PERCEIVED PATERNAL CARE AND SELF ESTEEM AS A PREDICTOR OF DEPRESSIVE SYMPTOMS AMONG ADOLESCENT BOYS IN SELECTED SCHOOLS IN KIAMBU COUNTY, KENYA

BY

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DECLARATION

This thesis is my original work and has not been presented for a degree in any other university.

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DEDICATION

I dedicate this work to my mother, Emily Nafuna, Auntie Mary Nanzala as well as Karoline Remmerie and Raf Tuts, for their love and support, and for encouraging me to pursue my Master's studies. I also dedicate this work to my siblings Kelvin Wetende, Nick Anekeya and Derrick Nandwa for their moral support.

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ABBREVIATIONS AND ACRONYNMS

CES-DC	Center Epidemiological Studies Depression Scale for Children
DS	Depression Scale
DSM V	Diagnostic Statistical Manual
MDD	Major Depressive Disorder
NICE	National Institute for Health and Clinical Excellence
NIMH	National Institute of Mental Health
PART	Parental Acceptance -Rejection Theory
PNS	Paternal Nurturance Scale
SPSS	Statistical Package for Social Services
WHO	World Health Organization

ABSTRACT

Perceived paternal care is attributed to the development of depression among adolescents. Depression is characterized by moodiness, low interest in activities, acting out and aggressiveness. This study examined perceived paternal care and self esteem as a predictor of depressive symptoms among adolescent boys in selected secondary schools in Kiambu County, Kenya. The objectives of the study were: to establish perceived paternal care among adolescent boys, to assess self esteem as a vulnerability factor of depression, to investigate symptoms of depression among adolescent boys and to establish the relationship between perceived paternal care and development of depression among adolescent boys. In Kenya, few studies have been done to examine how paternal care predicts the development of depression among adolescent boy in Kenya. Many studies have examined how parenting styles contribute to depression in the context of both parents, that is, the mother and father. Few studies seem to focus on assessing how paternal care predicts the development of depression among boys in Kenya. An investigation on the relationship between paternal care and self esteem as a predictor of depression was therefore ideal. Spearman Rank Correlation was used to test the relationship between paternal care and development of depression as well as assess self esteem as a vulnerability factor to depression. Stratified random sampling was used to select four boy's schools. Purposive sampling was then used to select 87 boys who had fathers. Perceived parental care was assessed using the paternal nurturance scale. Depression scale was assessed using the Center Epidemiological Studies Depression Scale for Children (CES-DC). The Rosenberg scale was used to assess self esteem. The study findings revealed that there is a negative correlation of (r= -.239) between perceived paternal care and depression among adolescent boys. The findings also revealed that there is a negative correlation of (r= -.505) between self esteem and depression. The findings of the study will help mental health practitioners to develop interventions that incorporate parents in addressing the psychological needs of adolescents.

CHAPTER ONE

INTRODUCTION AND BACKGROUND

Introduction

This study examined perceived paternal care and self esteem as a predictor of depression among adolescent boys in selected schools in Kiambu County. This chapter provides a detailed description of the background of study. It also explains the problem statement, purpose of the study, outlines the research objectives, research questions and points out the assumptions of the study. It also highlights the significance of the study, scope of the study and articulates the limitation and delimitations of the study. Finally, the operational definition of terms and a summary of the chapter are stated.

Background of the Study

National Institute for Health and Clinical Excellence (NICE), 2009) define depression as a wide range of mental health problems characterized by the absence of a positive feeling (a loss of interest and enjoyment in ordinary activities and experiences), constant low mood and a variety of associated emotional, cognitive, physical and behavioural symptoms.

According to Abege (2014), depression is on the rise among adolescents and an issue of concern that needs to be addressed urgently. This is because it impacts every aspect of an adolescent's life and can lead to suicide. Depression can be destructive to the personality of an adolescent causing a sense of unhappiness, misery or anger. More often than not, many adolescents rely on parents, teachers, or caregivers to recognize their distress. Depressive symptoms among adolescents are seen as normal behaviour or moodiness. Moreover, adolescents use other means of expressing their distress such as

acting out which is always misinterpreted as indiscipline. This is because adolescents experience challenges in expressing depressive symptoms.

Depression in Kenya has been observed to be on the increase among adolescents in schools. According to Khasakhala, Ndetei, Mutiso, Mbwayo and Mathai (2012), depressive symptoms were found to be as high as 43.7% among adolescents in high schools in Kenya implying that the incidences of depression among adolescents are on the rise. The findings of the study also revealed that adolescents who perceived their fathers as being less caring were associated with depressive symptoms. The study concluded that there was a strong correlation between perceived paternal acceptance and depression among adolescents. Lastly, perceived paternal acceptance was a protective factor against depression.

There are three types of depression that affect adolescents, that is, dysregulation disorder, which normally affects children. The symptoms for this disorder include persistent irritability, physical aggression towards people or property, that are out of proportion in intensity or duration to the situation or provocation, and frequent episodes of violent uncontrollable social behaviour. The second type of depression is major depressive disorder which is characterized by at least two weeks of episodes (most episodes last longer) involving low mood, decreased interest or pleasure, change in sleeping and eating patterns, loss of concentration and Dysthymia. According to the America Psychiatry Association, major depressive disorder is prevalent among adolescents and the youth (APA, 2013). The third type of depression is persistent depressive disorder, which is diagnosed when the mood disturbance continues for at least

two years in adults or one year in children. This disorder causes irritability among children.

Many factors influence adolescents' depression. Such factors include academic work, which is associated with pressure to perform in school; stress, which can emanate from the home environment due to conflicts between parents; anxiety emanating from the many bodily changes, self esteem, which is a vulnerability factor of depression and parental care, which can be characterized by rejection, aggression, low support and hostility from attachment figures (Rohner, 2007).

Depression disorders with pediatric onset are more chronic and debilitating than depression beginning in adulthood (Cook, Peterson and Sheldon, 2009). Recognizing and treating major depression among adolescents and its variants in the early stages is important in reducing future negative impact. Reduction of negative impact in the future can only be achieved if an investigation is done on how paternal behaviours influence depressive symptoms among boys, which has received less attention as compared to depression in girls and women.

World Health Organization (WHO), 2017) explains that depression is a major killer of youth aged between 15-29 years with increased number of suicide cases among adolescent boys. Depression is a leading cause of disability and contributes immensely to the burden of diseases. Therefore, there is need for key players to reverse the trend of depression among young people. Depression is a primary health issue and must be addressed comprehensively and with urgency among the youth. Depression among boys has not received much attention.

Orth, Robbins and Meier (2009) define self esteem as the ability to be assured of one's own capability, talents, self value as well as having personal acceptance, approval and respect for self. According to the authors, adolescent depression has a relationship with self-esteem and that depression and low self-esteem occur with excessively high prevalence among adolescents. On the other hand, low levels of depression are experienced when adolescents have high self-esteem. This therefore indicates that there is a positive correlation between self-esteem and the development of depressive symptoms.

Self esteem is of interest to practitioners in the mental health field. Cheng and Furnham (2003) in their study found a direct connection between low self- esteem and depression. Their findings revealed that low self esteem has adverse effects on the psychological well being of adolescents, that is, adolescents who have low- self esteem are at risk of developing depression. The authors found this to be the case especially for many adolescents who are going through a transition period.

Although most adolescents experience difficulty in developing self value or self worth, research indicates that adolescents who maintain positive self worth have a positive outlook towards life, are healthy, have levels of emotional stability and have fewer depressive symptoms. Therefore, if adolescents have high self-esteem, they may report lower levels of depression (Dixon-Rayle, 2005).

Conger, Oroth and Robins (2013) assert that low self esteem is a major risk factor for depression. Low self esteem predicts the presence of depression in the lives of adolescent boys. There is a strong correlation between self esteem and depression. Thus, improving self esteem reduces the risk of depression.

Perceived parental care is defined as the emotional experience of caring, acceptance, affirmation, concern and love of a father to an adolescent (Rohner, 2007). A parent's influence and impact to any child is both intense and lasting. Interventions that parents (fathers and mothers) use to guide adolescents affect their emotional development. A parents lack of care for their adolescents' increases the likelihood of adolescent depression. He posits that parental acceptance is correlated to the development of adolescent depression (Abege, 2014).

Parental care explains that adolescents who have loving and accepting parents, unlike those with parents who are rejecting and uncaring, are likely to possess a positive outlook towards life, experience less psychological distress, have high self worth, have the ability to manage negative emotions, are individuated and have a positive perspective towards life (Kim & Rohner, 2003; Rohner, 2004).

Adolescents have a profound need for care, warmth, approval and affection. The absence of warmth, care and affection especially from fathers is sufficient to generate emotional consequences. If fathers lack care, adolescent boys are likely to perceive themselves as unworthy and not deserving. Thus, paternal care and acceptance enhances both the social and emotional health of the adolescents and reduces the presence of depressive symptoms among them (Abdullah, Lau & Ooi, 2015).

Statement of the Problem

In Kenya, a study conducted by Khasakala et al (2012) revealed that depression among adolescents is as high as 43.7%. The study also found that more than a quarter of Kenyan adolescents in high school suffer from major depressive disorder which has aspects of paternal rejection behavior including lack of acceptance, low levels of

involvement and low levels of emotional connection. The study shows that 55.2 % of adolescent boys had depressive symptoms. Depression may become a serious health condition and increases with age. It greatly affects adolescents who suffer and perform poorly at school and in the family setting. Depression can lead to suicide, which is the leading cause of death of young people aged 15-29 years (Kiage & Oketch, 2017).

A number of studies conducted in the world and in Kenya associate depression with lack of paternal acceptance, no emotional connection, parenting styles and low levels of self esteem. Moreover, important aspects of paternal care that influence the development of depressive symptoms among adolescent boys in Kenya have received less attention. There is therefore need to examine how paternal care and self esteem predict the development of depression among boys with a view to mitigate the occurrence of depression. This study intends to fill in this gap.

Purpose of the Study

The purpose of this study was to investigate perceived paternal care and self esteem as a predictor of depressive symptoms among adolescent boys in selected secondary schools in Kiambu County, Kenya.

Objectives of the Study

The specific objectives that guided this study were:

1. To assess perceived paternal care among adolescent boys in Kiambu County.
2. To find out if self esteem is a vulnerability factor of depression in Kiambu County.
3. To examine symptoms of depression among adolescents boys in Kiambu County.

4. To establish the relationship between perceived paternal care and development of depressive symptoms among adolescents boys in Kiambu County.

Research Questions

The following research questions guided the study:

1. To what extent is there perceived paternal care among adolescent boys in Kiambu County?
2. To what degree is self esteem a vulnerability factor of depression in Kiambu County?
3. To what extent is there depression among adolescent boys in Kiambu County?
4. What is the relationship between perceived paternal care and depressive symptoms among adolescent boys in Kiambu County?

Justification of the Study

The importance of studying paternal care and self esteem as a predictor of depressive symptoms was informed by the need to understand how paternal behaviours in particular paternal acceptance, affirmation and paternal involvement affect depressive symptoms among adolescent's boys. So far, few studies in Kenya have been done to examine paternal care, self esteem and how it contributes to depressive symptoms among boys. Many studies have been done on girls and women and their vulnerability to depression leaving out the boy child. Other studies have focused on the influence of both parents in the development of depression among adolescents. Moreover; the role of fathers in the nurturing process has been greatly overlooked. This study will seek to address those research gaps.

Significance of the Study

The findings of this study may benefit school teachers. This is because it highlights paternal care and self esteem as a predictor of depression among adolescents. It may assist guidance and counseling departments in schools to develop interventions that incorporate parents in addressing the psychological needs of adolescents. The teachers can use this information to educate parents on the importance of paternal care in the emotional development of their adolescents. It will equally benefit the Ministry of Education since it is responsible for ensuring the effective implementation of guidance and counseling programs.

The findings of this study will also benefit general counseling practitioners and academicians who may use this information to empower parents on the importance of paternal care and acceptance and how it contributes to the psychological well being of children. The findings of this study may interest professionals working in the mental health field too.

This study is timely and the findings can be replicated in other counties in Kenya to address depression experienced by students in schools. It will provide a basis for further research on adolescent boys from a systemic perspective and provide room for more scientific investigation on the need to examine adolescent boys 'mental health needs.

Assumptions of the Study

The assumptions of the study were:

i. Perceived paternal care and self esteem influences the development of depression among adolescent boys.
ii. Adolescent boys with low self esteem are vulnerable to developing depression.

iii. Participants will be able to comprehend the research instruments.

iv. Paternal care and self esteem promote the psychological well being of adolescents.

v. Perceived paternal care can be objectively measured by use of a questionnaire. There is a strong correlation between paternal care, depression and self esteem.

Scope of the Study

This study involved adolescents in selected schools in Kiambu County in Kenya, focusing only on form three and four students. The study also only looked at the parameters of paternal care and self esteem as predictors of depression.

Limitations of the Study

The study was limited to form three and four students in boys' schools only. The measures used in the study were perceived paternal care, self esteem and depression which were based on self-report, implying that the responses might have had social desirability bias. The study also focused on quantitative analysis thus there was no room to have discussions with the respondents.

Delimitations of the Study

The study included different strata of boys schools across Kiambu County, specifically, boy's day, boarding, mixed day and day and boarding schools. The study assessed three different variables, that is, paternal care, depression and self esteem. The researcher focused on specific psychological constructs of self esteem and depression.

Operational Definition of Terms

Depression–is characterized by loss of interest in activities and a consistent low mood.

Perceived parental care– refers to the perceived acceptance, warmth, involvement affirmation and love of fathers' to adolescents.

Self-esteem– is the ability to accept and value self; it is the worth that individuals attach to themselves.

Parental acceptance– refers to the warmth, affection, care, comfort, concern, nurturance and support from fathers to adolescents.

Parental rejection– refers to hostility and aggression exhibited by fathers to adolescents.

Boys– this refers to the male gender studied.

Perceived– this refers to how children view, understand and interpret behaviours shown by their fathers.

Paternal figure or father– implies the male figure in the life of the adolescent boys.

Chapter Summary

This chapter provided a detailed description of the background of study. It also explained the problem statement, purpose of the study, outlined the research objectives, research questions and pointed out the assumptions of the study. It also highlighted the significance of the study, scope of the study and articulated the limitation and delimitations of the study. Finally, the operational definition of terms and a summary of the chapter were stated. Chapter two discusses an overview of depression, explains paternal care and self esteem and provides a detailed description of empirical literature and highlighted the theoretical framework.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter highlights the general literature on depression pointing out the causes of depression and its effects and prevalence among Kenyan adolescents. It also discusses self esteem, specifically, the causes and effects of low self esteem among adolescent boys. The study additionally underlines the importance of paternal care in the life of adolescent boys. Finally, it covers a review of past studies on perceived paternal care, self esteem as a vulnerability factor to depression and prevalence of depression among adolescents.

Depression in Adolescents

National Institute of Mental Health (NIMH), 2016) explain that depression is a common but serious mood disorder. It causes symptoms that affect feelings, thought process and engagement in daily activities. Moreover, if one has a symptom of persistent sad mood, feelings of hopelessness, irritability, feelings of guilt, decreased energy and fatigue, thoughts of suicide attempts and difficulty in sleeping, they might be suffering from depression.

According to Holmes (2017) depression among adolescents is very complex and they might not understand the symptoms associated with it. More often than not, parents always misread mental health symptoms particularly depression among adolescents. If an adolescent acts out, engages in antisocial activities, are more moody than usual or are having difficulty progressing in school, they might be dealing with depression.

Kutchner (2017) states that depression is Africa are a burden, with about half of all depressions beginning before age 25. This age category falls in the adolescent and youth bracket. Most adolescents in developing countries do not seek or have efficient or appropriate mental health care and there is a lot of stigma and cultural beliefs surrounding mental health. The author continues to explain that there is a great need to emphasize on the importance of early identification of depression in young people. Investing in addressing depression among young people will pay a population dividend and increase not only manpower but also a healthy population.

Nyamori (2015) affirms that depression is a major killer of youths aged 15-29 years. The number of suicide and attempted suicide cases among teenagers has been on the increase in Kenya. These rates of suicide are highly attributed to unresolved depression among adolescents and the use of alcohol and drugs. The cases of suicide among boys are recorded as higher compared to girls. Poor parenting and adolescents' not receiving parental support as they prepare to become adults is also another factor attributed by suicide cases.

Causes of Depression

According to Kasoa (2013) most youths are depressed due to violence in their homes and dysfunctional parental relationships. The male child has been taught to be tough and showing emotion is perceived as a sign of weakness. They are not meant to be emotional and are expected to develop a strong personality and be tough regardless of what they are going through. This, therefore, implies that the male child will usually bottle up his emotions and later on expresses them through deviant behaviour. Internalized gender roles play a major role in how men express their emotions.

Depression can be a response to many situations and can also be triggered by stress. Adolescence is a stressful time for many teens. Adolescents with the presence of depressed mood are common due to the normal process of maturing. Depression can also be caused by cyber bullying, demands from school, unstable family environment negative thoughts and self doubt, physical and sexual abuse, and poor parenting, lack positive of parental behaviors like acceptance, affirmation and care (Lliades, 2016).

Effects of Depression on Adolescents

Kiage and Oketch (2017) affirm that depression may become a serious health condition. This is because it can causes adolescents to suffer greatly and function poorly at school and in the family. At its worst it can lead to self harm and suicide. Suicide among adolescent's boys is high and many attempts to kill self are successful. Moreover, one of the leading causes of death among adolescent boys aged 15-29 years old is suicide.

Secondly, another effect of depression among adolescents is poorer academic functioning or declined performance in educational activities. Thus, early occurrences of adolescent depression exert profound long term effects on their functioning and produce negative impact on academic performance and advancements (DeRoma, Leach & Leverett, 2009).

Depression among adolescent boys is closely linked to anti social behaviors. Many adolescents, who are depressed end up using drugs, engage in petty theft and exhibit aggressive behaviours. They are also perceived to engage in violent and non violent crimes and promiscuous sexual behaviours (Naylor, 2008).

Self esteem is an individual's attitude which is dependent on their perception, thoughts, feelings and behavioural inclination. The author notes that the biggest influence

of self esteem is how an individual evaluates self. Self esteem declines when children transition into adulthood based on the feedback they receive, body image, social comparisons and other problems associated with puberty. Adolescent stage is a vital period for the development of self esteem, self confidence and may endanger emotional regulation of an adolescent (Tsang & Yip, 2006).

Characteristics of Low Self Esteem among Adolescents

Guindon(2002) explains that some of the characteristics that define adolescents with self esteem include: feelings of insecurity, unhappiness, negative attitude towards self and life, anger and hostility, poor self image, lack self confidence, poor communication skills, shyness and withdrawn and under perform in school.

Causes of Low Self Esteem

Low self esteem has been linked to neglecting, uninvolved parents who don't care about their adolescents. This is because adolescents feelings about self are greatly influenced by how their parental figures treat them. Many young people also lack appropriate support from their parental figures and this greatly impacts on how an adolescent perceives himself. Past trauma is also another cause of low self esteem be it sexual, emotional, physical impacts on the lives of adolescents it comes along with feelings of shame and guilt (Peck, 2014).

Effects of Low Self Esteem

Self esteem is influenced by a model which is assumed to predict depressive symptoms. The vulnerability model asserts that individuals who have low self esteem increase their likelihood of developing depressive symptoms. The vulnerability model asserts that low self esteem functions as a predictor of depressive symptoms (Rajkumar & Jayanthi, 2014).

Low self esteem might contribute to depression through interpersonal pathway. This means that it is attributed by the responses an adolescent gets as a result of interaction with their father. Adolescents with low self esteem are sensitive to rejection and tend to perceive their relationship negatively overlooking attachment and support received from the father-son relationship (Murray, Holmes & Griffin, 2002; Murray, Rose, Bellavia, Holmes,& Kusche, 2002).

The consequences of low self esteem can be short term dependency; in serious circumstances low esteem leads to depression, increases high chances of self harm and it can ultimately lead to suicide. Similar to adolescents who have depression, adolescents with low self esteem perform poorly in school and engage in risky sexual behavior to feel loved or valued (Rajkumar & Jayanthi, 2014).

Paternal Care among Adolescents

Perceived parental care is defined as the emotional experience of caring, acceptance, affirmation, and concern or simply love of the father to adolescents. The father-son relationship may be the single most important male-male relationship in a man’s life cycle (Rohner, 2007; Floyd, 2006).

Fathers play a fundamental role in child development and this includes adolescents. Indeed, they have a lasting impact on their children's social, emotional and intellectual development. Individuals' attitudes and perceptions consist of thoughts, emotions and intentional acts, therefore, adolescents' behaviors are guided by how they perceive their parents, whether father or mother (Charity 2003; Smith 1996).

Garcia, Manongdo and Ozechowski (2014) in their study determined the relationship between paternal acceptance and depression found out that paternal acceptance was significantly related to depressive symptoms. When education and marital status were included, the links between youth depression and parenting variables were established to have a correlation.

Father's love is specifically associated with specific aspects of offspring's development and adjustment. Both father and mother's involvements were related to offspring's happiness but father's involvement proved to be a significant contributor to the well being of adolescents. Additionally father's involvement has no discriminatory impacts on sons and daughters (Flouri & Buchanan, 2003).

Effects of Lack of Paternal Care

Parents are the most influential persons in life. Their impact is both intense and enduring. Moreover, strategies that parents use to guide and discipline their children affect their social and emotional development. Parent's lack of care and affection for their adolescent children increases the possibility of adolescent's depression (Restifo, Akse, Guzman, Benjamin & Dicks 2009).

Empirical Literature

In this section, the researcher reviews literature in line with the four objectives stated.

To Examine Perceived Paternal Care among Adolescent Boys

In Columbia Lila, Garcia and Garcia (2007) studied the relationship between perceived paternal and maternal acceptance. The study aimed at examining how paternal acceptance contributes to the psychological and social development of adolescents. Data was obtained from 234 children and 32 fathers using questionnaires to determine paternal and maternal acceptance. A personality assessment questionnaire was also used to assess how children perceive their own personality. The mothers and fathers filled in a child behaviour checklist to analyze internalized and externalized behaviors including depression. The findings of the study indicated that children's internalized problem behavior, in particular depression, could be attributed to lack of paternal care. Fathers were perceived to have influence in the development of adolescent's problem behaviours indirectly. The study also revealed that the influence of fathers varies in different cultures and as a result, the authors recommended that it is imperative to examine this study in different cultural environments.

Day and Padila-Walker (2009) examined fathers' connectedness and their involvement in the lives of adolescents. Data was collected from 349 individuals comprising mothers, fathers, adolescents and young adults between 11-23 years. The aim of the study was to find out how fathers' connectedness and involvement influenced internalized and externalized behaviours of the adolescents and young adults. The findings revealed that father's connectedness was negatively related to adolescents internalizing behaviours (depression, loneliness and anxiety). This means that if the

father is connected to an adolescent, the levels of depression decrease and if the father is not connected the levels of depression increase. The results showed that fathers play a significant role and have an important contribution to the child's well being particularly in the area of depression, anxiety and loneliness. The study also noted that when the levels of involvement from either the mother or father were low, the other parent made an important contribution specifically in the area of internalized behaviours.

Swenson, Gross, Miller, Belcher, Tucker and Budhathoki (2015) conducted a study on parents' use of praise and criticism in a sample of young children seeking mental health services. A sample of 128 parents and children was used in the study. Their study pointed out that the two sources of parental feedback that shape children's behaviour are praise and criticism. Praise was defined as a positive remark, which aims at reinforcing positive behaviour while criticism is the use of negative or harsh remarks with the aim of stopping a negative behavior. Criticism was perceived to be damaging and associated with increased development of mental and behavioral problems especially depression among the children in the study.

Kausar and Najam (2012) conducted a study on father acceptance-rejection, father involvement and socio-emotional adjustment of adolescents in Pakistan. Data was collected from 100 adolescents using the CES depression scale, parental acceptance and rejection scale, and a personality scale. The study revealed that there was a negative correlation between paternal warmth, adolescent hostility, self esteem and depressive symptoms. Fathers' rejecting behavior had a positive correlation with depression among adolescents. Additionally, fathers' rejection was a predictor of depression among

adolescents. When the father's involvement increased, depression among adolescents would be lower and when involvement was low the levels of depression would be higher.

A study conducted by Ruiz, Carrasco and Holgado-Tello (2016) on a father's involvement and children psychological adjustment with paternal acceptance as a mediating factor. The study revealed that a father's contribution made a significant improvement in the psychological well being of the children. The study examined a sample size of 1036 children aged 9-19 years old, which encompasses the age of adolescents. The boys in the study were 45.1% of the total sample size. Parental acceptance and rejection questionnaires and personality assessment and youth self reports were used to collect data from the respondents. The results of the study revealed that relations between father involvement and internalizing problems were only mediated by paternal acceptance. Therefore, the company of fathers and their involvement with their children and adolescents provides an atmosphere of love and warmth, which in turn increases psychological regulation.

Self Esteem as a Vulnerability Factor for Depression

Sowislo and Orth (2013) conducted a study to investigate whether low self esteem predicts depression. A longitudinal study was conducted with the aim of evaluating the vulnerability model and scar models of low self esteem and depression. The study explained that low self esteem and depression are related but there is no consistent evidence on the nature of the relation. A total of 77 studies on the relation between self esteem and depression were conducted. The mean age of the samples ranged from childhood to old age. The effect of self esteem on depression had a stronger correlation than the effect of depression on self esteem. The findings yielded consistent support for

low self esteem and depression. This implies that low self esteem contributes to the development of depression.

Conger, Oroth and Robins (2014) conducted a study to find out if low self esteem is a risk factor for depression. The research aimed at assessing the vulnerability effect of low esteem on depression, that is, whether low self esteem causes depression. A sample size of 674 Mexicans aged 10-12 years attending a public catholic school were examined to determine the relationship between low self esteem and depression using longitudinal study. The findings of the study supported the vulnerability model, which states that low self esteem is a prospective risk factor for depression. The present study contributes to an emerging understanding of the link between self esteem and depression and states that improving self esteem reduces the risk of depression.

Rajkumar and Jayanthi (2014) conducted a research on self esteem as a risk factor for depression among adolescents. The study sought to investigate the relationship between self esteem and depression. The sample size in the study was 1120 adolescents aged 14-17 years. The study revealed that low self esteem predicts depression. Boys had levels of low self esteem. Adolescents with low self esteem should be identified early so as to prevent them from getting other psychiatric illness. The study emphasized that more weight should given to adolescent boys who had low self esteem with the goal of increasing their possibility of personal growth, improve self worth and promote healthier functioning throughout their life. Socio-demographic variables like age, school type and social class seemed to play a key role in the self esteem of the adolescents.

Orth, Ulrich, Robins and Roberts (2008) studied how low self esteem prospectively predicts depression among adolescents and young adults. According to the

authors, low self esteem and depression have a strong relationship yet very few studies explore the extent of the relationship and the effects they have on each other. The vulnerability model explains that low self esteem automatically predicts the presence of depression among adolescents' boys. A longitudinal study was done among adolescents aged 15- 21 years. The findings of the study confirmed that indeed low self esteem predicted levels of depression among adolescents.

Sharma and Agarwala (2013) conducted a research on the contribution of self esteem and collective self esteem in predicting depression. The research aimed to examine the relationship among self esteem, collective self esteem and depression. Another objective was to study the contribution of self esteem and collective self esteem in predicting depression. A sample of 200 adolescents aged 17-23years selected from Agra city in India participated in the study. The findings revealed that when self esteem is high, levels of depression are low and vice versa. This research implies that high levels of self esteem prevent depression and enhance positive personality. This research is in agreement with many findings that state that low self esteem is a risk factor for depression among adolescents (Yaacob, Jauhuri, Talib,&Uba, 2009).

Mulingan (2011) studied the relationship between self esteem and mental health outcomes in children and youth in Canada. The youth were aged between 10 to 16 years. Low self esteem in the study was perceived to predict depression while high self esteem was perceived to be a protective factor for depression among adolescents. Additionally, low self esteem was perceived to play a critical role in the development of depression among other mental disorders. Improving low self esteem was seen to automatically reduce the levels of depression regardless of stressful events around adolescents. Those

youth and adolescents with low self esteem were perceived to have fewer mechanisms to cope with stress in their daily lives (Zeigler-Hill, 2011).

A study conducted by Tripkovic, Roje, Krnic and Capkun (2015) examined the relationship between depression and self esteem in early adolescents, that is, among elementary school children aged 13years. The study comprised of 1,549 children which included 714 boys. Two psychological instruments used to test self esteem and depression were; the Coopersmith Self-Esteem Inventory and the Children and Adolescent Depression Scale. The findings revealed that children with high level of self-esteem had significantly less symptoms of depression, while children with more depressive symptoms exhibited low self-esteem. Significant association was found between low self esteem and depression. The authors posit that if low esteem starts from the onset of early adolescence it might progress till late adolescence stage.

Depressive Symptoms among Adolescent Boys

Wang, Lederman, Andrade and Gorenstein (2007) conducted a study on the expression of depression among Jewish adolescents. The study aimed at examining the gender differences in expressing depression. A sample size of 475 students aged between 13 and 17 years, from a Jewish private school, were examined. The findings of the study revealed that boys exhibited depressive symptoms by having negative thought processes, feelings of guilt, self blame and were socially withdrawn.

The results showed evidence that Jewish adolescents express their experience of depression in a varied manner. The Jewish sample under study lacked irritability, which is one of the ingredients when assessing for depression among boys. This was largely attributed by cultural influences. The Jewish population uses an inactive approach to deal

with challenges they experience in life. This makes them internalize negative feelings, which then develop into depression. The study proved that boys have higher depression rates than girls in the same age bracket.

Ali and Maharajh (2006) conducted a study aimed at finding out depression among adolescents and any related factors associated with its occurrence in Trinidad and Tobago. A sample size of 1, 845 adolescents from 24 different schools were studied. The Reynolds scale of depression was the data collection instrument. The findings revealed that a total 14% of the adolescents in the study had depressive symptoms with boys showing 8.2% levels of depression. Most adolescents who were depressed were 16 years old. Factors that influenced the presence of depression were associated with family type, school type, age of the students and alcohol abuse in the family.

A study done by Biswas and Basu (2017) on mental health and depression among school going adolescents in Nadia district, West Bengal revealed that depression among adolescents is considered an important public health emergency. A total of 160 adolescents aged between 13-17 years, were assessed. From the sample size, a cross-sectional study of 110 boys was conducted. Beck depression inventory was used to assess the prevalence of depression and associated factors from the respondents. The presence of depression among adolescents was found to be 34%, which his higher compared to similar studies conducted in the past. The findings revealed that adolescents who had depression exhibited signs of sadness, irritability, self accusation and crying spells. The findings of the study showed that depression is increasing among adolescents and that there is great need for prevention among this population.

Lisa, Harold and Derek (2013) reviewed a study that highlights the experience of symptoms of depression in men. The review was done from the analysis of the national co-morbidity survey replication. The study aimed to explore whether sex differences in depression rates vanish when alternative symptoms are considered in place of, or in addition to, more conventional depression. Men reported high rates of attacks, aggression and substance abuse. Alternative male type symptoms of depression found that 26.3% of the male respondents met the depression criteria.

The results of the study indicated that conventional depressive symptoms such as sadness and crying were considered unusual based on the societal ideology of maleness, which can make them hesitant to experience symptoms of depression. Equally, men experiencing emotional pain are more likely to react with anger and engage in self destructive behaviour. Men also experienced levels of irritability, anger attacks, aggression and low impulse control. The results of this study imply that adolescent boys can also exhibit these feelings and emotions.

Relationship between Perceived Paternal Care and Development of Depressive Symptoms

A study conducted by Jun, Jo-Pei and Baharudin (2013) on perceived parental warmth (which is characterized by parental acceptance and rejection) and depression in early adolescents, a path analysis on the role of self esteem as a mediator in Malaysia. The study examined relationships between perceived parental warmth, self esteem and depression and the role of self esteem as a mediator between perceived parental care and depression. The study used Becks depression inventory, Rosenberg scale and Parental scale. The results of the study emphasized that perceived parental warmth, self esteem,

and depression are correlated. A total number of 1,394 respondents were involved in the study and the findings established that parental care influenced self esteem.

Their study also revealed a negative relationship between parental care and depression implying that if the levels of care are high, depression will automatically decrease. Their study concluded that paternal warmth is vital in the emotional development of adolescents. This suggestion supports the findings of Bean, Barber & Crane (2006) who found a significant relationship between paternal support and depression.

Another study carried out by Abege (2014) in Nigeria, aimed at exploring whether perceived parental care and self-esteem relates to depression among adolescents in Makurdi. A sample of 362 students participated in the study. The three research instruments used in the study were parental care scale, depression scale (CES) and Rosenberg scale. The results revealed that perceived parental care and self-esteem relates to depression among adolescents in Makurdi. The findings also showed a strong correlation between the three variables (parental care, self esteem and depressive symptoms). Paternal care and self esteem influence the development of depressive symptoms among adolescents in Makurdi. The results of the study revealed that when self esteem is high, then depression levels are low whereas when self esteem is low then depression levels go up.

A study conducted by Khasakala et al., (2012) in Kenya investigated the prevalence of depressive symptoms among adolescents in Nairobi secondary schools and the relationship with perceived maladaptive parental behaviour. The study sought to determine the prevalence of depressive symptoms among adolescents in Nairobi (Kenya)

public secondary schools. A stratified sample of 17 secondary schools was selected in Nairobi province. The child depression inventory, social demographic questionnaire and Egna Minnen Betrafande Uppfostran scale was used on the respondents. From the results, depressive symptoms among adolescents were associated with no emotional attachment from the father. Data was collected from 747 boys and results revealed that 22.6% of the respondents had depressive symptoms. The incidence of depressive symptoms among all the adolescents was 26.4%. Depressive symptoms were significantly associated with lack of emotional attachment with the father. Positive communication from the parent to the adolescent seemed to be a protective factor for depression while adolescents who did not have protective parents had levels of depression symptoms.

Ndetei, Khasakala, Mathai and Harder (2013) conducted a study to investigate the relationship between parenting behavior and parental psychiatric disorders on major depressive disorder among the Kenyan youth. The study sample had a total number of 250 participant's aged between13-22 years attending the youth clinic at Kenyatta National hospital in Nairobi. The results of the findings revealed a strong association between major depressive disorders in youth and other disorders implying that there is a relationship between depression and other psychiatric disorders. It was noted that youths aged 16-18years had major depressive disorder attributed to rejecting paternal behaviors. The authors concluded that rejecting paternal behavior might play a role in the development of major depressive disorders among adolescents.

Theoretical Framework

Parental Acceptance-Rejection Theory

The theoretical framework that informed this study was the parental acceptance-rejection theory. The researcher preferred to use this theory because it has been considered effective in other countries and would want to experiment the same theory in Kenya. Parental acceptance- rejection theory (PART theory) was developed by Rohner (1986) and is an evidenced based theory of socialization and lifespan development that seeks to predict and explain major causes, consequences, and other connections of interpersonal acceptance and rejection within the United States and worldwide. The theory emphasized that paternal acceptance impacts greatly on adolescents mental development, social adjustments, emotional stability and positive worldview (Khaleque & Rohner, 2002).

The parental acceptance- rejection theory is keen on the warmth dimensions. The warmth dimension implies the emotional bond between the father or attachment figure and the adolescent. The warmth dimension focuses on verbal, physical or symbolic acts that attachment figures use to show care towards their adolescents. Warmth dimension has two different continuums; the first continuum is exhibited by warmth, care, concern, support, affection and love. The other continuum is portrayed by rejection and lack of positive feelings towards an adolescent. This study measured rejection by looking at a father who is cold, unaffectionate, low levels of involvement, neglectful, hostile, unloving and uncaring (Rohner, 2016).

The theory is divided into sub theories of personality, coping and social cultural sub-theory. Personality sub theory assumes that children around the globe with different

socio-cultural systems, racial or ethnic groups, genders, respond the same way when they perceive themselves to be accepted or rejected by their parents or other attachment figures. This means that their psychological well being is determined by paternal acceptance. The theory goes ahead to explain that acceptance and reception has an effect on adolescents even in their adulthood. Adolescents have needs, wishes and desires for nurturance, warmth, comfort, care, support and the best people to satisfy this innate need are attachment figures who are either the father or mother (Rohner, 2016).

Rohner (2005) reckons that behaviors are influenced by both internal and external factors. When children, including adolescents, do not have their needs met by their father or mother, they respond emotionally and behavioral in specific ways. Children and adolescents who are rejected are insecure, anxious, portray aggressive tendencies, have impaired self esteem, are impulsive and have a negative perception towards life. Coping sub-theory on the other hand, seeks to find out what gives some children and adults the resilience to emotionally cope more effectively than others with the experiences of childhood rejection (Rohner, Khaleque, & Cournoyer, 2012).

The coping theory reckons that how individuals cope with rejection is determined by their levels of differentiation. The coping theory outlines ‘copers as either being affective or instrumental. Affective ‘copers’ according to this theory means, children and adolescents who have been raised in rejecting families yet their mental health is in good state. On the other hand, instrumental copers’ are those adolescents who do well in school and other related activities yet their mental health state is impaired(Rohner, 2016).

Socio-cultural systems sub theory seeks to establish why some parents are warm and loving while others are cold, aggressive and rejecting (Rohner, Khaleque, &

Cournoyer, 2012). This sub- theory goes ahead to state that specific psychological, familial, community and societal factors tend to be reliably associated the world over with specific variations in parental acceptance and rejection. The sub theory explains that a father's ability to display any form of behaviour is shaped by social institutions, like family structure and household organizations. This theory emphasizes that paternal acceptance significantly contributes to the psychological adjustment of boys.
It is important to note that individual's behaviour and beliefs within a society are affected by the fact that most parents (whether father or mother) either accept or reject them.

Misitu and Garcia (2005) affirmed that paternal acceptance has been closely linked to adolescent's mental health and children's personality disorders. Parental acceptance and rejection theory states that parental behaviours in particular paternal rejection has been found to be consistently related depression. Adolescents who perceive their parents to be rejecting have a high probability of being depressive.

Adolescents are going through a transition period; paternal controls and support are crucial in ensuring that adolescents engage in pro-social behaviour. This implies that low levels of perceived paternal care may mean a higher likelihood of boys developing low self esteem and depressive symptoms. Therefore, a secondary school adolescent boy who perceives their father as uncaring, unsupportive and not accommodative, hostile, aggressive would probably exhibit ineffective coping strategies with regard to behavioural and emotional challenges which will ultimately make them susceptible to depression.

Conceptual Framework

Mugenda and Mugenda (2003) define a conceptual framework as a hypothesized model identifying concepts under the study and their relationships. A conceptual framework provides an outline of the preferred approach in the research and also outlines the relationships and the desired effects, forming independent and dependent variables. It is the researchers own position on the problem and gives direction to the study. Perceived paternal care was considered to be influenced by the social cultural systems, one of the three explanatory components of the parental acceptance- rejection theory that seeks to establish why some parents are warm, loving and accepting while others are cold, aggressive and rejecting.

Other factors in the conceptual framework that influence the perception of paternal care are adolescents age, sex and low self esteem which is a predisposing factor to the development of depressive symptoms. Intervening variables in the study were the father's level of education and marital status, which were hypothesized to influence paternal care. The researcher hypothesized that if an adolescent receives paternal care, there are chances that they might not develop depressive symptoms whereas, lack of paternal care leads to the presence of depressive symptoms among adolescents. The ability for an adolescent to have resilience determines the development of depressive symptoms. These remarks agree with the parental acceptance- rejection theory, that personality, social cultural factors and coping mechanisms affect how adolescents perceive their attachment figures, whereas certain environmental factors influence if a father will have accepting or rejecting behaviours.

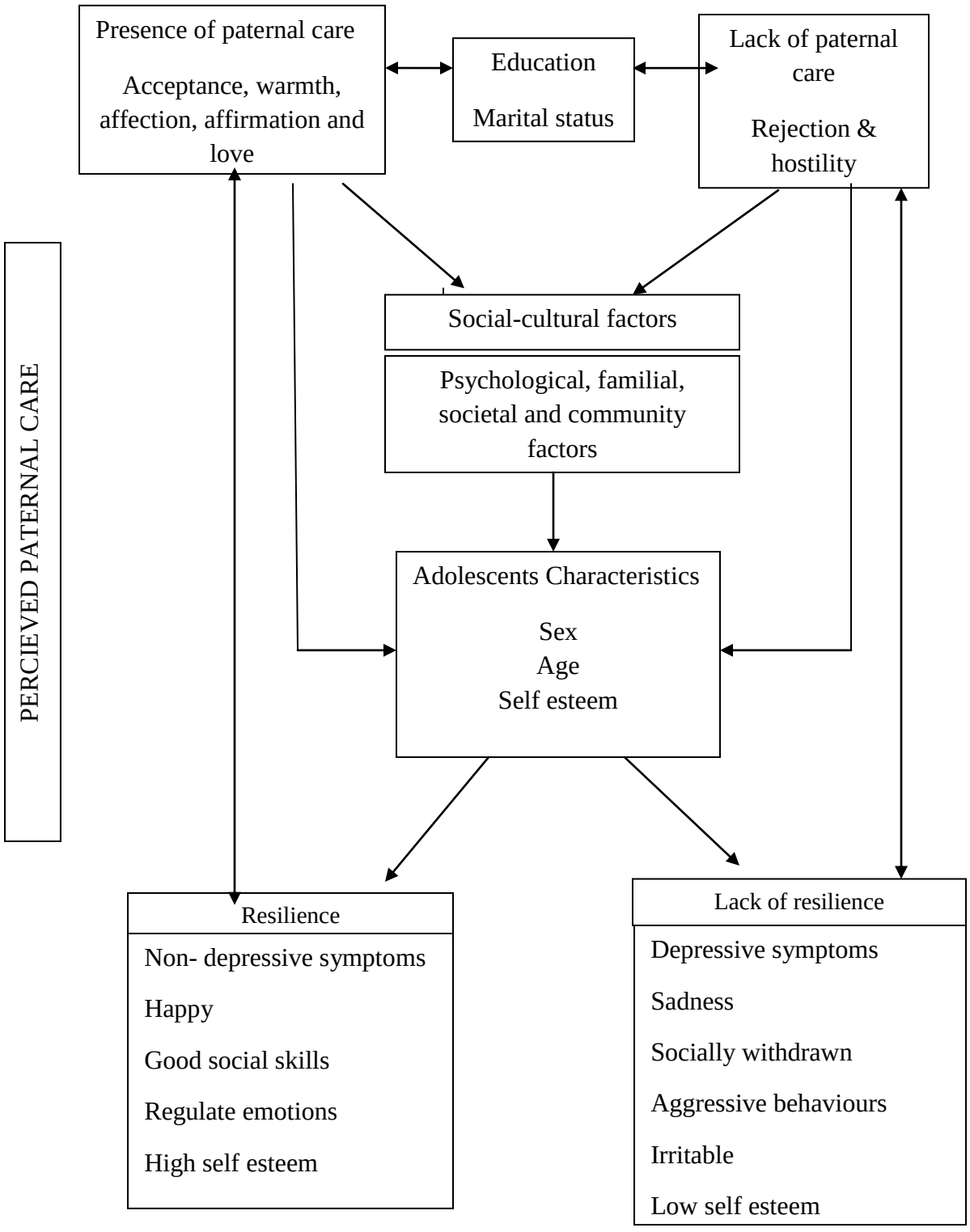

Figure 2.1: Conceptual Framework

Source: Author

Summary of the Literature Review

This chapter reviewed the theoretical framework of the study on perceived paternal care and self esteem as a predictor of depression among adolescents. It highlighted parental acceptance-rejection theory (PART theory) as the key theory informing the study. The chapter also reviewed the relevant empirical literature.

So far, little has been done to examine paternal care, self esteem and how it contributes to depressive symptoms among boys. Many researchers have examined how parenting styles contribute to depression in the context of both parent's mother and father. There are a lot of studies done on girls and women and their vulnerability to depression. No one seems to focus on examining depression among boys. Studies depict that adolescent boys with depression are likely to engage in anti-social behaviours and exhibit high levels of aggression. Fathers have been left out in their role as caregivers. and little has been done to address depression among adolescent's boys from a systemic perspective. An investigation on the relationship between paternal care and depression will be ideal. This research will deviate from other studies and address key elements of parental behaviours (acceptance and rejecting behaviours). It will also employ a systemic approach by analyzing the role fathers play in influencing depressive moods among boys.

The next chapter will address the research methodology and will look at the research design, study population, sample size, data collection and data analysis

CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

The purpose of this study was to examine the paternal care and self esteem as a predictor of depression among boys in selected secondary schools in Kiambu County. This chapter provides details of the research design, variables under study, study location, target population, sampling technique as well as data collection, and analysis procedures.

Research Design

The study used a descriptive survey to examine the paternal care and self esteem as a predictor of depression among boys in selected secondary schools in Kiambu County. According to Kabiru and Njenga (2009), descriptive research is used for observing and recording behaviour. The researcher used quantitative research because it quantifies the problem by way of generating data that can be changed into useable statistics. Quantitative research was also used to quantify attitudes, feelings, and behaviors and generalize results from a larger sample population (Wyse, 2011).The researcher additionally used psychological tests to obtain data from the respondents.

Variables under Study

The main variables in this study were perceived paternal care, self esteem and depression. Perceived paternal care is treated as the independent variables, self esteem is the mediating variable while depression was treated as the dependent variable. Other mediating variables assumed to influence paternal behaviors are were education and marital status. Perceived paternal care was assessed by the presence of paternal care behaviors like care, warmth, support, affirmation, acceptance and approval. On the other

hand, depression was measured by checking the respondents' moods, cognition and social functioning. Self esteem was also measured by assessing the respondent's sense of self worth.

Study Location

The study was conducted in selected schools in Kiambu County in Kenya. The county has a representation of diverse boys' school. Kiambu County is located in what was previously known as central province. Kiambu County is 16km from Nairobi and has 12 constituencies. The predominant ethnic group in the county is Kikuyu. Other ethnic groups found here include Luhyas, Luos and Kambas. Many of the people who live in Kiambu can be classified as being from the middle social economic status and thus offered an element of diversity for the study. The researcher worked with selected schools within the county.

Study Population

The study targeted form three and form four boys in public secondary schools in selected schools in Kiambu County. It was assumed that form three and form four students would understand the research instruments. According to the County Education enrollment register, Kiambu County is estimated to have 52, 954 boys. The County is comprised of 12 constituencies. The researcher conducted a simple random sample and selected Limuru Constituency to represent the schools in the larger county. Limuru Constituency is estimated to have 4229 boys with 17 boy's schools. The researcher also used stratified random sampling to select one school in each category; the four (4) schools identified were based on the following categories: boy's day school, boy's boarding school, mixed (boys and girls) school and day & boarding school.

Table 3.1 Sample Frame

School type	Form 3	Form 4	Total
Ngenia boys day and boarding	212	135	347
Thigio boys boarding	125	83	208
Nyanjega mixed day	13	28	41
Rironi mixed day	35	51	86
Makutano mixed day	34	25	59
Kamirithu mixed day	26	0	26
Nguirubi mixed day	40	26	66
Mukoma mixed day	11	9	20
Tigoni mixed day	57	57	114
Gatuura mixed day	34	47	81
Kinyogori mixed day	123	124	147
Manguo mixed day	35	34	69
Muna mixed day	16	0	16
Bibirioni boys day	98	98	196
Tumaini boys day	28	47	75
Ndungu boys day	55	56	111
Gichuru boys day	70	88	165
Total	1137	908	2045

Source: Schools Enrollment Register

Sampling Technique and Size

The researcher used both non probability and probability sampling to select the sample used for the study. Stratified random sampling was used to select the four schools. Purposive sampling was used to select the participants in form three and form four and respondents who had fathers. All the schools under study were public sub county schools. The researcher used stratified random sampling to select four (4) schools based on the

following categories: boy's day, boarding, mixed (girls and boys) day and day and boarding schools. A total of 87 respondents were selected for the study. Table 3.2 presents the data on the school category and the number of students sampled in each category. The names of schools with asterisks were concealed.

Table 3.2: Sample size for students

School Name	Form 3	Form 4	No of Students	10 %
School A day & boarding **	160	140	300	30
Thigio boarding	163	160	320	32
School B (Mixed school) **	90	80	170	17
Bibirioni day	83	80	163	16
Total	496	460	956	95

Source: School Registers

Data Collection Instruments

Data was collected using questionnaires administered to the students. A questionnaire consists of a list of the questions that a respondent is supposed to answer. The three research instruments used in this study were the Paternal Nurturance Scale (PNS),which was used to measure perceived paternal nurturance of the paternal figure; Depression Scale (Center for Epidemiological Scale),which was used to assess depressive symptoms among students; and Rosenberg Self Esteem Scale, which was used to assess levels of self worth among students. In the study, data was collected on perceived paternal care among adolescents in order to ascertain how it contributes to depressive symptoms and to carry out an assessment on self esteem as a vulnerability factor to depression The descriptions of the instruments used in the study are detailed as follows:

Paternal Nurturance Scale (PNS)

The Paternal Nurturance Scale (PNS) used in this study was developed by Buri, in 1989 from the United States of America. PNS is a 24-item measure on paternal nurturance from the point of view of a child of any age. It is represented as expression of warmth, care, love, affirmation, and support to the child. PNS assessed nurturance, as perceived by adolescents, in line with the researcher's topic on paternal care.

The reliability of PNS has been shown to be satisfactory at .94. The PNS used statements on the five-point Likert scale to which respondents were expected to respond. The statements in the PNS were scored from 1 (Strongly Disagree) to 5 (Strongly Agree).Negative statements on items 1, 3,7,8,11,13,14,16, 18, 19, 21 and 24 were reversed scored before scoring with a score of 5 assigned to strongly disagree and 1 to strongly agree. The lowest score on PNS was 24 while the highest score was 120. The low scores reflect low levels of paternal care levels while high scores reflect high levels of paternal care.

The mean scores for PNS were obtained by adding all the totals of each respondent and dividing by the number of items. Scores on the PNS category were grouped into two levels, that is, 1- 3 as low levels of paternal care and 3-5 as high paternal care levels. The tool has been used previously to analyze the relationship between parental nurturance and problem behaviors in Kenya secondary schools yielding successful findings and was thus going to be a useful tool for this study.

Depression Scale (DS)

The researcher also assessed the presence of depression by using the Center Epidemiological Studies Depression Scale for Children (CES-DC), developed by

Weissman (1980). The scale is a 20-item scale that measures depression among children and adolescents. In this study, the researcher included two additional items to assess levels of irritability and aggression making the total number of questions on the scale 22. In this scale, participants were given a list of feelings and behaviours and asked to indicate how often they experienced these feelings and behaviours in the past week.

Responses to each of the depression items were scored on a 1 to 4 scale, where 1= "not at all" and 4= "A lot". Higher scores indicated increasing levels of depression. The researcher used this approach to determine the extent of depressive symptoms among the adolescent boys. The tool has been widely used in Kenya and Africa to check for depression among adolescents and youths.

Positive statements on items 4, 8, 12, 16 were reversed scored before scoring with a score of 1 assigned to mean A lot and 4 to mean Not at all. The lowest score on the CES-DC was 22 while the highest score was 88. Low scores reflect low levels of depressive symptoms while high scores reflect high levels of depressive symptoms. CES-DC results were scored by adding all the totals of each respondent and dividing by the number of items to obtain the mean scores. Scores on the CES-DC category were grouped into two1.0-2.4 representing the low levels and 2.5-4.0 representing high levels of depression.

Rosenberg Scale

Rosenberg self esteem scale was developed by Rosenberg. It is a 10-item scale that measures global self worth by assessing positive and negative feelings individuals feel about themselves. All items are normally answered using a 4-point Likert scale ranging from strongly disagree, disagree, agree and strongly agree with 1 as strongly

disagree and 4 as strongly agree. This scale was used by the researcher to evaluate the levels of self esteem among the respondents. Negative statements on items 3, 5 8, 9 and 10 were reversed scored before scoring and a score of 4 to strongly disagree and 1 to strongly agree.

The lowest score on the self esteem scale was 10, while the highest score was 40. Low scores reflect low levels of esteem while high scores reflect high levels of self esteem. Self esteem was scored by adding all the totals of each respondent and dividing by the number of items to get the mean scores. Scores on the self esteem category were grouped into two where 1-2 signified low levels of self esteem while 3-4 signified high levels of self esteem.

Data Analysis

The researcher used descriptive and inferential statistics to analyze the data collected. Descriptive statistics was used to measure mean, mode, median and standard deviation of paternal care, depression and self esteem. Pearson's correlation coefficient was used to assess the relationship between paternal care and depression and the relationship between self esteem and depression. All these analyses were done using the Statistical Package for Social Sciences (SPSS).

Instrument Pre-testing

The researcher assessed the effectiveness of the instruments by carrying out a pre-test conducted in two boys' secondary schools among form 3 and four 4 students in Kiambu County. A total of 30 students were randomly selected from Kiambu County to test the research instruments. The two schools were randomly selected based on the characteristics of the study. Consequently, the respondents were excluded from the final

sample. The selected schools were used to pre-test the PNS, DS, RS so as to determine the reliability and validity of the instruments and if there was need to contextualize the instruments to fit the adolescent boys.

Validity and Reliability

The validity of the Paternal Nurturance Scale was contextualized to address the needs of Kenyan adolescents. A number of questions in the scale were customized to speak to the needs of the adolescents in Kenya. For example in the depression scale, two questions were added to check for irritability and aggression among the boys. These questions were, "I have engaged in unwanted behavior (fighting and stealing) and I felt easily annoyed by little things". Secondly, the self esteem scale changed "I wish I could have respect for myself "to "I wish I could have more value for myself".

Reliability was established by conducting the Cronbach's Alpha test, which revealed .915 on the paternal nurturance scale. Depression scale on the other hand had a reliability of .748, while the self esteem scale had an internal consistency of .720.

Ethical Considerations

Prior to conducting the research, the researcher's proposal was approved by Pan Africa Christian University. The researcher also obtained a research permit from National Commission for Science, Technology and Innovation (NACOSTI), the Ministry of Education Kiambu County, and the relevant school heads. The researcher prepared an assent form for the students, which were signed by each respondent prior to completing the research questionnaires.

Chapter Summary

The chapter explained the research design used in the study. The area of study, target population and the sampling procedures used were stated. The methods of selection of the respondents were also discussed. The sample size, the data collection techniques as well as how the data was analyzed were articulated. Reliability and validity testing and the various ethical considerations and issues that may arise were also highlighted. The research design used in the research was descriptive research survey. Stratified random sampling was used to identify the four schools while a sample of 87 participants was selected to participate in the study from the four boy schools.

The researcher used the Paternal Nurturance Scale (PNS) to measure levels of paternal care that is warmth, love, acceptance and affirmation; Center Epidemiological Studies Depression Scale for Children (CES-DC) was used to check for the presence of depressive symptoms among adolescent boys and the Self Esteem Scale assessed the self worth of the respondents. Cronbach's Alpha test was conducted to determine the reliability of the research instruments. The researcher sought for permission to conduct the study from the university, school heads, Ministry of Education and respondents.

The next chapter intends to give a detailed description of how data was analyzed and presents the findings of the study.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

Introduction

This chapter presents the data analysis on the relationship between perceived paternal care and self esteem as a predictor of depressive symptoms among adolescent boys in selected schools in Kiambu County. The chapter is divided into three sections. The first section consists of demographic characteristics of the study participants. The second part comprises detailed findings of the study objectives, that is, perceived paternal care and self esteem and development of depressive symptoms, self esteem as a vulnerability factor to depression and the prevalence of depression among adolescent boys. The third part states the findings of the relationship between perceived paternal care, self esteem and depressive symptoms.

Study Objectives

The specific objectives that guided this study were:

1. To assess perceived paternal care among adolescent boys in Kiambu County.
2. To find out if self esteem is a vulnerability factor of depression in Kiambu County.
3. To examine symptoms of depression among adolescents boys in Kiambu County.
4. To establish the relationship between perceived paternal care and development of depressive symptoms among adolescents boys in Kiambu County.

Response Rate

The researcher disseminated 95 questionnaires in 4 different schools in Kiambu County. The questionnaires were distributed to boy's day, boarding, mixed and day and

boarding school. Eight (8) questionnaires had errors and were eliminated from the study. The researcher analyzed 87 questionnaires representing a response rate of 92%.

Demographics Data

This section discussed the demographics of the respondents that is, the respondent's class, age, paternal level of education, paternal marital status, religious affiliation and perceived social class. Frequencies and percentages of the demographics are provided in the tables below.

Respondents Class

The total sample size for the study was eighty-seven (87). All the respondents in the study were male, drawn from form three and four students in the respective schools. Form four students were 41 representing 47.1% while form three students were 46 representing 52.9% of the respondents respectively. This means that there were more form three respondents as compared to those in form 4. Table 4.1 shows the respondent's class.

Table 4.1: Respondents class

Respondents Class

Form	Frequency	Percentage
Form 3	46	52.9%
Form 4	41	47.1%
Total	87	100%

Age of the Respondents

The age of the respondents in this study ranged from 16 to 20 years. Many students were in the age range of 16-18years. This age bracket represented 90% of the total sample. The students aged 18-20 years were 8% while one student was 20 years old. Table 4.2 highlights the respondent's ages.

Table 4.2: Respondents age

Age

Age	Frequency	Percentage
16-18 years	79	90.8%
18-20 years	7	8%
20 years & above	1	1.1%
Total	87	100%

Marital Status of the Fathers

The respondents were asked to indicate the marital status of their fathers. Majority of the respondents (75.9%) indicated that their fathers were married, 5.7% stated that their fathers were divorced, 12.6% indicated that their fathers were single, 2.3% indicated that their fathers were widowed while 3.4% indicated their fathers were separated. Table 4.3 gives the details of the marital status of the paternal figures.

Table 4.3: Marital status of the fathers

Marital Status

Marital Status	Frequency	Percentage
Married	66	75.9%
Divorced	5	5.7%
Single	11	12.6%
Separated	3	3.4%
Widowed	2	2.3%
Total	87	100%

Paternal Education Level

The respondents were asked to indicate the level of education their parents had attained. Levels of education were categorized as primary school, high school, college and university. The results revealed that 30.6% of the respondents' parents had attended primary school, 36.5% have attended high school, and 16.5% have gone to college while 16.5% have gone to university. There was a similar percentage for those paternal figures that have attained college and university education. Table 4.4 provides the details of the respondents 'education levels.

Table 4.4: Paternal education levels

Paternal Education Levels

Education Level	Frequency	Percentage
Primary	26	29.9%
High	30	35.6%
College	14	16.1%
University	14	16.1%
Missing system	2	2.3%
Total	87	100%

Religious Affiliations

The respondents were asked to indicate the religious affiliation of their paternal figures. They were provided with three categories to choose from, that is, Christian, Muslim and Atheist. The findings reveal that 95.4% of the respondents identified themselves as Christian, while 4.6% were Muslims. There was no respondent identified as an Atheist Table 4.5 provides a breakdown of the religious affiliations of the respondents.

Table 4.5: Religious affiliations

Religious Affiliation

Religious Affiliation	Frequency	Percentage
Christian	83	95.4%
Muslim	4	4.6%
Total	87	100%

Perceived Social Economic Class

The respondents were asked to indicate their perceived socio-economic class. The three categories provided were low class, middle class and high class. Majority of the students identified their social class as middle class. The findings reveal that 85.1% of the respondents identified their social class as middle class, 13.8% identified as low class while 1.1. % identified themselves as high class. Table 4.6 provides the results of the perceived social economic class of the respondents.

Table 4.6: Perceived Social Economic class of the respondents

Social Class

Class	Frequency	Percentage
Low Class	12	13.8%
Middle Class	74	85.1%
High Class	1	1.1%
Total	87	100%

Perceived Paternal Care

Perceived paternal care was measured using a 24-item Likert scale. The respondents were to agree, disagree or neither agree or disagree to the statements presented. Some of the indicators that the researcher identified for paternal care: were acceptance, warmth, affection, affirmation, love and concern. The data analysis revealed that 82.7% of the adolescent boys perceive their fathers as those who have high paternal care levels. The first objective was to determine perceived paternal care among adolescent boys. The study revealed that 55.2% of the fathers did not say nice things to

their boys. It appears that the adolescent boys in the study hardly receive praise and compliments from their fathers or fathers use unkind words towards the boys. This can create a sense of rejection thus leading to development of depressive symptoms.

The results of the study further revealed that 27.6% of the adolescents mentioned that their fathers are critical and nothing they do seems to please them. It appears that adolescents perceive their fathers as those who criticize, hard to please and show toughness as they interact with their paternal figures. On the other hand, 46% explained that they do not receive any form of affirmation from their father's. This could possibly mean that fathers provide little approval to their adolescent boys and 43.7% mentioned that their fathers find in them a lot of mistakes. These findings are not unexpected because many fathers have been cultured to be disciplinarians and at times speak when things are wrong.

The findings of this study agree with Swenson, Gross, Miller, Belcher, Tucker and Budhathoki (2015), who state that parental feedback shapes adolescent behaviour. According to the authors, criticism and no praise is counterproductive and associated with increased development of mental, social and behavioural problems. This implies that criticism, unkind words or sarcasm can influence the development of depression and other mental related problems in adolescents.

The study also found that 79.3% of the adolescents perceive themselves to be important in the eyes of their fathers. This implies that adolescents feel that their fathers see them as people who matter and are valued by their fathers. This finding is important because adolescent boys who perceive themselves as important in the eyes of their father's have a positive self image and are unlikely to develop depressive symptoms.

Importantly, 73.5% of the respondents perceive their fathers to be caring. This percentage is surprising because fathers exhibit emotions of care differently. It seems the respondents equated this to their fathers providing for their physical and emotional needs. Young people whose fathers are emotionally available or pay attention to their needs are less likely to have depressive symptoms since they perceive their father as one who is considerate and kind. This finding probably meant that adolescents perceived their fathers as individuals who are warm, accepting, caring, loving and affectionate.

This study confirms the findings of Jun, Jo-Pei and Baharudin, Carroll (2013) who emphasized that paternal care is essential in the emotional development of adolescents. Thus, a caring relationship among adolescents is beneficial for their well being, if an adolescent receives acceptance, warmth and affection from their father they are protected from experiencing mental health related problems, adolescents who lack paternal warmth have higher tendency to experience depressive symptoms.

Furthermore, the results of the study explained that 67.8% of the respondents agree that their fathers' display warmth and affection, this finding is interesting because in the African setting, fathers are perceived as those who hardly display any emotions. It would have been helpful to find out how affection is portrayed to adolescents. This finding is important because lack of warmth and affection are considered to predict the development of depressive symptoms among adolescents.

Surprisingly, 81.6% agree to the fact that their father loves them. This high percentage implies that perhaps it was not clear if the respondents understood the question or what the indicators of love were to them. The nature of love understood by

the respondents might have been equated to provision of basic needs unlike emotional attachment from their paternal figures.

Khasakhala et al., (2012) assert that fathers are often perceived as providers and those who offer protection to the family. Adolescents who had protective fathers (their physical needs were provided) had less depressive symptoms while those who had fathers who are under protective (don't care about their physical needs) had the presence of depressive symptoms.

The study results explained that 68.9% of the respondents agreed that their fathers 'were easy to talk to' while 43.7% of the respondents were tense and uneasy when around their father's. The relatively high percentage of tension and uneasiness when the boys are with their fathers explains adolescent-father relationship that is insecure and anxious. The findings of the study state that adolescents who have low levels of communication with their paternal figures, and receive little support as they undertake their tasks, might have the presence of depressive symptoms. It is also not unexpected that most fathers do not take a keen interest in the affairs of the adolescents because fathers are perceived to play a less proactive role in the nurturance process.

These results agree with the findings of Burnett-Zeigler,Walton, Chermack, Zucker and Blow (2012) who affirm that concern, support, involvement and communication are beneficial for an adolescent's mental health. Depressive symptoms were closely linked to low levels of paternal involvement, poor communication between adolescents and paternal figures as well as low levels of paternal care and monitoring.

Moreover, 31% of the respondents explained that their fathers' do not take an active interest in their affairs. This is because fathers have been cultured to provide and

not play an active role in the nurturing process of children and adolescents. The study further explained that 35.6% of the respondents feel that their fathers do not understand them and 41.4% confirmed that their fathers' do not help them or console them when they are in trouble. Based on the fact that many adolescents perceive their fathers as disciplinarians or an authority figure, adolescents might have difficulties developing friendships with their fathers hence might get support from significant others and peers when they get into trouble.

Table 4.7 below highlights descriptive statistics of paternal care. The mean score of perceived paternal care was 3.74 while the median was 3.91 indicating that the respondents perceived their fathers to have high levels of care.

Table 4.7: Descriptive Statistics of Perceived Paternal Care

Statistics	Values
N	87
Mean	3.7496
Median	3.9130
Mode	3.61
Range	3.26
Std. deviation	.73779

Table 4.8 below explains the general levels of perceived paternal care. Paternal care was categorized into high and low levels. The mean of all questions was calculated and a scale of (1-5) developed. The scale categorized paternal care into two levels, 1-3 as low levels of paternal care and 3-5 as high levels of paternal care. The study revealed that

17.3% of the respondents perceived their fathers as those with low levels of care while 82.7% perceived their fathers as those with high levels of care.

Table 4.8: Perceived paternal care levels

Perceived Paternal Care Levels

Categories	Frequency	Percentage
Low	15	17.3%
High	72	82.7%
Total	87	100%

Self Esteem and Depression

To examine self esteem as a vulnerability factor of depressive symptoms was the second objective. The self esteem scale was used to assess respondents' feelings about the worth or value they attach to themselves. The scale had 10 questions and the respondents were to agree or disagree with statements listed. The study results revealed that 19.5% of the respondents were not satisfied with themselves. Based on these findings, it means that 80% of the respondents felt contented with themselves. The remaining 20% might be prone to development of depressive symptoms because they are not pleased with who they are. Additionally, 40.2% of the respondents thought that they are not good at all. These results imply that the boys had low levels of self confidence and they did not appreciate who they are.

Consequently, 43.7% agree that they do not have much to be proud of. The percentage of respondents who felt useless at times was 44.8%. This percentage of feeling useless is relatively high and makes adolescents have an impaired image of self. It is important to note that adolescents who have a negative self image have a likelihood of

developing depression. Depression has a relationship with self-esteem. Depression and low self-esteem occur with excessively high prevalence among adolescents. Therefore, if adolescents have high self-esteem, they may report lower levels of depression and if the levels of self esteem are low they report high levels of depressive symptoms. This clearly states that there is a positive correlation between self esteem and the development of depressive symptoms as stated by Orth, Robbins and Meier (2009).

The self esteem scale revealed that 14.9% of the respondents felt that they were not people of worth and 74.7 % would want to have more value for self. These findings present an opportunity for further research to confirm what adolescent boys meant by wanting more value for self. Although most adolescents experience difficulty in developing self value or worth, research indicates that adolescents who maintain a positive self worth have a positive outlook towards life, are healthy, have levels of emotional stability and have fewer depressive symptoms. Therefore, if adolescents have high self-esteem, they may report lower levels of depression (Dixon-Rayle, 2005).

The findings of this study revealed that there is a negative correlation between self esteem and depression r= -.505. This means that if the levels of self esteem increased, the level of depression decreased and vice versa. It is important to note that high levels of self esteem prevent depression and enhance positive personality. The findings in this study agree with other studies done that low self esteem is a vulnerability factor to development of depressive symptoms.

A strong negative correlation was identified between self esteem and depressive symptoms (Sharma and Agrwala, 2013). Thus, respondents who were not satisfied with who they are have higher chances of developing depression. Although low esteem is

attributed to development of depressive symptoms, other factors that can affect adolescent self esteem include verbal abuse from parents, low performance in school, inability to fit among peers, no value from parents.

Table 4.9 gives descriptive statistics of self esteem. The mean score for self esteem was 3.38 while the median was 3.50 indicating that a number of students had high levels of esteem.

Table 4.9 Descriptive Statistics of Self Esteem

Statistics	Values
N	87
Mean	3.3805
Median	3.5000
Mode	3.60
Range	2.40
Std. deviation	.53240

The self esteem levels were categorized as low and high levels of self esteem. The mean of every respondent was calculated and a scale developed. The scale of 1-2 signified low levels of self esteem while 3-4 signified high levels of self esteem. The findings revealed that 36.7% of the respondents showed low levels of self esteem while 63.7% showed high levels of self esteem. Table 4.10 gives the results of the levels of self esteem among the respondents.

Table 4.10: Self esteem levels

Self Esteem Levels

Categories	Frequency	Percentage
Low	32	36.7%
High	55	63.2%
Total	87	100%

Depressive Symptoms among Adolescent Boys

The third objective was to determine depressive symptoms among adolescent boys. The depression scale identified feelings of sadness, irritability, sleeping patterns, concentration levels, crying spells, loneliness and eating habits. The findings showed that adolescents exhibited a number of depressive symptoms, namely low levels of interest in activities, loneliness, poor sleeping patterns, persistent periods of sadness, high levels of depression and engagement in antisocial and aggressive behaviours.

This data agrees with the findings of Kessler, Nkamura and Merikangas, 2009 who conducted a study with Jewish students and found out that depressed adolescent boys exhibited negativism, antisocial behavior, showed feelings of being misunderstood and had negative cognition including pessimism, guilt feelings, self accusations and social withdrawal. In contrast, the levels of aggression among Kenyan adolescents were higher compared to those from the Jewish sample.

The study found out that 35.6% of the respondents were easily bothered by things, while 22.9% of the respondents were not able to feel happy even when family and friends tried to make them happy. Furthermore, 54.7% of the respondents had low levels of concentration, 42.5% of the respondents felt down and unhappy while 32.1 % viewed

their lives as a failure and 40.7% of the respondents indicated that they had a problem sleeping well. This study agrees with that of Abege (2014) who pointed out that depression damages an adolescent's personality causing overwhelming sadness, hopelessness and anger. These results are an indicator of a depressive adolescent.

The study explained that 35.6% of the respondents felt lonely, while 43.6% of the respondents mentioned that they were socially withdrawn, 40.2% of the respondents experienced sadness and 53.6% had high levels of irritability while 48.2% displayed forms of aggressive and antisocial behaviours. This study agrees with the findings of Naylor (2008) who found out that depression among adolescent boys is closely linked to anti social behaviors. Many adolescents, who are depressed, end up using drugs, engaging in petty theft and exhibiting aggressive behaviours. They are also perceived to engage in violent and non-violent crimes and promiscuous sexual behaviours.

The measures of irritability, poor sleeping patterns, and engagement in antisocial and aggressive activities, low concentration levels, sadness and lack of drive to engage in daily activities scored highly. The study reveals that respondents who had depressive symptoms exhibited the symptoms mentioned above. The findings showed that adolescent boys had high levels of irritability. This implies that boys who have depressive symptoms are likely to show high levels of irritability. The respondents who did not experience crying spells were 85.1%. This can be attributed by cultural influences which state that boys should not cry.

Descriptive Statistics of Depression

The mean score for depression was seen to be 2.33 while the median was 2.36 indicating that majority of the students had low depressive symptoms. Table 4.11 details these results.

Table 4.11: Descriptive Statistics of Depression

Statistics	Values
N	87
Mean	2.3339
Median	2.3636
Mode	2.36
Range	2.09
Std. deviation	.45119

Table 4.12 shows the overall levels of depression levels among the respondents. The researcher developed a scale to determine the depression levels of the students. The scale was 1.0-2.4 for low levels of depression while 2.5-4.0 was for high levels of depression. The findings revealed that 65.5% of the respondents had low depression levels while 34.5% of the respondents exhibited high levels of depression.

Table 4.12: Depression levels

Depression Symptoms

Categories	Frequency	Percentage
Low	57	65.5%
High	30	34.5%
Total	87	100%

Relationship between Paternal Care and Depressive Symptoms

The fourth objective was to determine the relationship between paternal care and depressive symptoms. Spearman's correlation coefficient was used to make this determination. A negative correlation was found, that is, $r = -0.239$, p-value<0.05, indicating a significant relationship between paternal care and depression among adolescent boys. This means that when paternal care goes up, depressive levels automatically decrease. The study revealed that adolescents who had low levels of paternal care had depressive symptoms.

Table 4.13 gives details of the correlation between perceived paternal care and depressive symptoms among adolescent boys in Kiambu County.

Table 4.13 Correlation between perceived paternal care and depressive symptoms

Perceived paternal care and depressive symptoms

		Paternal Care	Depression
Paternal care	Pearson Correlation	1	-.239*
	Sig.(2-tailed)		.026
	N	87	87
Depression	Pearson Correlation	-.239*	1
	Sig. (2-tailed)	.026	
	N	87	87

*. Correlation is significant at the 0.05 level (2-tailed).

Ndetei, Khasakala, Mathai and Harder (2013) conducted a study on major depressive disorder in a Kenyan youth sample to investigate the relationship between parenting behaviour and parental psychiatric disorders. Many youths aged 16-18years had major depressive disorder, which was attributed to rejecting paternal behaviours. Rejecting paternal behaviour may play a role in the development of major depressive disorders among adolescents. The current study agrees with these findings.

The second correlation was between self esteem and depression. The findings indicate that a strong negative correlation between depression and self esteem exists r=-0.505, p value <0.01.This means that when self esteem is present, it makes an individual susceptible to depression. Table 4.14 presents the findings of self esteem as a vulnerability factor to depressive symptoms among the respondents.

Table 4.14: Correlation between self esteem and depressive symptoms

Self Esteem and Depressive Symptoms

	Self Esteem	Depression	
Self esteem	Pearson Correlation	1	-.505**
	Sig.(2-tailed)		.005
	N	87	87
Depression	Pearson Correlation	-.505**	1
	Sig. (2-tailed)	.005	
	N	87	87

**. Correlation is significant at the 0.01 level (2-tailed).

These findings agree with the results of Conger, Oroth and Robins (2013) who found out that low self esteem is a major risk factor for depression. Low self esteem predicts the presence of depression in the lives of adolescent boys. There is a strong correlation between self esteem and depression. Thus, improving self esteem reduces the risk of depression.

Summary of the Results

The following is a summary of results of the study. The respondents for this study comprised 52.9% form three students and 47.1% form four students. In the study, 90.8% of the respondents were between 16-18years. Data analysis on the levels of perceived paternal care pointed out that 82.7% of the respondents had high perceptions of paternal care. This implies that most adolescents perceived their fathers as those who are warm, accepting, caring, loving and affectionate.

Self esteem was identified as a vulnerability factor to depression and the students who had low levels of self esteem possessed depressive symptoms. There was a strong

correlation between self esteem and depression symptoms at -.505. Generally, the levels of low self esteem among respondents were at 36.7%.

The study revealed that 34.5% of the respondents had high depressive levels. Depression among boys was exhibited by the presence of irritability, high levels of aggressive behaviours, sadness, loneliness and feeling withdrawn. The findings revealed a negative correlation between paternal care, self esteem and depressive symptoms. It also confirmed that esteem is a vulnerability factor to depressive symptoms. Social demographic factors like education levels and marital status seemed to influence the presence of depressive symptoms among adolescents.

The analysis of data on perceived paternal care and depressive symptoms revealed a significant negative correlation of -.239. Spearman's correlation coefficient showed a significant negative correlation between paternal care and depression. Thus, from this study results, paternal care is negatively correlated to depressive symptoms among adolescent boys.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The study revealed that paternal care is a predictor of depressive symptoms among adolescent boys while self esteem is a vulnerability factor of depression. Self esteem was identified as a vulnerability factor to depression and the students who had low levels of self esteem possessed depressive symptoms. There was a strong correlation of(r= -.505) between self esteem and depression symptoms. These findings agree with the results of Conger, Oroth and Robins (2013) who found out that that low self esteem is a major risk factor for depression. Low self esteem predicts the presence of depression in the lives of adolescent boys. There is a strong correlation between self esteem and depression. Thus, improving self esteem reduces the risk of depression.

The depression scale identified feelings of sadness, irritability, sleeping patterns, concentration levels, crying spells, loneliness and eating habits. The findings showed that adolescents exhibited a number of depressive symptoms, namely low levels of interest in activities, loneliness, poor sleeping patterns, persistent periods of sadness, high levels of depression and engagement in antisocial and aggressive behaviours. These findings agree with Kessler, Nkamura and Merikangas, 2009 who conducted a study with Jewish students and found out that depressed adolescents boys exhibited negativism, antisocial behavior, showed feelings of being misunderstood had negative cognition such as pessimism, guilt feelings, self accusations and social withdrawal.

Paternal care and depressive symptoms revealed a significant negative correlation of (r= -.239). These findings agree with Ndetei, Khasakala, Mathai and Harder (2013) who conducted a study and found out that youths aged 16-18years had major depressive

disorder, which was attributed to rejecting paternal behaviours. Rejecting paternal behaviour may play a role in the development of major depressive disorders among adolescents.

Conclusion

In conclusion, the study found that fathers play an important role in supporting the emotional development of adolescents. The findings also provide a great entry point in addressing the mental health needs of adolescent's boys in Kenya.

It provides information that indeed depression is prevalent among boys. This study clearly shows that boys have high levels of depression, which is exhibited by irritability, aggression and social withdrawal. Furthermore, self esteem seems to be a factor that is affecting the boy child, a number of whom have low self esteem and depressive symptoms. The findings of this study revealed that there is a negative correlation between self esteem and depression and that indeed self esteem predicts depression among adolescents.

It was also noted that paternal rejecting behaviours influence the development of depressive symptoms among adolescent's boys. There is a significant negative relationship between paternal care and depression. It would be great to examine the indicators of love displayed by paternal figures towards the adolescent boys. This is because adolescents are bound to perceive love from their parents as providence and not emotional attachment, care, affection or support.

Based on the study done by Ndetei et al., (2012), the prevalence of depression among adolescents especially boys in Kenya seems to have risen. There is a negative correlation between paternal care, depression and self esteem and all these variables seem to play a significant role in the mental well being of an adolescent. Paternal care and self

esteem predict depressive symptoms among adolescents while self esteem is a vulnerability factor to development of depressive symptoms.

Recommendations

The findings suggest a number of recommendations to parents, policy makers, school administrators and counselors. All these stakeholders play an integral role in the adolescent development.

i. Fathers need to understand how their behaviours affect the development of depression among adolescent boys through participating in trainings.
ii. Counselors, fathers and teachers should develop programs that aim at building self esteem among adolescents so as to reduce vulnerability to depression.
iii. School administrators should embrace counseling programs in schools that incorporate mental health aspects.
iv. Counselors should organize seminars with fathers and adolescents to discuss how their behaviours influence the development of depressive symptoms among adolescent boys.
v. Counselors should use these tools among adolescents and adapting them from a Kenyan scenario.

Areas for Further Research

There is need to conduct more research on depression targeting boys who are a neglected population. It would be ideal for further studies to examine how gender roles and masculinity affect depression among boys. Additionally, a similar study can be carried out in other counties in Kenya. A similar study can also be structured to include group discussions and standardized questionnaires to enhance the findings.

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APPENDICES

Appendix 1: Paternal Nurturance Scale

This scale is aimed at measuring perceived paternal care, this includes: warmth, care, concern and support that adolescents receive from their fathers.Please answer the following questions. Circle your answer where appropriate.

SECTION A

1. Class: (a). Form three (b). Form four
2. Age: _____
3. What is your father's marital status?

   (a) Married (b) Divorced (c) Single (d) Separated (e)Widowed
4. What is your father's level of education?

   (a) Primary school (b) High school (c). College (d). University
5. Religious affiliations

   a) Christian (b) Muslim (c) Atheist (d) Other
6. Perceived social economic class

   a) Low class (b) Middle class (c) High class

Section B

For each of the following statements, indicate the number on the 5 point scale below that best describes how that statement applies to you and your father. There are no right or wrong answers. We are looking for your overall impression regarding each statement. Kindly circle the answer that best describes your feelings.

	Strongly Disagree	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly Agree**
1. My father rarely says nice things about me.	1	2	3	4	5
2. I am an important person in my father's eyes.	1	2	3	4	5
3. My father often acts as if he doesn't care about me.	1	2	3	4	5
4. My father enjoys spending time with me.	1	2	3	4	5
5. My father expresses his warmth and affection for me.	1	2	3	4	5
6. My father is easy for me to talk to.	1	2	3	4	5
7. I am tense and uneasy when my father and I are together.	1	2	3	4	5
8. I feel that my father finds fault with me more than I deserve.	1	2	3	4	5
9. My father takes an active interest in my affairs.	1	2	3	4	5
10. I feel very close to my father.	1	2	3	4	5
11. My father does not understand me.	1	2	3	4	5
12. My father believes in me.	1	2	3	4	5
13. I don't feel that my father enjoys being with me	1	2	3	4	5

14. My father doesn't really know what kind of person I am.	1	2	3	4	5
15. My father is a warm and caring individual.	1	2	3	4	5
16. My father does not feel that I am interesting and important.	1	2	3	4	5
17. My father is very interested in those things that concern me.	1	2	3	4	5
18. My father is often critical of me and nothing I do seems to please him.	1	2	3	4	5
19. My father rarely shows me any affection.	1	2	3	4	5
20. My father consoles me and helps me when I am unhappy or in trouble.	1	2	3	4	5
21. My father is generally cold and removed when I am with him.	1	2	3	4	5
22. I receive a lot of affirmation from my father.	1	2	3	4	5
23. My father is very understanding and sympathetic.	1	2	3	4	5
24. My father does not really care about what happens to me.	1	2	3	4	5

Appendix II: Depression Scale- CES-DC

Depression scale will measure feelings, levels of interest and thoughts. Below is a list of the ways you might have felt or acted. Please check how much you have felt this way during the past week. Circle the answer that best describes your feelings.

DURING THE PAST WEEK	Not at all	A little	Sometime	A lot
1. I was bothered by things that usually don't bother me	1	2	3	4
2. I did not feel like eating, I wasn't very hungry	1	2	3	4
3. I wasn't able to feel happy, even when my family or friends tried to help me feel better.	1	2	3	4
4.I felt like I was just as good as other kids	1	2	3	4
5. I felt like I couldn't pay attention to what I was doing.	1	2	3	4
6. I felt down and unhappy	1	2	3	4
7. I felt like I was too tired to do things	1	2	3	4
8. I felt like something good was going to happen.	1	2	3	4
9. I thought my life had been a failure	1	2	3	4
10. I felt scared.	1	2	3	4
11. I didn't sleep as well as I usually sleep.	1	2	3	4
12. I was happy	1	2	3	4
13. I was more quiet than usual.	1	2	3	4
14. I felt lonely, like I didn't have any friends.	1	2	3	4
15. I felt like kids I know were not friendly or that they didn't want to be with me.	1	2	3	4

16. I had a good time.	1	2	3	4
17. I felt like crying.	1	2	3	4
18. I felt sad.	1	2	3	4
19. I felt people didn't like me	1	2	3	4
20. It was hard to get started doing things.	1	2	3	4
21. I felt annoyed by little things	1	2	3	4
22. I have engaged in lying, fighting and stealing	1	2	3	4

Appendix III: Self-Esteem Scale

Instructions: Below is a list of statements dealing with your general feelings about yourself. All items are answered using a 4-point Likert scale format ranging from strongly disagree to strongly agree. Circle the answer that best describes how you feel about yourself.

	Strongly disagree	Disagree	Agree	Strongly Agree
1.I am satisfied with myself.	1	2	3	4
2. At times I think I am no good at all.	1	2	3	4
3. I feel that I have a number of good qualities.	1	2	3	4
4. I am able to do things as well as most other people.	1	2	3	4
5. I feel I do not have much to be proud of.	1	2	3	4
6. I certainly feel useless at times.	1	2	3	4
7. I feel that I'm a person of worth	1	2	3	4

8. I wish I could have more value for myself.	1	2	3	4
9. All in all, I am inclined to feel that I am a failure.	1	2	3	4
10. I take a positive attitude toward myself.	1	2	3	4

Appendix IV: Assent Form

I am a Masters student from Pan Africa Christian University. I am conducting a study on Perceived paternal care and self esteem as a predictor of depressive symptoms among adolescent boys. The study is purely for educational purposes. You have been asked to take part in a study on perceived paternal care as a predictor to depressive moods among adolescent boys. This research is for educational purposes only and you have been chosen because the study focuses on secondary school students. If you take part in this study you will complete two questionnaires that seek to identify behaviours portrayed by your father. The study will be treated with utmost confidentiality. Respondents are free not to indicate there name and the research is voluntary. Respondents have the right to drop out of the study at any given time. I hereby accept to take part in the study.

Signature of respondent

_____

Date

_____

School Category

_____

Appendix V: University Letter of Authorization

15th June, 2017

PAN AFRICA CHRISTIAN UNIVERSITY
P.O. Box 56875, 00200 Nairobi, Kenya
+254 721 932050, +254 734 400694
enquiries@pacuniversity.ac.ke,
admissions@pacuniversity.ac.ke
www.pacuniversity.ac.ke

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: VENORANDA REBECCA KUBOKA MFT/0538/15

Greetings! This is an introduction letter for the above named person a final year student in Pan Africa Christian University (PAC University), pursuing Master of Arts in Marriage and Family Therapy.

She is at the final stage of the programme and she is preparing to collect data to enable her finalise on her thesis. The thesis title is "**Perceived Paternal Care as a Predictor of Depressive Symptoms Among Adolescent Boys in Secondary Schools in Kiambu County, Kenya**".

We therefore kindly request that you allow her conduct research at your organization

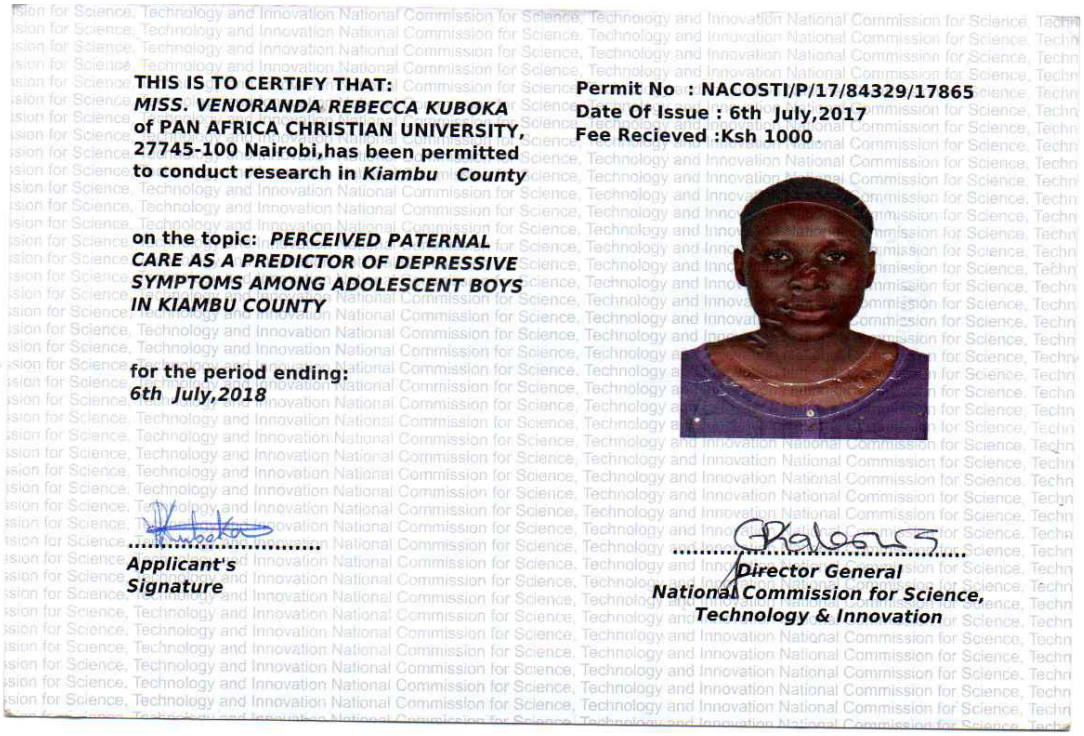
Warm Regards,

PAN AFRICA CHRISTIAN UNIVERSITY
P. O. Box 56875, NAIROBI - 00200.
TEL: 8561823/8561945/20[illegible]5146

Dr. Lilian Vikiru
Registrar Academics

Where Leaders are made

Appendix: VI: Research Permit



THIS IS TO CERTIFY THAT:
MISS. VENORANDA REBECCA KUBOKA
of PAN AFRICA CHRISTIAN UNIVERSITY,
27745-100 Nairobi,has been permitted
to conduct research in *Kiambu County*

on the topic: *PERCEIVED PATERNAL CARE AS A PREDICTOR OF DEPRESSIVE SYMPTOMS AMONG ADOLESCENT BOYS IN KIAMBU COUNTY*

for the period ending:
6th July,2018

.....
Applicant's Signature

Permit No : NACOSTI/P/17/84329/17865
Date Of Issue : 6th July,2017
Fee Recieved :Ksh 1000

.....
Director General
National Commission for Science, Technology & Innovation