

THE IMPACT OF THE REHABILITATION PROGRAMME ON
JUVENILE DELINQUENTS' BEHAVIOUR : A CASE OF NAIROBI DISTRICT,
KENYA.

EGERTON UNIVERSITY LIBRARY

BY

EDNA AMBASA ONYOYO

A Research Project Report Submitted to the Graduate School in Partial Fulfillment
of the Requirements for the Award of the Degree of Master of Education in
Guidance and Counselling , of Egerton University.

EGERTON UNIVERSITY
NJORO, KENYA

JUNE, 2007



Eger241490

X
H2926/F002
2007/12/24

X

DECLARATION

This Project Report is my original work and has not been presented for the award of a degree or diploma in any other university.

Signature 

Date 28th June 2007

Ambasa Edna Onyoyo

Reg. No. EM16/0933/03

RECOMMENDATION

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

Signature 

Date 28th June 2007

Dr. Levi, L. W.

2007-12-6-24 X

COPY RIGHT

© 2007

Ambasa Edna Onyoyo

All rights reserved. No part of this **Project Report** may be reproduced or transmitted in any form or by means mechanical, including photocopying, recording or by any information storage or retrieval system without prior written permission of the author or Egerton University on her behalf.

DEDICATION

Dedicated to my family for their encouragement and support.

ACKNOWLEDGEMENT.

The production of this final research project report has taken the concerted effort of a number of committed people. First, I am indebted to my supervisor: Dr. Levi, a very hard working, jovial, challenging yet supportive who moved with me every step of the way. I am equally grateful for the input of the other members of staff in the Department of Psychology, Counseling and Educational Foundations namely Dr. Chepchieng, Dr. Omulema, Dr. Mbugua and Dr. Kariuki. To the Teachers Service Commission, I will always be grateful for granting me paid study leave to pursue the Master degree course. I cannot forget my respondents who helped by filling out and forwarding to me the questionnaires in time.

The same goes for my fellow classmates who kept me on my toes when I felt like giving up.. Catherine Ambasa's effort of typing the paper cannot go without mention. And last but by no means least, my family which stood by me, encouraging, supporting me fully and prayerful for my continued strength and commitment.

God Bless you All.

ABSTRACT

The Government of Kenya has through Ministry of Home Affairs and National Heritage, established rehabilitation institutions to respond to juvenile delinquency. Ever increasing juvenile delinquency affects not only socio-economic development and well being of the country, but also its security and safety. The Children's Act 2001 (Cap 586, Laws of Kenya), identifies delinquents who are to be taken to rehabilitation institutions for care, protection, correction and later re-integration back into society. The purpose of this study was to establish the impact of the rehabilitation programme on juvenile delinquents behaviour in Nairobi district of Kenya. The study used an ex-post facto research design. The population of the study comprised 220 juvenile delinquents from Nairobi's three rehabilitation institutions, 3 managers, 15 teachers, 8 social workers, 2 counselors and 2 instructors. Simple and stratified random sampling techniques were used in selecting the sample of 220 delinquents. Three sets of questionnaires were used to collect data. One set was administered to delinquents, the second one was for managers and the third combined one was for teachers, social workers, counselors and instructors. The data was analyzed using the statistical package for social sciences (SPSS) version 11.5 and presented using Descriptive statistics such as percentages, tables and frequencies. The results of the findings indicated that the rehabilitation institutions' programme through its activities maintained an average (50% response) towards delinquents' behaviour modification. More than 50% of the delinquents hailed from dysfunctional families. However, they showed satisfaction with the basic services provided for their needs in the rehabilitation institutions. In general, the delinquents' attitude was negative about the programme. Rehabilitation institutions lacked behavioural modification programmes as indicated by their lack of a clear vision, mission and objectives. The staffs were not trained in counseling and this impeded the rehabilitation programme. The lack of child intervention strategy based on Behavioural therapy also undermined the effectiveness of the rehabilitation programme. Based on these findings, key recommendations were that the Ministry of Home Affairs and National Heritage should adopt a behavioural modification approach towards its rehabilitation programme. The staff be given professional training opportunities to upgrade their skills. In addition a sound and realistic vision and mission statement be formulated and frequently evaluated.

TABLE OF CONTENTS.

DECLARATION	ii
RECOMMENDATION	ii
COPY RIGHT	iii
DEDICATION	iv
ACKNOWLEDGEMENT	v
ABSTRACT	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	x
LIST OF FIGURES	ix
CHAPTER ONE: INTRODUCTION	
1.1 Background of the study	1
1.2 Statement of the Problem.....	2
1.3 Purpose of the study	2
1.4 Objectives of the study.....	3
1.5 Research questions	3
1.6 Significance of the study.....	3
1.7 Scope and Limitations of the study	4
1.8 Assumptions of the study.....	4
1.9 Definition of terms.....	5
CHAPTER TWO: LITERATURE REVIEW	
2.1 Introduction	6
2.2 Historical development of Rehabilitation Institutions.....	6
2.3 Reasons for committing delinquents in Rehabilitation institutions.....	7
2.4 Rehabilitation objectives, goals and activities.....	8
2.5 Characteristics, Attitudes and Interpersonal Relationship among Inmates and Personnel	10
2.5.1 Characteristics of Delinquents.....	10
2.5.2 Attitudes of Delinquents	10

2.5.3	Delinquents Interpersonal Relationship	11
2.5.4	Interpersonal Relationship among staff.....	11
2.6	Previous studies conducted in Rehabilitation of Juvenile delinquents.....	11
2.7	Theories of Rehabilitation.....	12
2.7.1	Behavioral Model	13
2.7.2	Cognitive Behavioral theory Approaches (CBT).....	13
2.7.3	Social structural and Culture Deviance Approach	14
2.7.4	Medical and Intra-psychic Model.....	15
2.8	Conceptual framework	16

CHAPTER THREE: RESEARCH METHODOLOGY..... 19

3.1	Introduction	19
3.2	Research Design	19
3.3	Location of the study	19
3.4	Population of the study.....	19
3.5	Sampling Procedures and Sample Size	20
3.6	Instrumentation	22
3.7	Validity and Reliability.....	22
3.8	Data Collection Procedures.....	23
3.9	Data analysis	23

CHAPTER FOUR: RESULTS AND DISCUSSIONS..... 24

4.1	Introduction	24
4.2	General background Information of the Delinquents	24
4.3	Reasons for Delinquency	29
4.4	Activities of Rehabilitation programme	35
4.5	Academic and professional qualification of caretakers charged with rehabilitation programme.....	39
4.6	To determine the attitudes of delinquents and caretakers towards activities within the rehabilitation programme	44
4.7	To examine the influence of the rehabilitation programme of Delinquents Behaviour	49

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS	56
5.1 Introduction	56
5.2 Summary	56
5.3 Conclusion	57
5.4 Recommendations	59
5.5 Suggestions for further Research.....	60
REFERENCES	61
APPENDICES	64
APPENDIX A: QUESTIONNAIRES FOR THE STUDENTS.....	64
APPENDIX B: TEACHERS- INSTRUCTORS WELFARE QUESTIONNAIRE...	72
APPENDIX C: MANAGER – HEADS OF SECTIONS QUESTIONNAIRE	75
APPENDIX D: INTRODUCTION LETTER FOR RESEARCH AUTHORITY EGERTON UNIVERSITY	78
APPENDIX E: RESEARCH AUTHORIZATION BY THE MINISTRY OF HOME AFFAIRS & NATIONAL HERITAGE.....	79

LIST OF FIGURES

Figure 1: Organizational Structure of Rehabilitation Institutions 9

Figure 2: Delinquent opinion regarding caretakers supervision.....49

CHAPTER ONE: INTRODUCTION

1.1 Background of the study

Defrain and Olson (2000), view a society as a system characterized by some acceptable behavior from its members. It has rules, regulations, rewards and penalties to ensure every member whether young or old adheres to the acceptable behavior. Deviation from the society's norms jeopardizes the homogenous co-existence of its members. The penalties vary in accordance to the degree of deviation. Society puts a high premium on harnessing youth potentiality for progeny purposes and so good character is admonished. Priority is accorded to any tendency to deviate by the youth and measures taken to correct the waywardness.

Kenya has laws that specify sanctions by Justice against adults or juveniles. A juvenile delinquent is a youth who violates one of these laws and is subject to sanctions by the Juvenile court. Different societies adopted varied corrective measures to modify and adjust delinquents behavior. World movements in the seventeenth and eighteenth centuries deemed rehabilitative institutionalization as the most effective method of dealing with juvenile delinquency (Bruce and Bruce, 1997).

When Kenya gained independence, it adopted this system of dealing with juvenile delinquency. According to Kariuki, Ayako and Orwa (1991), juvenile rehabilitation programme is an institutionalized supportive programme for delinquent juveniles and youngsters aged between 6 and 18 years. The programme is carried out at rehabilitation institutions and juvenile remand homes. Ayodele (1992) confirms that rehabilitation should be diversified to include the following: medical, physical, psychological, social, surgical, educational and vocational aspects. For the purposes of this study, the surgical aspect will be omitted. The Government, through the Children's Department, has structures such as administration, welfare, academic, chaplaincy and vocational training for carrying out its rehabilitation objectives. According to Levi (2002), the rehabilitation programme in institutions covers the following: An 8-4-4 based academic curriculum, vocational training (carpentry, masonry, blacksmith, sign writing among others), provision of guidance and counseling, chaplaincy, sports, and farm management.

Muga (1975) is among a few studies carried out in Kenya to find out the background of the children in trouble, as the possible cause of their delinquent acts and the process involved. The Kamunge Commission Report labeled delinquents as children with special needs and thus requiring special help. Levi (2002) addressed the rehabilitation process and made a recommendation for the establishment of viable programmes to cater for the needs of

delinquents. Njuguna (2004) addressed the causes and rehabilitation of juvenile delinquents and recommended constant evaluation of rehabilitation programmes and the opening up of after care centers for hardly any exist for the care of ex-delinquents.

Many researchers addressed the various causes of delinquency, the process involved in committing delinquents but few highlighted the activities or programmes that went on in the rehabilitation institutions. Kenya views the youth as a resource to be harnessed. This makes it imperative to investigate how effective the rehabilitation programmes are in modifying the delinquents' behavior. Juvenile delinquents are institutionalized for the purposes of reformation so there is need to establish the effectiveness of the rehabilitation programmes in modifying their maladjusted behavior. This study sought to critically evaluate the impact of rehabilitation programme in reforming juvenile delinquents behavior in Nairobi district, Kenya.

1.2 Statement of the Problem

Every society is fairly clear on acceptable behavior by its members both young and old. Contravention of these set norms attract specific penalties. In legal terms a child who committed or omitted an offense in the society was called a delinquent and not a criminal. This legal distinction, meant there was special treatment, albeit confinement. The Children's Act 2001 (Cap 586, Laws of Kenya), ruled that identified delinquents to be taken to rehabilitation institutions for care, protection, correction and later integration back in the society. But the continued presence on the streets and increase in the numbers of delinquents running away from the institutions back on to the streets and larger society is a worrying trend. This study therefore, sought to critically evaluate the impact of the rehabilitation programme on juvenile delinquents behavior in Nairobi district, Kenya.

1.3 Purpose of the Study

The purpose of the study was to critically evaluate the impact of the rehabilitation programme on juvenile delinquency in Nairobi district, Kenya.

1.4 Objectives of the Study

The following were the specific objectives of this study:

- i. To find out the reasons for delinquency that leads to confinement of delinquents in the rehabilitation institutions.
- ii. To examine the objectives and activities of the rehabilitation programme.
- iii. To establish the academic and professional qualifications of the caretakers charged with rehabilitation programme.
- iv. To investigate the attitudes of the caretakers and the delinquents towards the activities and services within the rehabilitation programme.
- v. To find out the impact of the rehabilitation programme on modifying the delinquents behavior.

1.5 Research Questions

- i. What reasons lead delinquents to confinement in the rehabilitation institutions?
- ii. What are the objectives and activities of the rehabilitation programme?
- iii. What are the academic and professional qualifications of the caretakers in the rehabilitation programme?
- iv. What are the attitudes of staff and the delinquents themselves towards the activities and services within the rehabilitation programme?
- v. What is the impact of rehabilitation programme towards modifying delinquency behavior?

1.6 Significance of the Study

It is hoped that the results of the study could help in establishing rehabilitation programme that adequately address delinquency. This was mainly to benefit the Ministry of Home Affairs and National Heritage, the Government's arm charged with overseeing the welfare of children and young persons. The Government's task is to ensure the development of a healthy cadre of youths as unchecked delinquency jeopardizes that task. This study therefore is to provide information that could be used in assessing the kind of projects and programmes that can help correct maladaptive behaviour among the youths.

Delinquent behavior is also a menace to the larger society, and information provided by this study can enhance understanding and sensitivity towards the youth and so help prevent

delinquency. It is hoped that the information from this study will provoke the policy makers to revise the programme to suit the needs of the delinquents, thereby influencing their behaviour positively.

1.7 Scope and Limitations of the Study

The study focused mainly on three government rehabilitation institutions (Dagoretti, Kabete, and Getathuru) in Nairobi. The study targeted delinquents from classes five to eight. The study also targeted the staff from various disciplines, such as the welfare and vocational departments to mention but a few, as the main agents of the process of rehabilitation in the institutions. These institutions were selected as the research site because of their accessibility and location in Nairobi. The institutions being in Nairobi were assumed to have a national outlook and dynamic aspects of juvenile delinquency. The study was limited by the sample size since it was confined to Nairobi only. This calls for caution in generalizing to other existing rehabilitation institutions. The past associations and life of the delinquents is likely to have changed their perceptions towards other people in the society, and this could make potential respondents apprehensive towards participating in the filling of the questionnaires. However, the researcher sought the assistance of the caretakers in the institutions in developing rapport with the respondents. Time, manpower and financial resource constraints were also a perceived set back towards a more comprehensive coverage of all the rehabilitation institutions in the country whether public or Non- Governmental. However, only the government rehabilitation institutions were included in this study.

1.8 Assumptions of the Study

The study was conducted under the following assumptions:-

- i. That the respondents were willing to readily give the information sought for.
- ii. That the respondents would give true reflections of the activities and services within the rehabilitation programme.
- iii. That the rehabilitation programme had a positive impact on delinquents' behavior.
- iv. That all the rehabilitation programme in the eleven government rehabilitation institutions was based on sound behavior modification principles.

1.9 Definition of Terms

The following were the operational definitions of terms core to the study and were specifically defined in accordance to the purpose of the study.

Delinquent:	Is a child between the ages 7-18 years who commits a crime that is classified as status offence and not criminal offence as per the legal code.
Rehabilitation:	It refers to reception of, maintenance of and training for the improvement in the physical, social, spiritual and emotional states of a delinquent or a deviant.
Programme:	This refers to structured, unstructured activities given to delinquents aimed at improving their behavior while in the institutions and preparing them for re-absorption back into society or a planned series of events or activities.
Behavior:	The manner in which a person responds to situations or stimuli.
Guidance:	A process of helping learners to develop self understanding, capabilities for making realistic career decisions, overcome personality deficits and make optimal academic progress.
Counselling:	Involves helping an individual to deal with or remove frustrations and obstacles that interfere with their lives and develop his or her most acceptable self by thinking through the situation, in an accepting atmosphere and thereby leading to fulfillment.
Guidance and counselling:	Includes all services that help an individual in understanding of him or herself, his or her attitude, interests, abilities, physical, mental and social maturity for optimum development.
Impact:	The effect or influence the rehabilitation programme will have on Delinquents' behavior.
Caretaker:	Is a person or persons employed to look after delinquents.
Characteristics:	These are qualities or features of a person.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter reviews literature regarding the impact or effectiveness of rehabilitation programme on delinquents behavior; the historical development of rehabilitation institutions; reasons for committing delinquency acts; kinds of objectives; goals and activities of the rehabilitation programme; characteristics and attitudes of the caretakers and of juvenile delinquents. The researcher also examined the previous studies carried out in the area and the theoretical as well as conceptual frame work of the study.

2.2 The Historical Development of Rehabilitation Institutions

The Government of Kenya addresses the issues of juvenile delinquency through laws of Kenya (CAP 141 1963), Reform of juvenile delinquents was undertaken by approved schools but these have been renamed Rehabilitation institutions because of the stigma that was associated with 'approved' schools. A special court, the Juvenile Court, is charged with trying child offenders and those found guilty are admitted to rehabilitation institution with the aim of being reformed and rehabilitated. The beginning of these institutions goes way back to 1910 when the colonial government selected Kabete as a center to cater for the needs of the youths who had problems associated with the first world war, like being orphaned, failing to register, indiscipline and delinquency. Vocational and training workshops were set up around 1924 to offer training in trades such as carpentry, masonry, black smith, tailoring, sign-writing, leather works and mechanics among others.

With the end of the Second World War in the mid 1940s these institutions no longer served as detention camps for displaced youths and were turned into approved schools for maladjusted children. The approved schools underwent various administrative and structural changes. The colonial government first placed them under the prisons department, and then transferred them to the probation department in 1958. Independent Kenya officially established these institutions under Young Persons Act CAP 141 section 38 Laws of Kenya and placed under the Children's Department in the Ministry of Home Affairs and National Heritage (Levi, 2002).

According to United Nations International Children Education Fund (UNICEF), (1999), there are 11 approved schools, 11 remand homes, 2 borstal institutions most of them set up in the colonial period. These institutions have been in existence since the colonial era but juvenile offenders have been on the increase. The institutions have had limited success because many children keep going back to the streets and engaging in maladjusted behaviors.

2.3 Reasons for committing delinquents in Rehabilitation institutions.

According to Sullivan, Thompson, Wright and Gross, (1980) the establishment of the root causes or reasons for any occurrence usually provide insight on purposeful interventions. There are several theories that explain the causes of delinquency. Each of these theories addresses a distinct aspect of individual behavior and provides an insight on how to shape behavior. These theories are: social process; positivist; classical; and personality.

The Social learning theory emphasizes that behavior is learnt from agents of socialization, normally parents, caregivers, schools, teachers, peers, through observation, imitation and imagination. Inappropriate behavior learnt through social interaction leads to delinquency (Bandura, 1959; Akers, 1977; Baumrind, 1971; Hargreaves, 1967; Satir, 1988). To Supporters of social control and social structure theory such as Hirschi (1969, 1972) and Levi (2002) norms, values, beliefs are the tenets for holding a structure intact and lessening deviance in interaction. When the structure is weak or broken down due to lack of commitment delinquency acts thrive.

Positivists postulate that forces outside man make him commit crime, Lombroso as quoted by (Sdorow, 1990) attributed delinquency to physical traits. He postulated that physical anomalies are innate in people and this predisposes them to engage in criminal activity. William Sheldon as cited by Sdorow, (1990) related body trait that is to say, the physiques of the mesomorphs which is characterized by traits such as aggression, assertion and somatrotomic temperaments to have the likelihood of engaging in delinquency. According to (Sdorow, 1990) Freud focused on psychosexual developmental stages which if not successfully negotiated could lead to conflicts between institutional drives and societal restraints, thus causing dysfunction.

2.4 Rehabilitation Objectives, Goals and Activities in Kenya

According to the Children Department Annual report (2000), there are more than 600,000 Kenya children classified as children in need of special protection and 45,000 of these need institutional care. With this classification the Department under the umbrella of its institutions, provides social rehabilitation, education and training in practical and technical skills and health services for the delinquents. The most important goal of juvenile court through rehabilitation institution is to treat, protect and rehabilitate delinquents. The State assumes the responsibility of a "parent" for the delinquents' welfare. The rehabilitation institutions are run on a day today basis by section heads.

Each institution is headed by a manager and a deputy manager. There are 8 sections namely: - academic (managed by teachers), vocational (managed by instructors), welfare (managed by social workers), administration, health, catering, farming (or agriculture) and security. The delinquents period of stay is determined by the juvenile court. Levis, (1970) states the goals of the rehabilitation programmes as; changing current behavior, ameliorating social conditions and bettering current lives.

Figure 1

Overleaf shows the organizational structure of a rehabilitation institution.

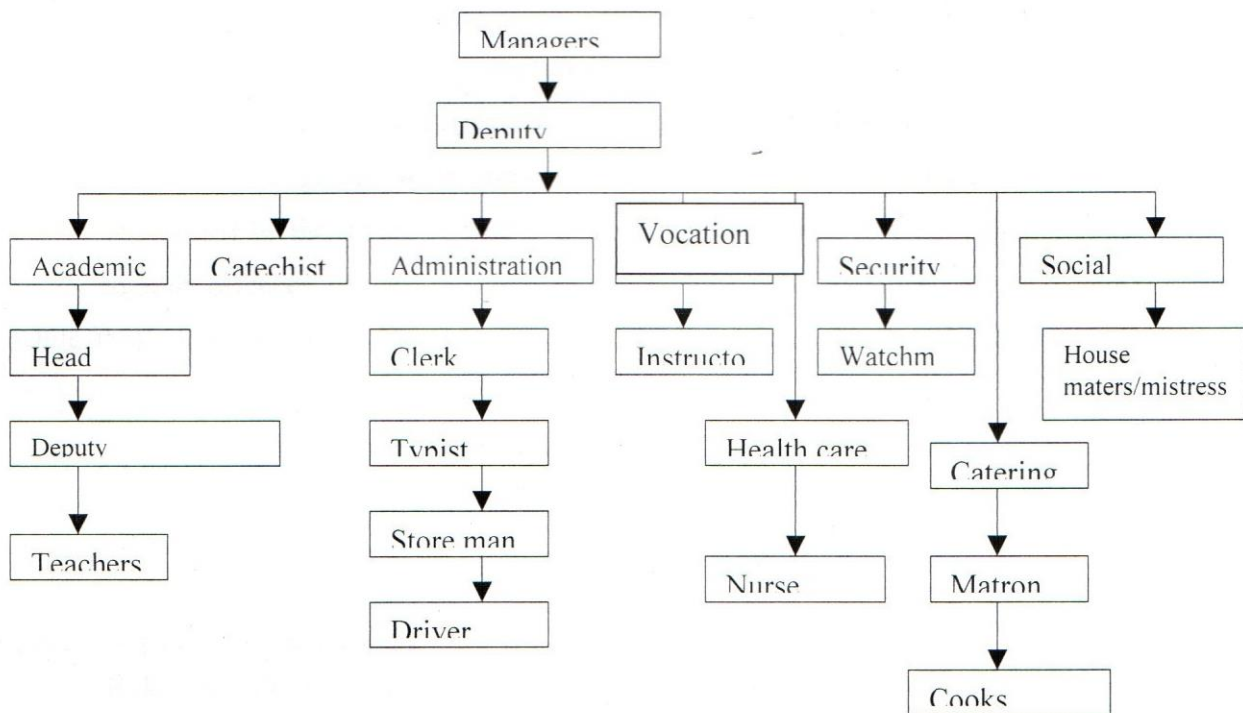


Fig. 1 Organizational Structure of Rehabilitation Institutions

Myers (1991) postulated that effective rehabilitation programme depend on being able to comprehend the program from a variety of perspectives without which there is risk of launching simplistic actions that besides being ineffective are detrimental to the welfare of the children and achieves no goals. For a variety of activities in rehabilitation institutions, these institutions have kept open channels of liaison with Don Bosco, National Youth Service for the intake of inmates to train in trades that are defunct in the institution. Teachers Service Commission provides trained teachers to the academic section. UNICEF, JICA, GTZ are all Non Governmental Organizations that work alongside Children's Department with the aim of improving the welfare of the children

by carrying out seminars, workshops with the policy makers at the Ministry and the Department level.

2.5 Characteristics, Attitudes and Interpersonal Relationship among delinquents and Staff.

2.5.1 Characteristics of Delinquents

Juvenile crimes are usually unplanned and often irrational. Characteristically, more boys commit juvenile delinquent acts than girls. Research has shown that boys commit these acts in groups while girls tend to act alone (Sullivan *et al*, 1980). The crimes committed by the juveniles vary in severity. Those from a lower socio-economic status commit offences like; arson, murder and robbery with violence, among others, while those from a higher socio- economic status commit sophisticated offences like manipulation of others. The majority of delinquents come from disturbed or broken homes. The environments from which they come, also predisposes them to crime like slum life is so harsh and hostile with little adherence to value system Sullivan *et al*, (1980).

2.5.2 Attitudes of Delinquents

Rokeach, (1970) cited by (Levi, 2002), defines attitudes as a neutral state of readiness, which predisposes one to act in a certain manner. The main goal of rehabilitation is to reform delinquents. The attitude of the delinquents greatly influences their adjustment. Delinquents come into the rehabilitation institutions with different perceptions, which facilitate fast adjustment in behavior modification or delay of the same.

Attitude defines one's self-concept (the manner in which a person views self). A delinquent with a positive self-concept despite their behavior has high chances of success while the one with negative self-concept tends to be in a state of hopelessness and has feelings of inability to cope and to press on. For such a juvenile delinquent the rehabilitation programme may not succeed.

2.5.3 Delinquents Interpersonal Relationship

The delinquents find themselves in a new environment with different people, activities and routines. This has its advantages and disadvantages. Those with positive views on institutional confinement say that the institutions give them what their original environment could not provide, such as basic amenities. The Canadian Christian Children's Fund (CCCCF) agrees with these noting that those children whose parents cannot feed, clothe, educate or protect them only inherit destitution and desperation. For the delinquents who come from varied ethnic and cultural backgrounds, a lot of interventions may be called for as researchers maintain that so many delinquents lack social skills (Mann, 2001). Bruce (1997) recommends that a warm relationship between a delinquent and a correctional officer may very well lead to greater and longer lasting change in attitudes and in behavior than the most dynamic of psychiatric therapies.

2.5.4 Interpersonal Relationship among Caretakers.

The attitude and interpersonal relationships of the staff in rehabilitation institutions also matters. As noted earlier, for the programme to succeed, there is need for the availability of resources (human, equipment/facilities, and time). The staffs also need to have positive self-concept. A member of staff that understands and believes in self is able to appreciate his or her strengths or weaknesses. Such staffs are able to validate, trust, empathize and be congruent to self and others. Ownership of these core concepts facilitates formation of an effective relationship (Satir, 1988; Roger 1961). The caretakers are drawn from various disciplines and so need team spirit to facilitate free exchange of views, ideas and perceptions about the positive rehabilitation process.

2.6 Previous Studies Conducted in Rehabilitation of Juvenile Delinquents

Muga (1975) is among the few studies set out to establish that the background of the children in trouble as the possible cause of their delinquency. He also sought to find out the process involved in committal. But he did not do enough to assess the impact of the rehabilitation programme on the modification of the delinquent's behavior. Kariuki et al, (1991) acknowledges the role of rehabilitation in modification of delinquent's behavior but points out that there is inadequate organization and little focus in rehabilitation programmes. The running and even material used in the local rehabilitation

institutions is borrowed from International Non Governmental Organizations. Levi (2002) study recommended the establishment of viable programmes and competent implementors to cater for the needs of delinquents and the success process of rehabilitation. Njuguna (2004) recommended constant evaluation of rehabilitation programmes and the opening up of after care centers. These do not exist anywhere for the care of ex-delinquents. She argues that after care centers alleviate relapse. She also calls for the classification of delinquents. These studies clarify there is a lacuna rehabilitation on the delinquent behavior.

2.7 Theories of Rehabilitation

A theory is a statement that explains the relationship between social facts and concepts in a meaningful way. This literature review has looked at various reasons for delinquency, the objectives, the rehabilitation programme of activities and the caretaker's academic and professional qualifications. Theories of juvenile delinquency provide better understanding of the behavior by showing how it arises from particular conditions and processes.

Kenya views it's youth as a resource to be harnessed and therefore it is imperative that the rehabilitation programme be effective in modifying their behavior to suit societal expectations. There is need to establish just how helpful rehabilitation activities are in modifying maladjusted behavior. This study therefore, wished to investigate the impact or effectiveness of the rehabilitation programme on delinquent's behavior.

The researcher used behavior therapies to explain the development and maintenance of behavior. Behavior and crime have many faces and effects depending on how the behavior was learnt. The effects can be physical, economic, social or emotional to both delinquent and the citizen (victim). No single theory can explain the manner or direction that rehabilitation should take. Rehabilitation has to be all-inclusive to be effective. In conceptualizing deviant behavior, several models have been considered, namely medical/ intra-psycho, behavioral and cognitive behavioral, social learning and social structural models. The concept of rehabilitation is best explained through an eclectic integrated approach (Egan, 1975; Dryden, 1987 and Lazarus, 1990).

2.7.1 Behavioral Model

This goes way back to the fathers of this theory namely Watson, Skinner and Pavlov among others. According to Pavlov's classical conditioning appropriate behavior is elicited through stimulus response variation. Skinner's operant conditioning enhances favorable behavior by continuous reinforcement. Behaviorists view the environment and behavior as interacting. They are concerned with the development, maintenance and alteration of behavior and see abnormal behavior as failure to profit from various learning experiences. When maladjusted behavior arises because of faulty learning this calls for behavior modification strategies to rectify it. Techniques such as stimuli associations, token economy and modeling promote adaptive and pro-social behavior in the realm of classical, operant and observational learning theories. Pavlov Skinner and Bandura respectively. Operant and classical conditioning aim at eliminating maladaptive behavior and at learning more effective behavior patterns by focusing on the factors that influence behavior and what can be done about the maladaptive behavior.

2.7.2 Cognitive Behavioral Theory Approaches (CBT)

In this approach, various strategies are designed to challenge and ultimately change maladaptive behavior. One such strategy is to teach delinquents to recognize the physiological cues experienced in risky situations and practice restraint skills in order to avoid acting impulsively. Prompts or cues to remember to engage in positive behavior should be taught (Goldfredson, 1998). Behavioral management techniques often, in fact, incorporate components of social learning theory (Krisberg et. al 1994, Bandura 1977).

Bandura's observational learning or modeling theory has four concepts:

- (a) Attention- in order to learn, this is pegged on modeled activities;
- (b) Retention by which the individual recalls the activities;
- (c) Reproduction, which converts symbolic representation in appropriate activities and improved with practice;
- (d) Motivation - the incentive to initiate behavior and which acts as a reign forcer.

behavior is perceived as negative, its continuation is discouraged. Bandura maintains that personality interacts with the environment and psychological processes in a person to elicit an action. Human beings are able to control their environment through self-regulation, a process that involves self-observation, judgment and self-response.

Social. If the learning helps in behaviour modification by ensuring that caretakers model positive behavior for the delinquents to observe and model.

According to researchers cognitive behavioral interventions enhance the effectiveness of treatment. It is characterized by specific goals of training in behavioral skills in structured programmes. Implementers should be warm, socially skilled, model appropriate behavior and provide feedback, (Bouta, 1995). CBT helps in management of anger disorders and to modify thinking patterns. Sdorow, (1990) cites Ellis who advocates the need to challenge irrational thinking and the adoption of healthy thinking. The society labels delinquents putting psychological indignity on them. They adopt dysfunctional behavior and thought patterns which have to be disputed and new thoughts adopted instead. Cognitive behavior therapy informed this study on strategies of dealing with unhealthy thoughts and enabling learning of new thoughts.

2.7.3 Social Structural/ Culture Deviance Approach

The social structure of every community is held together by culture. Culture is expressed in norms, beliefs, values, taboos, mores and morality which are formed the tenets that control behavior. Durkheim (1961), and other sociologists divided the social structural/cultural approach into three main groups: strain theory, control theory and cultural deviance.

Strain's Theory

Strain theory postulates that man is inherently good and only indulges in evil under extreme pressures. Durkheim (1961) was one of the earlier developers of this theory and claims that cultural goals and legitimate means of achieving these goals provides a crack due to an imbalance that exists. When a person is blocked from attaining his set goals because of different opportunities, various methods legitimate or otherwise are engaged in. According to Strain theory issues of legitimacy call for fairness and justice or else feelings of unfairness hardens a person leading to delinquency.

Control theory

The control theory is closely related to Strain theory and asserts that the existence of an ineffective social control system is to blame for misbehavior. The family system as the cradle of man's socialization fits here very well. A family system needs to have some control over its members for positive relationships and interactions.

Sets of rules and regulations, the sharing of roles and responsibilities are ways in which control is exercised. A family which lacks these regulatory mechanisms can have members breaking loose and engaging in maladaptive behavior. A family system with no attachment, ineffective rules and patterns of interactions leaves little room for healthy functioning (Larry et al, 1988). The control theory lays down parameters for acceptable behavior and so helps in the management of behavior.

Cultural deviance

Culture is the sum total of a community's way of life. It is integrated in every aspect of life of the given community (Mbithi, 1969). Culture is difficult to challenge and question, and so those who see culture as limiting and unfair tend to break loose and deviate from their culture. Youths who become delinquent view the way of life they are subjected to as stressful and so break away from it.

2.7.4 Medical /Intrapsychic Model

Deviance is perceived as a disease that has symptoms. However, the proponents deceased from this reference, as they could not find known organic causes to deviance. They instead adopted psychological explanation to deviance. In the psychological model, Sigmund Freud's psychoanalysis emphasized intrapsychic energies, forces, drives and impulses as causes of disturbance. Freud formulated a personality structure that was divided into 3 parts – the id (that was selfish), the ego (rational) and super ego (moralistic). Psychological health was achieved when the three parts were in balance and psychological disturbance occurred when there was an imbalance (Corey, 1991). Delayed **gratification** for the selfish id is responsible for deviance. The adolescence period is a developmental stage where concern is about identity. It introduces an element of self centeredness, demands for immediate gratification since the world view is centered around the self and so laws are broken. The intra-psychic theory also informs study by shading light on the need for balance among the three personality structures of the id, ego and super ego.

2.8 Conceptual Framework

Various theories have been inferred to provide explanation for rehabilitation programme but need to be holistic to address delinquency. The role played by each of the theories will be summarized as follows:

- (i) Cognitive behavioral theory emphasized the thought processes of the delinquents. It was imperative to understand whether the delinquents thinking about the rehabilitation programme was positive or negative.

Positive thoughts facilitate success of the programme. Cognitive behavior theory uses techniques to change the learnt maladaptive behaviors by relearning new experiences, feelings, ways of relating. It also changes how one thinks about self and the world. Rational Emotive behavioral therapy addresses the feelings delinquents hold. For psychological health both the cognitive and rational therapies need to be adopted to address both thoughts and feelings.

- (ii) Social learning lets delinquents isolate what experiences to emulate from role models within their surroundings. A lot of learning takes place in the environment, which therefore needs to facilitate positive learning through role models who are charged with the rehabilitation of the delinquents.
- (iii) Social structuring lets delinquents appreciate the role of structures such as law and order maintenance, rights and freedom of self and others. Social structuring also informed the study about the essence of a structure that delineated orderliness, organization and smooth running of the services in and out of the rehabilitation institution.
- (iv) Intra-psychoic theories introduced the need of balance of power among the id, the ego and the super ego. Behaviour being multifaceted it was therefore prudent to adopt Egan's (1975), integrated eclectic approach. Egan called for the appropriate selection of theoretical techniques that addressed concerns thereby bringing forth functional behavior.

These theories showed that any society is bound to face numerous social, economic and political challenges in its day-to-day life. These challenges have their greatest impact on the most vulnerable members of society, especially children. Children

suffer the most because of their dependence on the senior members of society who may be part and parcel of their challenges. One of the major social challenges is the issue of delinquency (dependent variable) and what the society is doing to solve it. There are numerous causes of juvenile delinquency in the society (extraneous variables) including poverty, war, orphanage, violence, negligence and abandonment, broken homes, and unwanted pregnancy, among others. All these factors combine increasing the number of juvenile delinquents. Delinquents become unwanted in society and so run into the streets for survival. There they face lack of proper means of survival, face general hardship, and the poor attitude and perception society. This makes it difficult for them to earn a decent living, thus getting deeper in to various delinquency acts apart from the struggle to get food and shelter. The social and economic development and the well being of the youth will be adversely affected unless delinquency is checked. The government of Kenya has come up with laws and regulations for the institutionalized rehabilitation such children. However, a number of factors will influence the actual success of failure in the provision of the rehabilitation through provision of care, protection and correction. These intervening variables may include the professional training and qualifications of the caretakers, the number of caretakers, the attitude of the caretakers and the youth themselves as well as the supervision or regulatory mechanisms put in place. The above relationships were illustrated in the following figure that guided the study.

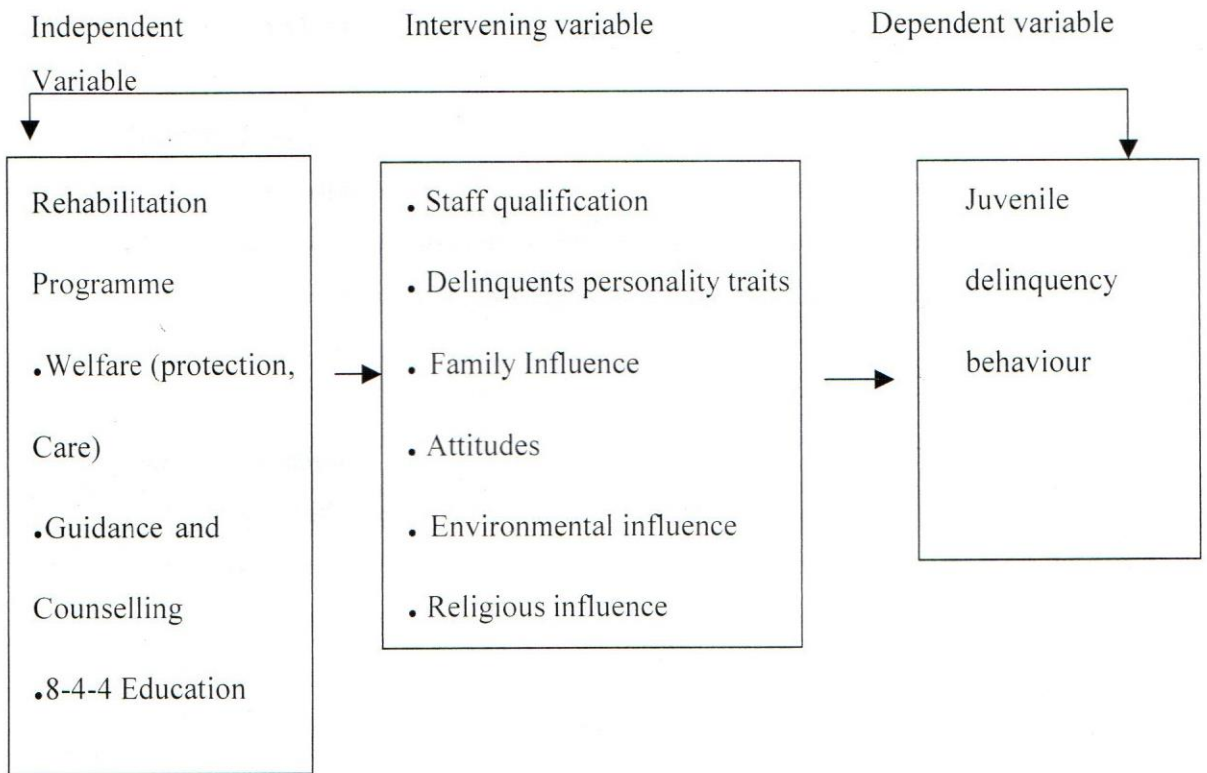


Figure 2: Relationships between Impact of Rehabilitation Programme and Juvenile Delinquency

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter discussed the choice of research design, the target population for the study and the sampling techniques used to select the study sample. It also dealt with instrumentation, how the instruments were administered, how data was collected and analyzed.

3.2 Research Design

The study used *ex -post facto* design. This involved studying events or situations long after they have occurred and therefore presented no possibility of manipulating the variables (Best, 1998). This design was appropriate for studying the rehabilitation programme because the juvenile delinquent had already committed the delinquency acts leading him or her to be committed in the rehabilitation institution by the juvenile court.

3.3 Location of the study

The District was chosen because of its diversified population of delinquents who came from different socio-economic, ethnic and cultural backgrounds. The hope was that this diversity would generate results that could be generalized to the entire country's juvenile rehabilitation institutions.

3.4 Population of the study

Borg and Gall (1989) defined the target population as a study of all the members of a real or hypothetical set of people, events or objects to which an investigator wished to generalize the results of the research. The target population included all the rehabilitation institutions in Nairobi, all managers or head teachers, all deputy managers or deputy head teachers, all teachers, all social workers, all counselors, all instructors and all delinquents. There are 3 public rehabilitation institutions in Nairobi with a total delinquents population of 555. The population was drawn proportionately from the three rehabilitation

institutions. Two of the institutions, Kabete and Getathuru were for boys only and one, Dagoretti was for girls.

Table 1:

Population size of the study

Institution	Population
Kabete	68
Getathuru	407
Dagoretti	80
Total	555

3.5 Sample Size and Sampling Procedures

In order to determine the sample size of the delinquents to be drawn from the target population, the study adopted a formula by Kathuri and Pals (1993) for estimating sample size – n from a known population size – N

$$n = \frac{\chi^2 NP (1-P)}{d^2 (N - 1) + \chi^2 P (1 - P)}$$

Where:

n = required sample size

N = the given population size of Form Four students, 555 in this case

P = Population proportion, assumed to be 0.50

d² = the degree of accuracy whose value is 0.05

χ² = Table value of chi-square for one degree of freedom, which is 3.841

Substituting these values in the equation, estimated sample size (n) will be:

$$n = \frac{3.841 \times 555 \times 0.50 (1 - 0.5)}{(0.05)^2 (555 - 1) + 3.841 \times 0.5 \times (1 - 0.5)}$$

n = 228

The first stage of sampling was to get the sample size of each of the institution that is Kabete, Dagoretti and Getathuru. To get a representative sample by institution proportional sampling was done. Details of sample size of institution is as represented on Table 2.

Table 2:

Proportional sample size of each rehabilitation institution.

Institution	N	n
Kabete	68	28
Getathuru	407	167
Dagoretti	80	33
Total	555	228

After establishing the proportional sample size of each institution, the researcher used stratified sampling on the basis of classes 5-8 to get specific participants from these classes based on gender. This was to ensure that the sample took into account the different characteristics of the delinquents to yield data that could be generalized to a larger population. The results are represented in Table 3.

Table 3:

Stratified sample size of classes five to eight.

Class	Getathuru		Dagoretti		Kabete		Respondent per institution
	N	n	N	n	N	n	
5	174	75	32	13	24	10	96
6	112	46	26	11	17	7	63
7	65	27	12	5	14	6	33
8	46	19	10	4	13	5	28
Total	407	167	80	33	68	28	228

After the stratified sampling, simple random sampling was used to pick the delinquents who were to fill the questionnaires. To pick these delinquents out of the presented numbers in Table 3, the researcher used the balloting method.

The last stage of sampling used was purposive sampling, This allowed the researcher to conveniently select 3 managers, 15 teachers, 2 counsellors, 8 social workers and 2 instructors. Purposive sampling allowed the researcher to subjectively use only those

elements in the population that were considered to have the required information with respect to the objectives of the study (Nachmias & Franfort- Nachmias, 1996). Each of these groups was targeted for specific information on juvenile delinquency and the rehabilitation programme. These sampling procedures yielded a total of 250 respondents who formed the sample size for this study.

3.6 Instrumentation

The researcher used three different sets of questionnaires. There was a questionnaire for the delinquents, the managers, and a combined one for teachers, counselors, social workers and instructors. The delinquents' questionnaire elicited among other information their age, length of stay in the institution, attitudes towards the programme and the staff and their views about the success of the rehabilitation programme. The questionnaire for managers and other members of staff elicited information on their attitudes towards the programme, the existence of vision and mission statement, their qualification, existence of a child's behavior modification strategy and the general rate of success of the programme.

3.7 Validity and Reliability

Validity according to Borg and Gall (1989) is the degree to which a test measures what it purports to measure. To enhance validity of the instrument, a pre-test was conducted on a similar population to the target population. The objective behind pre-testing was to assess the clarity of the instrument items so that those items found to be inadequate for measuring the variables could be discarded or modified to enhance the quality of the instrument. During the pre-test, each respondent duly filled the questionnaire and the researcher discussed with him or her each question to determine its suitability, clarity and relevance for the purpose of the study.

The pilot study was done in the Machakos rehabilitation institution, which is outside the designated sample area of the study. The researcher also sought input from supervisor and other lecturers from the Department of Psychology, Counseling and Educational Foundations to improve the validity of the instrument.

Reliability refers to the internal consistency of a measure or research instrument as explained by Best (1998). To measure reliability, the researcher used the split-half

method as explained by Borg and Gall (1989). This involved splitting the instrument items into two by placing all the odd numbered items in another sub-test and all even numbered ones in another sub-test. The odd numbered sub-test scores were computed separately and correlated with those of the even numbered sub-test. Spearman's Brown prophecy formula was adopted to get the correlation coefficient of 0.76. This was found to be acceptable because it was more than at least 0.7 as suggested by (Fraenkel & Wallen, 2000).

3.8 Data Collection Procedures

Before the actual data collection, the researcher sought approval from the university through the chairman, Department of psychology, Counseling and Educational Foundations. Thereafter, the researcher also sought permission from Ministry of Home Affairs and National Heritage, Children's Department. The researcher then visited the rehabilitation institutions to establish a professional relationship with the managers, teachers and social workers. The researcher explained the purpose of the intended study to these members of staff and after discussion the researcher was given an appropriate day and time to administer the questionnaire. The researcher personally administered the three sets of questionnaires to the respondents. The duly filled in questionnaires were collected after one week. The researcher checked for the completion and return of the questionnaires. Out of the 228 questionnaires for the delinquents the researcher received 220 duly filled in where as the staff questionnaires received were 30.

3.9 Data analysis

The data was thereafter coded and entered in a computer software programme (the Statistical Package for social sciences version 11.5) to enable the researcher to analyze it. After data for entry, the researcher rechecked the data for any errors through a run frequency analysis on variables and random cross tabulation. Qualitative data was analyzed and presented in narrative form while the quantitative data was analyzed using descriptive statistics such as frequencies, tables and percentages.

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1 Introduction

The study examined the impact or effectiveness of the rehabilitation programme on delinquents' behavior in Nairobi district. This chapter presents results, interpretations and discussions. It also presents the main findings of the study based on the research objectives which were:

- i) To find out reasons for delinquency that led to commitment of the delinquents to a rehabilitation institutions
- ii) To examine the objectives and activities of the rehabilitation programme.
- iii) To establish the academic and professional qualifications of the caretakers charged with the rehabilitation programme.
- iv) To investigate the attitudes of the caretakers and delinquents towards the services offered within the rehabilitation programme.
- v) To find out the impact of the rehabilitation programme on delinquent's behavior.

4.2 General Background Information Of the Delinquents

In the preliminary questions, the study sought to establish in depth information about delinquents. The sample size for the study included 228 delinquents, 15 teachers, 2 instructors, 8 social workers and 2 counselors. Only 220 delinquents responded to the questionnaire. This was a 96% response rate. All the caretakers' questionnaires were duly filled in and returned 100% response rate. There were several reasons for the non-response of the 8 delinquents. Some did not complete the filling in of the questionnaires, others claimed they had lost the questionnaire while another lot filled them in wrongly rendering the questionnaire void.

Table 4:

Distribution of the delinquents' age and gender.

Age in years	Gender		Total
	Male	Female	
11	1(20.0%)	4(80.0%)	5(100.0%)
12	12(76.5%)	4(23.5%)	17(100.0%)
13	45(88.2%)	6(11.8%)	51(100.0%)
14	32(65.3%)	17(34.7%)	49(100.0%)
15	39(66.1%)	20.33.9%)	59(100.0%)
16	11(68.8%)	5(31.3%)	16(100.0%)
17	12(60.0%)	8(40.0%)	20(100.0%)
20	2(100.0%)	-	3(100.0%)
Total	156(70.9%)	64(29.1%)	220(100.0%)

From Table 4 the results showed that there were more boys (70.9%) confined to rehabilitation institutions than girls (29.1%). Brainwaite cited by (Bruce & Binder, 1997) argued that boys might commit criminal acts because they desired the approval of their peers whereas girls learnt that friends granted less approval and thus peer pressure reduced the girls' tendency to engage in crime. He also added that girls are dependent on the family for approval as part of the socially integrated role in early life. Other researchers (Thornton & Voigt, 1992) perceived family strife as too unbearable for the male child who opted to run away from the stressor than the female child who persevered under the mistreatment. The results from Table 4 also indicated that most of the delinquents were in the age bracket of ages 14 to 15. This coincides with Erikson's developmental stage at this age where concern is with the task of identity versus role confusion or diffusion. Erikson believed that each psychosocial stage centers on a developmental crisis with two opposing outcomes of positive or negative. The unsuccessful negotiation of a given task at the given stage interferes with future tasks of the next psychosocial stage. A teenage child at ages 14 -15 needs room for experimentation but with parental guidance. The child is neither child nor adult but at a crucial stage to niche his or her identity. This is the period when the support system

(family) and later school need to show love, care and concern. Rejection by parents or Guardians at this time jeopardizes the normal feelings of the security. With these needs denied, the child feels helpless, frustrated and anti social behaviors such as theft, aggression, truancy become the norm. All caretakers need to know Erikson's stages of psychosocial development in order to facilitate a mutual relationship between the two. It is no wonder that because of this deficiency, the delinquents had a negative perception of their caretakers.

The researcher also wished to get information about the delinquent's birth position and the results are as shown in Table 5.

Table 5:

Delinquents birth position

Birth position	Frequency	Percent
First born	22	10%
Second born	99	45%
Third born	44	20%
Fourth born	33	15%
Others	22	10%
Total	220	100%

The researcher hoped to establish a relationship between birth order and delinquency. The results showed that few first borns 10% committed delinquency acts. According to Bach's ideas on sibling position as cited by (Goldenberg & Goldenberg, 1996) birth order position has a great influence on ones behavior. Bach maintains that few first borns are engaged in delinquency because they are looked upon as product managers of the family needs and resources. The major needs of the family are survival and stability. The first borns are perceived as pace setters, family heroes and so carry the family image. This therefore makes the first child to struggle to fulfill the family expectations and so work towards perfection and maintenance of family homeostasis.

The few first borns who engage in delinquency are pushed overboard by the families' unrealistic expectations. They may retaliate by acting out aggressively outside the family boundaries thereby committing status offenses (delinquency).

The second and third born child ensures that family emotional and relationship needs are maintained. These are heavy responsibilities especially if it is a single parent family. But as already noted earlier the majority of the delinquents came from single parent families. When the second and third borns cannot take any more emotional and relationship strain, they act out aggressively by committing delinquency acts. This is evident from the results showing their involvement in delinquent acts 65% as seen in Table 5.

The fourth and others' sibling positions take the role of ensuring the pain in the family is deflated so they try to take care of the family. However, when the pain is unbearable, they too commit delinquency acts as a way of communicating they are not well and need attention.

The results from the table also showed that most of the inmates were of the ages 14 and 15.

Table 6:

Delinquents level of Education

Education level (class)	Frequency	Percent
5	96	44
6	63	29
7	33	15
8	28	12
Total	220	100

Most of the delinquents were in class five and six as indicated by the 73% response. But this indicates a delay in their development because their counterparts in regular schools have ages between ten to twelve in the same class. But the process of admission to a rehabilitation institution is not only very long but is a process in four main

stages. On committing a delinquency act, the child is held in police custody from where they are taken to a remand home awaiting charges to be ready and to be arraigned in juvenile court. The court decides on the seriousness of the status offence and rules for institutionalization where this applies and then the delinquent is taken to a reception center to await the availability of vacancy in a rehabilitation institution (Levi, 2002).

The government acted fast to adopt the 8-4-4 curriculum in these institutions to ensure that the delinquent did not lose more learning time. As a signatory to UN Children’s Charter on Child rights the government also acted fast to fulfill the children’s basic needs.

Table 7:

Religious service attendance

<u>Attendants</u>	<u>Frequency</u>	<u>Percent</u>
Daily	141	64.9
Weekly	65	30.6
Monthly	14	6.3
Yearly	-	-
Total	220	100

The results from Table 7 showed that 64.1% of delinquents attended religious services. This was a positive attitude and the researcher felt this assisted in the process of rehabilitation especially the aspect of correction, as religious teachings have to do with moulding moral character. If a delinquent had a repertoire of values, the general perception is that his conscience helps in discerning right from wrong thereby, reducing delinquency.

4.3 Reasons for delinquency leading to confinement

The first objective of the study was to find out the reasons for delinquency that culminated in the commitment of delinquents to rehabilitation in institutions.

The delinquents responded to various reasons for their committing delinquency acts hence their confinement.

Table 8:

Reasons for confinement due to family type

Class	Family Type						Total n
	Father led	Mother Led	Both parents	Orphaned by one	Orphaned by both	Foster Family	
5	11(11.4%)	38 (40%)	10 (10.4%)	11(11.4%)	20(21%)	6(6.2%)	96
6	12(19.04%)	26 (41.30)	8 (13.0)	11(17.5)	4(6.3%)	23 (2%)	63
7	7(21.2%)	15(45.4)	5 (15.1%)	2(6%)	3(9%)	1(3%)	33
8	8(28.6%)	9 (32%)	3(11%)	3(11%)	4(14.3%)	1(3.5%)	28
Total	220						100

The results from Table 8 show the family type from which the delinquent originated. The mother led family was the most common phenomenon among all the classes five to eight especially, classes five to six polling at 40% and 41% respectively. A number of the delinquents were also orphaned. There were few delinquents from foster families.

It is thus clear that the families of the delinquents contributed largely to their reasons for being confined in a rehabilitation institution.

Family therapists define a family as an emotional unit or system that has certain unique properties namely set of rules, assigned and ascribed roles for its members, organized power structure and a form of communication. Most families aspire to fulfill their functional roles to ensure posterity of their lineages.

This is done through the adoption of values, virtues and a belief system. New members within a given family are socialized to perpetuate the aspirations of the family. But modern changes and the pressures of transition in today's family seem to undo its very foundations. Single families either led by father or mother, impacts on a child in

different ways. This concept of social disorganization was highlighted by Regoli (2000), who argued that juvenile delinquency stemmed from female - based households. He perceived the woman's social life as having a series of "husbands" or "lovers" which alienated boys, making them to join male peer groups engaged in gang activities. This eventually led to delinquency. There are structural changes within the family unit as the traditional concept of the male as breadwinner has been eroded. The female parent's power has been enhanced creating stresses within the family. This stress within the family makes parents act destructively towards their children in the form of abuse and neglect (West, 1973). These children become delinquents to act out their frustrations.

Sex role identification also causes problems in single parent families for it does not model sex roles identification to children. This likely makes the delinquent who is at age 14 -15 and facing the task of identification get confused and act out aggressively. The results from Table 8 also showed clearly that classes five to six were the most affected delinquents by the structure and type of their family of origin.

A delinquent who fails to successfully achieve the milestone of identity formation ends up having low self-esteem. This is a state that has a mixture of reactions and thus leads to delinquency.

Single parent families either by separation, divorce or death struggle with many other issues. There is stigma that is culturally motivated in terms of expectations. This may lead the parent to engage in certain activities to prove a point as a successful parent. The parent may set unrealistic goals that could harm the child or lead to a child's rebellion. The single parent may also have financial difficulties that hamper provision of basic needs adequately and making some children run away from home. The Canadian Christian Children's Fund (CCCF) reported that for children whose parents are unable to meet basic needs, delinquency becomes away out. Parents facing economic hardship tend to be harsh, cruel, violent, controlling and strict which hinders the cultivation of a positive parent-child relationship. The resulting negative relationship leads to anti social behavior.

The response of caretakers to this item of family type was 100% affirmation. They viewed family dysfunctionality as the single most important factor in delinquency. Family therapists led by Fennel (2000) posit that if a family lacks a guiding philosophy

built around beliefs, values and morals then a state of lawlessness or chaos characterize the family and the children in it may plunge into delinquency.

Table 9:

Shows reasons for confinement by parenting characteristics.

The respondents were requested to indicate their levels of agreement or disagreement on a 5point scale (Strongly Agree – SA, agree – A, Undecided – U, Disagree – D and Strongly Disagree - SD). Where strongly agree means the parents’ characteristics were the most important and strongly disagree the least important.

Parenting characteristics	Response %				
	SA	A	U	D	SD
Parents stress on obedience	42.3	37.4	11.2	7.2	2.00%
Rules should be followed and not questioned.	51.1	38.0	6.7	4.2	0.0%
Parents are too demanding.	33.3	30.2	12.4	8.1	16.0%
Parents are always right and so any wrong is dealt with harshly.	44.3	33.5	16.4	4.8	5.8%
Parents too busy and so not always available	53.3	27.5	17.2	2.0	0.0%
Total 220					

The results from Table 9 showed the distribution of delinquents’ responses towards their parents characteristics as follows: -

79% of delinquents classified their parents as persons who over emphasized obedience, 89% parents required total observation of rules without questioning, 77% of parents felt they were right and any deviation from the norm was to be dealt with harshly. Another 77% of parents were too busy and as such were rarely available for their children. Lastly, it was evident that few delinquents were undecided or disagreed with their parents characteristics. Baumrind and other family therapists and researchers as cited by (Defrain & Olson, 2000) listed parenting styles and their characteristics. These were authoritative, democratic, authoritarian and permissive.

Authoritative parents are warm, loving, encourage independence with defined limits, explain rules and encourage dialogue. Permissive and authoritarian parents set rules, rely on punishment and discourage dialogue or any sort of discussion.

According to Baumrind's findings, delinquent's responses suited the parenting style that exhibited the characteristics of rigid rules that were enforced harshly, strict obedience that thwarted any sort of dialogue and could culminate in some kind of child abuse. In fact, when delinquents were asked to respond whether their childhood was happy or unhappy, a whole 70% said they had an unhappy childhood and only 30% said they were happy.

These responses pointed to a child with bottled up emotions which were only dealt with through aggressive acts of delinquency. The delinquents seemed to experience the kind of abuse that was characterized by emotional and psychological negligence. Kaufman and Cicchetti cited by Sdorow (1990) reported that abused children have poorer self esteem and tend to be more aggressive and are likely to become delinquent.

Baumrind also cited by Sdorow (1990), suggested that authoritative parenting is characterized by care, closeness and affection and is most appropriate in cultivating a conducive environment for a child's identity formation, a need that most delinquents grapple with.

Family systems therapists advocate a functional structure for a system to ensure homeostasis. The single parent families have inherent challenges especially with regards to distribution of roles, needs, responsibilities and validation. Satir (1982) posited that every member in a family needs to be validated as this assured an individual of his or her worth thereby promoting self-esteem. Maslow (1970) with his hierarchy of needs theory asserts that the need to belong is so central to mankind. If a child feels unloved by the significant person in his or her life, a state of hopelessness sets in thereby leading to a withdrawal state that can be filled with thoughts of joining gangs to assert him or herself. When delinquents responded to the question of how many children they were in their families, an average (50%) of four children was found. Given the current inflation rate, a single parent can face difficulties in sufficiently providing basic needs for their household. This deficiency can agitate parents to become defensive and harsh to their children.

Table 10:

Behaviors resulting from delinquency leading to confinement.

Behavioral acts	Frequency	Percentage
Theft	84	38%
Refused school	44	29%
Started a fire	11	5%
Robbery with violence	9	4%
Running away from home	66	30%
Burglary	4	2%
Any other	2	1%
Total	220	100%

The results in Table 10 are behavioral acts committed by delinquents that result in admission into institutions. The most common acts of delinquency in the rehabilitation institution in the study were theft (38%), running away from home (30%) and keeping away from school or truancy (20%). The possible explanation for these responses is that they could be linked to the type of family the children came from as has already been explained in Table 9.

Table 11:

Reasons for confinement due to external influence

The researcher wished to find out other external influences pushing delinquents into delinquency thereby leading them to be confined in rehabilitation institutions. The delinquents responded to statements which were measured on a 5 point scale, (Strongly Agree – 5, Agree – 4, Undecided – 3, Disagree – 2 and Strongly Disagree – 1. Table 11 depicted their responses

Statement	Responses %				
	SA	A	U	D	SD
My behavior is influenced by external people and events	40%	21.5%	19.3%	11.2%	8%
My desire to belong to a group is so strong that I rarely mind what the group stands for.	58.1	33.4	0.0	4.7	3.8%
I cannot really give a reason why I do the things I do.	42.7	31.2	11.2	6.7	8.2%
Total	220				

From the results, it was evident that the delinquents were easily swayed to join other peers. Status needs made them vulnerable to adopting either a positive or negative culture depending on the peer groups' norms. Another possible explanation of this vulnerability can be seen in a response by delinquents that their parents were rarely available at home. This unavailability created loneliness and insufficient supervision, which permitted temptations to join a group for companionship.

In addition, unavailability of parents possibly due to the search for daily basic needs, also hampered family meetings which are seen as forum for expression, validation, discussion thereby deflating any negative pressure that could influence aggressive acts in members of the family (Satir, 1988).

The 73% that could not give a reason for doing the things they did was a clear indication that the family interactive patterns and relationships were dysfunctional. There was lack

of a clear goal or philosophy that the family was grounded in. Family therapists will refer to this kind of family as chaotic and disengaged (Goldenberg & Goldenberg, 1990).

4.4 Examination of objectives and activities of rehabilitation programme

The second objective of the study was to examine the existing objectives and activities of the rehabilitation programmes. There were 30 members of staff in the three institutions namely Dagoretti, Kabete and Getathuru. Their distribution was 3 managers, 15 teachers, 8 social workers, 2 counsellors and 2 instructors. The researcher sought to establish from administrators and caretakers the existence of a vision, mission statements and objectives of the rehabilitation institutions.

For a rehabilitation programme to be successful, it must have clear objectives and goals. This means there should be a clear vision and mission statement. All the heads on institutions (100%) were positive about the existence of objectives, a vision and mission statement while 59.1% of other staff attested to the existence of vision and mission statement and 40.9% were not familiar at all with these key concepts. This was cause for concern and needed explanation because it must be an impediment to the successful implementation of the programme.

This situation may have arisen from the improper induction of staff. An effective induction process brings out the skills, capabilities and capacities of the staff to facilitate appropriate placement within the institution. Staffs who have no idea about the institutions' vision may lack enthusiasm or interest and this adversely affects performance and therefore success of a rehabilitation programme.

Delinquents are young persons who have deviated from societal expectations and norms. A subtle intervention by informed personnel who demonstrate care, protection and corrective measures are required to successfully deal with this behavior.

Table 12:

Activities in the rehabilitation programme

Activities	Frequency	Percentage
Academic	25	11.4
Spiritual nourishment	20	9.3
Vocational training	12	5.5
Feeding and welfare	9	4.1
Guidance and Counselling	148	67.3
Others	6	2.7
Total	220	100.0

From Table 12, which shows the distribution of activities in the rehabilitation programme, it was clear that there are diverse activities and therefore a holistic approach has been taken to rehabilitation.

The most appealing activities to the delinquents were guidance and counselling received a 67.3%. This overwhelming response may be related to the nature of services offered by the guidance and counselling department. Some counselling approaches (mostly those with Humanistic inclinations) have validating perspective that creates feelings of worth in a person. Delinquents are often labeled by a society as “deviants” or according to acts they committed like “thief”, “rapist”, “burglar “ to mention but a few. They got into rehabilitation institutions with these labels. They may feel lonely, withdrawn, rejected, abandoned but counselling offers them a “window of hope.” This may well be the reason why 67.3% respondents chose counseling and guidance. Counselling affirms, encourages, teaches and opens “windows” of rediscovery in a person there encouraging thoughts of changing behavior. Guidance and counselling also tends to create a positive attitude in the delinquents who get into institutions with a negative attitude about themselves.

Guidance and counselling thus facilitates behavior change, which is the goal of a rehabilitation programme. Rockeach (1970) defines attitude as a predisposition to act in a

certain manner, which can be negative or positive. Negative attitudes impede the process of rehabilitation. Thus the positive attitude created through guidance and counselling is useful in the rehabilitation programme.

The response to academic activity was 11.4%. The rehabilitation institution academic programme follows the regular 8.4.4 school curriculum. The 29% truancy and the nature of acts that led to the committal of the delinquents in Table 11 may be responsible for the low response for academic activities. They were not positively exposed towards the academic activities. Truants are delinquents who prefer aimless loitering without being restricted to a particular confinement to one place. Regular classes from 8.15a.m to 4.00p.m are not attractive for such delinquents. The rehabilitation institutions start the academic activities from class five which disadvantages those who were behind while it bores those who were ahead. This creates ambivalence towards the academic activities of the programme.

Spiritual nourishment had a 9.3% response, possibly because like counselling, it offers hope and feelings of worthiness. The message of forgiveness and love could have been soothing those from backgrounds where there were no expressions of love and forgiveness. A high response was expected for vocational training but it lagged behind at 5.5%. This was due to inadequate facilities and technical staff. The workshops for blacksmiths, shoe making, carpentry, sign writing, mechanic, tailoring and dressmaking were out of operation for lack of materials and equipment. The structures were run down and dilapidated and there were only two instructors.

The response to feeding and welfare was 4.1%. Most of the delinquents came from single families, as already been discussed in (Table 8) face a myriad of challenges among them inadequate finances. With inadequate finances, meeting basic needs of family members is difficult. Rehabilitation institutions have as one of their objectives, to care, hence provides food and welfare. But perhaps in terms quantity and quality, the food and welfare were insufficient. Rehabilitation institutions, run by the government, may not be allocated sufficient funds or the funds may not be available in time and thus leading to shortage of rations and quality of services.

Other activities in the rehabilitation programme were not listed. These were manual work in the shamba, or dairy and cooking. There was a 60% negative response to the shamba and dairy work, 21.8% to cooking and to general compound clean up 18.2%. 71.8% responded favourably to the routine and schedule of the programme but 28.2% were not thrilled. Since the population of the delinquents was diverse in terms of backgrounds, delinquent acts and ages, the routine could not be 100% acceptable. Issues of personalities represented and developmental stages of the delinquents were also at play as vibrant 14 -15year olds would wish to break away from the monotony of routine.

4.5 To establish the academic and professional qualification of the caretakers charged with rehabilitation programme

The third objective of the study was to determine the establishment of caretakers in the rehabilitation programme. The demographic data presented in Table 13 showed the gender and length of service of the managers, teachers, social workers, instructors and counselors.

Table 13:

Gender

Gender	MNG		TRS		S/WORKERS		INSTS.		CLRS	
	Freq.	%	Freq	%	Freq	%	Freq	%	Freq	%
Male	2	66.7%	9	60%	4	50%	2	100%	2	100%
Female	1	33.3%	6	40%	4	50%	-	-	-	-
Total	3		15		8		2		2	

N = 30

Length of Service

Years	MNG		TRS		S/WORKERS		INSTS.		CLRS	
Less than 2	-	-	-	-	-	-	-	-	-	-
2 – 4	3	100%	3	20%	1	10.3%	-	-	2	100%
4 – 6	-	-	5	33.3%	2	25%	-	-	-	-
6 – 8	-	-	6	40%	-	-	-	-	-	-
Over 8	-	-	1	6.7%	5	64.7%	2	100%	-	-
Total	3		15		8		2	-	2	-

N= 30

KEY:

MNG = MANAGERS S/WORKERS = SOCIAL WORKERS

TRS = TEACHERS INSTS = INSTRUCTORS

CLRS = COUNSELLORS

The results in Table 13 showed that there were more male workers in the rehabilitation institution as compared to females. Among the managers 66.7% were male, teachers 60% and 100% for instructors and counsellors. This distribution may have been based on the fact that the majority of delinquents were male (70.9%). Female workers may also have reservations about working in a rehabilitation institution dealing with delinquents. The delinquents had prior records of delinquency acts of varying magnitudes including rape and manslaughter. This can scare away female workers. However, among social workers there was equal distribution (50% each). But this could be because the officers work in pairs which may give the female worker as sense of security.

The length of service for the majority of workers in the rehabilitation institution was more than 4years except for social workers who had over 8years. This time frame properly utilized can foster behavioural change in the delinquents. It was period enough to learn the institution's operations, the delinquents' characteristics and so facilitate the achievement of the rehabilitation goals of care, protection and correction of delinquents.

Table 14:

Caretakers academic qualifications

Qualification	Managers		Teachers		S/workers		Instructors		Counsellors.	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
P1	-		7	46.7%	-		-		-	
S1	2	66.7%	1	6.7%	-		-		-	
GR	1	33.3%	5	33.3%	-		-		-	
Masters	-		-		-		-		-	
ATS	-		1	6.7%	-		-		-	
UGRT	-		1	6.7%	-		-		-	
GT1	-		-		-		-		-	
GT2	-		-		-		2	100%	-	
GT3	-		-		-		-		-	
Social worker										
Certificate	-		-		5	62.5%	-		-	
Diploma	-		-		3	37.5%	-		-	
Total	3		15		8		2		2	
N = 30										

Caretakers professional training in Guidance and Counselling

Training level	Responses										
Workshops	100%		100%		100%		100%		100%		100%
Seminars	100%		100%		100%		100%		100%		100%
Certificate	2	66.7%	6	40%	-		-		-		-
Diploma	-		1	6.7%	-		-		2	100%	-
Degree	-		-		-		-		-		-
Masters	-		-		-		-		-		-
Total	3		15		8		2		2		2

N = 30

KEY:

P1 =Primary Teacher Certificate

ATS =Approved Teacher

S1 =Diploma Teacher Certificate

UGRT =Untrained Graduate Teacher

GR =Degree Trained Teacher

GT1 – GT3 = Government Trade Test Qualification

The findings in Table 14 indicate distribution of a summary of caretakers' qualification and their training in professional counselling.

The results showed that all the caretakers had a basic certificate of secondary education that had enabled them to enroll in tertiary institutions to train either as teachers, social workers, instructors or counselors. This empowered the caretakers to understand the needs and interact with the delinquents under their care. The caretakers training and capability enables them to create relationships that facilitate a kind of learning environment suitable for a delinquent. The delinquent need of modifying his or her behavior, is a learning process. The more a caretaker adopts the apprentice – artisan, teacher- pupil, supervisor – supervisee relationship the higher the chances behavior modification through modeling.

As for training in professional counselling, only 3 of the caretakers had a diploma in counseling against 27 caretakers who had attended seminars and workshops on the same. But seminars and workshops are usually merely for sensitization on current trends and issues and this approach is not enough to guide theory and practice of behavior modification. Adequate professional training gives specialized training to the recipient (caretaker) who should then be able to help the delinquents.

Counselling theories provide a lot of information and views of human nature, development of psychological disturbances and kinds of intervention and techniques to deal with disturbances. In a situation where out of 27 caretakers (90%) only 3 are adequately trained in professional counselling, the counselling and guidance aspect of the rehabilitation programme cannot be adequately and effectively implemented. It is possible that delinquents serve their period and leave without getting the necessary psychological support to facilitate behavior change and so relapse may be inevitable. This could lead to a vicious cycle, which would be a blow to the programme.

Table 15:

Person in charge of providing Guidance and Counselling.

Person	Frequency	Percentage
Counsellor	88	40
Teachers	77	35
Social worker	44	20
Manager	0	0
Instructor	2	1
Any other	9	4
Total	220	100

Table 15 shows that 40% of the delinquents named a counsellor, 20% a social worker while 35% a teacher as people responsible for guidance and counselling. Guidance and counselling was a service given by the caretakers, it appears irrespective of professional qualification. From earlier results the three institutions only had two qualified counselors with a diploma in counselling. This trend of practice may delay behavior change among delinquents for not getting professional help.

The 40% who said they had received guidance and counselling by a counselor was an implication of either individual therapy or group therapy or both. From these responses, it was clear the counsellor engaged in group sensitization of the school possibly on emerging issues such as HIV-AIDs, drugs and substance abuse among others. The provision of guidance and counseling seems to have been viewed by the administration as a service that could be given by any caretaker. This undermined the professionalism of the service, perhaps contributing to ineffective behavior change among the delinquents as the supposed therapy givers were inadequately trained. A lot of harm can be done to the delinquent if the guidance and counselling is undertaken by untrained people.

Counselling is an intimate relationship that requires the person of the counsellor to have the qualities that can engender a safe therapeutic relationship. However, it is noted that the institutions meant well in ensuring all caretakers were exposed to counselling because this could motivate them to seek training in the area of guidance and counselling.

4.6. To determine the attitudes of delinquents towards the activities within the rehabilitation programme

The fourth objective sought to determine the attitude of the delinquents towards the rehabilitation activities spelt out in the programme. The respondents indicated their attitude by choosing one of the 3 statements of “happy” with a score of 3, “unhappy” – 2 and “don’t know how I feel” – 1. The following were the results.

Table 16:

Delinquents statement depicting attitudes towards the rehabilitation activities

Attitudinal statement	Class 5		Class 6		Class 7		Class 8	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Happy	58	60.4%	41	65%	14	42%	10	35.7%
Unhappy	24	25%	15	24%	11	33%	14	50%
Don't know how I feel	14	14.6%	7	11%	8	25%	4	14.3%

The distribution of results from table 16 showed that delinquents from classes five and six of 58% and 65% respectively were very happy with the services in the rehabilitation institution. As already noted classes five to six had the highest number of the delinquents and they were in the 14 -15 year age bracket. This is a very energetic, creative group which is also receptive to activities they understand. From the responses to the activities, guidance and counseling was the most liked because of its personal involvement. Guidance and counseling had created a positive feeling and a positive attitude towards the activities. But there were also delinquents who were not happy with the activities especially classes 7 and 8 with 33% and 50% respectively. The delinquents in these 2 classes were probably above 15years and therefore cognitively more mature and could critically assess and make conclusions about the kinds of activities in the rehabilitation programme. Some of them may possibly have been disillusioned and were merely waiting for their time of discharge to leave the rehabilitation institution. They felt that the rehabilitation programme did not spell out clearly their goals.

The programme objectives, goals, vision and mission statements should be displayed on murals in learning or rehabilitation institutions but this was not the case.

Murals can be constant and become common reminders enabling the delinquents to own the vision and mission. The negative attitude may also be to the fact that the delinquents did not like the manual work in the shamba, milking the cows and cooking among other tasks. There were delinquents who did not know how they felt towards the services. In class 5, this were 14.6%, class 6 - 7%, class 7 - 25% and class 8 - 14.3%. These responses may indicate a category of delinquents by “default”, meaning they had committed no delinquency acts but were placed in the rehabilitation institution purely for their protection and care. These were the delinquents whose parents or guardians were too poor, too cruel or unavailable to provide their basic needs. By mixing them with those with a status offense could create a state of ambivalence or confusion. Whatever the response the impact of a positive attitude towards rehabilitation programme for positive behavior change cannot be over emphasized.

Table 17:

Caretakers attitudes towards activities in the rehabilitation programme.

To establish the caretakers' attitudes towards services in the rehabilitation programme, the caretakers were presented with 12 statements relating to activities, services and facilities in the rehabilitation programme. They were requested to indicate their levels of agreement or disagreement on a 5-point scale where 5 was the highest and 1 was the least. These levels were, Strongly Agree (SA) – 5, Agree (A) – 4, Undecided (U) –3, Disagree (D) – 2 and Strongly Disagree (SD) – 1.

Activities/services	SA	A	U	D	SD
Guidance and Counselling	2(6.7%)	25(83.3%)	2(5.9%)	1(3.3%)	-
Counselor qualification	2(6.7%)	10(33.3%)	-	18(60%)	-
Clarity of vision, mission and objectives	3(10%)	-	2(6.7%)	25(83.3%)	-
Team work in working	3(10%)	-	2(6.7%)	25(83.3%)	-
Discharge of activities based on merits	3(10%)	-	1(3.3%)	26(86.7%)	-
Hierarchical staff meeting	1(3.3%)	1(3.3%)	4(11.8%)	26(86.7%)	-
Adequacy of facilities	2(6.7%)	15(50%)	5(16.7%)	8(26.6%)	-
Additional professional training	1(3.3%)	5(16.7%)	2(6.7%)	20(66.6%)	2(6.7%)
Seminars, workshops For knowledge appraisal	8(26.6%)	19(63.3%)	2(6.7%)	1(3.3%)	-
General working Conditions	4(13.3%)	1(36.7%)	2(6.7%)	3(10%)	10(33.3%)
Sound behavioral modification strategy	1(3.3%)	5(16.7%)	3(10%)	6(20%)	15(50%)

N=30

The caretakers seemed to agree overwhelmingly with the utilization of guidance and counselling in the rehabilitation programme. The three institutions had two qualified counselors with a higher diploma level training. The numbers was inadequate.

But the extensive use of seminars and workshops to disseminate information on guidance and counselling was of assistance in this situation. The caretakers were enthusiastic about the use of guidance and counselling for behavior change. It will be beneficial for the government to invest in the training of teachers, caretakers and social workers to sharpen their counselling skills.

Table 17 shows a whole 83.3% were not aware of the existence of a clear vision, mission and objectives. Myers (1991) who postulates the need for rehabilitation institutions to have a comprehensive programme and principles which can be equated to objectives, visions among others. Even the earlier results showed that teachers and instructors were not aware of the existence of these objectives, vision and mission statement. The guiding principles were thus ingrained in the minds of just few which can impair the effective implementation of a programme. When the vision, mission is not clear, teamwork is adversely affected.

About 42% did not think the facilities were adequate and this was inline with the delinquents' earlier responses, especially with regard to basic needs, vocational training and caretakers, among others. About 67% caretakers have not had any professional training besides their academic qualification. This could be an adverse factor in the effective implementation of the programme. About half of the caretakers were not happy about general working conditions such as the tools of trade, equipment, interpersonal relationship and emoluments. Half the staff felt these conditions were not adequately met. And 80% said there was no sound behavioral modification strategy. Behavior therapists feel behavior theory provides a sound theoretical framework to unlearn the maladaptive behavior.

Table 18:

Delinquents' attitudinal statements in rating caretakers' performance.

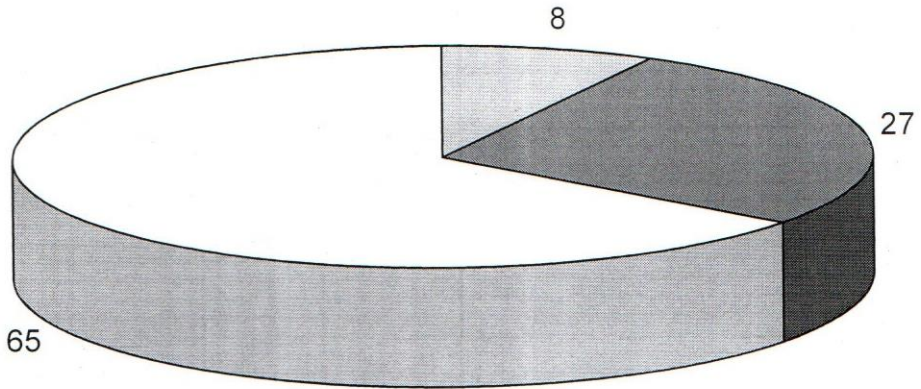
The delinquents were asked to respond to four statements on a scale of 4 -1 describing caretakers performance. The statements were, Very much satisfied - 4, Satisfied – 3, Less satisfied – 2 and not satisfied 1.

Attitudinal statement	Class 5		Class 6		Class 7		Class 8	
	Freq	%	Freq	%	Freq	%	Freq	%
Very much satisfied	21	21.9%	23	36.5%	10	30.3%	6	21%
Satisfied	19	19.8%	19	30.2%	7	21.2%	12	43%
Less satisfied	37	38.5%	12	19%	5	15.2%	5	18%
Not satisfied	19	19.8%	9	14.3%	11	33.3%	5	18%
N = 220	96		63		33		28	

About 53% of the delinquents (117) were very much satisfied and 47% (103) were not satisfied with the caretakers' performance. This implies that the delinquents enjoy the activities or services provided by the caretakers. Given the fact that the caretakers had minimum basic education, this was a strength which facilitated their inter personal relationships. For the 47% who were not satisfied, it's possible that their real needs were not attended to. After all, the rehabilitation programme did not specifically carry out a needs analysis of every delinquent despite the rehabilitation goals of care, protection and correction. The delinquents had inherent needs besides the ones the rehabilitation programme was addressing. These inherent needs could only be unearthed by specialized attention especially through counselling intervention. This has a definite process of exploration and understanding before action is taken.

In addition, the 47% of the delinquents who were not satisfied were asked to indicate how the caretakers handled their supervisory work. The pie chart depicts the results as follows:

FIG 2: Delinquents opinion regarding caretakers supervision



KEY

- Caring and understanding 8%
- Don't care and impatient 65%
- Harsh, cruel and unapproachable 27%

Figure 3: Delinquents response to caretakers' supervisory manner.

According to the results 65% of the caretakers did not care and were impatient. This may be due to the fact that they were not trained in child psychology and so supervised only aspects they were comfortable with.. Further inquiry by delinquents only served to infuriate caretakers who now turned harsh, cruel and unapproachable as shown by the result of 27.3%. The 7.7% were caring and understanding. The presence of the counsellor and the group interventions for the whole school may account for this result.

4.7 To examine the impact of the rehabilitation programme on delinquents behavior

The fifth objective sought to examine the impact or influence of rehabilitation programme on the delinquents' behavior. As already observed, the programme has a holistic approach that incorporates several activities and services as channels of meeting the goals of caring, protection and correcting delinquents. These activities were 8.4.4

academic curriculum, spiritual nourishment, welfare (feeding, clothing), Guidance and Counseling and vocational training.

Guidance and Counselling as observed was ranked the highest with 67.3%

Table 19:

Frequency of offering Guidance and Counselling

<u>Attendance</u>	<u>Frequency</u>	<u>Percentage</u>
Once a week	98	44.5%
Once a month	60	27.3%
Upon Crisis	36	16.4%
When asked to do so	26	11.8%
Total	220	100%

Table 19 gives the attendance of delinquents to guidance and counselling services as regular, a positive indicator of embracing counselling in the programme of rehabilitation. The enthusiasm with which the delinquents attended counselling was overwhelming. This was expected to translate into positive behavior change. And this was the anticipation of the rehabilitation programme. Critical evaluation of the counselling process in terms of the intra personal profile of the delinquent was needed to create more self-awareness and boost change in self-perception. The counsellor could encourage the delinquent to keep a personal journal, a basis for self-reflective monitoring. A person with a sense of an internal monitoring supervisor is able to discern right from wrong.

The following were the current issues the counsellor handled through sensitizing delinquents during group counseling:

Table 20:

Current Counselling issues delinquents are sensitized on

Current issues	Frequency	Percentage
Information on HIV-AIDS	207	94.3%
Anti Social behavior	132	60.2%
Drug abuse	180	81.8%
Interpersonal relation skills	101	45.5%
Behavior modification techniques	101	45.5%
N = 220		

Table 20 shows impressive results, which the delinquents were fully aware about the HIV/AIDs as demonstrated by 94.3% of the response of the 220 delinquents. It was beneficial for the delinquents to be sensitized about HIV/AIDs, drug abuse and anti-social behavior as many of them had been detached from their families. The delinquents do not have the media services within the institutions so some issues may go un noticed. Counselors were thus on the right track to keep the delinquents updated. This was also timely information for delinquents who could easily fall prey to homosexuals or gays. The delinquents also got knowledge on how to help those already infected. Drug abuse was a real concern as some delinquents confessed to taking drugs. The counsellor's work was a positive step towards rehabilitation. Anti-social behavior had a 60% response rate for the very concept of delinquency itself being a product of anti-social behavior. The counselor's teaching enables the delinquent to distinguish between appropriate and inappropriate behavior. However, counselors need to seriously address the questions of interpersonal skills and behavior modification strategies.

These two had less than 50% response. The counselor may have to invite other experts in these areas to boost their efforts through group activities or programmes. From the responses, it is evident that if guidance and counseling are strengthened, the rehabilitation programmes goal of modifying delinquents' behavior may achieve more success.

Table 21:

Delinquents summary on the impact of the rehabilitation programme on their behavior

The delinquents were given 11 statements to which they were to respond with True or False. The True choices indicated a positive change towards their behavior and a False choice showed a negative influence on their behavior.

Services offered	True	False	Total
I am happy at the institution	155(70.5%)	65 (29.5%)	220(100%)
I eat, dress, sleep exercise well	137 (62.3%)	83(37.7%)	220(100%)
I live now without disorderly acts	126 (57.3%)	94(42.7%)	220(100%)
I relate well with self and others	134 (60.9%)	86(39.1%)	220(100%)
Staff are friendly, warm caring, positive about me	110(50%)	110(50%)	220(100%)
I always participate in all the activities willingly	84(38.2%)	136(61.8%)	220(100%)
I love learning	83(37.7%)	137(62.3%)	220(100%)
I follow the routine because it is easy	122(55.5%)	98(44.5%)	220(100%)
All of us behave well	56(25.5%)	164(74.5%)	220(100%)
Services in this institution have changed my life	71(32.3%)	149(67.7%)	220(100%)
The programme has shaped my future	98(44.5%)	122(55.5%)	220(100%)

N= 220

As shown in Table 21, respondents had diverse views regarding the services offered within the rehabilitation programme. 70.5% of the respondents were happy to be

in the institution. This is because the institutions offered an environment that made them feel loved, cared for and protected compared to their life outside the institution. Their previous life was characterized by uncertainty with 38% having committed theft, 20% refused school and 30% ran away from home. The institution also acted as their second home away from their original one, which may have been characterized by cruelty, lack of support and love. The delinquents' earlier responses about parent or guardian leadership indicated that the parents were strict, demanding, unresponsive and had little warmth and 70% reported lonely childhood.

62.3% were content with the provision of basic needs. The majority of the delinquents were from dysfunctional families, either single, that is father led 18% (40 respondents), Mother led 22% (48 respondents) 30% (66 respondents), had both parents, those orphaned by one parent 16% (35 respondents) and foster family had 4% (9 respondents). This scenario indicated lack of family structure to provide legitimate source of authority which facilitates the setting of life goals, roles, responsibilities, rules and boundaries for a family. Becvar and Becvar (1982) posited that lack of structure in the family leads to unfulfilled wishes, desires and dreams of family members who may fulfill them in unorthodox ways. Inadequate financial resources of single parents mean that delinquents basic needs are not adequately met. The rehabilitation institutions seemed to provide fairly adequately for the needs for the delinquents compared to their families of origin.

About 57% of delinquents attested to living without committing disorderly acts. A rehabilitation institution's objective is to correct such acts and this was made possible by the work of qualified caretakers; teachers, social workers, counselors and instructors. Approximately 61% of the delinquents said they had improved in their intra and interpersonal relationships. According to Oluoch (1982) as quoted by Levi (2002) a curriculum is the sum total of all experiences a pupil undergoes. The rehabilitation programme adopted the 8-4-4 curriculum which includes the goal of imparting social skills to citizens. A school is an important socialization agent. The rehabilitation programme's 8-4-4 curriculum gives the delinquents social skills which improve positive growth in the intra and interpersonal skills.

Half of the delinquents (50%) felt that the caretakers were friendly as opposed to the other 50% who felt that they were cruel and unfriendly. This cruelty, harshness and unfriendliness was attributed to the fact that caretakers also supervise the manual work which was hated by 60% (132 delinquents). 61.8% of delinquents unwillingly participated in the activities of the rehabilitation institution because their expectations were apparently outside the rehabilitation programme or because of the negative attitude. The attitude of the delinquents towards their activities at the institution was significant in that if it was negative it adversely affects the efforts at behavior change.

Academic activities of rehabilitation attracted 11.4% of delinquents' responses as a pointer to the slow process in the rehabilitation programme. This could also be attributed to the acute shortage of teachers (15) at the three institutions with a population of 555 delinquents. The programme's routine at the institution was generally accepted by the delinquents, possibly because it was a way of minimizing idling and loitering. Of the delinquents, 59% were admitted into the institutions because of truancy. This was a pointer to the need for an established routine to minimize free time available to the delinquents.

All the delinquents were apparently not well behaved despite the fact that they were undergoing rehabilitation. A whole 74.5% attested to this. This was worrying, as it suggested a possible broken link in the rehabilitation process and methods, which undermines the rehabilitation programme.

55.5% of the delinquents said the programme did not benefit them. This may be because the rehabilitation institutions do not use behavior modification techniques in the rehabilitation of the delinquents. An expert approach for positive impact on delinquents' behavior is called for. 81% of the caretakers said there were no child expert services in the institutions. There seems to be a lack of knowledge of life span development among children which can be a debilitating factor in the rehabilitation programme.

All in all the rehabilitation programme has certain positive benefits for the delinquents though there is no yardstick for behavioral change for example an acceptable psychological assessment tool to measure the progress. Rehabilitation therefore seemed to be handled in the traditional way which is putting delinquents under the

charge of a social worker. Modern approaches that give a measure of behavior such as acceptable behavior modification tests are not in use.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the findings, conclusions reached, recommendations and suggestions for further research.

5.2 Summary of the findings

The purpose of the study was to establish the impact of the rehabilitation programme on juvenile delinquents behavior in Nairobi district. This research was prompted by the observed increase of young people engaged in anti-social acts especially in urban areas. The researcher therefore set out to investigate the impact the rehabilitation programme had on the confined delinquents in trying to correct their maladjusted behavior. To achieve these, three sets of questionnaires were used. The questionnaires were developed and administered to the delinquents, managers, teachers, instructors, social workers and counselors. The following were the findings which were broadly presented in chapter 4.

- (i) Most of the sampled delinquents were in the 14 and 15 age bracket. There were more male delinquents admitted in these institutions than females, which led to congestion and acute shortage of bedding facilities.
- (ii) Most of the delinquents had been committed for a period of 1-3years depending on their committal acts.
- (iii) 70% of the delinquents reported that they came from families that were single led by either father or mother or were orphaned by one or both parents. This created a lot of dysfunctionality in their homes in which meeting basic needs was a serious challenge.
- (iv) More than half of the delinquents reported satisfaction with the provision for their basic needs within the institutions (for example, food and water)
- (v) 60% of the delinquents were not happy with their childhood development as half of the delinquents (50%) attested to having cruel, harsh and un supportive parents or guardians who were perennially absent.
- (vi) Most of the delinquents were committed for theft and truant acts a signal of inadequate supervision in their homes.

- (vii) 70% of the delinquents reported that their behavior was influenced by external events and other people (peer pressure).
- (viii) The rehabilitation programme's vision and mission were not fully known by most delinquents and caretakers.
- (ix) Guidance and Counseling topped the list on the most liked activity in the institution besides academic, vocational training, spiritual nourishment among the activities geared towards rehabilitation.
- (x) Manual work such as working in the shamba or cooking was the most disliked by more than 50% of the delinquents.
- (xi) 70% of the delinquents had a negative attitude to the rehabilitation institution when they were admitted.
- (xii) All the staff in the three institutions had academic qualification but lacked adequate training in professional guidance and counselling to deal with behavior problems of the delinquents.
- (xiii) The rehabilitation programme lacked a child psychologist specialist.
- (xiv) There was general inadequate information about the instruments used to measure behavior of the delinquents and thereby not being able to rate behavioral change.

5.3 Conclusion

The study attempted to find out the impact of the rehabilitation programme on delinquents behavior in Nairobi. This was considered useful in shedding understanding of the extent to which the programme in these institutions facilitated behavior change in the delinquents. These insights were to benefit the stakeholders, namely the delinquents through reformation, the government which would channel the funds to other programmes since there would be less cases of delinquency, the parents who would assume full responsibility of their parental role and the entire society that would be safe from delinquent acts such as purse snatching and violence of all kinds on the streets..

Based on the summary findings, the study makes the following conclusions;-

- (i) Dysfunctionality that runs in the families is the major reason for delinquent acts such as theft, truancy and running away from home. The dysfunctionality was seen in the form of single parenting that was

caused by death, separation, divorce or ineffective parenting styles. This family dysfunction led more boys than girls towards delinquency acts.

- (ii) The rehabilitation institutions provided the much needed basic needs which included food, shelter, care, protection and education to the delinquents which the families they came from could not provide.
- (iii) The rehabilitation institutions did not have clearly spelt out vision, mission and objectives which may adversely affect their success.
- (iv) The services and activities in the rehabilitation institutions were not adequate to meet rehabilitation needs. Vocational training seemed completely forgotten.
- (v) The rehabilitation institutions do not have needs analysis and assessment for the delinquents yet they are those who are admitted for care and protection and not because they have committed delinquency acts.
- (vi) The caretakers of the rehabilitation institutions have the basic academic qualifications but lack adequate professional training in child psychology.
- (vii) The rehabilitation institutions had certain challenges that interfered with the execution of their duties such as lack of authority to incur expenses without government approval. This bureaucracy led to delays and even non – employment of extra personnel in time of need.
- (viii) The institutions lack a specific programme and instrument for measuring child difficulties in order to make appropriate strategies.
- (ix) There is no core theoretical model to guide the rehabilitation programme. Theories provide explanations and causes as well as interventions (Levi , 2002)

5.4 Recommendations

In the view of the above findings and conclusions of the study the following recommendations are made:

- (i) The findings of the study revealed that most delinquents were boys in comparison to girls and this was aggravated by family dysfunctionalities that were observed in their backgrounds. Single families faced myriads of challenges that exposed the delinquents to insufficiency provisions for basic needs and intimacy needs. The family system therefore needs to be enhanced in terms of cohesion, structural functionality, effective communication and a system of values to impart a sense of worth in the family members.
- (ii) The findings indicated that the basic needs of the delinquents were provided for at the institutions but their living conditions were deplorable because of congestion due to the limited facilities that were stretched beyond their capacity. The Government should adopt a probation approach where a delinquent is placed under a supervisor who oversees the execution of the given order by the juvenile court. This is less expensive as no new institutions are built to cater for juvenile delinquents.
- (iii) The results revealed that family dysfunctionality was the major reason for juvenile delinquency. The establishment of family courts to deal with family problems could reduce factors that seemed to contribute to delinquency. The state needs to assume a supervisory role in the affairs of individual families to enhance parental responsibility. It is evident that threats, coercion and short-term imprisonment do not effectively deal with delinquency.
- (iv) The goals of care, protection and correction in the rehabilitation institutions are too amorphous and delinquents are mixed up – those with offences and those without. Institutionalization should be based on either type of offense or criminal acts.

- (v) The results revealed that caretakers had general academic qualifications. The government needs to embark on professional development programmes for staff in areas of rehabilitation. The objectives of the programme should also be revised for probation officers, social workers, psychologists and other professionals to work together in a holistic approach to reform the delinquent.
- (vi) The results revealed that many activities adopted within the rehabilitation programme had rehabilitative potential as they were typically derived from formal modes of changing maladaptive behavior. However, the facilities, equipment and manpower were terribly inadequate. More and better facilities for all the activities are needed. A vibrant and vigilant supervisory team that can advise on monitoring and evaluation is also needed.
- (vii) It was also clear that the rehabilitation programme did not have a sound theoretical base for its treatment intervention. The Government therefore needs to create a proper institutional environment for youth offenders with clear objectives and psychological methods that help reform the youth. A treatment approach that uses behavior modification principles is called for as well the services of a child psychologists capable of using psychological assessment and testing tools to assess progress or change.

5.5 Suggestions for Further Research

This study suggests further research be carried out in the following areas:

- (i) Having a comparative study on effective treatment strategies towards delinquent behavior in selected rehabilitation institutions.
- (ii) This study targeted Government rehabilitation institutions, the same should be carried out in private rehabilitation institutions.

REFERENCES

- Agnewu, S.(1986). *Street Children: A growing Urban Tragedy*. Report for the independence commission international Humanitarian issue. London: Weidenfeld and Nicolson.
- ANPPCAN (1985). *Hearing on Street in Kenya*. African Medical Research Foundation, Kenya.
- Ayodele, A.B. (1992). *A study of Rehabilitation Activities for Leprosy Patients and Former Leprosy Patients in Alupe Leprosy Hospital in Busia*, Unpublished M.A Thesis, University of Nairobi, Kenya.
- Baumrind, D. (1991). "The Influence of Parenting Style on Adolescent Competence and Substance Abuse". New York: Journal of Early Adolescence, 11,56-95.
- Becvar, S. and Becvar J. (1999). *Marriage and Family Therapy Handbook*. Brooks/Cole. CA.
- Bellsmith, V, Peck, M.D, Haris, B. (1965). *Treatment of Delinquent Adolescent Group and Individual Therapy with Parent and Child*. New York: Family Service Association of America.
- Bouta, J. (1995). *The Psychology of Criminal Conduct*. Cincinnati. Anderson.
- Borg, R.W and Gall, P.G. (1996). *Educational Research an Introduction*. New York Longman Publishers Limited.
- Corey, G. (1991). *Theory and Practice of Counseling and Psychotherapy*. Brooks/ Cole, Pacific Grove, CA,USA.
- Dinkmeyer, D., and Mickay, G. (1973). *Raising a Responsible Child*. New York: Simon and Schuster.
- Durkheim, E. (1961). *Moral Education*. New York.
- Ennew, J. (2000). *Street and Working children*. A Guidance to Planning Save the Children.
- Fennel, D.(2000). *A Guide to Family Therapy and Systems Approach*. Brooks and Cole. USA.
- Fraenkel, J.R., and Wallen, N.E. (2000). *How to Design and Evaluate Research in Education* New York: Mc.graw-Hill.
- Government of Kenya (1963). *Children and Young Persons Act* (CAP 141, sec.38) Laws of Kenya, Government Printer.
- Hirschi, T. (1972). *Causes of Delinquency*. Berkeley Los Angeles London, University of California Press.
- Hurlock, E.B (1972). *Child Development*. New York : Mcgraw Hill Series.

- Kariuki, W.P.Ojwang,J.B.Ayako,A.B, and Orwa, L.O (1991). *Urban Property Research and Policy Evaluation on Street Children and their Families in Kenya*.
- Kathuri, M.J. and Pals D.A. (1992). *Introduction to Education Research*. Njoro Education Media Centre, Egerton University.
- Kazdin, A.E (1995). *Behaviour Modification in Applied settings*, Chicago. The Dorsey press.
- Kerlinger, F. N. (1973). *Foundations of Behavioural Research*. (2nd edition). New York: Holt Rinehart and Wilson, Inc.
- Kothari, C.R (2002). *Research Methodology Methods and Techniques*. New Delhi, Wishwa Prakashan.
- Lazarus, A (1999). *The Practice of Multimodal Therapy* Baltimore. MD, John Hopkins University .Press.
- Levi, L.W (2002). *Rehabilitation Process of Juvenile Delinquents in Kenya Approved Schools. An Unpublished Doctoral Thesis*. Njoro: Egerton University, Kenya.
- Levis,D.J (1970). *Learning Approaches to Therapeutic Behavior Change*. Chicago, Aldine Publishing Company Muga, E (1975). *Crime and Delinquent in Kenya*. East African Bureau.
- Mann, J. (2001). *Care Issues for Separated Children: Save the Children*. Sweden
- Mbithi, D. (1969). *African Religious and Philosophy*. Nairobi. Oxford University Press
- Meyers, W.(1989). *Urban Working Children*, New York
- Mugenda,O., and Mugenda, A.D (1999). *Research Methods, Qualitative and Quantitative Approach* Nairobi Acts Press.
- Mvungu, E.N (2003). *An Investigation into the Effectiveness of Rehabilitation Programmes in Selected Centers of Former Street Children in Nairobi*, Kenya Unpublished PDGE, Ministry of Education.
- Nachmias, D. and Nachimias (1976). *Research Methods in the Social Science*. New York: ST Martins Press.
- Njuguna, D.W (2004). *Rehabilitation of Juvenile Delinquents. A Study of Kabete Approved School, An Unpublished PDGE thesis*. University of Nairobi Kenya.
- Nye, R.D.(1996).*Three Psychologies Perspectives from Freud, Skinner and Rogers (5thed)* New York.
- Satir,V. (1982). *Conjoint Family Therapy Science and Behavior*. Books California, Palo Alto.
- Satir,V. (1988). **People Making**. Science and behavior ,Palo Alto, CA.
- Sa. varananel, and Mahal, (1992). *Research Methodology*. Allah bad, Kitab Mahal.

- Sdorow, L.M (1993), *Psychology. Oxford* . England, Brown and Benchmark Publishers.
- Siegel, L (1964). "Psychotherapy with Alcoholic offenders". *Journal of Studies on Alcohol*, 25-85.
- Siegel, J., and Seuna, L.J(1988), *Juvenile Delinquent Theory Practice and Law*. New York: West Publishing Company.
- Sullivan, T.,Thompson, K,Wright,R., and Gross, G(1980). *Social Problems Divergent Perspective*. Canada: John Wiley and Sons.
- Thornston, W.E. (1992) *Delinquency and Justice*, (3rd ed). New York: Mcgraw-Hill inc.
- UNICEF (1988). *State of World's Children Oxford*. Oxford University Press.
- Wakanyua, S.N (1995). *Rehabilitation of Juvenile Delinquents in Kenya an Unpublished M.A Thesis*. University of Nairobi, Kenya.

APPENDICES

APPENDIX A: QUESTIONNAIRES FOR DELINQUENTS

Part 1: Nature and purpose of the study

I am Edna Ambasa, a student at Egerton University in the Masters Degree, Guidance and Counseling of Educational Psychology Department.

My research is on impact of rehabilitation programme on inmates behavior in Nairobi, Children's Department Institutions.

The information you provide will be used specifically for the purpose of the study and will be subjected to confidentiality.

Your honesty to answer will be highly appreciated.

Part 2: Personal Data

Indicate by use of a tick (✓) the appropriate option.

1. Age (in complete years) _____

2. Gender

Male

Female

3. (a) Indicate level of education

None

Primary

Secondary

Post secondary

(b) Number of years you have been in this institution _____

4. (a) Do you attend any religious service?

Yes

No

(b). If yes (in 5), how frequently do you attend religious services?

Daily

Weekly

Monthly

Yearly

Never

5. (a) Are your family member still alive?

- Yes No

(b). If yes in 7, how many children are in your family? _____

(c). Indicate your birth order position in your family (e.g. First born) _____

6. Indicate your home District _____

Respond to the following questions by ticking (✓) responses that best represent your opinion on reasons for committing delinquency.

7. Type of family you come from

- Single Father led
- Single mother led
- Both Parents
- Orphan by one parent
- Orphan by both parents
- Foster family

8 (a) Are you satisfied with the basic needs provided by the institution?

- Yes No

(b). If No, explain _____

9. (a) Please indicate whether you strongly disagree (SD), disagree (D), are undecided (U), agree (A) or strongly agree (SA) with the following statements about your parent or guardian leadership.

Statement	SD	D	U	A	SA
My parent/guardian stresses on obedience					
Ensures rules are followed strictly					
They are demanding and controlling					
Are encouraging, warm and allow dialogue					
Are good listeners and when they discipline, they explain why					
Are unresponsive, have little warmth and few limits.					

(b). List the qualities that you never liked from your parents/guardians _____

10. On the average how was your childhood like? Please Explain _____

11. Choose the specific act that you committed and were charged by Juvenile court

- i. Theft
- ii. Refused school
- iii. Started a fire
- iv. Robbery with violence
- v. Run away from school
- vi. Broke into someone's house
- vii. Any other that is not in the list _____

12 (a) My behaviour is influenced by external events and people like peers?

- Yes No

(b) If yes explain _____

(c) If No explain _____

13. My desire to belong to a group is so strong that I rarely mind what the group stands for.

- Strongly agree
- Agree
- Undecided

- Disagree
- Strongly disagree

14. I cannot really give a reason why I do the things I do, nature is to blame

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

15 (a). Response to the following by choosing the correct description representing your feeling about the objectives and activities in the rehabilitation institutions.

- Happy
- Unhappy
- Don't Know

(b) Give reasons for your answer _____

16(a) The institution offers the following services

- i. Academic
- ii. Vocational
- iii. Guidance and counseling
- iv. Spiritual nurturance
- v. Feeding and welfare
- vi. Any other (specify)

List in order of liking four activities that you enjoy _____

(b). Give reason for your number one choice _____

17 (a). What activities would you wish should be dropped in the institutions? _____

(b). Please give reason for your answer? _____

Respond to the following by choosing the correct agent who is charged with appropriate activities in the institution.

18 (a). List the categories and title of those charged with the activities.

Activity	Person in charge
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Any other _____

(b). What is your rating about staff performance of their duties?

- a) Very much satisfied
- b) Satisfied
- c) Less satisfied
- d) Not satisfied

(c) If Not satisfied, Why? _____

19. What can you say about those who are charged with providing the services?

- i. Caring and understanding
- ii. Don't care and impatient
- iii. Harsh, cruel and unapproachable
- iv. Any other Specify _____

Respond by (√) indicating the availability of guidance and counseling Services

20. Is there Guidance and Counseling room in your institution?

- Yes No

21. Who provides guidance and counselling?

- i. Counselor
- ii. Social worker
- iii. Teacher
- iv. Manager
- v. Any other specify

22. Have you ever received guidance and counseling?

- Yes No

23. What kind of people does the counselor deal with during counselling?

- i. The person with a problem
- ii. People with same problem
- iii. The whole school

24. How often do you attend counseling?

- Once a week
- Once a month
- Upon a crisis
- When asked to do so.

25. Have you received counseling on the following?

- i. Information on HIV/AIDS
- ii. Antisocial behavior disorder
- iii. Effects of drugs alcohol on the body

- iv. Interpersonal relation skills
- v. Behavior modification techniques
- vi. Any other.

Respond by indicating your attitudes towards the programme

26 (a). When you were committed to this institution what attitude did you possess

- Negative Positive Don't know

(b). If negative, what made you feel that way? _____

27 (a). Your activities are lined up in a daily routine. Do you enjoy that?

- Yes No

(b). Explain your answer _____

28. List the things in the institutions that make you develop the negative attitude toward the programme _____

Respond by indicating the benefits you have received while in the institution?

29. Do you feel the programme is benefiting you?

- Yes No

Respond by using true or false statement

Questions	Response	
I am happy at the institution	True	False
I eat, dress, sleep exercise well	True	False
I live now without disorderly acts	True	False
I relate well with self and others	True	False
Staff are friendly, warm caring, positive about me	True	False
I always participate in all the activities willingly	True	False
I love learning	True	False
I follow the routine because it is easy	True	False
All of us behave well	True	False
Services in this institution have changed my life	True	False
The programme has shaped my future	True	False

30. Indicate anything else that will help improve provision of rehabilitation services _____

Thank you for your cooperation

APPENDIX B: TEACHER -INSTRUCTOR- WELFARE QUESTIONNAIRE

I am Edna Ambasa, a student at Egerton University in the Masters Degree. Guidance and Counseling of Educational Psychology Department. My research is on impact of rehabilitation programme on inmates behavior in Nairobi Children's Department Institutions. The information you provide will be used specifically for the purpose of the study and will be subjected to confidentiality. Your honesty to answer will be highly appreciated.

Indicate by use a (✓) tick

1. Gender Male Female

2. How long have been working in this institution _____

3 (a) Does the institution have a mission statement, vision and set of objectives?

1. Yes

2. No

(b) If yes please state them _____

4. What is your work in this institution?

Teacher

Instructor

Social worker

Counsellor

5. Specify designation and qualification

1) 2) 3) 4) 5)

Teacher P1 SI GT ATS UTG

Instructors GT1 GT2 GT3

Social workers _____

Counselor Certificate, Diploma, Degree

6. Terms of employment

- Contract
- Permanent & Pensionable
- Volunteer
- Attachment
- Any other

7. Besides your area of training what other activities in the institution do you participate in? _____

8 (a) What special training do you hold for being in a rehabilitation institution? _____

(b) What instrument/method do you use to evaluate the success of rehabilitation? _____

9. What contribution do you feel you have made towards the rehabilitation programme success?

10. What level of training do you have in Guidance and Counseling.

- Certificate
- Diploma
- Degree
- Seminars/Workshops
- None

To what extent do you agree or disagree with each of the following statements?

a) Strongly agree b) Agree c) Undecided d) Disagree e) Strongly disagree

	SA	A	U	D	SA
11. The Guidance and Counseling department helps create awareness to the inmates					
12. The counselors qualification is versed enough to handle the diverse issues inmates face in the institution.					
13. The counselor works with other stake holders to resolve inmates problems					
14. The rehabilitation programmes mission statement and objectives are clearly spelt out					
15. Every rehabilitation program activity is structure					
16. All the sections in the institution work in collaboration towards the meeting of the goal of the rehabilitation					
17. The discharge of rehabilitation programme activities takes into consideration each staff's area of merit					
18. There are hierarchical staff meetings that are structured to enable deal with inmate staff interpersonal issues					
19. There are adequate facilities available to cater for each of the program designated activity					
20. All the agents of rehabilitation programme have an additional training professional that assists them to comprehend the nature and behavior of inmates					
21. The custodian of the institutions organizes regular seminars, workshops to its staff for knowledge appraisal purposes					
22. The general working conditions in my institution are captivating thus wholly support the programme towards meeting its goals.					
23. The Rehabilitation Program is based on sound Behavioral modification strategies.					

24. Mention anything else that will help understand further how you feel about the rehabilitation programme and its impact on inmates' behavior _____

Thank you very much for your assistance.

APPENDIX C: QUESTIONNAIRE FOR THE MANAGERS AND HEADS OF SECTIONS

I am Edna Ambasa, a student at Egerton University in the Masters Degree, Guidance and Counseling of Educational Psychology Department. My research is on impact of rehabilitation programme on inmates behavior in Nairobi Children's Department Institutions. The information you provide will be used specifically for the purpose of the study and will be subjected to confidentiality. Your honesty to answer will be highly appreciated.

1. Designation

- Manager
- Deputy
- Principal/Headmaster
- Head of section (Name it) _____

2. Gender Male Female

3. Professional status

- P1
- S1
- Diploma
- ATS
- Graduate B.A./B.Ed./BSc
- Masters

4. Length of service in that capacity _____

5 (a) Do you have professional counseling training? Yes No

(b) If yes, how long was the training?

6. Does your institution have a clearly written down

- Mission statement
- Spelt out objectives

7 (a) Upon Admission, do you classify the inmates in accordance to their needs?

Yes No

(b) If yes, what broad category of needs do you have in the institution? _____

8 (a) Does your institution have a prescribed method towards implementing rehabilitation programme? Yes No

(b) Explain how the method works _____

9 (a) Choose the answer to represent your opinion on factors for delinquent behavior

- a) Family dysfunctionality
- b) Social pressure
- c) School unrealistic expectations
- d) Genetic make up predisposes one
- e) Any other

(b) If it is family in 9 (a), what are the flaws that seem to exist in the family that lead to delinquency? _____

To what extend do you agree with the following statements

a) Strongly agree b) Agree c) Undecided d) Disagree e) Strongly disagree

Question	SA	A	U	D	SD
10. The institution has enough activities geared to successful rehabilitation					
11. Every activity is structured					
12. Those charged with providing rehabilitation services have adequate qualification and necessary facilities					
13. There is regular reviewing evaluation of rehabilitation programme					
14. The Guidance and Counseling department is empowered to establish a rehabilitation programme based on certain theoretical framework					
15. The inmates have a positive attitude					
16. The relationship between inmates and agents of programme implementation is super					
17. The facilities for technical vocational training are sufficient and in good order					

18. Funds are available to diversify activities to reach individual inmate					
19. Rehabilitation programme is a success					
20. Inmates have tremendously benefited as shown by the institutions following up after release					
21. The institution maintains a continuous update of inmates programme with their parents/guardians/sponsors					
22. Inmates behavior is tremendously modified through behavioral techniques					
23. The institution regularly organizes speakers from outside to come and address the inmates					
24. The institution has a child expert who visits them upon request					

Part 2

25 (a) Do your members of staff fully support the rehabilitation programme?

- Yes No

(b) If yes, explain _____

(b) If No, Explain _____

26. Do parents, Guardians and the Children's Department work hand in hand with the agents of rehabilitation?

- Yes No

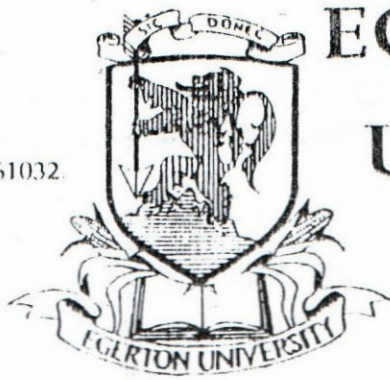
27. Do the institutions have donors to supplement the government's effort?

- Yes No

28. Write down specific rehabilitation needs and problems that seem to work against successful rehabilitation.

29. Indicate anything else that can shed light to further understanding rehabilitation programme in government institutions _____

Thank you for your assistance.



EGERTON

UNIVERSITY

Telephone: Nakuru 61620, 61031, 61032

Telegrams: UNIVERSITY, Njoro

Telex: 33075

P.O. Box 536
Njoro, Kenya.

In reply quote Ref:

Date:

TO WHOM IT MAY CONCERN

RE: GUIDANCE AND COUNSELLING STUDENTS RESEARCH

The above programme is offered in our University at Master's level. In order to complete their study requirements they have to carry out a reasearch. They are currently seeking a place to do so and have found your institution a valuable place to enhance their learning.

I wish to introduce to you EDNA AMBASA ONYOYO registration number E16/0933/03 for your kind assistance in their study.

Please, accord them the help they may need in order to achieve this objective. While they are carrying out a research, they are familiar and bound by the ethical standards of collecting information, safeguard of the same, and using the findings pro-actively.

On behalf of the University, we wish you well and thank you for your partnership in the training of our students.

Sincerely,

**CHAIRMAN
EGERTON
EDUC. PSY & COUN.
P.O. BOX 536 NJORO**

**DR. MR. STEPHEN ABUEGUA NGARI
CHAIRMAN, DEPARTMENT OF EDUCATIONAL, PSYCHOLOGY AND
COUNSELLING**

For: Vice Chancellor - Egerton University

OFFICE OF VICE PRESIDENT & MINISTRY OF HOME AFFAIRS

Telegrams: "APPROVED", Nairobi
Telephone: Nairobi 228411
E-mail: childk@nbnet.co.ke
Telefax: Nairobi 248827



CHILDREN'S DEPARTMENT
HEADQUARTERS
JOGOO HOUSE "A"
P.O. BOX 46205
NAIROBI

Ref. No.

....., 20...

CDEN/7/15/VOL.II/(TJ)/27

1st January 2006

Getathuru Rehabilitation and Reception Centre
NAIROBI

Dagoretti Rehabilitation School
NAIROBI

Kabete Rehabilitation School
NAIROBI

FIELD PRACTICUM: EDNA AMBASA ONYOYO

The above named is a student at Egerton University who is pursuing a M.A. Counselling Psychology.

As part of her course, she is expected to undertake Field Practicum during her study in the University. She will be carrying out research project which involves respondents filling questionnaires as from February to April 2006.

The student is expected to abide by the rules and policies governing the children's Department.

At the end of the placement, kindly evaluate her by filling out an evaluation Form.

A handwritten signature in black ink, appearing to read "Noah Sanganyi".

Noah Sanganyi
FOR: DIRECTOR CHILDREN'S SERVICES

EGERTON UNIVERSITY LIBRARY