Positive Psychology for Psychological Well-Being and Decision-Making in Kenya

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Sector(s): Health

Fieldwork: Busara Center for Behavioral Economics

Location: Kibera, Nairobi, Kenya

Sample: 220 participants

Target group: Urban population Adults

Outcome of interest: Self-esteem/self-efficacy Aspirations Health outcomes Mental health

Intervention type: Nudges and reminders Mental health Psychosocial support

AEA RCT registration number: AEARCTR-0000627

Research Papers: Can Positive Psychology Improve Psychological Well-Being and Economic Decision-...

Partner organization(s): Busara Center for Behavioral Economics

As psychological well-being is increasingly recognized as an important factor in understanding the persistence of poverty, light-touch psychological interventions may be effective at improving psychological well-being and may be easier to implement in low- and middle-income countries. In Kenya, researchers conducted a randomized evaluation to test the impact of a light-touch positive psychology intervention on psychological well-being and economic decision-making for low-income populations. The intervention had a positive impact on gratitude; however, it had no significant impacts on psychological well-being or decision-making.

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Poor mental health can reduce productivity and impair economic decision-making and human capital development—all of which could lead to persistent poverty. Interventions based on targeted psychotherapy, such as cognitive behavioral therapy, have improved mental health and supported behavior changes in multiple settings, but are resource intensive and difficult to scale.

However, a growing body of evidence shows simple, light-touch positive psychology interventions that aim to improve overall well-being and optimal functioning may also be effective at improving well-being. Light-touch approaches may be more feasible to implement in low- and middle-income countries, where mental health care tends to be underprovided among low-income populations. But, there is little evidence on the effectiveness of positive psychology interventions beyond their incorporation into workplaces, schools, and clinical settings in high-income countries.[1] Can a light-touch and low-cost positive psychology intervention improve psychological well-being and change behaviors and decisions for low-income populations?

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In Kenya, where this evaluation takes place, estimates suggest that close to 25% of outpatients and 40% of in-patients in health facilities had experienced mental health conditions.[2] A lack of public resources for mental health and shortages of qualified professionals may limit access to quality mental health services.

This evaluation involves participants who live in Kibera, an informal settlement outside of Nairobi, who were recruited from the subject pool of the Busara Center for Behavioral Economics, and had graduated primary school and could read and write. Low-income groups, such as residents of informal settlements, may be at increased risk of experiencing mental health challenges.[3] For example, people living in informal settlements may be detached from their extended families and face considerable stress from poverty, pollution, and overcrowding.



A woman walks through an informal settlement in Kenya.

Photo credit: Jonathan Torgovnik, Getty Images, Images of Empowerment

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Researchers conducted a randomized evaluation to test the impact of a light-touch and low-cost positive psychology intervention on psychological well-being and economic decision-making among low-income populations. Of the 220 participants, 120 were randomly assigned to the intervention group who completed three exercises over 16 days that are considered effective at improving psychological and behavioral outcomes: gratitude writing (CYB), self-affirmation (SA), and aspirations (AP). The 100 participants randomly assigned to the comparison group also completed three exercises over 16 days, but none of the exercises aimed to improve well-being.

Count Your Blessings (CYB): All participants received a packet with a pen and a notepad to be filled out daily for 16 days. They were also asked to complete a daily ten-question survey regarding basic physical health assessments, such as sleep quality and exercise, ratings of mood, and a well-being rating. All participants received an SMS reminder to fill out the daily survey.

- Intervention group: Participants were asked to write down the five things in their life that they were most grateful for in the past day.
- Comparison group: Participants received the packet containing the daily surveys but were not asked to write anything in the notepad.

Self-affirmation (SA): At the end of 16 days, all participants completed two writing exercises.

- Intervention group: Participants spent 3–5 minutes writing about a personal experience that made them feel successful or proud followed by 3–5 minutes writing about a value (for example, music, religious values, or sense of humor) that was significant to them, and why it was important. This exercise is an act that shows one's adequacy when facing threats to self-integrity, for example, by writing about core personal values, where personal values are the internalized standards used to evaluate one's self.
- Comparison group: Participants were asked to write about their routine on a typical day and to write about what they had eaten or drunk in the last 48 hours.

Aspirations (AP): At the end of the 16 days, all participants were asked to follow along as a Busara staff member read aloud short stories based on real individuals from informal settlements. Following the readings, all participants were requested to think about the future and had 5 minutes to write down their thoughts.

- Intervention group: Participants heard stories about successful individuals and were asked to think about the year ahead and write their thoughts. This exercise aimed to strengthen self-efficacy.
- Comparison group: Participants heard stories about someone's daily routine and were asked to think about tomorrow and write their thoughts.

All participants received a monetary incentive of KES 500 (US$5) to complete the study.

In addition to the daily surveys, researchers collected data on participants' psychological well-being, beliefs and aspirations, and intentions and decision-making before day 1 of the intervention and on day 16 after the SA and AP exercises. They also used administrative data on participation in other studies at Busara over the period 2012 to 2017 as a partial measure of labor force participation.

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The intervention had a positive impact on gratitude; however, it had no significant impacts on psychological well-being or decision-making. The researchers ruled out that the lack of impact was due to a difference in the follow-up survey participants between the intervention and comparison group or that the study was not able to detect small-sized effects. Taken together, the results suggest low-cost, light touch psychology interventions may not be an effective strategy to improve well-being or decision-making in this setting. This finding contrasts evidence from other settings that showed positive impacts in other low- and middle-income countries.[4]

Psychological well-being: Researchers found limited impacts on the components of psychological well-being and sleep quality, as measured by an index. There was a positive but statistically insignificant impact on the overall psychological well-being index,

which was driven by an increase in gratitude, an outcome directly targeted by the intervention's activities. Specifically, the gratitude scale used by the researchers increased by 0.31 standard deviations among the treatment group relative to the comparison group.

Beliefs and aspirations: The intervention had no significant impacts on aspirations, beliefs or intentions overall. However, participants in the intervention group were less likely to agree with the statement that those from their own ethnic group are competent.

Intentions and decision-making: The intervention had no effect on decision-making, measured by intentions and incentive tasks which assessed cognitive control. Researchers found the intervention group performed worse than the comparison group. However, the negative effect was driven by pre-existing differences in cognitive abilities between the two groups.

Labor supply: The intervention had no significant impact on attendance at Busara as participants in other studies, which the researchers considered a partial measure of engagement in the labor market. Controlling for previous attendance, researchers found a negative impact over the 3-year period following the intervention, but no change over the year after the intervention.

Baranov, Victoria, Johannes Haushofer, and Chaning Jang. "Can positive psychology improve psychological well-being and economic decision-making? Experimental evidence from Kenya." Economic Development and Cultural Change 68, no. 4 (2020): 1345-1376.

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2. Kenya Ministry of Health. 2015. Kenya Mental Health Policy 2015-2030. Naoribi, August 2015. https://publications.universalhealth2030.org/uploads/Kenya-Mental-Health-Policy.pdf

3. Subbaraman R, Nolan LB, Shitole T, Sawant K, Shitole S, Sood K, Nanarkar M, Ghannam J, Bloom DE, and Patil-Deshmukh A. 2014. "The Psychological Toll of Slum Living—An Assessment of Mental Health, Disability, and Slum-Related Adversities in Mumbai, India." *Lancet Global Health* 2:S26.

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