FACTORS INFLUENCING INFLUX OF STREET CHILDREN IN URBAN AREAS: 
A CASE OF STREET CHILDREN PROJECTS IN MERU TOWN - KENYA

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A Research Project Report Submitted In Partial Fulfillment of the Requirement for 
the Award of Master of Arts Degree in Project Planning and Management of the 
University of Nairobi

2015
DECLARATION

This research project is my original work and not a derivative of any other person both in and out of University of Nairobi for the award of masters or bachelor’s degree.

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SAMSON KINOTI KIENI
REG. NO. L50/61259/2010

This research project has been submitted with my approval as University Supervisor.

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DEDICATION

This research project is dedicated to my sons Lewis, Bradon and my wife Lucy for the encouragement they accorded me during this study period.
ACKNOWLEDGEMENTS

I am sincerely very grateful to Prof. Njue Mukwanjeru and Dr. Chandi John Rugendo for his dedication, encouragement, inspiration and guidance while supervising this project. I am grateful to all children’s institutions and children’s officers who took their time to respond to questionnaires that provided data for this study, without their generous contributions this study would not be a success. I wish to acknowledge all those individuals who cooperated and assisted me both through their comments, advice and even in the preparation and completion of this study.

Special thanks go to all my friends especially Ken Mwiti for their moral support towards this study. To my wife who kept on constantly encouraging me and giving me a peaceful moment in continuing with this project, I say thank you.

Lastly but not least, to all my fellow colleagues and University of Nairobi Meru Extra Mural centre staff for closely motivating me throughout this study period.
TABLE OF CONTENTS

DECLARATION ......................................................................................................................... ii
DEDICATION .......................................................................................................................... iii
ACKNOWLEDGEMENTS .......................................................................................................... iv
TABLE OF CONTENTS ........................................................................................................... v
LIST OF TABLES .................................................................................................................... viii
LIST OF FIGURES .................................................................................................................. ix
ABBREVIATIONS AND ACRONYMS ................................................................................... x
ABSTRACT ............................................................................................................................. xi

CHAPTER ONE: INTRODUCTION ......................................................................................... 1
1.1 Background of the study ................................................................................................. 1
1.2 Statement of the Problem .............................................................................................. 2
1.3 Purpose of the Study ....................................................................................................... 4
1.4 Specific objectives ......................................................................................................... 4
1.5 Research Questions ........................................................................................................ 4
1.6 Significance of the Study .............................................................................................. 4
1.7 Delimitation of the Study ............................................................................................. 5
1.8 Limitations of the Study ............................................................................................... 5
1.9 Assumptions of the Study ............................................................................................ 6
1.10 Definition of Significant Terms .................................................................................. 6
1.11 Organization of the study ............................................................................................ 7

CHAPTER TWO: LITERATURE REVIEW ............................................................................. 8
2.1 Introduction ..................................................................................................................... 8
2.2 Historical perspective of street children ...................................................................... 8
2.3 Causes of street life ....................................................................................................... 10
   2.3.1 Family structure and influx of street children in urban areas ............................. 12
   2.3.2 Attraction to street life ......................................................................................... 12
   2.3.4 Family financial status and influx of street children in urban areas ............... 13
   2.3.5 Family size and influx of street children in urban areas .................................. 13
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4</td>
<td>Street children and drug and substance abuse</td>
<td>14</td>
</tr>
<tr>
<td>2.5</td>
<td>Rights and protection of street children and their influx in urban areas</td>
<td>15</td>
</tr>
<tr>
<td>2.6</td>
<td>Interventions undertaken to protect street children</td>
<td>17</td>
</tr>
<tr>
<td>2.7</td>
<td>Theoretical framework</td>
<td>19</td>
</tr>
<tr>
<td>2.7.1</td>
<td>Conflict Theory</td>
<td>19</td>
</tr>
<tr>
<td>2.7.2</td>
<td>Structural Functionalism Theory</td>
<td>20</td>
</tr>
<tr>
<td>2.8</td>
<td>Conceptual Framework</td>
<td>23</td>
</tr>
<tr>
<td>2.9</td>
<td>Summary of literature review</td>
<td>24</td>
</tr>
</tbody>
</table>

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY | 25 |
| 3.1 | Introduction | 25 |
| 3.2 | Research design | 25 |
| 3.3 | Target population | 25 |
| 3.4 | Sample and sampling procedures | 26 |
| 3.5 | Research instruments | 26 |
| 3.6 | Data collection procedure | 27 |
| 3.7 | Reliability and Validity | 27 |
| 3.7.1 | Reliability | 27 |
| 3.7.2 | Validity | 27 |
| 3.8 | Data analysis | 28 |
| 3.9 | Ethical Considerations | 28 |
| 3.10 | Operational Definition of Variables | 29 |

CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION | 31 |
| 4.1 | Introduction | 31 |
| 4.2 | Demographic characteristics of the Respondent | 31 |
| 4.2.1 | Age of Respondents | 31 |
| 4.2.2 | Gender of Respondents | 32 |
| 4.2.3 | Level of Education of Respondents | 33 |
| 4.2.4 | Residence of Street Children | 34 |
4.2.5 Persons with whom street Children live with................................................................. 34
4.2.6 Duration of Respondents in the Streets of Meru town ........................................ 35
4.3 Social economic factors that affect street children in Meru town ......................... 39
4.4 Street Children Interventions in Meru town ................................................................. 41
4.5 Challenges faced by street Children Service Providers ............................................. 43

CHAPTER FIVE: SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS
AND RECOMMENDATIONS ........................................................................................................... 45
5.1. Summary of findings ......................................................................................................... 45
5.2. Discussions ......................................................................................................................... 46
  5.2.1. Demographic Information and Problems................................................................. 46
  5.2.2. Socio Economic and Resources Problems .............................................................. 47
  5.2.3. Social Behavior and Socio – psychological Problems .............................................. 47
  5.2.4. Risk Behaviors and Drug use Problems ................................................................. 48
  5.2.5. Health and Awareness Problems .............................................................................. 48
5.3. Conclusion ......................................................................................................................... 49
5.4. Recommendations ............................................................................................................ 51
5.5. Suggestion for further studies .......................................................................................... 52

REFERENCES .................................................................................................................................. 53

APPENDICES .................................................................................................................................. 56
APPENDIX I: LETTER OF INTRODUCTION ............................................................................... 56
APPENDIX II: QUESTIONNAIRE ................................................................................................... 57
APPENDIX III: FOCUS GROUP DISCUSSION GUIDE FOR INSTITUTIONAL
SOCIAL WORKERS ..................................................................................................................... 61
APPENDIX IV: FOCUS GROUP DISCUSSION GUIDE FOR STREET CHILDREN ... 62
LIST OF TABLES

Table 3.1: Sample Size .................................................................................................................. 26
Table 3.2: Operational Definition of Variables ........................................................................... 29
Table 4.1: Age of Respondents .................................................................................................... 32
Table 4.2: Gender distribution among Respondents ................................................................. 32
Table 4.3: Level of Education among Respondents ................................................................. 33
Table 4.4: Residence of Street Children in Meru town ............................................................. 34
Table 4.5: Persons with whom street Children live with ........................................................... 35
Table 4.6: Duration of Respondents in the Streets of Meru town ........................................... 36
Table 4.7: Reasons that led children to the streets of Meru town ............................................ 36
Table 4.8: Economic activities undertaken by street children in Meru town ............................ 39
Table 4.9: Sicknesses Commonly Suffered by street children .................................................. 40
Table 4.10: Service Providers for Street Children ....................................................................... 42
Table 4.11: Services provided to Street Children in Meru town ............................................... 43
LIST OF FIGURES

Figure 1: Conceptual framework ........................................................................................................ 23
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>CDF</td>
<td>Constituency Development Fund</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>CWA</td>
<td>Child Welfare Association</td>
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<td>CWSK</td>
<td>Child Welfare Society of Kenya</td>
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<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>HIV</td>
<td>Human Immune Virus</td>
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<td>KNAPO</td>
<td>Kenya National Association of Probation Officers</td>
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<td>NGO</td>
<td>Non-Government Organizations</td>
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<td>PREDA</td>
<td>Peoples Recovery Empowerment Development Assistance</td>
</tr>
<tr>
<td>SAPs</td>
<td>Structural Adjustment Programmes</td>
</tr>
<tr>
<td>SOS</td>
<td>Save our Souls</td>
</tr>
<tr>
<td>STDs</td>
<td>Sexually Transmitted Infections</td>
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<td>TV</td>
<td>Television</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNCRC</td>
<td>United Nations Convection of Children’s Right</td>
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<td>UNICEF</td>
<td>United Nations International Children and Education Fund</td>
</tr>
<tr>
<td>UNODC</td>
<td>United Nations Office on Drug and Substance Abuse</td>
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<tr>
<td>WHO</td>
<td>World Health Organizations</td>
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</tbody>
</table>
ABSTRACT

This research project investigated the factors contributing to the influx of street children in urban areas with a case study of the street children projects in Meru town in Meru County. The purpose of the study was to assess the factors contributing to influx of street children in urban areas. This study was guided by four objectives; to investigate the contribution of family structure and size to the influx of street children in urban areas, to examine the contribution of interaction of town life to the influx of street children in urban areas, to establish social economic factors leading to the influx of street children in urban areas and lastly to establish the interventions adapted by the government and NGO’s in alleviating the influx of street children problem in urban areas. The study was conducted in Meru Town of Meru County. In this study descriptive research design which is appropriate for behavioral concept was used was used. A total of 90 respondents with 60 male and 30 females, 3 children institutions and 15 parents were used in the study. Data was collected using questionnaires and interview schedules. The study instrument used was questionnaire which was validated through preliminary pilot testing. The test-retest method was used to determine the reliability. Data collected was analyzed using inferential statistics with the help of Statistical Package for Social Sciences (SPSS). The analyzed data was presented in form of frequency tables. The study found out that majority of street children in this study was born in informal settlements within Meru town though 27.1 % of the respondents were living in their own homes they spent most of their time on the streets. According to data parents of 84.8 % children were responsible to push them to the streets while 15.3 % chose to live on streets at their own will. Data revealed that 38.5 % out of 85 street children engaged in work to earn their livelihood under supervision and 61.5 % have their activities without any supervision According to family status of respondents 3.0 % came from well of families, 55.5% belonged to poor families, 30.0 % hailed from lower middle class families, and 11.5% had very poor families. Majority of the children involved themselves in begging and accounted for 34.4 % along with begging, gambling, hawking and serving as parking boys. Collecting and selling scrap metals and plastics was also a favorable economic activity among the street children with 22.3 % indicating this as their occupation. Sexual activities are also one of the risk problems of street children. It was revealed that 36.3 % street children had sexual relationship and 63.8 % were not involved in sexual activities. Regarding harassment by police, county government officials and other adults, the response of 76.5 % street children was in affirmative while 23.5 % was negative. Regarding health, 36.0% street children had good health since last five years, 31.8 % were suffering from diseases since last five years, 29.5 % had weak health since last five years, and 2.8 % were healthy since last five years. The study has given recommendations to all stakeholders.
CHAPTER ONE
INTRODUCTION

1.1 Background of the study
UNICEF, (1996) says an estimated 100 million children worldwide live at least part of their
time on the streets. India has the highest number of street children with about 11 million
children staying and living in the streets. In 1975, there were 115 street children in Kenya
with an increment of 1,700 in 1990 and 150,000 in 1997. Currently Kenya has an average of
250,000 to 300,000 children living in the streets with many big towns and cities being
affected with Meru alone harboring over 1500 street children in total.

Despite of the ever increasing numbers of street children in the world, in Africa and in
Kenya, most people continue interpreting street children images in street begging, peddling,
stealing, substance abuse and street loitering. Most people only see millions of the poor,
helpless and abandoned children. Ironically, despite of these popular images of street
children, many see them as threats to the communities where they live. This is the result of
human neglect, spiritual paralysis, greed and political irresponsibility that allows and
exacerbates the entrenchment of poverty in an unjust social system. Due to poverty many
developing countries like Philippines, faces street children menace. Children’s homes and
rescue shelters for street children are urgently needed. Many charity organizations are
working day and night to ensure that enough children’s institutions are established.
Government through the ministry of gender, children and social services has started a
number rehabilitation centre’s to improve and cater for the rising number of children in our
streets. Despite of these government rehabilitation centre’s, receptive efforts by the street
children has become elusive with many of the street children not willing to stay in these
centre’s or running away from the already established homes.

Meru faces all the problems of urban areas like other parts of the world and all over Africa
street children being one of them. Unemployment and the slumping economy have caused
increased homelessness, especially among small children. The problem of homelessness is
compounded by the high incidence of HIV/AIDS related deaths has yielded many street
children with nobody to turn to. Too many families cannot provide sustenance for their
youngest members and the result is the existence of large numbers of orphans and other vulnerable children in the streets.

The number of street children in Meru like any other growing town in Kenya has not been spared by the adverse effects of street children. Their numbers keep on growing day by day with about 1000 children already in the streets of the towns and over 500 in rural areas. This has been escalated by the HIV/AIDS and drug and substance pandemics with many orphans left in the families turning to the streets for their daily survival. A study conducted in 2004, “Youth in Peril” states that alcohol and drug abuse in Kenya is widespread and is found throughout all social groups with street children not exempted. Breakdown of the indigenous communal living and the introduction of foreign cultural influences have accelerated the problem.

To cope with their day-to-day problems, some street children resort to unethical ways of survival with substance abuse and street scavenging taking the lead. Studies carried out in Egypt indicate that inhalants top the list of drugs consumed. Children sniff glue to deal with the hunger, pain and violence they are exposed to on the streets. Glue is preferred because it is cheap, its effects are long-lasting and its withdrawal symptoms are mild. Glue is usually consumed in groups or gangs. Many youngsters in the streets also consume tobacco, cannabis and over-the-counter drugs. They are generally unaware of or indifferent to the numerous risks connected to substance abuse.

The problems of street life are almost universal in each and every nation with developing countries facing more devastating effects than the developed nations. However various studies conducted in the two categories of nations clearly indicate similarities in the causes of street life.

1.2 Statement of the Problem

The challenge of poverty in our society has for many years left a big question in adequate care and support of our Kenyan children and other members of the family. This gradually has yielded an endless challenge of street children in many Kenya’s major towns. The
problem of street children in Kenya’s major cities and towns still remains a figment of everybody’s imagination.

A study conducted in Zambia by Timothy Bancroft- Hinchey, Pravda, August 2, 2002 shown that over one and half million children in Zambia live in the streets. AIDS orphans and victims of rural poverty, most live in the capital Lusaka, where they scratch a miserable living to the best of their ability, living within the law of the jungle. The smaller or younger boys are often beaten, robbed of money and food and sexually abused by the older or larger ones. A similar situation is found in the streets of Meru town with an estimate of over 1500 children living in the streets. The Meru County Government has initiated rehabilitation programmes to link up street children to children’s home and other rehabilitation centres but these efforts have been found futile with new children coming up to the streets and the linked street children finding their way back to the streets. The ever escalating numbers of street children wandering on the streets of the town leaves a big question to many businessmen and administrators. Most of these children slowly graduate to begging, pick-pocketing, drug trafficking, child prostitution, scavenging and lastly turning to be hard criminals. Available information tends to indicate that these children are either from poor or broken homes or are orphans (Wainaina, 1977; Wainaina, 1981). Fortunately, the problem in Kenya is not as severe as in other countries and can be arrested given commitment and proper planning and implementation of the laid plans (Onyango 1988).

Khamala (1985); mentions that the problem of street children at Kenya’s independence period was not anticipated and it was taken for granted that juvenile institutions inherited from the colonial days would solve their problem. To date the problem has surpassed this notion as masses of street children suddenly are taking over the streets in many urban areas with Meru Town being not spared. The efforts of many NGOs and government institutions have found it difficult to address the challenge. There is urgency in identifying alternative approaches to the street children phenomenon because the problem has implications not only to the child but also to the counties and the country at large. It is for this reason that the researcher wishes to investigate the factors contributing to the influx of street children in Meru town with a view of finding a workable solution towards this problem.
1.3 Purpose of the Study
The purpose of this study was to investigate the factors contributing to influx of street children in urban areas: A case of projects of street children in Meru town.

1.4 Specific objectives
The study focused on the following specific objectives

1. To examine the role of family structure to influx of street children in urban areas.
2. To assess how urbanization contributes to influx of street children in urban areas.
3. To establish social economic factors leading to the influx of street children in urban areas.
4. To establish the interventions adopted by the government and NGO’s in addressing street children problem children in urban areas.

1.5 Research Questions
This study project addressed the following questions.
1. How does family structure contribute to the influx of street children in urban areas of Meru town?
2. To what extent does urbanization contribute to the influx of street children in urban areas of Meru town?
3. How do economic factors contribute to the influx of street children in urban areas?
4. To what extent does the government and NGO’s activities address the alleviation street children menace in urban areas?

1.6 Significance of the Study
The challenges posed by street children cannot be ignored by any person in Kenya and beyond and this calls for rapid and responsive interventions. This response requires sound and correct interventions, good policy enactment and timely implementation of these policies. The call for proper intervention is thought to ease the urban problems especially those caused by the street child menace.
The researcher also believes that this study may benefit many city and county authorities in positively dealing with street children. Top management in the ministry of Gender, Culture, Youth and Social services may use the findings to address the street children’s menace. The children’s department may benefit from this study through proper understanding of children’s problems and strategic ways of addressing street children concerns. Many CSO’s and child care Centre’s may use the recommendations of this study in understanding clearly the behavior and, practice of street children in their institutions. It’s my hope that the findings and recommendations may also be of benefit to the government, other researchers, parents and other researchers especially those targeting to study street children in other urban areas.

1.7 Delimitation of the Study
The study is set on the flat form that most of the target population is living within the streets of the town with minimal migratory pattern in view of unique life demands. A portion of the target population is characterized by town – village life which may make it difficult to fully and successfully undertake the study. Children’s institution, care centre’s and rehabilitation homes within Meru are few which may make study area and population limiting.

1.8 Limitations of the Study
The period allocated for the study was limited since the research was be conducted within a short period of time and at the same time the researcher is on full time job leaving only few hours of study per day. The migratory patterns of the target populations in search of livelihood may also affect the study as in their availability and soberness to responding to study questions thus making the process limited. The soberness of respondents in this study is a big challenge with a sizeable population not being able to make very good decisions. It’s my hope that these challenges will be addressed through innovative and creative mechanisms towards making this study a success.
1.9 Assumptions of the Study
The assumptions of the study include: the sample represents the population; the data collection instrument had validity and measured the desired constructs; the respondents were cooperate and to answer questions correctly and truthfully. These assumptions clearly gave way to strengthening the limitations anticipated above.

1.10 Definition of Significant Terms
For the purposes of this study, the following terms will assume the meanings expressed below:

**Child of the streets** is that child that actually lives on the streets.

**Child on the streets** is that child that lives on the streets but occasionally visits his or her family

**Child** refers to any person under the age of 18 years unless the laws of the country state that maturity is attained at an earlier age.

**Family** refers to a social unit with related people either by blood or marriage where children are brought up

**Family structure** is the composition and organization of family according to roles, rules, power and hierarchy

**Financial status** is the ability of the family to support its budget usually in terms of how much money or income that it has within a particular period of time

**Street family** refers to families set in the streets or those that live on the streets.

**Urban area** refers to a geographical area constituting of a city or a town
1.11 Organization of the study

The study is organized in five chapters with each of the chapters leading progressively to the attainment of research goal. Chapter one deals with the statement of the problem, the purpose of study, research objectives, research questions, the significance of study, assumptions, limitations, and delimitations, definition of significant terms as well as significance of study. Chapter two tackles literature review and chapter three deals with research methodology. Chapter four covers data analysis, presentation and interpretation of the analysis and lastly chapter five gives a summary the entire study, research findings and conclusions of the study It also comprises of the recommendations given by the researcher and the suggested areas of further research.
CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction
This chapter examines literature categories that are directly or indirectly related to the study. First the chapter analyses and explores historical perspectives of street children and the emergence of street children in Kenya and developing countries. The chapter continues to examine the causes of street children especially in urban areas, analyses the children’s Act and other policy documents on children and lastly looks at the interventions by the community, CSOs and the government in response to street children plight.

2.2 Historical perspective of street children
Street children has been defined in various ways depending with the nature of lifestyle lived by these children. According to Glauser (1990): Ermu(1981): Mwaura (2002): ‘Street children’ is increasingly recognized by sociologists and anthropologists to be a socially constructed category that in reality does not form a clearly defined, homogeneous population or phenomenon.

Amnesty international (1991) has categorized street children into two main categories in efforts to define them: First, Children on the streets as those engaged in some kind of economics activity ranging from begging to vend with most of them going home at the end of the day and they contribute to their family earnings. Because of the economic fragility of the families: these children may eventually opt for a permanent life on the streets. Secondly, Children of the streets who actually live on the streets (or outside a normal family environment). Here family ties may exist but are tenuous and are maintained only casually or occasionally. UNICEF (1998) defines ‘street children’ as a concept of boys and girls aged under 18 for whom ‘the street’ (including unoccupied dwellings and wastelands) has become home and a source of livelihood, and who are inadequately protected or supervised. This definition has reduced the contention in the many definitions held by various authors, practitioners and policy makers who have for many years raised questions on the true definition of a street child.
Wangenge G. Ouma (2004): shares the Amnesty international definition in his categorization as to include: “children of the streets” and “children of the streets” with the former being those who work in the streets by day and return home at night, while the latter as those who live full time on the streets and sleep there at night. He continues to say that genuine children of the streets are; either orphans or those abandoned by their parents. According to WHO (1990) Street child may be a ‘Child of the streets’, has no home but the streets. The family may have abandoned him or her or may have no family members left alive. Such a child has to struggle for survival and might move from friend to friend, or live in shelters such as abandoned buildings.

A “Child on the street”, is visiting his or her family regularly. The child might even return every night to sleep at home, but spends most days and some nights on the street because of poverty, overcrowding, sexual or physical abuse at home. A part of a street family: Some children live on the sidewalks or city squares with the rest of their families. Families displaced due to poverty, natural disasters, or wars may be forced to live on the streets. They move their possessions from place to place when necessary. Basically street children from the definitions explained above share the similar views as to those on the streets and those children of the streets. A very close definition has also been given by Cradle and The Undugu Society of Kenya the two organizations working to improve the life of children and youth in Kenya. The two categorize Kenyan street children into four main categories as below:

Some children who work and live on the street full-time, living in groups in temporary shelters or in dark places, corridors or dark alleys. The second category is children who work on the streets by day but go home to their families in the evenings. Many of the street children in the country fall in this category. The third category is children who are on the streets occasionally, such as in the evenings, weekends, and during school holidays. The fourth category is known as “street families”, children whose parents are also on the streets.
The history of the street children is not a new phenomenon. In Tsarist Russia, 17th century sources described destitute youths roaming in the streets and the phenomenon survived every attempt at eradication thereafter. In 1848, Lord Ashley referred to more than 30,000 naked, filthy, roaming lawlessness and deserted children in and around London. By 1922, at least 7 million children in Russia as result of nearly a decade of devastation of war and the Russian civil war. These children formed gangs and engaged in petty theft and prostitution.

Prior to the coming of Europeans African communities were strongly interwoven together. There was no welfare institutions like orphanages and children’s home but the social structure of the society had a strong system of taking care of all children and the other members of the society who were in need. With the coming of the white man’s cash economy, the strong social fabric has slowly broken and gradually children with no care are increasing day by day.

The de-stabilization of the colonial impact also led to many children left stranded through neglect, disease, death and poverty. Relating to the colonial ties, Kenya has been facing a severe and chronic and disturbing moments of street children with approximately 300,000 of ages five to seventeen living and working in the streets.

2.3 Causes of street life
According to WHO(1990): Factors responsible for street life are many and varies with individuals and different environments. They range from economic stability of families, poverty, armed conflict, family breakdowns, natural and manmade disasters, famine, physical and sexual abuse, exploitation by adults as in child labor, dislocation though migrations, urbanization and overcrowding, disowning and the effects of HIV and AIDS. In Kenya studies that have been done shows that most children take to the streets because of the poor relations at home, leading to frustrations: overcrowding at homes, search for employment as there is no money to proceed with education; others are influenced by their parents to go into the streets in search of government support making street life a preference (Wainaina, 1981; 1986; Dalape, 1987).
Due to poverty at home the assumption that the rich in urban areas will offer jobs has also made children of poor families end up in towns in search for a more satisfying lifestyle. Others are said to prefer street life to family life because of poor relations in their families. Some find their homes both materially and morally depriving. For example, their parents brew *chang’aa*, abuse alcohol and welcome as many boyfriends as possible. Thus, some children opt for street life because of their dislike of what goes on in their homes (Wainaina, 1981).

In many informal settlements or the slums the above lifestyle is evident and many of the children from these homes form quite a big % ages of street children, good examples can be seen from the slums of Meru town where many parents brew *changaa*, abuse alcohol and other drugs making their children feel neglected in many life care situations or typically neglecting their children.

*Miraa* or Khat has also been known to attract many children to the streets. Most of the boys from *Miraa* producing areas have left schools to work in *Miraa* plantations as laborers and this consequently ends up making these children street children. They earn quick money from the wages paid from harvesting *Miraa* and hence they get this cash these children hardly return home but spend the rest of the day in the streets only to return home at night. This problem has also seen many of these children getting entrapped into alcohol taking and in particular the cheap industrial spirits.

The escalating trends in drug and substance abuse by street children within Meru has drawn attention to many business men, community members and government officers and for this reason rehabilitation and corrective measures to arrest the situation requires to be taken by all in efforts to stop the menace. As these children get involved in drug menace other social evils relating to the problem keep on emerging. In summary specific certain push and pull factors are attributed to street life and these includes:
2.3.1 Family structure and influx of street children in urban areas

The interference of family structure through the processes of industrialization, urbanization and modernization has adversely weakened the family institution. More focus has gone to individual parenting and this has continued to weaken the strong interwoven ties within the traditional and today’s family. The family structure in the pre colonial period existed as a solid unit of social structure which served not only the social function, but was also key in perpetuation, economic development and survival of culture (Erlbaum 2005).

The rapid urbanization and modernization of family patterns of family formations and family life has continued to undergo considerable changes, altering the composition and structure of families. Single parenthood or children born out of wedlock and step parenting has greatly contributed to the influx of children to the streets. The collective efforts in caring and protecting children are not found in such families leaving children at the centre of their own care and protection which leave many children with no alternative home.

According to African Network for the prevention and protection against child abuse and neglect publication (1991) family structure and parental background contributes a lot to street children migrating to urban areas. This is attributed to separated families, parental conflicts, widow-widower situations, step-parenting, orphaned children; children born out of wedlock and very poor families forcing children live in hash conditions or run away to the streets in search for better life. Many of the children living today in the streets are a consequence of family related problems which are as a result of a weak family structure.

2.3.2 Attraction to street life

Through peer influences children from the same social background or from a similar environmental set up usually influence each other to the streets and especially those living in informal settlement areas or the slums. Once these children get to the streets they involve themselves in various activities which include begging, carrying luggage, clearing business premises and vehicles, collecting waste papers, plastics and old metals, gambling, loading and offloading vehicles, petty thefts and violent robbery (Kariuki, 1989).
A number of street children are attracted to the streets because of neglect and maltreatment by their parents who are addicted to drugs. A report by the Undugu society (2011) shows that children move to the streets in response to a variety of social problems which render the home or family environment hostile and non-conducive to the needs of children. (NACADA, 2011) presents that drug abuse by street children are a reflection of what is happening and being experienced in the larger society. The same study also revealed that parents who abuse drugs provide a fertile ground for potential street children in their families. Thus from this study there is a strong argument that substance abuse at family level leads to child abuse and neglect that in turn facilitates children influx to the streets.

Hand-outs and special offers in terms of food, material and service support from peers may attract children especially those from poor families to the streets and drugs. Children from well to do families also may be attracted by specific offers from their peers and thus get hooked to drug and substance abuses. Wainana, J (1981) argues that the attraction by peer groupings and supports force them seek alternative life in the streets where there are no restrictions from parents and schooling.

2.3.4 Family financial status and influx of street children in urban areas
This result either from poverty at family level forcing the child out of school due to lack of fees or from or escaping shame and humiliation by peers. Some teachers pose as threats to some children especially those of compromising discipline and force these children feel threatened at school and home and eventually making them run to the streets. Poor performance in class is also attributed to the financial status of the family and has been known to scare away some children away from school especially those of economically challenged backgrounds. Constant call for a child to repeat a specific class has also led many children dropping out of school and consequently engaging in drugs (UNESCO, 1994).

2.3.5 Family size and influx of street children in urban areas
Alongside mistreatment and abuse by parents and fellow siblings, family size has been identified as one of the factors pushing away children from home. Some girls have left home owing sexual abuse whereas boys are physically beaten by parents (UNICEF, 1998).
From the very basic family unit many children get to experimentation to drugs and substances just like what their parents do. In households where local brewing is carried out, it becomes difficult to stop children from engaging in drugs. Likewise in environments where drugs are available children cannot miss out on using drugs. Most of the street children are also agents of drug traffickers and on the process they end up using drugs. Cheap industrial spirits, glue (dendrite) and tobacco products are easily available at the counter thus making them accessible to many. Consequently in search of freedom many children end up in the streets.

2.4 Street children and drug and substance abuse
Numerous children in Kenya are selling and using drugs. A drug abusing children and youth are victims of foreign influence and the loss of communal living. The consequences of urbanization and westernization have greatly eroded the strong society culture leaving behind a culture of neglect and irresponsibility on the part of the children most parents. Media influences has also gotten to redefine many current lifestyles as many tend to copy and practice a lot what they see and hear on TV and radio programmes.

NACADA (2011) report showed that drug and substance abuse among youth and children of ages 10 – 24 years showed that drug and substance abuse is rampant among them with majority abusing alcohol and tobacco. The report also showed that drug abuse is a growing social problem in all parts of Kenya.

The Kenya National Association of Probation Officers (KNAPO) reports that children as young as eight years old are using drugs to peer pressure and curiosity. Kenyan probation officers state that youth abusing drugs to fit in, feel older and it’s what they see happening in their homes. Many probation officers fear that for countless children, addiction may be only one puff away. These drugs are readily available because of foreign influences in their towns and cities.
Psychosocial studies carried out indicate that up to 25% of children with an alcoholic parent will develop alcohol abuse and dependence (Basangwa et al 2006). The study shows that the prevalence of alcoholism among individuals with alcoholic parents or siblings is two and half times that of the general population.

Drug use by youth implies a breakdown of family values earlier evident in the indigenous society and, as a result, many parents have lost control over their children. The frequency, as well as the type of substance abuse, varies from province to province. When it comes to alcohol, the prevalence among students is highest in Western Province at 43.3 %. In the Western Province, the town of Kisumu is plagued with substance abuse among youth. Drug Abuse in Kisumu Town in 2009 for the Child Welfare Association and in particular studied nine random schools in Kisumu. Their findings included that students who have other family members using drugs experimented with drugs. It also showed that those children from lower income families used drugs more frequently. Other findings from the Child Welfare Association (CWA) study revealed that one in every 15 Kenyan students is abusing drugs or alcohol (Otieno, 2009).

The findings also revealed that a large number of children have been exposed to tobacco, miraa (khat), glue sniffing, marijuana and even heroin and cocaine. Twenty-two % of secondary students use drugs and males in particular use miraa (Khat) and inhalants. These narrations and reports clearly depict the magnitude with which drug and substance abuse get easily to the hands of the street children in all parts of the Kenyan towns and other urban areas. In Meru Town almost every street child is using and abusing drugs and this relates also to stories mentioned above. In Meru town the most commonly abused drugs and substances includes, glue, petrol, alcohol and industrial, bhang and tobacco.

2.5 Rights and protection of street children and their influx in urban areas
Kenyan laws on children are very clear and they do provide for the child rights and child protection. They include: The Kenyan Constitution (2011), Chapter five of the Kenyan constitution contains the Bill of Rights, which offers protection for the safeguards of the individual rights and freedoms for every Kenyan. They include the right to association,
movement secure protection of the law, religion, and conscience and right to life. The constitution however does not have the rights of children explicitly spelt out and this brings a gap in the protection and care of the street children.

The penal code (Cap 63, Laws of Kenya) protects children in that acts and omissions, which amount to child abuse, are classified as punishable offences. They include; Sexual abuse which includes rape, defilement, indecent assault, incest and unnatural offences. Physical abuse which includes common assault, assault occasioning actual bodily harm and grievous bodily harm. Other offences punishable in efforts to protect the lives of children include concealment of birth, killing of the unborn, and abortion. Employment Act (Cap 226, Laws of Kenya), this provides for the minimum age at which the child can be involved in industrial undertakings except only in cases for internship or training. It also outlines children employment rules which provides for the protection of children at work.

Children’s Act (Cap 586 Laws of Kenya), this enhances and provides for the rights and welfare of the children in Kenya. As revised in the Children’s Act (2001), it clearly stipulates the rights and welfare of the children at all levels of age and environments as provided for in the UNCRC. Children’s rights are mentioned in later pages and these rights are practiced underlying the best interest principles. It states that, “In all concerning children, whether undertaken by public or private social welfare institutions, courts or legislative bodies, the best interest of children shall be a primary consideration”. These amongst other regional, continental and global documents have been used strongly to protect our Kenyan child regardless of the social class, economic status or cultural affiliations.

United Nations Convention on the Rights of the Child adopted by the United Nations General Assembly in (1989) outlines the basic rights of children and the responsibilities of the governments to protect children. Street children have the same rights as other children and the same laws should apply to them. A summary of the convection is summarized below:
A child is defined as being a person under the age of 18 unless laws of a country state that maturity is attained at an earlier age. It continues to state that all rights apply to all children without exception. The state must not violate any right, and must take positive action against any violence. All actions concerning children should consider their best interests. The state is to provide adequate care when parents or others fail to do so. Every child has the inherent right to life, and the state has the obligation to ensure the child’s survival and development, right to the highest level of health possible, and to access health and medical services, right to education, and the state has the duty to ensure that primary education is made free and compulsory. It also states clearly that the state should protect children from engaging in work that constitutes a threat to their health, education or development, set minimum wages for employment, and regulates conditions for employment. The convention also clarifies further that no child should be subjected to torture, cruelty, punishment, life imprisonment or unlawful arrest. The state should lay down the principles for appropriate treatment, separation from detained adults, and contact with family and access to legal assistance.

On protection from drugs and substance abuse it states that, every child should be protected from narcotic and psychotropic drug use, and from being involved in its production and distribution. Finally the law states that state has the obligation to ensure that the child victims of armed conflicts, torture, neglect, maltreatment or exploitation receive appropriate treatment for their recover and social reintegration. Many of these rights especially in relation to street children are ignored by many governments with Kenya not an exception thus making the situation worsen as days pass by. Proper interventions and commitment by government and local authorities need to address, protect and reduce the street Children problems.

2.6 Interventions undertaken to protect street children

The rights of street children are often ignored by governments even though nearly all of the world’s governments have ratified the UN Convention on the Rights of the Child. Governments are often embarrassed by street children and may blame parents or neighboring countries. Non-Governmental Organizations (NGOs) may also be blamed for
encouraging children to live in the streets by making street life more bearable or attractive through the services they provide.

When governments implement programs to deal with street children these generally involve placing the children in orphanages, juvenile homes or correctional institutes. However, some children are in the streets because they have fled from such institutions and some governments prefer to support or work in partnership with NGO programs. Governments sometimes institute *roundups* when they remove all the children from city streets and deposit them elsewhere or incarcerate them. In the most extreme cases, governments and civil society organizations tactically accept or participate in social adjustment programmers that help street children. Special groups are facilitated by some organizations help street children organize themselves for self-protection and help. Some have been successful. They feed each other, run for help to organizations like PREDA in emergencies, bring medical help and in the past have even made collections to pay extortion money to police to release their group members.

The Child Welfare Society of Kenya was set up to care for, discipline and protect needy children between the ages of birth and 16 years. Currently, the organizations serve 39,234 needy children in about 10,182 families country-wide. The target group for this organization includes orphans, abandoned children, children abused by parents/guardians, emotionally disturbed children, neglected children and truant children. The organization for many years has promoted the lives of vulnerable especially with the vital needs in life as to food, clothing, shelter, education and medical care.

Sponsoring the education of poor children in their natural homes is the major thrust of CWSK activities. Other services to poor children include adoption and fostering as well as assisting needy children and their families with food and clothing. The sponsorship of education has recently been extended to cover 46 street boys in CWSK Meru Branch. Several other institutions including Christian Children’s Fund, SoS Children’s Home, Action Aid Kenya, Disciples of Mercy have been key in promoting and protection the street children all over the country.
2.7 Theoretical framework

The study will adopt conflict theory and structural functionalism theory in efforts to explain and discuss the problem of street children.

2.7.1 Conflict Theory

According to Ritzer (2000) the conflict perspective considers how society is held together by power and coercion for the benefit of those in power. In this view, social problems emerge from the continuing conflict between groups in the society—based on social class, gender, ethnicity/race—and in the conflict, the powerful groups usually win. This perspective offers no easy solutions to social problems. There could be a total overhaul of the system, but that is unlikely to happen. We could reform parts of the structure, but those in power would retain their control. The biggest social problem from this perspective is the system itself and the inequality it creates.

It has been well documented that street children more often than not are bound to come into conflict with the security forces and the law. He says that it is imperative to bear in mind, that street children usually come from the poorest families in the society and often from indigenous minority or low-class groups, and second, once on the streets, many children engage in risky, often illegal, behaviour in order to carry on including begging, loitering, thievery and sex working (Pinheiro, 2006).

Analyzing conflict theory with regard to street children problem and the negligence of those in power in addressing this issue is evident in the lack of will to develop long term structures to assist street children challenges. A good example in this perspective can be seen in the colonial Kenya; where street families in the urban areas were forcefully relocated from urban areas to outskirts of the city which gave birth to the development of informal settlements or the slums. This has led to the designing of short term interventions and programmes which are rather silent of the underlying causes of the street children influx in urban areas.
Nowrojee (1990) espouses the conflict perspective by noting that civil unrests dating from the Mau Mau struggle for independence has been connected to the origins of Kenyan street children. Ethnic tensions have led to conflicts that have contributed to destruction of property, livelihoods and to loss of life. During the 2007/2008 post election Violence (PEV) families in the major towns and cities in the country were displaced from their homes exposing them to hunger, vagaries of weather and health risks. Despite calls to resettle them, there has been poor coordination and implementation of these efforts by the government with majority of families still living in makeshift camps. This has been cited as one of the factors in favour of street children escalation.

Conflict theory and the street children phenomena can also be discussed from the point of view of the local business community’s worries about the safety of urban streets which stands paramount. Dahrendorf (1959) explains that conflict of interest is inherent in any relationship because those in powerful positions will always seek to maintain their dominance. Contemporary conflict theorists have argued that conflict emerges from other social bases, such as values, resources, and interests. Mills (1959; 2000) argued the existence of a “power elite,” a small group of political, business, and military leaders who control our society. As such those with resources (businessmen) in urban areas are more interested in the relocation of street children from their business pavements and streets in colonial Kenya (Droz, 2006).

Conflict theorists also argue that the powerful sections of society also benefit by maintaining the status quo. For instance there has been an increase in the number of NGOs operating street children interventions; however this increase has had little or no significant decrease in the number of street children in urban areas. As such there has been growing financial and political leverage of NGOs interfering in local affairs in the name of street children’s rights is looked upon with suspicion.

2.7.2 Structural Functionalism Theory
Structural – functionalism is a sociological perspective that originally attempted to explain social institutions as collective means to meet individual biological needs (originally just
functionalism). Later it came to focus on the ways social institutions meet social needs (structural-functionalism). The structural-functionalist theory sees society as a complex system whose parts work together to promote solidarity and stability; it states that our social lives are guided by social structure, which are relatively stable patterns of social behaviour (Macionis, 1997). There are two major classifications of sociological perspectives as either macro-theory or micro-theory. Micro-theory deals with the issue of social life among individuals and small groups while macro-theory includes struggle between economic classes in a society and the interrelations among major institutions in the society, such as government, religion and the family. These perspectives were applied in the study.

A social institution is an interrelated system of social roles and social norms, organized around the satisfaction of an important social need or social function. Each institution performs two types of social function. These are: (a) primary functions, which are also called manifest, explicit, or direct functions; and (b) secondary functions, which are also called indirect, hidden, or latent functions. Through these functions, social institutions fulfill important needs in the society. The primary (functional) role of the family to society is to reproduce or recreate itself through the family. Children are born in the family to join the society. Parents play the roles of nurturing, caring for, teaching and training children; children are expected to play the roles of good and teachable trainees. However, institutions also have dysfunctional roles and the family is no exception. The breaking up of families has resulted into the disintegration of the unit in contemporary society. Children are neglected, abused or exploited in their families and this has been linked to the rise in the number of street children.

Edgerton (1989) hypothesized that during independence the Kikuyu family was changed more than were the families of other tribes. This is because many Kikuyu men were incarcerated as a result of fighting against colonialism. This led to an increase in kikuyu street children as their families disintegrated due to the inability of their mothers to provide for the family. The PEV in Kenya also led to the emergence or increase of street children in areas where there was a large number of displaced persons. Families were separated at the height of violence or were left with no source of livelihoods which in turn made children
move to town streets in search of ‘better’ opportunities perceived to be available in urban areas.

In modern society street children have cited family issues as the reason for their movement into the streets. For instance, in countries as diverse as Bangladesh and the UK, children, service providers and researchers point to family violence as a key factor pushing children onto the streets. Recent research in Bangladesh found; moves to the street are closely associated with violence to, and abuse of, children within the household and local community (Conticini & Hulme, 2006). In the UK, family conflicts and problems at home were found to be the most common factors leading to an under 16-year-olds decision to run away and/or live on the streets (Downing-Orr, 1999; Rees & Lee, 2005; Smeaton, 2005). Nthiga (1999) notes that Kenya had one of the highest percent of abused children in the world, with over 40% of children admitting to suffering one form of abuse or another. In order to address the street children challenges there is a need to address the underlying structural factors which are mostly at the family level. From the family intervention we can then focus on the other major social institutions; economic, polity and law, religious and educational institutions.

Peter A. Kopoka (2000) says that the world and Africa in particular is witnessing a rapid and wide ranging socio-economic and political change. He argues that there is rapid urbanization, run-away population growth and increasingly disparities in wealth. The introduction of structural Adjustment programmes (SAPS) and globalization are changing the very strong fabric of the African societies. The fruit of this has been the emergence of children on the streets and engagement in drug and substance abuse often perceived by the society as trouble makers and a nuisance that requires immediate interventions of the society which supports the two theories cited above.
2.8 Conceptual Framework

**Independent variables**

- **Family structure and size**
  - Family breakdown and violence
  - Number of children / Crowding of children
  - Parents’ marriage status

- **Attraction to town life**
  - Peer pressure
  - Drug abuse
  - Search for jobs

- **Family Social Economic status**
  - Parents’ monthly income
  - Parents’ providence of basic needs

- **Government and NGO interventions**
  - Rescue Centre’s and programmes
  - Number of drop-in centres
  - No of Social welfare centres
  - Rehabilitation homes

**Dependent variable**

- **Intervening variable**
  - Child’s psychological factors

**Influx of street children in urban areas**

- Number of street children
- Rate of increase of street children in the past two years
- Gender distribution of street children

Figure 1: Conceptual Framework
Figure 1 shows the relationship between research variables. The dependent variables is the influx of street children in urban areas, while the independent variable is the driving forces to street life comprising of family structure, attraction to street life, family financial status as well as family size. The intervening variable is child psychological factors. Based on the literature review, the researcher developed a conceptual framework that was used to examine the relationship between factors that influence influx of street children to urban areas and on the other hand their stay in the street. In this framework, factors influencing the influx of street children are independent variables while the number of street children on the street on the other hand is the dependent variable. The study sought to answer research questions earlier articulated in the research proposal. In addition, it attempted to bridge the research gap by providing a basis for a thorough and insightful discernment of these factors and their influence to influx of street children in the street. This is in respect to theoretical framework and research work of other scholars, instances which have been earlier cited in this document.

2.9 Summary of literature review

From the above literature review, it is clear that the influx of street children in urban areas requires an urgent attention. There is need to reveal the contributing factors of street children influx in urban areas. Past studies have not shown clearly how these factors contribute to the challenges facing street children. It is in the interest of this gap that the current study will fill the gap by investigating the factors contributing to the influx of street children in Meru municipality.
CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter describes the research methodology that this study was used. It discusses the design, target population, sample and sampling procedures, study instruments, data collection and data analysis.

3.2 Research design

In this study descriptive research design was used. Descriptive research is the process of collecting data in order to test hypothesis or to answer questions concerning the current status of the subject under study. Descriptive research was used to elicit street children and youth perceptions to substance abuse, prevention strategies and cessation strategies and to identify factors that may assist or hinder quitting/stopping (Mugenda & Mugenda, 1999).

The research utilized FGDs for qualitative inquiry and a cross sectional surveys through administering questionnaires on (KAPB) knowledge, Attitude, Practice and behavior model. This approach will help the researcher understand street children’s influx to urban areas and their contributing factors.

3.3 Target population

The target population of this study was street children families living in Meru Municipality. A total of 270 street children formed part of the population with only 30% inclusion in the actual study. A population representative of the entire population which is easily accessible with good knowledge of the study subject was involved in the study. Street children rehabilitation institutions and 15 parents within the study area formed a stable base of participant involvement which was expected to bring out a true representation of the target population in the study. Street children and youth were eligible in the research especially those of ages 10 to 20 years especially those not currently enrolled in learning institutions; although a few institution’s where some of these children school were also be factored in.
3.4 Sample and sampling procedures
A convenience sampling technique was applied in this study and most of the target population is haphazardly located. Incidental or accessibility sampling was utilized in selection of the key respondents. The researcher went to all places in the town where street children are known to live or live in high concentrate and interviewed children found there.

The researcher also requested children found and interviewed to bring their friends for the interview. Children in specific work places and rehabilitation centre’s were interviewed at their institutions alongside their guardians or house keepers.

The study as mentioned above focused on 90 street children living within Meru Municipality both in with a comparison to those already enrolled in various institutions surrounding the town. Interview guides were of importance owing the type of the target population to be included in the study.

Where time allows, a researcher should take a big sample as possible (Mugenda & Mugenda, 1999). With a large sample, the researcher is confident that if another sample of the same size were to be selected, findings from the two samples would be similar to a high degree. The research used random sampling with respondents selected randomly from every street grouping. Close correlation between the independent and the dependent variables were key thing during sampling to make the study as inclusive as possible.

Table 3.1 Sample Size
Street children sample size table:

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>60</td>
<td>25</td>
<td>85</td>
</tr>
</tbody>
</table>

3.5 Research instruments
The structured questionnaire was used to collect quantitative data. A self-completion questionnaire with closed ended question was developed. In addition to questionnaires focus group discussions were conducted with children in orphanages and rehabilitation centers
within the area. Documentary analysis and interview schedules with organized children’s homes and orphan centre’s was also be applied in formal settings where high organized groups of street children groupings environments.

3.6 Data collection procedure
This study used quantitative data. Data was collected using a respondent administered questionnaire as most of the population is illiterate and not experienced and conversant with the issues of study. A letter of introduction was attached to all distributed questionnaires explaining the purpose and need of research especially in areas where the researcher was not able to reach.

3.7 Reliability and Validity

3.7.1 Reliability
Bryman and Bell (2003) suggested that a multiple-item measure in which each answer to each questions are aggregated to form an overall score, we need to be sure that all our indicators are related to each other. According to Kombo (2006) reliability measures the consistency of the results within a given study. The reliability of the test is the answer to the problem. To increase the reliability of the data collected, the researcher employed test-retest technique in which the instrument was administered twice to the same subject. The pilot test of the instrument was done on one of the groups to ensure that desired data or results are obtained.

3.7.2 Validity
Validity is defined as how much any measuring instrument measures what it is intended to measure. Bryman and Bell (2003) also suggested that the important issue of measurement validity relates to whether a measure of concepts really measures the concept. “Validity refers to the issue of whether an indicator (or set of indicators) that are devised to gauge a concept really measures that concept” in this research construct validity will be used. Kombo (2006) argues that validity is a test to measure how well a test measures what is supposed to measure. The data for pretesting was collected from five respondents from Makutano area with similar characteristics as the study sample but were not be included in the final sample. The result was used to improve the instrument as well as the efficiency of
the researcher in asking questions. Pre-testing is done to test for validity and reliability of
the tools. Pre-testing is also done to improve the familiarity of the researcher with the
instrument to be used on data collection. (Panneerselvam, R. 2008).

3.8 Data analysis
As mentioned above data was analyzed descriptively and numerically as most of the
collected data was quantitative in nature. The analysis looked at the degree of relationship
between variables clearly depicting the correlation effect. Data captured or gotten was then
translated in English and thematic content analysis was conducted and data arranged
according to themes and patterns that emerged during date collection period.

3.9 Ethical Considerations
Permission to carry out the research was sought from the relevant authorities before the
study is initiated. The respondents were made aware of the objectives and the general
overview of the study. The respondents were also made aware that participation in the study
did not warrant them any gifts, monetary or otherwise. However, they were informed that
the research findings will be used by the stakeholders and policy makers for the betterment
of the education system. Their informed consent was sought by appending a signature in the
respondent consent.
### 3.10 Operational Definition of Variables

**Table 3.2: Operational Definition of Variables**

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Types of Variables</th>
<th>Indicators</th>
<th>Method of data collection</th>
<th>Data Analysis Technique</th>
</tr>
</thead>
</table>
| 1. To examine the role of family structure to influx of street children in urban areas. | **Independent variable:** Family structure  
**Dependent variable:** Rate of increase of street children in the past two years | Funding source  
Sustainable funding | Questionnaire  
Questionnaire | Percentages |
| 2. To assess how urbanization contributes to influx of street children in urban areas. | **Independent Variable:** Attraction to town life  
**Dependent Variable:** Number of street children | Network of resource sharing  
Questionnaire | Questionnaire  
Percentages |
| 3. To establish social economic factors leading to the influx of street children in urban areas. | **Independent Variable:** Family social economic status  
**Dependent variable:** Sustainability of street children in the street | Financial sustainability  
Questionnaire | Questionnaire  
Percentages |
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Types of Variables</th>
<th>Indicators</th>
<th>Method of data collection</th>
<th>Data Analysis Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. To establish the interventions adopted by the government and NGO’s in addressing street children problem children in urban areas.</td>
<td><strong>Independent Variable:</strong> Government and NGO’s interventions</td>
<td>Government and NGO’s participation</td>
<td>Questionnaire</td>
<td>Percentages</td>
</tr>
<tr>
<td></td>
<td><strong>Dependent variable:</strong> Sustainability of street children rehabilitation program managed by government and NGOs</td>
<td></td>
<td>Questionnaire</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER FOUR
DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction
This section presents the data and subsequent analysis and interpretation of key variables derived from the study. The data is presented through charts, figures and tables. As earlier mentioned, these data were generated from the completed questionnaires from street children within Meru municipality. The Focus Group Discussions with 15 social workers from Non –Governmental Organizations working with street children in Meru town and key informant interviews with Government agencies namely; The District Children Officer Imenti North Sub County and Municipal Officers from department of Social Services were additional sources of data in this study.

4.2 Demographic characteristics of the Respondent
The socio demographic characteristics indicated in the table 4.1 shows that the majority of the respondents (70.6%) males (28.2%) females.

4.2.1 Age of Respondents
With regard to the age variable, children between the ages of 6 – 10 years were 25.0 %. Respondents between the ages of 11 – 15 were 52.8 % and 28.2 % were between the ages of 16 – 18 as shown in Table 4.1 below. At the end of the day, the ages of the children were bound to be subjective based on what they believed their ages were since we had no objective way of verifying Children’s ages. The Study indicates that 80 % of the children fall within the age bracket of (11-15). The highest concentration of the children is found between the age ranges of 12 – 14 years which is represented by 64.3% and these findings agree with the findings (Suda, 1995).
Table 4.1: Age of Respondents

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Frequency</th>
<th>%age</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 - 10 years</td>
<td>22</td>
<td>25.8</td>
</tr>
<tr>
<td>11 – 15</td>
<td>46</td>
<td>54.2</td>
</tr>
<tr>
<td>16 – 18</td>
<td>17</td>
<td>20.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>85</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 4.1 shows the ages of respondents, disaggregating the age data to gender, the study found that there were more females between ages 6–10 representing 21.4 % with 20.0 % represented male. Those between ages 11 – 15 were boys with 50.0 % compared to 42.8 % for girls. The study also established that there were more girls between ages of 16 – 18 years with 35.7 % and 30.0 % representing boys. This indicates that the girls come to the streets at an older age compared to the boys.

4.2.2 Gender of Respondents

Out of the 44 respondents that were interviewed, 66.7 % of them were male compared to 31.1 % who comprised of female street children. The study findings showed that majority of street children are male and so did observation in the barracks. This is shown in Table 4.2.

Table 4.2: Gender distribution among Respondents

<table>
<thead>
<tr>
<th>Gender of Respondents</th>
<th>Frequency</th>
<th>%age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>60</td>
<td>70.6</td>
</tr>
<tr>
<td>Female</td>
<td>24</td>
<td>28.2</td>
</tr>
<tr>
<td>Missing Response</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>85</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 4.2 shows the gender distribution among the respondents. From the above analysis, it is clear that few 28.2 % female street children are on the streets compared to their male counterparts who account for 70.6 %.
4.2.3 Level of Education of Respondents

With regard to their level of education the study as indicated in Table 4.3 shows that those with no education at all were represented at 17.8 %, those with nursery level of education were represented at 6.7 %. Children who had attended school to the lower primary level which is between classes 1–4 were represented at 26.7 % while those with an upper primary level of education which is class 5–8 were represented at 33.3 %. Street children with a secondary level of education were represented at 4.4 %, while 11.1 % were missing responses. Respondents were also asked to indicate whether they were currently in school where 9.1 % indicated yes whereas 82.2 % indicated no and 8.9 % were missing responses.

Key informant interviews revealed that most street children in Meru town did not attend school. Results revealed that there are children who come to the streets during the day and go home in the evening, and that, at times they may attend school but will frequent the streets during the school holidays. These children comprise of those who are sent to the streets by their parents so as to supplement the family income. Social workers’ interviews also revealed that although parents often try to refer street children to public primary schools, requirements such as uniforms and desks were required and that parents had no capacity to provide these materials. Further, due to children’s appearance and habits of using drugs and noting that they were not completely rehabilitated, school administration were hesitant to accept them since they would negatively influence other pupils.

Table 4.3: Level of Education among Respondents

<table>
<thead>
<tr>
<th>Level of education</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>18</td>
<td>21.2</td>
</tr>
<tr>
<td>Nursery</td>
<td>6</td>
<td>7.1</td>
</tr>
<tr>
<td>Class 1 – 4</td>
<td>41</td>
<td>48.2</td>
</tr>
<tr>
<td>Class 5 – 8</td>
<td>15</td>
<td>17.6</td>
</tr>
<tr>
<td>Secondary</td>
<td>5</td>
<td>5.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>85</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
Table 4.3 indicates the level of education among the respondents. The majority 48.2% had reached between class 1 and 4 and 17.6% between class 5 and 8. The least had been to secondary school level. Focus group discussions with street children revealed that indeed most of the children would like to go back to school stating that it was the only intervention that they deemed would benefit them in the long term. They were against being taken to classes with other smaller children claiming that they were not being given interview examinations to determine what level of class they should be placed in.

4.2.4 Residence of Street Children
The study established places where the street children lived, whether at home or on the streets of Meru town. Majority of the street children did in fact live on the streets of Meru town and accounted for 61.2% while 27.1% were on the streets during the day and in the evenings returned to their homes with 11.7% living both in the streets and home at different days in alternate. Street children who lived at home were from the outskirts of Meru town with this providing an ample time for street home life.

Key informant interviews revealed that indeed most of the street children come from the informal settlements around Meru town which include Mjini, Majengo, Shauri yako and Ntugumira areas which are walking distances from Meru town.

Table 4.4: Residence of Street Children in Meru town

<table>
<thead>
<tr>
<th>Residence of Street Children</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>23</td>
<td>27.1</td>
</tr>
<tr>
<td>Streets</td>
<td>52</td>
<td>61.2</td>
</tr>
<tr>
<td>Home and streets</td>
<td>10</td>
<td>11.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>85</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

4.2.5 Persons with whom street Children live with
Following the identification of where the street children lived the researcher sought to further establish with whom street children lived with and if they lived at home, the responses are represented in table 4.5.
Majority of the street children 56.2% did not indicate with whom they reside with while most of those who lived in the streets revealed that they lived with other street children and comprised of 19.4%. Those who lived with their parents accounted for 8.8% those who lived with their mothers are being represented at 6.7% and that 4.4% indicated that they lived alone. Those who lived with their grandmothers and brothers were represented by 2.2%.

### Table 4.5: Persons with whom street Children live with

<table>
<thead>
<tr>
<th>Person</th>
<th>Frequency</th>
<th>% age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alone</td>
<td>51</td>
<td>60.6</td>
</tr>
<tr>
<td>Parents</td>
<td>13</td>
<td>15.2</td>
</tr>
<tr>
<td>Grand mother</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>Brother</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>Friends</td>
<td>16</td>
<td>19.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>85</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 4.5 shows a graphic representation of the persons who lived with the children. As highlighted in figure 2 above, none of the street children indicated that they lived with their father; who show the caring and nurturing of mothers to their children. Further 55.6% of street children indicated that their mothers were alive compared to 11.1% who said no. With regard to whether their fathers were alive or dead 51.1% indicated that their fathers were indeed alive compared to 8.9% who confirmed that their fathers were dead. The findings imply that most of the children in the street had absentee fathers.

### 4.2.6 Duration of Respondents in the Streets of Meru town

The researcher sought to identify how long the sampled street children had lived in the streets of Meru town. As indicated in Figure 3 below those who have been in the streets for more than 4 years accounted for 54.3%, 1-3 years were 31.4% and those who were in the streets for less than one year were represented at 13.3%.
Table 4.6: Duration of Respondents in the Streets of Meru town

<table>
<thead>
<tr>
<th>Duration</th>
<th>Frequency</th>
<th>% age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>12</td>
<td>13.3</td>
</tr>
<tr>
<td>1-3 years</td>
<td>27</td>
<td>31.4</td>
</tr>
<tr>
<td>More than 4 years</td>
<td>46</td>
<td>54.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>85</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Reviewed literature attributes the presence of children in the streets to “push” factors such as poverty, conflicts at home, family dysfunction and the death of a parent as well as “pull” factors like following friends (peer influence), or believing that there were good things to discover in the streets. Street children highlighted various reasons which led them to the streets of Meru town which are presented in Table 4.6. Seeking food and money from the streets were the most popular reasons for children coming to the streets and represented 17.8%.

Table 4.7: Reasons that led children to the streets of Meru town

<table>
<thead>
<tr>
<th>Reason that led children to the streets</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse by father</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Born in the streets</td>
<td>5</td>
<td>5.9</td>
</tr>
<tr>
<td>Death of parents/parental neglect</td>
<td>8</td>
<td>9.4</td>
</tr>
<tr>
<td>Family Separation</td>
<td>3</td>
<td>3.5</td>
</tr>
<tr>
<td>Search for food and money</td>
<td>28</td>
<td>32.9</td>
</tr>
<tr>
<td>Seek employment</td>
<td>15</td>
<td>13.5</td>
</tr>
<tr>
<td>Peer influence</td>
<td>15</td>
<td>13.5</td>
</tr>
<tr>
<td>Truancy / Indiscipline</td>
<td>8</td>
<td>9.4</td>
</tr>
<tr>
<td>Abandoned in the streets</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>85</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
Table 4.7 shows the reasons that pushed children to the street. From the analysis above, it is indicated that majority represented by 32.9 % of the respondents came to the streets in search of food and money. Some of the respondents (particularly those street children who could return home in the evening) said that they were sent to the streets to beg for money so that in the evening they can supplement what their parents have.

While on the streets, street children have different sources of money, which include begging, selling of scrap metal, carton boxes, and bottles which they collect from the garbage dumps. In the event that by the end of the day they don’t get any money they borrow from their colleagues (other street children) and then refund in the following morning. This is seen as protection from harassment and punishment from parents who sent them to beg on the streets.

The study found that 13.5 % of the respondents came into the streets through peer influence. Some of the respondents said that they saw their colleagues coming into the streets and could get money quickly and then decided to join them and as they started pursuing street life, they learnt the tricks and culture of the streets. Other street children were brought by the siblings who were already on the streets.

This means that most street children have networks that help them to consciously decide to join street life. This concurs with a study done by (Oino, et al, 2012) which argues that street children gain entry into the streets through social links. The decision of joining street life is a physical, psychological and social process and leaving home is habitually a gradual process.

Similarly 13.5 % of the respondents came into the streets to look for employment. The study found that, while on the street, children are involved in various activities that can earn them money for their livelihoods. For instance, some street children were selling polythene bags at the entrance of Meru Municipal Market, others especially the older street children carry luggage for passengers and business people within town for a fee. Some street children also reported to have been used by hoteliers to clean food kiosks, fetch water and clean utensils and peeling Irish potatoes and in return they are given food or some money as a wage.
During the study it was observed that street children aged between 5-10 years were the majority in the begging and car parking business. From the study 9.4% of the respondents said that they came into the street because of parental neglect and abuse or death of a parent. Some of the neglect mentioned include; being at home without food the whole day, not schooling, and walking with tattered clothes. Some of the children claimed that they were beaten and harassed by their step mothers and same was done by step fathers particular to the male child.

From this evidence, it is clear that some children particularly those who are married with their mothers are discriminated against in favour of the biological children with some parents seeing these children as a burden. Therefore, they are not willing to support them as their own children. The Convention on the Rights of the Child’ which states that: State parties are expected to prevent discrimination against the most disadvantaged groups of children. This explicitly refers to children belonging to minorities or indigenous communities, disabled children, children born out of wedlock, children who are non-nationals, migrants, displaced children, refugees and asylum-seekers, and street children. (Detrick, 1999). Therefore, the State should ensure that these children who are discriminated are provided with care and protection against those who are violating their rights of these children. Such parents should be held accountable.

Further, key informant interviews revealed that street children from as far as Isiolo, Maua and Tharaka-Marimanti make their way to the streets of Meru since they are aware of services offered by well-wishers and donors. Thus, they view it as a place that is tolerant of street children. The study also found that some of these street children are HIV and AIDS victims, whose devastation has been aggravated by the inefficiency of the traditional social safety nets, particularly the extended family, where in the absence of the biological parents the extended family takes the responsibility of rearing orphaned children. This implies that traditional social protection mechanisms have collapsed. From the foregoing discussion, it is evident that poverty and the need to generate income for livelihood act as motivations for the influx of street children in the streets of Meru town. This is in agreement with a study that was done in Zimbabwe by Ruparanganda (2008), which indicates that poverty has
become institutionalized and has affected many people hence explaining the growing phenomenon of street children especially in developing countries.

4.3 Social economic factors that affect street children in Meru town.

The study sought to establish the social economic factors affecting children while on the streets. The study looked into aspects such as access to educational facilities, access to healthcare services and street children’s participation in socio-economic activities within the Meru town. All the street children sampled for the survey indicated that they participated in socio-economic activities as highlighted in Table 4.6 below.

<table>
<thead>
<tr>
<th>Economic activities</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begging</td>
<td>29</td>
<td>34.1</td>
</tr>
<tr>
<td>Selling drugs to children</td>
<td>10</td>
<td>11.8</td>
</tr>
<tr>
<td>Carrying luggage</td>
<td>4</td>
<td>4.7</td>
</tr>
<tr>
<td>Collecting and selling scrap metal and plastics</td>
<td>19</td>
<td>22.3</td>
</tr>
<tr>
<td>Begging, Gambling, Hawking</td>
<td>10</td>
<td>11.8</td>
</tr>
<tr>
<td>Commercial Sex Worker</td>
<td>10</td>
<td>11.8</td>
</tr>
<tr>
<td>Fetching water and cleaning business premises</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>Pick – Pocketing</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>85</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Majority of the children involved themselves in begging and accounted for 34.4% along with begging, gambling, hawking and serving as parking boys. Collecting and selling scrap metals and plastics was also a favourable economic activity among the street children with 22.3% indicating this as their occupation. Focus Group Discussions with the street children revealed that they are paid Ksh 16 per kilogram of either material. However, social workers indicated that they are sometimes given a raw deal by the scrap metal dealers where they would tamper with the scales to get more material for cheaper prices.
The study sought to establish if indeed children suffered from illnesses during their time in the streets in order to document their experiences while seeking for treatment. Table 4.8 presents the children responses where 60.0 % indicated they have been sick compared to 40.0 % who said no. Further the study sought to identify what ailments or diseases street children in Meru town.

Table 4.9: Sicknesses Commonly Suffered by street children

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Frequency</th>
<th>%age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches, common cold</td>
<td>4</td>
<td>4.6</td>
</tr>
<tr>
<td>Common cold, malaria</td>
<td>7</td>
<td>8.8</td>
</tr>
<tr>
<td>Stomach pains</td>
<td>26</td>
<td>31</td>
</tr>
<tr>
<td>Skin rashes</td>
<td>21</td>
<td>23</td>
</tr>
<tr>
<td>Typhoid</td>
<td>4</td>
<td>4.4</td>
</tr>
<tr>
<td>cholera</td>
<td>3</td>
<td>3.2</td>
</tr>
<tr>
<td>Sexually transmitted disease</td>
<td>16</td>
<td>18.8</td>
</tr>
<tr>
<td>Motor accidents</td>
<td>4</td>
<td>4.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>85</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

As illustrated in table 4.9 majority of street children had suffered from one or more sexually transmitted diseases including gonorrhoea and syphillis and these accounted for 18.8 %. This finding implies that street children are involved in unprotected sexual activities which has led to their vulnerability to contracting HIV/AIDS. This finding is similar to that of the SNV / GTZ (2002) where street children in the streets of Nairobi during interviews and workshops, they identified the negative effects of sexual relationships as HIV/AIDS, STDs including syphilis and gonorrhoea. Focus group discussions with social workers revealed that sexual activities were rampant between the street children themselves and also with the community members. Taxi operators and watchmen indeed had sexual relations with street girls and this has contributed to the increase of street families as study findings show.
Skin rashes were also a common occurrence among the street children with 12.3 % indicating they had suffered from this kind of ailment. Common colds and malaria combinations were also present and were represented at 8.8 %. Similar to this study, UNICEF (2003) observed that many street children look sick, and suffer from coughs, watering eyes and sores. UNICEF further observed that the street children also look filthy, and live in surroundings with poor sanitation which could result in spread of diseases like cholera and dysentery. Meru town like other major towns in Kenya has also seen an increase in motorcycles where they are the preferred mode of transport. As such it was observed that the street children were involved in motorcycle accidents where 1.2% indicated this as a form of sickness or ailment suffered. As observed earlier, street children sought treatment from public health facilities, traditional healers, voluntary services and some did not seek any help for their ailments at all.

4.4 Street Children Interventions in Meru town

The study sought to establish interventions and services provided to street children where study participants were asked to indicate whether they were aware of these services. Knowledge of the services would influence the decision of street children to seek or utilize such services.

As revealed in the findings of this study, street children’s networks strengthen the ability to form bonds on the streets. Street children also extend their networks not only to other street children in different bases, but also to the business community, people and institutions they consider beneficial to their survival while on the streets. According to Lewis Aptekar (1988), friendships between street children permit the forging of affective relationships otherwise denied by abusive families. As shown in the previous discussion, street children rely on one another for money, food, security and protection, love, encouragement and emotional support. Faith Based Organisations (FBOs) were also involved in providing services to street children. Churches were identified 20.0 % of the study participants and were involved in providing clothing and spiritual guidance to street children.
The key informant interviews revealed that most of the service providers’ intentions were selfish. For instance, the business community gave street children food that was about to expire or date had already expired such as bread, cakes and milk. Further, individual and groups also cover-up as street children service providers where they source funds from well wishers and other established NGOs and the community. This has led to children having a negative perception of any assistance that they would otherwise receive from genuine entities.

The Methodist Church in Kenya was identified by street children as the most active. The government has the mandate to regulate any activities undertaken by charitable children institutions (CCI) under the children (charitable children’s institutions) regulations of 2005. For instance where the person or organization registered to run an institution e.g. if a church is registered to run an institution, then the church is the Administering Authority. They are always required to register with the Area Advisory Councils who follow the due process as required.

Table 4.10 Service Providers for Street Children

<table>
<thead>
<tr>
<th>Service provider</th>
<th>Frequency</th>
<th>%age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business men</td>
<td>19</td>
<td>22.2</td>
</tr>
<tr>
<td>NGOs</td>
<td>32</td>
<td>37.8</td>
</tr>
<tr>
<td>Churches</td>
<td>17</td>
<td>20.0</td>
</tr>
<tr>
<td>County Government</td>
<td>8</td>
<td>8.9</td>
</tr>
<tr>
<td>None</td>
<td>4</td>
<td>4.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>85</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 4.10 indicates the main service providers to the street children in Meru town, 22.2 % of the respondents indicated they get support from business men 37.8 % from NGOs, 20 % from churches and 8.9 % from the County government. 4.4 indicated they did not receive any form of support.
Table 4.11 Services provided to Street Children in Meru town

<table>
<thead>
<tr>
<th>Services provided</th>
<th>Frequency</th>
<th>%age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clothing</td>
<td>22</td>
<td>26.2</td>
</tr>
<tr>
<td>Guidance and Counselling</td>
<td>8</td>
<td>9.9</td>
</tr>
<tr>
<td>Food</td>
<td>39</td>
<td>46.3</td>
</tr>
<tr>
<td>Medical support</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Recreational activities</td>
<td>9</td>
<td>11.5</td>
</tr>
<tr>
<td>Total</td>
<td>85</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.11 shows there were several services that were identified by street children in Meru town. As indicated majority of the services provided were food related with 36.3 % of the responses showing this. Clothing and food were also observed in the data where 26.2 % study participants indicated this service. The high %age observed between these two services was due to the Friday exercise by the Muslim business community of distributing food and clothing to the street children.

Counseling and rehabilitation was represented at 9.9 %. This implies that counseling and rehabilitation were not a priority area. FGDs with the social workers indicated that counseling and rehabilitation was affected by shortage of staff and inadequate technical expertise to undertake the exercise and lack of special facilities to offer counseling services. Provision of livelihood and life skills training were also offered by Ripples international a charitable organization for young street children in Meru.

4.5 Challenges faced by street Children Service Providers

The study further sought to identify challenges faced by service providers in their day to day operations to assist street children. These include; Communication - street children are from different ethnic affiliations/communities and as such presented a challenge to service providers in communicating to them. Especially illiterate ones Moreover, there are also children with special needs who are on the street especially those who are deaf or dumb and
as such need special communication which is a challenge to the social workers since they lack expertise in sign language.

Children also ask for food in order to give any information during the interviews which Social workers are not able to provide. Security was also a concern that affected social workers in their day to day work where they could not access all children especially within the barracks for fear of being attacked by hostile street children especially female Social Workers. Finances were also identified as a key constraint in service provision. Lack of adequate facilities such as in the Children Remand Homes, Rescue Centers, and Charitable Children institutions for safety and rehabilitation of street children.

Shortage of social workers was also a constraint identified where an officer would have to do both the office tasks and also undertake fieldwork exercises such as reintegration activities which become tasking thus affecting the morale and performance of their duties of assisting street children. The study established that street children abuse several types of drugs which included, gum, *changaa*, bhang, *kuber*, tobacco, and Legatine and become addicted, hence complicating their rehabilitation process.
CHAPTER FIVE
SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND
RECOMMENDATIONS

This chapter includes summary of findings, discussions, conclusions and recommendations of the study. Separate recommendations have been made for policymakers at the government level and for humanitarian organizations working for street children. Some suggestions have also been made for further studies on the subject.

5.1. Summary of findings
The study was conducted in Meru Town, Meru County. Purposive sampling procedure was used for selection of the subjects with the help of NGOs working for street children Meru Town, reference of street children and other stakeholders. The population of street children Meru Town was quite different, according to various studies and NGOs approximate number of street children in the town, was up to 270. The present study is exploratory research initiated with personal and professional dialogue with the children and other stakeholders to collect information by involving 90 street children. In order to evaluate social problems of street children the methodological approach used was Qualitative and Quantitative.

Information on demography, problems, socio-economic and resource problems, social behaviors and psychological problems, risk behavior and drug use problems, health and awareness issues, education trainings and rehabilitation variables were collected through organized interviews scheduled for street children. Questions were grouped according to concepts and influence of variables was observed on street children and their life. Index of questions and problems was constructed and informal and formal meetings were organized with various stakeholders. For qualitative analysis, focus group discussions were conducted, Representatives from government sector, social welfare department, police department, health department and education department attended the sessions. NGOs, religious leaders, sociologists and media representatives also participated in the focus group discussions.
5.2. Discussions

This section presents a discussion of the findings and compares and contrasts these findings with other scholarly studies done on the same topic.

5.2.1. Demographic Information and Problems

The majority population of this study was born in informal settlements within Meru town though 27.1% of the respondents were living in their own homes they spent most of their time on the streets. Similar view has been shared by Wainaina (1981) and Delape (1987) where they have observed that due to poverty many of the children living in the informal settlements in towns end up being in the streets.

Only 61.2% of the respondents were living permanently on the streets. According to study 8.5% of respondents were living with their parents at their homes, 61.2% of the parents lived at the streets, while 11.7% lived alternating from the streets and their homes 24.0% of respondents did not know whereabouts of their parents. Families-wise, 10.0% families comprised of up to three members, 32.0% of the families comprised of four to five members, 32.8% of the population of study have families up to seven to nine members 25.8% of respondents said that their fathers had second wife, 45.3% said that they have no second mother, and 29.0% were unaware whether their fathers had second wife or not. Data shows that parents of 78.8% of the street children were living together, 12.3% parents were not living together, parents of 3.3% of the parents were divorced, and 5.8% of the street children did not know about their parents’ status. The study shows that 27.8% of the parents of street children were educated and 72.3% of the parents were illiterate.

4.0% of the street children started their life as street child by birth, 8.0% at the age of two years, 17.3% at the age of three years, 40.5% at the age of four years, 25.8% at the age of five to six years, 3.5% at the age of seven to eight years and 1.0% at the age of ten and above years an idea that is shared by UNICEF9 1998).
According to data parents of 84.8 % children were responsible to push them to the streets while 15.3 % chose to live on streets at their own will. Data revealed that 38.5 % out of 85 street children engaged in work to earn their livelihood under supervision and 61.5 % have their activities without any supervision.

5.2.2. Socio Economic and Resources Problems
According to family status of respondents 3.0 % came from well of families, 55.5% belonged to poor families, 30.0 % hailed from lower middle class families, and 11.5% had very poor families. Majority of the children involved themselves in begging and accounted for 34.4 % along with begging, gambling, hawking and serving as parking boys. Collecting and selling scrap metals and plastics was also a favorable economic activity among the street children with 22.3 % indicating this as their occupation. Focus Group Discussions with the street children revealed that they are paid Ksh 16 per kilogram of either material.

However, social workers indicated that they are sometimes given a raw deal by the scrap metal dealers where they would tamper with the scales to get more material for cheaper prices. Data shows that 57.0 % street children were getting money from their parents and 43.0% were self-supporting. As far as usage of income is concerned, 27.3% street children were using their income for their food, 27.3% for drugs, 10.0% were spending their income on friends, 29.8% were supporting their families, and 5.8% had interest to save money with service providers. 28.8% respondents were getting meals from their parents, 8.8% from the service providers, 34.0% from friends and 28.5% were self-providers. It was found out that 25.8% street children were supporting their families, and 74.3% were not supporting their families.

5.2.3. Social Behavior and Socio – psychological Problems
Data revealed that 47.5% street children were feeling most comfortable with their parents, 20.0% with service providers, 31.3% with their friends, 0.3% with their teachers, and 0.5% with their employers. It was found that 41.3% street children had no beloveds, 46.5% were involved with male partners and 12.3% with females.
It was found out that 16.5% fought when they felt angry, 32.0% remained tolerant, 12.8% tried to sleep, 20.5% took drugs, 11.0% hurt their bodies or got them wounded and 29% had mixed activities when they were feeling angry.

It was found out that 62.8% of street children were not providing sex in exchange of affection or other needs while 13.5% were providing sex, or having sexual activities whereas 23.8% gave no answer. According to study, 78.5% respondents said that they were as strong as others while 21.5% felt that they were not strong enough comparing to their peers. As far as recreation is concerned 7.8% street children got recreation through electronic games, 37.0% by watching films, 5.5% by passing time in the roadside, 0.5% by gambling, 1.8% by taking drugs and 37.0% had mixed activities for recreation.

5.2.4. Risk Behaviors and Drug use Problems

Sexual activities are also one of the risk problems of street children. Finding out the situation, it was revealed that 36.3% street children had sexual relationship and 63.8% were not involved in sexual activities. Regarding harassment by police, county government officials and other adults, the response of 76.5% street children was in affirmative while 23.5% said NO. Fighting between street children is one of the deviant behaviors among street children. In this regard 69.8% street children said that they used to be involved in fighting while 30.3% responded in negative. Street children have various risk behaviors and drug/substances use is one of the major problems. The results showed that 57% were feeling guilty about substance use and 42.5% children had no guiltiness about their drug using. Regarding availability of protection/treatment facilities for drug addicts, 33.2% responded YES while 67.0% said NO. The study revealed that 39.3% street children liked to take liquids and drugs like alcohol, hashish, and marijuana leaf while 60.3% did not like to take liquids and drugs like alcohol, hashish, and marijuana leaf.

5.2.5. Health and Awareness Problems

Regarding health, 36.0% street children had good health since last five years, 31.8% were suffering from diseases since last five years, 29.5% had weak health since last five years, and 2.8% were healthy since last five years.
Allergies are common health problems among the street children. In this regard, 28.0 % street children were suffering from allergies, 40.3 % were not suffering from allergies and 31.8 % did not know about allergies. Regarding physical disabilities, results show that 3.0 % have long term disabilities and 97.0 % were not suffering from long term disabilities. Sexual practice is also one of the major risk behaviors among the street children. They have different modes of sexual satisfaction, 2.8 % practiced masturbation, 8.8 % have opposite sex enjoyment practices, and 20.0 % were homosexual, 1.0 % have Bestiality practices and 67 % did not give any response.

Body development is natural process but at the age of adolescence body undergoes some changes and street children feel some stress about it. The study shows that 44.0 % were feeling stress after body development, 42.3 % were not feeling any stress after body development and 13.8 % % did not give any response. Growth in size and appearance is also another factor of body development. According to results, 15.8 % were worried, 76.5 % were not worried about body development and 7.8 % had no response in this regard.

5.3. Conclusion
Most important results have been found through qualitative and quantitative analysis of the phenomenon of street children in Meru town Study revealed this phenomenon as one of the major social problems. Study also found that large numbers of parents of street children were residing in their homes rather than on the streets while a lesser number of street children did not know about their parents or not attached with them. Study revealed that behavior of step mother also plays a role in making a street child, because one fourth of the street children have their second mother. Study revealed that large numbers of parents of street children are uneducated, these finding led to the conclusion that illiteracy plays a vital role in family disturbances and uneducated parents cannot tie up their kids with the family interaction.
The phenomenon of street children is real in Kenya and the number of street children is on the increase. Although street life has been a domain of male children, the number of female street children is increasing getting to the streets rapidly. It is clear that a second creation of street children is now emerging, that is, mothers and fathers who have given birth to children.

The street children phenomenon is strongly associated with economic and social factors with majority being characterized by single parenthood, low incomes, lack of education and developed skills, unemployment, temporary and inadequate shelter alongside overcrowded and hostile environments. The majority of these children parents or guardians either dropped out of school or had no education which is followed suit by their children. Due to no or little education majority of them are in disguised unemployment namely; street hawking, elicit changaa brewing, bar attendants, house-maids and commercial sex workers.

Many of the families are of rural origin, with Maua, Mikinduri and Giaki areas being over-represented. The parents portray the state of apathy reflected in their dwellings, lack of concern for their children, relegating their parental responsibility to the government and NGOs. Majority of street children earn a living through stealing, selling and taking drugs, selling glue taking alcohol and even indulging in premature sex. The primary socializing agent for these children seemed to be peers. Most of these children have been arrested and taken to remand homes with majority finding their way back to the streets. The majority of children had health problems ranging from skin infections to venereal diseases and malnutrition. Many of these children were coping with street life reasonably well due to the fact that they were organized in peer support groups, although the majorities were pessimistic about their future.

Programmes to address street children problems exist and most of them are run by NGOs and FBOs. The majority of these programmes are remedial and hence supportive. There are few preventive programmes and they too tend to be supportive rather than developmental. Above all, they only serve a few families, and specific programmes for street children tend to focus on male children.
The formulation and enactment of policies and development of programmes to redress the phenomenon are expected to be multi-faceted, involving the parents, the community, NGOs, central government and county authorities, focusing on economic deprivation of these families, education, urban planning and social service policies in the country.

5.4. **Recommendations**

This study came up with the following recommendations

1. Children, back bone of a nation, are insecure at homes as well as on the streets. The government should make effective legislation and ensure strict implementation of the laws Concerning child rights, education system and awareness. All institutions, from top to bottom, should be activated to save children from uncertainty and vulnerability.

2. Quantitative and Qualitative analysis indicated that a large number of children is available on the streets and poverty, breakdown of family institutions, illiteracy are major causes; therefore, income resources may be increased by developing industrial sector and spread it in all over the county.

3. The study indicated that existing number of street children are extremely vulnerable and their lives are at stake for various types of risks, they are facing physical, sexual abuses and harassment. In this regard rehabilitation and skill development canters for street children may be established to change their life and save them.

4. Research analysis indicated that street children are living in difficult circumstances; they cannot meet basic needs: food to survive, clothes to meet seasonal needs, treatment to save themselves from diseases, space to live. In this regard all the government departments may be activated to do the job of their part and save the lives of these future stars.

5. The study reveals that street children were involved in drug abuse, sexual abuse and other deviant behaviors; even they are misused by law enforcement agencies, police, and other adults. In this regard existing rules and laws may be implemented and drugs, ingredients like glue may be prohibited, awareness trainings may be arranged to police and other law enforcement agencies to save
street children’s lives.

6. Foreign funding project for all types of children may be utilized properly and according to an assessment.

7. Qualitative analysis indicated that different types of education system and lack of qualitative education keep away children from primary and other education institutions. In this regard universal education system may be adopted in all over the country and reforms in education system may be adopted. Especially, female literacy rate may be enhanced.

5.5. Suggestion for further studies
Street children are social phenomenon and problem caused by failure of society standards and principles, and it is an extensive area of study. The present study is not end in itself rather it shows some of its aspects; most probably focused on problems of street children, there is massive need of further studies in this area. After completion of present study, following are recommendations and suggestions for individuals, institutions at various levels who want to work and research to unearth more realities in the area.

1. In present study it was revealed that failure of family institution is one of the major. Causes behind the street children phenomenon, therefore it is needed to conduct the studies on causes, problems and consequences of failure of family institutions.

2. There exists no complete program for rehabilitation of street children; therefore it is needed to study to design a complete program for street children phenomenon. Moreover, there is need to develop universal tool kit to find out differences between street children phenomena of various cultures and countries.
REFERENCES


**Websites**

gvnet.com/streetchildren/Zambia.htm

www.parentalrights.org/index.asp

www.preda.net

www.anppcan.co.ke/index.php

www.preda.org

www.unicef-ire.org/portfolios
Dear Sir/ Madam,

RE: TRANSMITTAL LETTER FOR RESEARCH INSTRUMENTS.

My name is Samson Kinoti a student at the University of Nairobi carrying out a research study for the award of a Master of Arts degree in project planning and management. The research study focuses on the factors influencing influx of street children in Meru Town, Meru County.

In this regard therefore I would kindly request you to avail your support by responding to the attached questionnaire. Your accuracy and candid response will be critical in ensuring objective research.

The information that you will provide will be treated with uttermost confidentiality and the findings of this research will solely be used for academic research purposes and to enhance knowledge in the area of urban planning and regional development. Thank you for your support.

Yours faithfully,

SAMSON KINOTI KIENI
L50/61259/2010
APPENDIX II: QUESTIONNAIRE

The purpose of this research is to investigate the factors influencing influx of street children into urban areas: it is a case study of Meru Town. All information collected through this questionnaire will solely be used for the development of this study project towards coming up with new strategies in child protection and improvement and in particular street children.

All personal identification views/contributions will be respected and protected for study purposes only and not for commercial gains or any other malicious intent whatsoever.

Signed by the respondent ________________ Date __________________

1. Respondents Bio data
Age ________________
Sex ________________
Religion ________________
Education level (primary, secondary)

2. Family structure
Are your parents alive? Yes/No
Father’s age ________
Marital status: (Married/divorced/single)
Mother’s age ________
Marital status :( Married/divorced/single)

3. Attraction to street life
(a) Do you know where you originated from? Yes/No
(b) If Yes where?
   (i) Slums [ ]
   (ii) Town [ ]
   (iii) Don’t know [ ]
   (iv) Rural village [ ]
(c) For how long have you been living in the streets
   (i) One year [   ]
   (ii) More than 3 years [   ]
   (iii) More than 5 years [   ]
   (iv) More than 10 years [   ]
(d) What caused you to go to the streets?
   (i) Peer pressure [   ]
   (ii) Drug abuse [   ]
   (iii) Search for jobs [   ]
   (iv) Family violence [   ]
(e) Where do you sleep at night
   (i) Streets [   ]
   (ii) Home [   ]
   (iii) Home and streets [   ]
(f) What do you do to earn a living in the streets
   (i) Begging [   ]
   (ii) Trafficking [   ]
   (iii) Stealing / pick pocketing [   ]
   (iv) Carrying luggage [   ]
(g) What problems do you encounter in the streets
   (i) Drug and substance abuse [   ]
   (ii) Harassment from police/city askaris [   ]
   (iii) Beatings from the public [   ]
   (iv) Others [   ]
(h) What makes you take drugs?
   (i) Peer pressure [   ]
   (ii) Availability [   ]
   (iii) To reduce stress [   ]
   (iv) Any other [   ]
(i) Where do you get these drugs from? _____________________

(j) Do you know the dangers of drug abuse
   Yes [ ]
   No [ ]

(k) Have you ever thought of stopping drugs?
   Yes [ ]
   No [ ]

4. **Family Financial status**
   (a) Is your parent employed
       Yes [ ]
       No [ ]

   (b) How do your parent get income
       (i) Casual labor [ ]
       (ii) Brewing and selling local brew [ ]
       (iii) Hawking [ ]
       (iv) Commercial sex work [ ]

   (c) Do you get basic needs (food, clothing, shelter) at home
       Yes [ ]
       No [ ]

   (d) If yes is it enough
       Yes [ ]
       No [ ]

5. **Family size**
   (a) How many brothers do you have?
       (i) None [ ]
       (ii) Between One and two [ ]
       (iii) More than 5 [ ]

   (b) How many sisters do you have
       (i) None [ ]
       (ii) Between One and two [ ]
(iii) More than 5

(c) Whom do they live with?
   (i) Parents
   (ii) Relatives
   (iii) Grand parents
   (iv) Friends

6. Rights and protection of street children (Education)

(a) Have you ever gone to school?
   Yes
   No

(b) If yes to what level of attainment
   (i) Primary school dropout
   (ii) STD 8
   (iii) Secondary school Dropout
   (iv) Form 4

(c) What made you drop out of school
   (i) Lack of school fees
   (ii) Teacher harassment
   (iii) Lack of food at home
   (iv) Peer pressure

(d) If No would you wish to go to school
   (i) Yes
   (ii) No
   (iii) Clothing
   (iv) Medical

(a) What would you wish to tell the Meru and the Kenyan Community in regards to this matter regarding influx of street children into the town?

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Thank you for filling this questionnaire.
APPENDIX III: FOCUS GROUP DISCUSSION GUIDE FOR INSTITUTIONAL SOCIAL WORKERS

1. What are the challenges facing street children in Meru Town (for boys and girls?)

2. What are the political challenges facing street children in Meru Town (for boys and girls?)

3. What services are provided for street children by your organization?

4. What criterion is used to determine intervention programmes for street children in Meru Town?

5. What legal instruments (tools) do you use in safeguarding street children needs?

6. What are the challenges faced in implementing legislation in safeguarding rights of street children?

7. How do you overcome challenges these challenges?

8. What services do you offer to street children in Meru Town? (Multiple responses possible)

9. What reasons do children give for choosing to come to towns and in specific Meru town against other major towns?

10. Give your view on what can be done to minimize the influx of street children in towns.
APPENDIX IV : FOCUS GROUP DISCUSSION GUIDE FOR STREET CHILDREN

1. What made you come to the streets of Meru town?

2. What challenges do you face in the streets of Meru town?

3. What services do you receive from

   (a) The Government

   (b) Municipality

   (c) The Non – Governmental Organisations /CSOs

   (d) Business community

   (e) Religious Organisations

4. What do you think can be done to improve your life in the streets of Meru town?

5. Where do most of the street children in Meru town come from?

6. Are children who have been born and raised in the streets of Meru town?