

AN ASSESSMENT OF FACTORS RELATED TO THE  
EFFECTIVENESS OF GOVERNMENT REHABILITATION  
SCHOOLS FOR DELINQUENT ADOLESCENTS IN NAIROBI  
AND WESTERN COUNTIES IN KENYA

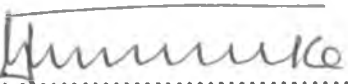
BY

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FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE  
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**Declaration**

This research project is my original work and has not been presented for a Masters Degree in any University.

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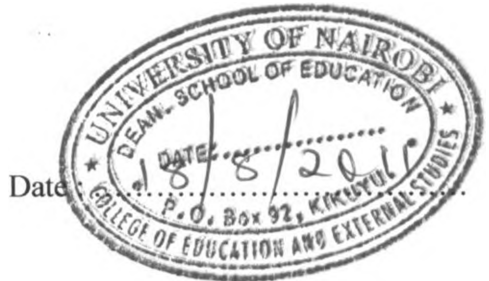
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## **DEDICATION**

I dedicate this work to my wife Rose Atieno Ojweke who encouraged me to undertake this course and continued to support and guide me throughout the course.

To my children Beryl Awuor, Byron Omondi, Moureen Achieng' and Allan Otieno for their patience and love which always pushed me a step a head. To my brothers Johnson Ongadi Ojweke, John Juma Ojweke, Jared Awando Ojweke, George Odhiambo Ojweke and the only sister Grace Akinyi.. To my late parents Conslata Arwa Ojweke and Joseph Ojweke Orongo. To my uncle Godfrey Ododa Odoro whom I owe my current status.

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## ABSTRACT

The problem concerning adolescence delinquency is a Kenyan social Phenomenon of most concern and impact of delinquency on the adolescence, their families and the society at large and the relationship between delinquency and adult crime, which is also on the rise. It has been argued that delinquency leads to adult crime and therefore a lifelong career. There is need therefore to deal with adolescence delinquency to curb the trend of adolescents maturing to adulthood with criminal behaviours. The Government of Kenya has established rehabilitation schools with the aim of correcting and reforming the delinquent adolescents into productive citizens. The rehabilitation schools then have programmes designed to meet this objective. The study is aimed at assessing the factors related to the effectiveness of rehabilitation schools with particular attention to the availability of the rehabilitative programmes, the availability of the rehabilitative qualities of the rehabilitators, parent's involvement, school environment and at identifying the intervention measures that can increase the effectiveness. This is done using a descriptive survey with the target population being the children, staff members of the rehabilitation schools in Nairobi and Kakamega. Stratified random sampling was applied to get samples of the sub groups in the population. The research instruments were questionnaires, interview schedules and observation check list while data collection procedures were structured interviews and observations. The data was analyzed using both manual and computer programs and presented using descriptive statistics in form of percentages and frequency distribution. The study found that the adolescents had inadequate perception about the rehabilitation schools and process.

Proper orientation process was also not in place. The rehabilitation programmes, education, spiritual, guidance and counseling and recreation were found to be in place but enhancements on them were suggested by both the adolescents and staff members. Parents were found to be minimally involved that is only in the provision of basic needs to their children. There was need to put new physical facilities and renovate the old one especially at Dagoretti Rehabilitation School. Various recommendations were also suggested which included proper orientation that include the adolescents and staff members, regular attendance to refresher courses and opportunities to be availed for the parents to be involved in the rehabilitation process which could include family therapy restorative conference. The study also recommended that this study be done in other rehabilitation schools outside Nairobi and Kakamega to help in making general conclusion for the whole Nation for interaction measures to be taken. This study also suggested a study on the relevance of the reception centre.

## LIST OF TABLES / FIGURES

<b>Tables</b>	<b>page</b>
Table 3.1 Sampling Procedure	31
Table 4.1 Staff Members Gender	41
Table 4.2 Staff Members Age	42
Table 4.3 Staff Members Profession	43
Table 4.4 Staff Members professional Qualifications	43
Table 4.5 Staff Members level of Responsibility	44
Table 4.6 Nature of School According to Gender	45
Table 4.7 Adolescents Gender	45
Table 4.8 Adolescents Age	46
Table 4.9 Adolescents Duration of Stay in the Rehabilitation School	46
Table 5.0 Adolescents Perception of the Rehabilitation School	47
Table 5.1 Other Information Adolescents Had on Joining the Rehabilitation School	48
Table 5.2 Factors of Effective Orientation	49
Table 5.3 Programmes Available in the Rehabilitation School	50
Table 5.4 Activities the Adolescents involved in at the School	50
Table 5.5 Need for other Programmes	51
Table 5.6 Other Programmes that can be included	51
Table 5.7 Qualities of the Staff Members	53
Table 5.8 Staff Members Qualities and Adolescents Relationship According To Adolescents	54
Table 5.9 Staff Members Qualities As Indicated By The Adolescents	55

Table 6.0 Parent involvement in Rehabilitation According to Staff Members	56
Table 6.1 Ways In Which Parents Are Involved in Rehabilitation	56
Table 6.2 Parents Involvement According To The Adolescents	57
Table 6.3 a) Status of Physical Facilities At Sikuse According To Staff Members	58
Table 6.3 b) Status of Physical Facilities At Sikuse According To Adolescents	58
Table 6.4 a) Status of Physical Facilities At Kabete According To Staff Members	59
Table 6.4 b) Status of Physical Facilities At Kabete According To Adolescents	59
Table 6.5 a) Status of Physical Facilities At Dagoretti According To Staff Members	60
Table 6.5 b) Status of Physical Facilities At Dagoretti According To Adolescents	61
Table 6.6 a) Provision of Welfare Services At Sikuse According To Staff Members	61
Table 6.6 b) Provision of Welfare Services At Sikuse According To Adolescents	62
Table 6.7 a) Provision of Welfare Services At Kabete According To Staff Members	62
Table 6.7 b) Provision of Welfare Services At Kabete According To Adolescents	63
Table 6.8 a) Provision of Welfare Services At Dagoretti According To Staff Members	63
Table 6.8 b) Provision of Welfare Services At Dagoretti According To Adolescents	64
Table 6.9 Areas That Require Improvement According To Staff Members	65
Table 7.0 Areas That Require Improvement According To The Adolescents	65
Table 7.1 Staff Members Recommendations	66
Table 7.2 Adolescents Recommendations	66



## TABLE OF CONTENTS

<b>Contents</b>	<b>page</b>
Declaration	ii
Dedication	iii
Acknowledgement	iv
Abstract	v
List of Table/Figures	vi
Table of Contents	vii
<b>Chapter One:</b>	
<b>1.0 Introduction</b>	1
1.1 Background to the study	1
1.2 Statement of the Problem	8
1.3 Purpose of the Study	9
1.4 Objectives of the Study	9
1.5 Significance/ Justification of The Study	10
1.6 Scope and Limitation	12
1.7 Definition of Terms	12
<b>Chapter Two:</b>	
<b>2.0 Literature Review</b>	14
2.1 Introduction	14
2.2 Theoretical Framework	16
2.3 Previous Studies	20
2.4 Effective Rehabilitation of Adolescents Delinquents	26

2.5 Summary of Literature Review	30
2.6 Conceptual Framework	31
<b>Chapter three:</b>	
<b>3.0 Methodology</b>	33
3.1 Introduction	33
3.2 Research Design	33
3.3 Variables/Categories of Analysis	34
3.4 Site of the Study	34
3.5 Target Population	35
3.6 Sampling Techniques and Sample Size	35
3.7 Research Instruments	36
3.8 Instruments Validity and Reliability	37
3.9 Data Collection Procedures	38
3.10 Data Analysis Procedures	38
3.11 Data Management and Ethical Considerations	39
<b>Chapter Four:</b>	
<b>4.0 Data Analysis, Results and Discussion</b>	40
4.1 Introduction	40
4.2 Methods of Data Analysis	40
4.3 Instruments Return Rate	41
4.4 Demographic Information of the Staff Members	41
4.5 The Adolescents Perceptions of the Rehabilitation School and Process	47
4.6 Programmes Available in the Rehabilitation School	49

4.7 Staff Members Qualities	55
4.8 Parents Involvement in the Rehabilitation Process	59
4.9 Rehabilitation School's Environment	59
4.10 Areas That Require Improvement	65
<b>Chapter five:</b>	
<b>5.0 Summary, Conclusions and Recommendations</b>	<b>68</b>
5.1 Introduction	68
5.2 Summary of the Research Findings	70
5.3 Conclusion of the Study	70
5.4 Recommendations of the Study	70
5.5 Suggestions for further Research	72
5.6 References	73
Appendix I PERMISSION TO CONDUCT RESEARCH	76
Appendix II PERMISSION TO CONDUCT RESEARCH	77
Appendix III QUESTIONNAIRE	78

## **CHAPTER ONE**

### **1.0 INTRODUCTION**

#### **1.1 BACKGROUND TO THE STUDY**

Adolescence is a Latin word derived from verb “adolescere” which means to grow into adulthood. This is a period when human beings experience major physical, cognitive and emotional changes as they transit from immaturity of childhood to maturity of adulthood. Cobb, (1992) gives three definitions based on the major changes that occur during the adolescence stage. The puberty that transforms the bodies of children into those of sexually and physically mature adults, psychological definition distinguishes adolescence in terms of the development task which adolescents face as a stable personality identity

Sociological definition perceives adolescents in terms of their status within the society viewing it as a transitional period between childhood and adulthood. This transition results from the operations of internal issues which are psychological emotional and also external pressures emanating from peers, parents, teachers and the society at large (Colman and Hendry 1990). The internal pressures results to a number of challenges the adolescents face. Physically they must come into terms with the rapid physical growth and significant development of primary and secondary sex characteristics. Morally children’s reasons for good behaviour progress from sheer interest to a desire for the approval of others and of their own conscience, and to a concern of their own. Psychologically adolescence may be a period of much confusion over established independence striving for recognition and being under anxiety producing academic and social pressures.

Although adolescents experience the biological, cognitive and social transitions of adolescence stage; the effects of these changes are not uniform for all adolescents. Many adolescents will cope and other will not. (Cobb, 1992). Each child is an individual born with a distinct personality and asset of inherited traits. They grow up in a unique environment while being affected in different ways by adults and other children around them. According to Joy (1990) heredity and environment provides the potential for development while the Government provides the context in which the genetic potential can be realized in an individual.

Therefore the impact of adolescence stage is shaped largely by the environment in which the changes takes place (the family, peer groups and schools) (Steinberg, 1993)

According to Colman and Hendry (1990) it is the interplay of these external and internal forces, which contribute to success or failure of the transition to maturity. The adolescents may be swayed to either becoming adjusted human beings or maladjusted beings. Seifert and Hoffnug (1997) stated that adolescence is associated with behavioural and psychological problems for some while Sethna (1952) terms adolescence is a period of instability with often a disturbed emotional state when they tend to defy paternal admonitions and are prepared to defy those in authority. In adventures to find pleasure they are prepared for violet deeds more so some adolescents feel alienated from the society leading to increase in drinking, delinquency sexual promiscuity, drug abuse and committing suicide.

Delinquency refers to any illegal activity engaged in by a child or an adolescent. According to Kazdin, (1995) many different terms have been applied to denote these behaviors including: acting out, externalizing behaviours conduct disorders conduct problems and delinquency.

According to Colman and Hendry (1990), delinquent adolescents are likely to engage in theft, running away, lying, setting fires, truancy, defying an authority and other antisocial behaviours. Many of such behaviours in mild forms emerge over the course of normal development raising little or no concern, however persistent and extreme patterns of this behaviour among children and social impact on the adolescent, the family and the society at large.

According to Ragoli and Hewitt (2000) research in the United States indicates that by 1800 Juvenile Street gang stars had become an unwanted feature in many cities. The habit of hanging out on the street corners verbally abusing pedestrians and pelting citizens with rocks and snowballs were among the least threatening behaviours. More serious crimes were acts of violence gangs of juvenile robbers, use of dangerous weapons such as guns with cases of juvenile shooting school mates, teachers and parents and use of drugs. According to Tacuchi Masahiro director of United Nations Asia and Far East Institute for the prevention of crime and treatment of offenders (UNAFEI) in Philippines about 1,340 youth offenders were confined in various regional

Rehabilitation centers while 5,651 of youth offenders are under the community based rehabilitation programme (Resource material serial No. 68, 2006).

In Kenya according to Oywa (2004) there is congestion in confinement facilities such as juvenile remand homes and other rehabilitations institutions showing that the number of delinquent cases is also quite high.

Steinberg (1993) noted that violations of law are far more common among adolescents and young adults those between any other age segment of the population: and the violent crimes of assault, rape, murder and property crimes, robbery, theft and arson increase in frequency between the adolescence years.

The Kenya Daily Nation newspaper on 4<sup>th</sup> March (2003) carried a story of teenage secondary student who pulled a pistol on his school bursar and made away with kshs. 40,000/=. The same paper March 13<sup>th</sup> 2006 reported of six pupils charged over Mungiki fight with carrying offensive weapons, assault and smashing the windscreen of a police land rover. On August 2006, the same paper carried a story of a 12 year old pupil who hurt his classmate in acid attack. A school teacher reported that he was a habitual offender and counseling had failed to change his behaviour. Otunge (2004) cited the problem to street children engaging in delinquent acts of theft, mugging, drug abuse and illicit sexual behaviours. On drugs and alcohol abuse, a study by population and communication Africa (2002) reported that some 20% of adolescents smoked cigarettes, 9 have tried sniffing bhang while 23% drink commercial beer and spirit. Steinberg (1993) contends that most chronic delinquents go on to commit serious and violent crimes and continue their criminal behaviour into adulthood.

The problem however does not end when the children become adults as parents; they are likely to pass along delinquent behaviours to their offspring who continue the cycle Kazdin (1995), Therefore there is need to curb the progression of delinquent behaviours once manifested among adolescents. This is mainly done through the Juvenile justice system. According to Laure (1978) the concept of Juvenile delinquency is modern one. Juvenile offenders were regarded as incapable of certain crimes or were treated as adults in the criminal justice system until nineteenth century when a group of reformers helped establish juvenile court system and subsequently separate rehabilitation institutions from those of adults. These early rehabilitations schools were punitive based on rehabilitation through labour and discipline.

In the second half of 9<sup>th</sup> century, they moved from punishment to rehabilitation. The offenders could not only rehabilitate but also crime among dependants and unruly children could be prevented (Siegel and Sema, 1997). This also applied to the rehabilitation of delinquents and in Canada young offenders act was created and famous quote that goes with this is that:

“it is not law, but only love and religion that can save or reclaim”

“Every juvenile delinquent shall be treated not as a criminal, but also as a misdirected and misguided child.”

Here in Kenya, the prisons department, probation and after Care department in the office of the Vice – President, Ministry of Home Affairs, heritage and sports handles Juvenile justice matters. The department of children’s services in the Central Government Department specifically charged with the responsibility of Juvenile Justice Administration. It draws its mandate from the children’s and young persons act cap 141, laws of Kenya. Oywa (2004) notes that the Juvenile Justice system in Kenya like in many other countries brings together several government departments and non Governmental Organizations. They are:- Police Department, Judiciary and the Attorney General’s office. The Majority of children in conflict with the law make their first contact with the Juvenile justice system through the police who make the children to appear before the children’s Juvenile Courts. These children are arrested in the streets Kidula (2004). They appear in the court under two main categories. Those facing criminal charges and those in need of care and protection. According to Sullivan and Thompson (1994) the charges are of two Types:



### **Status Offences**

These are offences which if committed by the adult; the adult would be immuned to arrest. These are truancy, running away, possession of alcohol, promiscuity and incorrigibility. They are not considered criminal acts when committed by adults

### **Criminal offences**

These are offences committed by young people between 7 and 17 years for which if committed by adults, the adult could also like the child be tried in a criminal court. They are felony, assault, rape, murder, property crimes, robbery, theft and arson. At this stage, other agencies including probation officers, children's officers, charitable organizations and advocates or lawyers hired by the parents of the children to represent them come into the case, the overriding concern being child's best interest. The probation officers dig into the details of the children coming up with report, which recommend to the court the best placing for the child considering the prevailing circumstances. They recommend that the child be committed to a fit person, to a remand home to a rehabilitation school or bostal institution. (Kidula 2004). If the child is under 16 years of age he or she is committed to rehabilitation.

The history of rehabilitation schools goes back to colonial period and was mutually set up for colonial purposes but later converted to rehabilitation schools. For instance Kabete (1900 – 1912) used to cater for youths imprisoned for failure to register for or failure to carry identity cards, while Dagoretti was set up in 1955 to provide education and training for girls and women converted to Christianity hence neglected by their families (Mugo et. Al 2001). Currently there are eleven rehabilitation schools scattered all over the country which include. Kabete, Othaya,

Gitaru, Wamumu, Machakos, Kericho, Dagoretti, Sikuse, Thika, Likoni and Kirigiti.. the children's act (2001) gives them the responsibility of rehabilitation and taking care of children.

The delinquents are accommodated in the rehabilitation school for a specified period maximum of three years and are given guidance to promote a positive attitude as well as the ability to give a regular life (Kitada 2004)

The purpose is to rehabilitate the delinquents within the institutions, to reform them into well adjusted individuals and send them back into the community to be productive citizen (Siegel and Senna 1997). Kitada (2004) states that in Japan Juveniles receive counseling to aid them in becoming law abiding citizens with special emphasis placed on proper school attendance, disciplined employment and appropriate interaction with peers and associates. In Kenya Government rehabilitation institutions place emphasis on correctional services and short term places of safety.

According to Mugambi (1988) and Lavera (2002), the functions of rehabilitation schools in Kenya are to provide Social training by way of disciplinary, spiritual guidance, academic and vocational training as well as arrangement for after care services. Lavera 2002, the functions of rehabilitation schools in Kenya are to provide social training by way of disciplining, spiritual guidance, academic and vocational as well as arrangement for after care services. Lavera 2002 states that rehabilitation school aim at restoration of good reputation through training and treatment however according to Siegel and Senna (1997), reviews for correctional treatment for Juveniles and adults have concluded that a significant number of Juvenile offenders commit more crimes after release from incarceration and that the occasionally successful rehabilitation effort was a rare exception to the general rule of failure. On recidivism about 17 percent of Juvenile parolees are disposed or adjusted by courts for re committing crimes in Japan, (white paper on

crime 2000). Oywa 2004 also cited that there are high levels of recedism among Ex – inmates delinquents in Kenya. This raises an issue over effectiveness of rehabilitation schools in reforming the delinquents adolescents.

Do they have the characteristics that enhance rehabilitation? This study therefore will assess the rehabilitation schools in regard to the factors that enhance their success in correcting and reforming the delinquent adolescents.

## **1.2 STATEMENT OF THE PROBLEM**

### **STATEMENT OF THE STUDY.**

The purpose of the rehabilitation schools is to reform the delinquents into well adjusted individuals and send them back into the community to be productive citizens. However, despite good intentions, this goal is rarely attained. Wakanyua (1995) reported that 16 out of the 22 (72.7% of the staff respondents stated the rehabilitation system is not as effective as it should be and that there was high rate of absconding at Kabete rehabilitation school and that majority of children adhered to rules and regulations so as to avoid punishment. Njuguna (2003) noted the same in his report and added that inmates at Kabete, showed lack of interest in class work. Miruka, Mwangi and Ndung'u (2005) in their situational analysis report noted that at Sikuse rehabilitation school, inmates display reformed character by the time they are leaving but this attributed to close monitoring. The report of Sikuse school in Kakamega also recorded that there were cases of children who committe criminal offences in the institution such as stealing and selling school property. This shows that the delinquents are rarely reformed by the time they are leaving the rehabilitation schools.

However the studies did not address the following factors which in their absence also, the rehabilitation may be effective. These are:- adolescents perception about the school, the involvement of parents, the availability of rehabilitation programmes the rehabilitative qualities of the staff members and availability of school environment which is not only conducive to the delinquent adolescents and staff members but also supportive to the rehabilitation programs. These factors therefore are the focus of this study.

### **1.3 PURPOSE OF THE STUDY.**

The purpose of this study was to investigate adolescence behavioral problems and factors related to the effectiveness of government rehabilitation schools for delinquent adolescents in public boarding schools. It was to identify the gaps in order to pave way for the recommendations of intervention measures that would improve the performance of the rehabilitation schools. This would enhance the attainment of their primary purpose of reforming delinquent adolescents to fit back into their families and society as responsible and productive citizens.

### **1.4 OBJECTIVE OF THE STUDY**

1. To identify the rehabilitation programs in place in the rehabilitation schools.
2. To establish the rehabilitates perception about the rehabilitation schools.
3. To determine whether the staff members have the qualities that support the rehabilitation process.
4. To establish the ways in which the parents are involved in the rehabilitation process.
5. To investigate the extent to which the rehabilitation school's environment is supportive of the rehabilitation process.

6. To recommend intervention measures that can increase the effectiveness of the rehabilitation schools.

### **1.5 SIGNIFICANCE/JUSTIFICATION OF THE STUDY**

The first significance of the study is to advance knowledge on the influence on academic performance on Juvenile delinquency in public boarding secondary schools of Uriri district. It intends to inform and sensitize the policy makers of the growing problem of Juvenile delinquency so that it can institute the necessary interventional measures and to generate new ideas for use by the government and non government organizations towards performance in academic towards juvenile delinquency amongst students

### **1.6 JUSTIFICATION**

Kitada M (2004 in a workshop on importance of coordinating Juvenile Agencies commented that Juveniles are treasures of the country. However this dream may never become a reality to those who engage in delinquent behaviors. Delinquency is detrimental to the wellbeing of adolescents which harm their cognitive, physical and social development. They also come into conflict with their families and society when their behaviours violate societal norms and codes of laws. The delinquent behaviours if not successfully curbed, continue to occur in secondary schools manifested in form of building, destruction of property and even killing fellow students. The trend may continue into adult life. Leuer R. (1998) contends that delinquency trends lead to adult crime and thereby a lifelong criminal career. The criminal behaviours may then be transmitted to their children continuing the cycle. This can be prevented if delinquent adolescents are effectively rehabilitated. According to (Kitada 2004) adolescents are still in the process of growing and developing and they make mistake or / and violate criminal provisions but vast majority of them

have the ability to rehabilitate themselves given the opportunity. This study therefore assessed whether government rehabilitation schools provide the opportunity for adolescent to become rehabilitated.

Effective rehabilitation is not only beneficial to the rehabilitates but also to their families, rehabilitators and society at large. It is expected that these groups will benefit from the findings of this study in the following ways:-

The policy makers, administrators and rehabilitators will clearly see the weaknesses of the rehabilitations schools and form the basis for improvement.

It will result to improvement on the rehabilitation process by implementing new programs and / or improving the current ones

Effective rehabilitation will enable easy re – integration of the rehabilitated children, into their families and society where contact has been maintained throughout the rehabilitation process.

Development of adolescent delinquency to adult crime will be curbed leading to improved security in the society.

This study will form the bases from which other researchers can conduct further studies on rehabilitation process.

## **1.7 SCOPE AND LIMITATION**

The research covered the rehabilitation schools under the children's department of the Ministry of Home Affairs in Nairobi and Western. Charitable Organizations, Government rehabilitation schools outside Nairobi and adolescents already repatriated back to their families will not be

included. The samples of the study was drawn from children who were still in the institutions in classes Six, Seven and Eight.

### **1.8 DEFINITION OF TERMS**

<b>Child</b>	: Any person under the age of Eighteen years
<b>Children Court</b>	: A special court that deals only with classes of children or cases where children are involved
<b>Charitable Children's Institution</b>	: An institution that manages programme for the protection and rehabilitation of children
<b>Effectiveness</b>	: The extent to which the rehabilitation schools have the capacity to reform delinquent adolescents into reformed and productive citizens
<b>Parolees</b>	: Delinquents who are released from rehabilitation institution before the end of their sentence for showing satisfactory behaviour
<b>Probationers</b>	: Delinquent adolescents already undergoing behaviour
<b>Rehabilitator</b>	: Persons charges with the responsibility of the rehabilitation of delinquents in the rehabilitation schools
<b>Inmates</b>	: Delinquent adolescents already undergoing rehabilitation process
<b>Juvenile</b>	: A person under 18 years

**Recidivism**

: Act of repeating delinquent acts after being rehabilitated



## **CHAPTER TWO**

### **2.0 LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter contains a review of literature related to this study. The literature is reviewed under the following areas: etiological models adolescents, developmental changes in adolescents, adolescence delinquency; risk factors and rehabilitation of delinquent adolescents. This literature review helped the researcher in finding out the factors related to the effectiveness of Government rehabilitation schools for delinquent adolescents in Nairobi and western counties especially the sampled schools of dagoretti, kabete both in Nairobi and sikuse in kakamega county. This literature review also helped the researcher to find out adolescents perceptions about the schools, the parents involvement, the availability of rehabilitation programmes, the rehabilitative qualities of the staff members and availability of school environment which is not only conducive to the delinquent adolescents and staff members but also supportive to the rehabilitation programmes.

#### **2.2 Theoretical framework**

Although various theories have been put forward on delinquency, this study involves psychological models which view the causes of delinquency as essentially psychological. According to Siegel and Senna (1997), most behaviors labelled delinquent such as violence, theft and sexual misconduct seem to be symptoms of underlying psychological problem like emotional or mental disturbances. These disturbances emerge within the context of the family. Therefore together with the family systems theory, psychological perspectives of psychodynamic behavioral and cognitive models were studied. Because it studies the id, the ego and the super ego of an individual of delinquent children unlike other models of study.

### **2.2.1 Psychodynamic perspective**

The psychodynamic perspective is based on works of an Austrian physician Sigmund Freud (1856-1939). Freud's views are today referred to as psychodynamic or psychoanalytic theory. He argues that human personality contains three major components; the Id which is the unrestrained, primitive and pleasure seeking component which a child is born with. The ego develops through reality living in the world and according to Corey (2001), the ego as the seat of intelligence and rationality which checks and controls the blind impulses of the Id. The super ego component develops through interaction with parents and other significant people. It includes a person's moral code, represents the ideal and strives for perfection. Corey (2001) states that the super ego functions to inhibit the Id. Impulses persuade the ego to substitute moralistic goals for realistic ones and are related to psychological rewards, which are feelings of pride and self-love and punishments which are feelings of guilt and inferiority.

Eric Erickson expanded Freud's original theory to explain the onset of antisocial behavior. He speculated that many adolescents experience a life crisis. Psychoanalysts view youth crime as a result of unresolved conflicts between the ego and the super ego. If the ego and the super ego are not reconciled, the child may regress to a state in which he or she is dominated by the Id. Psychoanalysts view delinquents as Id dominated. People who suffer from the inability to control impulsive drives. They also suffer from weak or damaged ego that makes them unable to cope with conventional society. This is because they suffered from unhappy experiences in childhood and had families which could not provide love and care.

From the psychodynamic perspective, this study got enriched with the knowledge that the presenting problem may not be the real issue affecting the delinquents. Therefore, for rehabilitation to be effective, the rehabilitators need to explore the delinquent's childhood experiences and family background in order to understand the onset of crime and delinquent behaviors by uncovering the unconscious conflicts. This calls for well qualified counselors to be included in the rehabilitation school staff.

### **2.2.2 Behavioral Perspective**

Behavioral perspective is based on the works of an American psychologist John B. Watson (1878-1958) and a Harvard Professor B. F. Skinner (1904-1990). According to Kinai (2004) behavioral perspective focuses on behavior as a response to a stimulus in the environment. If children are rewarded for behaving properly, eventually they learn to behave properly as a habit. If punished for some behavior, they eventually learn to associate disapproval with that behavior and avoid it. This implies that people can learn maladaptive behaviors or adaptive behaviors if these behaviors are reinforced. If it is not reinforced or is punished, the behavior will become extinct. J. B. Watson initiated classical conditioning with human infants and conditioned Albert to fear white hairy objects demonstrating how behaviors are learned. B. F. Skinner (1938) initiated operant conditioning. This involves shaping behaviors by giving reinforcement in a systematic manner.

Some behaviors hold that a person's learning social experiences, his values and expectations determine behavior. This led to evolution of social learning theory. The social learning theorists are Albert Bandura,(1960), Walter Mischel (1959) and Richard Walters (1961). Bandura (1961)

did experiment and showed that people learned new behaviors; positive or negative by observing and imitating models. These are adults whom they are in contact with especially parents and the behaviors they view on televisions and in movies. Some children consider television and movie imageries to be real if authoritatively presented by adults. Some may even be unable to distinguish between fantasy and reality, making them susceptible to television imagery and mould their behavior after characteristics they observe on television or movies. According to Kinai (2004) children who observe aggressive models internalize the behavior and may practice it when they get a chance to do so. This implies that role play, practice of modeled behavior and reinforcement are important learning techniques for both adaptive and maladaptive behavior.

Rehabilitation involves reforming maladaptive behaviors of adolescents and from behavioral perspective, these behaviors may be learned through conditioning, reinforcing or modeling. In the same way delinquent behaviors are learned they can also be unlearned through counter conditioning or reinforcing the incompatible behavior to the one being discouraged. Delinquent behaviors may arise as a result of parental or other family members' positive reinforcement. Therefore elimination or modification of these consequences through the family will eliminate or modify the behaviours. This makes parental involvement critical in the rehabilitation process.

### **2.2.3 Cognitive perspective**

Pioneers are Wilhem Wundt (1832-1920), Edward Titchener (1867-1927) and William James (1842-1920). Cognitive theory focuses on the way people perceive and mentally represent the world around them and how they solve problems. According to Corey (2004), psychological problems stems from common place processes such as faulty thinking, making incorrect

inferences on basis of inadequate or incorrect information and failing to distinguish between fantasy and reality. Cognitive theorists who study information processes explain antisocial behaviour in terms of perception and analysis of data.

According to Siegel and Senna (1997) violence-prone adolescents may be using information incorrectly when making decisions by relying on mental scripts learnt in early childhood. Mental scripts tell how to interpret events, what to expect, how to react and outcome of interactions. Hostile children may have learnt improper scripts by observing how others react to events especially their own parents' aggressive and inappropriate behaviors. The inappropriate behavior becomes stable as is repeatedly rehearsed as the children mature.

This study has benefited from the cognitive perspective by giving information of its relationship with behavioral perspective on learning of delinquent acts. From cognitive perspective, children learn behaviors by decoding the information. Given the right information on their actions and expected outcomes, children decode this and act appropriately. This knowledge gives the information of the importance of reinforcing by rewarding appropriate behavior and punishing the inappropriate behavior for the rehabilitation to be successful.

#### **2.2.4 Family System Theory**

Arises out of the well-established theory and practice of family therapy and was developed by Murray Bowen (1952). It focuses on the interconnectedness of elements, within all living organisms. Nicholas and S. Schwartz (2006) states that family as a system is conceived as a collective whole entity made up of individuals and the way they function together. Family

members are constantly interacting and mutually affecting one another. A change in one or all aspects of one member affects all the other members Gladding(1995). This is because relationships formed among family members are extremely powerful with each family relationship or member influencing all the other family relationships and all the other members. This accounts for a considerable amount of human behavior, emotions, values and attitudes.

According to Siegel and Senna (1997), disturbed or destructive home environment impacts on delinquency because family is a primary unit in which children learn values, attitudes and processes that guide their actions throughout their lives. He also adds that family relationships are pivotal determinants of adolescent behavior through their life course. According to Lauer (1998) the most important is the quality of the relationship between the parents and children. Children growing up in a household characterised by abuse, conflict and tensions whose parents are absent or separated, lacks family love and support are likely to engage in violence and delinquency Siegel and Senna , (1997).

While there is less delinquency among those youths whose parents value love, accept them and spends time with them Barnes and Farell, (1992; Warr, (1993) cited in Lauer (1998) that rates of delinquency are higher among those youths whose parents define them in negative terms or abuse them and among those whose families are disrupted by severe conflict, unemployment and divorce Lauer, (1998). The other factor is the psychopathology and criminal behavior in the family. According to Kazdin (1995), children with older siblings who are delinquents are more likely to be delinquents in the same way children whose one or both parents have criminal history become more vulnerable of acquiring criminal behaviors.

The family system theory is crucial in this study by giving information that given the role played by the family in socialization of children and production of delinquents, the involvement of family members especially parents in the rehabilitation process is vital. More so the same way delinquency has repercussions on the family, the impacts of effective rehabilitation will affect all family members. Effective rehabilitation can be achieved if done by improving the quality of the family relationships which works towards reduction or elimination of pressures to behaving delinquently Bell and Arson, (1975).

## **2.3 Previous Studies**

### **2.3.1 Developmental changes in adolescents**

According to Steinberg (1993) adolescence stage is a time of moving from immaturity of childhood into maturity of adulthood. The age of one set varies according to writers; Santrock (2001) states that adolescence stage begins approximately at 10 to 13 years and ends between 18 and 22 years in most individuals and in most cultures. Reber and Reber (2001) adds that adolescence development and is marked at the beginning by the puberty and at the end by attainment of physiological or psychological maturity. It is accompanied therefore with developments in physical, cognitive and social functioning. Developmental changes according to Joy (1990) are transformations that are universal, regular and orderly with one change building upon one another. These transformations involve physical, cognitive and social changes.

Physical changes include all changes that take place in the body including growth, muscle development, development of senses and motor skills. Coleman and Hendry (1990) places

importance in the changes in the levels of hormone in the blood stream. These hormonal changes initiate and regulate all changes associated with puberty. Hormonal changes are related to mood and behavior. Siegel and Senna (1997) states that adolescents may experience more intense moods, mood swings, anxiety and restlessness than people at other points in development. Cognitive changes involve the development of mental processes such as imagination, memory, learning and perceptions. Aristotle (1856), contended that the most important aspect of adolescence is the ability to choose and adolescents' self-determination becomes a hallmark of maturity. According to Plato(1848), reasoning is not a characteristic of children but makes its first appearance in adolescence, Cobb N.J(1982) These new changes have been associated with family conflicts and anti-social behaviors among adolescents the social changes include evolution of emotions, personality, identity, moral judgment and social skills. The evolution also involves definition of adolescents self concepts, self-esteem, sexuality, moral values, standards of his cultures and religious beliefs. The adolescents also strive for achievement in education, vocation and relationships.

The most critical psychosocial task is the development of autonomous, integrated identity. Eric Erikson emphasized this in his psychosocial stages. His fifth stage called identity versus role confusion occurs during adolescence. Freud also termed the evolution of independence as an important development which results to certain amounts of parent-adolescent conflict. Kagan and Segal (1995) term adolescence as a period of "storm and stress" with much confusion over established independence striving for recognition and being under anxiety producing academic and social pressures. Other negative outcomes are: - identity foreclosure where adolescents consolidate an identity before experimenting with the range of possible identities and ending up



not becoming what they are capable of. Identity confusion may also occur where adolescents shift from one identity to another with no sense of purpose. Erikson cited in Barley (1984) contends that such adolescents may exhibit delinquent, psychotic or other negative behaviors. For the rehabilitation to be effective the rehabilitators ought to have the understanding of the developmental changes that the adolescents go through during this stage and the effect of these changes on adolescents' problem behavior in order to offer the delinquents the support and guidance necessary for the rehabilitation.

### **2.3.2 Adolescence Delinquency**

Colman and Hendry (1990) define delinquency as an illegal activity engaged by a child or adolescents while a delinquent is anyone who commits a crime or violates a legal code. According to Reber and Reber (2001) delinquent is mostly used to refer to a juvenile offender for which a local legal Kenyan statute defines the age to be around 16 to 18 years. Sullivan and Thompson (1994) define delinquent acts as criminal behaviors committed by minors under 18 years or violation of juvenile code. These behaviors encompass aggressive acts, thefts, vandalism, fire setting, running away, truancy, defying authority and other antisocial behaviors. According to Kazdin (1995), many delinquent behaviors in mild forms emerge in the course of normal development raising little or no concern. But their persistence and extreme patterns among children and adolescents together with broad personal and social impacts reflect a serious problem. They violate social norms bringing the delinquents into conflict with parents, school and authorities, the society and codes of laws.

The engagement in behaviors that contravenes the laws may result to apprehension of the adolescents and subsequent disposition to community or institutional treatment of characters. These actions vary and can be as serious as homicide or as relatively trivial as shoplifting Cobb, (1992) also states that delinquent acts varies with age; minor forms like running away, violating curfews, drinking alcohol, petty theft or vandalism begins in early adolescence but decrease by adulthood. More serious acts like auto-theft and burglary peaks at about age 16 and robbery at about age 17.

However most delinquency is never reported but only those repeatedly brought to the systems and attention by police or parents or those who engage in activities regarded as criminal are considered to be delinquents. In addition not all adolescents who have engaged in delinquency become delinquents Cobb, (1992).

According to Cobb (1992), Steinberg (1993) and Siegel and Senna (1997), most of the delinquents have the following antecedents: - they have low self-esteem and poor self image perceiving themselves as incompetent and unsuccessful mainly due to lack of success in school, family relations and other areas of life. They fall behind their peers in achievement at school and are more likely to drop out and less likely to be involved in school activities. Their degree of self-control is low, are more impulsive and less likely to rely on internalized constraint behavior than their peers. They evaluate their actions in terms of how likely they will get away with something and many express little guilt for their actions while some believe they are being punished not for what they did but because they got caught. On social skills, they are more aggressive than their peers, more likely to rely on physical than verbal means to settle

disagreements and have poor problem solving skills. Adolescent delinquents also have early initiation. An early appearance of antisocial behavior is associated with various offences later in adolescence. This knowledge enriches this study by providing the basis (characteristics of delinquents) on which rehabilitation programs can be structured to meet the needs of the delinquent adolescents.

### **2.3.3 Risk factors for delinquent behaviors**

According to Kazdin (1995) risk factors are characteristics, events or processes that increases the likelihood for the onset of a problem. In this study, risk factors refer to those factors that pre-dispose children and adolescents to delinquent acts. The factors act as stressors and according to Steinberg (1993), nearly half of all adolescents report difficulty in coping with stressful situations at home or school and these stressors can be externalized in behavior and conduct problems such as delinquency, alcohol and drug use. According to various writers; Steinberg (1993), Kazdin (1995), Siegal and Senna (1997) and Ndung'u (2005), the factors like the criminal behaviors, antisocial facts, alcoholism and drugs in the family places a child at risk of these behaviors. On parent child interaction, some features of interaction with parents place the children at risk for conduct problems. These are harsh punishments, which may lead to child aggression or more lax inconsistent discipline practices within a given parent or between parents, which does not result to any learning or unlearning. On the other hand, the parents may reward deviant behavior directly through attention and compliance or they may ignore or provide aversive consequences to pro-social behavior hence discouraging it. In some families, there is under involvement and lack of supervision from parents. They are less likely to monitor their children's whereabouts, neither do they have rules in the homes stating where children can go or cannot go and when they

must return home. Therefore, children are allowed to roam the streets permitting them to engage in many independent and unsupervised activities.

According to Kazdin (1995) parents of antisocial youths also show fewer acceptances of their children, less warmth, affection, emotional support and less attachment. This may be aggravated by family disruptions due to spousal conflicts and break ups making it difficult for the family to play the crucial role of imparting values, attitudes and guiding the children as they grow up. The socio-economic disadvantages may also have a negative impact on the families. Poverty, unemployment and poor housing may result to overcrowding and/or homelessness. This may result to adolescents living desperate lives in the streets and inability to meet the basic needs. These factors prevent adolescents from living productive, fulfilling, happy lives increasing their risk for adoption of conduct disorders and delinquency. The neighborhood environment in which violence, crime and delinquent behaviors are prevalent and exposure to violent and aggressive television programs, movies and video games in childhood also increases the risk for aggressive behaviors in the course of adolescence and adulthood life.

Other factors which are related to schools and educational standards are explained below:

According to Siegel and Senna (1997), many youths in the rehabilitation institutions are mentally retarded or have learning disabilities, falling behind their grade levels in basic academic areas. High competition calls for children to be made to repeat a grade. Most of these children dislike school and result to acting out and subsequent disciplinary problems. Characteristics of the schools such as organization, locale and teacher-student relationship places the children at risk for delinquent conducts. Some streamline schools lack such characteristics that increase favourable

outcome such as emphasize on academic work, the time a teacher spends on lessons, individual responsibility of students and good working conditions for pupils (clean classrooms, sanitation, sleeping rooms, furniture in good conditions) availability of a teacher to deal with children's problems and consistent teacher exception and rewarding systems.

However despite the factors making the adolescents susceptible to delinquent behaviors being many and varied, not all individuals at risk for conduct problem manifest later problems. Not all adolescents at risk become delinquents. These according to Kazdin (1995) are those perceived by their mothers to be affectionate, show high self esteem and locus of control and had a supportive same-sex role model who played an important role in their development. Consequently the presence of a single factor does not indicate that the children will be delinquents.

#### **2.3.4 Rehabilitation of delinquent adolescents**

Kariuki et al (1991) states that rehabilitation is an institutionalized supportive programme for delinquent juveniles and youngsters of ages between 6 – 18 years. The Webster third new international dictionary, (1991) defines rehabilitation as the process of restoring an individual to a useful and constructive place in society through some forms of vocational, corrective, therapeutic and are straining or through relief, financial aid or other constructive measures. The decision to place delinquent adolescents for rehabilitation lies in the hands of the judge of the children's court. When a delinquent is apprehended the police decides whether to release them or make referral to the children's court for litigation process. Serious delinquency cases based on violation of criminal law, situations where delinquents deny any guilt, cases of repeat offender

and cases where offenders are a threat to themselves or to the community often undergo court process of adjudication and disposition.

According to Siegel and Senna (1997) adjudication involves determining the merits of the petition claiming that a child is either a delinquent youth or in need of court supervision. Guided by the pre-disposition report prepared by the probation officer, the judge decides which disposition is best for a particular delinquent. According to Siegel and Senna (1997) and Miruka (2005), the following dispositions exist; probational disposition involves placing and maintaining delinquents in need of supervision to an authorized probation officer. The delinquent is subject to rules that must be followed and conditions that must be met for him to remain in the community. Financial penalties, compensation and restitution takes several forms; a delinquent may reimburse the victim of the crime, donate money to a worthy charity or public cause, provide some service directly to the victim or assist a worthwhile community organization.

Foster care involves one or two delinquents living with a family; usually a husband and a wife who serves as surrogate parents who give the attention, guidance and care they did not receive at home. Dispositions to live in communities or other educational settings place the delinquents in structured residences that provide counseling, job training and family living. The delinquents reside in the home, attend public schools and participate in community activities. With intermediate treatment and other treatments physiological and psychological tests are carried out and if a defect is discovered, specialized treatment should be given to the delinquent. Finally, a delinquent may be given an instructional disposition. According to Siegel and Senna (1997) with institutionalizations the delinquent is referred to the state department for a period of confinement

in a state run treatment center if the judge finds that community treatment is inadequate to deal with special needs of delinquent adolescent.

According to Miruka (2005), placement in an institution should be disposition of the last resort. The children's Act (2001) states that a child who is older than ten years can be sent to rehabilitation school while those older than sixteen years can be sent to a borstal institutions. Miruka et. Al. (2005) states that borstal institutions cater for boys and girls of 15 years and above who have committed serious offences like felony, rape, drug abuse and possession of narcotics and psychotropic substances. Therefore, most delinquent adolescents are sent to rehabilitation schools.

According to the children's Act (2001), the government established rehabilitation schools to provide accommodation and care for children. The government then ensures that they are in proper conditions and are being managed in the best interest of children. The rehabilitation schools therefore play both the welfare and rehabilitative roles and according to Lauer (1998), the legal theory recognizes that children who violate laws are in need of the same care and treatment as are law-abiding citizens who cannot care for themselves and require state interventions into their lives. As such the legal action is considered as a civil action that determines their need for treatment. Kitada (2004) contends that the key aim for juvenile justice system is to assist in their sound development while Siegel and Senna (1997) states that the purpose of rehabilitation schools is to rehabilitate the adolescents within the institutions, to reform them into well adjust individuals and send them back into the community to be productive citizens. The rehabilitation schools then have a responsibility of reforming the delinquents and enhance their re-integration

into the society. They place emphasize on correctional services and short-term places for safety. Miruka et al (2005) states that it should be a minimum of three years.

During this period, they are engaged in various rehabilitation programs. According to Sullivan and Thomson (1994), Siegel and Senna (1997) and Miruka et al (2005) rehabilitation schools ought to have educational, vocational, spiritual, recreational and medical programs. Education caters for children who fit in the formal system of education. The formal section consists of full academic schools from class 1 to 8 with teaches from Teachers Service Commission, adult education department and volunteers. Children who score good marks in Kenya Certificate of Primary education join various secondary schools. They are sponsored by the children's department, Ministry of Education, individual churches, companies and non-governmental organizations. Vocational training is meant to provide skills and knowledge needed for a particular job to those who are academically disabled. The training involves dress-making, cookery and housekeeping for girls and carpentry, masonry, metal work for boys. Recreational programs engage the delinquents in such activities as choir singing, sports, scouting, drama, debate and watching television. Recreational programs help in relieving adolescence aggression. According to Siegel and Senna (1997) educational, vocational and recreational programs are designed to teach juveniles skills that will help them adjust easily when they will be released into the community.

Guidance and counseling programs are meant to guide and counsel the children while in the institutions on emotional and behavioral issues. It helps individuals understand and solve their problems. Spiritual counseling provides spiritual growth and nourishments. It is intended to



promote goodness and morality by providing religious instructions through chaplaincy (Criminal justice and children's report, 1986). Medical programs take care of the health and physical well-being of the children. It involves physical examination, follow-up treatment and referral to other medical resources. Under section 7, Cap 141 laws of Kenya, administrative authority shall appoint a medical officer for the institution responsible for general supervision of the hygiene and sanitary conditions of the institution and carrying out any medical examination, dental and mental status of the children.

These programs play the roles of enhancing social development and imparting skills that will help the rehabilitated delinquents adjust more easily into the community after their release. This is in hope that the adolescent will be less delinquent. Therefore, for the purpose of this study, availability of sound rehabilitation programs is vital for the process to be effective.

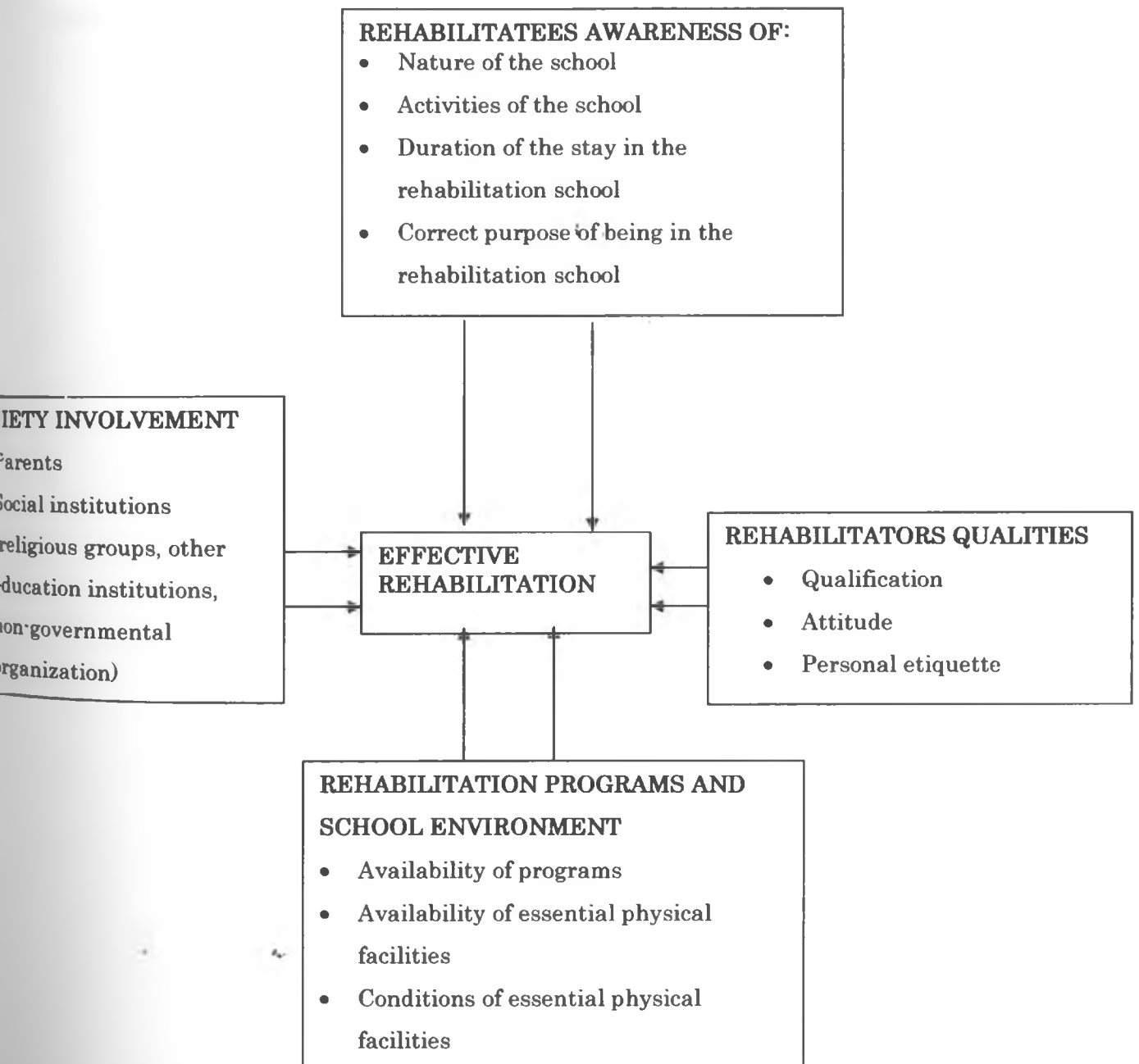
### **2.3.5 Summary of literature review**

The study of the related literature has shown that adolescence delinquency is rarely due to one single factor. It is product of interrelated and interacting factors, which could be biological, psychological or social as has been shown by the psychodynamic behavioral cognitive and family systems perspectives on etiology. For the rehabilitation therefore to be effective the literature has shown that knowledge about the normal developmental process and changes is vital for one to know behaviors that deviate the norms. Knowledge of the socio-economic background of the adolescent, family relationships among adolescents and between them and other family members and finally, the adolescent's experiences at school and in the neighbourhood helps in knowing the factors behind the delinquent behaviors. This would enable rehabilitation schools provide despite

to the adolescents from the factors causing and maintaining delinquency while at the same time providing conducive environment for the rehabilitation process.

### 2.3.6 Conceptual Framework

Fig 2.6 a conceptual framework of the factors that promotes the effectiveness of the rehabilitation of delinquent adolescents.



The effective rehabilitation of delinquent adolescents depends on their awareness of the rehabilitation process which determines their attitudes towards the school and the programs, the rehabilitative qualities of the rehabilitators, the involvement of parents and other social institutions, availability of rehabilitation programs and supportive school environment which is enhanced by provision of essential physical facilities and essential quality welfare services formed a backbone of this research which gave concern of the methodology deployed in chapter three to illicit the findings.

## **CHAPTER THREE**

### **3.0 METHODOLOGY**

#### **3.1. INTRODUCTION**

This chapter highlights methodological details that were used in the study. It was aimed at collecting informations from the three sampled schools of Dagoretti and Kabete both of which are in Nairobi County and lastly Sikuse which is found in Kakamega County. The methodology here was concerned with the effective rehabilitation of delinquent adolescents and this would enhance the attainment of their primary purpose of reforming delinquent adolescents to fit back into their families and society as responsible and productive citizens as was discussed in the literature review. The methodology was therefore discussed as follows: research design, variables, site of the study, target population, sampling research instruments, instrument validity and reliability, data collection procedure, data analysis procedures, and data management and ethical considerations.

#### **3.2. RESEARCH DESIGN.**

The design of the study was descriptive survey. Mugenda and Mugenda (1999) and Gatimu (2001) notes that descriptive survey attempts to measure the “statusquo” without questioning why it exists. According to Mugenda (1999), the aim of survey is to obtain information that describes existing phenomena by asking individuals about their perceptions, attitudes, behaviors or values. The design hence was selected as to describe events as they are and to ensure that information would be obtained from a representative sample and be used as basis of forming conclusion about the population and making recommendations. The research design is therefore used to get

information from the individual teachers in the staff and delinquent adolescents from the three schools so as to establish the required data for effective achievement of the intended objectives.

### **3.3. VARIABLES / CATEGORIES OF ANALYSIS.**

According to Orodho (2005), Variables are any characteristic that shows variations. An independent variable is one that the researcher usually controls while a dependent variable is the one that is controlled by the independent variables and are outcomes of manipulation. Independent variables are the factors related to the effectiveness of government rehabilitation schools while the dependent variables are delinquent adolescents in Nairobi and western counties.

### **3.4. SITE OF THE STUDY**

The site of the study were; Kabete, Dagoretti and Sikuse rehabilitation schools. Kabete is located along the lower Kabete Road 400metres from the university of Nairobi Lower Kabete Campus. Dagoretti is located 2 Kilometers off Nairobi Dagoretti Kikuyu road. The diversion is on the right 400 meters from the junction to Dagoretti Market and 4 kilometers from the university Nairobi Kikuyu Campus. Sikuse is located along Kakamega – Kitale main road and is 500 meters long from Kakamega town and 250 meters from Masinde Muliro University Campus. The three institutions were chosen because they were the government rehabilitation centres and they were sampled using the sampling procedures so that they represent the whole population of the institutions without any bias.

### 3.5. TARGET POPULATION.

There are eleven rehabilitation schools under the children's department of the Ministry of Home Affairs scattered all over the country. The study was only focused on the rehabilitation schools located in Nairobi County and Kakamega County due to accessibility. These were Kabete, Dagoreti and Sikuse rehabilitation centres. The schools had 226 children and 49 staff members and therefore the target population for the study was 275.

### 3.6. SAMPLING TECHNIQUE AND SAMPLE SIZE

The population was heterogeneous. Stratified random sampling technique was then applied to get samples of children and staff members. Orodho (2005) indicates that the rationale for stratified sampling is to ensure that certain subgroup will be presented in the sample in proportion to their numbers in the population itself. The method of allocation of sample size was the equal allocation to ensure schools were equally represented without bias hence one quarter of the staff members and one eighth of the children were selected from each school as shown below;

**TABLE 3.1. Sampling procedure.**

School	Target population		Sample size	
	Staff members	Children	Staff members	Children
Kabete (boys)	7	85	2	11
Dagoretii (girls)	20	66	7	8
Sikuse (boys)	22	75	7	9
Totals	49	226	16	29

The sample size had 45 subjects. The final sample was randomly selected from classes six, seven and eight.

### **3.7. RESEARCH INSTRUMENTS**

The research instruments were as follows:

#### **3.7.1. Questionnaires.**

Kathari (2005) states that questionnaires consist of a number of questions printed or typed in a definite order. The questionnaires ensure that standardized results are obtained and can be printed statistically. The researcher used both closed and open ended questions in order to get responses that are free from bias of the researcher. There was only one questionnaire which was self administered for the staff members. The questionnaire had four sections:-

**Section A:** This was concerned with the demographic factors; gender, age, type of school and profession.

**Section B:** This sought to identify the rehabilitation programmes in place and other relevant programs which could be included. It consisted of two open ended items with a maximum of five scores and a minimum of one score each on the likert scale of five.

**Section C:** This assessed the delinquents perception of the rehabilitation school and the method being engaged in the process which determines their entry behavior. It consisted of four items, each item having a maximum of five scores and a minimum of one score on the liker scale of five.

**Section D:** This assessed the qualities of the rehabilitees' parents' involvement. It consisted of nine items with a maximum of five scores and a minimum of one score on the likert scale. Each aspect had three items.

**Section E:** This sought to identify areas which requires improvement and other intervention measures. It consisted of two items with a maximum of five scores and a minimum of one score on likert scale.

### **3.7.2. Structured Interview Schedule**

According to Gatimu (2001) questions in a structured interview schedule have their wording and sequences fixed and are identical for every respondent. The aim was to get more information and in greater depths from adolescent who may not be quite good in English. The adolescent's interview schedule assessed the same aspects assessed in the staff's questionnaire to ensure uniformity.

### **3.7.3. Observation Check List**

According to Kothari (2003) under observation information is sort by ways of investigators own direct observation without asking the respondents. The researcher used the observation check list to clarify information obtained from staff questionnaires and adolescents interview schedule. This is because observation limits subjective bias of respondents. It aimed to identify the availability of the rehabilitation programmes and assessing the rehabilitation schools environment while awarding scores with the highest scores being five and lowest score being one on the likert scale of five.

## **3.8 INSTRUMENT VALIDITY AND RELIABILITY.**

Validity is the extent to which the test measures what it is supposed to measure or designed to measure (Gatimu 2001). To enhance validity, a pilot study was carried out to help the researcher



identify the items which seemed to be ambiguous. The aim was to assess the clarity of instruments items so that these that fail to measure the variables they are intended to, could either be modified or disregarded completely and new items put in place. Reliability is a measure of the degree to which a research instrument yields consistent results or data after repeated trials. Mugenda and Mugenda (1999). A pilot study was carried out to establish internal consistency and split half technique was used. This technique involved scoring in two halves the odd items versus even item of a test separately for each person and then calculating correlation coefficient, which must be corrected for full test using Spearman-Brown proficiency formula. Gatimu (2001). According to Mugenda and Mugenda (1999), a coefficient of 0.80 or more implies that there is high degree of reliability of the data.

### **3.9 DATA COLLECTION PROCEDURES.**

Data collection procedures were structured interviews and observation. On the agreed dates the researcher personally visited each school to administer the research instruments. As the staff members filled their questionnaires, the researcher interviewed the adolescent and recording their responses. He also recorded the physical facilities and activities observed on his observation check list.

### **3.10 DATA ANALYSIS PROCEDURES.**

Descriptive statistics was used to analyze the data. After the collection of data, the researcher carried out the editing to ensure that all the questionnaires have been fully and correctly filled. According to Cozby (1989), editing improves the quality of data. The data was then coded into

symbols for tabulation. The tabulation was done hence. Frequencies and percentage were used to present the data.

### **3.11 DATA MANAGEMENT AND ETHICAL CONSIDERATIONS**

The researcher ensured that ethical considerations were upheld while conducting the research and in the management of the data. The true purpose of the study and its implications on the subjects was explained before getting their informed consent to collect the data. The researcher ensured protection of subjects' identity and privacy by using codes and not names on the questionnaires. The questionnaires were also sensitive to the subjects' feelings and values so as not to embarrass or intimidate them.

Having explained the issue of confidentiality, anonymity and purpose of this study, the researcher ensured respect for the subjects, freedom to participate was upheld. With their consent, the researcher carried out the study while ensuring to keep the promises and commitments made in handling the data obtained.

## CHAPTER FOUR

### 4.0 DATA ANALYSIS RESULTS AND DISCUSSIONS

#### 4.1 Introduction

This chapter presents the analysis and interpretation of the data collected. The data which was collected from three schools namely Kabete, Dagoretti and Sikuse rehabilitation centres was studied and discussed. This chapter is therefore important in that it helped the researcher to come up with concrete results concerning the rehabilitation centres for the delinquent adolescents. The data was summarized in form of frequencies and percentages as was recommended by scholars in the methodologies discussed in chapter three. The organization is based on the research questions that guided this study. These are:-

- a. What are the rehabilitation programs currently in place in the rehabilitation schools?
- b. What are the delinquent's perception about the rehabilitation process and school?
- c. Do the staff members have the qualities that support the rehabilitation?
- d. In what ways are the parents involved in the rehabilitation process?
- e. Is the rehabilitation school environment supportive of the rehabilitation process?
- f. What are the measures that can increase the effectiveness of the rehabilitation schools?

#### 4.2 Methods of data analysis

The frequencies in section A were summed up according to the demographic representation and then converted to percentages. The programs in section B and recommendations in section E were presented in the order of the most prevalent to the least prevalent. The likert scale of five was used to allocate the score for each item in sections C and D with the highest score being five

and lowest one. The scores of one and two were summed up to indicate below average, scores of three to indicate average and scores of four and five were summed up to indicate above average on each item.

#### **4.3 Instrument return rate.**

Only one questionnaire was administered to the 16 staff members out of population of 49 and 13 questionnaires, were returned giving 81.3% return rate. An interview schedule was administered to sample of 29 adolescents out of population of 226. All of them in the sample were interviewed giving a 100% return rate.

#### **4.4 Demographic information of the staff members and the adolescents.**

The staff members were requested to give information concerning their gender, age, profession, qualifications and their responsibility in the rehabilitation schools. On the other hand, the adolescents gave information on their gender, age and the period they have been in the rehabilitation school and whether they have been to a rehabilitation school before. The staff members' gender is tabulated in table 4.1

**Table 4.1. The staff members' gender**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Male	5	38.5
Female	8	61.5
Total	13	100

The majority of staff members in the rehabilitation schools were females (61.5%) while 38.5% comprised of males.

**Table 4.2 Staff members' age.**

Age in years	Frequency	Percentage
18-25	1	7.7
26-35	1	7.7
Above 35	11	84.6
Total	13	100

The information in table 4.2 indicates that majority (84.6%) of staff members are above 35 years of age. Table 4.3 below indicates the staff members profession.

**Table 4.3: The staff members' profession.**

Profession	Frequency	Percentage
Teacher	4	30.8
Social worker	3	23.1
Counselor	—	—
Teacher counselor	1	7.7
Nurse counselor	2	15.4
Catechist	1	7.7
Chef	1	7.7
Procurement	1	7.7
Total	13	100

The majority were teachers (30.8%) followed by social workers with 23.1% while none indicated being a counselor by profession, 7.7% combined teaching and counseling and 15.4% counseling and nursing. This shows that majority of staff members are teachers by profession.

Table 4.4 shows the staff members professional qualification.

**Table 4.4: Staff members' professional qualification.**

Qualification	Frequency	Percentage
Certificate	6	46
Diploma	4	31
Graduate	3	23
Post graduate		
Total	13	100

The information in table 4.4 reveals that there are more certificate holders (46%) followed by diploma with (31%) and graduates with (23%). Table 4.5 shows the staff members level of responsibility in the rehabilitation schools.

**Table 4.5: Staff members' level of responsibility**

Position	Frequency	Percentage
Deputy manager	1	7.7
Head teacher	1	7.7
Deputy head teacher	1	7.7
Teacher	2	15.4
Teacher counselor	1	7.7
Nurse counselor	2	15.4
Catechist	1	7.7
Head of catering department	1	7.7
Social worker	3	23.1
Total	13	100

According to table 4.5, the social workers had a higher percentage of 23.1% followed by teachers with 15.4% and also 15.4% of staff members combined nursing and counseling while 7.7 % combined teaching and counseling. This indicates shortage of staff. This concurs with Lavera (2003) who reported low number of personnel in the rehabilitation schools. Table 4.6 shows the nature of schools in terms of gender.

**Table 4.6: Nature of the school according to gender.**

Nature of school	Frequency	Percentage
Boys on only	2	15.4
Girls only	11	84.6
Boys and girls		
Total	13	100

Table 4.6 indicates that there are more schools for girls only within Nairobi and Western with 84.6% than boys which had 15.4%. demographic representation of the adolescents gender, age and duration of stay in the school. Table 4.7 shows the adolescent's gender.

**Table 4.7 Adolescents gender.**

Gender	Frequency	Percentage
Male	13	44.8
Female	16	55.2
Total	29	100

Table 4.7 indicates a higher number of females (55.2%) than males who comprised of (44.8%). This can be attributed to the fact that the population of girls is more than that of boys within Nairobi and western counties. The age of the adolescents is represented in table 4.8.



**Table 4.8: Age of adolescents**

Age	Frequency	Percentage
10-13	4	13.8
13-14	24	86.2
Total	29	100

Table 4.8 indicates that majority of the adolescents (86.2%) in the rehabilitation schools were in the age bracket of 14-18 ears. Table 4.9 below shows how the adolescents have been in the rehabilitation schools.

**Table 4.9: Adolescents duration of stay in the rehabilitation school.**

duration in years	frequency	percentage
0-1	11	37.9
2-3	12	41.4
above 3 years	6	20.7
total	29	100

According to table 4.9, majority of adolescents (41.4%) have stayed in the rehabilitation school for a period of 2-3 years and only 20 % had stayed for more than 3 years. This can be attributed to the fact that Kabete rehabilitation is a senior school while Dagoretti had classes four, five, six and eight. Hence none of the schools had all classes (1-8). This indicates movement from one school to another once an adolescent gets to a certain class. This indicates, also, non-continuity even in the rehabilitation process which can be an impediment to effective rehabilitation.

**The adolescents perception of the rehabilitation schools and process.**

The perception of the rehabilitation schools and process of adolescents' rehabilitation is based on their knowledge of the name, location, nature of the school and duration of stay on joining the rehabilitation school. This is with the understanding that the knowledge of why, how, where and for what purpose is rehabilitation schools and process would prepare the adolescents of what to expect and avoid unnecessary surprises. This would reduce the behavior of acting out escapism and suspicion of the rehabilitation schools. The table 5.0 contains the information of adolescents' perception about the rehabilitation schools.

**Table 5.0: Adolescents perception of the rehabilitation schools.**

area	Yes		No	
	Frequency	percentage	frequency	percentage
Name of school	25	86.2	4	13.8
School locality	11	7.9	18	62.1
Nature of school	4	13.8	25	86.2
Purposes	12	41.4	17	58.6
Duration	24	82.8	5	17.2
Average perception about rehabilitation schools.	-	52.4	-	47.6

Table 5.0 indicates a 52.4% average perception on joining the rehabilitation schools. While 86.2% of adolescents were aware of the name of the school and 82.8% had knowledge of the duration only 41.4% were aware of the purpose of being there and only 13.8% were aware of the school. Low percentage on the perception, nature and purpose of being in the rehabilitation

schools could mean low understanding. This could contribute to failure to get the adolescent get rehabilitated effectively. Still on perception, the study sought to establish any other information the adolescents had on joining the rehabilitation school. The concept perception means the way the delinquent adolescents look at the rehabilitation school in terms of the name of the school, the location of the school, the nature, the duration of stay in this school and their reasons for staying in the school as a rehabilitation centre and how it would change their lives as rehabilitees.

The information is contained in the table 5.1.

**Table 5.1: Other information adolescents had on joining the rehabilitation school.**

Information that:	Frequency	Percentage
They were being taken to a boarding	2	6.9
It is a school for street children	1	3.4
That the school is not for criminals	6	20.7
It is a prison school	1	3.4

The information in table 5.1 indicates that some adolescents had incorrect information with 20 % being informed that they were being taken to a boarding school and 6.9% being informed that they were being taken to a school of street children. Incorrect information can be interpreted as deception by adolescent leading to dissatisfaction with the school which can be an impediment to effective rehabilitation. To facilitate perception, orientation is vital for the new adolescents. The perception can be enhanced where staff members and the adolescents already undergoing rehabilitation are involved in the orientation process. The environment should also be conducive.

Table 5.2 below indicates the information of factors of effective orientation.

**Table 5.2: Factors of effective orientation**

Factors	Above average		Below average	
	frequency	percentage	frequency	percentage
Involvement of staff members	2	6.9	5	17.2
Involvement of adolescents	2	6.9	4	13.8
conduciveness of other adolescents	2	6.9	6	20.7
process of orientation	1	3.4	6	20.7

From the table 5.2, 20.7 percent of the adolescents indicated that factors regarding both the conduciveness of other adolescents and process of orientation were at par being that they were below average. Out of the five factors sampled, involvement of staff members was rated third with 17.2 percent and involvement of adolescents was rated at 13.8 percent closing the part of below average. Considering the area above average, the adolescents indicated that the three factors namely involvement of staff members, involvement of adolescents and conduciveness of other adolescents were rated at 6.9 each and process of orientation was rated fourth at 3.4 percent.

**Programs offered in the rehabilitation schools**

The aim was to identify the programs available in order to identify the ones missing. The programs available are presented in table 5.3.

**Table 5.3: Available programs.**

programs	Frequency	Percentage
Guidance and counseling	5	38.5
Education	3	23.1
Vocational training	2	15.4
Recreational program	2	15.4
Spiritual	1	7.7

From the table 5.3, 38.5 percent of the staff members indicated that guidance and counseling program was rated highest followed by education program at 23.1 percent. Vocational training and recreational programs were rated at 15.4 percent each while spiritual program was rated lowest at 7.7 percent in the rank order.

**Table 5.4: Activities the adolescents are involved in at the schools.**

Activity	Frequency	Percentage
Learning	18	62.1
Cleaning the school	12	41.4
Vocational training	11	37.9
Games and clubs	6	20.7
Going to church	4	13.8
Watching television.	2	6.9

According to the table 5.4, majority of adolescents (62.1%) were involved in formal learning followed by cleaning the school indicated by 41.4% and vocational by (37.9%). 20.7% indicated

being involved in games and clubs and 13.8% in church activities. Watching television and rehabilitation was indicated by 6.9% each respectively. The information reveals that the activities the adolescents are involved in agree with the programs as indicated by the staff members in table 5.3 and as mentioned Sullivan and Thomson (1994) Siegel and Senna (1997) and Miruka et. al (2005). However the need to add more programs seemed prevalent among the staff members as indicated in the table 5.5

**Table 5.5: Need for other programs**

Responses	Frequency	Percentages
Yes	10	76.9
No	3	23.1
Total	13	100

According to table 5.5, 76.9% percentage indicated that the need for other programmes to be included against 23.1% that saw no need. The table 5.6 below indicates other programs that can be included in the rehabilitation process according to the staff members.

**Table 5.6 Other programs that can be included.**

Program	frequency	percentage
Open day program and visiting day	6	41.2
Educational tours	3	23.1
Spiritual seminars (weekend challenge)	3	23.1
Exchange programs	2	15.4
After care programs	2	14.4

Form table 5.6, 41.2 % indicated the need for open days programs and visiting dyas. This would enable the adolescents keep in touch with their parents and make a follow up on progress of their children. Educational tours were indicated by 23.1%. this would promote formal education while spiritual seminars would allow other schools even mainstream schools to visit and interact with the adolescents in the rehabilitation schools. This would help in destigmatisation. After care programs were indicated by 15.4%, this would enable the rehabilitators have a follow up on progress of the adolescents after their release into the society. According to Siegel and Senna (1997) for the programs to be successful they need to be handled by efficient personnel. This study therefore assessed the qualities of the staff members that could enhance effective rehabilitation.

### **Qualities of the staff members**

The items in section D of staff questionnaire assessed the relationship between the staff members and the adolescents, the co-operation among the staff members in the process of rehabilitation and how often the staff members attend refresher course to promote their rehabilitation skills. This information is presented in table 5.7.

**Table 5.7: Qualities of the staff members.**

Quality	Above average		Average		Below average	
	frequency	percentage	frequency	percentage	frequency	percentage
Relationship between the staff members and adolescents	6	46.2	5	38.5	2	15.6
co-operation amongst Staff members	4	30.8	7	53.8	2	15.6
attendance of refresher courses	2	15.4	3	23	8	62
Total average		30.7		38.3		

From table 5.7 the relationship between the staff members and adolescents was indicated by 46.2% to be above average while 38.5% indicated it to be average. 53.8% indicated an average co-operation amongst the staff members and 30.8% on average. On attendance to refresher courses, 62 percent of the staff indicated it to be below average (below 50%). Low attendance to refresher courses shows inadequacy in provision of rehabilitated skills to the staff members. Table 5.8 indicated the adolescents view on relationship of adolescents and member of staff in the rehabilitation school.



**Table 5.8: Relationship of staff members with adolescents and amongst themselves according to the adolescents.**

types of relationship	above average		average		below average	
	frequency	percentage	frequency	percentage	frequency	percentage
Staff members and adolescents	23	79.3	4	13.8	2	6.9
Amongst the staff members	14	48.3	9	31.0	6	20.7
Total average	-	63.5	-	22		13.5

The adolescents were also required to state characteristics that describe their staff members then of the most prevalent characteristics were sampled out and presented in the table 5.9. From the table 5.8, 79.3 percent of the adolescents indicated that staff members and adolescent relationships worked very well since it was above average while 48.3 percent indicated that the relationship amongst the staff members was average. 31.0 percent showed that the relationship among the staff members was average and 13.8 percent indicated that the relationships amongst the staff members and adolescents was average. On the other hand, 20.7 percent of the adolescents indicated that the relationship amongst the staff members was below average while 6.9 percent indicated that the relationship between the staff members and adolescents was below average.

**Table 5.9 Staff members' qualities as indicated by the adolescents.**

Quality	Frequency	Percentage
Friendly	15	51.7
Lively	12	41.4
Smart	6	20.7
Teaches well	5	17.4
Caring	5	17.4
Harsh	5	17.4
Merciful	2	6.9
Respectful	2	6.9
Relate well with each other	2	6.9
Are not friendly to all	2	6.9

From the table 5.9, 51.7 percent of the adolescents indicated that their staff members were friendly and 41.4% indicated they were lively. Out of the ten items sampled out, only two items indicated negative qualities with harsh being indicated by 17.4% and 6.9% said that the staff members did not treat them equally. The positive qualities hence are more than negative qualities. This indicated that the staff members relate well with the adolescents, which could enhance rehabilitation. According to Redd (1979), positive relationships prevent development of behavioral problems and disaffection of adolescents with the schools.

### Involvement of parents in the rehabilitation

The staff members were required to describe how involved the parents were in the rehabilitation of their children and also state ways the parents were involved. The information of parents involvement was described as indicated below in table 6.0

**Table 6.0 Involvement of parents in the rehabilitation.**

	above average		average		below average	
	frequency	percentage	frequency	percentage	frequency	percentage
Parent involvement	-	-	1	7.7	12	92.3

According to table 6.0, 92.3% of the staff members indicated that parents involvement in the rehabilitation of their children was below average and 7.7% indicated an average involvement. This showed minimal involvement of parents in rehabilitation despite parent involvement being a major factor in providing effective rehabilitation. Table 6.1 shows the minimal ways in which parents are involved.

**Table 6.1: Ways in which parents are involved in rehabilitation according to head teachers.**

	Above average		average		below average	
	frequency	percentage	frequency	percentage	frequency	percentage
parent involvement in rehabilitation	-	-	1	33.3	2	66.7

According to table 6.1, 66.7% of the head teachers stated that parents involvement in the rehabilitation of their children was below average and 33.3 % of the head teachers indicated that

parents involvement was average in the rehabilitation of their children. This showed still a minimal involvement of the parents in the rehabilitation centres even though it was a very significant factor. Table 6.2 shows parents involvement according to the adolescents. This agreed with Thompson (1984) of less average concern from the parent in rehabilitation process.

**Table 6.2: Parents involvement according to the adolescents.**

	above average		average		below average	
	frequency	percentage	average	percentage	average	percentage
parents involvement in rehabilitation according to the adolescents.	2	6.9	10	34.5	17	58.62

According to table 6.2, 58.62% of the adolescents indicated that the parents involvement in the rehabilitation of their children was below average, 34.5% indicated that their parents involvement in the rehabilitation was average and 6.9 % indicated that they were above average in the involvement. According to this information, it agrees with Sullivan and Thompson (1994), Siegel and Senna (1997) and Miruka et-al. (2005) that some parents were less involved in the rehabilitation of their children.

The table 6.3 (a) below indicates the status of physical facilities at Sikuse according staff members. They include dormitories, sanitation, kitchen and dining hall, classrooms and vocational rooms. Recreational facilities (games fields, T.V rooms e.t.c.).

**Table 6.3 (a) Status of physical facilities at Sikuse according to staff members.**

	above average		average		below average	
	frequency	percentage	frequency	percentage	frequency	percentage
status of physical facilities according to staff members	4	30.8	7	53.8	2	15.4

According to table 6.3 (a) 53.8% of staff members indicated that the physical facilities at Sikuse were average, 30.8% indicated that they were average while 15.4% indicated that they were below average. This result concurs with Siegel and Senna (1997) that for the success of rehabilitation of adolescents, the physical facilities should be put in place. Table 6.3 (b) below indicates status of physical facilities at Sikuse according to the adolescents.

**Table 6.3 (b) Status of physical facilities at Sikuse according to the adolescents.**

	above average		average		below average	
	frequency	percentage	frequency	percentage	frequency	percentage
status of physical facilities according to adolescents	4	13.8	15	51.2	10	34.5

According to table 6.3 (b) 51.2% of the adolescents indicated that the status of physical facilities were average, 34.5% below average and 13.8% were above average. This results was almost concurring with the one presented by the staff members though the difference lied between the

above and below average. Table 6.4 (a) below indicates status of physical facilities at Kabete according to staff members

**Table 6.4 (a) status of physical facilities at Kabete according to staff members.**

	above average		average		below average	
	frequency	percentage	frequency	percentage	frequency	percentage
status of physical facilities according to staff members	2	15.4	4	30.8	7	53.8

According to table 6.4 (a) 53.8% of the staff members indicated that the status of physical facilities at Kabete rehabilitation centre were below average, 30.8% indicated that they were average and 15.4% indicated that they were above average. According to Lavera (2003), this concurs with his findings about the low percentage of physical facilities in the rehabilitation process at Kabete. Table 6.4 (b) indicated the status physical facilities at Kabete according to adolescents.

**Table 6.4 (b): Status of physical facilities at Kabete according to adolescents.**

	above average		average		below average	
	frequency	percentage	frequency	percentage	frequency	percentage
status of physical facilities according to adolescents	-	-	10	34.5	19	65,5

According to table 6.4 (b) above 65.5% of the adolescents at Kabete were below average, 34.4% stated that they were average while none of the adolescents indicated the facilities being above average. Again this conforms to Lavera (2003) that the status of facilities needed for rehabilitation was inadequate. Table 6.5 (a) below indicates the status physical facilities at Dagoretti according to staff members.

**Table 6.5 (a) Status of physical facilities at Dagoretti according to staff members**

	above average		average		below average	
	frequency	percentage	frequency	percentage	frequency	percentage
status of physical facilities according to staff members	1	7.7	3	23.1	9	69.2

According to table 6.5 (a), 69.2% of the staff members indicated the inadequacy of the physical facilities, 23.1% stated that they were average and the only 7.7% of the staff stated that they were above average. This analysis conforms with Sullivan and Thompson (1984), Siegel and Senna (1997) and Miruka et.al (2005) that the need for physical facilities in rehabilitation centres were seriously lacking. Table 6.5 (b) below indicates the status of physical facilities at Dagoretti according to adolescents.

**Table 6.5 (b) status of physical facilities at Dagoretti according to adolescents.**

	above average		average		below average	
	frequency	percentage	frequency	percentage	frequency	percentage
status of physical facilities according to adolescents	2	6.9	11	37.9	16	55.2

According to table 6.5 (b) 55.2% of the adolescents indicated that the status of physical facilities were below average, 37.9% indicated that they were average while only 6.9% indicated that they were above average. This again concurs with Lavera (2003) about the inadequacy of physical in the rehabilitation of adolescents in the rehabilitation centres. Table 6.6 (a) below shows the provision of welfare services in this case include medical care, food, accommodation, recreation, personal effects (soap, tissue paper, sanity towels e.t.c.)

**Table 6.6 (a) provision of welfare services at Sikuse according to staff members.**

	Adequate		fairly adequate		not adequate	
	frequency	percentage	frequency	percentage	frequency	percentage
welfare services according to the staff members	-	-	4	30.8	9	69.2

According to table 6.6 (a) 69.2% of the staff members indicated that the welfare services at Sikuse were not adequate, 30.8% indicated that they were fairly adequate while none of them stated the total adequacy. This agrees with the finding of Lavera (2003) that there is inadequacy



in the provision of welfare services in the rehabilitation centres. Table 6.6 (b) below shows the provision of welfare services at Sikuse according to the adolescents.

**Table 6.6 (b) Provision of welfare services at Sikuse according to adolescents**

	Adequate		fairly adequate		not adequate	
	frequency	percentage	frequency	percentage	frequency	percentage
welfare services according to the adolescents	-	-	10	34.5	19	65.5

Form the above table 6.6 (b), 65,5% indicated that at Sikuse rehabilitation centre, the welfare services were not adequate according to the adolescents, 34.5% indicated that they were fairly adequate while none of them stated if they were adequate. Sullivan and Thompson (1984) stated that there was need to improve the supply of welfare services to the rehabilitatees. Table 6.7 (a) below shows the provision of welfare services at Kabete according to staff members.

**Table 6.7 (a) provision of welfare services at Kabete according to staff members.**

	Adequate		fairly adequate		not adequate	
	frequency	percentage	frequency	percentage	frequency	percentage
welfare services according to the staff members	1	7.7	5	38.46	7	53.8

According to the above table, 58.8% indicated that the provision of welfare services at Kabete were not adequate, 38.46% stated that they were fairly adequate while 7.7% of the staff members

stated that they were adequate. This also conforms with Sullivan and Thompson (1984) that provision of welfare services in the rehabilitation centres were not adequate. Table 6.7 (b) below shows provision of welfare services at Kabete according to adolescents.

**Table 6.7 (b) Provision of welfare services at Kabete according to adolescents**

	Adequate		fairly adequate		not adequate	
	frequency	percentage	frequency	percentage	frequency	percentage
Welfare services according to the adolescents	-	-	9	31.0	20	69.0

According to the above table, 69.0% of the adolescents indicated that the provision of welfare services were not adequate, 31.0% indicated that they were fairly adequate while none on the adolescents agreed that they were adequate. This conforms with the research which was done by Lavera (2003) that the welfare services of the adolescents were not adequately distributed in the rehabilitation centres. Table 6.8 (a) shows provision of welfare services at Dagoretti according to staff members.

**Table 6.8 (a) Provision of welfare services at Dagoretti according to staff members.**

	Adequate		fairly adequate		not adequate	
	frequency	percentage	frequency	percentage	frequency	percentage
Welfare services according to the staff members	2	15.4	5	38.46	7	46.2

According to table 6.8 (a), 46.2% of the staff members indicated that the provision of welfare services was not adequate, 38.5% percent indicated that they were fairly adequate while only 15.4% stated that they were adequate. This concurs with Lavera (2003) concerning the inadequacy of welfare services in the rehabilitation centres to help improve the conditions of rehabilitees. Table 6.8 (b) below shows the provision of welfare services at Dagoretti according to adolescents.

**Table 6.8 (b) Provision of welfare services according to adolescents.**

	Adequate		fairly adequate		not adequate	
	frequency	percentage	frequency	percentage	frequency	percentage
welfare services according to the adolescents	-	-	13	44.8	16	55.2

According to the above table, 55.2% of the adolescents indicated that the provision of welfare services at Dagoretti were not adequate, 44.8% indicated that they were fairly provided while none of them indicated they were adequately provided. This agrees with Suvellivan and Thompson (1984), Siegel and Senna (1997) and Miruka et.al (2005) that for the rehabilitation of adolescents, the provision of welfare services has to be adequate. Table 6.9 shows the areas that require improvement according to staff members.

**Table 6.9 Areas that require improvement according to staff members**

Physical facilities		Welfare services		Management		Parents involvement	
frequency	percentage	frequency	percentage	frequency	percentage	frequency	percentage
3	23.1	2	15.4	2	15.4	6	46.2

From the above table, 46.2% of the staff members indicated that parents involvement was very important in adolescents rehabilitation, 23.1% agreed that physical facilities were needed while 15.4% shared in welfare services and rehabilitation management centres. This agrees with Kagan J. and Segal J. (1995) that parents involvement in adolescents character was very important.

Table 7.0 shows areas that require improvement according to the adolescents.

**Table 7.0, Areas that require improvement according to the adolescents.**

Physical facilities		Welfare services		Management		Parents involvement	
frequency	percentage	frequency	percentage	frequency	percentage	frequency	percentage
6	20.7	7	24.1	8	27.6	8	27.6

From table 7.0, 27.6 % of the adolescents indicated that both the parents involvement and managements were at par in their rehabilitation. 24.1% however indicated the need for the welfare services while 20.7% stated the need for physical facilities in the government rehabilitation process. This finding agrees with Sullivan and Thompson (1984), Siegel and Senna (1997) and Miruka et.al. (2005) which recommended the need of parents involvement in the adolescents. Table 7.1 shows the staff members' recommendations

**Table 7.1 Staff members recommendation**

Rehabilitation process be improved		Rehabilitation schools be added		Parents be involved in rehabilitation		Teachers be involved in rehabilitation	
frequency	percentage	frequency	percentage	frequency	percentage	frequency	percentage
5	38.5	1	7.7	4	30.8	3	23.1

From the above table, 38.5% of the staff members agreed that rehabilitation process be improved, 30.8 percent stated that parents involvement was very important, 23.1 percent indicated that the teachers should be engaged in the rehabilitation process while only 7.7 percent indicated that the rehabilitation schools be added. These findings conforms with Ayora D. (2008) who indicated that the society perception of the effectiveness of correctional facilities and interventions of juvenile delinquents in Nairobi and its environs should be put in place. Table 7.2 shows adolescents recommendation.

**Table 7.2, Adolescents recommendations.**

Rehabilitation process be improved		Rehabilitation schools be added		Parents be involved in rehabilitation		Teachers be involved in rehabilitation	
frequency	percentage	frequency	percentage	frequency	percentage	frequency	percentage
8	27.6	2	6.9	10	34.5	9	31.0

From table 2.7 above, 34.5 of the adolescents indicated that their parents help in the rehabilitation process, 31.0 percent indicated that the teachers should be involved in the process, 27.6 percent

of them stated that the rehabilitation process of the juvenile delinquents be improved and only 6.9 percent indicated that the number of schools be added or increased in the rehabilitation plan. This agrees with the findings of Kagan J. (1995) concerning the parents and government involvement characters.

## **CHAPTER FIVE**

### **5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

This chapter summarizes the findings of the study concerning the rehabilitation programs in place for the delinquent adolescents. It also presents the conclusions and recommendations of the study and hence gives suggestions for further research.

#### **5.2 Summary**

The purpose of this study was to investigate adolescence behavioural problems, rehabilitate them and send them back to become responsible citizens in the society. It was further meant to carry out a research on the factors related to the effectiveness of government rehabilitation schools for delinquent adolescents in public boarding schools in Nairobi and western counties. The schools studied in Nairobi County were Dagoretti girls and Kabete boys while in western, Sikuse boys in Kakamega was studied.

Six research questions were formulated to guide the study. Research question one was to identify the rehabilitation programs currently in place in the rehabilitation schools, research question two was to examine the delinquents perception about the rehabilitation process, research question three was to examine whether the staff members had the qualities that supported the rehabilitation, research question four sought to investigate the ways in which parents involved in the rehabilitation process, research question five was to examine whether the rehabilitation school environment was supportive of the rehabilitation process while research question six sought to investigate what measures were put in place to increase the effectiveness of the rehabilitation schools.

Literature review dealt with the concept of delinquency, adolescence behavioural problems, types and causes of delinquents' behavioural problems in schools and methods used by the school administration in handling these problems. The study employed a descriptive survey. The sample consisted of thirteen out of forty-nine staff members constituting a quarter of the total staff members and twenty nine out of two hundred and twenty six children constituting one eighth of the total number of children. The method of allocation was to ensure that the population size was reflected in the sample size.

The findings revealed that:-

Schools encountered adolescence behavioural problems which included negative peer influence, boy/girl relationship, drug abuse, time management problems, recurrent problems in completing assignments, domestic problems, pornographic literature, excessive worry and frequent nervousness. The adolescence behavioural problems encountered were rated as moderately alarming by the teachers.

The major causes of these adolescence problems behavior were peer influence, large student's population, lack of parental involvement in student affairs in school, family background and the stage of adolescents, parents supporting their children even when they were on the wrong, lack of enough training among the school administrators and some teachers not cooperating with the school administration in handling problem behavior. Inadequate personnel in the school was also rated as a cause of adolescence behavioural problems.

The school administration used various methods in handling the adolescence problem behaviours. These included guidance and counseling, punishments, involving parents in matter of student discipline, withdrawal of privileges' and in some cases expulsion. The school administrations were not' adequately 'prepared in handling adolescence problem behaviours according to the



respondents. They suggested need for training on the areas of handling problem behavior. Though they had received training, they suggested that it was not adequate.

### **5.3 Conclusions**

The purpose of this study was to investigate adolescence behavioural problems and factors related to the effectiveness of government rehabilitation schools for delinquent adolescents in public boarding schools. It was also found that these adolescence problems were caused by different factors that were student related such as peer influence, school related such as large students population, parents related such as lack of parental involvement in their student affairs, family background and parents supporting their children even when they were on the wrong. Causes related to administration such as inadequacy of training among the school administration, lack of sufficient cooperation between the staff members and inadequacy of personnel in the school were found out. The study also concluded that various ways were used to handle such problems. The school administration used guidance and counseling, punishments involving parents in the matters of privileges and in some cases expulsion. It was also concluded that the school administrators specifically the deputy head teachers were not adequately prepared in handling adolescence problem behaviors. The study also investigated the government's efforts put in place for the effective rehabilitation process.

### **5.4 Recommendations**

In the light of the research findings the researcher wishes to make the following recommendations:-

1. It was recommended that peer educators /counselors be posted to the rehabilitation schools to survey the students' problems and encourage them to seek help. The peer counselors need not to be prefects but respectable and responsible students. Older students

could also help junior students who enter adolescence stage. The school counselors should make a deliberate effort to train them and brief them from time to time. Establishment of peer debates on the adolescence changes can go far in checking the rampant drug abuse and negative peer influence in schools.

2. Deliberate attempts should be made towards the establishment of training sessions in KESI targeting the administrators and the management of the pupils in the rehabilitation schools. Head teachers, deputy head teachers and teachers in the rehabilitation schools should be constantly equipped with techniques to handle the changes in the youths through workshops, seminars, in-service courses and in-house trainings.
3. It is recommended that parents and guardians play their role of moulding the youth instead of leaving the burden to the already overworked teachers. Parents should visit schools to find out how their children progress and spare time during the school holidays to be with their children.
4. The teacher training colleges should come up with course units which focus on adolescence so as to enable teachers to handle adolescence behavioural problems well and effectively.
5. There should be professionally trained teacher-counselors in all schools since counseling has been found to be quite effective in moulding the growing young people.
6. There is need for involvement of students' leadership in the running of the rehabilitation centers as they are the link between the students' body and the school administration.

## **5.5 Suggestions for further research**

Taking the limitations and delimitations of the study, the researcher makes the following suggestions for further research;-

1. The role of parents and board of governors in management of students' behavioural problems.
2. Role of guidance and counseling in management of adolescence behavioural problems.
3. A national study which should look at delinquent adolescence as a psycho-social phenomenon in educational management. Such a study would suggest valid national strategies for understanding and helping the youth as they grow and as they study. It would also provide data on the problems faced by the delinquent adolescence both at home and the rehabilitation centers.

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## **Appendix 1 PERMISSION TO CONDUCT RESEARCH**

**The ministry**

Dear Sir/Madam,

**RE: THE INFLUENCE OF ACADEMIC PERFORMANCE OF JUVENILE DELINQUENCY  
IN PUBLIC BOARDING SCHOOLS OF NAIROBI AND WESTERN COUNTIES IN  
KENYA-**

I am a student at University of Nairobi pursuing a Master's degree in education in educational foundations (sociology of education). I am currently preparing to carry out a research based on the influence of academic performance of juvenile delinquency in public boarding schools in Nairobi and Western counties in Kenya.

I hereby request for permission and support to be able to carry out this study by administering questionnaires to teachers and students. The findings will enable the government and private sectors to put in place necessary measures in order to curb juvenile delinquency in Kenya boarding schools.

The researcher hereby gives assurance that all data collected will be treated confidentially and will be used for research purpose only.

Thank you.

Yours faithfully,

**OJWEKE CHARLES OMAMO**

## **Appendix 11: PERMISSION TO CONDUCT RESEARCH**

**The head masters/principals**

Dear Sir/Madam,

**RE: THE INFLUENCE OF ACADEMIC PERFORMANCE OF JUVENILE DELINQUENCY  
IN PUBLIC BOARDING SCHOOLS OF NAIROBI AND WESTERN COUNTIES IN  
KENYA -**

I am a student at University of Nairobi pursuing a Master's degree in education in educational foundations (sociology of education). I am currently preparing to carry out a research based on the influence of academic performance of juvenile delinquency in public boarding schools in Nairobi and Western Counties in Kenya.

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Thank you.

Yours faithfully,

**OJWEKE CHARLES OMAMO**



### APPENDIX III: QUESTIONNAIRE

**Section A**

1. Gender male ( ) female ( )
2. class .....
3. age
4. what is the current marital status of your parents?  
 Divorced ( ), happily married ( ), separated ( ), single parents ( ),

**Section B**

5. Distance of home from school less 5KM ( ), 5-10 KM ( ) or above 10 ( )
6. have you ever been punished in school yes ( ), no ( )  
 if yes, why .....
- 7 how do you rate the punishment in school? light ( ), harsh ( ), very harsh , extremely harsh ( ).
- 8 a. do your parents discipline you when you make'a mistake yes ( ), no ( )  
 b. if yes, how do you rate the punishment? light ( ), harsh ( ), very harsh , extremely harsh ( ).

**Section C**

Answer the following questions by putting a tick against the option that closely matches your situation

A-Agree SA- Strongly Agree, U-Uncertain, D-Disagree and SD- Strongly Disagree

	A	SA	U	D	SD
There is a great increase in number of juvenile delinquencies					
Juvenile delinquency negatively influences family bond					
Poor academic performance increases juvenile delinquency					
Missing classes has an influence on juvenile discipline					
Teachers guidance to individual students improves academic performance					
Corporal punishment as a result of poor performance can improve juvenile discipline					
Tutions' improve better academic performance and help reduce juvenile delinquency					

Tutions improve better academic performance and help reduce juvenile delinquency					
Competition among boys and girls reduce juvenile delinquency					
There is influence of academic performance on Juvenile delinquency in public boarding secondary schools					
Juvenile delinquency negatively affect performance in schools					
Family background contribute to juvenile delinquency					

**Section D**

What are the family factors that contribute to poor performance of the students which results into Juvenile delinquency in public boarding schools?

.....  
 .....  
 .....

What are the safety measures that the government has put in place to deal with the problems of academic performance so as to limit juvenile delinquency in public boarding schools?

.....  
 .....  
 .....

Comment on the state of economic conditions towards Juvenile delinquency and performance

.....  
 .....

What are the causes of Juvenile delinquency on the performance.

.....