

**INFLUENCE OF REHABILITATION PROGRAMMES ON BEHAVIOUR
CHANGE OF STREET CHILDREN: A CASE OF REHABILITATION
PROGRAMMES IN EMBAKASI CENTRAL CONSTITUENCY, NAIROBI
COUNTY, KENYA**

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**Research Project Report Submitted in Partial Fulfillment of the Requirements
for the Award of the Degree of Master of Arts in Project Planning and
Management, University of Nairobi**

2019

DECLARATION

This research report is an original work of mine which has never been presented to any Institution or university for the award of any degree, diploma or certificate whatsoever.

.....

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This research project report is being submitted for examination with my approval as the University supervisor of the Candidate

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DEDICATION

I dedicate this research work to my parents Mr. Paul Mutua and Mrs. Anne Mutua who have sacrificed so much to see me through education and imparted in me values of education and my little sister Nellie Mutua. You give my life meaning and purpose; I will always be there for you.

ACKNOWLEDGEMENT

To come up with this report, Dr. Khamati Shilabukha .He has critically reviewed my research project and made constructive and highly worthwhile suggestions. With his help, I was able to have a strong grasp of different issues and components of this research project and effectively organize my work. Also, I was able to gather energy and enthusiasm in the project's undertaking, which was greatly helpful.

My thanks also goes to my lecturers at the University of Nairobi for their unfailing inspiration and professional guidance throughout my academic course which facilitated the seamless research process just to mention a few Prof. Charles Rambo, Prof. David Macharia, Prof. Gakuu Christopher, Prof. Kidombo Harriet, Prof. Ganesh Pokharial, Dr. Nzuki Peter, Dr. Lizzie Gachie, Dr. Mbugua John, Mr. Murithi Eliud, Mr. Magoha Peter and finally Mr. Bwibo Adieri. My gratitude also goes to all my classmates in the Masters of Arts Project Planning and Management class. It has indeed been an edifying experience connecting and sharing with you academically, professionally and socially. I shall forever cherish the precious moments and the amazing friendships that came about during this time.

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ABBREVIATIONS AND ACRONYMS

CI	:	Charitable Institution
CRS	:	Corporate Social Responsibility
DCO	:	District Children Officer
FGD	:	Focus Group Discussion
FPE	:	Free Primary Education
GOK	:	Government of Kenya
MDG	:	Millennium Development Goal
MoGC & SD	:	Ministry of Gender, Children and Social Development
NARC	:	National Rainbow Alliance
NGOs	:	Non-Governmental Organisations
NICHD	:	National Institute of Child Health and Human Development
NYS	:	National Youth Services
SAP	:	Structural Adjustment Programmes
SFRTF	:	Street Families Rehabilitation Trust Fund
SPSS	:	Statistical Package for Social Sciences
USK	:	Undugu Society of Kenya

ABSTRACT

The purpose of my study was to establish how rehabilitation programmes influence behaviour change of street children in Embakasi central, Nairobi. It was guided by four objectives; to investigate how life skill competences, institutional capacity, entrepreneurship training and psychosocial support influence the behaviour change of street in that area. It also sought to determine the level of success of these programmes in rehabilitation of these street children towards change of behavior and improve their lives. The target population of the study was one hundred and ten (110) which comprised of care givers, administrators, government officials and street children in the rehabilitation centers. The study employed the descriptive survey design which collected both quantitative and qualitative data. A sample size of 86 participants was extrapolated from the targeted population using the Krejcie and Morgan Table from which stratified sampling was employed to obtain a sample for each strata. Data collection was done using questionnaires, focus group discussion guides and interview schedules. The instruments were pilot-tested using 9 questionnaires that were administered to Shauri Moyo street children rehabilitation centre which has similar characteristics as the study area. Cronbach's alpha coefficient of 0.782 was obtained through split and half technique to check for the reliability of the instruments. Describing statistics in the form of frequencies, percentages, mean and standard deviation was used to analyze quantitative data. Inferential statistics was used to test hypothesis. Analyzed data was presented in forms of tables. The study revealed that any unit increase in training in lifeskill competencies would lead to 0.795 increase in behaviour change of street children, any level of change in institutional capacity would lead to 0.579 units change in behaviour change of street children. Similarly, any unit change in entrepreneurship training would lead to 0.675 units change in behaviour change of street children any a unit increase in psychosocial support would lead to 0.617 units change in behaviour change of street children. Life skills are necessary to thrive in this ever changing world, resourcing these centres should be at the heart of every interested stakeholder, teaching street children on entrepreneurship training is important especially in promoting self-reliance, trust among society and creating employment opportunities for self and others and psychosocial support in terms of mentorship is a key avenue towards building the confidence of street children. Collectively and as observed in this study, it is impossible to separate these 4 variables as avenues for transforming lives of street children. This is largely due to the reality that these factors are only useful when availed together as a bundled service as opposed to treating them uniquely. The study recommends the need for rehab centres to establish a follow-up mechanism.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The United Nations International Children's Education Funds (UNICEF, 2013) defines streets children's as a child who merely realizes his/her daily activities on the street be it working, begging, stealing, hanging out in the street. The street is his/her social place.

In Europe, the industrial revolution is directly linked to the history of the problem. In the process of revolutionizing the British economy the livelihood of many workers was impaired. This disrupted family life creating many street children. Furthermore, (Ferguson 2003) indicated that the industrial revolution appeared first in England and also the problem with abandoned children appeared first in Britain and hence, it was the first country to experience the problem of street children. Moreover, it was also found that in England there were lots of destitute children by then who were either orphaned or abandoned and had no place to live. Additionally, there were also street boys in major cities like London, Liverpool and Manchester.

With increase in trend of street life, both Government of Kenya and community based organizations have intensified efforts to address the street plight. In 2003, there was a street children rehabilitation program initiative that saw various social halls transformed into rehabilitation centres and for the street youths, they were enrolled into the NYS program. These efforts, although commendable, have proved to be insufficient (Agarwal, 2010)

The mandate of SFRTF was to help reduce the number of street families by rehabilitating and returning street children to their families and supports their re-integration into the community. However not much has been achieved.

Migai (2013) asserts that factors influencing the implementation in the rehabilitation of street children is not only lack of adequate funding, inexperienced children caregivers, reluctant political will, poor and irregular trainings, infrastructure and facilities, lack of social awareness to get children off the street and so on but how such rehabilitation programs are designed and administered.

According to Migai, the notion is that street children lack food, shelter, clothing among other tangible things and that once their needs are provided then they are no longer in the streets. However, there is major emotional and psychological challenge that put street children in street.

Unless necessities, emotional and psychological as well as other unique factors relating to characteristics of street children are addressed through rehabilitation programmes, success is not so soon. Hence, it is important to establish how life skill competences, institutional capacity, entrepreneurship training and psychosocial support influence the behaviour change of street children in Kenya.

1.2 Statement of the Problem

This phenomenon of living on the streets has been increasing inspite of initiatives from institutions that have taken up the challenge to eradicate these children from various towns by provision of ways to reform the children from the street and integrate them back to the society

The high turnover in the rehabilitation centers is concerning, why would street children even after going through a rehabilitation process go back to the streets? What could be the issue? Are the funds donated translating to the expected results? Is there an issue with the rehabilitation programmes offered in the rescue centers?

1.3 Purpose of the Study

The purpose is to examine the influence of rehabilitation programmes on behaviour change of street children in Embakasi Central, Nairobi County, Kenya.

1.4 Study Objectives

- i. To establish how training in life skill competences influences behaviour change of street children in Embakasi Central Constituency
- ii. To determine how institutional capacity influences behaviour change of street children in Embakasi Central Constituency, Nairobi County, Kenya.
- iii. To analyse how entrepreneurship training influences behaviour change of street children in Embakasi Central Constituency, Nairobi County, Kenya.

- iv. To examine how psychosocial support influences behaviour change of street children in Embakasi Central Constituency, Nairobi County, Kenya.

1.5 Research Questions

- i. How does training in life skill competencies influence behaviour change of street children in Kenya?
- ii. How does institutional capacity influence behaviour change of street children in Kenya?
- iii. How does entrepreneurship training influence behaviour change of street children in Kenya?
- iv. In what ways does psychosocial support influence behaviour change of street children in Kenya?

1.6 Research Hypothesis

- 1) **H₀** Training in life skills competencies has no influence on the behaviour change of street children in Kenya.
- 2) **H₀** Institutional capacity does not have a big influence on behaviour change of street children in Kenya.
.
- 3) **H₀** Entrepreneurship training has no significant influence on behaviour change of street children in Kenya.
.
- 4) **H₀** Psychosocial Support has no big influence on behaviour change of street children in Kenya.

1.7 Significance of the Study

If adopted by policy makers at different levels, the findings of this study may contribute to national efforts in formulation and implementation of effective and sustainable policies that address the problem of street children not only in Kenya, but also other countries facing the same challenge.

1.8 Delimitations of the Study

Was restricted to the Embakasi Central constituency, Nairobi County to allow for in-depth investigation. Embakasi Central Constituency is also adjacent to the city center where most of the street families and rehabilitation centres tend to be located.

1.9 Limitation of the Study

This study may come across a number of conceptual and methodological limitations. These include; the translation of concepts. It may be difficult for effective communication to take place due to language barrier. This may impact negatively on the interpretation of findings in case of misconstrued meanings. However this will be addressed by the researcher undertaking a pre-test to address linguistic challenges. Since the study is on influence of rehabilitation programmes on behaviour change of street children, the research subjects may interpret the study as part of the initiatives. This may prompt them to give misleading information. To address this limitation, all the research subjects will be thoroughly informed on the purpose and objectives of the study.

1.10 Basic Assumptions in the Study

Assumption was that, the respondents would avail themselves for the study and they would give honest and unbiased answers. It also assumed that Life skill competences, Institutional capacity, Entrepreneur training and Psychosocial support influence behaviour change of street children, Embakasi central, Nairobi County.

1.11 Definition of Significant Terms Used in the Study

For the purposes of this study, the following terms assumed the meanings expressed below:

Rehabilitation Programme: A combination of practices, strategies, methods and modes aimed at intervening on the inappropriate behaviour, employed in the process of reforming street children and re-integrating them into society.

Behaviour Change: Any transformation or modification in behavior based on job hunting skills for the street children post rehabilitation,, level of self-reliance, retainment in support groups including successful employment of street children.

Training in Life-skill Competences:

The idea is to assess how each of these factors ; interpersonal and communication skills if acquired impact or influence change in behavior of street children post rehabilitation These skills enable them to develop into healthy, responsible, and productive adults.

Institutional Capacity: This is assessed two-fold, that is in the context of how many staff are trained on various operational measures that enhance improved services in the rehabilitation centers, and secondly, number of staff considered as qualified to effectively contribute to the success of rehabilitating children in these centers.

Entrepreneurship Training: The process of training street children , improving their skills, knowledge, development and polishing of entrepreneurial skills to provide an alternate route to gainful employment for them. This will enable them establish and successfully operate their businesses.

Psychosocial Support: This variable was assessed by examining how sessions street children held with mentors, and the corresponding number of behavioral occurrences influenced overall change in behavior of these children.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The four themes were of focus; Life skill competences and behaviour change, institutional capacity and behaviour change, entrepreneurship training and behaviour change and psychosocial support and behaviour change of street children in Embakasi Central Constituency, Nairobi County

2.2 The Concept of Behaviour Change of Street Children in Nairobi

Basically what the rehabilitation center does to children from the street is to provide them with a home where the child can be re-directed back to the norms of the society and to help them to achieve their dreams in life. In other words, rehabilitation is achieved through de-socialization where the individual unlearn inappropriate behavior and through re-socialization to find a new self-image that were quite different from the previous ones (Preston, et al, 1989). The rehabilitation centre creates a safe environment which provides adequate diet, shelter, basic sanitation, hygiene and clothing to street children (Dallape, 1987), and creating an environment which is free of dangers such as violence, drug abuse and other sorts of crimes and this helps the child to unlearn all the behaviors which he/she had learnt while he/she was in the street.

A well rounded rehabilitation program for street children cuts across several factors such as; medical care for children, training on health and hygiene such as cooking, laundry just to mention a few, counseling at individual level and group therapies, recreational activities such as playing games both indoor and outdoor, dancing, singing, drama or role playing, non-formal or formal education, vocational training and other empowering life skills. In counseling play therapy, role playing (Chaturvedi, 2008) has been known to help in rehabilitating children because first and foremost children love fun and through interaction with them in games and extra curriculum activities, one can get to know them well and as well it helps to enhance cohesion between the rehabilitees themselves and the team which is assisting in the rehabilitation program

Therefore, the rehabilitated street children observe and emulate their caregivers as well as the social workers and mentors who offer them support thus work towards positive behaviour change. In this regard, street children behavior can be altered positively once they have undergone.

2.3 Training in Life skills Competencies and Behaviour Change of Street Children

With the skills they are enabled to make responsible decisions as well as grow in good morals and have positive behaviour. Some of the rehabilitation centres have managed to transform some of the street children into self-confident, dependable people who look forward to transforming their lives and those of others.

To augment their programme and effectively rehabilitate street children, some organisations have gone ahead to provide formal and non-formal education to those street children under their care i.e Tuza Dada kwetu home, good Samaritan homes among others.

2.4 Institutional Capacity and Behaviour Change of Street Children

In regard to institutional capacity to influence behaviour change, (Narayan, 2012) talks about rehabilitation through institutions whereby institutions strive to offer the best possible facilities for street children. The institutions strive to achieve their objective by providing solid buildings with educational, medical and recreational facilities. There is law and order, cleanliness and critical rehabilitation programme advisors such as medical doctors, counsellors and mentors available for full effectiveness of the rehabilitation process.

Before taking up a child from the streets for the sole purpose of reforming them, it is extremely critical to understand what the child was conditioned to while in the streets, their behaviour, responses and the consequences resulted from the streets. The next step would then be to devise means to counter the challenges and needs of the street children in a holistic approach so as to effectively intervene. Being that it is a systematic approach, there then needs an applied level of sensitivity and expertise especially for street children who have harbored in the streets for quite a period of time and have acquired and firmly gripped the streets survival tactics and embraced the street life.

Therefore for quality assurance, street children need to be carefully managed and by qualified parties who can offer the right kind of care to a street child, (Narayan, 2012).

Capacity for those working in the programme is vital. Thus, it is important to employ well trained staff for successful programme implementation.. The rehabilitation team focuses on helping the child regain back the dignity which was stripped from him or her, by giving love and equipping the child with life skills to cope with future challenges, (Florence, 2011). These people dealing with rehabilitation have to be understanding and tolerant because education and rehabilitation is gradual, the rehabilitation team plays the role of being facilitators rather than instructors in the recovery process, (Brink 2001).

In terms of qualifications and competency, the institution must set job descriptions for the staff they intend to employ and ensure that they are well written. According to the job level intended to be filled, there should be competencies, skills and academic qualification certificate that should be produced by the employee. Before recruitment, all the qualifications need to be outlined by management. The main role of the recruited staff is to ensure that they apply their skills and experiences in the running of the institution.

In many instances, organisations lack the capacity to undertake these vital processes (Kopoka, 2000). Therefore there's need of well-developed and defined systems for evaluation of the rehabilitation programme by management for purposes of effective and sustainable capacity.

2.5 Entrepreneurship Training and Behaviour Change of Street Children

According to (Kieni, 2015) vocational trainings have benefited quite large number of rehabilitated street children. This training plays an important role especially to street children who are not able to pursue formal classes. In other words, not all rehabilitated street children have the capacity of formal schooling yet they can be gifted in other fields such as mechanic, carpentry, tailoring or welding. Such training can equip them with skills which can help them to earn jobs in the society after reintegration. One should put into consideration the talent of the child while enrolling them for vocational training and the job market available in the society. Other training such as keeping ledger books, marketing skills and communication

skills should be taught alongside vocational training because they will help the trainees to be able to sustain their careers in the society after reintegration (Dallape, 1987).

Therefore, it is important to make sure that street children understand that what they are learning through business development training is not a promise of money. Rather, the programmes are more about self-improvement. It is critical to promote and encourage diverse activities among street children by providing various production-oriented trainings in conjunction with business development training. It is also important to promote a culture of saving among them to ensure the long-term success of their enterprises (Carren, 2013), street children would want to participate in long-term initiatives which were sustainable and would assist them to be self-reliant in the long-run

The centre managers reveal that some of the street children are enrolled in both formal and non-formal education while others are running their own businesses and others are on attachment.

2.6 Psychosocial Support and Behaviour Change of Street Children

Mentorship is the guidance provided by a mentor, especially an experienced person through information, demonstration or otherwise to help in guiding of people who are not experienced or have little knowledge (Caela, 2006). It is the increase of knowledge and development of a person with experience and one who wants to learn. The process involves adding knowledge on psychosocial support, career guidance, role modelling, and communication from the mentor to the learner. With the right information and guidance in key areas of development, there exists potential opportunities to develop confidence for independent life after care for care leavers (Hayes, 2013).

According to (Keller, 2011), Psychotherapy is a general term used to define the treatment of psychological disorders, stress and mental distress. Also referred to as psychological rehabilitation, psychotherapy is a fairly new concept in street children rehabilitation that has been deemed necessary due to the realisation of the high level of trauma and the need to counter attitude and behaviour patterns acquired from the streets. It is also essentially being employed so as to uncover the root problem of the reasons

behind the street child taking to the streets, monitoring the mental and emotional state of the street child and acquiring background information, particularly on family with the purpose of finding their whereabouts and how to reach out to them so as to eventually reunite the street child at a suitable time. Been able to offer mentorship to the street children.

Most of the streets childrens are frightened and offer a lot of resistance in offering background information, hence it has no defined time frame thus progression depends upon the individual sessions held. However, a new popular form of treatment used due to the problematic thoughts, emotional distress and behaviours acquired in the streets is cognitive-behavioural: which involves cognitive and behavioural techniques to change negative thoughts and behaviour; it involves operant conditioning and social learning, specifically used to alter problematic behaviour in the street children, (Narayan,2012).

After progression in the individual sessions, the treatment programme is keen on reaching out to family members and relatives for group sessions and tackle problems that are in the family such as alcoholism, domestic violence and any form of abuse or problem that might be in existence which is very significant for the successful integration of the street children back to their homes. It is not enough to only have the street child go through the remedial therapy treatments but highly recommended that the family is involved as well since this are the people the street child will go back to and it is important that they are in alignment with the treatment offered and in know of how to be supportive and enhance recovery and resettlement of the street child back home, (Rememnyi, 2011).

2.7 Theoretical Framework

Theory of reasoned action will guide the research. Derived from the social psychology setting, this theory links this study in the fact that the rehabilitated children may change their behavior to the positive from interacting and observing how their care givers behave, act and carry themselves. They choose to identify with their care givers as well as the social workers in the rehabilitation centres for the purpose of intending to be like them. They look at them as role models. They voluntarily change their attitudes and

work towards becoming better people who can be accepted by the society as well as become self-reliant.

This theory demonstrated how behaviour change acts as a means of acceptance of rehabilitated street children by the society. It confirms that there are very few reported occurrences where street children who have been released from the programs have been rejected by the society.

For street children, subjective norm plays a huge role. This is widely because survival in the streets greatly depends on group identification and movement. The street children identify with certain quorums so to ensure that they always get something to eat and are under protection if they ever came across bullies in the street. The quorums also get into unscrupulous activities, mostly theft, drug abuse and everyone has a role to play. Anyone who doesn't is deemed as a coward and not worth to be in the group, therefore the more involvement one has in unscrupulous and dangerous engagements, the higher the regard the peers hold for them. Therefore peer pressure is inevitable in the streets because the perception the peers have of you in most cases determines their fate in the streets.

2.8 Conceptual Framework

This provides the parameter that will be used to assess the relationships between the dependent and independent variable in the study.

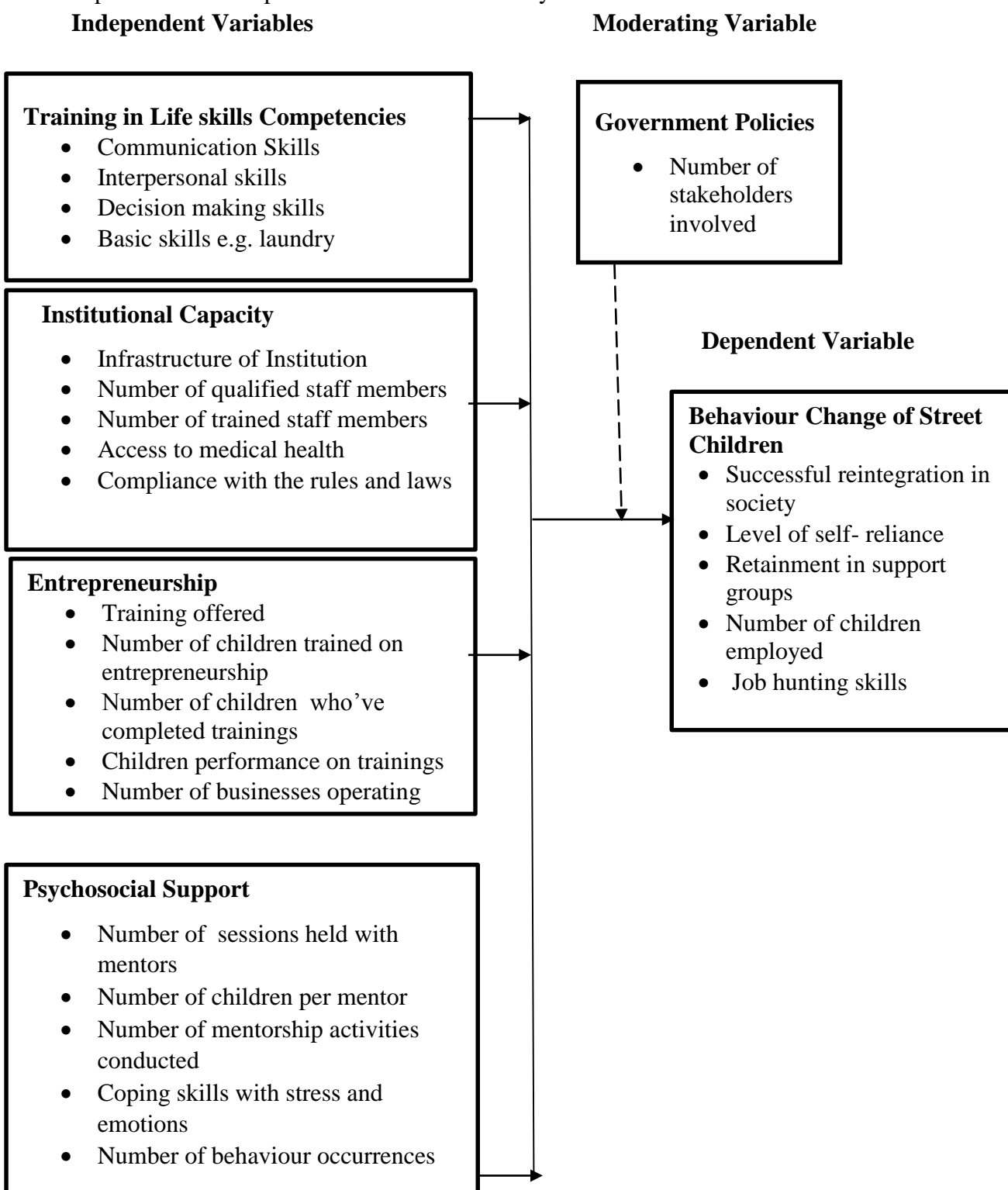


Figure 1: Conceptual Framework Rehabilitation Programmes and behavior Change

The success of these programmes in rehabilitating street children towards change of behavior and improve their livelihoods in Nairobi depends on how life skill competences, institutional capacity, entrepreneurship training and psychosocial support are executed, managed and implemented. For this to be realized, moderating factors such as government policies must be put into consideration and their effects checked in the realisation of behaviour change of street children.

2.9 Knowledge Gap

This section summarizes the knowledge gaps established in review of related literature of this study.

Variable	Author (Year)	Title of the Study	Methodology used	Findings	Knowledge Gap	Focus of the current study
Life skill Competencies	Prajapati, Ravindra & Sharma,(2017)	Significance Of Life Skills Education. Contemporary Issues in Education Research (CIER)	This study used the qualitative research approach	Life skill education has its importance and significance in overall development of children. It equips them with better adapted skills to face the challenges of changing life situations and empowers them to become fully functioning contributors to the society in particular and the world in general	The study was delimited to India in terms of context	The focus of the study in terms of scope will be in Embakasi Central Constituency, Nairobi County, Kenya
Institutional Capacity	Wakhu-Wamunga, Florence M. (2011)	Evaluation of street children rehabilitation programmes in Uasin Gishu district, Kenya	The naturalistic / pluralistic research design was used for the study	The results showed that the All the centres had set rules and routines the children had to adhere to. This helped instill a sense of responsibility. The staff had improper attitudes towards the children. They handled the children like delinquents in a correctional centre. Despite all the work that was going on at the centres, there was no monitoring of progress made by children.	The study failed to address the need of capacity building in the rehabilitation center.	The focus of this study will seek to bring out capacity building in the rehabilitation center as well as how effective the current programmes in the rehabilitation centre are in enabling the street children have a change of behavior.
Entrepreneurship	Carren Morangi Onwong'a (2013)	The Effectiveness of Street Children Interventions in Eldoret, Kenya	The study utilized a descriptive survey research design which targeted street children, social	The study found that street children would want to participate in long-term initiatives which were sustainable and would assist	The study employed a general approach towards investigating the influence of	The focus of the study will be the rehabilitation programmes in specifics lifeskills competencies, institutional capacity,

			workers from NGOs and officers as key informants from department of Children in Uasin Gishu County	them to be self-reliant in the long-run.	rehabilitation programmes	entrepreneurship and psychosocial support.
Psychosocial support	Geneva Joseph Alusa (2018)	Influence of County Social Services Programs on the Welfare of Street Children: A Case of Turbo Sub County, Uasin Gishu County, Kenya	Descriptive survey research design formed the methodology approach for the study	Findings revealed that rescuing is an important element in welfare of street children and that provision of basic needs and guiding and counseling after rescuing enhances welfare of street children	The study was delimited to Uasin Gishu County and in specific Turbo Sub County in terms of context.	The focus of the study in terms of scope will be in Nairobi County.
Behaviour Change	Unicef	A Study on Street Children in Zimbabwe	Descriptive survey research design formed the methodology approach for the study	Findings revealed that no amount of intervention programming designed for street children can be successful unless the community is prepared to respect, protect and provide for them since they have transformed.	The study was delimited to Zimbabwe in terms of context	The focus of the study in terms of scope will be in Embakasi Central Constituency, Nairobi County, Kenya

2.10 Summary of Literature Reviewed

In view of the review of the related literature, the study was of paramount value as it sought to establish how various rehabilitation programmes influence behaviour change of the street children. The study therefore intended to uncover the underlying issues and facilitate the improvement of execution of the street children rehabilitation programme so as to acquire the desired outcome.

Institutions should strive to offer the best possible facilities for street children by providing solid buildings with educational, medical and recreational facilities. There should be guidelines, law, rules and order and critical rehabilitation programme advisors such as medical doctors and psychologists available for full effectiveness of the rehabilitation process. Psychosocial support offers mentorship and counseling to street children allowing them to have modified behaviour.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

3.2 Research Design

Descriptive surveys research design. This was ideal for the study since the research entailed collection and comparison of data from the phenomenon at the same time of the study. Qualitative and quantitative approaches are the two main traditional approaches that social science researchers use. They differ by the theoretical orientation that guides them in their search for reality (Nachmias, Nachmias and DeWaard, 2014). Qualitative research tends to hold that realities are superficially uncovered by research and the researcher's role is to make sense of what is uncovered by interpreting, exploring and elucidating the reality whereas quantitative research tends to uncover reality by using research instruments, statistics and experiments (Wellington and Szczerbinski, 2007).

3.3 Target Population

The target population of the study was one hundred and ten (110). The unit of analysis comprised of 26 care givers, 55 rehabilitated street children, 22 administrators and 7 government officials in the rehabilitation centres in Embakasi Central, Constituency Consortium of Street Children (CSC, 2001). The unit of analysis was the rehabilitation programmes from which the target populations were drawn.

Table 3.1: Target Population

Population	Rehabilitation Centre
Caregivers	26
Rehabilitated Children	55
Administrators	22
Government Officials	7
Target Population	110

3.4 Sample Size and Sampling Procedure

3.4.1 Sample Size

The sample size of the study was 86 drawn from a population of 110 using three sampling techniques.

Table 3.2 Sample Size Determination

Population	Rehabilitation Centre	Sample size
Caregivers	26	20
Rehabilitated Children	55	43
Administrators	22	17
Government Officials	7	6
Target Population	110	86

3.4.2 Sampling Procedure

Krejcie and Morgan table (1970) on Appendix VI was used this method is used when a researcher requires samples from different units from the population since the population of this study is composed of the street children enrolled at rehabilitation centres, administrators, care givers, and government officials. Lastly, the study adopted simple random sampling where any information obtained from the sample from each strata will be a representative of the population.

3.5 Research Instruments

Both primary and secondary data was used. Primary data was collected using questionnaires and interview schedules while secondary data was collected through desk research analysis. They were organised into structured sections that build into the four thematic areas; training in life skills competencies, institutional capacity, entrepreneurship training and psychosocial support in that order. Informed consent was sought from the rehabilitation centre management after approval from department of children services at the county level before the children were allowed to participate in the study. The children also were given the freedom to choose whether to participate in the study or not.

3.5.1 Pilot Testing

The researcher used 10% of the sample size which was 9 to pilot test the instruments. Mock interviews were conducted at Shauri Moyo street children rehabilitation centre in Nairobi County hence not part of the actual study sample. This is because the rehabilitation center has similar characteristics as the study area. The questionnaires were administered personally by the researcher and were picked as soon as they were ready.

3.5.2 Validity of the Research Instrument

Both content and construct validity was used.. Supervisors are termed as experts in the area of ascertaining validity of research instruments were requested to examine. Construct validity is concerned on how vague or clear the questions were phrased in the questionnaire. Construct validity is the degree to which an instrument measures the variable it was designed to measure. Validity refers to the accuracy and meaningfulness of the inferences (Mugenda and Mugenda, 2003).

3.5.3 Reliability of the instrument

Cronbach's Alpha was used to measure reliability. The alpha value for each variable was established which formed the scale. Training in lifeskill competencies had a coefficient of 0.790, institutional capacity had a coefficient of 0.768, entrepreneurship training had a coefficient of 0.722 and psychosocial support had a coefficient of 0.812. The analysis derived a composite coefficient of 0.782 which was sufficient.

3.6 Data Collection Procedure

The survey was supplemented by key informant interviews as well as focus group discussions (FGD). The key informant interviews employed key informant interview schedules to collect qualitative data from care givers and administrators involved in the rehabilitation programme. On the other hand, FGDs used guides to collect qualitative data from staff members and children in the rehabilitation centres who were gathered in groups of 4-8. These two methods were used to get more information on emerging issues in the course of the data collection from the survey.

Drop and pick method was used in administering of questionnaires during data collection. In most cases, the two research assistant were present and involved in facilitating the administration of the research questionnaires. Observation was used to allow the researcher to gain first-hand experience by providing the opportunity for the researcher to see for himself what people actually do rather than what they say since total reliance on informants may compromise the quality of data because the informants may downplay serious issues or they may be used to the situation as they are without seeing any difference. Observation also allowed the researcher to record the information as it occurred, exploring topics that could be uncomfortable to informants or whenever notice there was notice of unusual aspects.

3.7 Data Analysis Technique

Raw data collection on the variables was polished by editing for completeness and errors before being coded for analysis to ensure that it was free from errors. A codebook was developed in the analysis for use in coding the data. Content analysis was used to analyse field notes from interviews. Key themes were identified from the recorded responses and notes and codes were assigned to the identified key themes, classifying the responses under the themes and integrating the themes and responses into findings according to the process stipulated by Kumar (2014).

3.7.1 Hypothesis Testing

The regression model was used to assess the correlation between the independent and dependent variables. Table 3.3 shows how the hypothesis of the study was tested.

Table 3.3: Hypothesis Testing

Objective	Hypothesis	Model for testing Hypothesis	Results Interpretation
i. To examine how training in life skill competences influences behaviour change of street children in Embakasi	i. H ₀ : Training in life skill competences has no significant influence in behaviour change of street children	$y = \alpha + \beta_1 X_1 + e$ y= behaviour change of street children in $\alpha =$ constant, $\beta_1 =$ beta coefficient, $X_1 =$ Training in life skill competences and e= error term	p-value ≤ 0.05 reject $H_0 \geq$ accept otherwise
ii. To determine how institutional capacity influences behaviour change of street children in Embakasi Central Constituency, Nairobi County, Kenya.	ii. H ₀ : Institutional capacity has no significant influence on behaviour change of street children in Kenya.	$y = \alpha + \beta_2 X_2 + e$ y= behaviour change of street children in Embakasi Central Constituency, Nairobi County, Kenya $\alpha =$ constant, $\beta_2 =$ beta coefficient, $X_2 =$ institutional capacity and e= error term	p-value ≤ 0.05 reject $H_0 \geq$ accept otherwise
iii. To analyse how entrepreneurship training influences behaviour change of street children in Embakasi Central Constituency, Nairobi County, Kenya.	iii. H ₀ : Entrepreneurship training has no significant influence on behaviour change of street children in Kenya.	$y = \alpha + \beta_3 X_3 + e$ y= behaviour change of street children in Embakasi Central Constituency, Nairobi County, Kenya $\alpha =$ constant, $\beta_3 =$ beta coefficient, $X_3 =$ entrepreneurship training and e= error term	p-value ≤ 0.05 reject $H_0 \geq$ accept otherwise
iv. To examine how psychosocial support influences behaviour change of street children in Embakasi Central Constituency, Nairobi County, Kenya.	iv. H ₀ : Psychosocial Support has no significant influence on behaviour change of street children in Kenya.	$y = \alpha + \beta_4 X_4 + e$ y= behaviour change of street children in Embakasi Central Constituency, Nairobi County, Kenya $\alpha =$ constant, $\beta_4 =$ beta coefficient, $X_4 =$ psychosocial support and e= error term	p-value ≤ 0.05 reject $H_0 \geq$ accept otherwise

3.8 Ethical Consideration

The principle of confidentiality and voluntary participation was adhered to as questionnaires did not require respondent to write their names. Informed consent from each participant in the research was sought.

3.9 Operational Definition of the variables

The table below depicts the variables in the study, how they were measured and data analysis technique used.

Table 3.4: Operationalization of Variables

Research Objective	Independent Variables	Indicators	Scale of Measurement	Tools of Analysis	Data Analysis Technique
To examine how life skill competences influence behaviour change of street children in Kenya	Life skill competences	-Communication Skills -Interpersonal skills -Decision making Skills -Basic skills such as laundry, cleaning and cooking	Interval	Mean, SD, correlation Linear Regression T- test ANOVA	Descriptive Inferential
To determine how institutional capacity influence behaviour change of street children in Kenya	Institutional Capacity	- Infrastructure of the institution -Number of qualified staff members -Number of trained staff members - Access to medical care	Interval	Mean, SD, correlation Linear Regression T- test ANOVA	Descriptive Inferential
To analyse how entrepreneur training influence behaviour change of street children in Kenya	Entrepreneurship Training	- Entrepreneurship trainings offered -Number of children trained on entrepreneurship - Number of children who've completed trainings - Number of operating business -Children Performances on the trainings -Number of operating businesses	Interval	Mean, SD, correlation Linear Regression T- test ANOVA	Descriptive Inferential
To examine how psychosocial support influence behaviour change of street children in Kenya	Psychosocial Support	-Number of sessions held with counselors/mentors - Number of children per mentor -Number Mentorship activities conducted -Coping skills with stress -Number of behavior occurrences	Interval	Mean, SD, correlation Linear Regression T- test ANOVA	Descriptive Inferential
	Dependent Variable Behaviour Change	-Successful reintegration in society -Level of self-reliance -Retainment in support groups -Number of children employed -Job hunting skills	Interval	Mean, SD, correlation Linear Regression T- test ANOVA	Descriptive Inferential

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

Contains data analysis, presentation and interpretation. It contains questionnaire return rate, demographic characteristics of the respondents in terms of age, gender, designation and the level of education of the team in the rehabilitation centres. The chapter also contains analysis based on the thematic areas drawn from the objectives.

Table 4.1: Questionnaire Return Rate

Response	Frequency	Percentage (%)
Returned questionnaires	74	86.1
unreturned questionnaires	12	13.9
Total	86	100

4.1.1 Distribution of Respondents by Gender.

Table 4.1.1: Distribution of Respondents by Gender

	Frequency	Percent (%)
Female	29	39.2
Male	45	60.8
Total	74	100

According to the findings, 60.8 % (45) from the respondents were female while 39.2% (29) of the respondents were male largely due to the evident nature of child rehabilitation centers which are male dominated. Most children in the streets are male .It is evident that male street children are mostly affected in Embakasi Central, Nairobi County, Kenya and as a result end up in rehabilitation centres and that the rehabilitation centres employ more female caregivers due to their motherly care.

4.1.2 Distribution of Respondents by Age

The study sought to investigate the age under which the respondents were. The findings are presented in table 4.3 below.

Table 4.2: Distribution of Respondents by Age

Response	Frequency	Percentage (%)
Less than 20	35	47.3
20 -30 years	22	29.7
31 -40 years	10	13.5
41and above	7	9.5
Total	74	100

majority 47.3% (35) from the respondents were below the age of 20 years, 29.7% (22) of the respondents were of age between 20-30 years, 13.5% (10) from the respondents were 31 to 40 years , while 9.5% (7) from the respondents were 41 years and above. This implies that majority of the respondents were involved in the study and that they were children who are less than 20 years.

4.3.3 Distribution of Respondents by Designation

Respondents were requested to indicate their designation in the rehabilitation centre. The Table 4.4 highlights the distribution of the responses.

Table 4.3 Distribution of Respondents by Designation

Designation	Frequency	Percentage (%)
Government Officials	5	6.8
Administrators	15	20.3
Rehabilitated children	39	52.7
Care givers	15	20.2
Total	74	100

According to the findings, 6.8% (5) of the respondents indicated that they were government officials, 20.3% (15) administrators, 52.7% (39) rehabilitated children 20.2% (15), and 20.2% (15) caregivers. This implies that majority of the respondents were the rehabilitated children.

4.3.4 Distribution of Respondents by Level of Education

Respondents were indicating their highest level of education. The Table 4.5 summarizes the responses.

Table 4.4: Distribution of Respondents by Level of Education

Highest level of education	Frequency	Percentage
University	5	6.8
Tertiary Level	10	13.5
Secondary O-Level	29	39.2
Primary level	30	40.5
Total	74	100

From the aboves, 6.8% (5) from the respondents indicated that they had university level of education, 13.5% (10) had of tertiary education and 39.2% (29) had secondary while 40.5% (30) from the respondents had primary level of education. This means that majority of the respondents had primary education which is evident because most of the respondents were the rehabilitated children who answered questions sometimes even in sheng and Swahili.

4.2 Training in Life skill competences on behavior change of street children

The first objective sought to examine how training in life skill competences influences behavior change of street children To achieve this, the respondents were requested to indicate their opinion on the level of agreement or disagreement with the statement using a 5 point Likert scale as follows.

1= strongly disagree

2 = disagree

3 = neutral

4 = agree and

5 = strongly agree.

The results are presented in Table 4.5.

Table 4.5: Life skill competences and behavior change of street children

Statements	1	2	3	4	5	Mean	SD
Clear communication is a key communication skill that influence behaviour change of street children	3 (4.1)	5(6.8)	10(13.5)	22(29.7)	34(45.9)	4.14	1.02
Active listening as a communication skill that helps influence change of street behaviour children	5(6.8)	8(10.8)	14(18.9)	12(16.2)	35(47.3)	3.95	1.19
Relationship with others is a necessary interpersonal skill that influences behavior change of street children	4(5.4)	7(9.5)	9(12.2)	26(35.1)	28(37.8)	3.97	1.16
Being Receptive to Feedback is a necessary Interpersonal skill that influences behaviour change of street children	2(2.7)	12(16.2)	5(6.7)	13(17.6)	42(56.8)	3.96	1.38
Ability to make decisions influences behavior change of street children	4(5.4)	6(8.1)	5(6.8)	9(12.2)	50(67.5)	3.97	1.12
Logical reasoning influences behavior change of street children	5(6.8)	6(8.1)	8(10.8)	15(20.3)	40(54.1)	3.95	1.03
Basic practical skills e.g. cooking and laundry influence behavior change of street children	1(1.3)	3(4.1)	4(5.4)	22(29.7)	44(59.5)	3.96	1.18
Composite Mean						3.94	1.19

From the findings, respondents strongly agreed that Life skills competencies influence behaviour change of street children as indicated by Composite Mean and standard deviation of 3.94 and 1.19 respectively. As per the findings, the respondents indicated that clear communication is a key communication skill that influence behaviour change of street children as 34 (45.9%) strongly agreed, 22 (29.7%) agreed 10 (13.5%) were neutral about the statement, 5 (6.8%) disagreed and 3 (4.1%) strongly disagreed with a mean and standard deviation of 4.14 and 1.02 respectively. The findings indicate that clear communication is a key communication skill that has a positive influence on behavior change of street children since the mean obtained (4.14) for the statement is more than the composite mean calculated of 3.94.

On whether active listening as a communication skill that helps influence change of street behaviour children the study found out that majority of those who agreed had a representation of 47 (63.5%), those neutral 14 (18.9%), 8 (10.8%) disagreed and 5 (6.8%) strongly disagreed. This produced a mean and a standard deviation of 3.95 and 1.19. This implies that active listening as a communication skill has a positive influence on influence behaviour change of street children.

The study found out on whether relationship with others is a necessary interpersonal skill that influences behavior change of street children. The results from the Table 4.6 indicate that 28(37.8%) strongly agreed, 26(35.1%) agreed, 9(12.2%) were neutral, 7(9.5%) disagreed and 4(5.4%) strongly disagreed with a mean and a standard deviation of 3.97 and 1.16 respectively. This indicates that life skills competencies enhances their relational skills allowing them to build new relationships and companionships when they are transitioned back to the community.

On whether being receptive to feedback is a necessary interpersonal skill that influences behaviour change of street children, the study obtained the following results; 42 (56.8%) strongly agreed, 13 (17.6%) agreed, 5(6.7%) were neutral, 12 (16.2%) disagreed and those who strongly disagreed 2(2.7%) with a mean and standard deviation of 3.96 and 1.38 respectively. This implies that being receptive to feedback is a necessary interpersonal skill that influences behaviour change of street children being supported by 74.4%.

The study found out ability to make decisions influences behavior change of street children. As per the findings on Table 4.6, 50 (67.5%) strongly agreed, 9 (12.2%) agreed, 5(6.8%) were neutral about the statement, 6 (8.1%) disagreed and 4(5.4%) strongly disagreed with a mean and standard deviation of 3.97and 1.12 respectively. The findings indicate that ability to make decisions influences the behavior of street children in a positive way as they are able to make informed decisions and are able to live a healthy and productive life.

On whether logical reasoning influences behaviour change of street children, the study found out that majority of those who agreed had a representation of 55 (74.4%), those neutral 8 (10.8%), disagreed and strongly disagreed 6(8.1%) & 5 (6.8%) respectively. This produced a mean and a standard deviation of 3.95 and 1.03. This implies that logical reasoning positively influences behaviour change of street children.

One of the care givers response when questioned on how adequate the rehabilitation programme for the children they are serving are:

Most children come in the centre speaking in broken Kiswahili or their mother tongue. But after some few training and coaching they are able to communicate clearly in both Kiswahili and English. They are able to express themselves as well as relate well with others. The education of health and hygiene teaches them to change their attitude. Therefore in my opinion I would say that the programmes are comprehensive and quite relevant

4.3 Institutional capacity on behavior change of street children in Kenya

The second objective sought to determine how institutional capacity influences behaviour change of street To arrive at this the respondents were requested to give their opinion on the level of agreement or disagreement with the statement using a 5 point Likert scale as follows; 1= strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree. The results are presented in Table 4.6.

Table 4.6: Institutional capacity and behavior change of street children

Statements	1	2	3	4	5	Mean	SD
Building infrastructure in terms of accommodation influences behaviour change of street children	11(14.9)	7(9.5)	5(6.8)	32(43.2)	19(25.6)	3.84	1.26
Institution infrastructure in terms of sporting equipment influences behaviour change of street children	9(12.2)	5(6.7)	9(12.2)	47(63.5)	4(5.4)	3.75	1.27
Number of qualified staff influences behaviour change of street children	14(18.9)	12(16.2)	8(10.8)	15(20.3)	25(33.8)	3.80	1.28
Competency of staff in the rehabilitation institution influences behaviour change of street children	4(5.4)	3(4.1)	5(6.8)	12(16.2)	50(67.5)	3.77	1.26
Number of trained staff influences behavior change of street children	5(6.8)	3(4.1)	8(10.8)	19(25.6)	39(52.7)	3.68	1.18
Skill based training for the staff members influences behavior change of street children	6(8.1)	8(10.8)	3(4.1)	28(37.8)	29(39.2)	3.75	1.49
Access to medical health influences behaviour change of street children influences behavior change of street children	8(10.8)	9(12.2)	5(6.8)	18(24.3)	34(45.9)	3.81	1.31
Availability of health care practitioners in the institution influences behavior change of street children	3(4.1)	5(6.8)	8(10.8)	17(22.9)	41(55.4)	3.75	1.29
Composite Mean						3.71	1.23

According to the findings, respondents agreed to a moderated extent that institutional capacity influences behavior change of street children as indicated by Composite Mean and standard deviation of 3.71 and 1.23 respectively. 19(25.6%) of the respondents agree that, building infrastructure in terms of accommodation influences behaviour change of street children while 32(43.2 %) strongly agree, 5(6.8%) were neutral about the statement, 7(9.5%) disagree and 11(14.9%) strongly disagree with a mean of 3.84 and standard deviation of 1.26. The findings imply that building infrastructure in terms of accommodation influences behaviour change of street children as compared to the composite mean (3.71) and as supported by 68.8% majority who agreed.

On whether institution infrastructure in terms of sporting equipment influences behaviour change of street children the study found out that 47 (63.5%) agreed, 4(5.4%) strongly agree, 9(12.2%) were neutral 5(6.7%) disagree and 9(12.2%) strongly disagree. This produced a mean and a standard deviation of 3.75 and 1.27. This implies that institution infrastructure in terms of sporting equipment has a positive influence on influence behaviour change of street children as agreed by the majority of the respondents at 68.8%.

On whether number of qualified staff influences behaviour change of street children, the study found out that 25(33.8%) strongly agree, 15(20.3%) agreed 8 (10.8%) were neutral about the statement, 12(16.2%) disagree and 14(18.9%) strongly disagree with a mean and standard deviation of 3.80 and 1.28 respectively. The findings imply that the number of qualified staff influences behaviour change of street children.

One of the Care Managers response when questioned on how they hire staff:

We hire based on merit and qualifications. We advertise our jobs on the newspapers and are working on our website since it has not been functional for a while now. The successful candidates ungo training for one week after orientation. We also provide skilled based trainings for all staff per quarter ...

On whether competency of staff in the rehabilitation institution influences behaviour change of street children, the study found out that 39 (52.7%) strongly agree, 19(25.6%) agree 8 (10.8%) were neutral about the statement, 3(4.1%) disagree and 5(6.8%) strongly disagree with a mean and standard deviation of 3.77 and 1.26 respectively. The findings imply that the number of competent personnel influences behaviour change of street children.

On whether number of trained staff influences behavior change of street children, the study found out that 50(67.5%) strongly agree, 12(16.2%) agree 5 (6.8%) were neutral about the statement, 3(4.1%) disagree and 4(5.4%) strongly disagree with a mean and standard deviation of 3.68 and 1.18 respectively. The findings imply that the number of competent personnel influences behaviour change of street children.

The study found out on whether skill based training for the staff members influences behavior change of street children. The results from the Table 4.7 indicate that 29(39.2%) strongly agree, 28(37.8%) agree, 3(4.1%) were neutral, 8(10.8%) disagree and 6(8.1%) strongly disagree with a mean and a standard deviation of 3.75 and 1.49 respectively. This implies that skill based training for the staff members has a positive impact on behavior change of street children.

The study found out on whether access to medical health influences behaviour change of street children influences behavior change of street children. The results from the Table 4.7 indicate that 34(45.9%) strongly agree, 18(24.3%) agree, 5(6.8%) were neutral 9(12.2%) disagree and 8(10.8%) strongly disagree with a mean and a standard deviation of 3.81 and 1.31 respectively. This implies that skill based training for the staff members has a positive impact on behavior change of street children.

The study found out on whether availability of health care practitioners in the institution influences behavior change of street children. The results from the Table 4.7 indicate that 41(55.4%) strongly agreed, 17(22.9%) agreed, 8(10.8%) were neutral, 5(6.8%) disagreed and 3(4.1%) strongly disagreed with a mean and a standard deviation of 3.75 and 1.29 respectively. This implies that availability of health care practitioners in the institution has a positive impact on behavior change of street children

4.4 Entrepreneurship Training on Behavior Change of Street Children in Kenya.

The third objective sought to analyse how entrepreneurship training influences behaviour change of street children. To achieve this the respondents were requested to give their opinion on the level of agreement or disagreement with the statement using a 5 point Likert scale as follows 1= strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree. The results are presented in Table 4.8.

Table 4.7: Entrepreneurship training and behavior change of street children

Statements	1	2	3	4	5	Mean	SD
Entrepreneurship trainings offered e.g. carpentry influence behavior change of street children	9 (12.2)	3(4.1)	5(6.8)	15(20.3)	42(56.6)	3.84	1.22
Assessment of entrepreneurship trainings influence behaviour change of street children	7(9.5)	2(2.7)	6(8.1)	22(29.7)	37(50)	3.96	1.23
Children trained in entrepreneurship influences behaviour change of street children	6(8.1)	6(8.1)	9(12.2)	26(35.1)	27(36.5)	3.81	1.34
Number of children who have completed trainings influences behaviour change of street children	5(6.8)	4(5.4)	6(8.1)	14(18.9)	45(60.8)	3.77	1.30
Children performance in the trainings influences behavior change of street children influences behavior change of street children	8(10.8)	9(12.2)	5(6.8)	18(24.3)	34(45.9)	3.71	1.29
Number of operating businesses influences behavior change of street children influences behavior change of street children	3(4.1)	5(6.8)	8(10.8)	17(22.9)	41(55.4)	3.82	1.35
Composite Mean						3.77	1.39

From the study findings, respondents strongly agree that Entrepreneurship trainings influence behaviour change of street children as indicated by Composite Mean and standard deviation of 3.77 and 1.39 respectively. As per the findings, the respondents indicated that entrepreneurship trainings offered e.g. carpentry influence behavior change of street children as 42 (56.6) strongly agree, 15 (20.3%) agreed 5 (6.8%) were neutral about the statement, 3(4.1%) disagree and 9 (12.2%) strongly disagree with a mean and standard deviation of 3.84 and 1.22 respectively. The findings imply that entrepreneurship trainings got have a positive influence on behavior change of street children since the mean obtained (3.84) for the statement is more than the composite mean calculated of 3.77.

On whether assessment of entrepreneurship trainings influence behaviour change of street children, the study found out that majority of those who agreed had a representation of 59 (79.7%), those neutral 6(8.1%), 2(2.7%) disagreed and strongly disagreed 7(9.5%) respectively. This produced a mean and a standard deviation of 3.96 and 1.23. This implies that entrepreneurship trainings influence behaviour change of street children active listening as a communication skill has a positive influence on influence behaviour change of street children as supported by the majority of the respondents at 79.7%.

On whether children trained in entrepreneurship influences behaviour change of street children. The results from the Table 4.8 indicate that 27(36.5%) strongly agree, 26(35.1%) agree, 9(12.2%) were neutral, 6(8.1%) disagree and 6(8.1%) strongly disagree with a mean and a standard deviation of 3.81and 1.34 respectively. This indicates that children trained in entrepreneurship have a huge influence on how the street children behaviours transform beyond the rehabilitation centers.

On whether the number of children who have completed trainings influences behaviour change of street children, the study found out that majority of those who agreed had a representation of 59 (79.7%), those neutral 6(8.1%), 4(5.4%) disagree and strongly disagree 5(6.8%) respectively. This produced a mean and a standard deviation of 3.77 and 1.30. This shows that the number of children who have completed trainings

influences behaviour change of street children as supported by the majority of the respondents at 79.7%.

On whether the children performance in the trainings influences behavior change of street children, the study found out that 34(45.9%) strongly agree, 18(24.3%) agree, 5(6.8%) were neutral 6(8.1%), 9(12.2%) disagree and 8(10.8%) strongly disagree. This produced a mean and a standard deviation of 3.71 and 1.29. This implies that the performance of children in the trainings has little significance in the influence on behavior change of street children.

On whether the number of operating businesses influences behavior change of street children influences behavior change of street children, the study found out that 41(55.4%) strongly agreed, 17(22.9%) agreed, 8(10.8%) were neutral, 5(6.8%) disagreed and 3(4.1%) strongly disagreed. This produced a mean and a standard deviation of 3.82 and 1.35. This shows that the number of operating businesses has a huge influence on behavior change of street children.

Remarks quoted from a key interview when the question on what strategies the government have put in place to ensure street children get rehabilitated and are reintegrated to the society stated study:

The government is working towards ensuring that street children are rehabilitated first and as of now no proper structures or guidelines are in place but we are working on it and are calling on other institutions and companies to work with us to make it possible to reintegrate them to the society. But most importantly we are ensuring that street children first get rehabilitated and get a place to call home as well as have a change of behavior

4.5 Psychosocial Support on Behavior Change of Street Children in Kenya.

The study sought to understand in what ways psychosocial support influences behaviour change of street children.

Table 4.8: Psychosocial support and behavior change of street children

Statements	1	2	3	4	5	Mean	SD
Number of mentorship sessions/ held between the mentor and the mentee influences behaviour change of street children	4(5.4)	5(6.8)	2(2.7)	45(60.8)	18(24.3)	3.55	1.44
Information and demonstration on life issues offered by mentors influences behaviour change of street children	6(8.1)	4(5.4)	3(4.1)	51(68.9)	10(13.5)	3.63	1.37
Number of mentee per mentor influences behaviour change of street children	3(4.1)	2(2.7)	2(2.7)	53(71.6)	14(18.9)	3.66	1.47
Follow up meetings between mentor and mentee influences behaviour change of street children	4 (5.4)	2(2.7)	3(4.1)	56(75.6)	9(12.2)	3.70	1.38
Coping skills influences behavior change of street children	2(2.7)	5(6.8)	4(5.4)	60(81.0)	3(4.1)	3.68	1.52
Mentorship programme has an influence on behavior change of street children	3(4.1)	2(2.7)	1(1.3)	39(52.7)	29(39.2)	3.55	1.39
Number of behavior occurrences influences behavior change of street children	3(4.1)	4(5.4)	2(2.7)	47(63.5)	18(24.3)	3.70	1.55
Mentorship support from mentors influences behavior change of street children	2(2.7)	2(2.7)	1(1.3)	44(59.5)	25(33.8)	3.63	1.27
Composite Mean						3.54	1.43

Based on the study findings, respondents strongly agreed that psychosocial support influence behaviour change of street children as indicated by Composite Mean and standard deviation of 3.54 and 1.43 respectively. As per the findings, the respondents indicated that number of mentorship sessions/ held between the mentor and the mentee influences behaviour change of street children, the study found out that majority of those who agreed had a representation of 63 (85.1%), 2 (2.7%) were neutral about the statement, 5 (6.8%) disagree and 4(5.4%) strongly disagree with a mean and standard deviation of 3.84 and 1.22 respectively. The findings imply that number of mentorship sessions/ held between the mentor and the mentee influences behaviour change of street children.

On whether the information and demonstration on life issues offered by mentors influences behaviour change of street children the study found out that 10(13.5%) strongly agree, 51(68.9%) agree, 3(4.1%) were neutral, 4 (5.4%) disagree and 6(8.1 %) strongly disagree. This produced a mean and a standard deviation of 3.63 and 1.37. This implies that the information and demonstration on life issues offered by mentors has a positive influence on behaviour change of street children.

On whether the number of mentee per mentor influences behaviour change of street children, the study found out that 14(18.9%) strongly agree, 53(71.6%) agree, 2(2.7%) were neutral, 2(2.7%) disagree and 3(4.1%) strongly disagree. This produced a mean and a standard deviation of 3.66 and 1.47. This implies that the number of mentee per mentor has a positive influence on behaviour change of street children.

On whether the number follow up meetings between mentor and mentee influence behaviour change of street children, the study found out that 9(12.2%) strongly agree, 56(75.6%) agree, 3(4.1%) were neutral, 2(2.7%) disagree and 4 (5.4%) strongly disagree. This produced a mean and a standard deviation of 3.70 and 1.38. This implies that the number follow up meetings between mentor and mentee has a huge influence on behaviour change of street children.

On whether coping skills influence behavior change of street children, the study found out that majority of those who agreed had a representation of 63 (85.1%), 4 (5.4%) were neutral about the statement, 5 (6.8%) disagree and 2(2.7%) strongly disagree with a mean and standard deviation of 3.68 and 1.52 respectively. The findings imply that coping skills are necessary and have a positive influence on behaviour change of street children.

On whether mentorship programmes have an influence on behavior change of street children, the study found out that 29(39.2%) strongly agree, 39(52.7%) agree, 1(1.3%) were neutral, 2(2.7%) disagree and 3(4.1%) strongly disagree. This produced a mean and a standard deviation of 3.55 and 1.39. This implies that mentorship programmes have a huge influence on behavior change of street children as supported by the majority of 91.9%.

One child when the question of what they think is most helpful at the Embakasi central rehabilitation center and enabled them to change from your ways of street life was paused to them reported:

(‘Time na mentor wangu ndio hunibamba most’) The time with my mentor is what I enjoy most. The mentorships classes are most helpful and enjoyable. Most times when I’m alone and not in a group. Talking to my mentor and explaining what I feel deep inside, my mentor listening and offering advice and giving me real life examples is the best time. I get to tell her everything I feel and she understands and advises me

On whether the number of behavior occurrences influence behavior change of street children, the study found out that 18(24.3%) strongly agreed, 47(63.5%) agreed, 2(2.7%) were neutral, 4(5.4%) disagreed and 3(4.1%) strongly disagreed. This produced a mean and a standard deviation of 3.70 and 1.55. This implies that the number of behavior occurrences have a positive influence on behavior change of street children as supported by the majority of 87.8%.

On whether mentorship support from mentors influence behavior change of street children, the study found out that majority of those who agreed had a representation of 69 (93.3%), 1 (1.3%) were neutral about the statement, 2(2.7%) disagreed and 2(2.7%) strongly disagreed with a mean and standard deviation of 3.63 and 1.27 respectively. The findings imply that mentorship support from mentors have a positive influence on behaviour change of street children.

4.8 Behaviour Change of Street Children

The study intended to establish the extent of agreement with various statements relating to behavior change of street children , Kenya To achieve this the respondents were asked to give their opinion on the level of agreement or disagreement with the statement using a 5 point Likert scale where 1= strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree. The results are presented in Table 4.10.

Table 4.9: Behavior change of street children

Statements	1	2	3	4	5	Mean	SD
Successful reintegration in society	3(4.1)	2(2.7)	2(2.7)	53(71.6)	14(18.9)	3.66	1.47
Level of self- reliance	6(8.1)	6(8.1)	9(12.2)	26(35.1)	27(36.5)	3.81	1.34
Retainment in support groups	4(5.4)	5(6.8)	2(2.7)	45(60.8)	18(24.3)	3.55	1.44
Job hunting skills	6(8.1)	4(5.4)	3(4.1)	51(68.9)	10(13.5)	3.63	1.37
Composite Mean						3.52	1.42

As per the findings, the respondents indicated that successful reintegration in society influences behavior change of street children, as 27(36.5%) strongly agreed, 26(35.1%) agreed, 9(12.2%) were neutral, 6(8.1%) disagreed and 6(8.1%) strongly disagreed with

a mean and standard deviation of 3.66 and 1.47 respectively. The findings implied that with the trainings on life-skills as well as entrepreneurship trainings, street children are able to interact with people, work, employ as well as recruit people in businesses and are able to make a living and be accepted in the society once they have positive acceptable behaviors.

From the findings, 53(71.6%) respondents strongly agreed that the level of self-reliance influences behavior change of street children, 9(12.2%) were neutral about the statement, 5(6.8%) disagreed and 6(8.1%) strongly disagreed with a mean and standard deviation of 3.81 and 1.34 respectively. Ability to communicate effectively, make decisions and have basic skills such as cooking and laundry are essential for the rehabilitated children to reintegration into the society.

On whether retainment in support groups influences behavior change of street children the study found out that majority of those who agreed had a representation of 63(85.1%), those neutral 2(2.7%), disagreed 5(6.8%) and strongly disagree 4(5.4%) respectively. This produced a mean and a standard deviation of 3.55 and 1.44 which is slightly greater than the composite mean at 3.52. This shows that job hunting skills are necessary for behavior change of street children.

On whether the job hunting skills influences behavior change of street children the study found out that majority of those who agreed had a representation of 61(82.4%), those neutral 3(4.1%), disagree 4(5.4%) and strongly disagree 6(8.1%) respectively.

This produced a mean and a standard deviation of 3.63 and 1.37 which is slightly greater than the composite mean at 3.52 on Table 4.10. This implies that job hunting skills are necessary for behavior change of street children.

4.10 Regression Analysis

Was used to determine the nexus between lifeskill competences, institutional capacity, entrepreneurship training and psychosocial support against the dependent variable behaviour change of street children The results are presented in the Table 4.10.

Table 4.10: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.846 ^a	.716	.702	1.654

Dependent Variable: Behaviour change of street children

Predictors: (Constant), Life skills competencies, Institutional Capacity, Entrepreneurship training and Psycho-social Support.

Table 4.10 shows the strength of the nexus between behaviour change of street children and independent variables. From the determination coefficients, there is a strong correlation between dependent and independent variables given an R2 values of 0.716 and adjusted R2 value of 0.702. Table 4.27 illustrates the strength of the relationship between behavior change of street children and independent variables. This shows that the independent variables (Life skills competencies, Institutional Capacity, Entrepreneurship and Psychosocial Support) accounts for 70.2% of the variations in behavior change of street children. This means that there are other factors than might be influencing behaviour change of street children that accounts to 29.8%.

4.9.1 ANOVA Results

Analysis of variance (ANOVA) is a collection of statistical models used to analyse the differences among group means.

Table 4.11: ANOVA Test

Factor	Sum of Squares	Df	Mean Square	F	Sig.
Regression	488.274	3	114.008	78.952	0.000
Residual	76.589	83	1.974		
Total	564.863	86			

Dependent Variable: Behaviour change of street children

Predictors: Life skills competencies, Institutional Capacity, Entrepreneurship and Psycho-social Support.

4.9.2 Regression Coefficient

The regression coefficient is shown on the Table 4.12

Table 4.12 Regression coefficient

Variables	Un-standardized Coefficient		Standardized Coefficient	t	Sig.
	B	Std. Error	Beta		
(Constant)	0.864	0.112		7.714	.000
Training in Life skills competencies	0.795	0.293	.761	2.277	.028
Institutional Capacity	0.579	0.179	.629	3.253	.002
Entrepreneurship Training	0.675	0.239	.718	2.824	.007
Psychosocial Support	0.617	0.244	.664	2.529	.015

a. Dependent Variable: Behaviour Change of Street Children

The regression equation obtained from the outcome was:

$$Y = .864 + 0.795X_1; 0.864 + 0.579X_1; 0.864 + 0.675X_1; .864 + 0.617X_1$$

As per the study, it was revealed that if all independent variables were held constant at zero, then behaviour change of street children in Embakasi Central Constituency, Nairobi County will be 0.864. The findings, revealed that any unit increase in training in lifeskill competencies would lead to 0.795 increase in behaviour change of street children . The variable was significant since p-value = 0.028 is less than 0.05.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of the Findings

This study work focused on the key variables in chapter four and gave a summary of the findings.

5.1.1 Training in Life Skill Competences and Behaviour Change

The study revealed that any unit increase in training in life skill competences would lead to 0.795 change in behavior change of street children. This study revealed that clear communication is a key communication skill that influence behaviour change of street children with a mean of 4.14, active listening as a communication skill that helps influence change of street behaviour children with a mean of 3.95, relationship with others is a necessary interpersonal skill that influences behavior change of street children with a mean of 3.97, being receptive to feedback is a necessary Interpersonal skill that influences behaviour change of street children with a mean of 3.96, ability to make decisions influences behavior change of street children with a mean of 3.97, logical reasoning influences behavior change of street children with a mean of 3.95 and basic practical skills e.g. cooking and laundry influence behavior change of street children with a mean of 3.96.

5.1.2 Institutional Capacity and Behaviour Change

From the findings, building infrastructure in terms of accommodation influences behaviour change of street children with a mean of 3.75, Institution infrastructure in terms of sporting equipment influences behaviour change of street children, number of qualified staff influences behaviour change of street children with a mean of 3.80, competency of staff in the rehabilitation institution influences behaviour change of street children with a mean of 3.77, number of trained staff influences behavior change of street children with a mean of 3.68, skill based training for the staff members influences behavior change of street children with a mean of 3.75, access to medical health influences behaviour change of street children with a mean of 3.81 and

availability of health care practitioners in the institution influences behavior change of street children with a mean of 3.75.

5.1.3 Entrepreneurship Training and Behavior Change

From the findings, entrepreneurship trainings offered e.g. carpentry influence behavior change of street children with a mean of 3.84, assessment of entrepreneurship trainings influence behaviour change of street children with a mean of 3.96, children trained in entrepreneurship influences behaviour change of street children with a mean of 3.81, number of children who have completed trainings influences behaviour change of street children with a mean of 3.77, children performance in the trainings influences behavior change of street children influences behavior change of street children with a mean of 3.71 and number of operating businesses influences behavior change of street children influences behavior change of street children with a mean of 3.82.

5.1.4 Psychological Support and Behavior Change

Analysis of the collected data under the fourth objective of the study, which sought data on the influence of psychological support on rehabilitation of street children in Embakasi Central Constituency, Nairobi County, Kenya, showed that children who had access to continuous mentorship within the rehabilitation centers left very confident and ended up succeeding in the society. The study revealed that a unit change in psychological support would change in behavior change of street children by 0.617. The findings revealed that the number of mentorship sessions/ held between the mentor and the mentee influences behaviour change of street children with a mean of 3.55, information and demonstration on life issues offered by mentors influences behaviour change of street children with a mean of 3.63, the number of mentee per mentor influences behaviour change of street children with a mean of 3.66, follow up meetings between mentor and mentee influences behaviour change of street children with a mean of 3.70, coping skills influences behavior change of street children with a mean of 3.68, mentorship programme has an influence on behavior change of street children with a mean of 3.55, number of behavior occurrences influences behavior change of street children with a mean of 3.70 and mentorship support from mentors influences behavior change of street children with a mean of 3.63.

5.2 Training in Life skill training and behavior change of street children

Strong agreement levels were observed among respondents on the role of communication and interpersonal skills towards positive influence on behavior change of street children. Most of these respondents agree or strongly agree that life skill competencies to a large extent have huge influence on how the street children transform beyond the rehabilitation centers. As further demonstrated in the in-depth discussions with select staff, majority of the children who leave the rehabilitation center with good communication skills have had a much easier time seeking employment opportunities and settling down in the society.

According to care givers, the element of enhancing communication capabilities among children is a significant component that is accorded lots of emphasis within the rehabilitation center. This is largely due to the fact that most of these street children barely communicate fluently and in an audible manner at the point of entry in the rehabilitation centers.

Discussions arising from the key informant interviews and care givers, further showed that most of the kids who had already left the centre had settled well in the society, which was largely attributed to their ability to coherently communicate coupled with good interpersonal skills thereby building confidence with the society. The positive influence of life skills on the ability of children to seek and pursue formal and informal employment opportunities was also significantly evident in the study. As revealed in an FGD consisting of at least 12 street children, majority of them were confident that they were well empowered to effectively communicate, make decisions and present themselves to be considered for an array of employment opportunities.

Sharma, (2017) opines that programs that have been undertaken for development of life skills have been successful in the following aspects; have helped in reduction of violent behaviour, have helped in increasing pro-social behaviours and reducing the negative ones, have helped in reduction of self-destructive behaviors, increased life skills to help prepare in solving and dealing with future challenges. They have also increased the power of knowledge, improved the number of children attending school; children being able to control themselves and being able to handle personal challenges and being able to resolute conflicts amongst themselves.

5.2.1 Institutional capacity and behavior change of street children

Children rehabilitation centers, such as the one in Embakasi are major avenues for transforming and rehabilitating young lives back into acceptable standards in the society. This means that operational strengths and capabilities of such avenues is key given the huge responsibility and expectations from the centers. It's in lieu of this consideration that this study sort to identify the role of institutional capacity towards behavior change of street children. Institutional capacity was assessed two-fold, i.e. in the context of how many staff are trained on various operational measures that enhance improved services in the rehabilitation centers, and secondly, number of staff considered as qualified to effectively contribute to the success of rehabilitating children in these centers. This, in researcher's opinion would be expected as the role of building staff capacity is to enhance operational effectiveness, which makes them more qualified for the job.

A well-trained and qualified team managing and running operations of the centers would positively impact on the behavior of street children. This was largely due to the fact that such staff will professionally and practically prepare the street children for life outside which would then translate to such children softly settling in the society, and earning employment opportunities.

Based on findings from the key informant interviews, the rehabilitation centers was well-resourced and trained staff were able to achieve strategic milestones towards transforming lives of street children.. The management also employed one doctor and two nurses at the centre. This was to ensure that there was a day and night nurse in the centre. The management ensured that health care was a priority for both the staff and the children and that the health care facility was well stocked. According to sampled children interviewed in an FGD, proper handling and care from staff proved to be a motivating factor for them to pursue change and personal development, since their initial negative perception of rehabilitation was averted. Indeed, majority of the children indicated that being at the center made them feel appreciated and at home, and looked forward to enjoying that level of appreciation from society upon exit.

In the context of results, a well-trained and qualified team managing and running operations of the centers would positively impact on the behavior of street children. This, as observed in the key informant discussions, was largely due to the fact that such staff will professionally and practically prepare the street children for life outside which would then translate to such children softly settling in the society, and earning employment opportunities.

In line with the study findings, Brink, (2001) opined that the people dealing with rehabilitation of street children (caregivers) have to be understanding and tolerant because education and rehabilitation is gradual, the rehabilitation team plays the role of being facilitators rather than instructors in the recovery process. Apart from learning good behaviour, children unlearn undesired behaviour too hence shaping them morally and they fit well within the society.

5.3.3 Entrepreneurship Training and behavior change of street children

Rehabilitation centers adopt an array of activities and practices towards child transformation, which also include technical capacity building of the children in entrepreneurship. This is considered a very important aspect of rehabilitation, as noted by a government agent through a key informant interview from the ministry of social services affairs. As observed by most care givers and social workers in the rehabilitation centers, entrepreneurship training has proven to be highly instrumental on how the children develop post rehab.

With this training, the street children are able to successfully seek and pursue formal and informal opportunities, since they have the right coherence when communicating with potential employers. On the same front and in appreciating the fact that businesses and enterprises operate in a competitive environment, children with creative and innovative entrepreneurial minds are more likely to attract the attention of employers and investors.

Though there was strong agreement levels on the usefulness of entrepreneurship training, questions on rigor and practicality could not be ignored. This study has revealed that the level of entrepreneurship promoted by the centres is not robust enough

to prepare these kids sustainably survive by creating or innovating enterprises. This could be due to the structures in place at the rehabilitation centres, including how they conduct operations. One of the questions we posed in this study was whether street children were even aware that the centres, within their activities, had entrepreneurship program, and the responses were quite the opposite.

According to most care givers in the rehabilitation centers, trends show that a good proportion of children who went through rehabilitation centers tend to do well once they exit, especially in the context of them attempting small business startups for survival and self-reliance. This is supported by Kieni, (2015) who states that entrepreneurship trainings have benefited quite large number of rehabilitated street children. This training plays an important role especially to street children who are not able to pursue formal classes. In other words, not all rehabilitated street children have the capacity of formal schooling yet they can be gifted in other fields such as mechanic, carpentry, tailoring or welding. Such training can equip them with skills which can help them to earn jobs in the society after reintegration. Further and as revealed in the key informant discussions, the number of trainings towards building entrepreneurial knowledge and capacity of these children, was very important and preferably should be a continuous process. The findings of this study corroborate with those of Carren, (2013), which indicated that street children would want to participate in long-term initiatives which were sustainable such as entrepreneurship and would assist them to be self-reliant as well as have a change of behavior in the long-run. This implies that entrepreneurship training has a positive influence on behavior change of street children.

For the respondents of the contrary opinion, even though they acknowledged that entrepreneurship was a positive avenue of transformation, key concerns were raised on the level of practicality and depth as far as this was being undertaken in the rehabilitation centers. These respondents were of the opinion that the said entrepreneurship trainings were conducted in a manner that didn't appeal to the children as a potential income generating activity but more of activities of rehabilitation center serving the interest of the select few.

Additionally, there were key concerns on the depth that these activities were being rolled out. As one caregiver highlighted, this was being done at a very basic level which was also very informal, and not sustainable.

Notwithstanding, benefits accruing from such engagements cannot be gainsaid. For instance, it was observed from the key informant interviews with management of the centers that majority of the children who had gone through entrepreneurship trainings ended up forming investment groups (*traditionally referred to as chamas*) where they would put up small revolving funds to enable them save and in the long run put up small informal enterprises. Few of the children were mentioned to have already done this. Similarly, through FGD discussions with children in the rehabilitation centers, there was evidence of small traits in entrepreneurial capacity. A good number could identify with their knowledge and understanding on the need to consider setting up enterprises as a means of survival post rehabilitation, even though their confidence to roll out such enterprises was hampered by lack of resources.

Perhaps the major emphasis, as was observed in the discussions with both care givers, and management team ought to be on sustainability and establishing a follow-up mechanism that enables continuous capacity enhancement even post rehabilitation. Discussions with key government agents revealed that no proper structures/ guidelines were in place to effectively drive sustainable rehabilitation of street children even after exiting the rehabilitation centers. This was also echoed from by the management of these centers, who strongly felt that there was general disinterest from government agencies in securing the lives of rehabilitated kids. Instead, this role had fully been left to the decision and willingness of rehabilitation centers, who happen to be confronted with limited resources to undertake activities such as entrepreneurship to a level that would assure sustainability.

5.3.2 Psychosocial support and behavior change of street children

This variable was assessed by examining how number of sessions street children held with mentors, and the corresponding number of behavioral occurrences influenced overall change in behavior of these children. Results showed that psychosocial support had a major role on children's behavior change, as demonstrated by most respondents in this study. According to most care givers who we held in-depth discussions with, it

was common knowledge backed by experience that children who had access to continuous mentorship within the rehabilitation centers left very confident and ended up succeeding in the society. This was largely due to the fact such children would have gained sufficient coaching on an array of life aspects and expectations, including self-survival and integration tactics into the society to win back the confidence of the society.

This was largely due to the fact such children would have gained sufficient coaching on an array of life aspects and expectations, including self-survival and integration tactics into the society to win back the confidence of the society. This will only be achieved if such children benefit from right mentorship which can only be availed by a well-resourced center.

(Caela, 2006) observes that Mentorship is the guidance provided by a mentor, especially an experienced person through information, demonstration or otherwise to help in guiding of people who are not experienced or have little knowledge. It is the increase of knowledge and development of a person with experience and one who wants to learn. The process involves adding knowledge on psychosocial support, career guidance, role modelling, and communication from the mentor to the learner.

Children who had accessed mentorship on the other hand, acknowledged that the sessions were helping them a lot in the essence that they fast tracked a journey of self-realization. As noted in the Interview Guides, most of the children cited mentorship sessions as one of their favorites, especially when it was possible for one to one sessions as opposed to group sessions. In their view, these sessions were preparing them to pursue employment opportunities once they exited the rehabilitation centers, over and above preparing them on coping mechanisms as they adjust and build societal confidence.

The management of the rehabilitation centers, cited that psychosocial support was the heart of their operations, and its role cannot be gainsaid. However, due to capacity constraints, they were not able to effectively provide these services as they would prefer, especially in responding to individual needs of the children. Often, they have

been forced to articulate mentorship through group sessions, which are also limited in terms of frequency.

Overall, results showed that rehabilitation centres play a very prudent and significant role in transforming the lives of street children into acceptable levels and standards in the society. In line with the study findings, (Genveva, 2018), stated that rescuing is an important element in welfare of street children and that provision of basic needs and guiding and counselling after rescuing enhances welfare of street children. Collectively and as observed in this study, it is impossible to separate life skill components, entrepreneurship, institutional capacity and psychosocial support as avenues for transforming lives of street children. This is largely due to the reality that these factors are only useful when availed together as a bundled service as opposed to treating them uniquely.

5.4 Conclusion

This study draws its conclusions on the basis of the four specific objectives earlier highlighted. To this end, we summarize our conclusions as follows;

The study concluded that life skill competencies influence behaviour change of street children. Life skills are necessary to thrive in this ever changing world. Communication skills, interpersonal skills, decision making skills and basic skills such as laundry, cleaning and cooking influence behaviour change of street children. Life skills help rehabilitated street children to be fully be integrated to the society post program.

The study further concluded that institutional capacity influence behaviour change of street children. Infrastructure of the institution, number of qualified staff members, number of trained staff members and access to medical care. Resourcing these centres should be at the heart of every interested stakeholder. A well-resourced centre will have the capacity to avail timely and appropriate capacity targeting street children, in readiness for job markets, self-reliance, and smooth integration in the society.

The study also concluded that entrepreneurship training influence behaviour change of street children. Entrepreneurship trainings offered, number of children trained on entrepreneurship, number of children who've completed trainings, number of operating business, children performances on the trainings, number of operating businesses

influence behaviour change of street children. It is a useful component in rehabilitation centres especially in promoting self-reliance, trust among society and creating employment opportunities for self and others. However, this requires proper depth and review of what is categorized as entrepreneurship if children are going to benefit from such initiatives.

Finally, the study made the conclusion that psychosocial support influence behaviour change of street children. Number of sessions held with counsellors/mentors, number of children per mentor, number of mentorship activities conducted, coping skills with stress, number of behavior occurrences influence behaviour change of street children. This is especially in the context of providing mentorship is a key avenue towards building the confidence of street children. There is sufficient reason to continue providing these services at rehabilitation centres, over and above strengthening this component and increasing its availability and access to children who require it at an individual level.

5.5 Recommendations

The research findings of this study show that life skill competencies, institutional capacity, entrepreneurship and psychosocial support require targeted focus and attention towards enabling street children actively participate in job markets and smooth integration into society post rehabilitation. Two critical thematic aspects that were presented in this study form the basis of our recommendations;

- 1) The researcher recommends need for the government to incorporate rules/guidelines/policies that create an enabling environment for both rehabilitated street children and rehabilitation centres. The role of government in supporting stable integration of street children back in the society after undergoing rehabilitation is something that requires deeper review and consideration. One way would be by creating incentives for rehabilitated children, such as special opportunities for good behaviour. This would then motivate improved behaviour and transformation of many more street children. Rehabilitation centres stand to benefit if the government was to allocate special resources in responding to needs that are crucial for better services.

- 2) The study recommends the need to enhance the current practice of entrepreneurship in the rehabilitation centres, part of which could be through deepening learning and also making it more practical. Entrepreneurship training is a very important practice that could go a long way towards being avenues for survival of street children, if it was properly structured and embedded as a rehabilitation practice in the centres.
- 3) This study recommends need for rehab centres to establish a follow-up mechanism. Most rehabilitation centres are not in a position to account for progress of children once they exit. In this study, we have identified a major gap on follow-up post rehabilitation among rehabilitation centres. Rarely are the rehabilitation centres able to strongly track and trace progress of the children once they exit the program, largely due to capacity constraints. This creates a vacuum in demonstrating the actual value of the rehabilitation centres as well as the programs. This kills the whole essence of attempting to rehabilitate these children, considering there is need to self-assess and establish if whatever is being done at the centres is actually helping in improving lives of the children. The follow-ups shouldn't be constrained on knowing the whereabouts of the kids and how they are doing, but should create opportunity for continued mentorship post rehab centres.
- 4) This study, recommends national level governance participation towards rehabilitation of street children. The current environment seems to have created a monopoly of responsibility to the rehabilitation centres, which are not adequately resourced to effectively deliver depth and desired quality that promotes sustainable solutions and practices among rehabilitated children. The implication then is that as good as these centres want to transform the children, there is only so much they can achieve with very little resource allocation.

5.6 Further Research Suggestions

1. Due to the scope of this study, it was not possible to interview street children who have already exited the program having gone through these centres. This presents an opportunity for future researches to expand the scope of this work.
2. Future researchers need to explore this practice in detail, by identifying what kind of entrepreneurship practically works for these children, over and above exploring major factors that would allow children put into practice. The study has demonstrated entrepreneurship as a major component of empowering children in the rehabilitation centres.
3. Future researchers can explore some of the policy considerations that can be pursued towards the option of government supporting rehabilitation of street children. The government could intervene by creating an enabling environment through formal and informal rules, regulations and or guidelines

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APPENDICES

Appendix I: Introduction Letter

Dear Sir/ Madam,

This study is being done by Christine Mutheu Mutua, a graduate student seeking a Masters of Arts degree in Project Planning and Management at the University of Nairobi. Research topic is on Influence of rehabilitation programmes on behaviour change of street children in Embakasi Central, Nairobi County.

The findings from this research will be solely be used for academic research objectives and to enhance knowledge around the area of street children .The potential benefits from this research would lead to increase in quality of services rendered by different stakeholders and to a larger extent enhance the credibility of these street children rehabilitation programmes. In case of any additional information regarding this study, please contact the researcher on mobile number.

+254 710617911.

Thank you in advance

Appendix II: Sample Size Determination Table from given population

TABLE 3.1 - Sample Size Determination Table from given population
Krejcie and Morgan, Table (1970).

	N	S	N	S	N	S	N	S
10	100	80	280	162	800	260	2800	338
14	110	86	290	165	850	265	3000	341
19	120	92	300	169	900	269	3500	246
24	130	97	320	175	950	274	4000	351
28	140	103	340	181	1000	278	4500	351
32	150	108	360	186	1100	285	5000	357
36	160	113	380	181	1200	291	6000	361
40	170	118	400	196	1300	297	7000	364
44	180	123	420	201	1400	302	8000	367
48	190	127	440	205	1500	306	9000	368
52	200	132	460	210	1600	310	10000	373
56	210	136	480	214	1700	313	15000	375
59	220	140	500	217	1800	317	20000	377
63	230	144	550	225	1900	320	30000	379
66	240	148	600	234	2000	322	40000	380
70	240	152	650	242	2200	327	50000	381
73	260	155	700	248	2400	331	75000	382
76	270	159	750	256	2600	335	100000	384

Appendix III: Letter from the University of Nairobi



UNIVERSITY OF NAIROBI
OPEN DISTANCE AND e- LEARNING CAMPUS
SCHOOL OF OPEN AND DISTANCE LEARNING
DEPARTMENT OF OPEN LEARNING
NAIROBI LEARNING CENTRE

Your Ref:

Our Ref:

Telephone: 318262 Ext. 120

Main Campus
Gandhi Wing, Ground Floor
P.O. Box 30197
NAIROBI

18th July, 2018

REF: UON/ODeL/NLC/29/048

RE: MUTUA CHRISTINE MUTHEU - REG NO.L50/89314/2016

The above named is a student at the University of Nairobi Open, Distance and e-Learning Campus, School of Open and Distance Learning, Department of Open Learning pursuing Master of Arts in Project Planning and Management.

She is proceeding for research entitled "Influence of Rehabilitation Programmes on Behavior Change of Street Children: A Case of Rehabilitation Programmes in Embakasi Central Constituency, Nairobi County."

Any assistance given to her will be appreciated.

CAREN AWILLY
CENTRE ORGANIZER
NAIROBI LEARNING CENTRE



Appendix IV: NACOSTI Research Clearance Permit



HRISTINE MUTHEU MUI
UNIVERSITY OF NAIROBI,
has been permitted

on the topic: **INFLUENCE OF REHABILITATION PROGRAMMES ON BEHAVIOUR CHANGE OF STREET CHILDREN: A CASE OF REHABILITATION PROGRAMMES IN EMBAKASI CENTRAL CONSTITUENCY, NAIROBI COUNTY**




Director General
National Commission for


Director General
National Commission for



Appendix V: NACOSTI Letter of Research Authorization



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,
2241349, 3310571, 2219420
Fax: +254-20-318245, 318249
Email: dg@nacosti.go.ke
Website : www.nacosti.go.ke
When replying please quote

NACOSTI, Upper Kabete
Off Waiyaki Way
P.O. Box 30623-00100
NAIROBI-KENYA

Ref. No. **NACOSTI/P/18/22248/24675**

Date: **18th October, 2018**


Christine Mutheu Mutua
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *“Influence of rehabilitation programmes on behaviour change of street children: A case of rehabilitation programmes in Embakasi Central Constituency, Nairobi County”* I am pleased to inform you that you have been authorized to undertake research in **Nairobi County** for the period ending **18th October, 2019**.

You are advised to report to **the County Commissioner and the County Director of Education, Nairobi County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit a **copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.


BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Nairobi County.

The County Director of Education
Nairobi County.