

# Enhancing Level of Self-Efficacy amongst Young Girls and Boys to Improve Their Health Status

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**Abstract**— Background: About twenty percent of India's population, almost 232 million is in the adolescent age group. This age group is a huge resource for any country and society and is considered backbone for future development. However, these young people, especially girls, face complex challenges reflected in terms of poor education, health, employment status. The poor developmental indicators has created an imbalance in the society while assigning lower value in terms of poor nutrition, poor access to services and child marriage which is a critical human rights violation and it can be a 'sentence' to regular exposure to domestic or sexual violence, and a pathway to commercial exploitation. Over the years, though young population is in the school but quality of education and its impact on human development index is quite low especially amongst poor population.

**Aim of the study:** To enhance level of self-efficacy amongst young girls and boys to improve their health status.

**Methods:** A quasi-experimental mixed method i.e. Qualitative and Quantitative study was conducted in Government schools of Noida in Feb 2018- May 2018. The study was started with Baseline survey and after 2 months of experiment, i.e. various health awareness sessions and activities Endline survey was conducted. Data of both the surveys were analyzed and compared. To assess the change, this study bought among young girls and boys qualitative data were also collected i.e. Participatory Rural Appraisal, Focus Group Discussion and Case Studies.

## **Results:**

Majority i.e., 51.65% of the students were more than 14years old whereas 48.35% students were of less than 13 years of age. 30% of students were males and 70% of students were females. Students who wanted to continue their education has improved from 96.9% in Baseline survey to 98.8% in Endline survey. While calculating self-efficacy index, huge difference was observed in thinking of children i.e. in Baseline survey 71.4% students admitted that it is easy for them to stick to their aims and accomplish their goals while in Endline survey this has been observed in 94.5% of students whereas 79.6% students were able to find solutions of the problems they face in Baseline survey which has been improved to 90.1% in Endline survey. On assessing gender attitudes, a huge difference was seen in attitude of students when asked that do girls should allow to decide about their own marriage, in baseline survey, 60% of students agreed to this statement but after the sessions in Endline survey, 74.7 % students agreed to this. In Baseline survey, only 1% of students were aware about their blood group, 0% about their anemia status, 1.1% about hemoglobin status and 83.7% aware about the places where they can go to avail health facilities whereas in Endline survey 5% of students were aware about their blood group, 2.1 % about their anemia status, 4.1% about hemoglobin

status and 86.5% about the places they can visit to health facilities.

## **Conclusion:**

The outcome of the study reflects enormous changes in student's attitude towards achieving their vision, their health status, towards gender discrimination, violence, communication and negotiation. Despite of this, students are still not able to deal with many problems due to certain barrier. More time and patience is needed to bring a positive change in each and every student.

**Key words:** Self-Efficacy, Health Status

## I. INTRODUCTION ABOUT SELF-EFFICACY

One of the few critical part of a child's development is Self-efficacy. It is a parent's and a teacher's arsenal tool that has its place in a child's life. Self-efficacy refers belief of an individual's inert ability to triumph a goal. This factor is developed in an individual in a very young potential age unconsciously. It is built through the amount of expectation an elder or a wiser person throws up on the potential one. It is this expectation that decides the longevity of efforts and coping behavior of the potential one towards a task he/she is determined to complete. One with higher self-efficacy maintains potential and belief of being able to complete a task successfully and if fails is determined to redo it again, on the other hand one with lower efficacy has lower esteem and confidence before the task which not only disables them from completing the task successfully but also makes them quit earlier or in worst cases not make an effort at all.

Based on a person's belief system learners will perform on a certain way. The basic principle of self-efficacy is higher a person's self-efficacy the more they believe in themselves. It is influences by several factors:

- 1) Person's performance accomplishments also personal master experiences means how successful a person has been with the task. That is judged by how they have done with the similar task.
- 2) Vicarious experience which is when learner observes others experience with the task. They are more impacted when person they perceive is more similar to themselves.
- 3) Verbal Persuasion which is the impact that others expectation can have on the learner. These expectation must be expressed verbally and generally take form of pet talk. If persuaded positively and led into believing that they can cope successfully with what has overwhelmed them in the past. The effectiveness of verbal persuasion depends on how credible the learner feels the person encouraging them is. Additionally verbal persuasion can also be negative telling the learner they are incapable of the task which will cause doubt in the learner and lower their self-efficacy.

4) Physiological states which the emotional arousal of learner's experiences is and how they identify that arousal. High arousal usually debilitates performance. Individuals are more likely to expected failure if they are tensed and agitated.

Overall a person's self-efficacy impacts the level of goal challenge they set for themselves, the amount of effort they put forth and their persistence to face their difficulties. People with low self-efficacy shy away from difficult tasks which they perceive as personal threats. They have low aspirations and weak commitment towards the goals they choose to pursuit.

In contrast people with high self-efficacy approach difficult task as challenges to be mastered rather than as threats to be avoided. They set themselves challenging goals and maintain strong commitment. Self-efficacy has relevance to many areas of research but it is especially relevant in the areas of educational research. Since higher self-efficacy is associated with greater persistence, effort and intrinsic interest in academic learning and performance educators researched to discover what's best to increase student's self-efficacy. Researchers have found student will lease their own abilities to learn, determine their aspirations, level of motivation and academic accomplishments though teacher's ability of teaching also results of effective the students would be. Similarly impacting faculties' beliefs about their collective efficacy influences school level achievements. The 'teaching to the test' mentality encouraged by No child left behind and common core has eroded students confidence and placed an emphasis on learning to acquire information, achieve a score, and meet a standard. The most important task for the educators should not be to produce the generation of right answers but is to produce a generation of confidence, eloquent thinkers who have capability to understand effectively utilize and enjoy their individual learning processes.

Researchers have also found out that parent positively influences a child self-efficacy when they provide environment that stimulates youngsters curiosity and allows master experiences. Peers also impacts self-efficacy because students and networks tend to be similar from one another which enhances the likelihood of influences by modeling.

Self-efficacy is often confused with other terms such as self-esteem or self-consent. The difference is that those terms talk about general feeling for the topics and self-efficacy is the attitude towards specific tasks in a particular context.

Albert Bandura a psychologist has contributed to the field of education and to many fields of psychology. He is also known to be the originator of social leaning theory renamed as social cognitive theory. He explains self-efficacy as how people think, feel, motivate themselves and behave. Self-efficacy is about earning or performing actions.

Why do educators and researchers care about self-efficacy?

One of the main reasons is that it predicts many important outcomes for students such as:

- Motivation (test choice, effort, persistence)
- Learning
- Self-regulation
- Achievement

Therefore educators can possibly influence student's self-efficacy, they can also have positive effect on these other outcomes.

- 1) Even though having high level of self-efficacy cannot compensate for lack of ability.
- 2) Having self-efficacy a little higher than actual ability is okay, and probably ideal, because it leads to more positive outcomes than lower self-efficacy.
- 3) Unreasonably high level of self-efficacy can be problematic.
- 4) Students make choices and are motivated based on things besides self-efficacy.

Several other ways that foster self-efficacy are:

- 1) Get parents involved
- 2) Provide supportive learning environments
- 3) Ensure smooth transitions between grades
- 4) Implement an integrated curricula

Although there is substantial proof to upkeep the direct effects of self-efficacy on academic achievement, very few studies have explored the motivational mechanism that mediates the self-efficacy.

## II. BACKGROUND

About twenty percent of India's population, almost 232 million is in the adolescent age group. This age group is a huge resource for any country and society and is considered backbone for future development. However, these young people, especially girls, face complex challenges reflected in terms of poor education, health, employment status. The poor developmental indicators has created a imbalance in the society while assigning lower value in terms of poor nutrition, poor access to services and child marriage which is a critical human rights violation and it can be a 'sentence' to regular exposure to domestic or sexual violence, and a pathway to commercial exploitation.

Over the years, though young population is in the school but quality of education and its impact on human development index is quite low especially amongst poor population. Even though they are attending schools, these schools are not well funded, thereby lacking basic amenities and facilities for the children. Students do not have any idea regarding their rights and since they are not taught to do so, they are not capable of raising their voice against the injustice they have to face. Girls, who have been married off at the age of 12 or 13, are completely unaware of the fact that their marriage is illegal. Since they are not exposed to the concept of sex education, they do not have any idea about the consequences of an early marriage and how it would be affecting their health.

In addition, exposure to information regarding basic rights has a great impact on our decision making power, our ability to transmit our ideas to others and differentiate right from wrong.

A healthy environment providing both support and opportunities for young people is necessary but not sufficient for their healthy development. Health enhancing behavior is primarily the responsibility of young people themselves, who must increasingly take and effect decisions with major health consequences for the present and future. Young people often have little understanding of their own maturation, are unprepared for new relationships, and are unaware of health services available to them. But

information is only half of the equation. Young people must ultimately use the information positively. Young people who have developed personal competence, social maturity and a sense of identity and self-esteem are much more likely to make decisions which will positively affect their health and development.

#### A. Promoting Healthy Development

This is a period of rapid growth and personal development without which individuals cannot acquire the competence needed to adapt to a diverse and changing world. Generally, competence develops whenever there are opportunities to practice certain skills by understanding and using social conventions. The ability to solve problems and anticipate the outcome of one's choice helps to develop a positive sense of self-efficacy and self-worth.

Some characteristics of adolescence, such as stages of physical growth and development appear to be universal. Others, such as vulnerability and resilience, depend on the interaction of the adolescent with his or her environment. The social environment can, thus, provide and present hazards to health and obstacles to development.

On the other hand, generations of the stable social conditions common in under-privileged societies make for a short adolescence with distinct roles for boys and girls, few choices for them and a predictable future. In such societies, young people emulate their elders and benefit from guidelines of adults who grew up in a similar world. This culture also affects the competence of young boys and girls in taking decisions related to their future. Such upheaval is accompanied by changing trends in adolescence behavior and consequently their health status.

#### B. Preventing and Responding to Health Problems

On the basis of mortality rates alone, adolescence was previously considered as one of the healthiest periods in human life. There is a growing recognition of wide range of health problems faced by adolescents because of a combination of biological, psychological and social factors.

Adolescents tend to view health problem very differently from adults concerned about their welfare. And adolescents with health problem do not always turned to healthcare providers and to health care services to help. Depending on their problem and their perception of it, they seek help from various individuals and organizations around them. Their perception of what assistance they can get from these individuals and organizations determines their reactions. Conversely, the existence of specific health problems in the lives of young people will adversely affect their development, and undermine effort to develop the competencies and skills they need to realize their full potential.

### III. METHODOLOGY

It is a quasi-experimental mixed method i.e. Qualitative and Quantitative study. The study was started with Baseline survey and after 2 months of experiment, i.e. various health awareness sessions and activities End line survey was conducted. Data of both the surveys were analyzed and compared. To assess the change, this study bought among young girls and boys qualitative data were also collected i.e.

Participatory Rural Appraisal, Focus Group Discussion and Case Studies.

The study period of the study was February-May 2018. The study has been carried out in 15 Government schools of Noida i.e. Nagla charandass, Kulesara, Haldhoni, Vaidpura, Cherijasi, Hoshiyarpur, Itara, Asgarpur, Milak lachchithe, shahpur, haroula, mamura, gheja, morna and khanjarpur. An overall sample of approximately 90 school children and 15 clusters (schools) was sampled.

A questionnaire was prepared for Baseline Survey including six sections i.e. Background characteristics, Self-confidence scale, Access to healthcare, GEM scale, Violence, Livelihood and education. The data were collected from 15 schools, i.e. 6 students each. For Endline survey the same questionnaire of Baseline survey was used with slight modification and data was collected from same randomly selected 6 students from 15 schools each. For Focus Group Discussion and Participatory Rural Appraisal, the students of the uppermost class were taken i.e. class VIIIth. Case studies were noted of those students who wanted to share their story with us and in whom we saw a visible change.

The collected data was entered in an excel file. For the analysis, SPSS windows version 16.0 was used. Most of the analysis was done by using the descriptive analysis. For qualitative data report was made according to observation and discussion with the students.

### IV. RESULTS OF QUANTITATIVE ANALYSIS

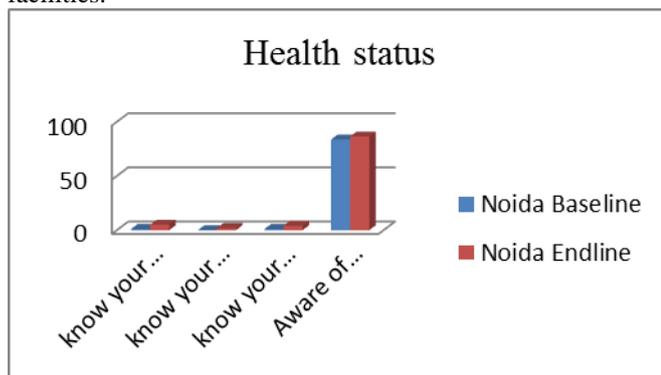
In the Endline survey, 51.65% of the students were more than 14years old whereas 48.35% students were of less than 13 years of age. 30% of students were males and 70% of students were females. Majority (86%) of the students were Hindu, 12% were Muslims and others were of different religions. 18% of students belong to SC category, 13% belongs to ST category whereas 68% belongs to others category including General others.

After comparing two sets of data i.e. Baseline and Endline Survey observations were made and findings narrate that the thinking of children on different sets of questions has changed. Students who wanted to continue their education has improved from 96.9% in Baseline survey to 98.8% in Endline survey. This improvement was observed after the discussion of importance of education in life and ability to take decisions related to their carrier.

While calculating self-efficacy index, huge difference was observed in thinking of children i.e. in Baseline survey 71.4% students admitted that it is easy for them to stick to their aims and accomplish their goals while in Endline survey this has been observed in 94.5% of students whereas 79.6% students were able to find solutions of the problems they face in Baseline survey which has been improved to 90.1% in Endline survey. On assessing gender attitudes, a huge difference was seen in attitude of students when asked that do girls should allow to decide about their own marriage, in baseline survey, 60% of students agreed to this statement but after the sessions in Endline survey, 74.7 % students agreed to this. To find any relation between the two different categories i.e. do girls allow to decide about their own marriage and eighteen years is not late for a girl to get married correlation analysis was done and correlation among the two variables found significant at 0.01 level (2 tailed).

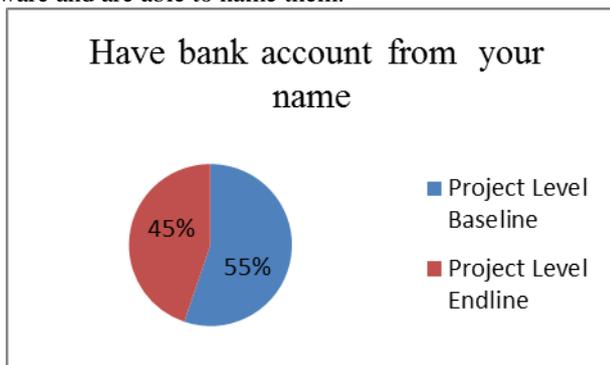
71.4% students believe that men should share the work around the house with women such as cleaning and cooking which was improved to 100% students in Endline survey.

The drawback of the study was that on assessing information related to awareness in the students about their own health status, much change was not observed due to absence of regular health check-up of the students. In Baseline survey, only 1% of students were aware about their blood group, 0% about their anemia status, 1.1% about hemoglobin status and 83.7% aware about the places where they can go to avail health facilities whereas in Endline survey 5% of students were aware about their blood group, 2.1 % about their anemia status, 4.1% about hemoglobin status and 86.5% about the places they can visit to health facilities.

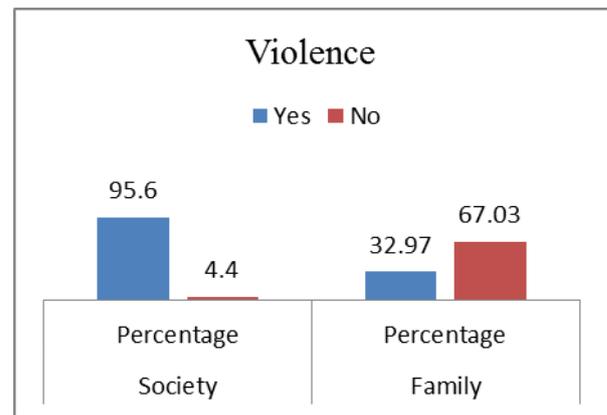


After exposure visits to bank, students learned various activities to be done in bank which in turn leads to opening of a bank account. It has been improved from 45% During Baseline Survey to 55% till Endline survey.

When asked from students about government schemes, which they know and can, name them, the data shows that in Baseline survey 28% students are aware about government schemes related to their education and livelihood whereas in Endline survey 30% students were aware and are able to name them.



On assessing the section of Violence, when asked the students that have you ever faced violence or any kind of discrimination, 87% of students answered yes and only 4% answered no. The result shows that the violence has occurred more in society than family.



To assess the attitude of students towards gender discrimination multiple questions were asked, in Baseline survey, 75.8% students believe that the girl who is not married is a risk to her family which was reduced to 41.2% till Endline survey. Majority (81.3%) of students believe that investing in girls education is beneficial for the family and 91.4% of students believe that girls can go out of her area for opting any livelihood options.

## V. RESULTS OF QUALITATIVE ANALYSIS

### A. VISION:

Changes have been observed in students as they have a vision now they want to become a doctor, engineer, army officer, pilot, police or IAS. Earlier also they knew their vision but that was under the influence of someone, or they were following someone's order but now they know their vision which is their own decision. They chose their vision and they are confident now that they are able to achieve it. But still majority of the students don't know the mechanism to achieve it.

### B. BARRIERS IN ACHIEVING THEIR VISION:

There are many barriers in their lives to achieve their vision. The major barrier is the finances as in the majority of the families in those areas only one earning member is taking care of four to five children, investing in their education and livelihood and that earning member is earning a average money in which he/she can either take care of their house or invest in the education of their children. The schools are only till section VIII and the other government schools which are not taking any fees are far away from their community.

The other barrier is the lack of support of their families as many children are not able to continue their studies especially girls because their parents are not allowing them to continue, the reason being some parents want their child to help in household chores, earn money with them, some wants them to get married and settle.

### C. GENDER:

Gender discrimination is a major issue in these areas. Girls are not allowed to continue their study and go out of their areas for any livelihood options. Students are not that confident to take stand against their families and opt for education. Girls were not able to discuss their menstrual problems in front of boys. Improvement has been seen in girls while FGDs. They were talking about menstrual hygiene. Earlier boys had an attitude of dominance they

thought that they should not go out of their house in the evening. Few changes have been observed in boys as some boys told that the girls should go out and opt their education and livelihood options. Boys are helping their mothers in household chores. Girls are now confident that they are not weak then boys. They know that should use their skills to deal with problems.

The students told that the difference between gender exist first in the thinking of their parents. They think that they have to give dowry to the boy during her daughter's marriage and if they refused then nobody will marry her daughter. They think that girls should obey her husband and do household chores which are more important than education. A belief is there that even after achieving education majority of the children are not getting jobs. Early marriage is also a major reason of gender discrimination.

Students informed that everyone has seen violence in their life somehow or other. Some have experienced it on their own and others have seen it on others. The majority have seen it in society rather than in their own families.

#### D. SELF-EFFICACY:

This component of the study has shown a major improvement in the thinking and attitude of students. They are much confident that they can deal with any problem by staying calm and find solutions for that problem. They believe that they have all the knowledge to solve the problems. They told that one should not lose their temper and must find the solution to deal with it. Case studies have come up showing their ability and confidence.

#### E. COMMUNICATION:

Students are aware about communication, their type's i.e. verbal and non-verbal communication. They are aware of the fact that communication should be done with confidence and one should make eye-contact with the other person and take care of their gestures.

#### F. BARRIER IN COMMUNICATION:

The barriers which are there in the communication with these students are the weakness in language especially English. They are not able to speak English fluently due to lack of proper studies in schools.

#### G. NEGOTIATION:

Students are aware of negotiation skills. They are aware that one should negotiate with their teachers or parents by describing their view point to them briefly and for that one should oneself clear about their views. The anger can spoil everything. One should give examples to make the other person understand. Students believe that negotiation is a way to solve the problem. They are aware and are able to negotiate with their friends because peer pressure can force them to choose the wrong path in life.

#### H. BARRIERS IN NEGOTIATION WITH THEIR TEACHERS AND PARENTS:

The adults don't take the children seriously and they believe that they are more knowledgeable than children. They believe that it takes a lot of time to make their parents understand. Majority of the children told that the interference of relatives and neighbours in their families is a major issue.

#### I. DECISION-MAKING:

Students are able to take decisions for their own lives as they are much confident now. They believe that decision making capacity can come when you have self-confidence, knowledge and negotiation skills and a good decisions can help in making their future bright. Case studies have come up in which students are taking decisions for their lives.

#### J. HEALTH AND HYGIENE:

Students believe that they are aware of their own health. They think one should wash their hands before and after eating, one should eat a balanced diet to remain healthy and yoga can be done at home only. They believe that maintaining hygiene is a way to remain healthy. The students are aware of their nearby health facilities to avail health facilities; they are aware of nearby government and private hospitals, nearby dispensaries. The problem they are facing is that the hospitals take fees for health checkups and government hospitals are crowded.

#### K. GOVERNMENT SCHEMES:

Students are aware about government schemes supporting their education and livelihood i.e. education loan to students to continue their education, free education for children up to class VIII, mid-day meal scheme, beti bachao beti padhao, supplements of iron tablets and deworming tablets such as albendazole.

### VI. DISCUSSION

The current study is a before and after study involving quantitative and qualitative data. The study was conducted in remote schools of Noida. All the upper-class students i.e. 6th-8th class were involved. The inclusion of various activities and sessions was done as an intervention. The activity includes BCC activities, role-plays, video conferences, educational games. Sessions on Menstrual hygiene, importance of education, health and hygiene, self-confidence, decision-making, communication and negotiation were taken. Before intervention, Baseline survey was conducted followed by Endline survey after intervention. Participatory Rural Appraisal and Focus Group Discussion were conducted with uppermost class students.

In Baseline survey, outcome suggested that the students are lacking awareness on various factors which makes them unable to even identify their own skills. They are just following the rituals of their families and society and lacking confidence to make informed decisions about their own life. Importance of various factors such as health and hygiene, decision making ability, communication, negotiation were not known. Data suggested that the attitude of students towards gender discrimination was detrimental.

During sessions students were taught the importance of these factors and make them realize that they are able to achieve everything in life despite of lack of resources if they are determined and confident. Students were involved in activities such as role-plays so that by depicting the imaginary situations they themselves can realize the solutions if that become realty. Boys were also involved in session/discussion of gender discrimination. Girls are facing a lot of problems as they don't have freedom to take their own decisions. They need to follow the guidelines designed by the society.

Till the end of the project, huge changes were observed. While collecting qualitative data, various changes has been observed in many aspects. Students are able to solve the problems come to their way; they know the mechanism to find the solution of their problems. They are aware about the fact that they have to negotiate with their parents, teachers and friends if they want to achieve a success in their life and at the same time they know the consequences of negotiation if it's done in a wrong way.

Exposure visits had a tremendous impact on them as they never took a step out of their areas. They learned various things in these places and are now able to avail these facilities.

Despite of these activities which inculcates the mind of students this study was unable to make any changes in some children. The barriers which prevent these change to appear was the lack of resources, lack of parents and teachers support at some places and lack of time.

## VII. CONCLUSION

- The outcome of this study reflects the change in attitude of majority of students towards gender discrimination.
- The students were aware about the mechanism to achieve their vision.
- The students were aware about the government schemes related to their education and livelihood.
- Majority of the students wanted to continue their education.
- The students were aware about the anemia, menstrual hygiene, nutrition and balanced diet but due to lack of regular health check-ups they were not aware about their own blood groups, hemoglobin or anemia status.
- The students were able to maintain their health and hygiene, as they were aware about the hygienic practices, nearby health facilities and balanced diet.
- Majority of the students were able to deal with problems through negotiation skills which they developed through sessions.
- A little difference was found in the thinking of parents towards education, life skills and health of their child.

## VIII. RECOMMENDATIONS

The Government, the people and the organizations concerned with the adolescent health should all participate in improving fundamental conditions responsible for it, For schools, with the improvement in education, teachers must teach them the life-skills which will help them to deal with their problems and must listen to the students, Exposure visits and regular health-checkups should be done on a regular basis, For parents, children should allow taking their decision, Children should be a part of every discussion in the family and parents need to listen to them, Students must get the opportunities to earn money so that they must not depend on anyone.

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