Nancy Kegode said that 1,167 patients had been placed under psychiatric therapy at the health facility with 705 being cases that were recently enlisted. According to the Kitale Community Advancement Program (KAP), abuseand addiction to alcohol and drugs is a huge and fast increasing problem in Trans-Nzoia County, also affecting many youths, even children. Locally brewed gin (changaa), marijuana (bhang), other concoctions even heroin are easily accessible, sold and trafficked. This wrecks young people's lives and families and other societal challenges such as HIV-AIDS and S.T.Is and violence. (www.globalliving.org or https: kapkitale.com). Based on the above evidence, the location of the study was chosen.

3.4 Population of the Study

This study's population consisted of all public secondary institutions in Trans-Nzoia County that were registered with the Ministry of Education. The respondents, who were knowledgeable about student behaviour, were the Heads of Guidance & Counselling and Deputy Principals in public secondary schools. The researcher also interviewed the Ministry of Education's Director who shared the government's policies on adolescent

students in public secondary schools. Research population also included adolescent students.

3.5 Sampling Technique and Sample Size

3.5.1 Sampling Technique

Utilizing convenience, stratified random selection, and purposive sampling methods, the study's sample was selected. In order to identify the public secondary schools in the five sub-counties, a purposive sampling strategy was adopted. The actual public secondary schools were chosen using a stratified random selection technique. This allowed for the representation of the target population by random selection (Cooper and Schindler, 2003).

3.5.2   Sample Size

This study's sampling frame comprised of five (5) major sub-counties. The geographical breakdown of public secondary institutions in Trans-Nzoia County is depicted in Table 3.1.

Table 3.1: Distribution of Public Secondary Schools in Trans-Nzoia County

Sub- County(s)	No. of Schools/ Sub- County Sample Frame
1. Saboti	43
2. Kiminini	57
3. Endebess	18
4. Kwanza	48

5.	Cherangany	73
Total		**239**

Source: Director of Education, Trans-Nzoia County, MOE

Using the coefficient of variation, the sample size was determined. According to Nassiuma (2000), a coefficient of variation between 21% and 30% and a standard error between 2% and 5% are typically acceptable in surveys and experiments. Consequently, this investigation employed a coefficient variation of 30% and a standard error of 2%. The population estimate was already established based on Ministry of Education/Trans-Nzoia County 239 Schools records. Using a formula, the recommended number of samples was determined (Nassiuma, 2000).

$$n = \frac{N(C^2)}{C^2 + (N-1)e^2} n = \frac{N(C^2)}{C^2 + (N-1)e^2}$$ .... (1)

Where n = the sample size

N = the population size

C = the Coefficient of Variation

e = standard error

The result of this calculation was 116 respondents' schools (rounded to the next whole number as 116.144). However, the study's sample frame was divided into 5 sub-counties. By including all sub-county schools in the stratification, the survey's precision was intended to be maximized. Wyatt felt (2017) that the Neumann formula (1934) formula,

which Wyatt cited, was used to distribute the established sample size. $n_h = \left(\frac{n}{N}\right) N_h$

$$n_h = \left(\frac{n}{N}\right) N_h \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots (2)$$

Where n_h = sample size for stratum

N = the total population

N_h = n = the sample size

Using formula (2), the n=sample size proportional to stratum size that is presented on Table 3.2.

Table 3.2: Basis for Sample Size Allocation by Sub-County

Sub-Sector(s)	Sample Frame (Population)	Stratified Sample Size $n_h = \left(\dfrac{n}{N}\right) N_h$
1. Saboti	43	21
2. Kiminini	57	28
3. Endebess	18	9
4. Kwanza	48	23
5. Cherangany	73	35
Total	**239**	**116**

3.6 Instrumentation

According to Maree (2007), data collection involves utilizing measuring instruments on the subjects under research. In a similar vein, De Vos et al. (2011) assert that structured

observation schedules, organized schedules for interviews, survey forms, checklists and indices, and ratings are examples of commonly employed measuring instruments in quantitative data collection methods. Before selecting a particular measuring instrument, it is crucial in research to have a thorough comprehension of measurement's fundamental concepts and principles.

Saunders, Lewis, and Thornhill (2009) and De Vos et al. (2011) both agree that there are numerous ways to collect data and that it is crucial to pick and comprehend the values and theory that are fundamental to measurement. The author also claims that the reliability, validity, and response rate of the data can all be impacted by the questionnaire's design. Through the use of a questionnaire, an observation schedule, documentation analysis, and concentrated group discussions, data for this study was gathered. A questionnaire that had both closed- and open-ended questions served as the tool. Information on qualitative data was gathered by means of open-ended questions. According to Mugenda&Mugenda (2003), the questionnaire was designed to target particular aims or test a hypothesis.

The structured questionnaire employed in the research was proven to be both reliable and valid. This was established by following the principles of face validity, which ensures that the sample population is suitable, the questionnaire measures what it intends to measure, and that it is comprehensive enough to gather all the data necessary to achieve the study's objectives Adams, W. (2015).To determine the instrument's dependability, a pilot study was conducted, where 30 individuals from the target population who were not

part of the sample were evaluated. Data from the pilot study was collected and analysed to identify any observed ambiguities and eliminate them.

3.6.1 Self-Administered Questionnaires

This questionnaire approach was deemed the most suitable method for gathering data (Saunders, Lewis, and Thornhill, 2009).

The respondents independently completed the questionnaire, as advised by de Vos *et al*. (2011).As a result, the researcher mostly kept silent, at most urging participants with brief remarks to continue contributing or directing them back to the topic Maree(2007). The use of questionnaires has a lot of benefits.Even if respondents are geographically dispersed, questionnaires are cost-effective and allow for a large number of respondents to be questioned in a relatively short period of time, according to the author. Closed-ended inquiries are straightforward to answer and analyze.

To make it easier for respondents to complete the questionnaire for this study, closed-ended items were included (Appendix I). Given that it was created with simple questions in the beginning, the question sequence was straightforward and fluid, making it easy for the respondent to understand how one topic affected the next. Due to factor rotation, the factors in the first few questions are especially crucial because those that pass the standard cutoff of KMO = 0.5 will be kept and subjected to standard multiple regression in order to determine their final influence on the respondent's attitude and ability to cooperate (Russ, 2001).

3.6.2 Closed-Ended Questions

Saunders, Thornhill, and Lewis (2009: 362-375) assert that in closed-ended questions, participants are provided with a set of potential responses to choose from. They also suggest that closed-ended questions are commonly utilized because they encourage consistency in responses and are more straightforward to analyze. Moreover, closed-ended questions are less time-consuming for the respondent. For instance, in subsection B (Appendix I), the initial question requires participants to explain their response to an identified positive or negative comment, serving as an example of a closed-ended question.

3.7 Pilot Study

To determine their reliability, the study instruments were pilot tested at a comparable public secondary school outside the study area. The goal of the pilot study was to evaluate the reliability and validity of the study's proposed metrics. Before conducting a complete study, the instruments were improved in response to pilot comments (Mugenda&Mugenda, 2003).

3.7.1 Pre-testing the Questionnaire

To ensure the clarity and coherence of each item, the questionnaires were subjected to a pre-test, as emphasized by Ngulube (2005:136). Prior testing is crucial to ensure that the questionnaire is finalized. Similarly, Dawson (2009:98) posits that a pilot study is conducted to test the questionnaire's functionality and identify any necessary adjustments before initiating the investigation.Three specialists pre-tested the questionnaires. They

used two subject matter experts. Participants were invited to fill out a questionnaire and offer comments on how it may be improved.

To identify the questionnaire's flaws and test the instruments before putting them in front of respondents, a pilot study was undertaken for this study. A professionally crafted questionnaire was used to create the questions, demonstrating how effectively pertinent data was gathered. Three distinct locations from where the actual study was conducted were used for the pilot study.

3.8 Reliability of Instruments

High reliability equates to high consistency, therefore figuring out how well one variable correlates with another is equivalent to determining the survey's internal consistency. Reliability is defined as the degree of consistency that results from the repeatability of measurements. The Cronbach's Alpha reliability test was used in this investigation. According to Golafshani (2003), reliability is the consistency, precision and accuracy of a measurement.

Reliability, as defined by Joppe (2000), is the degree to which one may expect the same results repeatedly. Research instruments are deemed reliable if their results can be duplicated using the same procedures used in the original study, indicating that they provide an accurate picture of the population being studied. This quote effectively conveys the idea of the repetition of results or observations. Kirk and Miller (1986) state that in quantitative investigations, there are three types of dependability that are

considered: (1) the stability of a measurement, (2) the similarity of measures taken at different periods and (3) the consistency of a measurement through time. According to Charles (1995), determining whether or not an individual's answers to survey (test) items are consistent can be accomplished through the test-retest method at two consecutive dates.

Indeed, "stability" is the term typically employed to describe this characteristic of the instrument. If a consistent measure is used, the results should be comparable. Since dependability improves with increasing stability, the results are replicable if it is possible to achieve a high level of stability. The test-retest methodology has a flaw, according to Joppe (2000), which makes the instrument rather unreliable. According to her, the test-retest technique may cause respondents to become too sensitive to the content and skew the results.

According to Saunders et al. (2007), dependability refers to the degree to which the methods used for data collection and analysis produced consistent results. A test score's reliability is a sign of its consistency and stability across time or across applications. The measure's ability to consistently create outcomes that are similar was evaluated in this study because all measures will produce the same "results." A measurement can be valid even if it is not trustworthy.

Similar to this, according to Crocker and Algina (1986), the score a responder receives after answering a battery of test items merely represents a statistically insignificant subset

of their actual behaviour. Therefore, measurement errors may occur if a respondent attribute causes a shift in the scores. These types of imperfections will negatively impact the precision and reliability of the equipment, and also the outcomes of the test. Therefore, it was the researcher's duty to make sure that the tests and scores were highly consistent and accurate.

Reliability Test

Cronbach's alpha was used to analyse the questionnaire's measures for reliability. For the pilot test, 10% of the total sample size was used in the study. In order to pilot 12 questionnaires, they were distributed to respondents who were not part of the study's final sample. In order to determine reliability, the survey response was loaded into the statistical software for social sciences (SPSS). After that, we calculated the Cronbach's alpha. The reliability of the measure's internal consistency improved as the Cronbach's alpha coefficient got closer to 1. In accordance with Cronbach's advice, a coefficient of 0.7 was chosen. The outcomes are displayed in Table 2.

Table 3.3: Cronbach Alpha Data

Variables	Items	Cronbach Alpha
Psychosocial Interventions	16	0.8311
Behavioural Interventions	14	0.8128
Adolescent Student	3	0.8311

In this study, Cronbach's alpha was used to evaluate the consistency between respondents' answers on the construct-assessment questions and the scales used to measure each variable on the questionnaires. Cronbach's alpha will remain at 0.7. Cronbach's alpha values less than 0.7 were considered invalid. When the Cronbach's alpha in this situation is larger than 0.7, it means that the constructions have a high level of reliability (Lee Cronbach, 1978).

3.9 Validity of the Instruments

According to Kothari (2004), a research's validity is determined by how effectively its data collection and data analysis accurately reflect the world under investigation. Dros (2011) provides a definition of dependability, which is described as the consistency of measurement or the stability of measurement across different conditions, resulting in virtually identical outcomes. The validity of a questionnaire is determined by analyzing the questionnaire. The inferences and conclusions were based on the test scores of the questionnaire. The two major types of validity considered when validating the questionnaire were content and construct validity. A panel of experts were used to validate the questionnaire both construct and content. This is according to the research ofRangel et al.(2013).

3.10 Data Collection Procedure

The main methods used for gathering data were structured questionnaires. Self-administering the questionnaire allowed respondents to fully and accurately answer all of the questions, provide as much information as possible, and be encouraged to respond

(Kothari, 2007).The researcher had to get clearance from the National Commission for Science, Technology, and Innovation (NACOSTI) before moving on to the data collection phase. Telephone contact was made with respondents prior to the commencement of data collection to alert them. This was done to get their permission and let them know that the researcher used a prepared questionnaire that she self-administered to gather information. To ascertain whether the independent variables independently had a significant impact on the dependent variable, the represents networking T-test was used.

3.11 Data Analysis

Descriptive Statistics

Descriptive statistics provided a summary of the features or attributes of data sets.

Types of descriptive statistics used include i) frequency distribution, ii) central tendency iii) Variability/ dispersion.

Frequency distribution

Used to show how often a response is given for qualitative as well as quantitative data. It also showed count, percent, frequency or different outcomes occurring in a given data set. Frequency distribution was represented in tables, graphs, bar charts, histograms, and pie charts. Each entry in the graph or table was accompanied by how many times a value occurred in a specific interval, range or a group.

Central Tendency.

This included the descriptive summary of a data set using a single value that reflects the centre of the data distribution like mean, median and mode.

Variability/ Dispersion

A measure of variability identified the range, variance, standard deviation of scores in a sample. This denoted the range and width of distribution values in a data set and determined how to spread apart the data points from the centre.

Inferential Statistics

The justification for the use of data analysis is because, inferential statistics discovered or showed some property or a general pattern about a large group by studying a small group of people with the hope that results can be generalized to the large group. Inferential statistics used include: -regression analysis, analysis of variance (ANOVA) and t-test.

Regression Analysis

Y' = The estimated value of the dependent variable Y also, Adolescent Students*).*

α = *the value of Y when X is equal to zero. This is also called the "Y Intercept".*

β= the change in Y for each 1 increment change in X. (X1 X2) = an X score on an independent variable for which the study is trying to predict a value of Y.

X= independent variable (X, X2, X3, X4) and **e** = Residual or error terms

$$Y = \alpha + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + e \ldots\ldots\ldots\ldots\ldots (1)$$

Y= Growth/ Development of Adolescent Students (Dependant variable)

X_1 = Psychosocial Interventions, X_2 = Behavioural Interventions, X_3 = Government regulatory policies.

3.12 Ethical Consideration

The foundation of this investigation was a set of fundamental ethical concepts. It was created, examined, and carried out to guarantee the validity and excellence of the study. The research team and participants were fully informed of the goals, procedures, and potential applications of the study, which focused on treatments for adolescent student progress. The researcher obtained permission from the University of Eldoret to conductthe research and an authorization from NACOSTI, which allowed the study to be legally undertaken. Following a thorough explanation of the study's objectives to the respondents, their consent was requested. Due to the high value placed on protecting the privacy of study participants and the anonymity of responders from the relevant public sector, research participants were requested to participate in a manner free from compulsion and without any harm to them at all. Any conflicts of interest or partiality were made plain, and the research was evidently independent. Maintaining high ethical standards was the shared duty of all researchers and workers involved. It was a useful exercise in this research to allow for the discussion of ethical concerns. Participants were allowed to withdraw from the research at any time. All potential conflicts of interest or prejudice were disclosed, and it was clear that the study was independent. It was everyone's duty to uphold the highest ethical standards throughout the research or procedure. The practice of allowing for the debate of ethical issues in this study was a good one. Respondents had the choice to leave the study at any time.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, INTERPRETATION AND DISCUSSIONS

4.0 Overview

Data presentation, analysis and interpretation of findings obtained from data collection are discussed in this chapter. This chapter also presents background information of the respondents and findings of the analysis based on study objectives. Descriptive and inferential statistics was applied.

4.1 Response Rate

To identify the representative from the sample size, the response rate was examined. The trustworthiness of the research findings is highly dependent on the response rate. A low response rate could weaken the validity of the findings and reduce the statistical power of the data gathered. Additionally, it can make it more difficult for the researcher to extrapolate the findings to the wider target population. This is made more challenging by the possibility that a low response rate represents a non-response bias in the sample. If the non-response is unequal across the participants considering exposure and/or outcome, a low response rate may result in sampling bias. 116 questionnaires were used in the study, and Table 1 findings are displayed.

Table 4.1: Response Rate

Response	Frequency	Percent
Returned	100	86.21%
Unreturned	16	13.73%
Total	116	100%

Results indicated that the response rate was 86.21 % and according to Nulty (2008)a response rate more than 70 percent is large enough to perform the analysis.

4.2 Demographic Characteristics

This segment discusses the Heads of Guidance & Counselling and Deputy Principals' gender, age, level of education, marital status, school position, and teaching experience. These social characteristics were pertinent to the investigation because they provided information that is accurate, reliable, and pertinent to the study.

4.2.1 Gender of the Respondents

The Heads of Guidance & Counselling and Deputy Principals from Public secondary schools in Trans-Nzoia County were asked to indicate their gender. Their response is presented in table 4.2 below.

Table 4.2: Gender of the Respondents

Gender of respondent	Frequency	Percentage
Male	42	42%
Female	58	58%
Total	100	100%

From the results presented in the table 4.2 above, 58% of the females were females and 42% were males. The female respondents were slightly more than the male respondents.

4.2.2 Marital Status

Marital status of the Heads of Guidance & Counselling and Deputy Principals from Public secondary schools in Trans-Nzoia County are presented in figure 4.1 below.
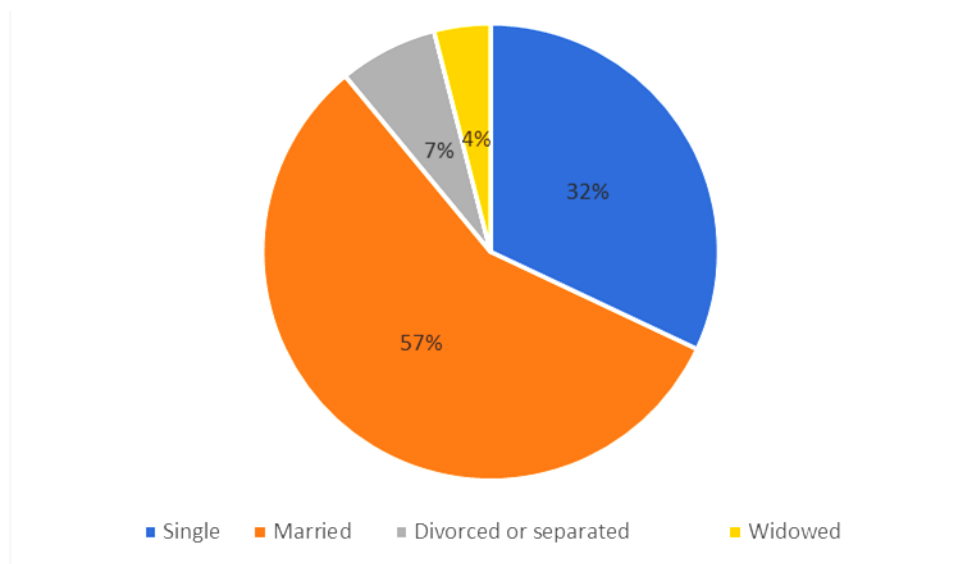
Figure 4.1: Marital status of the respondents

According to the results presented in figure 4.1 above, majority of the respondents were married (57%) while 32% were single. Also, the study established that 7% were either separated or divorced and 4% were widowed.

4.2.3 Age

The age of the Heads of Guidance & Counselling and Deputy Principals from Public secondary schools in Trans-Nzoia County was enquired and table 4.3 summarises their responses.

Table 4.3: Age of the respondents

Age of respondent in years	Frequency	Percentage %
Below 25	28	28
26-35	36	36
36-45	23	23
46-55	10	10
Above 56	3	3

Results presented in table 4.3 above indicated that 28% of the respondents were below the age of 25, 36% were between the ages of 26 and 35 years, 23% were between the ages of 36-55 years and 3% were above 56 years.

4.2.4 Academic qualification of the respondents

The Heads of Guidance & Counselling and Deputy Principals were asked to indicate their level of education. The results of their responses are presented in table 4.4 below.

Table 4.4: Academic qualification of the respondents

Academic qualification of the respondents	Frequency	Percentage %
Non-formal Education	3	3

Primary Education	7	7
Secondary Education	30	30
Undergraduate	55	55
Masters	5	5
Total	100	100%

Table 4.4 above, displayed the academic qualifications of the respondents. Majority of the respondents had attained degree (55%), 30% had attained secondary qualification, 7% had primary certificate, 5 % had masters and finally 3% had no formal education.

4.2.5 The number of years the school has been in operation

The Heads of Guidance & Counselling and Deputy Principals were asked to indicate when the school started. Figure 4.2 summarises their responses.
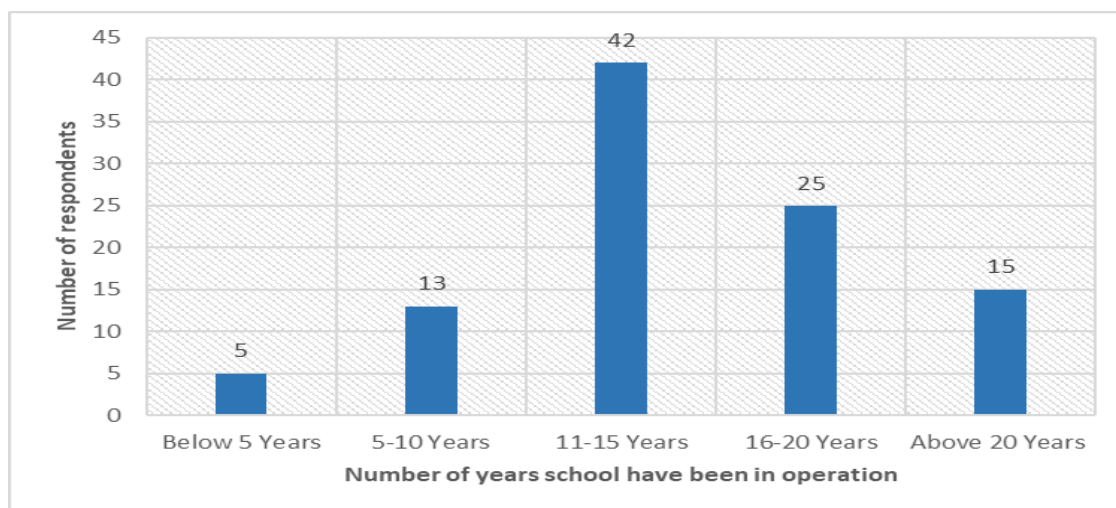
Figure 4.2: The number of years the school have been in existence

Figure 4.2 displayed the number of years the school have been operational and showed that majority of schools have been in operation between 11-15 years (42%), 25% in

operation between 16-20 years, 15% in operation above 20 years, 13% have been in operation between 5-10 years and only 5% have been in operation below 5 years.

4.2.6 Role of respondents in school

The Heads of Guidance & Counselling and Deputy Principals were asked to indicate their role in school. Their response is presented in figure 4.3 below.
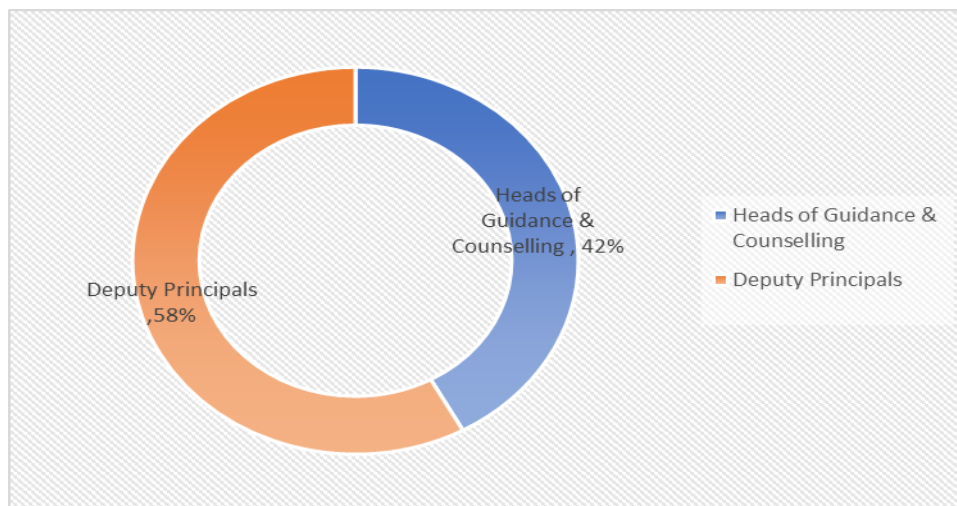
Figure 4.3: The role of respondents in school

The findings presented in figure 4.3 show that 58% of the respondents were deputy principals while 42% were heads of guidance and counselling.

4.2.7 Years of Service of the respondents

The study sought to find out the years of service of the respondents. Their experience as counsellors was crucial to assessing their skills. The findings are presented in Figure 4.4.
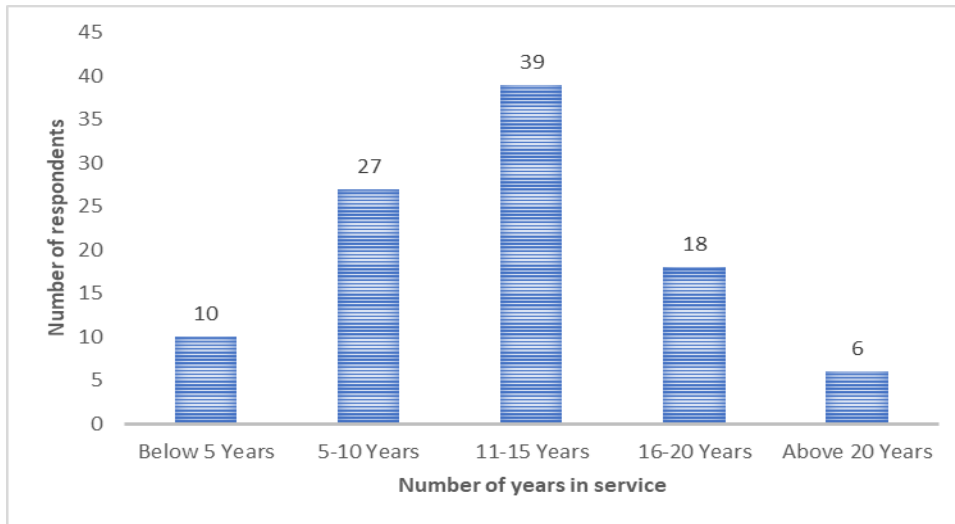
Figure 4.4: Years of Service of the respondents

It was evident from the findings presented in figure 4.4 that 39% of the respondents have been in service between 11 and15 years, 27% of them have been in service between 5 and 10 years, 18% have been working between 16 and 20 years, 10% have been in service below 5 years and only 6% have been working for over 20 years.

4.2.8 Location of the school within Trans-Nzoia County

The researcher sought to establish the location of the school within Trans-Nzoia County. Their response is summarized in figure 4.5 below.
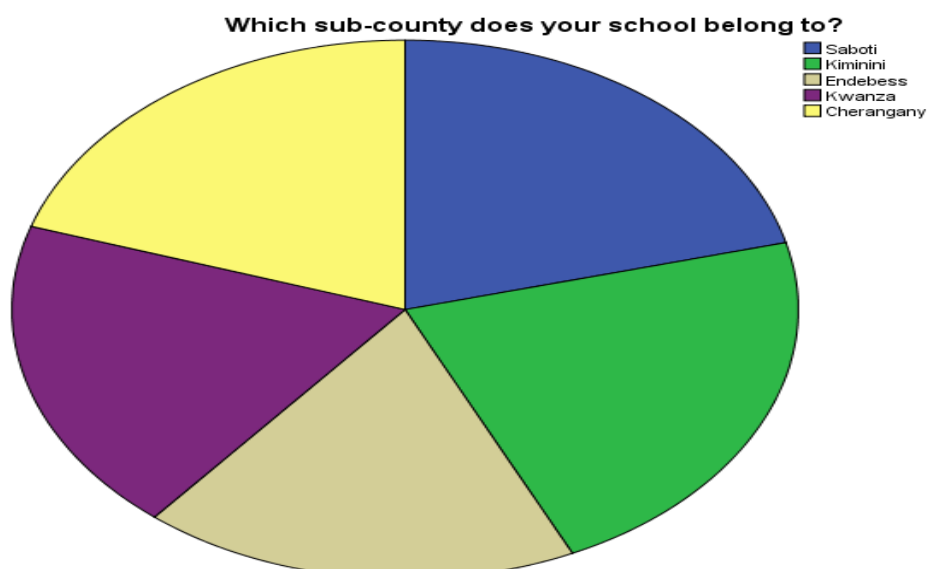
Figure 4.5: Location of the schools within Trans-Nzoia County

Figure 4.5 above indicate that 21% of the respondents are from schools located within Saboti Sub- County, 22% are from Kiminini Sub-County, 18% are from Endebess Sub-County, 19% are from Kwanza Sub-County and finally 20% are from Cherangany Sub-County.

4.2.9 The age of the students

The study sought to establish the ages of students. Table 4.5 presents the findings.

Table 4.5: The age of the students

Students age	Frequency	Percentage %
13	5	5
14	8	8
15	16	16
16	28	28
17	32	32
Over 17	11	11
Total	100	100

It was evident from the findings presented in table 4.5 that 32% of the students were 17 years, 28% were 16 years, 16% were 15 years, 11% were above 17 years, 8% were 14 years and lastly, 5% were 13 years.

4.2.10 Average Number of adolescent students exposed to interventions

The respondents were asked to indicate their role in school. Their response is presented

in figure 4.6 below.

Table 4.6: Students exposed to interventions

Students Number	Frequency	Percentage %
Below 10	23	23
11-20	35	35
20 - 99	42	42
Total	100	100

Table 4.6 indicated that 42% of the respondents were exposed to interventions 20 to 99

students in a year while 35% of the respondents exposed between 11 to 20 students in a

year and only 23% of them were exposed in less than 10 in a year.

4.3 Psycho-social and behavioural challenges among students

The researcher found it necessary to establish psycho-social and behavioural challenges

among students. To achieve the objective, a set of statements in the form of five points

Likert scale were posed to the respondents. The responses were coded as 1= strongly

Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree. Table 4.7 shows the

proportion of respondents in various levels of agreement and the mean.

Table 4.7: Psycho-social and behavioural challenges among students

	1	2	3	4	5	Mean	SD
Adolescent students potray psychosocial challenges	9	7	19	37	28	3.68	1.21
Adolescent students portray behavioural challenges	9	8	21	41	21	3.57	1.17
Adolescent students access both psychosocial and behavioural interventions at the school.	17	11	46	16	10	2.91	1.16

In reference to Table 4.7, majority of respondents agreed that adolescent students portray psychosocial challenges (Mean=3.68), agreed that adolescent students portray behavioural challenges (Mean=3.57) and finally, majority were neutral on whether adolescent students access both psychosocial and behavioural interventions at the school (Mean=2.91).

4.4 Psychosocial challenges depicted by the adolescent students

The respondents were asked to indicatePsychosocial challenges depicted by the adolescent students. Results of the response are presented in figure 4.6 below.
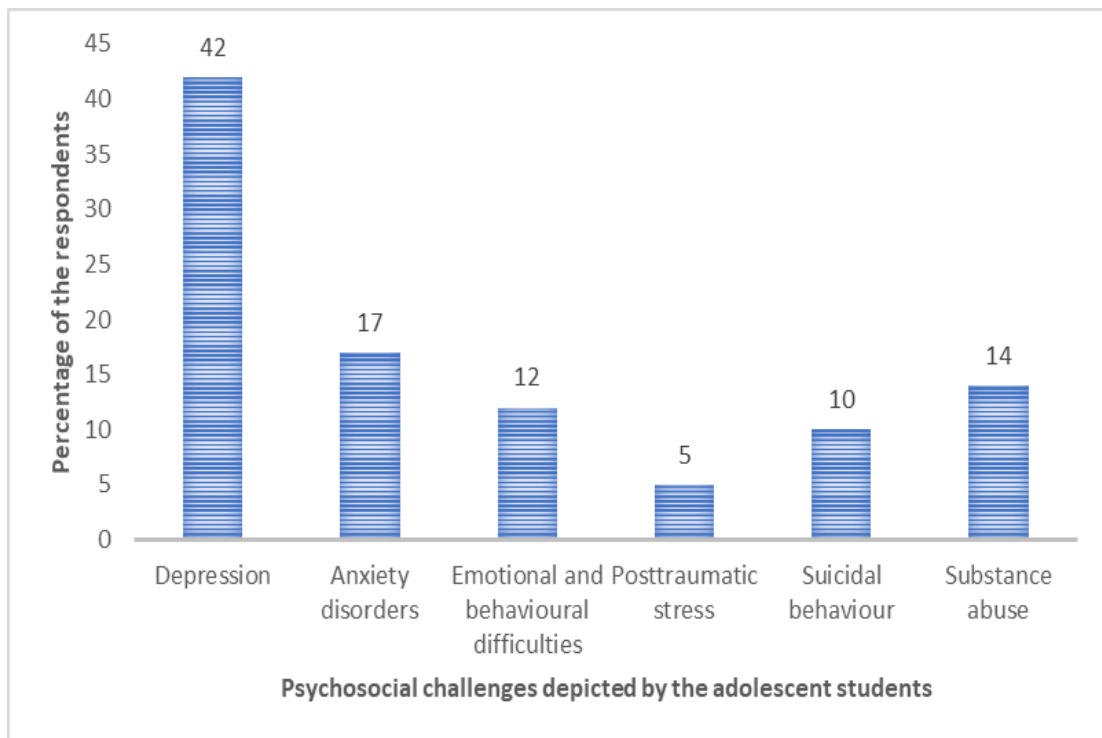
Figure 4.6: Psychosocial challenges depicted by the adolescent students in schools

The majority of respondents (42%) in figure 4.6 reported that depression is the primary psychosocial obstacle faced by teenage pupils in their schools, while 17% said that anxiety disorders are another significant issue. The others are substance abuse (14%), suicidal behaviour (10%), emotional and behavioural issues (12%), and post-traumatic stress disorder (5%).

4.5 Psycho-social Interventions provided by schools

The study further sought to establish the psychosocial Interventions provided by schools. Likert scales were posed to the respondents. The responses were coded as 1= strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree. The summary of the findings is presented in Table 4.8 below.

Table 4.8: Psycho-social Interventions provided by schools

	1	2	3	4	5	Mean
Our school integrates psychosocial interventions within the school operations	3	4	9	26	58	4.61
Staff understand psychosocial interventions clearly	6	9	23	41	21	3.57
The school management encourages the use of the interventions	8	12	16	50	15	4.09
The school management emphasize on research and development on the interventions	7	9	16	40	28	3.81
Generally speaking, the Guidance and Counselling Team is active.	9	11	16	17	47	4.01
Our school management supports open dialogue amongst employees.	4	5	8	24	59	4.61
In the last one year our school has developed and applied psychosocial interventions	8	12	15	18	47	4.73
Psychosocial interventions contribute to the growth of our adolescent students.	9	7	24	42	18	3.81

According to Table 4.8, the majority of respondents (Mean=4.61) strongly agreed that their school integrates psychological treatments into school operations. Furthermore, respondents strongly agreed (Mean=4.09) that school management fosters the use of

interventions, while the majority agreed (Mean=3.81) that school management emphasizes intervention research and development.

Furthermore, the majority that belongs to them strongly agreed (mean=4.01) that the guidance as well as counselling team happens to be active inside of their schools. Furthermore, the majority strongly agreed (mean=4.61) that their school administration fosters open conversation among employees, as well as our school has created as well as implemented psychological interventions inside of the recent year (mean=4.73). Finally, the majority that belongs to respondents (mean=3.81) believe that psychosocial therapies help our adolescent students thrive.

4.6 Psycho-social interventions

The study sought to find out the applications of psychosocial interventions byschools. Figure 4.7 presents the findings.
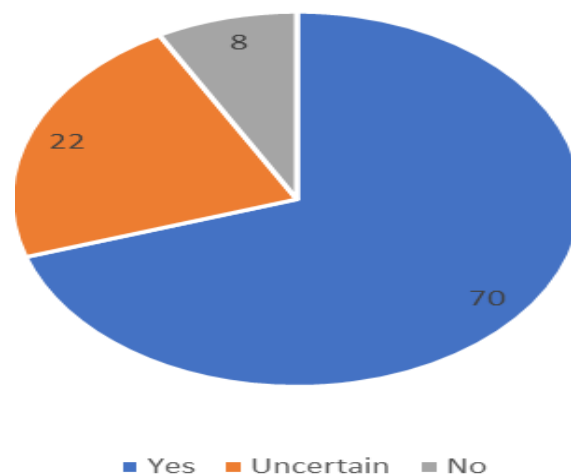
Figure 4.7: Psychosocial interventions application

According to the data on psycho-social interventions analyzed, 70% of the respondents had used psycho-social interventions,22% were unsure of the possibility that their

schools had used psychosocial interventions, and only 8% said their schools did not use psychosocial interventions to help their adolescent students grow and develop. Psychosocial therapies happen to be an important component of the treatment of psychosocial disorders in adolescent pupils in Kenyan secondary schools. These interventions happen to be designed to promote students' psycho-social well-being by addressing their emotional, social, and behavioural needs. Several studies have found that guidance as well as counselling services have the ability to help students inside Kenyan secondary schools reduce symptoms of mental health disorders, improve academic performance, and promote positive behaviour (Kabiru et al., 2018; Mbwayo et al., 2018; Otieno et al., 2020).The study then rated their responses as per the figure 4.8 below.
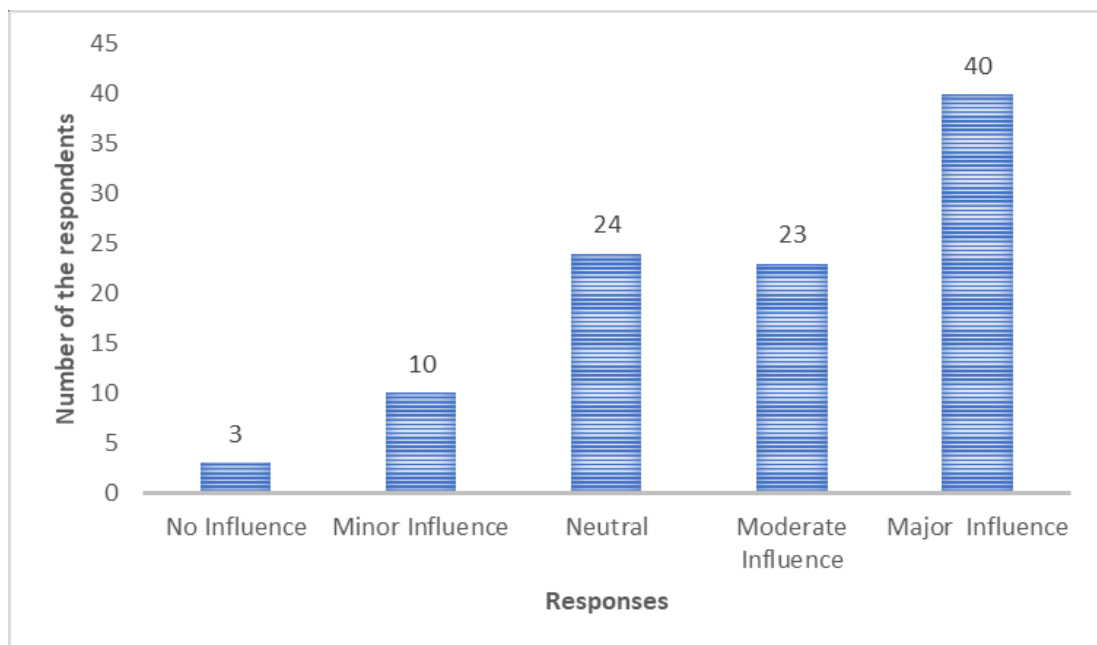
Figure 4.8: Respondents Rate on how the interventions influence on adolescent students

The majority that belongs to respondents (40%), indicated that psychological interventions introduced inside of public secondary schools had an existing significant influence on top of the growth that belongs to adolescents' students, while 24% happened to be neutral, 23% indicated an existing moderate influence, 10% indicated an existing minor influence, and 3% indicated no influence on top of the growth that belongs to adolescents' students. An existing study conducted by Mutisya as well as colleagues (2021) investigated the impact of an existing group-based counselling intervention on the self-esteem and academic performance of Kenyan secondary school students. Over an existing 12-week period, the study indicated that the counselling intervention was helpful in increasing students' self-esteem as well as academic achievement. Mwaniki as well as colleagues (2019) conducted another study to assess the effectiveness of an existing mindfulness-based intervention in lowering stress and promoting psychological well-being among Kenyan secondary school students.

The intervention resulted in considerable decreases in stress as well as gains in psychological well-being among the participants, according to the study. Peer support groups, in addition to counselling and mindfulness-based interventions, have been demonstrated to improve the mental health and well-being of Kenyan secondary school students. Alemi as well as colleagues (2020) conducted an existing study to assess the efficacy of an existing peer support group intervention in reducing anxiety and depression symptoms among Kenyan secondary school students. The intervention resulted in significant reductions in anxiety and depression symptoms over an existing 12-week period, according to the study. In general, psychological treatments have the

ability to have a considerable favourable impact on Kenyan secondary school students' growth and development. These strategies have been shown to improve self-esteem, academic achievement, stress, anxiety, and psychological well-being. During the same time that an existing result exists, implementing psychological therapies inside of Kenyan public secondary schools could exist as a significant step towards improving the general well-being of teenage students inside of Kenya.

4.7 Number of intervention programs undertaken

The respondents were asked to indicate the number of psychological interventions programs that they have undertaken in their school in the last 2 years. Results of the response are presented in figure 4.8 below.

Table 4.9: Number of psychological interventions programs undertaken

Number of programs	Frequency	Percentage %
1-5	86	86
6-10	10	10
11 and above	4	4

It happened to be clear that the majority of programs that are going to be psychological interventions (86%) happened to be between 1 and 5, while 10% indicated that the number happened to be between 6 and 10, and only 4% reported that it happened to be 11 or above. Cognitive-behavioural therapy (CBT) happens to be an existing popular psycho-social intervention in Kenya that is used to treat mental health concerns in

adolescent secondary school students. CBT seeks to alter the negative thoughts and behaviours that lead to the emergence and maintenance of mental health illnesses. CBT has been found in several trials to be beneficial in lowering symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD) in adolescent students inside Kenyan secondary schools (Bolton et al., 2014; Mwape&Ssewamala, 2018).

Another psychosocial technique used in Kenya to treat secondary school students' health issues is mindfulness-based therapy. Mindfulness-based interventions improve mental health, stress, and emotional control. Kenyan secondary school students with depression, anxiety, and stress benefit from mindfulness-based therapy (Mutiso et al., 2019; Okello, 2019).

Group therapy is used in Kenya to treat secondary school students with health issues. Student with comparable mental health concerns meet in group therapy to exchange experiences, learn from each other, and support each other. Secondary school students in Kenya have shown reduced sadness, anxiety, and PTSD with group therapy (Wambugu et al., 2017; Wasonga, 2020).

Family-based therapy help families of teens with health difficulties enhance communication, support, and minimize conflicts. These therapies promote a caring and nurturing family environment to improve a teen's mental health. Family-based interventions have reduced sadness, anxiety, and behavioural issues in Kenyan secondary school students (Awas et al., 2015; Ongeri, 2019).

Psycho-education is another psychosocial technique used by Kenyan secondary school counselors. Psycho-education teaches pupils about mental health illnesses, symptoms, causes, and treatments. Psycho-education aims to reduce stigma, encourage help-seeking, and educate pupils about mental health. Psycho-education improves mental health awareness and reduces stigma in Kenyan secondary school students (Kabiru et al., 2018; Mbwayo, 2018).

4.8 Adoption of new technologies

However, there is a concerning trend in terms of adoption of new technology in the learning institutions.
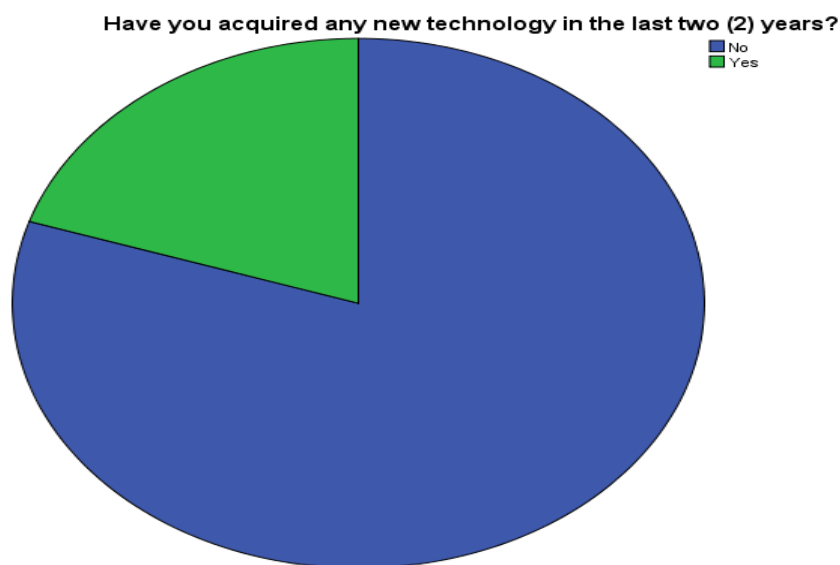
Figure 4.9: New technologies acquired

Within terms that belong to new technical acquisition, 80% of respondents stated that no new technology had been obtained, while just 20% said that new technology had been

used. Schools have adopted new technology, such as the utilization of digital resources such as online articles, videos, and interactive games to assist students in building their emotional intelligence as well as coping skills. Kibera, Kithuka, and Mwai (2017) conducted an existing similar study in which they investigated the usage of mobile phones in helping psycho-social development in Kenyan secondary schools. According to the study, the use of mobile phones boosted communication between students, teachers, and parents, resulting in greater psychosocial development among children. Wambugu, Mugambi, and Okello (2016) investigated the use of Computer-Assisted Instruction (CAI) in boosting psycho-social development in Kenyan secondary schools. The study discovered that using CAI was successful in boosting psycho-social development by allowing for self-directed learning, collaboration, and communication. Ouma as well as Koirala (2018) investigated the use of social media in fostering psycho-social development in Kenyan secondary schools. According to the study, social media platforms such as Facebook and Twitter are successful at promoting communication, collaboration, and information sharing among students, teachers, and parents. Kariuki, Adera, and Khamasi (2020) investigated the application of virtual reality technology to foster psycho-social development in Kenyan Secondary Schools. According to the findings of the study, virtual reality technology happens to be effective in increasing empathy, communication, and problem-solving skills among students.

4.9 School membership

The study further attempted to find out if the school is a registered member of Kenya Counselling and Psychological Association (KCPA). Their response is summarized in figure 4.10 below.
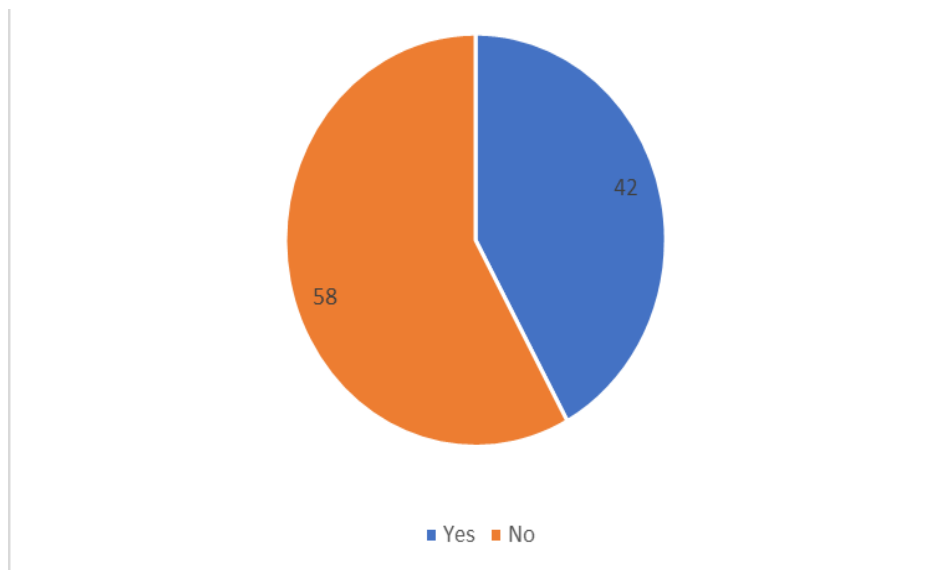
Figure 4.10: Registration status of the school as Kenya Counselling and Psychological Association (KCPA)

58% of the schools were not registered, and 42% of respondents said their institutions were registered members to*Kenya Counselling and Psychological Association (KCPA).* According to Kiptalam et al. (2020), the majority of secondary schools in Kenya are not registered with professional counselling bodies. The authors observed several barriers to school registration, including an existing lack that belongs to awareness that belongs to the need that belongs to registration, an existing lack that belongs to resources to meet registration criteria, as well as an existing lack that belongs to government support.

According to Njenga as well as Orodho (2014), secondary school registration with professional counselling organizations in Kenya happens to be critical to ensuring that students receive effective guidance as well as counselling services. According to the authors, such registration helps to ensure that school-based guidance as well as counselling services are given by qualified professionals who have been trained and certified by professional organizations.

Wambugu (2017) conducted another study on the impact of guidance and counselling services on academic performance among Kenyan secondary school students. The author discovered that schools that happened to be registered with professional counselling bodies and had qualified counsellors on staff outperformed schools that happened to not be registered.

4.10 Importance of school registration with professional bodies

The study further sought to establish Importance of school registration with professional bodies. Likert scales were posed to the respondents. The responses were coded as 1= strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree. The summary of the findings is presented in Table 4.10.

Table 4.10: Importance of school registration with professional bodies

Statements	1	2	3	4	5	Mean
Departments or sections in our school work well with each other towards common goals and objectives.	10	5	13	52	20	3.69
Our staff are encouraged and supported to join and participate in professional associations	12	12	14	45	20	3.32
Our school learns a lot from other organisations	8	9	15	48	20	3.51
Other organisations could learn a lot from our schools	11	10	15	10	54	4.23
Our schools believes in sharing resources, ideas, information and advice with adolescent students	5	10	9	20	60	4.51
Our school believes that absolute secrecy is essential in maintaining an advantage over our competitors	7	10	50	16	15	3.02

From table 4.8, the majority of the respondents agreed that (Mean=3.69), the departments or sections in our school work well with each other towards common goals. According to respondents (mean = 3.32), our employees are encouraged as well as supported to join and engage in professional associations.

They also agreed that our school learns a lot from other organizations (mean = 3.51). Furthermore, they strongly agreed (mean = 4.23) that other organizations could learn from an existing lot that was done by our schools, as well as that our schools believe in sharing resources, ideas, information, and advice with adolescent students (mean = 4.51), and finally, they happened to be neutral that (mean = 3.02) our school believes that

absolute secrecy happens to be necessary to maintain an existing advantage over our competitors.

4.11 Growth of the school as a member

The study asked the respondents to state if belonging to membership organisations contributes to the growth of your school. Their responses are summarized in figure 4.11.
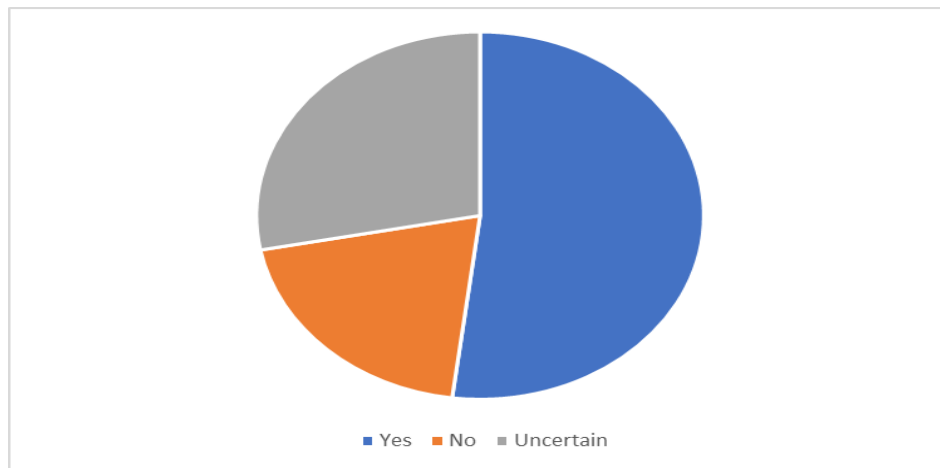
Figure 4.11: Belonging to membership organisations contributes to the growth of schools

According to the data, the majority of respondents (58%) answered that joining membership organizations contributes to the growth of their school, 22% were unsure, and 20% indicated that it did not. An existing similar investigation carried out by Kanyiri &Mwenda (2020) investigated the advantages that belong to membership in guiding and counselling professional groups inside Kenya. According to the findings of the study, membership gave possibilities for professional development, networking, and access to resources. Members also reported an existing greater sense that belongs to job satisfaction as well as a connection to an existing professional community. The study

also discovered that membership in professional organizations aided school growth by improving the quality of counselling services provided to pupils.

Kinyua &Kikwai (2019) investigated the impact of counselling services on students' academic performance inside Kenyan secondary schools. According to the study, counselling services supplied by trained and certified counsellors had a favourable impact on students' academic achievement. According to the study, schools should invest in counsellors professional development by encouraging membership in professional organizations as well as providing opportunities for training and networking.

4.13 Adolescent student as a result of behavioural intervention

The respondents were asked if their school applied behavioural interventions to make their adolescent students develop. Results are presented in figure 4.12 Below;
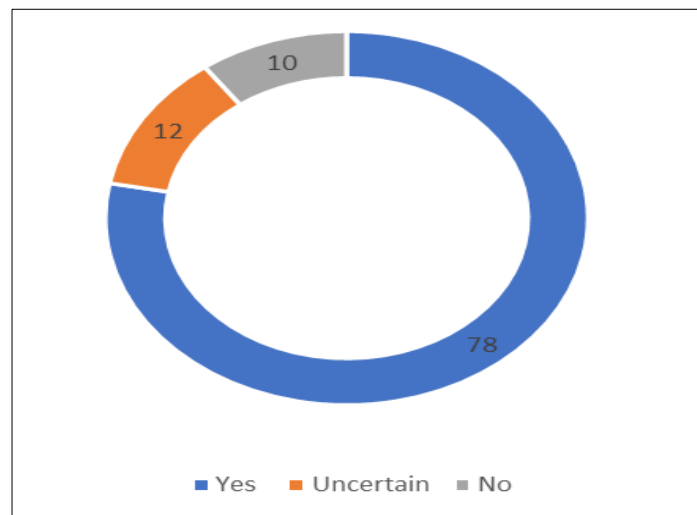
Figure 4.12: Adolescent students as a result of behavioural intervention

The figure 4.12 indicated that the majority of the respondents agreed that (78%) application of behavioural interventions to make adolescent students grow, 12% were uncertain while 10% disagreed.

If you have answered yes in the above question, then please rate how the interventions influence growth of your adolescent students; *1 = No Influence, 2 = Minor Influence, 3 = Neutral, 4 = Moderate Influence, 5 = Major*
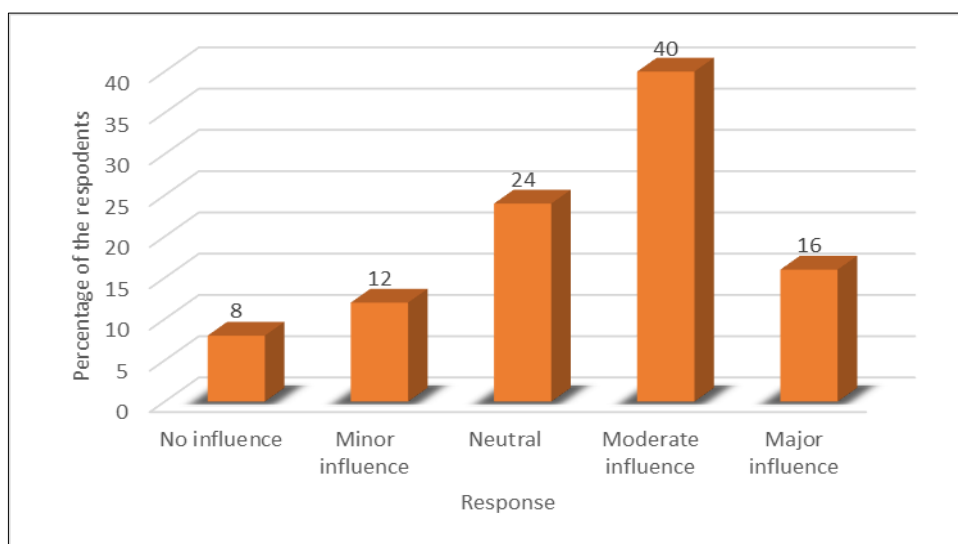
Figure 4.13: Respondents rate on interventions toadolescent students

According to figure 4.13, the 40% ofrespondents said it had moderate influence, 24% happened to be neutral, 16% thought it had an existing major influence, 12% thought it had an existing minor influence, and 8% thought it had no influence on top of the growth that belongs to their adolescent students. Kagotho as well as Wachira (2019) investigated the impact of an existing behavioural intervention program on students' social skills as well as academic performance in Kenyan secondary schools. The program includes

counseling sessions as well as peer support groups in order to promote positive behaviouramong pupils. The study discovered that the curriculum had a considerable favourable impact on pupils' social skills as well as academic achievement, which contributed to their overall growth and development.

4.14 Behavioural Interventions

. Likert scales were posed to the respondents. The responses were coded as 1= strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree. The summary of the findings is presented in Table 4.11.

Table 4.11: Behavioural Intervention Mean Summary

Statements	1	2	3	4	5	Mean
Our school integrates behavioural interventions within the school operations.	8	9	25	34	24	3.57
Staff understand behavioural interventions clearly.	0	0	21	49	30	4.09
The school management encourages the use of the interventions.	10	8	10	22	50	4.66
The school management emphasizes research and development on the interventions.	52	10	8	18	12	1.61
Generally speaking, the Guidance and Counselling Team is active	18	48	14	10	00	2.47
Our school management supports open dialogue amongst staff.	10	11	10	15	54	4.69
	8	7	59	20	10	3.46

In the last one year our school has developed and applied behavioural interventions						
Behavioural interventions contribute to the growth of our adolescent students.	7	10	10	18	53	4.61

Intervention that is going to address behavioural issues among teenage students inside of Trans-Nzoia county schools happens to be an important step in improving adolescent students' mental health outcomes as well as academic performance. The majority of respondents (mean = 3.57) agreed that their school incorporates behavioural interventions into school operations and that personnel fully understand behavioural interventions (mean = 4.09).

The study also found that the majority of respondents (mean = 2.57) disagreed that the guidance and counseling teams happen to be active inside their schools. Respondents happened to be ambivalent (mean = 3.46) at the time they were asked about the possibility that our school has designed and implemented behavioural interventions since the previous year. Finally, respondents highly agreed (mean = 4.61) that behavioural interventions help our adolescent students thrive.

4.15 New interventions, programs and technologies introduced in the last 2 years in the school

All of the respondents said that no new intervention measures, programs or technologies had been introduced in the school last 2 years.

4.16 Adolescent Student Growth and development

Figure 4.14 presented their response.
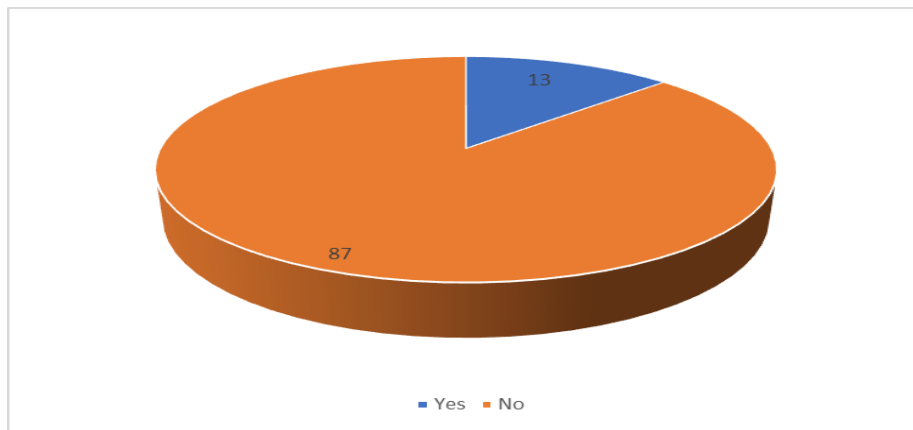
Figure 4.14: Response on if any other strategies was applied by the respondents

The majority that belongs to respondents (87%) said they did not use any other tactics to help their adolescent students flourish, while only 13% said they did. Fostering strong relationships with their parents as well as peers, promoting group therapy, offering career assistance, as well as referral services that are going to belong to specialized instances such as during the same time that mental health treatment, medical attention, or legal support happen to be some that belong to the other techniques used by responders.

4.17 Impact of Psychosocial and Behavioural interventions and Capacity building on adolescent students

The study assessed the Impact of Psychosocial and Behavioural interventions and Capacity building on adolescent students in schools. Results are presented in table 4.12.

Table 4.12: Impact of Psychosocial and Behavioural interventions and Capacity building on adolescent students

Statements	1	2	3	4	5	Mean
Psychosocial interventions add value to adolescent students'growth/development	1	4	11	22	62	4.77
Behavioural interventions add value to adolescent students growth/development	5	9	12	18	56	4.59
Capacity building of adolescent students makes them manage themselves.	4	6	16	54	20	4.09

Psychosocial therapies aim to improve individuals' psychological as well as social well-being and have the ability to have an existing positive impact on students' academic as well as personal growth. Table 4.10 shows that the majority of respondents (mean = 4.77) strongly agreed that psychosocial therapies offer value to adolescent students' growth and development. The majority of respondents (mean = 4.59) felt that behavioural treatments bring value to adolescent students' growth and development. Finally, they agreed that (mean = 4.09) teenage students' capacity building helps them control themselves.

4.18 Factors affecting the growth of the adolescent students in schools

The study further sought to assess the factors affecting the growth of the adolescent students in schools. Likert scales were posed to the respondents. The responses were coded as 1= strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree. The summary of the findings is presented in Table 4.13.

Table 4.13: Factors affecting the growth of the adolescent students in schools

Statements	1	2	3	4	5	Mean
The increase in the inflation rate in Kenya greatly affects the growth of adolescent students.	-	-	11	17	72	4.63
Prevailing apprehension about the COVID 19 disease pandemic affected the growth of the adolescent students.	2	8	10	60	20	4.49
Government policies affect the growth of adolescent students.	4	10	54	16	16	3.39
Local ethnic and religious tensions affect the growth of the adolescent students.	5	9	12	18	56	4.52
Unstable family set-up affects the growth of the adolescent students.	-	4	10	18	68	4.92
Politics affects the growth of adolescent students.	6	8	58	16	12	3.53

The majority of respondents (mean = 4.63) agreed that the increase in Kenya's inflation rate has a significant impact on top of the growth that belongs to adolescent students.

Kiilu as well as Mutinda (2020) conducted research on top of the influence that belongs to inflation and the quality that belongs to education inside Kenya. According to the study, inflation has the ability to lead to a reduction in educational quality since schools may lack the necessary resources to give proper education as well as support to pupils. This has the ability to include an existing lack of textbooks, poor facilities, and an existing teacher shortage. Okumu as well as Odebero (2019) investigated the impact that inflation has on the economic well-being of Kenyan households. According to the report, inflation has the ability to cause an existing loss inside of household income as well as an existing rise inside of the cost of living, making it harder for families to meet their children's fundamental needs, such as food, shelter, and education.Respondents also agreed (mean = 4.49) that the widespread fear that belongs to the COVID-19 illness pandemic had an existing impact on top of the growth that belongs to adolescent students.

Finally, respondents happened to be divided (mean = 3.53) on how politics influences the development of adolescent students. Political insecurity, violence, and unrest have the ability to lead to social as well as emotional pressures that have an existing influence on adolescent students' academic performance as well as well-being. Chege et al. (2019) evaluated the influence that political instability has on Kenya's education system. According to the study, political instability has the ability to cause school closures and destabilize the education system, significantly impacting childrens academic achievement. Political violence as well as instability may also cause trauma and stress inside students, affecting their mental health as well as their overall well-being. Nyangara et al. (2018) investigated the influence of political violence on the mental health of

teenage students in Kenya. Political violence, according to the study, can cause symptoms of despair, anxiety, and post-traumatic stress disorder (PTSD) in adolescent students. These health difficulties might have an impact on their academic achievement as well as their overall well-being.

4.19 Students response

The researcher was also interested in the students' perspectives on psychosocial and behavioural concerns, as well as their intervention strategies. Their responses are presented in table 4.14 below.

Table 4.14: Students' perspectives on psychosocial and behavioural concerns, as well as their intervention strategies.

Questions	Response	Percentage
Gender	Boy	52%
	Girl	48%
Does the school have a Guidance and Counselling Department?	Yes	68%
	No	32%
Does the Guidance and Counselling Department address your needs	Yes	46%
	No	54%
Does the school integrate interventions in its operations?	Yes	22%
	No	78%
Does the G & C staff understand the various interventions clearly?	Yes	33%
	No	67%
	Yes	13%

Does the school management encourage the use of various interventions?	No	87%
Are the interventions effective?	Yes	36%
	No	64%
Have you benefited from various interventions instituted by the G & C team?	Yes	75%
	No	25%
Is Technology Integration done in interventions in school?	Yes	12%
	No	88%
Have the interventions added value to your growth as an adolescent?	Yes	19%
	No	81%

Table 4.12 indicated that the majority of students were boys 52% and 48% were girls. At the time when the students were asked about the possibility that their school had an existing guidance and counseling department, 68% said yes and 38% said no. The researcher was also asked about the possibility that the guidance and counseling departments met their needs. 54% said no, while 46% said yes. When asked about the possibility that the school incorporates interventions into its operations, 78% replied no, while 22% said yes. Furthermore, at the time when the researcher asked the students about the possibility that the G&C staff clearly understood the various interventions, 67% replied no, while 33% said yes. Students were also asked about the possibility that the school administration encouraged the use of various interventions, with 87% saying no

and 13% saying yes, as well as the possibility that the interventions were effective, with 64% saying no and 36% saying yes. The survey also asked about the possibility that the students had benefited from the numerous interventions implemented by the G&C team; 75% replied yes, while 25% said no. In addition, pupils were asked about the possibility that interventions had aided their development. Only 19% of those polled replied yes, while 81% said no. Finally, the survey asked the students to list some of the difficulties they confronted at the same time as adolescents. They noted that adolescent mental health disorders such as anxiety, depression, and stress happen to be widespread. Another big issue they face is substance use. Bullying, peer pressure (including drug misuse, premarital sex, and delinquent behaviour), gender-based violence (including sexual assault), sexual harassment (primarily reported by girls), as well as cultural issues, happen to be every single one of the variables. This study's findings complement those of Ngome et al. (2021), who investigated the issues faced by adolescent girls inside Kenyan schools. According to the report, adolescent females confront an existing variety of obstacles, including an existing lack of access to sanitary products, insufficient restrooms and bathroom facilities, and sexual harassment. Omwenga et al. (2019) investigated the difficulties experienced by adolescent pupils with impairments inside Kenyan schools. According to the report, adolescent students with disabilities experience an existing variety of challenges, including an existing lack of access to assistive technology, negative attitudes among teachers and peers, and insufficient support services. Furthermore, Ouma and Wafula (2018) investigated the difficulties experienced by adolescent pupils inside Kenyan secondary schools. According to the report,

adolescent students inside Kenyan secondary schools confront a variety of issues, including peer pressure, substance addiction, and teen pregnancy.

4.20 Obstacles to the implementation as well as adoption that belong to interventions on top of teenage student growth inside of Trans-Nzoia county public secondary schools.

The implementation and adoption of interventions targeted at enhancing the growth of adolescent pupils in public secondary schools in Trans-Nzoia County, Kenya, face a number of problems. These difficulties can impede the effectiveness of interventions and restrict their impact on adolescent students' growth and development. Respondents were given Likert scales. The responses were categorized as follows: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = highly agree. The summary of the findings is presented in Table 4.15.

Table 4.15: Challenges in implementation of the interventions on adolescent students in public secondary schools in Trans-Nzoia County

Statements	1	2	3	4	5	Mean
Lack of resources including funding, personnel, and materials	-	-	5	10	85	4.93
Lack of awareness and knowledge about the interventions among stakeholders, including educators, parents, and students themselves	4	6	10	65	15	4.52
Some cultural practices may be incompatible with certain interventions, and social norms	2	12	10	22	54	4.49

Inadequate facilities, such as classrooms or libraries, to implement certain interventions	7	7	10	10	66	4.58
Leadership turnover can disrupt ongoing interventions or hinder the adoption of new interventions	8	4	8	68	10	4.12

The respondents (mean = 4.93) strongly agreed that one of the primary problems that has the ability to limit their capacity to conduct interventions effectively happens to be an existing lack of resources, including funding, manpower, and materials. According to Mburu as well as Ng'ethe (2015), an existing teacher shortage happens to be a significant barrier to the implementation of interventions targeted at boosting the growth of teenage pupils inside Kenyan public secondary schools. According to the report, an existing teacher shortage frequently results in overcrowded classrooms, which has the potential to have a negative influence on educational quality. Furthermore, according to Macharia as well as Muola (2015), an existing lack of materials happens to be a significant barrier to the implementation of interventions targeted at boosting the growth of teenage pupils inside Kenyan public secondary schools. According to the report, an existing shortage of materials frequently leads to low academic achievement, particularly in science courses.

4.21 Correlation Analysis

Correlation analysis was conducted to establish the relationship between the independent

and dependent variables. The correlation matrix is presented in Table 4.16 below.

Table 4.16: Correlation Matrix

Variables		Adolescent Students	Behavioural Interventions	Psychosocial Interventions
Adolescent Students	Pearson Correlation	1.000		
	Sig. (2-tailed)			
Behavioural Interventions	Pearson Correlation	.743**	1.000	
	Sig. (2-tailed)	0.000		
Psychosocial Interventions	Pearson Correlation	.764**	.657**	1.000
	Sig. (2-tailed)	0.000	0.000	

The results above revealed that growth of adolescent students and behavioural

interventions in public secondary schools is positively and significantly related ($r=$

.743**, p=0.000). The results further indicated that growth of adolescent students and

psychosocial interventions is positively and significantly related ($r=$ .764**, p=0.000).

Thus, H1 and H2 are rejected in correlation analysis.

4.22 Regression Analysis

The study sought to carry out regression analysis to establish the statistical significance

relationship between psychosocial interventions, behavioural interventions on adolescent

students. Regression analysis is a statistical process of estimating the relationship among

variables. It includes many techniques for modelling and analyzing several variables, when the focus is on the relationship between a dependent and one or more independent variables. More specifically, regression analysis helps one to understand how the typical value of the dependent variable changes when any one of the independent variables is varied, while the other independent variables are held fixed.

Table 4.17: Model Fitness

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.825a	0.681	0.672	0.4702

The variables **psychosocial interventions, behavioural interventions** were found to be satisfactory variables in explaining **adolescent students**. This is supported by a coefficient of determination also known as the R square of 0.681. This means that psychosocial **interventions and behavioural interventions** explain 68.1% of the variations in the dependent variable, which is **adolescent students in public** schools in Kenya. This results further means that the model applied to link the relationship of the variables was satisfactory.

The Analysis of Variance (ANOVA) results are shown in below

Table 4.18: Analysis of Variance (ANOVA)

	Sum of Squares	df	Mean Square	F	Sig.
Regression	66.926	4	16.732	75.664	.000b
Residual	31.4	142	0.221		
Total	98.327	146			

The findings further confirm that the regression model is significant and supported by F= 75.664, p<0.000) since p-values was 0.000 which is less than 0.05. Thus H1 and H2 null hypothesis are rejected.

The study conducted a regression of coefficient analysis to establish the statistical significance relationship between the independent and dependent variable.7The regression of coefficient results are as shown in below:

Table 4.19: Regression of Coefficients

Variables	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
(Constant)	0.638	0.195		3.275	0.001
Behavioural Interventions	0.234	0.068	0.270	3.424	0.001
Psychosocial Interventions	0.295	0.081	0.308	3.628	0.000

The constant of 0.638 showed that when **behavioural interventions and Psychosocial Interventions** are held constant, **adolescent students** will remain at 0.638 units. The regression of coefficients results show that **behavioural interventions** and **adolescent students**is positively and significantly related (β=0.234, p=0.001). The results further indicated that **Psychosocial Interventions** and **adolescent students** are positively and significantly related (β=0.295, p=0.000). Thus, it follows that the null hypothesis H1 and H2 are rejected. Based on findings for H1 and H2, H3 is also rejected. The study finds that there is a statistically significant effect of psychosocial interventions on adolescent students in public secondary schools. Additionally, there is a statistical significant effect of behavioural interventions on adolescent students in public secondary schools. Finally, there is a statistically significant effect of challenges in implementation of the interventions on adolescent students in public secondary schools.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Overview

This chapter focused on summary, findings, conclusions and recommendations based on Chapter 4.

5.1 Summary of Findings

The initial goal of the study was to look into the effects of psycho-social and behavioural interventions on the growth and development of teenage students in public secondary schools in Trans-Nzoia County. The majority of respondents in figure 4.9 reported that depression (42%) is one of the biggest psychosocial issues faced by teenage students in their schools, while 17% indicated that anxiety disorder is another key challenge for the adolescent students. Other factors include emotional and behavioural issues (12%), substance misuse (14%), suicidal behaviour (10%), and past traumatic stress (5%).

According to Table 4.8, the majority of respondents (mean = 4.61) strongly agreed that their school integrates psychological treatments into school operations. The majority of respondents (mean = 3.57) agreed that personnel understood psychosocial therapies well. Respondents strongly agreed (mean = 4.09) that school management enhances the use of interventions, while the majority agreed (mean = 3.81) that school management to include intervention strategies. The majority that belongs to them strongly agreed (mean = 4.01) that the guidance and counseling teams happen to be active inside of their schools. Respondents strongly agreed (mean = 4.61) that their school administration fosters open

conversation among employees, as well as that our school has created and implemented psychological interventions in the past year (mean = 4.73). Finally, the majority of the respondents (mean = 3.81) believe that psychosocial therapies help our adolescent students thrive. Table 4.10 shows that the majority of respondents (mean = 4.77) strongly agreed that psychosocial therapies offer value to adolescent students' growth and development.

Adolescent students exhibit inappropriate social behaviours, theft, bullying, attention deficit, hyperactivity problems, inappropriate cell phone and laptop usage inside of class, disruptive behaviours, as well as withdrawn behaviours. The majority that belongs to respondents (mean=3.57) agreed that their school incorporates behavioural interventions into school operations as well as that personnel fully understand behavioural interventions (mean=4.09). The majority of the respondents strongly agreed that the school administration greatly encouraged the use of interventions (mean = 4.66). The study also found that the majority of respondents (mean = 2.57) disagreed that the guidance and counseling teams happen to be active inside their schools. Respondents happened to be ambivalent (mean = 3.46) at the time they were asked about the possibility that schools design and implement behavioural interventions. Finally, respondents highly agreed (mean = 4.61) that behavioural interventions help our adolescent pupils thrive. The majority of respondents (Mean=4.59) felt that behavioural treatments bring value to adolescent students' growth and development.

The third goal of the study was to analyze the barriers to implementation and adoption of interventions on teenage student growth in Trans-Nzoia County public secondary schools. The majority of respondents (Mean=4.63) agreed that the increase in Kenya's inflation rate had a significant impact on the growth and development of adolescent students. Respondents also agreed (Mean=4.49) that the widespread fear of the COVID 19 illness pandemic had an impact on the growth of adolescent students. They also strongly agreed (Mean=4.52) that local ethnic and religious tensions have an impact on the growth of adolescent students. According to the findings of this study, the unstable family structure has an impact on the growth of adolescent students (Mean=4.92). Finally, respondents were divided (Mean=3.53) on how politics influences the development of adolescent students.

The majority of respondents (Mean=4.93) strongly agreed that one of the primary problems that limit their capacity to conduct interventions effectively is a lack of resources, including funding, manpower, and materials. Another issue is a lack of awareness and information of the interventions among stakeholders, such as educators, parents, and adolescent students (Mean=4.52). Furthermore, they agreed (Mean=4.49) that some cultural practices may be incompatible with particular therapies, and social norms may hinder students from participating in some interventions or seeking assistance when necessary Inadequate facilities, such as classrooms or libraries, to conduct particular interventions happen to be another concern strongly agreed upon by respondents (mean = 4.58). Finally, they agreed (mean = 4.12) that changes in

government policy or leadership turnover have the ability to interrupt ongoing initiatives or make new interventions more difficult to implement.

Hypothesis test

Furthermore, behavioural interventions have a statistically significant effect on top of the growth that belongs to teenage students in public secondary schools.

According to the coefficient regression results, behavioural interventions as well as teenage student progress happen to be positively and strongly connected (=0.234, p = 0.001). The findings also revealed an existing favourable as well as substantial relationship between psychosocial interventions and adolescent student(=0.295, p = 0.000). At the same time as the existing result, the null hypotheses h1 and h2 happened to be rejected. Based on the results that are going to belong to h1 as well as h2, the h3 hypothesis was also rejected.

5.2 Conclusions

The study discovered that both psychosocial and behavioural interventions had a substantial impact on the progress of adolescent students in public secondary schools. It was also clear that adolescent pupils confront obstacles such as low self-esteem, stress, bullying, and addiction. The study also indicated that the use of new technology into both psychosocial and behavioural therapies is required.

5.3 Recommendations

According to the findings in this study, the factors that affect psycho-social interventions as well as behavioural interventions happened to be determined to exist as satisfactory ways of explaining adolescent student development. An existing coefficient that belongs to determination, often known at the same time as the r square, supported this. This finding also implies that the model used to link the variables' relationships happened to be satisfactory.

5.3.1 Policy Recommendations

Given that psychological as well as behavioural treatments affect adolescent student growth inside public secondary schools, additional capacity building, including the adoption of new technologies is required to effectively implement the interventions. To achieve sustainability, a multi-sectorial agency approach should be implemented incorporating the national government, county government and other stake-holders.

Recommendations for Further Research

1. According to the study's findings, there is an association between psycho-social interventions and adolescent student growth. As a result, the researchers strongly suggest future research into whether psychological treatments in public secondary schools are sustainable.

2. According to the study's findings, there is an association between behavioural interventions and adolescent student improvement. As a result, the researchers strongly

suggest future research into whether psychological treatments in public secondary schools are sustainable.

3. Future studies on public secondary schools should utilize bigger samples to validate these findings; the study was limited to Trans-Nzoia County, Kenya, and hence a similar study in other developing countries is needed.

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APPENDICES

Appendix I: Research questionnaire

This questionnaire is designed for data collection from public secondary schools in Trans-Nzoia County. The study is on an Assessment of Psychosocial and Behavioural Interventions among Adolescent Students in Public Secondary Schools in Trans-Nzoia County, Kenya. The researcher undertakes the study as a partial fulfilment of the requirements for the award of a doctoral degree. Information provided for the purposes of this research will be treated with utmost confidentiality and used only for academic purposes.

SECTION A: BACKGROUND INFORMATION	
A1.	Name of School:
A2	Address Details: Postal Address:
	Town: Postal Code: County:
A3	Which sub-county does your school belong to? (Please select √ as appropriate) Kiminini ( ) Cherangany ( ) Saboti ( ) Kwanza ( ) Endebess ( )
A4	Does the school have a Guidance and Counselling Department? (Please select √ as appropriate) Yes ( ) No ( ) ………………………………………………………………………………………………
A5	Gender	Male ( ) Female ( )
A6	Marital status	Single (Never married) ( ) Married ( ) Divorced or separated ( ) Widowed ( )

A7	Age of the respondent in years………	
A8	Highest Educational attainment:(*please choose one*)	
	No Education ( )	
	Non-formal Education ( )	
	Primary Education ( )	
	Secondary Education ( )	
	University- undergraduate ( )	
	University- Masters ( )	
	University- PhD. ( )	
A9	How long has the school been in operation?	
	Below 5 Years	
	5-10 Years	
	11-15 Years	
	16-20 Years	
	Above 20 Years	
A10	How long have you been offering Guidance & Counselling services in the school?	
	Below 5 Years	
	5-10 Years	
	11-15 Years	
	16-20 Years	
	Above 20 Years	
A11	What are your student catchment areas?	
	Within the sub-county	
	Within the county	
	Outside the county.	
A12	What is the age of the students that you currently attend to? (Years)	
	13	
	14	
	15	
	16	
	17	
	Over -17	
A13	How many adolescent students do you serve at the moment?	
	Below 10	
	11-20	
	20 - 99	
	100 - 499	
	Over -500	

A14	Please rate your level of agreement with the following statements regarding your adolescent students; (1= strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)						
	Statement	1	2		3	4	5
	Adolescent students portray psycho-social challenges.						
	Adolescent students portray behavioural challenges.						
	Adolescent students access both psychosocial and behavioural interventions at the school.						

Section B: Detailed Information

This section is to be responded to by the same respondent of section one and/ Deputy Principal

INDEPENDENT VARIABLES						
PSYCHO-SOCIAL INTERVENTIONS						
	Statement	1	2	3	4	5
B1	Our school integrates psycho-social interventions within the school operations.					
	Staff understands psychosocial interventions clearly.					
	The school management encourages the use of the interventions.					
	The school management emphasize on research and development on the interventions.					
	Generally speaking the Guidance and Counselling Team is active.					

	Our school management supports open dialogue amongst employees.					
	In the last one year our school has developed and applied psychosocial interventions					
	Psycho-social interventions contribute to the growth of our adolescent students.					
B2	Does your school apply psychosocial interventions to make your adolescent students grow? Yes ( ) Uncertain ( ) No ( )					
B3	If you have answered yes in the above question, then please rate how the interventions influence growth of your adolescent students; *1 = No Influence, 2 = Minor Influence, 3 = Neutral, 4 = Moderate Influence, 5 = Major*					

	Please choose only one per intervention				
	1	2	3	4	5

B4	How many new interventions has your school introduced in the last 2 years…….
B5	Please indicate the number of programs that you have undertaken in the last 2 years. No…………………..
B6	Have you acquired any new technology in the last two (2) years? Yes ( ) Uncertain ( ) No ( )
B7	If you answer to question B6 is yeas please briefly describe the technology or technologies acquired. ………………………………………………………………………………………… …………………………..……………………………………………………………
B8	Please state the psychosocial challenges depicted by the adolescent students in your school.
B9	Please rate your level of agreement with the following statements; *1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree*

Statement	1	2	3	4	5

B91	Our school is a registered member of professional bodies					
B92	Departments or sections in our school work well with each other towards common goals and objectives.					
B93	Our staff are encouraged and supported to join and participate in professional associations					
B94	Our school learns a lot from other organisations					
B95	Other organisations could learn a lot from our schools					
B96	Our schools believes in sharing resources, ideas, information and advice with adolescent students					
B97	Our school believes that absolute secrecy is essential in maintaining an advantage over our competitors					
B10	Which of the following membership organisations does your school belong to? (Select as appropriate)					
B101						
B102						
B103						
B104	Other (Specify)…………					
B11	Belonging to membership organisations contributes to the growth of your school (Please select one) Yes ( ) Uncertain ( ) No ( )					
B12	Please explain how belonging to a membership organisation has contributed to the growth of your school. …………………………………………………………………………………… ……………………………………………………………………………………					
B13	Please briefly explain how networking helps or can help you most ……………………………………………………………………………………					

	……………………………………………………………………………………………					
	BEHAVIOURAL INTERVENTIONS					
	Statement	1	2	3	4	5
C1	Our school integrates behavioural interventions within the school operations.					
	Staff understand behavioural interventions clearly.					
	The school management encourages the use of the interventions.					
	The school management emphasize on research and development on the interventions.					
	Generally speaking the Guidance and Counselling Team is active.					
	Our school management supports open dialogue amongst staff.					
	In the last one year our school has developed and applied behavioural interventions					
	Behavioural interventions contribute to the growth of our adolescent students.					

C2	Does your school apply behavioural interventions to make your adolescent students grow? Yes ( ) Uncertain ( ) No ( )					
C3	If you have answered yes in the above question, then please rate how the interventions influence growth of your adolescent students; *1 = No Influence, 2 = Minor Influence, 3 = Neutral, 4 = Moderate Influence, 5 = Major*					
		Please choose only one per intervention				
		1	2	3	4	5
C4	How many new interventions has your school introduced in the last 2 years…….					
C5	Please indicate the number of programs that you have undertaken in the last 2 years. No…………………..					
C6	Have you acquired any new technology in the last two (2) years? Yes ( ) Uncertain ( ) No ( )					
C7	If you answer to question B6 is yeas please briefly describe the technology or technologies acquired. …………………………………………………………………………… ………………………..…………………………………………………					
C8	Please state the behavioural challenges depicted by the adolescent students in your school.					
C9	Please rate your level of agreement with the following statements; *1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree*					
	Statement	1	2	3	4	5
C91	Our school is a registered member of professional bodies					
C92	Departments or sections in our school work well with each other towards common goals and objectives.					

C93	Our staff are encouraged and supported to join and participate in professional associations					
C94	Our school learns a lot from other organisations					
C95	Other organisations could learn a lot from our schools					
C96	Our schools believes in sharing resources, ideas, information and advice with adolescent students					
C97	Our school believes that absolute secrecy is essential in maintaining an advantage over our competitors					
C10	Which of the following membership organisations does your school belong to? (Select as appropriate)					
C101						
C102						
C104	Other (Specify)…………					
C11	Belonging to membership organisations contributes to the growth of your school (Please select one) Yes ( ) Uncertain ( ) No ( )					
C12	Please explain how belonging to a membership organisation has contributed to the growth of your school. ………………………………………………………………………… …………………………………………………………………………					
C13	Please briefly explain how networking helps or can help you most ………………………………………………………………………… …………………………………………………………………………					
	DEPENDANT VARIABLE					
	ADOLESCENT STUDENT					

D14	Do you apply any other strategies to make your adolescent students grow? Please make one choice you may explain with a comment such as mentioning the strategies if you **Yes ( ) No ( )**					
D15	**Please rate your level of agreement with the following statements;** *1=Strongly Disagree,2=Disagree,3=Neutral,4=Agree,5=Strongly Agree*					
	STATEMENT	**1**	**2**	**3**	**4**	**5**
	Psychosocial interventions add value to adolescent students' growth/development					
	Behavioural interventions add value to adolescent students' growth/development					
	Capacity building of adolescent students makes them to manage themselves.					
	INTERVENING VARIABLES					
	Please rate your level of agreement with the following statements; *1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree Please choose only one per statement.*					
	Statement	**1**	**2**	**3**	**4**	**5**
	The increase in the inflation rate in Kenya) greatly affects the growth of adolescent students.					
	Prevailing apprehension about the COVID 19 disease pandemic will affect the growth of the adolescent students.					
	Government policies affect the growth of adolescent students.					

	Local ethnic and religious tensions affect the growth of the adolescent students. Unstable family set-up affects the growth of the adolescent students.					
	Politics affects the growth of adolescent students.					

STUDENTS SELF-QUESTIONNAIRE

1.　　Gender : Boy (　) Girl (　)

2.　　Age of the student in years………

3.　　Does the school have a Guidance and Counselling Department?

(Please select √ as appropriate) Yes　　(　) No　　(　)

4.　　 Does the Guidance and Counselling Department address your needs?

(Please select √ as appropriate) Yes　　(　) No　　(　)

5.　　Does the school integrate interventions in its operations?

(Please select √ as appropriate) Yes　　(　) No　　(　)

6.　　Does the G & C staff understand the various interventions clearly?

(Please select √ as appropriate) Yes　　(　) No　(　)

7.　　Does the school management encourage the use of various interventions?

(Please select √ as appropriate) Yes　　(　) No　(　) If yes, which ones?

8.　　Are the interventions effective? Yes　　(　) No　　(　) If yes, how?

9.　　Have you benefited from various interventions instituted by the G & C team?

(Please select √ as appropriate) Yes　　(　) No　　(　) If yes, how?

10.   Is Technology Integration done in interventions in school?

(Please select √ as appropriate) Yes   ( ) No   ( ) If yes , which type of technology?

11.   Have the interventions added value to your growth as an adolescent?

(Please select √ as appropriate)   Yes   ( ) No   ( )

12.   What are some of the challenges that you face as an

adolescent?...

Thank you for your participation in this study

Appendix II: Personal letter of introduction

Caroline Wangila,

University of Eldoret, School of Education,

P.o. Box .., Eldoret

1st June 2020

To whom it may concern

Dear Sir/Madam

PSYCHOSOCIAL AND BEHAVIOURAL INTERVENTIONS AMONG ADOLESCENT STUDENTS IN PUBLIC SECONDARY SCHOOLS IN TRANS-NZOIA COUNTY, KENYA

I am a Doctor of Philosophy (PhD) student in the School of Education, University of Eldoret. It is a requirement that I undertake academic research, on a relevant topic, to complete my studies. I am to conduct research on "An Assessment of Psychosocial and Behavioural Interventions among Adolescent Students in Public Secondary Schools in Trans-Nzoia County, Kenya." You are a key respondent to this study. I therefore humbly request you to participate, by responding to the questions contained in the attached questionnaire. Information provided will be treated with the utmost confidentiality and used only for academic purposes.

I look forward to your cooperation and support, which is highly appreciated.

Yours sincerely,

Caroline Wangila, PhD Student   Admission No: sedu\cim\p\001\19

Email:carolinewangila@gmail.com   Cell, Telephone No. +254720082564

Appendix III: Nacosti Permit

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This is to Certify that Ms.. Caroline Nasimiyu Wangila of University of Eldoret, has been licensed to conduct research in Transnzoia on the topic: AN INVESTIGATION OF PSYCHOSOCIAL AND BEHAVIOURAL INTERVENTIONS AMONG ADOLESCENT STUDENTS' GROWTH IN SELECTED PUBLIC SECONDARY SCHOOLS IN TRANS-NZOIA COUNTY, KENYA for the period ending : 22/September/2023.

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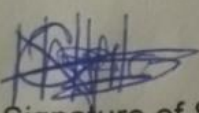
Appendix IV: Psycho-Social Interventions

Excluded from GRADE tables and footnotes Review	Reason for Exclusion
Cox GR, Fisher CA, De Silva S, Phelan M, Akinwale OP, Simmons MB, et al. (2012). Interventions for preventing relapse and recurrence of a depressive disorder in children and adolescents. Cochrane Database of Systematic Reviews.11:CD007504. doi:10.1002/14651858.CD007504.pub2.	Includes pharmacotherapy as intervention and control conditions.
Hofmann SG, Asnaani A, Vonk IJ, Sawyer AT, Fang A (2012). The efficacy of cognitive behavioural therapy: a review of meta-analyses. Cognitive Therapy and Research.36 (5):427-440. Doi: 10.1007/s10608-012-9476-1.	Both behavioural and emotional disorders were included.
Macdonald G, Higgins JPT, Ramchandani P, Valentine JC, Bronger LP, Klein P, O'Daniel R, Pickering M, Rademaker B, Richardson G, Taylor M (2012). Cognitive-behavioural interventions for children who have been sexually abused. Cochrane Database of Systematic Reviews. 5:CD001930.	Population of interest was children with additive risk factor.

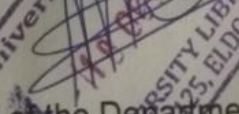|	
doi:10.1002/14651858.CD001930.pub3.	
Malmberg L, Fenton M, Rathbone J (2012). Individual psychodynamic and psychoanalysis for schizophrenia and severe mental illness. Cochrane Database of Systematic Reviews.3:CD001360.doi:10.1002/14651858 .CD001360	Children were not the focus.
Parker B, Turner W (2013). Psychoanalytic/psychodynamic psychotherapy for children who have been sexually abused. *Cochrane Database of Systematic Reviews*.7:CD008162. doi:10.1002/14651858.CD008162.pub2.	Population of interest was children with additive risk factors.

Appendix V: Similarity Report

University of Eldoret
Certificate of Plagiarism Check for Dissertation

Author Name	Caroline Wangila SEDU\CIM\P\001\19
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Paper Title	PSYCHO-SOCIAL AND BEHAVIOURAL INTERVENTIONS AMONG ADOLESCENT STUDENTS IN PUBLIC SECONDARY SCHOOLS IN TRANS-NZOIA COUNTY, KENYA
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